

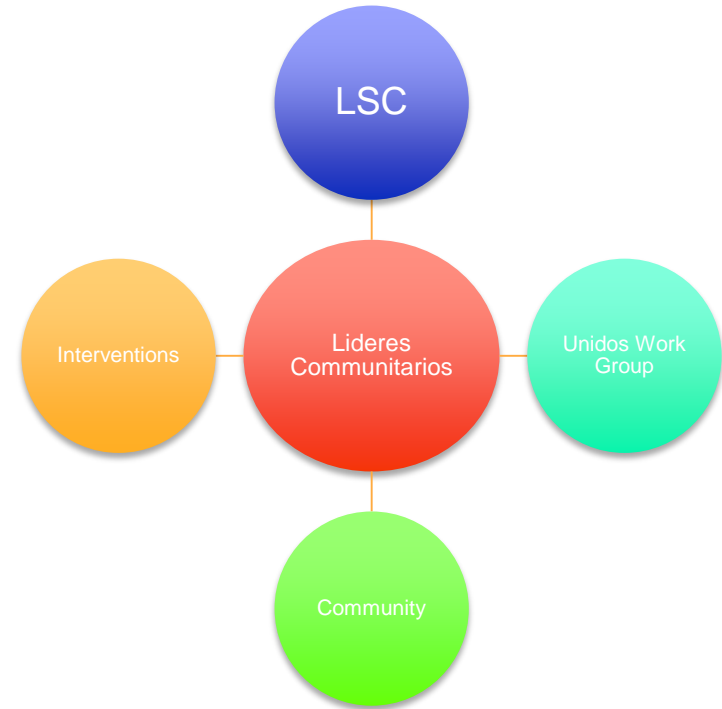
United Eliminating Barriers to Skin Cancer Prevention (*Unidos*)



Vista Community Clinic | Migrant Health
Farmworker Justice

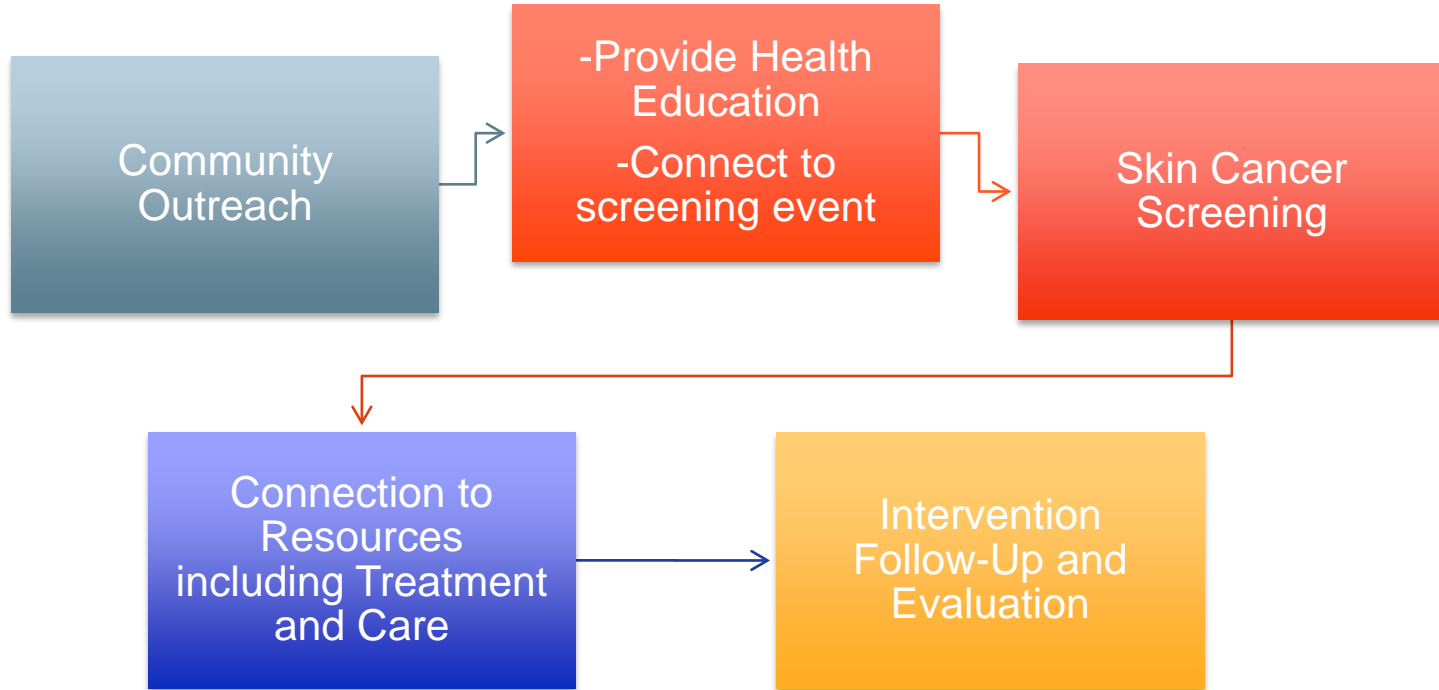
UNIDOS GOALS

- *Mobilize farmworker communities in CA and FL to increase awareness of and education on skin cancer, their risk for skin cancer, and protective behaviors for skin cancer prevention.*
- Increase access to skin cancer health care services for farmworkers, including, screening, diagnosis, treatment, and care.
- Ensure sustainability of skin cancer programming in farmworker communities.
- Disseminate information widely to increase awareness nationally of farmworkers' risk of skin cancer and effective programming to prevent and treat skin cancer among farmworkers.
- Develop capacity and capability to conduct farmworker skin cancer prevention advocacy with public policy makers and other decision makers.



