Dan Baden: Okay, thank you all three of you for those excellent presentations. I’d like to remind everyone that you can get in queue to ask a question by pressing star 1. You’ll need to record your name when prompted. Then you’ll be announced into the conference by the operator when it’s your turn to ask a question.

I encourage you all to take advantage of this opportunity to share strategies, lessons learned, challenges and success stories. As I was listening to your presentations, I was thinking back to my first job in public health when I worked in a cancer surveillance center out in Los Angeles. We focused there on cervical cancer in Hispanic populations.

Hearing your results and the activities that you’re doing, it’s encouraging to me that we’ve not only decreased the breast cancer rates but also are coming up with plans to address disparities.

You also were talking about patient navigators and I’ve worked with community health aides in Alaska, community health workers in Africa and (promotores) when I was in HRSA. All of these I strongly believe in as good approaches to reaching people.

I’ve spoken with some health directors from across the country and they’re exploring these opportunities as well to reach their own populations. Can any of you speak to how they might be able to start using patient navigators and other similar approaches?
Nancy Wright: Well, speaking for the health department, again we were used to kind of patient used for retrospective, definitely more reactive. We’re there to help if you need it type thing and, you know, learning to be more proactive was definitely a learning curve and we were able to tap in primarily with our social working here in the health department and that’s a new partnership.

We didn’t do that before and learning about what the social workers do and how they’re trained and what their contacts are in the community was the first step to really beginning to understand the patient navigation role and how they may be doing part of it but if we got together we could really connect the pieces.

We were lucky in that we have the Sowing the Seeds of Health program. They were already our partners but we really hadn’t had an opportunity to put funding and resources together and measure and see the result. It was an evidence-based program. Allison, I know you’ve been able to publish a little bit about your program. Do you want to share what your perspective is?

Allison McGuire: Sure, I mean, we recently if anyone’s interested in learning more about the Sowing the Seeds of Health program and these breast and cervical cancer events specifically, this summer we published a paper in the Journal of Ethnicity and Disease.

The article is entitled Design and Evaluation of a theory-based, culturally-relevant outreach model for breast and cervical cancer screening for Latina immigrants. The first author listed for the article is Dr. (Kerry White) so if you just search White but I agree with Nancy.

I mean, I think one of the most important aspects to this success of a program such as this is to develop a relationship with your local health department or
providers depending on what it is, you know, the health issue you’re trying to address.

Our program would not be successful without our collaboration with the Alabama Breast and Cervical Cancer Early Detection Program and we feel very strongly about the importance of providing access to care along with fee education.

We would not feel comfortable holding these events and telling women how important it is for them to go in and get a breast and cervical cancer screening if we did not know where to send them for those screening services and know that they would be taken care of and be in the hands of the patient navigators that are able to take care of them, you know, if things are diagnosed.

So I believe that that having both pieces of the puzzle are kind of one of the most important aspects to the success of programs such as these.

Dan Baden: Okay, thank you very much so operator, I think we’re ready now for broader questions. Is there anyone in queue at this point?

Coordinator: There are no questions over the phone at this time.

Dan Baden: Okay, so again if people have questions, please press star 1 and you’ll get into the queue. While we’re waiting for that to happen, I had a couple of other questions as well. You mentioned electronic systems and reminders to help people potentially know when to get mammograms.

Do you know of any examples with all the craze of smartphones and social media, do you know of any that are being used to help people get reminders either in the clinic themselves or patients to get their own reminders through their own devices?
Nancy Wright: Within the health departments, we really haven’t moved to the electronic format piece so I really can’t share any experiences with that. Some of the core strategies that we use are looking monthly in our database of women that we have seen in the past and then sending out reminder cards for those that need to come annually.

When funds are low sometimes we look maybe just at the group of women that we’ve not seen in three to five years. That way we’re always reaching out to those that may be at higher risk if they haven’t been rescreened in five years or more.

The challenge with that of course is that often the addresses are different especially when you’re talking about populations that have trouble accessing the healthcare system. Often we only got a three or 4% return rate, you know, half the cards would even come back.

Another key piece just with our experience with Sowing the Seeds for Health is by maintaining that relationship with the (promotores). We were able to communicate especially with the immigration law, you know, phone numbers and addresses may not have been the same and the only way we really knew to contact the women and let them know that a follow-up was needed.

