

FUNDED-PROGRAM or PROJECT:

ScreenWise

Removing Gendered Language

In the Spring of 2018, The Oregon ScreenWise Program (SW) rolled out new direct service program forms and a new provider manual as part of the final step in integrating the Oregon Genetics program, WiseWoman, and Breast and Cervical Cancer programs. A key part of this process was the removal of binary specific language wherever it was not required and the addition of gender and sex inclusive language wherever possible. This supports the SW program aim to reduce structural barriers and affirm program participants who live and identify outside of the assigned or assumed societal binary, which helps increase access to life-saving cancer screening for all Oregonians.

SUMMARY [Character Limit: 600]

SW seeks to reduce cancer burden and inequities by promoting early detection, evidence-based care, risk factor screening, education, linkage to medical treatment, and surveillance for the public. During this project, SW received feedback that program materials featuring female centered language were presenting a barrier to current and potential patients seeking cancer screening from the program. While SW partner providers aim to provide inclusive and affirming services, program materials still required consumption of binary language or lacked choices for patient identification, causing patients to either experience dysphoria or discontinue association with the program because they did not feel represented.

Between April – December 2018, SW focused on removing women-centered binary language embedded in program documents, specifically provider and patient facing documents, to affirm and include program participants who live and identify outside of the assigned or assumed societal gender/sex binary. These changes also served to facilitate access to clinical services and ensure screening completion.

CHALLENGE [Character Limit: 800]

A significant challenge of this project was that majority of potential and existing SW patients identify within the existing sex and gender binary. The program had to work diligently to balance the needs of those on the margins of identity, while not ostracizing or invalidating those who identify within the majority.

The program also knows that, along with other intersecting marginalizing factors such as race, ethnicity, xenophobia, income, housing status those who identify outside of the societal sex and gender binary are more likely to forgo or delay screening or diagnostic services. This can result in patients being diagnosed with cancer at a later stage, when treatment options are more limited, complex, and expensive.

There were also challenges posed by the fact that, while trans and cis patients clients can have services compensated out of NBCCEDP funding if they have a cervix or breast tissue, patients who might identify outside of the biological female identification or not feel comfortable asserting their sex assigned at birth are not.

SUBMITTED ON:

FUNDED-PROGRAM or PROJECT:

SOLUTION [Character Limit: 700]

In Spring 2018, The SW program team undertook review of the program manual, website language, and patient facing forms. During this review, any women centered language was changed to more inclusive neutral terminology or additional choices/identifications were added. For example, language which read “Women wishing to become enrolled in ScreenWise must meet the following eligibility guidelines” now reads “A patient wishing to become enrolled in ScreenWise...”. We also added a neutral X choice on our patient facing forms, in addition to the binary choices of Male or Female.

Regarding the hurdle around funding services, a small grant from the Komen foundation enables the program to serve patients who are assigned male at birth or identify outside of the gender/sex binary.

RESULTS/ACCOMPLISHMENT/IMPACT [Character Limit: 800]

- SW improved its program inclusivity and dismantled its reliance on the gender/sex binary.
- The program shift allowed inclusive and affirming providers to continue their practice without traumatizing or invalidating patients and encourages other providers to utilize non-gendered and inclusive language.
- This supports the SW focus on centering marginalized populations.
- Operations continued uninterrupted and met the wishes of providers who called for more inclusivity.

DIRECT QUOTE/TESTIMONIAL [Character Limit: 300] *(from a Patient, Provider, Partner)*

Click here to enter text.

- Positive remarks and emotional insight
-

LESSONS LEARNED/SUSTAINING SUCCESS [Character Limit: 700]

- **Trust providers and patients:** SW providers and patients know what is best for themselves and for the communities they live and work in. If they request something, we need to take that request seriously and make necessary accommodations and changes to honor it.
- **Words Matter:** It is not enough to only offer access to services for patients who live on the margins of dominant culture. For patients who identify outside of the sex and gender binary, having program language and options that affirm and honor their identities increases their likelihood of completing screening. This serves the ultimate goal of prevention or early detection of breast and cervical cancer.