UNIDOS APPROACH

UNIDOS INTERVENTION



Our Processes/Progress

March 2016

FWCC votes to provide support to *Unidos*

May 2016

Kick-off Steering Local Steering Committee

July – Aug. 2016

Lideres Comunitarios Training: In-Depth Interviews + Focus Groups

July 2016

In-Depth Interviews: Health Day for the Uninsured, Fallbrook

Aug. 2016

Fallbrook Community Mapping

Aug. 2016

Stakeholder Interviews

Sept. 2016

Advising Dermatologist: Dr. Susan Boiko

Sept 2016

Collection and Review of Situational Analysis and Needs Assessment

Oct. – Dec. 2016

Working with CHILPI to develop White Paper: Farm to Telehealth

Jan. 2017

Lideres Comunitarios Retreat-Re-energizer

Feb. – Mar. 2017

Tool & Curriculum Development

Mar. 2017

Lideres Comunitarios Training: *Unidos*

ONGOING:

LSC Monthly meetings

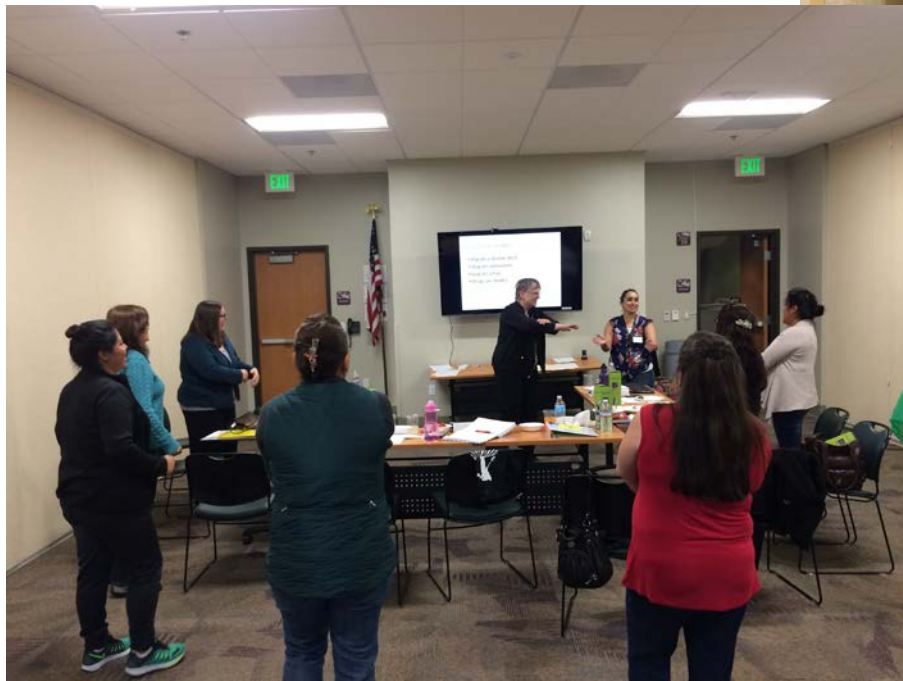
Bi-monthly meetings for *Lideres Comunitarios*

Weekly *Unidos* Team Meetings

Upcoming:

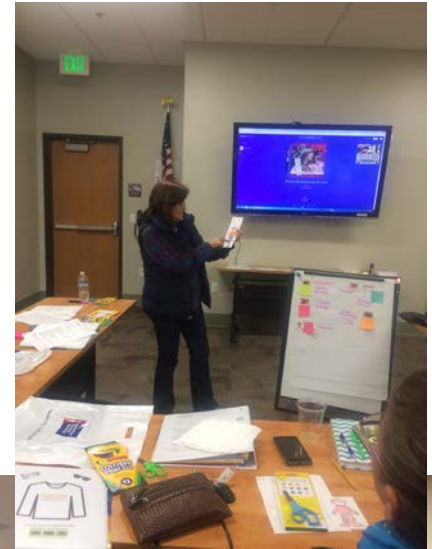
Screenings starting May 2017, ongoing health education out in the field

Success: Capacity Building



THANK YOU!

Herminia Ledesma, Program Manager
Migrant Health, Mobile Dentistry, and Outreach
Vista Community Clinic
Herminia Ledesma, hledesma@VCC.clinic



c-CARE

(Cancer - Community Awareness Access Research & Education)

Georgia Cancer Center, Augusta, University & Second Providence Baptist Church

Mrs. Sandra Duncan



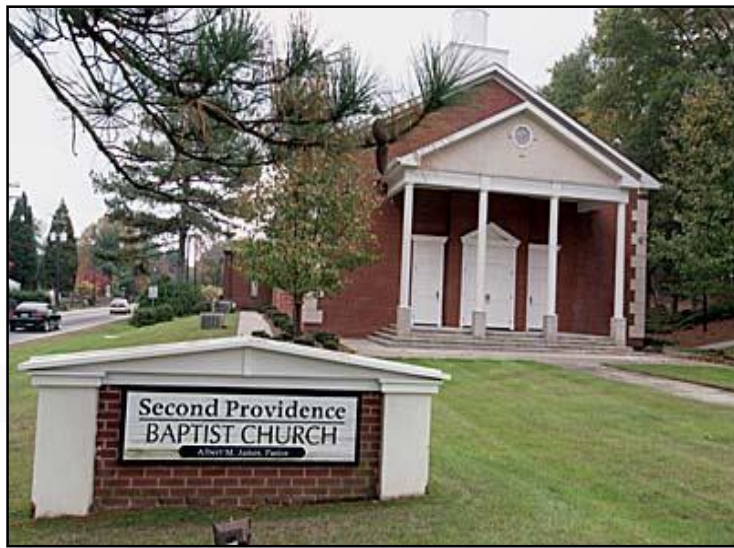
Bristol-Myers Squibb Foundation
**Specialty Care for
Vulnerable Populations**
Care Collaborations & Patient Support

