



Cancer Prevention and Control and Health Equity Programs Success Showcase 2022

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Thursday, Jan. 20, 2022

RANDY SCHWARTZ:

Greetings, welcome. Thanks for joining the group. Cancer Prevention and Control Portfolio session. I'm Randy Schwartz, Senior Public Health Consultant for Cancer Control and, uh, with my colleagues and they'll introduce themselves as they present. We're here to talk about our really dynamic work in Cancer Prevention Control.

Just to mention, if you do want to go to one of the other sessions, somewhere along the line, please feel free. And you can find that information on the agenda. Our NACDD Cancer Prevention Control portfolio is dynamic and includes a combination of capacity building, educational programs, and technical assistance for CDC Division of Cancer Prevention Control grantees and innovative work with a number of, uh, external partners.

We work closely with our cancer council, composed of staff from the CDC funded programs, the National Breast and Cervical Cancer Early Detection Program, the National Colorectal Cancer Program, the National Program of Cancer Registries, and the National Comprehensive Cancer Control Program, as well as federal partners from CDC and NCI.

And we thank CDC, um, tremendously for all the support that they have provided, uh, to our programs and grants and cooperative agreements. The cancer council has composed, uh, the staff of the programs from all the CDC funded programs. Our current chair is Casey Eastman from Washington state, chair-elect Mary Ellen Conn from West Virginia and our immediate past chair, Allison Antoine from Wisconsin.

The Cancer Council has worked groups in cancer screening, palliative care, and survivorship communications and evaluation in epidemiology. And for those who are interested in participating, please, uh, we'll, I'll put my info in the chat. Let me know. Or you can go to the NACDD Cancer Council page on the NACDD site.

Always, of course, looking for participation from people engaged in the programs around the country.

REBECCA SHIMKETS:

Hi, my name's Rebecca Palpant Shimkets and I'm a Public Health Consultant with NACDD overseeing the peer-to-peer learning program. This slide describes the program quite well, but I'll highlight a couple of things for you.

The program is for over 100 national breast and cervical cancer early detection programs and colorectal cancer control programs representing every state, District of Columbia, the tribes, tribal organizations and Pacific island territories. Um, it's provided virtually, which has been a real asset during this challenging public health landscape.

We provide subject matter expert webinars, addressing learning needs of awardees, as well as recurring peer-to-peer call series using zoom where, uh, awardees could have facilitated discussions through breakout groups. And we record these calls and make all of this content accessible through the peer-to-peer learning website.

So awardees can go back even to year 2 and year 3 of the grant years to content that was developed then as well. Pivoting slightly, peer-to-peer learning was selected for to plan and execute the 30th anniversary celebration of the National Breast and Cervical Cancer Early Detection Program. All of the programs developed individual program virtual exhibition booths, over five exhibition halls where registrants, the over 1000 registrants to the event, could download content from the boots, have chats to exchange ideas as well as view videos. The health equity journal was developed with NACDD expertise that you heard from earlier in the showcase, along with support from the CDC and provided to awardees three weeks in advance of the event to get them ready, to really dig in, to discuss health equity, health disparities issues, specifically around data, as well as building community partners and collaborations.

Finally, using the state of the art virtual meeting technology enabled us to collect data about how registerants use the platform, everything from how many people attended sessions to how many downloads there were in the exhibition halls for the content that was developed there and uploaded, as well as how many chats people had.

All of the content from the virtual event now appears at cancerscreeningsaveslives.org, where you can view all the videos from the event, as well as the panel discussions and even visit all of the exhibition halls and the booths to get access to those resources. Thank you.

ANYA KARAVANOV:

Um, my name is Anya Karavanov, and I am a Public Health Consultant with NACDD working on the CDC's Bring Your Brave campaign.

For those of you who may not be familiar, the Bring Your Brave campaign is reaching out to young women to increase their awareness that women under 45 do get breast and ovarian cancer and they should understand their risk. Young women have traditionally not been the face of breast cancer and that's why one of the campaign's main strategies is to use real women and real stories to bring this issue to life.

It features young women who have dealt with prevention, risk, family history, and survivorship telling their stories to help other young women understand that the risk is real and it's okay, even vital to talk about it with their healthcare providers and families. Stories can help drive home the reality that young women can be personally affected by breast and ovarian cancer.

When you see someone who looks like you, or it looks like someone who could be your peer or in your family, you may be more likely to make the connection with this person and sharing what you should know. Through testimonials, Bring Your Brave aims to inspire young women to learn about their risk for breast cancer, have meaningful conversations with their healthcare providers and their families and live a breast healthy lifestyle.

As part of this campaign, NACDD in partnership with CDC developed a number of resources that healthcare providers can use to help patients and families talk about hereditary breast and ovarian cancer. The materials include powerful first person accounts from individuals who are working fears, resistance, and other barriers for holding frank conversations with their families about hereditary cancer.

