The Challenges of Cervical Cancer Prevention in Border Counties

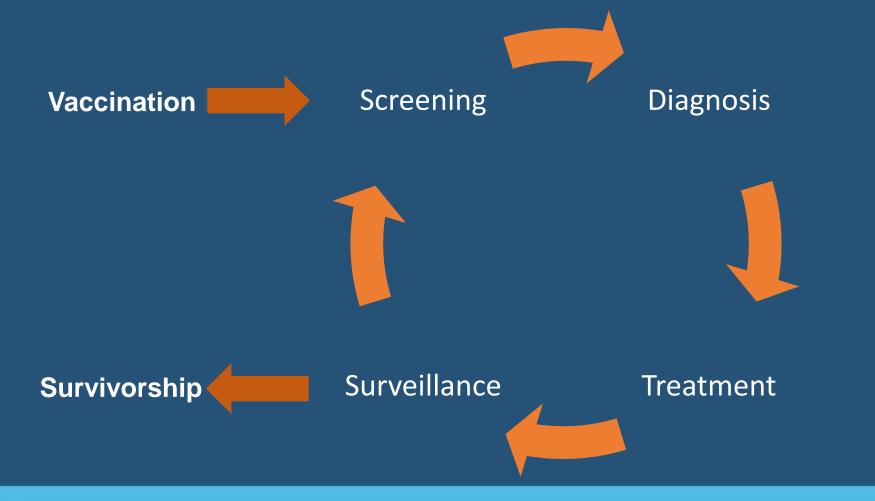
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Faculty Disclosure

• I have no personal financial interests or affiliations to disclose

Comprehensive Cervical Cancer Prevention in Vulnerable Communities



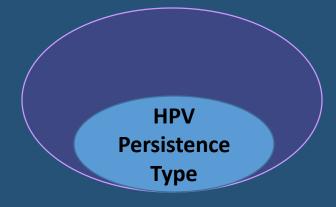


Relative Role of Contextual & Host Factors

Availability of services
Immigration status
Systemic obstacles
Culture/language
Insurance status
Educational
Geography

HPV Persistence Type

Vulnerable Population



Resilient Population



Barriers Cervical Cancer Prevention

Individual factors

Low HPV awareness
Poor understanding of
HPV/Ca link
Cultural issues
Poor screening uptake
Compromised followup

Provider/ Facilities factors

Training/education
Resource/facilities
Advance therapeutics
(chemo/rad)
Palliation

Systemic factors

Access to healthcare
Un-insurance
Surveillance/tracking
systems
Tracking of abnormal
Immigration status



PCCCPC Partnership Vision

- Pima County will be a community where women do not die from cervical cancer and instead lead healthy productive lives.
- Partners:
 - Pima County Health Department
 - FQHCs & CHCs
 - Sunnyside & Tucson Unified School Districts
 - Community-Based Organizations
 - Elected Officials
 - University of Arizona



PCCCPC/REACH Objectives

- 1. Develop/disseminate a cervical cancer prevention lay community health worker training program
- 2. Implement school-based parent education program to facilitate HPV vaccination decision making
- Coordinate navigator program to facilitate the diagnosis and treatment
- 4. Provide technical assistance to public sector entities with evidence based data to inform policy decisions surrounding implementation of HPV vaccination and new screening technologies



PCCCPC/REACH

Target Population: Hispanic women with school aged children

Target Providers: Federally Qualified Health Centers and Safety Net clinics

Target Outcomes: Screening, abnormal f/u & vaccination

Methodology: Highly culturally tailored, linguistically accessible, set multi-modal interventions, based on Freiren principles

- Trained 300 CHWs/promotoras
- CHW group presentations (>100/year reaching 2,500 women/year)
- One-on-one client CHW encounters (370 clients/year)
- CHW case navigation (150/year)
- Provider education CME & technical assistance (17 presentations/consultations/year)