Bristol-Myers Squibb Foundation



Bridging Cancer Care™
Community Awareness, Prevention and Care

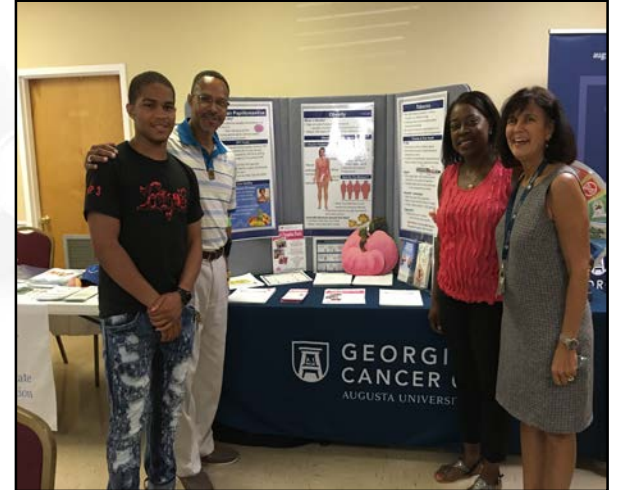
The logo for Bridging Cancer Care features four stylized human figures in blue, orange, purple, and green, arranged in a row. Below them is the text 'Bridging Cancer Care™' and the tagline 'Community Awareness, Prevention and Care'.



- **North Augusta, SC**
- **Health and Wellness Ministry Mission Statement:**
- **To promote individual and community health and well-being**
- **To assist the individual, the congregation and the community**

Health Ministry Events

- Annual community health fair
- Cancer support ministry



Collaboration with Georgia Cancer Center

- **Met with Dr. Lovoria B. Williams, c-CARE Principal Investigator**
- **Recruited 3 Health Ministry members to assist**
- **Trained by Dr. Williams and her team**
- **Recruited 50 church members to attend c-CARE classes**
- **Pastor highly engaged**



c|CARE

c-CARE classes



c-CARE Sustainability Efforts

- Repeated “Fight for Your Life – You against Cancer”
 - 60 males attended during the Male Prayer Breakfast
- Policy Implementation
 - Church’s’ tobacco-free campus policy updated
- Session 2 will be taught again ~ May 2017 – “Lung Cancer Prevention”
- Many members accessed c-CARE resources:
 - Smoking Cessation Program
 - Low dose CT scan

Summary of Second Providence Church and c-CARE Project

- **Active Health Ministry**
- **Ministry enhanced by c-CARE**
- **Ministry empowered to teach**
- **Members enjoyed the classes**
- **Members quit tobacco and received screening**
- **Tobacco-free policy updated**
- **Curriculum repeated**







NATIONAL LUNG CANCER SUPPORT GROUP NETWORK

Kate Abramson, LICSW
Lung Cancer Alliance

Kerri Susko, LISW-CP, OSW-C
Director of Cancer Support Community
Greenville Health System

LUNG CANCER ALLIANCE

- Saving lives and advancing research by empowering those living with or at risk for lung cancer
- 20+ Years
- Washington DC
- Free support, information, and resources

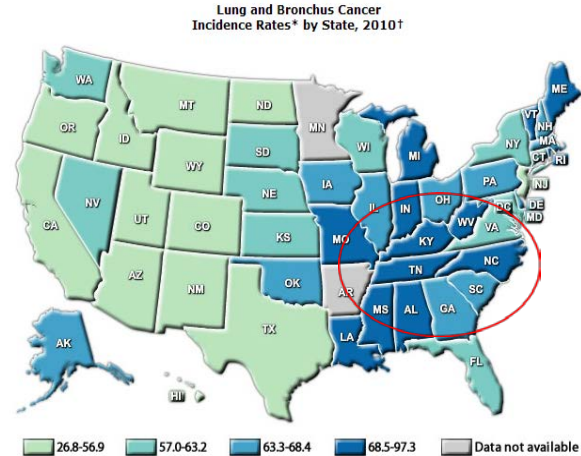


LUNG CANCER SUPPORT GROUPS

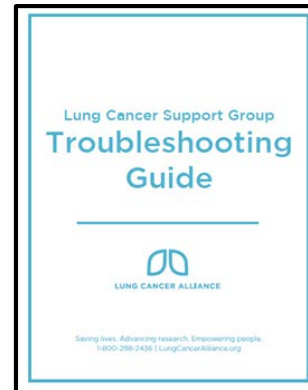


PROJECT GOALS AND SUMMARY

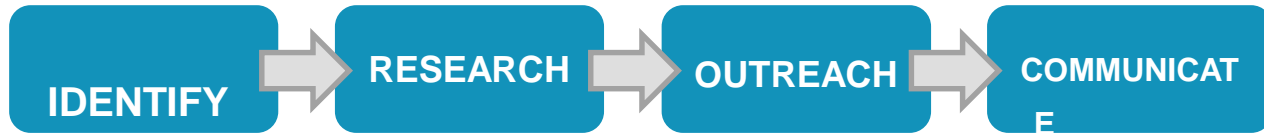
- 8 states
- 6 groups
- Research
- Report



- Engagement
 - Lung Cancer Support Group Network
 - Communication
 - Outreach
 - Technical Support



SERVICE FLOW



PROJECT RESULTS TO DATE

- Baseline Questionnaires
- Post Attendance Questionnaires
- Focus Groups

WINDOW

1

Site #: _____
Participant #: _____

Lung Cancer Support Groups
2015 Support Group: Baseline Questionnaire

Thank you for taking time to complete this survey. Your answers will help us understand how we can better meet the needs of people affected by lung cancer.

