

# MOVING To Action

## Addressing Cervical Cancer in South Carolina

Saturday, June 14, 2008

Radisson Conference Center, Columbia, South Carolina

*Participants at the Moving to Action: Addressing Cervical Cancer in South Carolina conference on Saturday, June 14, 2008 divided into four regional groups to consider the information on cervical cancer presented earlier at the conference and develop action steps that can be implemented in their communities to address cervical cancer. This activity was similar to the discussion groups at the meeting on Friday, June 13, 2008. After the regional, small group sessions, participants reconvened to report back and develop a joint “Plan of Action.” The “Plan of Action” is presented first followed by summaries of the regional, small groups.*

### **MOVING TO ACTION: A Plan of Action**

*The last portion of the conference was devoted to reconvening the participants to report back on the results of the regionally-focused small groups. Then, as an entire group, action items were identified and prioritized. Following is a summary of the “Plan of Action.”*

### **Priorities**

1. Public Health Education
  - a. Opportunity for awareness and education to reach those who do not have an understanding of cervical cancer prevention and control, including HPV vaccination
  - b. Opportunity for consistent message to reduce confusion and promote understanding, informed decision making
  - c. Opportunity for health care providers to have the most current information about and tools for cervical cancer prevention and control, including attention to special populations such as adolescents and rapidly evolving recommendations
2. Access to Care
  - a. Policy: Opportunity to advocate for recurring funds to support/expand the Best Chance Network
  - b. Policy: Opportunity to advocate for funds to support adherence to follow-up care of abnormal Pap tests, treatment of abnormal Pap tests
  - c. Policy: Opportunity to advocate for ensuring equal access to HPV vaccination for those who choose to be vaccinated and/or have their daughters vaccinated
  - d. Be mindful of underlying similarities affecting health disparities (not only those related to cervical cancer) and need to join efforts focused on the more global issue of access to care, not only those specific to cervical cancer prevention and control; for example, groups of people experience not only disparities in cervical cancer but also other health conditions due to many factors

3. Partnerships and Collaborations
  - a. Opportunity to bring all partners together to embark upon a joint effort because there are many resources in South Carolina on which these efforts can be based
  - b. Champions for the cause: Opportunity to make sure that leaders in South Carolina (especially female leaders; policy makers) are supportive of efforts and are willing to champion the cause; also on a local level, ministers, barbers and stylists, community leaders who are willing to join the effort and be champions
  - c. Identify a body to coordinate the efforts in the future; recommendation that the South Carolina Cancer Alliance serve as the “home” for the effort

### **Plan of Action**

*The following “Plan of Action” is not necessarily linear. All priority areas can occur simultaneously. All priority areas are not mutually exclusive.*

1. Identify a consistent message, such as “Cervical cancer is preventable.”
  - a. Identify and review existing messaging campaigns, such as the CDC HPV campaign, recent Pandemic Flu campaign in South Carolina
  - b. Identify and gather information about current messaging work in South Carolina
  - c. After choosing a consistent message,
    - i. Target the message for groups, such as ministers/faith-based settings, barbers and stylists, culturally-similar groups, language needs (i.e. Spanish speaking)
    - ii. Tailor the message for individuals (as applicable)
    - iii. Take advantage of new technology in addition to more traditional approaches
2. Launch a statewide, coordinated health communication campaign to increase awareness and promote screening, adherence to care, and informed decisions about HPV vaccination in January 2009, which is Cervical Cancer Awareness Month
  - a. Identify partners and collaborators
3. Consider, influence, and join policy efforts (such as the aforementioned) to address cervical cancer prevention and control

### **Coordination of Future Activities**

The South Carolina Cancer Alliance has an existing Breast and Female Cancer Work Group with similar interests. The South Carolina Cancer Alliance has a staff member who provides support to the Work Group and would be able to also support the proposed efforts to address cervical cancer. There is inherent flexibility in the structure to accommodate perceived needs of future activities. As such, it was proposed and supported that a subcommittee of the Breast and Female Cancer Work Group would be proposed (contingent upon approval of the current chair, Dr. Swann Arp Adams, and consensus of current members of the Work Group). Dr. John Ureda reminded those present that it will be the PEOPLE, not the South Carolina Cancer Alliance, who will determine the success of these efforts. Therefore, he encouraged all present to continue to remain engaged and committed to implement the action steps identified.

