Award ID: PP150089

Project Title:

Increasing Breast and Cervical Cancer Screening and Diagnostic Rates in Rural, Frontier, and Border Counties for Uninsured, Underserved Women

Award Mechanism:

Competitive Continuation/Expansion - Evidence-Based Cancer Prevention Services

Principal Investigator: Rice, Carol

Entity:

Texas A&M Agrilife Extension Service

Lay Summary:

Need: Increasing access to breast and cervical screening and diagnostic services is a significant need in rural, frontier, and border Texas counties for uninsured and underserved women. While mammography screening has improved nationally over the past 11 years, women in rural areas are less likely to be screened--70.8% of rural vs. 75.7% of urban women. Effective screening for breast cancer yields a 30% reduction in mortality for women 50 years and over. Minority underserved and low SES women have not experienced the same reduction in mortality, however. A predictor of low screening rates, later stage diagnosis, and higher cancer mortality is the absence of a mammography unit. There are no mammography units in nineteen of our continuation project counties. Sixteen of our counties have only one source. Eight counties have two sources of mammography. According to the Texas Cancer Registry, women in border counties have a 31% higher cervical cancer mortality than women in non-border counties. Texas has one of the lowest Pap screening rates. Nine of our counties are border counties. Nine of our counties are considered "frontier," having less than six people per square mile. Being uninsured and lower income are two common characteristics of rural, frontier and border residents, resulting in lower screening rates. Overall Project Strategy: Uninsured and underserved women, in 50 frontier, rural and border counties will be recruited and offered education at a Friend to Friend (FTF) event. Twenty-eight are counties new. An additional navigator in border region will help meet overwhelming demand. Friend to Friend, is a Research Tested Intervention Program (RTIP), adapted for Texas and translated into Spanish, with earlier CPRIT funding. At the FTF events, a local health care provider strongly advises undergoing screening; events may be done completely or partially in Spanish. A discussion group follows where trained volunteer leaders help women address fears and barriers; women self-select tables with Spanish speaking volunteers. Project navigators assist all women requesting help; if contact information is provided, navigators call back those not requesting help to determine if they actually had screenings. Navigators assist with finding a provider, making an appointment, transportation to breast and cervical screening and diagnostic services. If cancer is found, they are offered assistance finding treatment and financial support. To date, all women diagnosed with cancer found treatment. All four patient navigators (PN) are from the communities they serve; all but one speak Spanish fluently; one is African American, serving her community; the project provides her a contract

translator as needed. The four specialists, based in 4 regional Texas A&M AgriLife Extension Centers, provide regional management. They assist with procuring signed clinical sub-contracts, including labs and radiologists, find FTF sites with easier access for underserved women, find speakers, recruit/train planning and event volunteers, recruit event participants in unique ways such as distributing invitations in food pantry lines, assure evaluation protocol is followed, and collaborate/coordinate with county Extension agents. Prior to each FTF event, a directory of clinical screening and diagnostic services is compiled for distribution at the FTF event. Specialists assure enough survey forms, help requests, sign in sheets, informational brochures and displays, equipment, etc. are available for event. Eligible women are referred to BCCS, PHC and FQHCs, whenever feasible, thereby raising the possibility of finding a permanent medical home beyond this project. If such referrals are not feasible, the women are referred to our sub-contracted clinical providers. Our independent evaluation team at the University of Texas Center for Social Work Research provides both quantitative and qualitative strategies to improve the quality, effectiveness and sustainability of this program. When needed, they provide casework expertise. Specific Goals/Aims: Goal is to increase screening rates for uninsured, underserved women in 50 frontier, rural and border counties who come to a Friend to Friend event during the 18 months of this project. We expect to serve 8,000 women. Significance and Impact: Improving access to screening and diagnostic services for breast and cervical cancer in rural Texas will increase the number of cancers found in earlier stages, thereby improving the chances for successful treatment and an increased number of quality years of life. Earlier diagnosis potentially reduces treatment costs and increases years of productive life.