

CALL III
NBCCEDP and
CRCCP



November 29, 2023 11:00 a.m.-12:00 p.m. ET

The "Enhancing Cancer Program Grantee Capacity through Peer-to-Peer Learning" project is supported by the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$400,000 with 100 percent funded by CDC/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS, or the U.S.

Government.



AGENDA

- Welcome and Introductions
- Kick-off Speakers
- Q&A
- Facilitated Breakout Groups
- Report Outs from Breakout Groups





COMING UP! CALL IV

Nov. 30, 5:00 p.m. - 6:00 p.m. ET

NBCCEDP Awardees Only



Cushanta Horton, MPH
Branch Head, Cancer Prevention and Control Branch
North Carolina Division of Public Health



Heather DolingerBCCHP Manager
North Carolina Division of Public Health



Peer-to-Peer Learning Year 5

YEAR FIVE

Project Description

The P2P Learning program is a grantee-informed learning and engagement opportunity that provides breast, cervical, and colorectal programs a space to share and learn from each other. The program includes webinars, calls, and summaries of innovations. These events are open to all breast, cervical, or colorectal programs who receive cooperative agreement funding from CDC.

Activities

Year five programming includes a colorectal cancer control program virtual training, three P2P Learning call series, and two subject matter expert webinars. The content of these activities were informed by the Awardee Planning Group.

Colorectal Cancer Control Program Virtual Training



Colorectal cancer control program awardees, subject matter experts, and partners gathered virtually to REflect, REcommit, and REignite their program for screening success! The training was held Nov. 1-2 2022 and provided a venue to exchange the latest efforts related to colorectal cancer prevention and control.

VISIT THE EVENT ARCHIVES

MAY/JUNE - Patient Navigation to Advance Equity in Cancer Screening Services **Associated Materials:**



Webinar Slides

Kevnote Speaker Bio

Peer-to-Peer **Learning Resource** Website

https://www.chronicdisease.org /p2plearning





Thank you, Awardee Planning Group Members!

- Elizabeth Berardi, Tennessee
- **Jenna Calder**, American Indian Cancer Foundation
- Marybeth Curtis, UAMS
- Alexia Denton, Florida
- Shani Fields, New York
- Tina Gerovac-Lavasseur, American Indian Cancer Foundation
- Julie Gries, Indiana
- Jennifer Hamilton, Texas

- Gale Johnson, Wisconsin
- Vinita Oberoi Leedom, South Carolina
- Jonathan Lillpopp, Connecticut
- Hilary McQuie, Louisiana
- Jennifer Park, North Carolina
- Lisa Scott, South Carolina
- Gretchen Sminkey, Maine
- Kelcie Sturgeon, West Virginia
- Chandra Zambruno, New Hampshire

Meet Today's Peer Kick-off Speakers

Michigan Department of Health and Human Services



Sharde' Burton, MPHProgram Director, Colorectal Cancer Program
Michigan Department of Health and Human Services



Benji Raap

HIV/LGBTQ+ Cancer Navigator

Cancer Prevention and Control Section

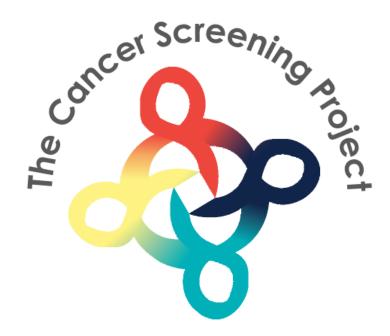
Michigan Department of Health and Human Services



Lunch and Learn

Presented by Sharde' Burton and Benji Raap

In partnership w/ Cancer Prevention & Control Section and the Division of HIV and STI Programs



Teamwork Makes the Dream Work

The Cancer Screening Project or (CaSPr) is a collaboration between the Division of HIV and STI Programs and the Cancer Prevention & Control Section



Division of HIV and STI Programs



Cancer Prevention and Control Section



Cancer Prevention and Control Section

The Cancer Prevention and Control Section consists of ten different projects, programs and consortiums:









MCCS Michigan Cancer Consortium













Young Breast Cancer Survivors



Prostate Cancer



What are the cancer screening guidelines for PLWH?

- Each type of cancer has its own guidelines.
- CaSPr follows the guidelines
 presented by the Center for Disease
 Control (CDC), United States
 Preventative Services Task Force
 (USPSTF), and the American Cancer
 Society (ACS)
- A controlled HIV virus equals normal CDC guidance for colorectal, cervical, breast and lung cancer.

How will the Cancer Screening Project Help?

WE'RE HAPPY YOU ASKED!



CaSPr helps in three ways:

Education

Coordination

Navigation

Today we will focus on navigation!

Client Example



NAME: Pam

Pam is a 52-year-old cisgender Black woman from mid-Michigan living with HIV. She works full-time, but she missed her insurance enrollment period. She has been getting pap smears with her OBGYN since she was younger but has yet to get a mammogram and colorectal cancer screening. She has a history of breast cancer in her family. Several years ago, she lost her aunt to breast cancer. She wants to be proactive about her health, but fears finding out that she may have cancer due to her family history.

Navigation with Pam

Navigationa Opportunity



HEALTH EDUCATION

The navigator would review breast, cervical, and colorectal cancer screening guidelines and the importance of early detection with Pam.

Navigationa Opportunity



RISK REDUCTION

Review mammogram importance because of her family history and HIV diagnosis. We would visit the Breast and Cervical Navigation (BC3NP) program to educate on resources available to help.

Navigptiona Opportunity



INSURANCE ASSISTANCE

The CaSPr Navigator would assist this patient by reviewing their insurance coverage options online and enroll Paminto BC3NP.

Navigation with Pam

PHASE: WAITING



SOCIAL SUPPORT

The CaSPr navigator would offer social support that could include listening to her concerns, answering questions, and by taking the patient to https://www.cdc.gov/hiv/policies/law/states/exposure.html

PHASE: WAITING



PEER TO PEER REFERRAL

The navigator could arrange a peer support group meeting or one on one at the MDHHS - Peer Recovery Services and Supports (michigan.gov) program for additional support.

PHASE: FOLLOW-UP



Appointment Reminders

The CaSPr Navigator would assist this patient by reminding them of their upcoming appointment.

Navigation

- 1. Provide a patient **needs assessment**.
- 2. Create a **cancer screening service plan** that addresses the barriers to cancer screenings. (example: lack of insurance coverage and social support).
- 3. Help the patient **enroll** with resources available.
- 4. Provide appointment reminders.
- Constant communication with referring provider, care team, case manager and the patient and funded screening resource.

Review

PLWH are at higher risk for lung, cervical, breast, and colon cancers.

PLWH are less likely to get screened, treated, and survive from cancer

CaSPr Provides FREE Education, Coordination, & Navigation

CONTACT INFORMATION

PHONE: 517-512-5041

EMAIL: MDHHS-cancerscreeningproject@michigan.gov

Questions?

Come off mute, or put your questions in the chat





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