



National Alliance
for Hispanic Health

ABOUT THE ALLIANCE

ACHIEVING THE BEST HEALTH OUTCOMES FOR ALL

National Alliance for Hispanic Health

Our Mission

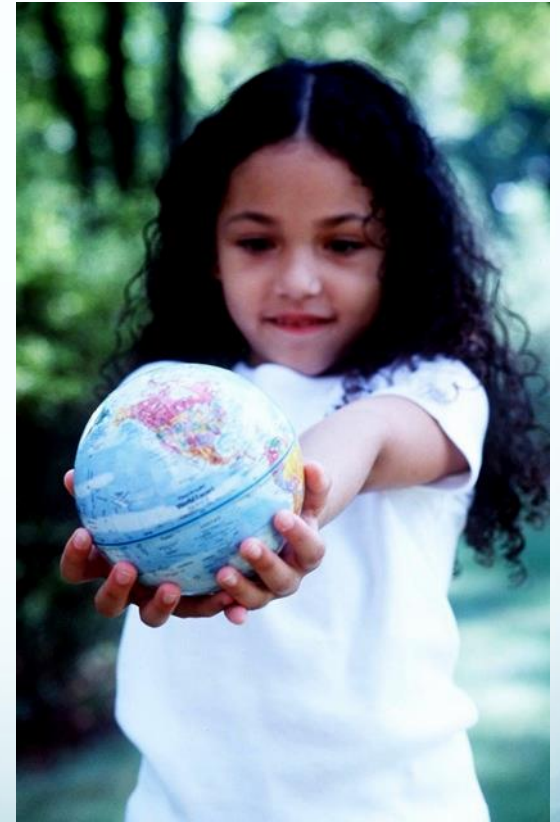
Best Health Outcomes for All

We work to insure that health incorporates the best of science, culture, and community.

Our Goal

To close the gaps between:

- Research, services, and policy;
- Scientific discovery and benefit for individual; and
- Community services and medical practice.

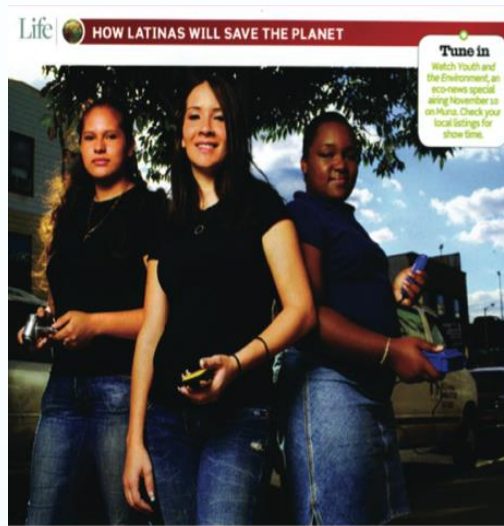


The Alliance

- Largest and oldest Hispanic network, the nation's experts in Hispanic health.
- Executive, bi-partisan Board of Directors
- Community-based Alliance organization members deliver services to 15 million persons each year; national organization members 100 million.
- Believe in community-based solutions.
- Do not accept funding from alcohol, tobacco, or sugar sweetened beverage companies.



text
“INSPIRE”
to 805722



text
“INNOVATE”
to 805722



text
“ENGAGE”
to 805722



Key Resources

- ***Su Familia* National Hispanic Family Health Helpline**
 - **1-866-783-2645 (1-866-SU-FAMILIA)**
- **www.hispanichealth.org**
- **www.healthyamericasinstitute.org**



Nuestras Voces... Our Voices

National Hispanic Network to Reduce Tobacco-Related and Cancer Health Disparities