Today's date: _____

Section 1: Background/ Demographics

- I am attending as:
 - Person with cancer/ Cancer survivor
 - Spouse/ Partner
 - Family member
 - Friend
 - Other (please specify): _____
- What is your race/ethnicity? (Check all that apply)

<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
<input type="checkbox"/> Asian	<input type="checkbox"/> White
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Hispanic or Latino	
- How old are you? _____
- What is your gender?
 - Female
 - Male
- In general, would you say your health is:
 - Excellent
 - Very Good
 - Good
 - Fair
 - Poor
- Stage is how widespread the cancer is at the time of diagnosis. To the best of your knowledge, at what stage of lung cancer were you first diagnosed? If you are a caregiver or loved one caring for someone living with lung cancer, at what stage of lung cancer was he/she first diagnosed? (Please select one)
 - Stage 0 (the cancer has not spread beyond the inner lining of the lung)
 - Stage I (the cancer is small and has not spread to the lymph nodes)
 - Stage II (the cancer has spread to some lymph nodes near the original tumor)
 - Stage III (the cancer has spread to nearby tissues or to far away lymph nodes)
 - Stage IV (the cancer has spread to other organs of the body, such as the other lung, brain, or liver)
 - I don't know
 - Other (please specify): _____

7

Site #: _____
Participant #: _____

Lung Cancer Support Groups
2015 Support Group: Post Attendance Questionnaire

Thank you for taking time to complete this survey. Your answers will help us understand how we can better meet the needs of people affected by lung cancer.

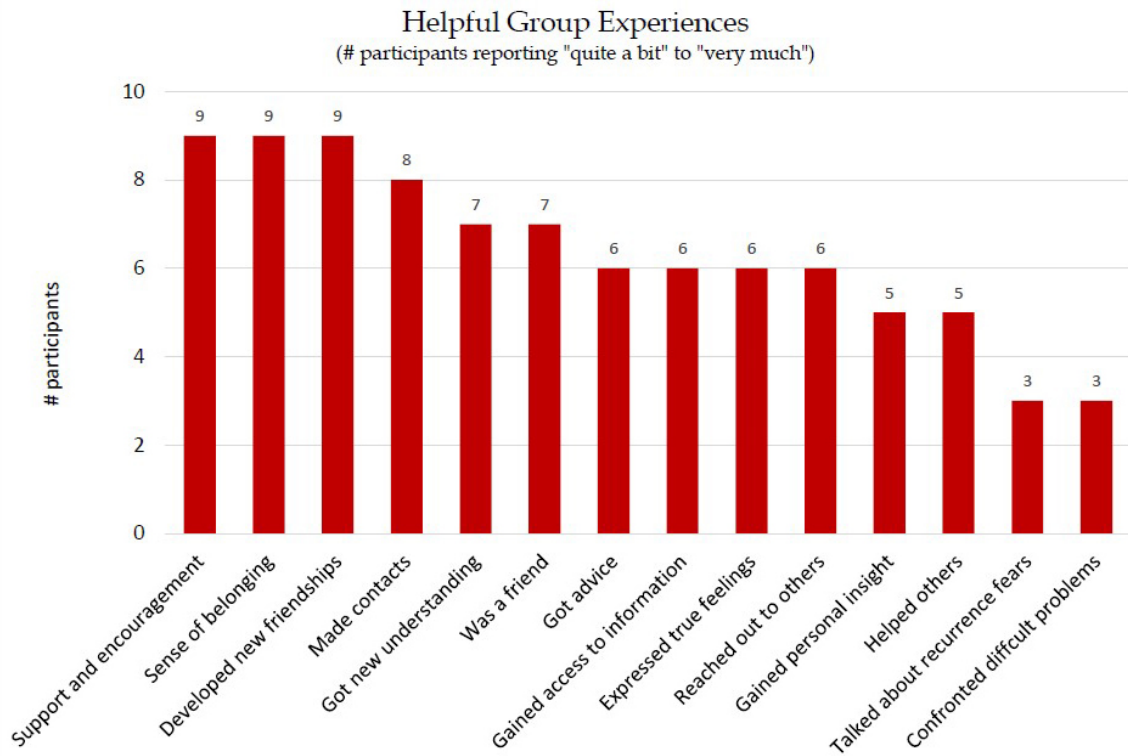
Q. How many times have you attended the support group? _____

Section 1: Self-Efficacy

- As a result of my participation in this lung cancer support group, I am confident I can ask my healthcare team questions about side effects of lung cancer and its treatment track or pain.
 - Strongly Disagree
 - Disagree
 - Neutral
 - Agree
 - Strongly Agree
- As a result of my participation in this lung cancer support group, I am confident I can make treatment decisions in partnership with my healthcare team.
 - Strongly Disagree
 - Disagree
 - Neutral
 - Agree
 - Strongly Agree
- As a result of my participation in this lung cancer support group, I am confident that I have more information about managing symptoms that may be helpful to me.
 - Strongly Disagree
 - Disagree
 - Neutral
 - Agree
 - Strongly Agree
- I would recommend this lung cancer support group to others with lung cancer and their loved ones.
 - Strongly Disagree
 - Disagree
 - Neutral
 - Agree
 - Strongly Agree
- General comments or suggestions about the lung cancer support group: _____

1





GREENVILLE, SC

Collaboration with LCA afforded increased marketability internally and externally



INTEREST GENERATED/ TOPICS IDENTIFIED

- Dealing with stigma
- Fear
- Mindfulness
- Acclimating to limitations
- Goal setting and strategy for achievement
- CIOS/CSC advantage: interdisciplinary team
 - Chaplain, Dietician, Music therapist, Yoga instructor



- Living with cancer not dying from it



GROUP PARTICIPANTS

“I was scared to talk about it, but the group has opened me up. When I think about it I get emotional, in a good way. The group has given me a sense of peace”

-Susan

“I didn’t want to talk or see anybody. I just laid in bed; it was that severe nothingness. Then I found the support group for lung cancer survivors. I was impressed at how many came because there aren’t that many survivors”