SUBMITTED ON:

SUCCESS STORY TEMPLATE

FUNDED-PROGRAM or PROJECT:

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PICTURE

If your success story falls under a specific strategy, check which one(s):



HEALTH SYSTEMS INTERVENTIONS



ENVIRONMENTAL APPROACHES



EPIDEMIOLOGY AND SURVEILLANCE



COMMUNITY PROGRAMS LINKED TO CLINICAL SERVICES

Success Story Pointers

- ✓ Keep paragraphs short – no more than 5-6 sentences.
- ✓ Keep story to no more than two pages.
- ✓ Include direct quotes if they strengthen the story.
- ✓ Limit use of acronyms. If you use acronyms, spell them out on first mention.
- ✓ Use plain language.

Check Key Word(s) and Area(s)

Disparate/Hard to Reach Population

Tribal and Territorial Health

Community Health Workers

Patient Navigators

Provider Reminders (*i.e.* EMR reminders, client charts, e-mails)

Provider Assessment and Feedback (*i.e.* performance reports)

Reducing Structural Barriers (*i.e.* reducing time/distance to

Employer and Professional Organizations

Chronic Disease Program Integration

Employer Worksite/Workplace Wellness

Outreach and

SUBMITTED ON:

SUCCESS STORY TEMPLATE

FUNDED-PROGRAM or PROJECT:

Electronic Health Records/Health Information Technology

Partnership Development & Sustainability

Medical Homes

Policy Development and Change

Community Based Organizations

Patient Reminders (*i.e. phone calls, e-mails, postcards, text message*)

services, transportation, child care, extending clinic hours, non-clinical setting, simplifying administrative procedures). Select all that apply.

Media (*i.e. radio, television, billboards, flyers, social media, brochures*) Select all

Community Health Centers (*i.e., FQHCs*)

Medical Advisory Group and Coalitions

Education (*i.e., group, one on one, events*)

Healthcare Providers Clinics

Service Delivery (*screening, diagnostics*)

Quality Improvement

Data Sources and Utilization

Professional Development Training

Federal Agencies

Facilitating Enrollment in Insurance Plan & Coverage

SUBMITTED ON:

Urban League of Portland & ScreenWise Oregon Team Up for Cancer Screening

In 2019, The Oregon ScreenWise Program (SW) joined with the Urban League of Portland (UL) to support UL Community Health Worker (CHW) efforts to bridge gaps between traditionally under-served communities and critical health care and social service systems. The UL mission is to empower African Americans and others to achieve equality in education, employment, health, economic security and quality of life.

SUMMARY

Between April – December 2019, UL CHWs focused on Community-Clinical Linkages and Patient Navigation to reach high need individuals, facilitate access to clinical services, and ensure screening completion.

A recipient of the 2019 Spirit of Portland Award, UL's CHW program builds individual and community capacity to improve health outcomes by increasing health knowledge and self-sufficiency through outreach, community education, informal counseling, social support, and advocacy. During this project, UL CHWs identified candidates for breast and cervical cancer screening and provided culturally appropriate outreach, education, and workshops about risk factors, family history, genetic counseling, and preventive health behaviors. CHWs linked women to community resources, medical homes, and health care systems, including health fairs and mobile mammography events.

CHALLENGE

Although many people within Oregon communities of color have health coverage, not all are fully using these services and receiving recommended cancer screenings. This is a challenge because breast cancer mortality is approximately 40 percent higher for African American women in the U.S. than among white women. And the mortality rate from cervical cancer in African American women is twice that in white women.

There is the added factor that African American women are often diagnosed with cancer at a later stage, when treatment options are more limited, complex, and expensive. Challenges related to access to follow-up care after an abnormal screening further contribute to survival rate disparities between African-American and white women.

SOLUTION

In early 2019, SW and the UL staff explored how they could collaborate to increase breast and cervical screening within UL's community. UL staff explained how their CHWs were well-positioned to work with community members to identify and help address health inequities. Nationally, the Urban League, in partnership with Morehouse School of Medicine, has developed a CHW model to promote healthy

lifestyles and deliver services to African American adults. Rooted in a holistic approach to health, Urban League CHWs support clients in addressing a broad range of economic, social and psycho-social issues.

SW and UL agreed on a 9-month project to support these goals, focused on:

1. **Community-Clinical Linkages:** UL CHWs identified candidates for breast and cervical cancer screening and provided culturally appropriate outreach, education, and workshops about risk factors, family history, genetic counseling, and preventive health behaviors. The CHWs linked women to community resources, medical homes, and health care systems, including health fairs and mobile mammography for cancer screening and, if needed, diagnostic follow up and treatment referral resources.