HOME

ABOUT

NETWORK

SUPPORT

RESOURCES

JOIN

NEWS

CONTACT

LEARN MORE

www.nuestrasvoces.org

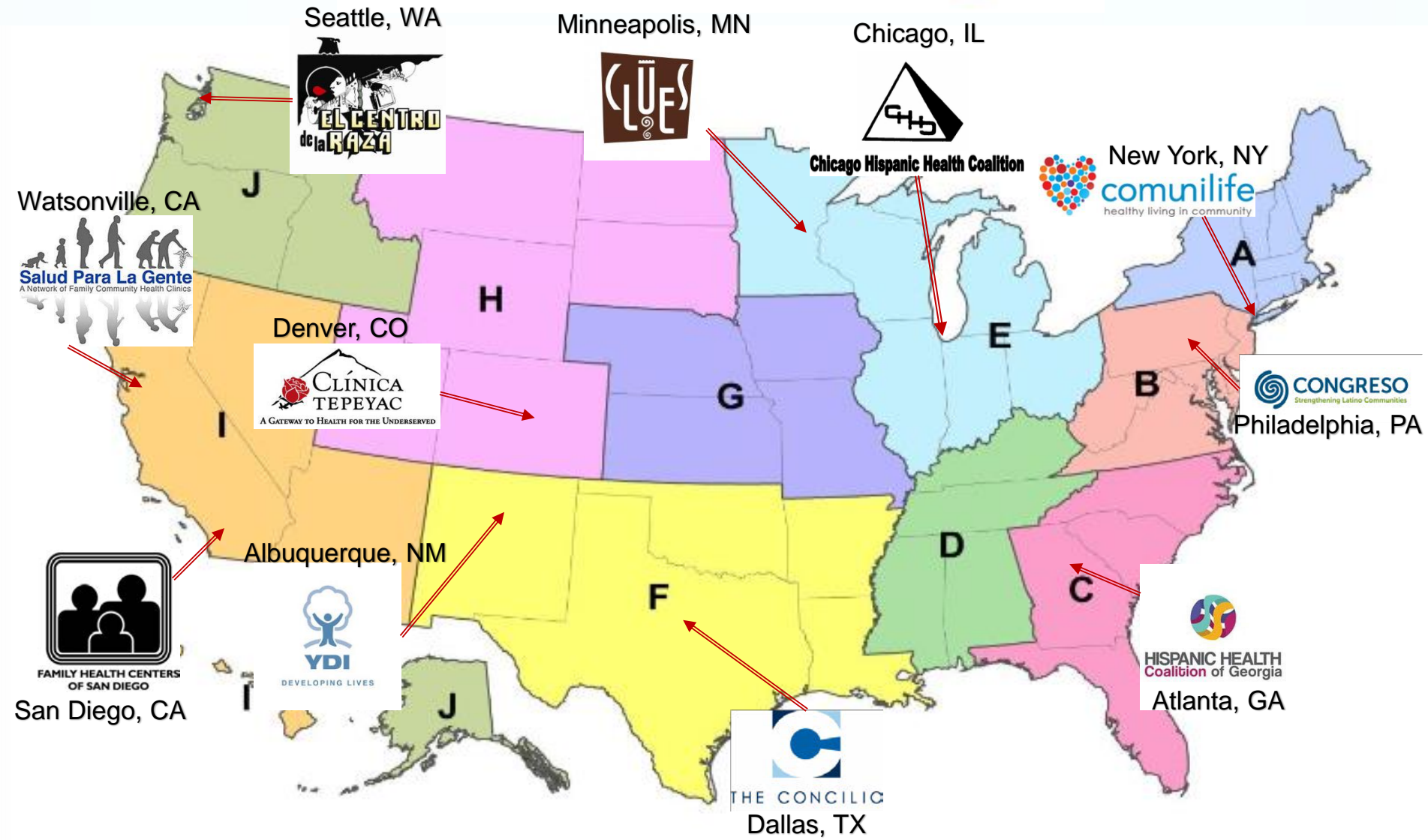


Network Overview

Nuestras Voces works to build Hispanic community infrastructure, as well as increase partnerships with regional and national tobacco and cancer control networks and other stakeholders, to:

- Decrease exposure to second-hand tobacco smoke,
- Increase smoking cessation,
- Increase cancer prevention, and;
- Improve quality of life for those living with cancer.

Nuestras Voces Subnetwork Lead Agencies



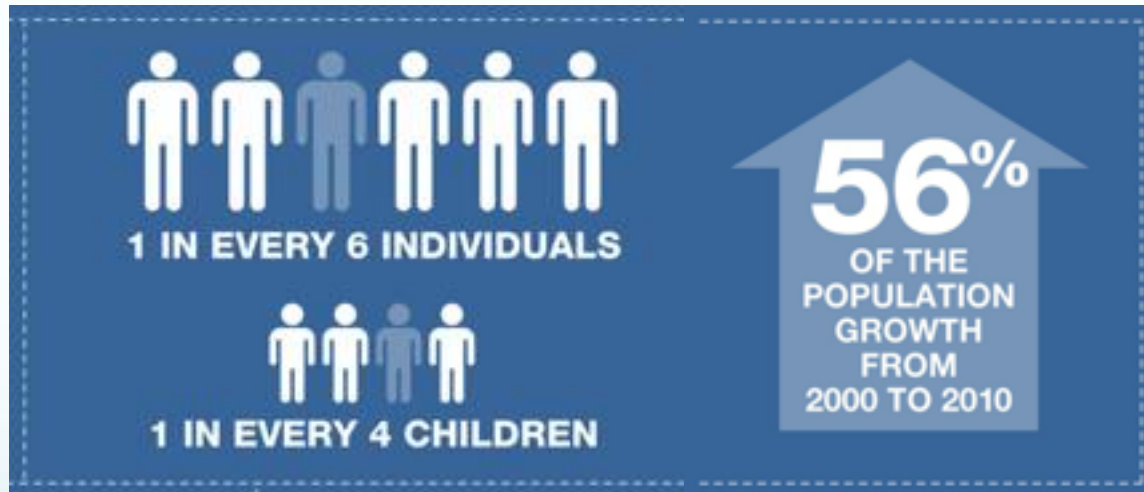


Key Challenges Ahead

- **Tobacco tipping point.**
 - Hispanic 8th graders are now more likely to smoke. Among adult smokers, cessation counseling continues to lag.
- **Cancer diagnosis and treatment lag.**
 - Hispanic communities most uninsured, receive prevention and treatment later, and not in clinical trials.
- **Evidence-based barrier.**
 - Few culturally proficient evidence-based interventions for underserved Hispanic communities.
- **Cervical cancer disparity.**
 - Incidence rates remain highest for Hispanic women than any other group.

