



Peer-to-Peer Learning Call Series
April 4-6, 2022

SUMMARY OF INNOVATIONS

Topic Area: Partnering to Advance Equitable Cancer Screening

[\[Go Directly to Innovations.\]](#)

Peer to Peer Learning Calls

The Peer-to-Peer (P2P) Learning Program continued its work in offering a learning platform in which NBCCEDP and CRCCP awardees can discuss programmatic innovations and challenges. The focus of the April 2022 P2P calls was advancing equitable access to cancer screening services at a population level by working with community partners to address upstream health equity issues.

NACDD facilitated a total of four calls. Two one-hour calls and two one- and one-half hour calls were offered to both NBCCEDP and CRCCP grantees as “mixed” calls so that both programs could participate on the same calls if desired.

The format of the calls included a brief “kick-off” presentation by an awardee describing partners they work with, challenges and solutions related to working with partners, and data used to identify populations at most risk for experiencing inequities. Awardees participated in break-out sessions to discuss session questions in smaller groups and had opportunities throughout the session for questions and answers.

Summary of Innovations

The questions posed to the participants for discussion were:

1. Who are the partners you are working with, outside of clinic or healthcare system partners, to address equitable access to cancer screening services (For example, the American Cancer Society (ACS), local businesses, community-based organizations)?
What was the key to engaging these partners?
2. How are you working with these partners to address equity?

3. What data and information are you using to identify populations most at risk for experiencing inequitable access to screening services?

This summary reflects the common themes, potential solutions, and discussions across all sessions.

Health Equity Partners

At the beginning of each call awardees shared the names of partners they are working with to address screening equity. Please see the end of the document for a complete list of partners or click [HERE](#).

Innovations: Keys to Addressing Equity with Partners

- Offering screening services on site by working with a public housing management company to promote the breast and cervical cancer screening program with residents provides the opportunity to gain access to multiple housing sites, rather than working with each location individually.
- Funding community-based organizations can make a big difference; even funding less than \$10,000 can have an impact on increasing access to screening services.
- Staying in consistent communication when working with churches is important, as is showing up to participate in church events, which helps build relationships and establish trust.
- Providing mobile mammography in non-English speaking communities has been key to success in increasing screening in some communities, especially when working with community organizations that can help with enrollment, scheduling, and overcoming language barriers.
- Utilizing enrollment providers in rural and frontier areas.
- Offering onsite screening by working with corrections facilities.
- Partnering with the Urban League helps serve African American populations with not only screening but other wrap-around services that can address other social services needs.
 - The key to success has been funding to help support community health workers (CHW) to work with the Urban League as well as transportation and language translation services.
- Using the vans of nursing homes to transport patients to clinics.
- Providing free FIT kits [not purchased with CDC funds] and working with kit manufacturers has helped with access to the kits and educating providers about their use.
- Examining program language to ensure it is applicable to all populations.

- For example, one awardee changed the name of the program from “Ladies First” to “You First” and asked a LGBTQ+ partner organization to advise on updating their website to ensure language is clear regarding who is/is not eligible.
- Addressing the needs of LGBTQ+ population by working with LGBTQ+ organizations in communities to better understand how to address the needs of the population and adjust the program, including identification of safe and affirming providers for referrals.
- Partnering with migrant and seasonal farmworker programs to provide access to underserved populations and support these organizations to help navigate patients to screening.
- Developing host sites for mobile screening at libraries and providing telehealth appointments in those locations.
- Awardees recommended working with the following:
 - Organizations like ACS help to broker relationships with additional screening providers, including Federally Qualified Health Centers (FQHCs).
 - CHW associations provide access to non-English speaking CHWs.
 - The key is to ask CHWs to identify barriers to screening in the communities, and then work with them to identify the best way to overcome barriers.
 - Propane providers in rural areas can add information about the screening program to customer billing.
 - Family Services organizations help address needs of both urban and rural populations, especially Latinx.
 - The key to success has been funding to support CHW's to help with patient navigation, not only to screening but also to help address food insecurity, childcare, and transportation needs.
 - Comprehensive cancer control coalitions can leverage partners who help do outreach/enrollment into screening and establish relationships with providers/systems to expand availability of services.
 - Community-based organizations can help with implementation of evidence-based interventions in addition to clinic partners.
 - One awardee is funding organizations to be the relationship builders with communities most at risk. The key was revising the request for application to be more user friendly and to allow submission of RFA in languages other than English

Innovations: Use of Data and Information to Identify Populations Experiencing Inequitable Access

- Using data to create maps that show eligible populations, high mortality, and late stage at diagnosis to identify geographic areas most in need.