Some stories were produced by professional filmmakers and some came out of the storytelling workshops. Resources also include a conversation simulation that includes an opportunity to practice talking about hereditary cancer before approaching family members and fact sheets, uh, for healthcare providers and patients. The green QR code on the screen, if you put your phone up to it, you can scan it and it will take you to the campaign materials and you can review them, watch the stories and share them with your networks. Here I want to play one of the videos for you.

I was 18 years old when my mother lost her life to breast cancer. At that time I was in college and I was scared. Breast cancer has aggressively attacked three generations of women in my family. And I really felt like cancer was coming for me. It was only a matter

of time. I had genetic testing and that's when I found out that I was the carrier of the BRCA2 gene mutation.

I knew that I had an increased risk of breast cancer, but I walked into my high-risk oncologist and I was just like, you know what? This is not for me. They've got the wrong person and I immediately walked out.

But eventually an inner voice in me said, no, you need to go back. I realized I had not accepted my BRCA mutation. I was still grieving from losing my mother and that I still had to continue to press forward. And so the second time I went in, I actually did see my doctor. She shared with me my different preventative options.

And she was very aggressive. And I remember telling her, I really feel like you're treating me like I have cancer. I don't have cancer. And then she said something to me that really changed and shift my perspective. She said, Ashley, I have to be aggressive. She said, because you have options. She said your mother, she didn't have options.

And so it was almost like a surrender. I just kind of threw my hands up and I just said, you know what? You're right. Let's explore those options. Eventually I did have a preventative double mastectomy to reduce my risk of breast cancer. And you know, I look at it like this. Breast cancer aggressively attacked three generations of women in my family.

And through genetic testing, we can aggressively attack breast cancer.

Again, if we come back to the PowerPoint and you can see that QR code on the screen, please scan it and view it, view the materials and share them with partners and with patients. Thank you so much for your time.

DAWN WIATREK:

That's such an impactful video, second time I've seen it. And I still think it's just an amazing resource. Thanks Anya. So my name is Dawn Wiatrek and I am a Public Health Consultant in Cancer Control at NACDD. And I'm going to be talking about some exciting updates in increasing colorectal cancer screening rates, which is a project that's now in its fourth year. It was funded by the CDC through the CSTLTS program.

And the primary focus of this project is to increase colorectal cancer screening rights in targeted states, using specific strategies, including focusing on state level networks and partnerships, providing expertise and support from national partners, including

leveraging previous work done by the CDC and CDC grantees, and focusing on partner-based health system changes, EBIs and population approaches for screening.

So I'd like to talk specifically about some of the year four activities we've been focused on. And these have included dissemination of a key resource that we created during year three of the project. And this is the comprehensive mailed FIT guide. So this was created in partnership with Kaiser Permanente center for health research, with CDC support, and it really gives step-by-step instructions for planning and implementing a mailed FIT outreach program in diverse settings with a focus on clinical settings.

So it provides real-world examples of other health systems that have implemented this, the challenges they've encountered, and how they overcame those. We're currently adapting this for use with the VA. So it can be used within the VA health system. We're working on a business case that can be used to really justify why a health system would want to implement, uh, the mailed FIT approach.

And we're adapting content for use in an interactive multimedia online training that will be available to healthcare providers, healthcare professionals, and that should be available in April or May.

And finally we're partnering with United Health Care and our consultant Leavitt Partners to target six health systems within six states in the great lakes region to really help us in evaluating these mailed FIT resources.

So we're looking for health systems that have an interest in either enhancing or expanding the work that they're doing in mailed FIT. Um, we're going to work with them on creating a coalition across the region and and evaluating the program over time. So that we'll hand it over to our next speaker.

RANDY SCHWARTZ:

We also are working with three states, Mississippi, Tennessee, and Wisconsin.

We're engaged in a ready set go process for using data to reduce breast cancer disparities. The project works to increase capacity amongst the programs and using data and proven strategies to reduce breast cancer disparities and disparity in mortality rates. It uses a communities of practice model, webinars, and technical assistance to improve the use of cancer data and attention to evidence-based strategies to address cancer disparities and increases awareness of the online reducing breast cancer disparities toolkit, and helps state select states create data products. Each state held a virtual community engagement meeting in an effort to expand the diversity of partners

through our work with the state to develop strategies, to increase screenings and to reduce the time from the initial diagnosis and the start of treatment. The project explored the use of the HHS health disparities impact statement to develop the framework for their plans to address the breast cancer disparities in the state.

DAWN WIATREK:

And this is Dawn Wiatrek again, I'm going to talk about another program that I help support and that's our cancer screening change package.

This program was also funded through the CSTLTS mechanism with the CDC through a cooperative agreement with the CDC and we're in our second year of this project and hope to have these resources available by the end of the year. So a change package is essentially a way of just cataloging resources in a particular change or focus area in public health.