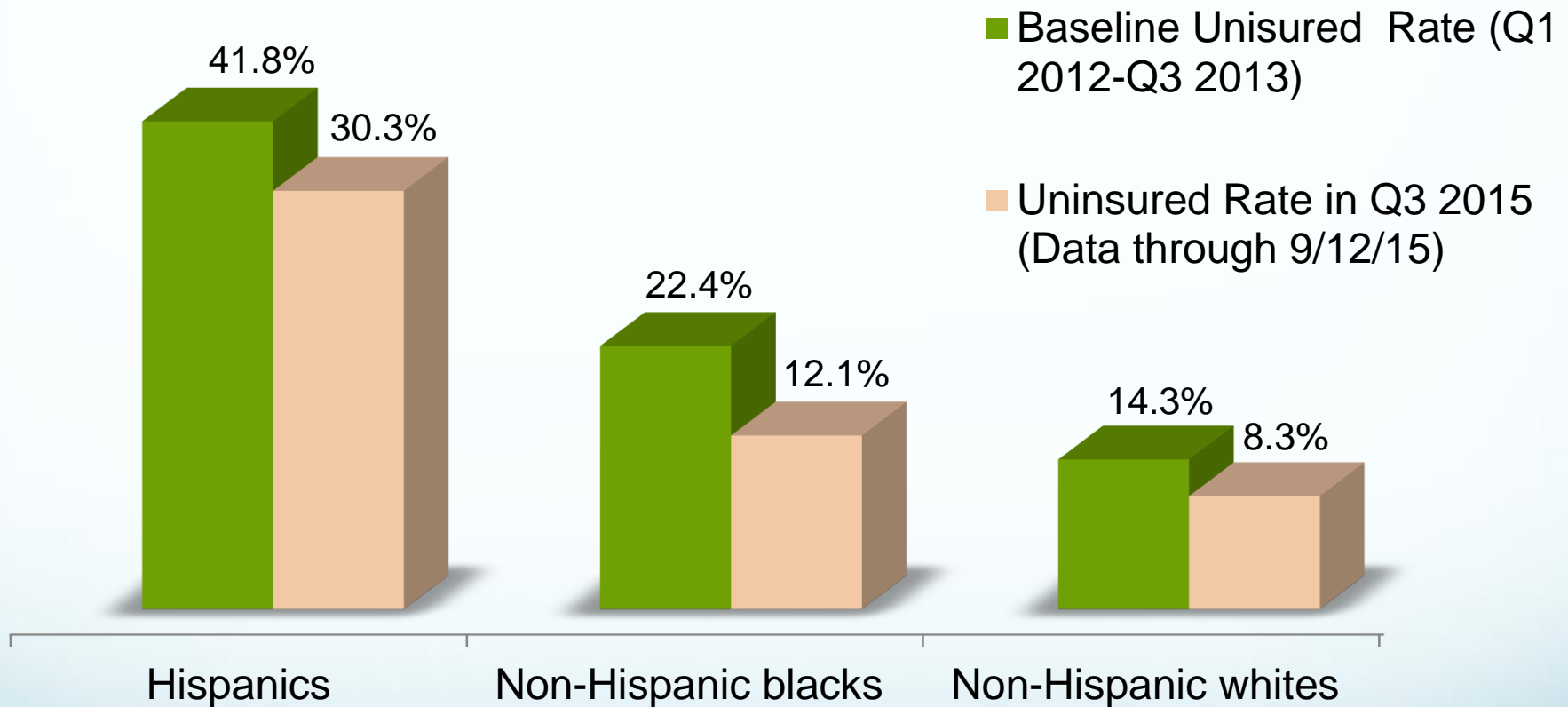
Hispanic Population in the U.S.

58.9 Million Hispanics
(55.4 mainland U.S. and 3.5 million
Commonwealth of Puerto Rico).



Source: U.S. Census Bureau, Population Division. Annual Estimates of the Resident Population by Sex, Age, Race, and Hispanic Origin for the United States, States, and Counties: April 1, 2010 to July 1, 2015. Release Date: June 2015.
For Puerto Rico: Table 1. Annual Estimates of the Resident Population for the United States, Regions, States, and Puerto Rico: April 1, 2010 to July 1, 2015 (NST-EST2015-0). Release Date: December 2015.

Percent of Population Uninsured after Implementation of ACA

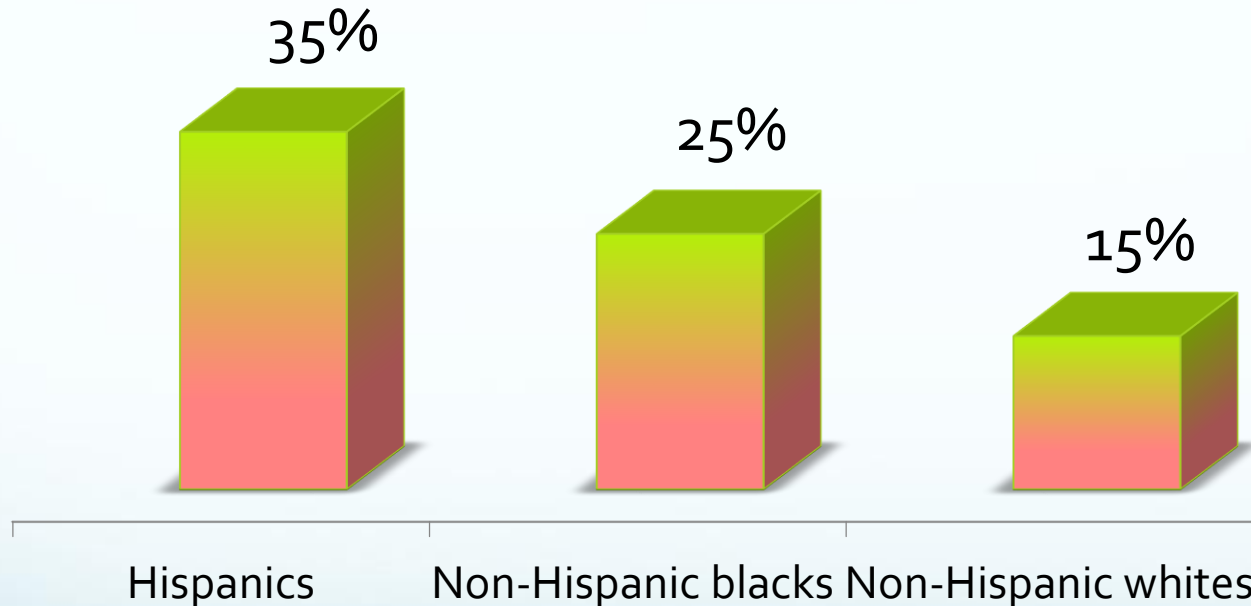


Source: Office of the Assistant Secretary for Planning and Evaluation (ASPE). Health Insurance Coverage and the Affordable Care Act. September 22, 2015.

Note: Data from base line period (Q1 2012 and Q3 2013) until the third quarter in 2015 of ACA implementation.