The UL also supported the coordination of 2 church-based initiatives to educate and inform their communities around breast cancer screening, with a focus on addressing fears and barriers to breast cancer screening.

2. **Patient Navigation:** UL CHWs worked to reduce barriers and facilitate timely access to quality screening, diagnostic services, and initiation of treatment by providing Patient Navigation to women who have medical payment sources (e.g., Medicaid or private insurance) for breast and cervical screening and/or diagnostic services. This work included assessment of individual patient barriers to cancer screening; diagnostic services, and initiation of cancer treatment; Patient education and support; and resolution of patient barriers.

RESULTS/ACCOMPLISHMENT/IMPACT

The UL project will continue through December 31, 2019.

It is currently on track to:

- Provide free or low-cost mammograms to 22 medically underserved members of the UL community through mobile mammography health events.
- Provide over 100 members of the UL community with culturally appropriate outreach, education, and workshops about risk factors, family history, genetic counseling, and preventive health behaviors
- Support the coordination of two church-based initiatives to educate and inform communities around breast cancer screening, with a focus on addressing fears and barriers to breast cancer screening (to take place January 2020)
- To support breast cancer screening during October Breast Cancer Awareness Month, UL launched the "I Pledge" campaign. With the aim of helping end breast cancer in the African American community, UL asked African American women to pledge to get their mammogram. Every week in October, UL featured a woman who made the pledge on their page and UL will create a collage at the end of the month of all the woman who have taken the pledge.

DIRECT QUOTE/TESTIMONIAL

I went for my first mammogram through the free mobile mammogram program through the Urban League of Portland. I was nervous to go and wasn't sure what to expect. However, as soon as I checked in, everyone was so warm and friendly that I felt very comfortable and at ease. They made the process

SUCCESS STORY TEMPLATE

Oregon ScreenWise Partnership with Urban League of Portland

really easy and I left feeling so happy I had gone. I so appreciate this kind of care doing something that's so vulnerable and emotional.

Best,

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LESSONS LEARNED/SUSTAINING SUCCESS

- **Trust partners and the community.** As SW looks ahead to amending its agreement with UL in 2020, the program recognizes and appreciates the importance of letting partners like UL identify and address their own community needs. This is especially critical as the two programs explore how to integrate genetic education and outreach and related community-clinical linkage activities in 2020.
- **Offer Access to Expertise and Step Back:** Tap into content experts and convene workgroups for technical guidance, but let the community partner lead the approach, including communication and dissemination. Messaging must be culturally appropriate and from a trusted source.
- **Encourage use of Use Evidence-Based Interventions (EBIs):** The CDC Community Guide offers helpful, clear guidance to community partners as a “roadmap” for ways to increase cancer screening. Referring UL to the Community Guide early in the process helps to build an evidence-based foundation, while enabling the community-based partner to build an approach that best suits the needs of their specific community.

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PICTURE

SUBMITTED ON:

SUCCESS STORY TEMPLATE

Oregon ScreenWise Partnership with Urban League of Portland



Urban League of Portland (2019)

If your success story falls under a specific strategy, check which one(s):



HEALTH SYSTEMS INTERVENTIONS



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Disparate/Hard to Reach Population

Provider Reminders (*i.e.* EMR reminders, client charts, e-mails)

Employer and Professional Organizations

Tribal and Territorial

SUBMITTED ON:

SUCCESS STORY TEMPLATE

Oregon ScreenWise Partnership with Urban League of Portland

Health

- Provider Assessment and Feedback (*i.e. performance reports*)
- Chronic Disease Program Integration
- Community Health Workers
- Employer Worksite/Workplace Wellness
- Patient Navigators
- Reducing Structural Barriers (*i.e. reducing time/distance to services, transportation, child care, extending clinic hours, non-clinical setting, simplifying administrative procedures*). Select all that apply.
- Outreach and Education (*i.e., group, one on one, events*)
- Electronic Health Records/Health Information Technology
- Healthcare Providers Clinics
- Partnership Development & Sustainability
- Service Delivery (*screening, diagnostics*)
- Medical Homes
- Media (*i.e. radio, television, billboards, flyers, social media, brochures*) Select all
- Quality Improvement
- Policy Development and Change
- Community Health Centers (*i.e., FQHCs*)
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- Professional Development Training
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- Medical Advisory Group and Coalitions
- Federal Agencies
- Facilitating Enrollment in Insurance Plan & Coverage