And then ultimately an annual rescreen was needed was to contact the (promotores) in that area and find out had they left the state or, you know, or had they moved into another area and they facilitated that communication so you can’t ever lose that relationship with those partnerships.

Also the providers in the community that we partnered with, the hospitals often - some - Marshall County really didn’t but we’re beginning to see some
hospitals are using the electronic healthcare records and they are setting-up rescreens for the mammograms.

We didn’t have a lot of experience with that but that would be the next step is helping those hospitals setup those appointments for rescreens. Allison, have you guys experienced anything more than that?

Allison McGuire: No, I mean, like you said our main piece to this is just the communication aspect when all of this technology fails how we can find these women just through the promoters’ knowledge of the individuals in their own communities so that’s kind of been our main piece if the word-of-mouth and being able to find people that changed their numbers and that change addresses and knowing where the individuals have gone.

Dan Baden: Okay, great. Thank you very much. Let me check again with the operator, if there’s any questions in queue.

Coordinator: Yes, we do have a question from (Sharon Spence). Your line is open.

(Sharon Spence): Okay, thank you. Good afternoon. Can you please just address the cultural barriers, the myths and fears regarding your population going for screenings?

Nancy Wright: Well, obviously there’s quite a few obvious barriers in terms of the language barriers and those sorts of things but in this particular project, we did have some increased challenges because of this immigration law which was the fear of going to the health department without knowing that there was someone there they could trust such as the promoters.

Or the fear of transportation because in this particular county we had - there were roadblocks where people were checking for identification and those sorts
of things right after the law was passed so there’s, you know, the transportation barrier, the language barrier.

Obviously a lot of these women are isolated so even getting their information to them has been a challenge within itself which is kind of how we were able to come up with these neighborhood gatherings for the women that may not even if someone does drive in the family, maybe that the father going to work and the woman may be a little bit more isolated.

So there’s an array of barriers that come into play but because of the model of the community health advisor and being established in this community as long as we have been, that really helped us in being able to be successful in this particular project because a lot of the community members already trusted and knew the promoters themselves.

They trusted the health department because they had gone there before and knowing that a promoter would be there if there were any issues I think helped a lot with that fear and having their interpreters in terms of the language, they knew that they would be able to have someone there that would help communicate any problems or issues that they may have.

(Sharon Spence): Allison too in the beginning before the immigration law was passed, I know for the education you had a strong opinion leader, actually a physician would come to the Catholic church and educate the women. Do you think that helped.

Allison McGuire: Oh yes, definitely because, you know, they knew that they would be able to ask any questions that they may have that would initially where they would, you know, the fear of cancer in general I guess that they had a physician there that would be able to talk through them some of the questions and issues that they may have had with that.
So yes, I think definitely having a Spanish-speaking physician at the actual education session, you know, the event itself helped a lot as well.

Dan Baden: Okay, operator, are there any other questions at this point?

Coordinator: There are no further questions.

Dan Baden: Okay, that lets me follow-up on that last question then. You spoke a lot about outreach to Spanish-speaking populations and I think you mentioned beginning outreach to African-American populations as well. Can you speak on that or do you know on differences between the two groups?

Allison McGuire: What we’re specifically working with now when we were talking about Dallas County is trying to reach out to that small pocket of African-Americans that have never been screened for cervical cancer.

When you look at, you know, pap smears and screening rates, they’re often high. I mean, they can be 70 to 75%. It’s that last 10% that’s so hard to reach that’s in those small rural areas that can be so challenging.

And in those areas in particular, there are real cultural barriers still about even talking about cancer, even talking about pap smears, you know, sometimes in some of those pockets it feels like it’s 20 years ago.

So what we were talking about, we looked at some data that showed, you know, where there were late-stage cervical cancers like two or more a year and there were tiny little red spots all over the state but especially in this Dallas County area and we could get it down by zip code level.
So that at least gave us some target very small communities where maybe we could go in there and maybe go so far as door-to-door or the local church or even just a small group of women to begin to do a little bit of a focus group to see why are you so hard to reach? What is it that’s stopping you from getting cervical cancer screening?