Access to Health Care

Percent of persons with a regular source of care responding that they go to a “community health center” when they are sick



Cancer Incidence Rates by Race/Ethnicity and Gender, 2008-2012

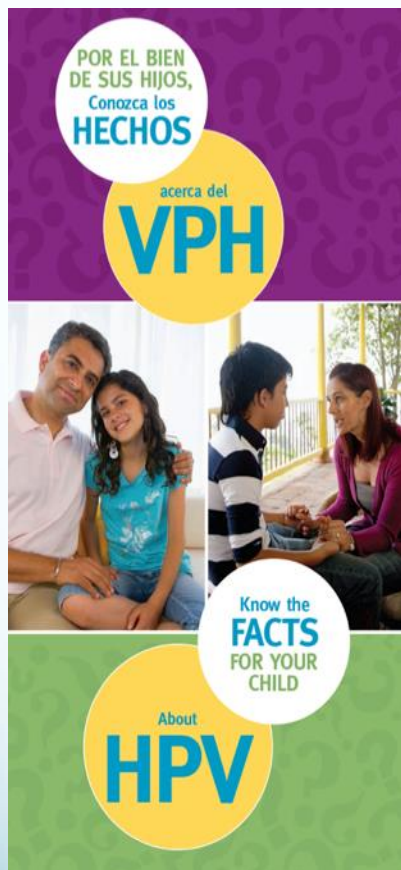
	Male	Female
Non-Hispanic White	528.9	436.2
Hispanic	408.5	330.4
Non-Hispanic Black	592.3	408.1
Asian/Pacific Islander	316.8	287.5
American Indian/Alaska Native	423.3	372.9

Source: American Cancer Society. Cancer Statistics Center.

<http://cancerstatisticscenter.cancer.org>.
Accessed 2/11/2016.

Notes: Rates are per 100,000 persons and age-adjusted to the 2000 U.S. standard population.

Incidence Rates of Some Types of Cancer by Race/Ethnicity and Gender, 2008-2012



Cancer Site	Non-Hispanic White	Hispanic	Non-Hispanic Black	Asian/Pacific Islander	American Indian/Alaska Native
Males					
Stomach	7.8	13.5	15.1	14.5	12.0
Liver/Intrahepatic bile duct	9.3	19.3	16.5	20.6	18.7
Females					
Stomach	3.5	7.8	8.0	8.5	6.6
Liver/Intrahepatic bile duct	3.2	7.2	4.8	7.9	8.9
Cervix	7.1	10.2	10.0	6.3	9.4

Source: American Cancer Society. Cancer Statistics Center. <http://cancerstatisticscenter.cancer.org>. Accessed 2/11/2016.
 Notes: Rates are per 100,000 persons and age-adjusted to the 2000 U.S. standard population.

HPV Vaccination* Coverage Estimates of Adolescents Aged 13-17 Years by Race/Ethnicity & Gender, National Immunization Survey of Teens in the United States, 2014

	Female	Male
White Non-Hispanic	70.6%	57.9%
Hispanic	72.8%	57.2%
Black Non-Hispanic	61.6%	54.1%
Asian	71.7%	63.0%
American Indian/Alaska Native	55.4%	57.7%

* Three dose series completion

Source: Centers for Disease Control and Prevention, National Center for Immunizations and Respiratory Diseases, Updated October 2015.

Notes: National estimate does not include adolescents living in Puerto Rico.

PAP Smear Utilization Among Women Aged 18 and Over By Race/Ethnicity: United States, 2013

	Percent of women having a Pap smear within the past 3 years
White Non-Hispanic	68.4%
Hispanic	70.5%
Black Non-Hispanic	75.1%
Asian	70.1%
American Indian/Alaska Native	65.3%

Source: National Center for Health Statistics. Health, United States, 2014: With Special Feature on Adults Aged 55–64. Hyattsville, MD. 2015.

Notes: National estimate does not include adolescents living in Puerto Rico.



Nuestras Voces... Our Voices

National Hispanic Network to Reduce Tobacco-Related and Cancer Health Disparities

***Culturally Proficient Strategies to Improve
Cervical Cancer Screening Among
Hispanics***



Culturally Proficient Strategies to Improve Cervical Cancer Screening among Hispanics

Lourdes Baezconde-Garbanati, PhD, MPH

Yaneth L. Rodriguez, Rosa Barahona,
Rhonda Ragab, Samantha Garcia, Teresa De Anda
Julie Lam, Irene Martinez, Genesis Gutierrez



Center for Health Equity in the Americas

**Institute for Health Promotion and Disease Prevention Research, IPR
Department of Preventive Medicine, Keck School of Medicine of USC
University of Southern California**

Webinar for the

**Healthy Americas Institute, National Alliance for Hispanic Health, and
National Association of Chronic Disease Directors Cancer Council
March 7, 2016, Los Angeles, CA**