-Rosemary



KEY LESSONS

- Transportation Issues
- Staffing Issues
- Hospital Politics





Kate Abramson

kabramson@lungcanceralliance.org

Kerri Susko

KSusko@ghs.org

Lung Cancer Screening and Continuum of Care

Ralph Lauren Center for Cancer Care

Diani Nevaes – Director of Development

Ettice Womble – Community Relations



Project Goals and Summary

Education & Engagement

- Educate the Harlem community and engage urban minority populations in lung cancer screening, cancer risk reduction activities, and overall services at the RLCCC through:
 - Community Outreach
 - In-reach
 - Physician Outreach

Lung Cancer Screening

- Increase the number of eligible people screened for lung cancer by getting a low dose CT Scan
- Improve health and reduce death rates of lung cancer

Smoking Cessation

- Encourage and help smokers to quit smoking by providing in-house smoking cessation services

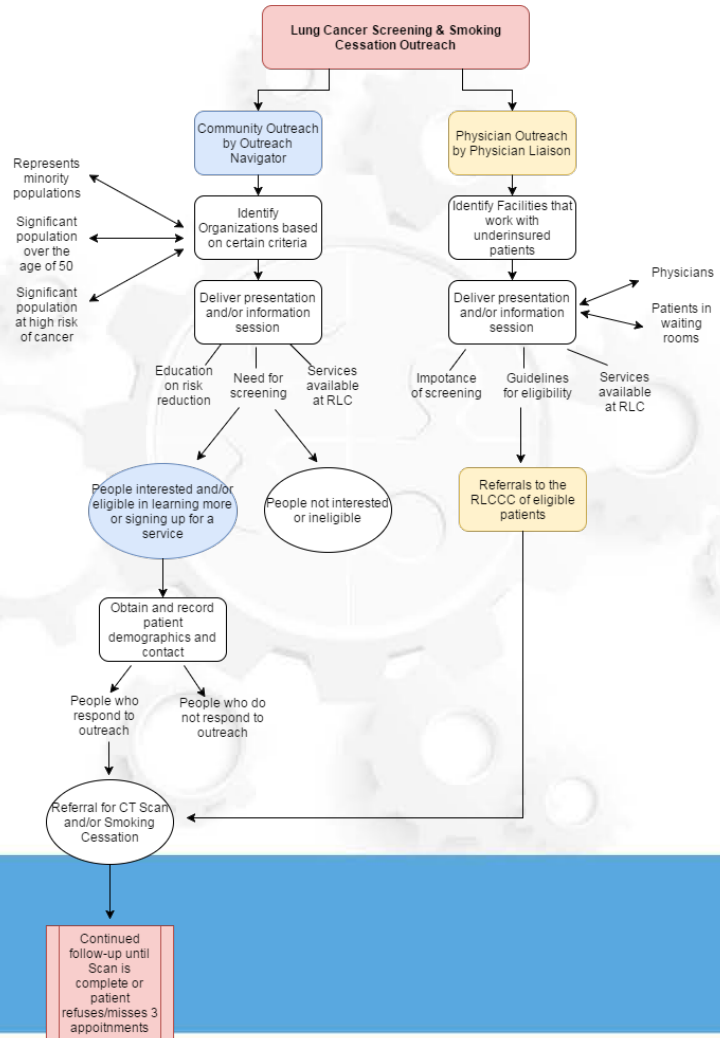
Advocacy

- Look at screening guideline criteria to determine if we need separate guidelines for minorities and vulnerable populations who don't fall under current lung cancer screening guidelines
- Availability and analysis of data