Preventing Cervical Cancer in Border Communities



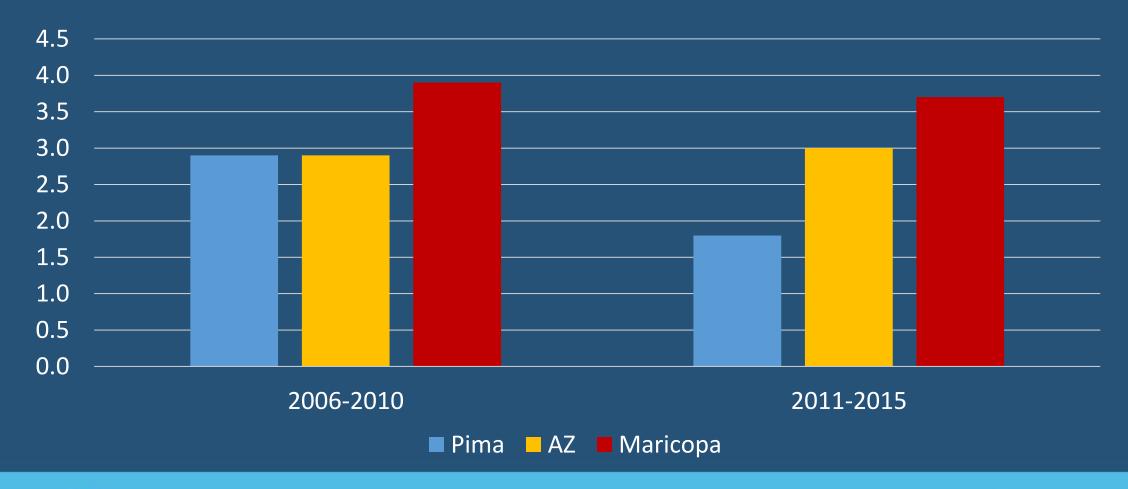
Yuma *Promotora* Intervention, 3-year follow-up

Рар	n (%)	OR	95% CI
Usual Care (n=116)	87 (75%)	1.0	
Intervention (n=104)	93 (89%)	2.8	(1.3-6.0) p=0.007

Nuno, Martinez & Garcia, Cancer Causes Control 2012

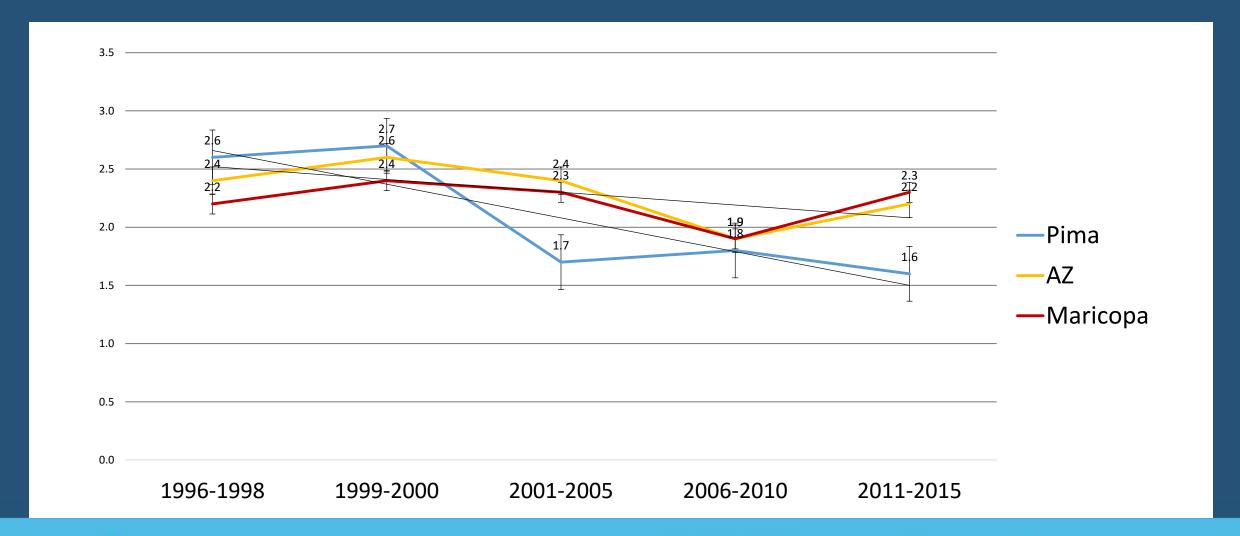


Cervical Cancer Mortality (per 100k) for Hispanics in Arizona, Maricopa & Pima Counties, 1996-2016