Keck School of
Medicine of **USC**

USC Center for Health Equity in the Americas

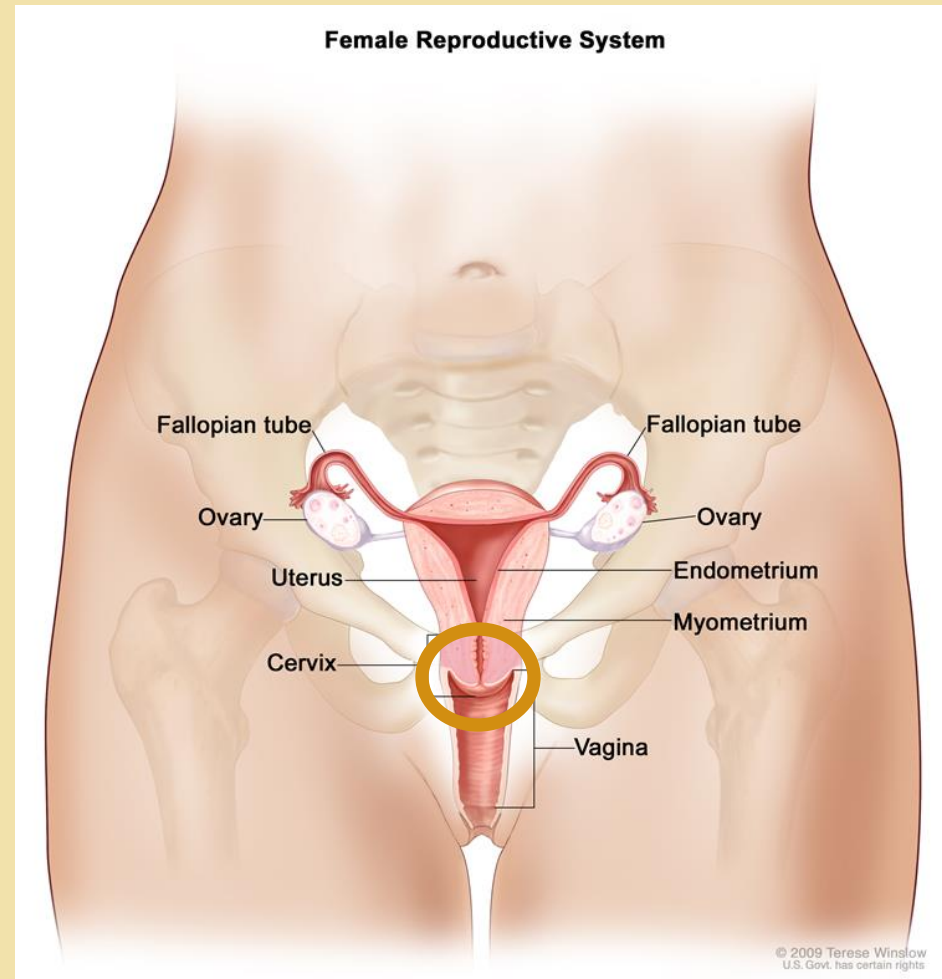
Presentation

- Provide an epidemiologic overview of cervical cancer and HPV infection globally and in the US
- Present Tamale Lesson, an example of cultural narrative as a strategy to prevent cervical cancer
- Present Es Tiempo, using an environmental cue as a culturally proficient strategy to prevent cervical cancer
- Lessons learned from development, implementation and evaluation of culturally proficient strategies
- Conclusions



Cervical Cancer

- Cervical cancer is a malignant tumor of the cervix
- It is found in the lowermost part of the uterus (womb)
- Can be controlled and prevented via regular Pap Smear screenings and DNA testing, and the HPV vaccine.



