



THE
**Cervical Cancer
Prevention
and Education
Initiative**



*Multicultural,
Multimedia
Marketing and
Outreach Campaign*

LOS ANGELES COUNTY
OFFICE OF WOMEN'S HEALTH
LOS ANGELES WOMEN'S FOUNDATION



The Los Angeles County Board of Supervisors has designated January as Cervical Cancer Awareness Month Early Detection

INTRODUCTION

After the Los Angeles County Board of Supervisors created the L.A. County Office of Women's Health, its advisory body, the Women's Health Policy Council, selected cervical cancer as the first initiative because of the exceptionally high rates among women of color for a disease that is preventable. Invasive cervical cancer has been greatly reduced in the last fifty years, due in large part to the introduction of the Papanicolaou (Pap) test.¹ Nonetheless, nationally, nearly twice as many women of color develop cervical cancer as do white women.² Moreover, with the exception of Native Americans, more women of color die from cervical cancer than white women.³

In Los Angeles County, one of the most ethnically diverse areas in the United States, cervical cancer rates for women of color are even more severe. Latinas, who comprise the largest single ethnic population in Los Angeles, are likely the group most at risk. Their incidence of cervical cancer from 1996–2000 was more than 1.5 times that of non-Latina Blacks and Asians and Pacific Islanders, and more than twice that of white women in the county.⁴ Korean women show nearly as great a risk as Latinas.

To ameliorate these health disparities in Los Angeles County, The California Endowment funded the Cervical Cancer Prevention and Education Initiative, (CCPEI) a comprehensive, multi-faceted outreach and education campaign to increase awareness among high-risk, low-income, underserved women of color about the importance of Pap tests in the early detection and prevention of cervical cancer and to increase the number of screenings and treatment services provided to them. The Initiative, conducted during 2002 and 2003, was carried out through the combined outreach and clinical efforts of twenty-one community-based organizations funded by a regrant-

ing program conducted by the Los Angeles Women's Foundation (LAWF—since incorporated into the Women's Foundation of California) and a multi-method intervention by the L.A. County Department of Health Services Office of Women's Health (OWH). Based on the populations at highest risk, the campaign targeted Latina, African-American, Korean, Chinese, Vietnamese, Filipino, Cambodian, and Armenian women. The OWH project received matching funds from the L.A. County Board of Supervisors.

This brief describes the Initiative and the results of the LAWF and OWH projects, examines the complementary nature of the two approaches, and reports conclusions drawn from the work.

THE MULTICULTURAL OUTREACH AND EDUCATION CAMPAIGN

The Los Angeles Women's Foundation funded twenty-one community-based organizations well connected with the ethnic and cultural populations in their communities. The grantees' existing relationships with women in their communities streamlined their ability to provide education and referral services for cervical cancer screening. LAWF grantees used varied and numerous activities to reach traditionally underserved and hard-to-reach women, including providing workshops and classes, attending health fairs, and visiting work sites and homes. Grantee activities included referring women for screening and scheduling screening appointments. When possible, grantees tracked appointments kept, test results, follow-up appointments made and kept, and follow-up treatment received.

LOS ANGELES WOMEN'S FOUNDATION GRANTEES

Asian Pacific Health Care Venture • Bienestar • Black Women for Wellness • California Black Women's Health Project • Centro CHA/Khmer Parent Association • Chinatown Service Center • Coalition of Mental Health Professionals • Filipino American Service Group • Korean Health Education, Information and Research Center • Partners in Care Foundation • Planned Parenthood Los Angeles • Providence Holy Cross Medical Center Foundation • Samoan National Nurses Association • Southern California Youth Family Center • Thai Community Development Center • Torrance Mission Health Center • Venice Family Clinic • White Memorial Medical Center Charitable Foundation • Worksite Wellness Project • YWCA Glendale • YWCA of the Harbor Area

LAWF grantees reached a total of 102,366 women and distributed 108,821 pieces of educational materials.

The Los Angeles County Office of Women's Health conducted a three-pronged approach: a media campaign in local, ethnic, and general media outlets; a multi-language 1-800 hotline in seven languages through which eligible women could schedule no-cost cervical cancer screening appointments with local providers; and community-based outreach activities.