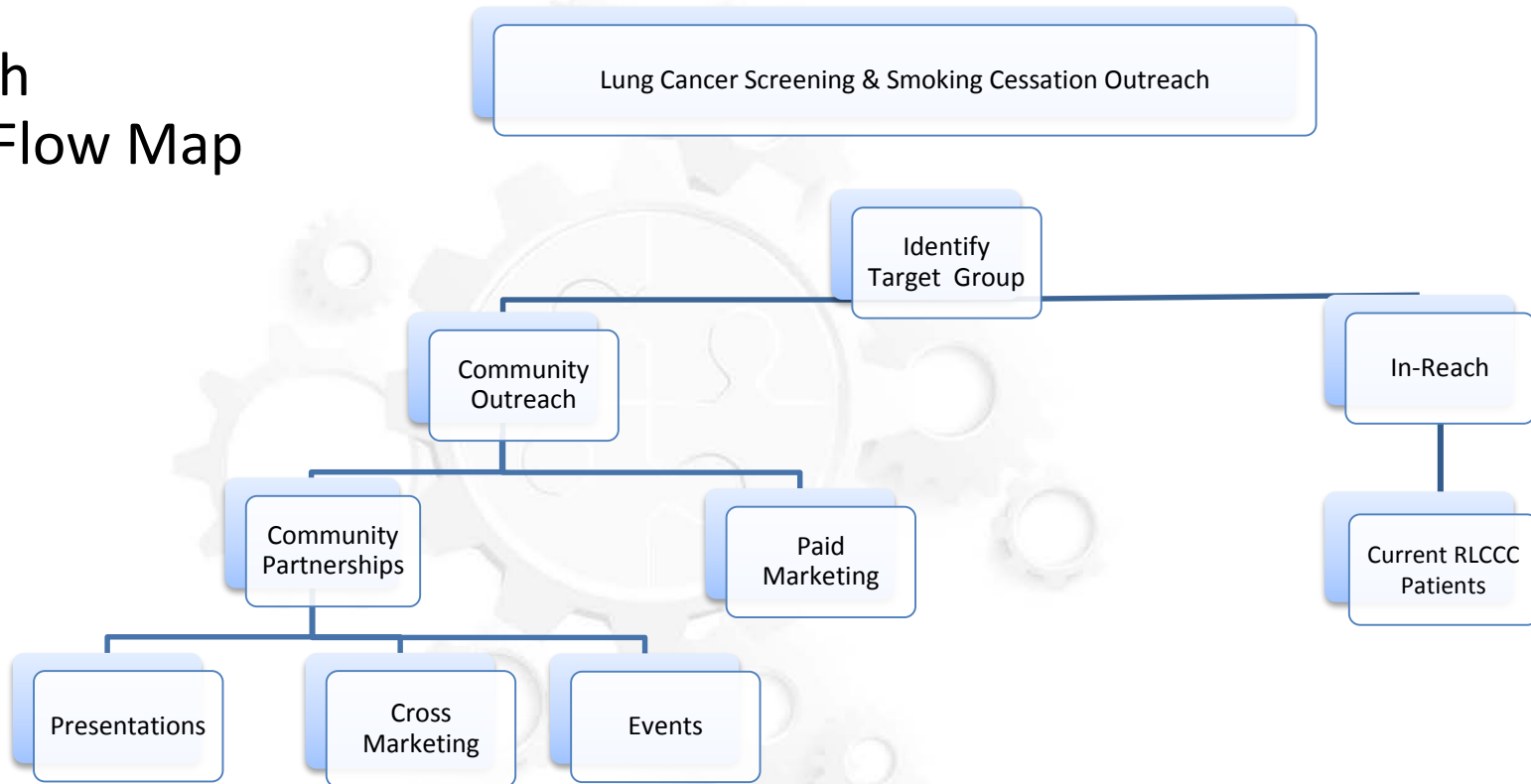
Patient Story and Experience

A fifty three year old African American female and a current smoker with 40 pack years visited the Ralph Lauren Cancer Center, to have a colonoscopy procedure completed. While in the waiting area she was approached and informed about our lung cancer screening and smoking cessation program. The patient showed great interest in participating in both programs. She then met with the physician to further discuss the lung cancer screening process. The patient completed the CT scan and although she had no signs of lung cancer, there were findings of emphysema and a left adrenal gland nodule. To better assess the left adrenal gland nodule the patient was referred to have an MRI, the results indicated that the nodule was benign. Not only did the patient complete the CT scan, but she also was able to quit smoking. Furthermore, she referred her husband who is a current smoker to complete the Lung Cancer Screening and Smoking Cessation Program.