Source: National Cancer Institute (NCI) www.cancer.gov



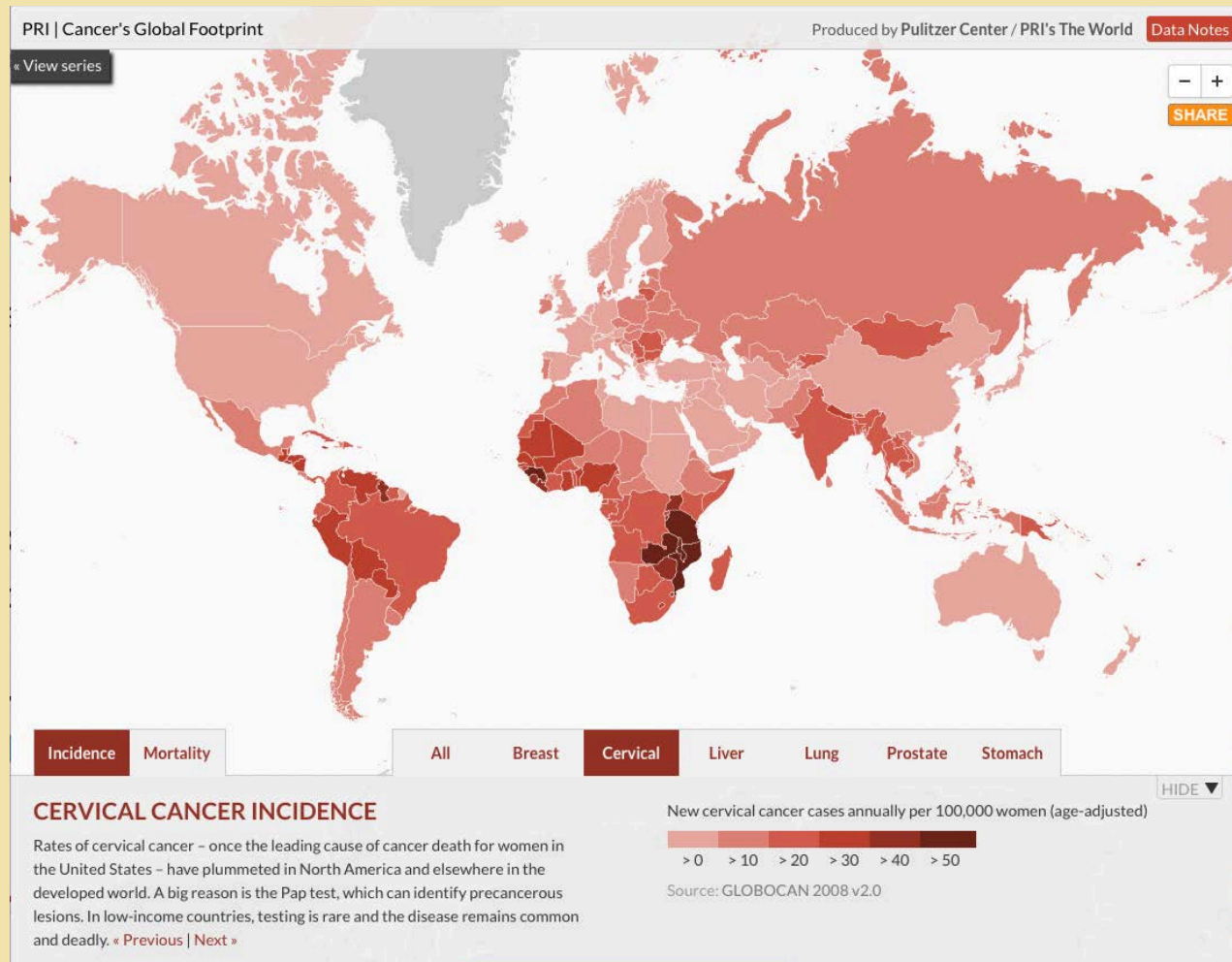
Global Impact of Cervical Cancer

- Cervical cancer is the 4th most common female cancer worldwide
- >500,000 cases diagnosed each year
- 260,000 deaths annually

Sources: Ferlay et al, 2012; Cancer's Global Footprint, 2015



Global Impact of Cervical Cancer



➤ **87% of deaths occur in developing nations**

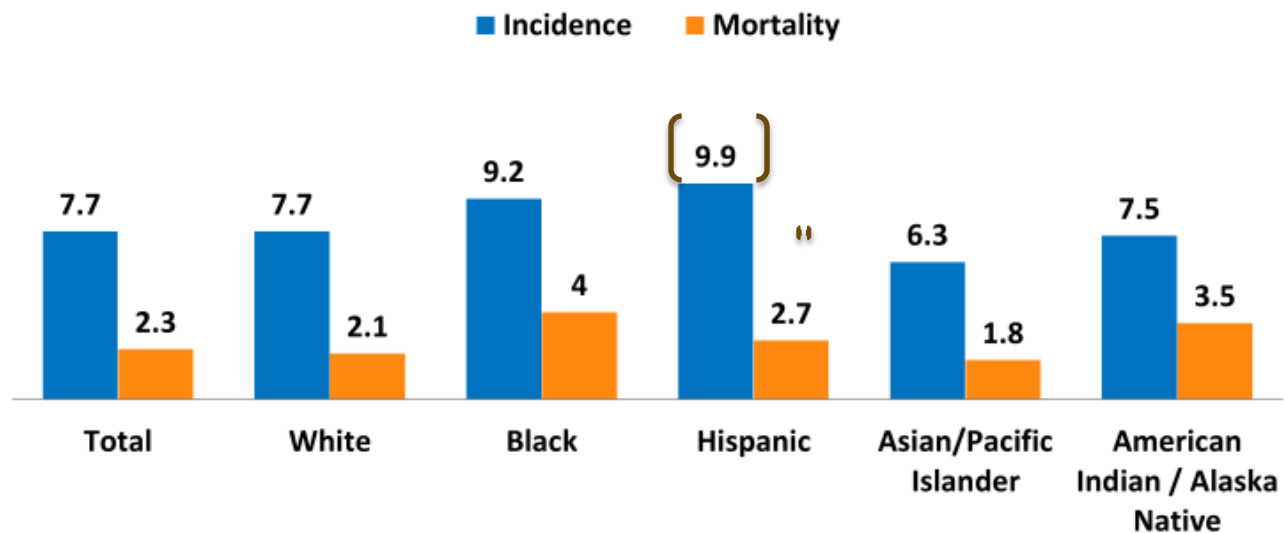


Racial and Ethnic Disparities in Cervical Cancer Among Women in the U.S.

Figure 1

Racial and Ethnic Disparities in Cervical Cancer

Cervical Cancer Incidence and Mortality Rates by Race/Ethnicity, 2008-2012



NOTE: Data are age-adjusted rates per 100,000 persons.

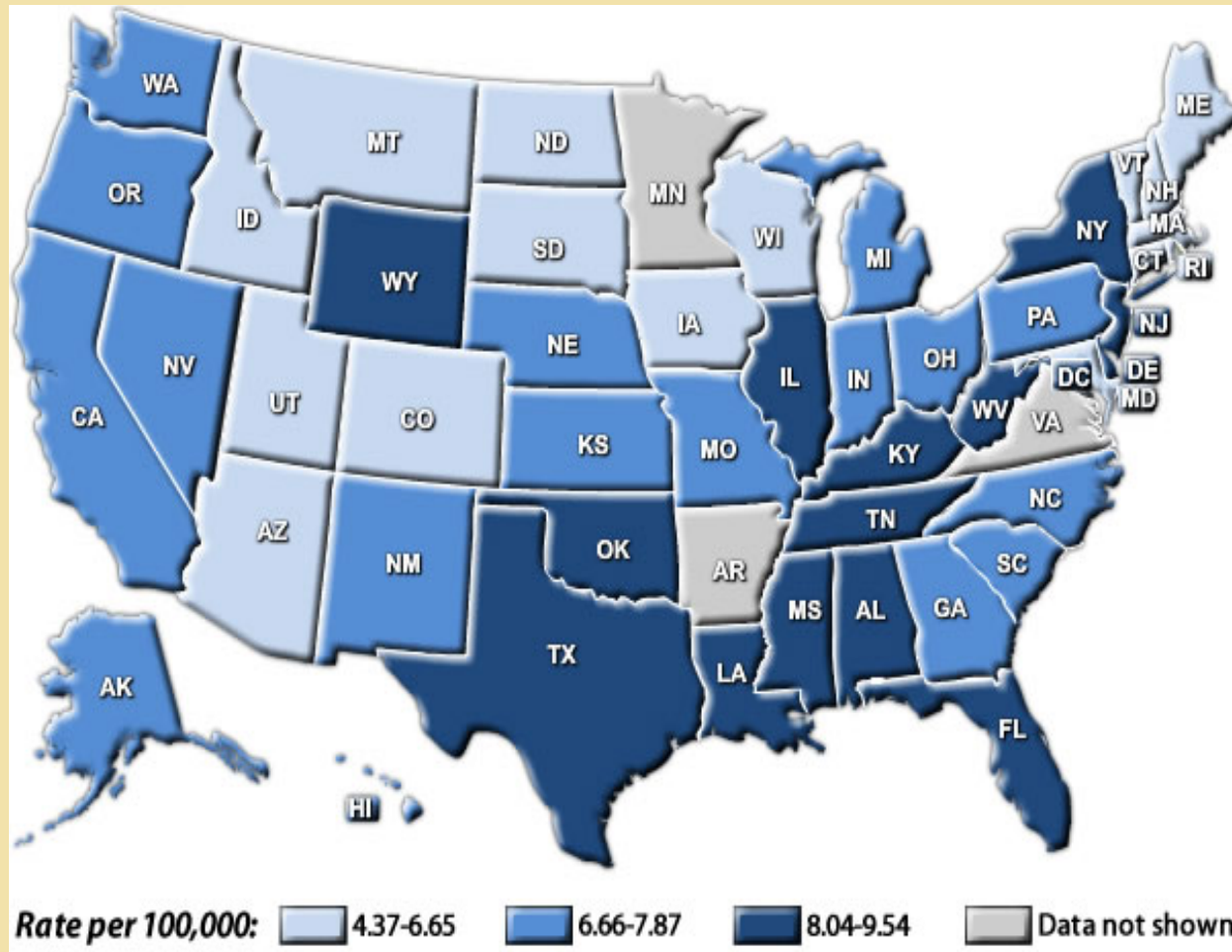
SOURCE: National Cancer Institute, SEER Stat Fact Sheets: Cervix Uteri Cancer.