For the media campaign, through a competitive bidding process, OWH hired ethnic-focused marketing agencies to reach the maximum number of low-income women at high risk for cervical cancer in the Los Angeles County area. Each media campaign was tailored to a specific ethnic community utilizing the expertise of each marketing agency in understanding their specific ethnic market. The four marketing agencies targeted Latina, African-American, Asian (Korean, Chinese, Vietnamese, Filipina and Cambodian), and Armenian populations, and utilized advertisements, public service announcements (PSA), and public relations efforts with ethnic-directed television, radio, and print ads. The African-American, Armenian, and Filipina marketing campaigns were not fully implemented until the second year.

Due to the high costs of media buys, unpaid media was also capitalized upon. Paid media during the first year of the campaign ran primarily between January and May, and from September through October, 2002. The heaviest paid components ran during January (Cervical Cancer Awareness Month), May (Women's Health Month), and October (Breast Cancer Awareness Month). In 2003, media activities occurred primarily during January, and again from March through May. In the first year alone, there were approximately 20 million "media impressions" (determined by a standard formula used by media to calculate reach).

The multi-language 1-800 hotline was established by the OWH to provide information and appointments for screening to eligible women. Women who called the hotline could speak with an operator in Spanish, Vietnamese, Mandarin, Cantonese, Armenian, Korean, or English, and for a brief time Khmer. The hotline provided eligible women with appointments appropriate to the individual, considering location, language, transportation, etc. Reminder letters provided in Spanish, English, Chinese, and Korean, and phone calls encouraged women to attend their appointments.

EVALUATION DESIGN AND LIMITATIONS

Samuels & Associates, an evaluation firm in Oakland, California, was commissioned by both the Los Angeles Women's Foundation and the Los Angeles County Department of Health Services Office of Women's Health to organize and report on the results of each of these projects. The data available from each project differed in two important respects: data collection and timing.

- ◆ LAWF's twenty-one grantees did not follow a universal data collection system, and many of those that were not clinics were inexperienced in tracking and reporting data. As a result, characteristics of individual clients, such as race, age, or time since last screening as well as appointments kept and test results, were not available from non-clinic grantees. Quantitative data collected by LAWF grantees was aggregated to produce general outcomes based on each grantee's accomplishments.

OWH collected individual case data on each woman making an appointment for screening through the hotline, recording the characteristics of those women, including demographics and risk level.

- ◆ The timing of the two projects differed. The LAWF projects were completed in June, 2003; the OWH project concluded in December, 2003.

The evaluation periods of the two projects also differed. The evaluation of the LAWF projects used data collected between October 2001 and February 2003; the evaluation of the OWH project used data collected between January 2002 and August 2003.

KEY FINDINGS

- ◆ The two projects in this initiative, using different yet mutually supportive methods, achieved enormous successes in motivating low-income women of color in traditionally underserved and hard-to-reach communities to seek screening services for cervical cancer.
- ◆ The success reflects the ability of the Los Angeles County Office of Women's Health to organize and mobilize a clinical provider network and other community-based organizations to reduce the barriers to care. The clinical provider network enabled both the community-based outreach programs and the OWH hotline to direct women to the free services being offered.
- ◆ The methods used to inform and educate women succeeded in reaching those who were at highest risk and of the intended racial/ethnic and economic groups. Particularly notable was the response from Chinese and Korean women, who were the least likely to have been screened for cervical cancer.
- ◆ These successes are the first step in reducing disparities in the incidence and deaths from cervical cancer in these high-risk populations and are due to a number of factors:
 - ◆ Addressing the barriers to care by providing culturally competent and personal care to women frequently isolated from the health care system
 - ◆ Translating important cervical cancer information into the linguistic, cultural, historical, and neighborhood contexts of these communities in order to raise awareness and knowledge of these issues
 - ◆ Providing the assistance and support necessary to ensure that each woman sought care and followed up with provider-recommended treatment
 - ◆ Establishing good relationships with community-based providers that increased access for screening services for their clients
- ◆ An estimated \$1.6 million was saved in future costs associated with high-grade cervical lesions or invasive cancers from the women screened in the OWH campaign between January 2002 and August 2003.⁵

The OWH also recruited 300 Community Partners, ranging in organizational nature from health and women's clinics or centers to adult schools and individual physicians. All agreed to participate in quarterly meetings and activities appropriate to them, including disseminating literature about cervical cancer and the OWH hotline, participating in health fairs, referring clients to the hotline, and accepting patients referred from the hotline. In addition, the multilingual hotline operators participated in extensive community outreach activities in their respective communities.