For more information on the South Carolina Cancer Alliance, go to <http://www.sccanceralliance.org>.

*The “Plan of Action” will be considered along with the recommendations presented at the Friday, June 13, 2008 meeting.*

*Following are the handwritten notes from the four breakout groups at the Saturday, June 14 conference. The following notes are unedited. The preceding summary reflects the main points of the small group sessions.*

### **Low Country Region**

#### Access

- what's available?
- what can be done to fill gap?
- what resources exist and what is the availability?
- integration of services

#### Education

- won't access if they don't know
- able to regurgitate?
- meet people where they are

#### Communication

- parents of girls (prevention)
- older women
- providers → integrate services → reduce stigma

#### \*Follow up

\*schools, clients' community, providers, policy makers, research

Add integration of HPV and cervical cancer into total healthcare service into State Strat. Plan

- reduces fear

- Robert Wood Johnson fund. pilot to integrate services

Empower client /comm. to know rights related to access system

Short Term – build trust, deliver education

Long Term – access (change /improve)

Long Term: HPV, Integration of Services at agencies that provide healthcare

- incentives to recruit more providers to reach rural areas
  - incentives to alter /streamline services for clients
- inform policy makers of strategy
- providers/nurses – advocates/activists
- education required
- target minority profess development (recruit/retain)

#### Barriers

- recruiting providers
- realizing resources
- understanding population (target); use staff that looks like them
- making HPV my problem (not just them)

#### Short Term Goals Overview

- build trust and deliver education
- develop a community campaign through media with spokespersons that build rapport and trust, in order to reach different facets of the states population
- take it to the people (churches, beauty salons)

- recruit campaign partners to be the voice of face of this type of education → civic groups, barbers, stylists
- piggy back on Shop Talk, barber & stylist program to talk about colon cancer with clients (don't reinvent the wheel; join other initiative)
- newsletters, mags, media, state paper
- school of nursing (recruit training/clinical program), student nurses to give messages
- non-traditional churches (large pop, non denom /pentecostal)

#### Short Term = food

- educate lawmakers
- access people that control money (state)
- have a summit (cost analysis, data analysis)
- invite constituents and politicians (copy the legislative breakfast)
- find town hall meetings, present in hometowns
- get on agenda

#### Media Campaign

- state newspaper – politicians, readers (submit articles on HPV and cervical cancer)
- youtube – young/technology savvy – myspace, facebook, text msg
- involve spokespersons – the faces affected

Goal – educate the masses

- use vignettes (kids, teens, adults)

#### Financial Resources

- CDC, DHEC, hospital associations, rural health association, medical community, ACS, pharmacy association, universities, foundations (list from L. Kuiawski, esp. community), Jr. League, people with \$, civic partners, social organizations → money, man power

## **Midlands Region**

### Parent Ed – PTA/PTO

- why protect the young women in your life
- it's not sex today; it's for the future
- broad focus: immunization and prevention of cervical cancer
- teach parents to provide info to daughters (many health topics – obesity, cancer, etc)
- empower parents to feel comfortable talking to health provider
- proven ways to help parents talk with their child
- \*school/parent ed. for policies
- \*in clinics, if 9-10 year old seen for other reasons is HPV offered?
- need to educate: fitting in HPV message, provider ed
- \*consistent info to many groups in the community (people need to receive info from groups they trust)
- \*women's groups within religious groups have speaker come in to provide info (educate someone within the group to provide the message to gp)
- \* Girl Scouts /4-H

### Best Chance Network Model

- outreach workers, speakers, resource lists, peer outreach, centralized group to get the word out
- \*media messages
- develop central message: cervical cancer can be prevented, not just about cancer; it's about the dysplasias, etc
- 1. Key message: cervical cancer can be prevented
- internet: myspace, youtube (peers as advocates, post on their site)
- newsletters (college newspapers, info /tickets for sporting events)
- ring, band with message
- speaker's bureau
- will be used with PTA/O, Girl Scouts, etc

### Resources Needed

- governor's wife
- PSAs – radio and TV
- local media health reporters
- funds
- speakers
- support for cervical cancer week