Source: <http://kff.org/womens-health-policy/fact-sheet/the-hpv-vaccine-access-and-use-in/>



HPV-Associated Cervical Cancer Rates by State

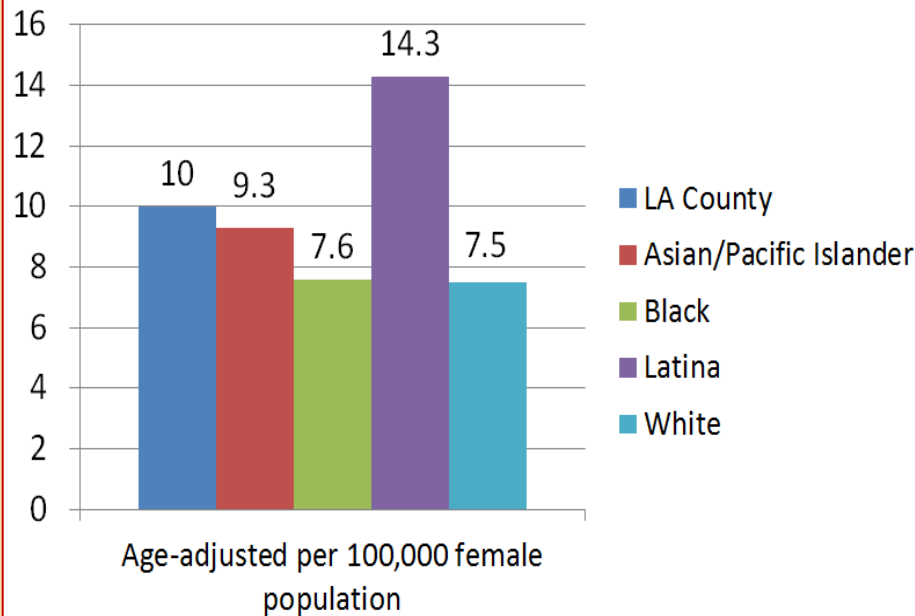


Rates are per 100,000 and age-adjusted to the 2000 U.S. Standard Population (19 age groups — Census P25-1130) standard.



Racial and Ethnic Disparities in Cervical Cancer Among Women in Los Angeles County

Incidence of Cervical Cancer in Los Angeles County

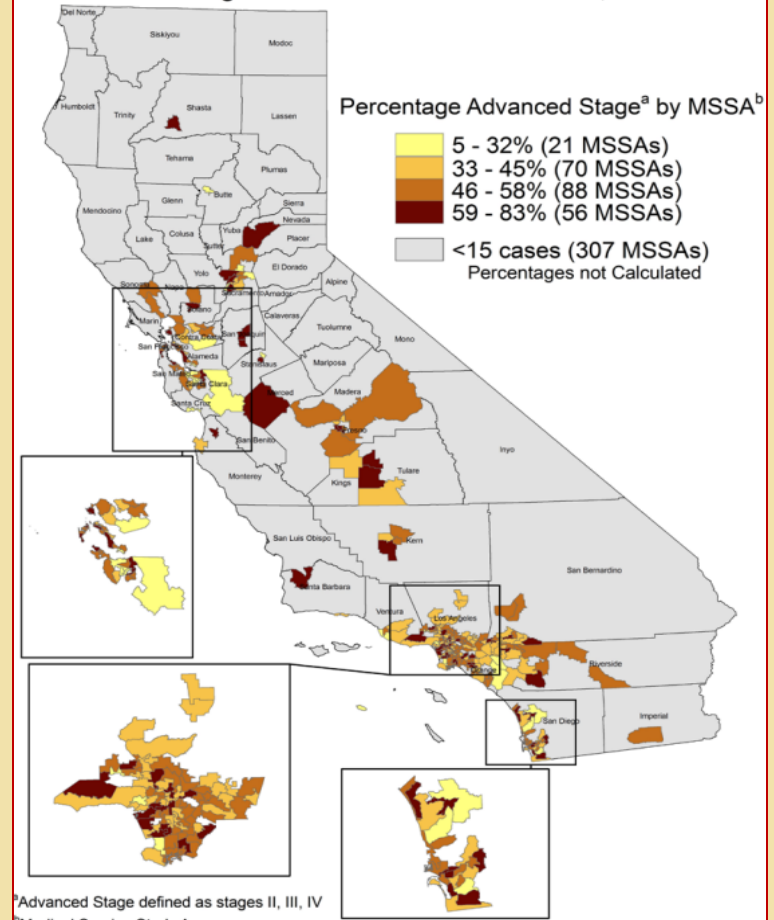


Los Angeles County Department of Public Health, Office of Women's Health. Health Indicators for Women in Los Angeles County: Highlighting Disparities by Ethnicity and Poverty Level, February 2010.