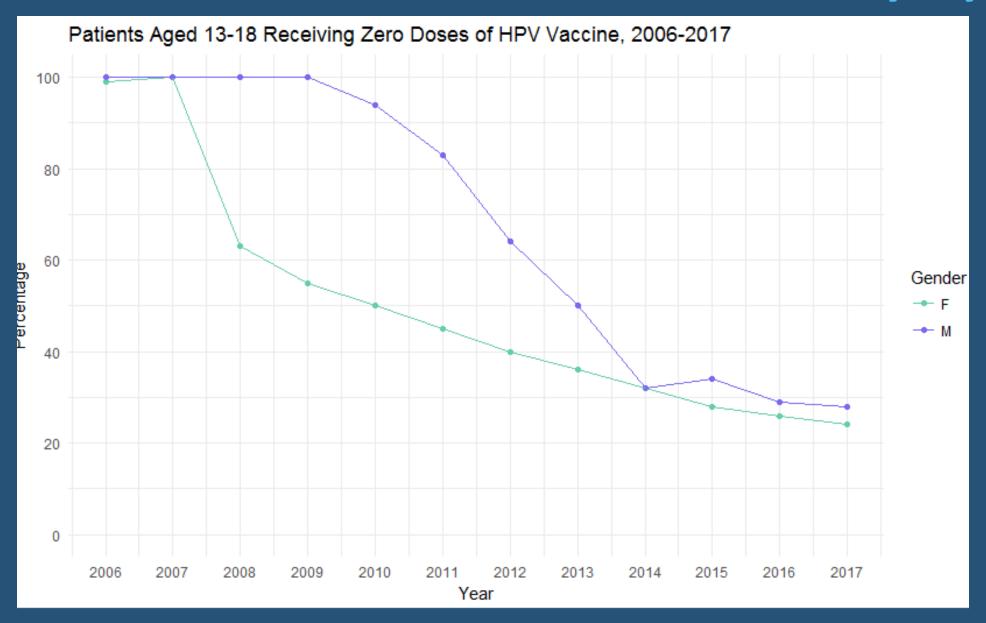


Cervical Cancer Mortality Rate(per 100k) in Arizona, Maricopa and Pima Counties, 1996-2016