- Identifying those most at need by using ACA care gaps data.
- Working in conjunction with community partners to establish metrics on which they can report.
 - For example, number of screens, number enrolled, show rates, number of workshops delivered, and number of individuals receiving outreach services.
- Connecting clinics with health information technology specialists from a university to help improve systems and use the EHR to identify patients for screening and implementation of EBIs.
- Revising enrollment forms to better collect data regarding preferred gender identity and sex assigned at birth to better collect information about LGBTQ+ populations.
 - One example: <https://one-colorado.org/wp-content/uploads/2019/06/Intake-Questions-Best-Practices.pdf>
- Incorporating identification of populations at greatest need of services as part of partner funding RFAs and providing access to data as part of the RFA, so applicants have the information they need to plan programs.

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NBCCEDP/CRCCP Awardees
P2P Learning April Call Series - April 4-6, 2022

HEALTH EQUITY PARTNERS

Exact Sciences, a Health Equity Pilot Program in one tribal community
Cancer Registry – to identify areas and races that have a higher incidence of cancer
Covenant House (LGBTQ)
Tobacco Prevention
West Virginia Perinatal Partnership
Pride West Virginia
African American Churches
Communities that Care
YMCA – a health equity tour to meet people where they are in the community
Health Systems
American Cancer Society – a mobile mammography providers across North Carolina
North Carolina Correction Facilities
Human Impact Partners -to provide training and education on health equity for the division
Horizons Community Solutions, a regional cancer coalition in the Southwest part of Georgia
Arizona Department of Health Services – to provide tribal input on cancer care
Regional Cancer Coalitions
Academic Institutions
South Carolina Primary Health Care Association – to pull SDoH data using Azara, a population health tool they provided to FQHCs
Board of Directors elected by 15 Tribes to represent the health needs of Southeast Alaska Native and rural residents
West Virginia Program to Increase Colorectal Cancer Screening
West Virginia Breast Health Initiative
Partnership of African American Churches
Highmark Charitable Fund for Health
TEAM UP, a partnership with non-traditional partners
Arkansas Cancer Coalition
Arkansas Prostate Foundation
Five mobile mammography van providers throughout the state

Working with one partner on a workflow process to help their non-English speaking patients scheduling their colonoscopies at a local endo site

Cherokee Nation Health Center – to reduce structural barriers

Alpha Kappa Alpha Sororities

Tennessee Cancer Coalition

Local Churches

WISEWOMAN program

MASS: <https://www.floridabreastcancer.org/our-programs/MASS-Program>

Arkansas BreastCare - to publish the mobile mammography events on their Facebook page

South Dakota Department of Health, Communities that Care

PATH - CMS initiative for "partnership to advance tribal health"

ChangeMatrix - evaluating the program to advise on ways to improve EDI

Sovereign Nations/Tribes in South Dakota

National LGBT Cancer Network and Covenant House – to develop LGBTQ focused PSAs around tobacco cessation for cancer prevention, screening for early detection, and the importance of LGBTQ affirming care

Tennessee Cancer Coalition – to coordinate to get current data to drive objectives and locate high risk areas and populations

Invision Mammography Van - to reach rural areas

Sister Groups, Kaw Nation, and Cherokee Nation

Public Health Nursing office in Teton County, majority of their clients are Hispanic

Pride Center of Vermont

CRCCP TA provider

Proteus Inc., - to ensure migrant and seasonal farm workers have access to cancer screening

Public Libraries - resource sharing and hoping to expand to lunch and learns, access to community groups, possibly host sites for mobile mammography units and maybe even providing space for telehealth appointments (reach in all neighborhoods across the state and all populations)

Creek Valley Health Clinic in Colorado City, Arizona

Quality Health Associates

<https://www.healthvermont.gov/wellness/you-first/you-first-lgbtq-vermonters>

<https://www.pridecentervt.org/programs/health/vdhp/>

State Library Association <https://www.ala.org/aboutala/affiliates/chapters/state/stateregional> (Recommended)

www.cancer.org/our-partners/nfl.html (Recommended)