### Barriers

- rural areas
- follow up

### Moving Forward

- develop a work group to decide on the end goal and frame message

## **Pee Dee Region**

- \* train the trainer, education – peer group
- \* increase awareness
  - through lunch and learn informative flyers
  - by finding interest
  - start at churches – ie dreamers, bring friends
  - block party
- \* parent and child collaboration
  - ten minute messages during church services (piggy backing)
  - parent programs – how to talk to children

### Resources Needed

- SCCA (materials, ppt etc)
- community centers – New Hopewell (federally funded program), Marlboro County, piggyback HIV studies
- youth within church
- trained (and untrained) community members
- \*start with parents? → educate first, then children
- reach adults and kids simultaneously

### Barriers

- mindset – sex is not taboo! (start at the churches)
- lack of education – don't know, don't want to know
- negativity
- time and commitment
  - flexibility, on their time
  - use faith to encourage sacrifice
- transportation (shared resources)

### Steps:

- \*CEG training – cancer education guide
- implement coalition
- have leaders go to CEG training
- 1) meet to discuss resources and schedule training
- 2) attend training (CEG)
- 3) start implementing train-the-trainer

### \*Where we are now

- classes on cervical, prostate cancer in area churches
- survivors
- professional educators

### \*Needs

- more male participation
- younger females/males (23-34)
- continued education
- other locations /outreach
- referrals /resources

- sites sharing info with providers about negative patient experience
- transportation – dates, time, location, van, bus, etc
- collaboration?
- link access to care (prevention and treatment)

- \*Educate ministers and senior leadership
- programs held in community vs. churches
- define the target audience
- \*community or church only?

\*YWA(s) – education and access

\*audience – churches? secular?

- \*providers – ACS, DHEC
- How to create awareness – ministers
- where /when they meet monthly
- champions to work with
- deacons or representative
- ministerial alliance for area
- ministers conference association meeting
- health providers
- YWA health ministry
- presentation to ministerial alliance
- CHC presentation to ministers

#### Next Steps

- YWA leadership
- know major partners and providers
- survey church member needs – needs assessment
- community outreach
- YWA monthly
- next meeting date – August 2008

Resources – DHEC, ACS, pastors

Focus: CA – cervical and prostate

Leadership: YWA and partners, civic groups, providers

- regional YWA planners
- contact ministerial alliance, education awareness

Host – Ms. Nina Bradley, 843-774-7943

Berea Baptist Association, Dillon, SC

[Sistern777@aol.com](mailto:Sistern777@aol.com)

Florence – Majority Baptist, SC DHEC Family Planning, Waverly Women’s Care, Little Mountain Baptist Church, Mt. Pisgah Baptist Church, CHC

## Upstate Region

What can be done? – Churches

- bulletin
- one-on-one /pastor buy-in
- community leader involvement
- self education
- health retreat – women’s health focus
- health ministry
- identify the need
- resource booklet

How?

- 1) youth ministry health ed session
  - 2) honesty and relationship building
  - 3) educating parents
  - 4) educating youth
  - 5) youth presentations
  - 6) peer-to-peer
- hands on, power point, local expert, testimonies /face-to-face

Who?

- young people
  - self –req
  - those with HPV, survivors
  - youth minister
  - church officers
  - teachers
  - health educators /dept
  - GLEAMS
  - United Way Ministry
  - Carolina health center
  - interns – Montg-center
  - ACS
  - heart associations
    - march of dimes
  - others involved with STDs
  - digestive disease
  - SCCA /SCCPCN
- \*Schools
- permission from parents
  - start with age <9 – boys and girls
  - introduction at right age
  - introduce to parents first
    - small group settings
    - family reunions
  - retreat /camps

What’s already available?

- health department, doctor's office
- newspaper
- United Way ministry, ACS
- Carolina Health - sliding fees
- BCN – screening /transport

What's needed?

- clinic (fee) – McCormick
- public transport
- child care
- money, time
- language barrier

Topic: Need Passion!

- 1) self education
- 2) pastor education /buy-in
- 3) youth
- 4) start hosting programs – locally and statewide
- 5) prevention – show the cost, pros and cons

Build on their agenda

Stories → witness, success