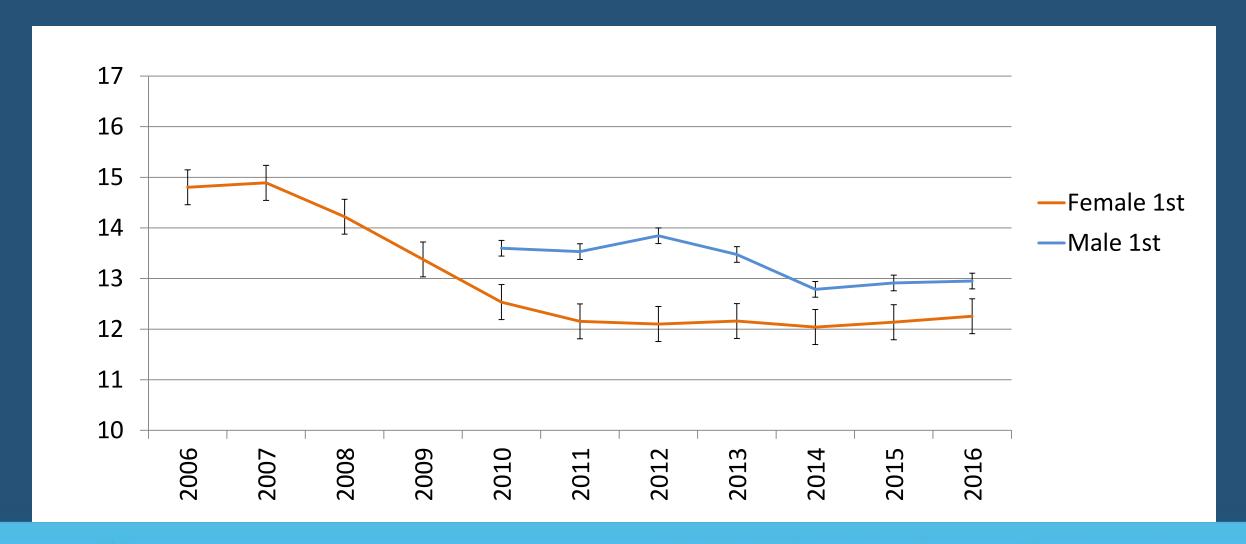




HPV Non-vaccinated Children in Pima County, by Sex



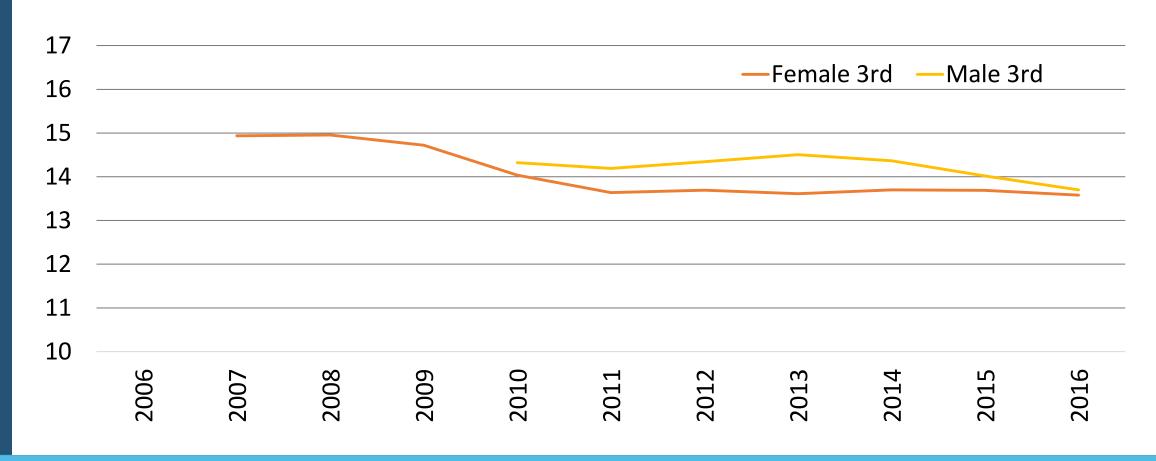
Pima County Median Age for 1st Dose HPV Vaccine, by Sex





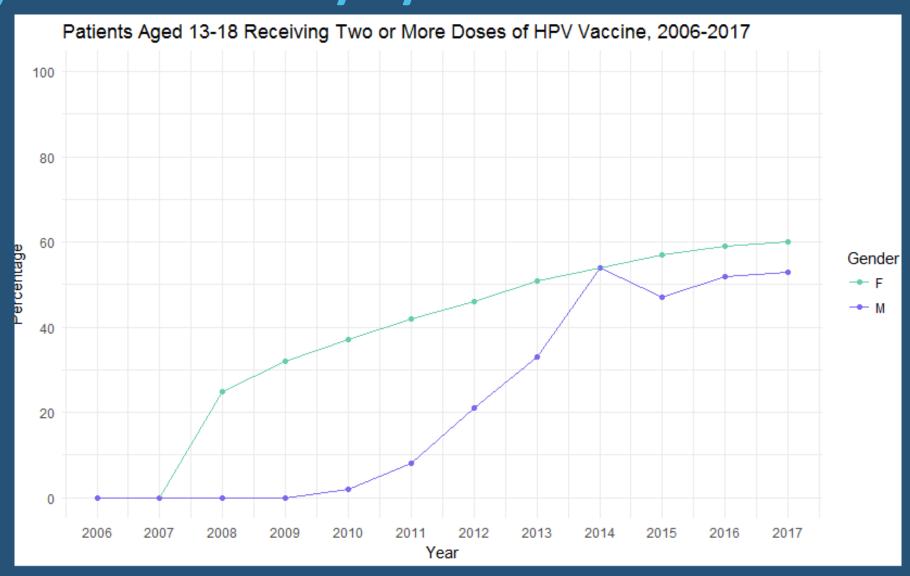
Pima County Median Age for 3rd Dose HPV







HPV Vaccine Protected (2+ dose) Population Children (13-18) in Pima County by Sex