In all, OWH outreach activities distributed more than 750,000 educational and promotional items (including brochures, fans, magnets, etc.).

Another aspect of the OWH campaign was the Women's Health Mobile Van Outreach Program, begun in May 2002. The van visited parks, schools, community centers, Latin American consulates, and other community locations and provided diabetes,

hypertension, cholesterol, STD and cervical cancer screening as well as gynecological and breast examinations. Women who received an abnormal Pap test result were followed up by a physician, and appointments were made to find them a medical home. Between May 2002 and August 2003, 972 women received services at 57 mobile van locations.

RESULTS

The women reached by the Cervical Cancer Prevention and Education Initiative were those for whom the initiative was intended: low-income women of color, overdue for cervical cancer screening, most of whom preferred a language other than English.

LAWF grantees reached a sizeable number of women in their communities—more than 100,000—even though they encountered considerable barriers in getting women to make appointments for screen-

ing. Some women's cultural beliefs discourage open discussion about anatomy or cervical cancer; others spoke a language in which there is no translation for cervix and Pap test. Some women expressed fear and embarrassment about pelvic examinations; others had concerns about legal status or domestic abuse. Many women did not prioritize prevention or their own health compared with more immediate and family concerns. Finally, many women experienced logistical access barriers, including lack of transportation and child care. Nonetheless, 17,747

women made appointments to be screened for cervical cancer.

OWH activities resulted in 25,637 answered calls to the hotline for information or appointments. Of those, 11,376 made appointments for screening. Callers who did not schedule an appointment either did not meet the eligibility requirements for a free screening, called multiple times to reschedule an appointment, requested information or other health services, or called from outside L.A. County.

◆ RACE/ETHNICITY

Both projects primarily reached Latinas, Asians, and African Americans, with Latinas representing more than half of those reached. Data from the OWH project show that 60% of the women who made appointments through the hotline were Latina, 27% were Asian (mainly Chinese and Korean), and 6% were African American. Of the women reached by the LAWF grantees, 51% were Latina, 17% were Asian or Pacific Islander, and 13% were African American.

◆ INCOME LEVEL

Both programs reached low-income communities. OWH project data show that more than 98% of the women who made appointments through the hotline had income levels near or below 200% of the federal poverty level, with 88% of the women at or below 133% of the federal poverty level.

◆ LANGUAGE

Because they were able to provide information and referral services to many of the women in their native languages, both projects reached many monolingual women. Fifty-two percent of callers to the OWH hotline preferred Spanish, and 21% chose to speak in an Asian language, including Korean (9%), Mandarin (8%), Cantonese (3%) and Vietnamese (1%).

◆ RISK

More than one-fourth (28%) of women who made appointments through the hotline were at high risk for cervical cancer because they had not been screened in three years (the maximum recommended time between Pap tests⁶), or had never been screened. Another 23% of the women had not been screened in more than two years, making them overdue for cervical cancer screening.

In California, Asian and Pacific Islander women are the least likely to have ever obtained a Pap test.⁷ This was reflected in the hotline callers, among whom Chinese women were most likely never to have had a cervical cancer screening appointment—19% compared to 7% in the total sample. Conversely, African-American women were the most likely to have had a screening within the past year: also 19% compared to 7% in the total sample.

◆ HOW WOMEN HEARD ABOUT THE HOTLINE

In the OWH media campaign, television announcements were the most successful strategy by far, reflecting the campaign's investment and outreach into the Latino community through that medium. Latinas calling the hotline reported that they were most likely to have heard about the campaign from television. For Korean women, the source was more likely to be newspapers and outreach, and for Chinese, outreach, friends, and newspapers. African-American women were reached predominantly through grassroots outreach.

Nearly twice the number of appointments were made in months when the heaviest paid media campaign was running than during months when the paid media campaign was not running.

◆ WHO ATTENDED APPOINTMENTS FOR SCREENING

The available data show that nearly all those who made appointments through LAWF grantee outreach kept them (90%), bringing 16,087 women into care. This high rate of success reflects

the variety of tactics grantees used to get women to care, stressing personal contact, such as reminder phone calls and letters, and hands-on assistance, including providing child care and accompanying women to their appointments.

