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.
Community Mobilization

- Cross-community integrated strategy to skin cancer prevention
- Evidence-based/culturally-competent approach
- Promotores de salud to help “navigate the system”

Interventions

• Touch points along the continuum of care and that are “outside the box”.

Lideres Communitarios

Unidos Work Group

Community

UNIDOS APPROACH
UNIDOS INTERVENTION

Community Outreach

Connection to Resources including Treatment and Care

-Provide Health Education
-Connect to screening event

Skin Cancer Screening

Intervention Follow-Up and Evaluation
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
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
• 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 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
Thank you!
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
PROJECT GOALS AND SUMMARY

- 8 states
- 6 groups
- Research
- Report
• Engagement
  – Lung Cancer Support Group Network
    ▪ Communication
    ▪ Outreach
    ▪ Technical Support
SERVICE FLOW

IDENTIFY → RESEARCH → OUTREACH → COMMUNICATE
PROJECT RESULTS TO DATE

- Baseline Questionnaires
- Post Attendance Questionnaires
- Focus Groups
Helpful Group Experiences
(# participants reporting "quite a bit" to "very much")

- Support and encouragement: 9
- Sense of belonging: 9
- Developed new friendships: 9
- Made new understanding: 8
- Was a friend: 7
- Got advice: 7
- Gained access to information: 6
- Expressed true feelings: 6
- Reached out to others: 6
- Gained personal insight: 6
- Helped others: 5
- Confronted difficult problems: 3
- Talked about recurrence fears: 3
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 Nevares – 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
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 & Smoking Cessation Outreach

Identify Target Group

Community Outreach

Community Partnerships

Presentations

Cross Marketing

Events

Paid Marketing

In-Reach

Current RLCCC Patients
Lung Cancer Screening Service Flow Map

1. **Screened for Eligibility**
   - Meet with RLCCC Medical Staff
   - Send for low-dose CT Scan
   - Discuss results with RLCCC team

2. **Lung Cancer Suspected**
   - Refer for biopsy and treatment
   - Follow up 3-6 months

3. **Normal Results**
   - Follow up 12 months

4. **Inconclusive or non-malignant lung disease suspected**
   - Refer to appropriate Specialist
   - Follow up 3-6 months

5. **Lung Cancer Suspected**
   - Refer for biopsy and treatment
   - Follow up 3-6 months

6. **Normal Results**
   - Follow up 12 months

7. **Inconclusive or non-malignant lung disease suspected**
   - Refer to appropriate Specialist
   - Follow up 3-6 months
Smoking Cessation Support Model

- Group Support
- Active Lifestyles
- Healthy Eating
- Nicotine replacement
Project Results to Date

- **Total Educated**: 4,400
- **Outreach**: 4,200
- **In-reach**: 200
- **Community Events**: 50
Project Results to Date

Lung Cancer Screening Program

- Identified eligible for CT Scan: 157
- Completed CT Scan: 82
- Diagnosed with cancer: 2
Project Results to Date

Smoking Cessation Program

- 163 appointments scheduled
- 95 patients in-reached
- 43 received treatment

Specialty Care for Vulnerable Populations
Collaborative Care and Patient Support

Bridging Cancer Care
Comprehensive, Preventive, and Curative
<table>
<thead>
<tr>
<th>Key Lessons</th>
<th>Observations</th>
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<tbody>
<tr>
<td>Compliance with recommended CT Scan is challenging</td>
<td>Immediate scanning, such as a mobile van with a Chest CT Machine, could increase test completion</td>
</tr>
<tr>
<td>Screening criteria may not be inclusive of minorities and underserved</td>
<td>There is a lag between the visit and the CT Scan that presents a barrier to complete the test</td>
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<tr>
<td>populations, but we don’t have sufficient data.</td>
<td>Improve coordination among local providers</td>
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<tr>
<td>Incentives are more beneficial for patients undergoing CT Scan than for</td>
<td>Focus on group treatment that encourages and motivates program adherence</td>
</tr>
<tr>
<td>patients signing up for smoking cessation</td>
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<tr>
<td>Medical care remains fragmented. Developing partnerships is challenging.</td>
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<tr>
<td>Changing behaviors is difficult and takes time. Our patients respond</td>
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<tr>
<td>better to group rather than individual consultations</td>
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THANK YOU!