HPV Vaccination Knowledge & Practices among 284 University of Arizona Women (V Leybas)

Table 3. Vaccination by Ethnicity and Race	vs white		
	Odds Ratio	95% CI	
Hispanic or Latina	1.99	1.08, 3.63*	
Black or African American	1.36	0.41, 4.48	
American Indian/Alaska Native	2.43	0.45, 12.94	
Asian/Pacific Islander	0.40	0.16, 0.99*	
Other	3.89	0.79, 18.95	



Middle School Girls Program (V. Leybas-Nuno)

- After-school girls' clubs & summer camps focused on health, education, and culture tailored to urban and rural Hispanic girls (n=56)
- Pilot-tested mother class on psychosocial topics and navigating educational systems to support daughters' academic success (n=5)

Opportunity to girl and moms talk about sexuality, development, STIs,

vaccination, etc



Abrazos para la familia: Supporting Families with Cancer (C. Marshall)

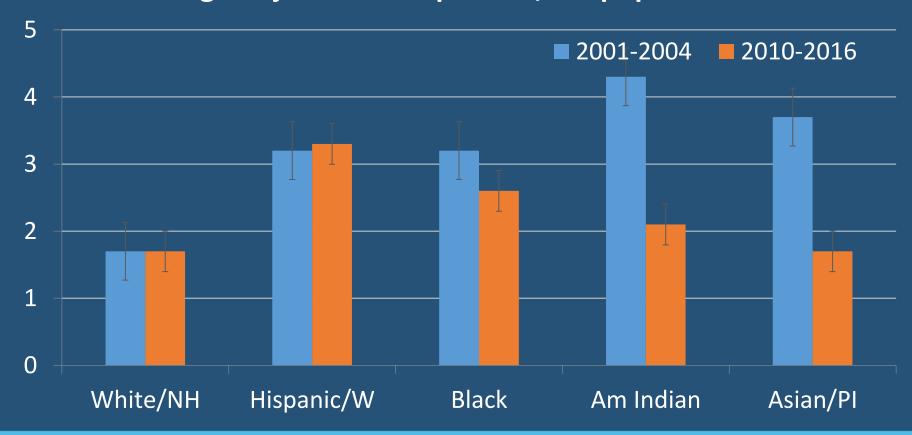
- Tailored 3-class series (English or Spanish) facilitated by CHWs
- Held at a place, day, and time convenient to each family (weekends, evening, homes, libraries, churches)
- Content of 3 hour classes
 - Skills in coping and caregiving
 - Held in understanding depression
 - Skills for solving problems
 - Information about risks of cancer
 - Emotional support





Much still to be done: Arizona Cervical Cancer Mortality, 2001-2004 & 2010-2016

Age-adjusted rates per 100,000 population





Much Still to be done: Screening by Race/Ethnicity & Rural/Urban Domicile, Women >40 2006-2008 AZ & NM

Pap ≥ 5 yrs											
	Д				American Indian		White, Non- Hispanic				
Domicile	Urban n=5309	Rural n=5170	Urban	Rural	Urban	Rural	Urban	Rural			
% (CI)	8.1% (7-10)	13.4% (12-15)	6.6% (3-13)	9.4% (7-12)	5% (2-10)	5.4% (3-10)	8.2% (7-10)	15.9% (14-19)			

Nuno & Garcia, Cancer Causes Control (2012)1



Preventing Cervical Cancer in Border Communities: Lessons Learned

- Listen to women, early, often, continuously
- Find the right partners
- Its all about access to screening and health care

- Cervical cancer should be entirely preventable
- One cervical cancer death is one too many

Preventing Cervical Cancer

- Informed women/communities
- Aware providers
- Access to health care
- Evidence based policy
- Engaged researchers



Thank You!

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