It is awareness or, you know, is it, you know, are there psychological barriers or belief systems that are standing in the way so we’re just beginning to talk about doing that. With breast cancer I think the barriers - they’re similar - but a lot of it comes down to access.

It comes down to whether or not they have insurance and whether or not their income is high enough to be able to afford it and if we can connect them with the patient navigators to a program and set that appointment and assure them that we’ll take of them all the way through the continuum of care, then I think we’ll see an increase in the breast cancers as well.

Dan Baden: Okay, very good, thank you. Operator, any more questions?

Coordinator: There are no questions at this time.

Dan Baden: Okay. I wanted to follow-up with one maybe last question if I could. I know that (promotores) and patient navigators are being used for other diseases as well like diabetes and things like that. Are you using the same people? Could they do more than one disease? Can you talk anything about that, how to be efficient in the use of these people but not to overwhelm them?

Nancy Wright: We particularly focus on cancer. We’re funded mainly through the National Cancer Institute so we haven’t done as much. However, part of the empowerment is if, you know, the promoters develop these plan of actions. If
they see issues in the community that they want to address, then of course we’re going to do everything in our power to address them.

So a prime example is we - through the promoters’ program years ago - we partners with the Latino-American Soccer League here in Birmingham and did screenings for sexually-transmitted infections and we used kind of the same concept in that the president of the soccer league held his meetings for all of the different captains of the soccer league at the health department one evening.

And we had a Spanish-speaking physician that came in that was able to do the education on sexually-transmitted infections and then the men were able to get the health department had some people that stayed late that were available to do some of the blood tests and urine samples directly following the event so that was very successful as well in terms of reaching the men in the soccer league.

And that happened because the promoter said this is something that needs to be done and we have done some things with nutrition, not as much with diabetes and that’s simply because as I mentioned earlier, we felt very strongly about being able to link these individuals to care and knowing that they are going to be taken care of and the resources are very slim in our area for diabetes.

So we haven’t done as much for that but we have done some stuff with sexually-transmitted infections, HIV/AIDS, you know, in linking them again building those partnerships with the local health department to be able to provide the screening and follow-up care as needed.

Dan Baden: Great, thank you very much and again operator, any more questions?
Coordinator: There are no questions over the phone.

Dan Baden: Okay, and since you were talking about STDs, I’m wondering are you seeing - and you may not be able to speak towards this - but are you seeing disparities in HPV vaccination as well?

Allison McGuire: Actually that’s interesting because we are just about to start a program with health educators in the community where we educate mothers and daughters between the ages of nine and 12 about HPV vaccinations so we’re actually we just finished developing an intervention and we’re starting with that program within the next couple of months.

So I will be able to speak about that maybe a year from now but right now we don’t have the information collected but that is something that we’re about to start doing.

Dan Baden: Okay, so maybe we can hit you up for a later call.

Allison McGuire: I guess so.

Dan Baden: All right. If there’s no other questions, do any of you have any final comments or anything you’d like to make before I close up?

Nancy Wright: I don’t think so.

Allison McGuire: No, I just appreciate everyone’s interest in our program. It was a very successful endeavor and we’re thrilled to be able to share the results with all of you.

Nancy Wright: Partnerships definitely make all the difference.
Dan Baden: All right, well thank you very much for your efforts so before I do close, I would like to take a moment and ask you all again to look at the next-to-last slide in the PowerPoint presentation, Slide Number 24.

Both of today’s state presentations are featured in Public Health Practice Stories from the Field. This series highlights how a broad range of public health practices are being implemented in the field.

You can find links directly to those stories on the Vital Signs town hall teleconference Website or you can visit the link at the bottom of the slide to see all of the current public health practice stories from the field.

Lastly, please let us know how we can improve these teleconferences to be more beneficial to you. You can e-mail us your suggestions at ostltsfeedback@cdc.gov. That’s O-S-T-L-T-S feedback@cdc.gov.

Thank you all for our presenters for your great presentations and everyone else who participated on the call and I wish you all a happy Thanksgiving. Goodbye now.

Allison McGuire: Thank you. Goodbye.

Nancy Wright: Thank you.

Coordinator: Thank you for participating on today’s conference. The conference has concluded. You may disconnect at this time.