About two-thirds of those making appointments through the OWH hotline kept them. Those at highest risk were significantly more likely to attend their appointments: 68% of those who had not been screened in three or more years attended appointments, and reflected the ethnicity of those reached. Approximately three-quarters of Chinese, Korean, Vietnamese and Cambodian women attended their appointments, and nearly two-thirds of Latinas and African-American women attended theirs. Caucasian and Armenian women had lower-than-average attendance rates; Thai and Filipina women were the most likely not to show up.

How women learned of the hotline was significant in terms of appointments kept. Those who learned through radio and newspapers showed the highest proportions of attendance (75.5% and 71.4% respectively), with the next-highest attendance rates from women who learned of the hotline through friends (64.9%) or television ads (63.9%). Those who learned of the hotline through outreach efforts showed the lowest rate of attendance (61.7%).

◆ WHO RECEIVED ABNORMAL TEST RESULTS

Abnormal results were reported in 9.4% of women seen at LAWF grantee clinics and 6.6% of women attending screening through OWH hotline appointments. There were no reliable differences in abnormal rates among the ethnic/racial groups in the OWH group.

CONCLUSIONS

- ◆ Using concentrated effort and culturally appropriate methods, the projects in this initiative engaged a significant number of underserved, hard-to-reach, and at-risk women in receiving screening for cervical cancer.
 - ◆ Combining and linking a multicultural mass media campaign, outreach efforts, and a multilingual hotline with community-based outreach programs created maximal effect and increased the likelihood that women would seek recommended screening.
 - ◆ The grantees of the Los Angeles Women's Foundation expanded their capacity and infrastructure and deepened their connection with their communities. In a fiscally challenging period, the L.A. County Office of Women's Health was able to carry out a multifaceted grassroots and media campaign to traditionally hard-to-reach communities.
- ◆ The hotline system required a large investment, including significant initial start-up financing and effort to create the infrastructure and establish successful operator protocols. Nonetheless, providing operators who can speak to callers in their own language made a significant difference in who gets to care. Now that the hotline system is established, it could be utilized for any number of multilingual purposes.
- ◆ The sustained media campaign was clearly successful in reaching women at high risk. Moreover, the paid media campaign greatly increased utilization of the appointment-resource hotline.
 - ◆ Multi-media strategies allowed for tailoring media and community outreach to different racial/ethnic groups, increasing their response. Employing ethnically directed advertising firms enabled specialized outreach to various ethnic groups.
 - ◆ Specific media sources cost less than others per appointment made and attended for each racial/ethnic group. Those that seem most cost-effective were television for Latinas, Vietnamese, and Cambodians, radio and newspaper for Chinese, newspaper for Koreans, and outreach for African Americans. However, all media sources



OWH staff at a local health fair

proved to be expensive for getting at-risk Filipina and Armenian women to attend the appointments they made.

- ◆ Community-based strategies were also successful at reaching large numbers of high-risk, hard-to-reach women.
 - ◆ The success of the community-based programs was increased by having technical assistance and support available.
 - ◆ Personal knowledge of and contact in the communities in which they worked enabled community-based grantees to overcome cultural, linguistic, and personal barriers that often keep women of color isolated from medical services. The number of appointments attended increased with grantees' persistence and determination in helping women get to screening.



Hotline operators answering callers in seven languages

- ◆ A partnership between a public health entity and private nonprofits is a very effective way to reach communities of color not likely to be established with the health care system. Coordination efforts between the public health system and community-based services need to be vigorously pursued.
- ◆ These projects potentially decreased the stage at which women came in for treatment, enabling them to receive care earlier in the disease process and thus increase their chances for longer life, saving the community and the state substantial resources in future costs of care.



The First Ladies Tea, hosted by Supervisor Burke, brought together 20 First Ladies from prominent African American churches to discuss cervical cancer and ways they can get involved in the campaign.