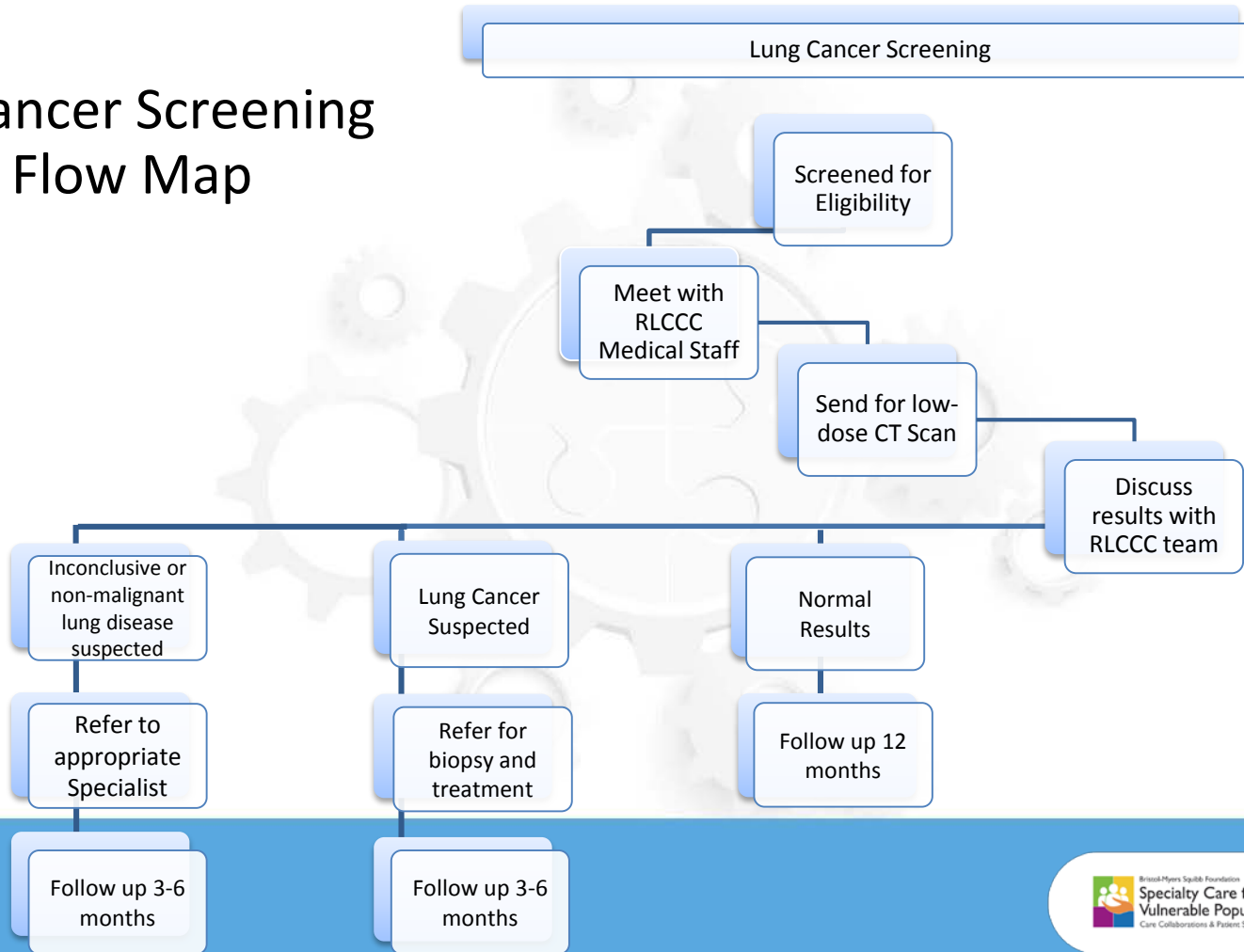
Program Service Flow Map



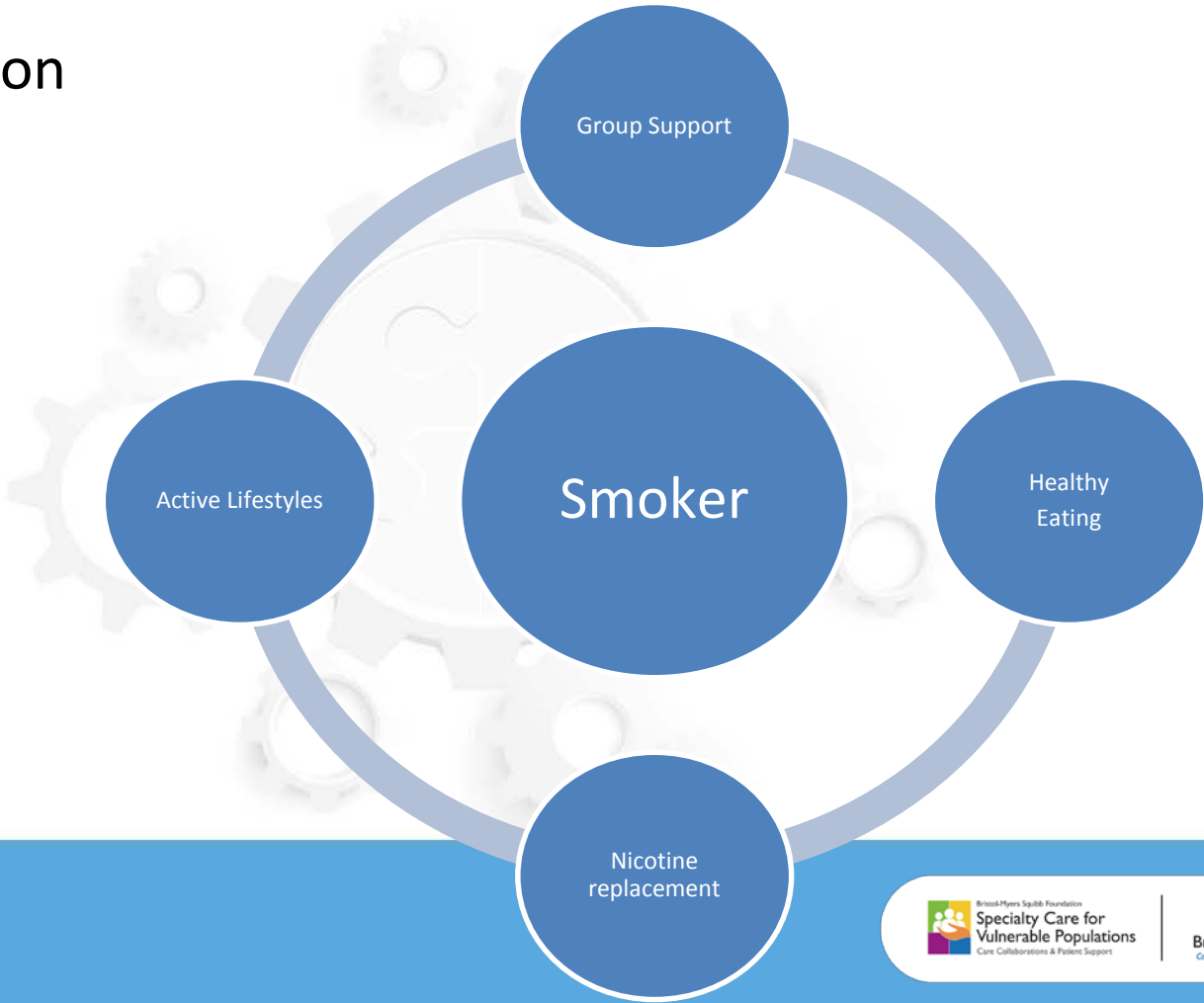
Outreach Service Flow Map



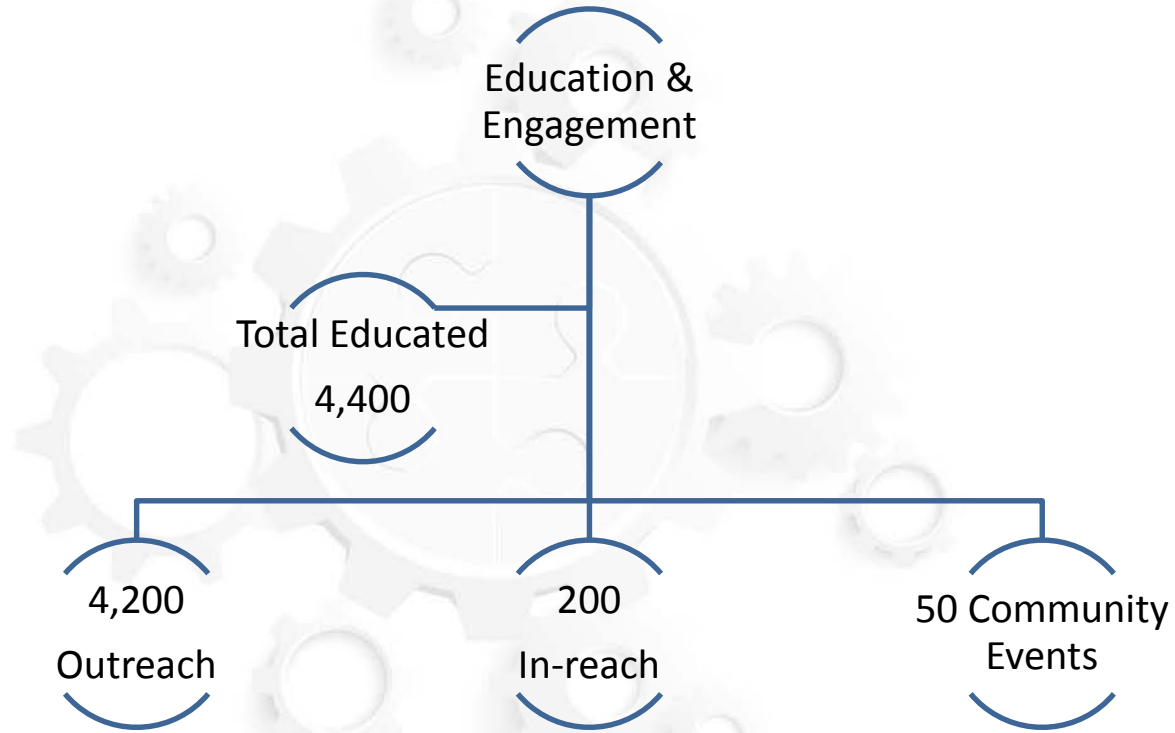
Lung Cancer Screening Service Flow Map



Smoking Cessation Support Model

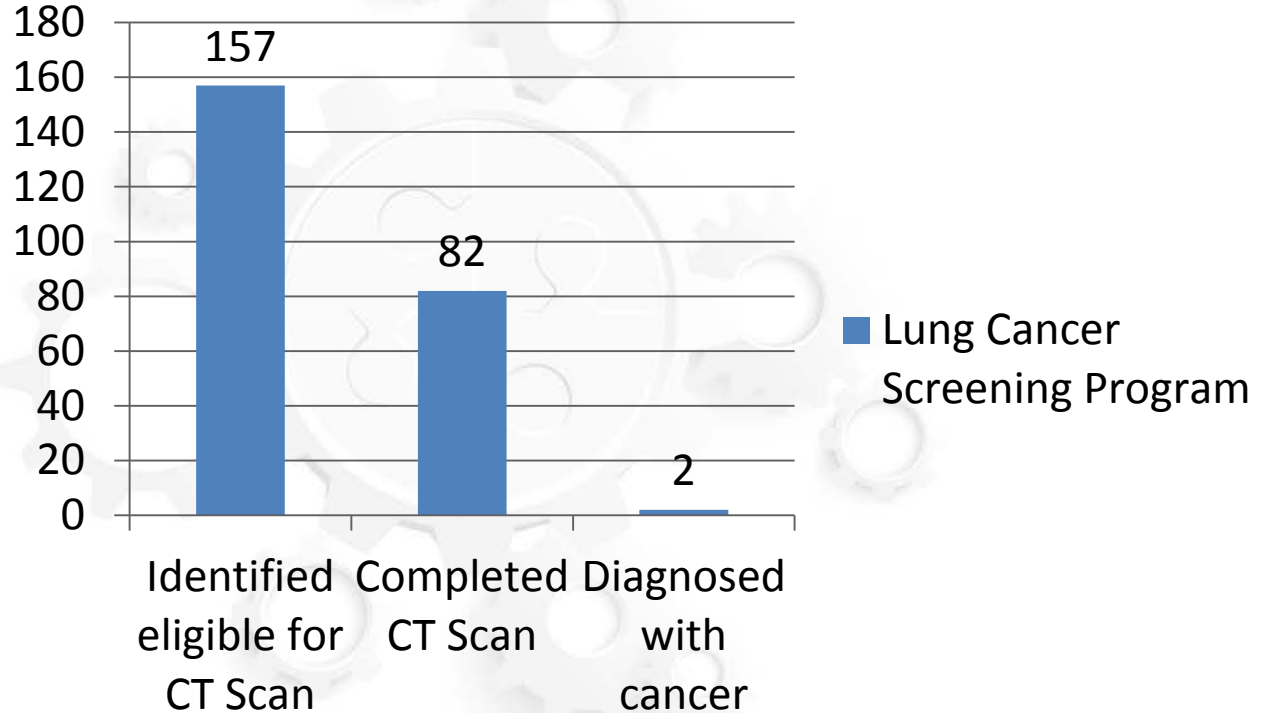


Project Results to Date



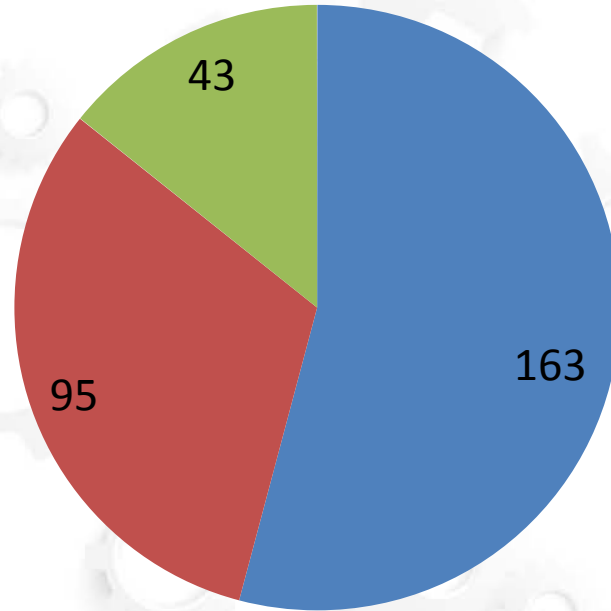
Project Results to Date

Lung Cancer Screening Program



Project Results to Date

Smoking Cessation Program



- Patients in-reached
- Smoking Cessation appointments scheduled
- Received Treatment

Key Lessons



Compliance with recommended CT Scan is challenging



Programs should be inclusive of minorities and underserved populations, but



Programs are more beneficial for patients undergoing CT Scan than for patients signing up for



Medical care remains fragmented. Developing partnerships is challenging.



Changing behaviors is difficult and takes time. Our patients respond better to group rather than individual counseling.

Observations



Immediate scanning, such as a mobile van with a Chest CT Machine, could increase test completion



There is a lag between the visit and the CT Scan that presents a barrier to complete the test



Improve coordination among local providers



Focus on group treatment that encourages and motivates program adherence



THANK YOU!