So it's just a nice way to organize things so that end users can find them easily. But it also helps us identify gaps in key areas where we might need additional resources or topical areas where perhaps we've been funding a lot in one area and we need to redirect resources to fill a gap that exists for a lack of interventions or programs.

And it also helps us identify out of date resources and get those implemented. So again, really the focus being on the end user and what we can do to make this the most valuable resource to them so that someone who's in a health system can use this if they want to increase colorectal cancer screen rates within their health system or their practice, they could go to this and find a resource that's specific for the population they're interested in. Maybe it's disparities or a group that doesn't have access to, or has traditionally maybe not engaged in screening. They can focus and find the appropriate type of tool or resource for that.

So we're focusing on six different kinds of cancer, BRCA, breast, cervical, colorectal, lung, and prostate. And we're dividing these into basically separate change packages, but each will have the same key five focus areas with change ideas and change concepts under those. So those include community initiated activities, policy planning, and evaluation capacity building, screening procedures and practices, and then the followup and additional screening and treatment.

Again, they'll be focused on those six cancer types and we've currently reviewed over a thousand different tools to triage into these resources. So we're potentially looking at hundreds of tools being included in the final change packages. And, you know, again, it allows us to really stay on top of things and we want to be able to make this into a living resource and a living document. So we'll allow and we'll have an opportunity and

include a place where people can upload new resources that can be considered for inclusion in the change package.

RANDY SCHWARTZ:

The NACDD cancer, uh, consultants are also working with, uh, CDCs office and smoking and health to provide technical assistance to seven states that have not yet adopted comprehensive smoke-free laws.

NACDD consultants join partners from our extensive network to provide expertise and presenting a series of structured technical assistance sessions focused on pinpointing needs and developing action plans led by state health agency staff and their partners, Paula Clayton lead consultant on this. Uh, we work with America's for non-smokers rights, we also work with the public health law center ASTHO, ASTHO tobacco network, state program directors with past experience in leading successful tobacco policy efforts. Six of the seven participating states successfully completed a needs assessment focused at the state level. One state focused their readiness assessment at the local level, and all seven states completed a strategic plan or made measurable progress during the project period.

In spite of major disruptions, the project actually started at a kickoff the week the world closed down in March of 2020, we were at the CDC as people were starting to think about not traveling again. In spite of major disruptions caused by COVID, such as also including extended temporary assignments to staff to support the state's COVID response, lead tobacco staff in five states resigning during the project period while states either completed strategic action plan or made significant progress toward addressing a need to find participating states credit of the technical assistance and structured process of developing their readiness and needs assessment and strategic plans to their success. NACDD also works with CDCs division of cancer prevention control on a program called cancer prevention across the lifespan.

We work with their cancer prevention across the lifespan work group. In this work, the program is building on prior work that's been done over several years. So if you look at cancer prevention across the lifespan, there's actually been several journal supplements with, uh, articles published as a result of this project.

We're collaborating with CDC in this case to foster innovative public health approaches to cancer prevention, our consultant Leslie Best is the lead consultant on this project. In this case, the strategic planning led to identification of three population groups to begin to do some work with and study on how to approach cancer prevention, American Indian, Alaska natives, Hispanic populations, persons who experienced adverse childhood events. And we also are continuing earlier work on the impact of



environmental health on cancer risk. You can find more information at the two web addresses at the bottom of the slide here from both CDC and NACDD.

A project that we have done very similar to the case of the Bring Your Brave looking at a variety of patients simulations. Key partners in this case is CDC's Division of Cancer Prevention and Control, Kognito, the developer of human simulations, StoryCenter, Medscape, University of Arizona College of Medicine and Tucson, Westat, NYU Langone Health and the Northside Hospital Cancer Institute. NACDD received tremendous support from state health departments, chronic disease and cancer prevention control programs, the American College of Preventive Medicine, cancer survivors, cancer patients, caregivers, subject matter experts, medical providers, advocacy groups, and other special interest groups. And the project developed accessible and tested health messages, virtual decision aids. We also implemented continuing medical education resources on shared decision-making and marketing materials, addressing cancer screening, treatment, survivorship, and shared decision-making for prostate cancer, hereditary breast cancer, mental health among cancer survivors, triple negative breast cancer and preventing infections during cancer treatment.

The material is available also at the address down at the bottom of the screen, www.conversationsaboutcancer.org. So, as you've heard through our work on and on integrated throughout the entire process is our commitment to work on health equity. We are working with CDC and with all the grantees on continuing to sustain the work that you've heard about today, the health equity training journal that was developed for and implemented through the 30th anniversary process, but also taking that work and going beyond, working, working with all the grantees.

We want to sustain this. We want it to be a process. We want to make sure that it's part and parcel of everything we do. Right. Well, if you do have questions, my information is in the chat. If you want to connect on any of these projects. And you could communicate with me there or through the cancer council information page, and thank you for joining with us.

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