¹ Kim K, et al., The changing trends of uterine cancer and cytology: a study of morbidity and mortality trends over a twenty year period. *Cancer* 1978; 42(5):2439-49; Lawson HW, Henson R, Bobo JK, Kaeser MK. Implementing recommendations for the early detection of breast and cervical cancer among low-income women. *MMWR* 2000; 49(RR02): 35-55; Levi F, La Vecchia C, Lucchini F, Negri E. Worldwide Trends in Cancer Mortality in the Elderly, 1955-1992. *European Journal of Cancer* 1996; 32A(4): 652-72.

² Glanz K, Croyle RT, Chollette VY, Pinn V, W. Cancer-related health disparities in women. *Am J Public Health* 2003; 93:292-298.

³ Ibid.

⁴ Liu L, Zhang J, Deapen D, Bernstein L, and Ross RK. *Cancer in Los Angeles County: Incidence and Mortality by Race/Ethnicity 1988-2000*. Los Angeles County Cancer Surveillance Program, University of Southern California, 2003; SEER (Surveillance, Epidemiology, and End Results) Program (www.seer.cancer.gov) SEER*Stat Database: Incidence—SEER 9 Regs Public-Use, Nov 2002 Sub (1973-2000), National Cancer Institute, DCCPS, Surveillance Research Program, Cancer Statistics Branch, released April 2003, based on the November 2002 submission.

⁵ The savings were derived by applying the most current (1997) cost data associated with each stage of cervical abnormality to the estimated percentage of each stage that progresses to a high-grade lesion or invasive cancer, thereby approximating the financial costs to the health care system. Data missing from some providers, along with the rise of health care costs, make this figure understated. For more information, see Goodman, A., Holschneider CH. (2003) Management of the abnormal Papanicolaou smear, UpToDate Online 11.3. Retrieved 12/08/2003 from www.uptodate.com; Hunter, M., Holschneider CH. (2003) Cervical intraepithelial neoplasia: Etiology, diagnosis, and natural history. UpToDate Online 11.3. Retrieved 12/08/2003 from www.uptodate.com; and McCrory, DC, et al., (1999) Evaluation of Cervical Cytology, Agency for Health Care Research and Quality, Publication No. 99-E010. Retrieved 12/04/2003 from <http://www.ahcpr.gov>.

⁶ Saslow D, Runowicz CD, Solomon D, et al. American Cancer Society Guidelines for the Early Detection of Cervical Neoplasia and Cancer. *CA A Cancer Journal for Clinicians* 2002; 52:342-362.

⁷ Based on CHIS data, UCLA Health Policy Research Center, 2001; www.chis.ucla.



Left to right: Thomas L. Garthwaite, M.D., Director and Chief Medical Officer, LA County Department of Health Services, Los Angeles County Supervisors Michael D. Antonovich and Zev Yaroslavsky, Alicia Lara, Vice President of Programs for The California Endowment, funder of the CCPEI, Los Angeles County Supervisor Yvonne Brathwaite Burke, and Ellen Eidem, Acting Director, Office of Women's Health.

PHOTO CAPTIONS, FRONT COVER:

- Top:** Pictured at the Wat Thai Temple mobile clinic outreach, OWH staff, clinicians and community organizers join together to bring preventive screenings to hard-to-reach women.
- Bottom, from left to right:** Los Angeles County Supervisor Yvonne Brathwaite Burke speaks on the importance of preventive screenings at the 2003 CCPEI Community Breakfast.
- (l to r) Ellen Eidem, Office of Women's Health with Grace Choi, Patricia Murar, and Therese Factora of the Los Angeles Women's Foundation.
- Jonathan E. Fielding, M.D., M.P.H., Los Angeles County Department of Health Services Director of Public Health and Health Officer, at the 2002 CCPEI Community Breakfast speaking with Robert K. Ross, M.D., President and CEO of The California Endowment, funder of the CCPEI campaign.
- U.S. Congresswoman Hilda L. Solis presenting the OWH with a Certificate of Congressional Recognition at the 2003 CCPEI Community Breakfast.



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WOMEN'S FOUNDATION OF CALIFORNIA

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This executive summary and full evaluation reports for each project were written and edited by Samuels & Associates, contractors to The Los Angeles County Office of Women's Health and The Los Angeles Women's Foundation. Authors: Sarah Stone-Francisco, MPH, Gian Gonzaga, PhD, Amy M. Carroll, MPH, Nancy Adess, MPA, and Sarah E. Samuels, DrPH. Graphic Design: Bonnie Fisk-Hayden.

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