1 <http://publichealth.lacounty.gov/owh/docs/Health-Indicators-2010.pdf>

2 https://www.cdph.ca.gov/programs/cclho/Documents/MAGUIRE_CCLHO_presentation_2014.pdf

Advanced Stage Cervical Cancer in California, 2007-2011

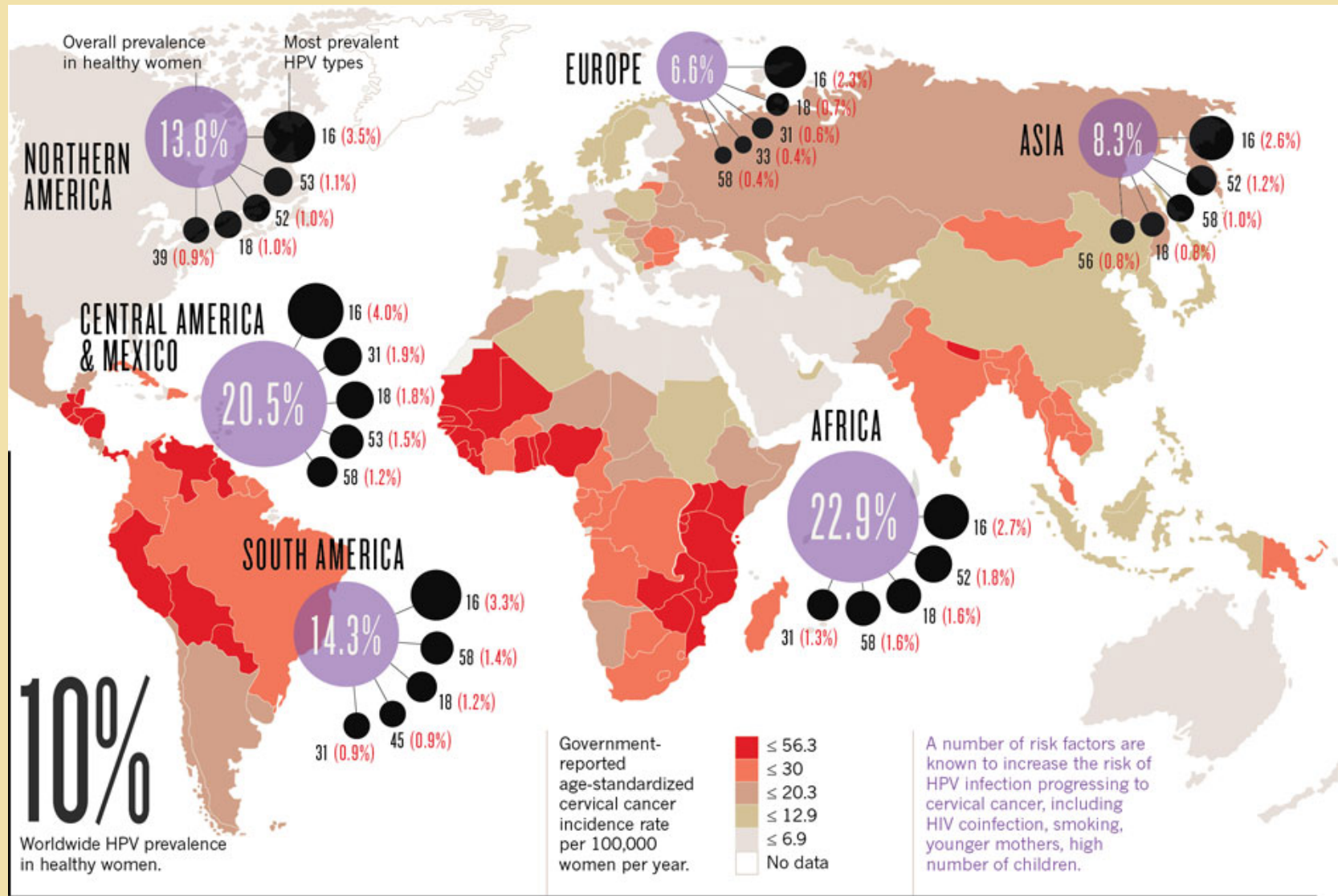


Human Papillomavirus Infection (HPV)

- Human papillomavirus (HPV) is the main infectious factor for cervical cancer. It causes over 99% of cervical cancers. It is also responsible for HPV related cancer of the vulva, vagina, anus, penis, throat, and a growing number of head and neck cancers.



HPV infection rates worldwide



HPV Infection in the United States

- In the U.S. Human Papillomavirus (HPV) infection is rampant.
- 80 million or 1 out of every 4 Americans are currently infected.
- One out of every two women will become infected in their lifetime.



HPV Vaccination in the United States

- HPV vaccination rates around the world, especially in Latin America are higher than vaccination rates in the United States.
- CDC recommends all girls and boys ages 11 to 12 receive the three doses of the vaccine.
- Healthy People 2020 - 80% HPV vaccination goals in the U.S. “are not likely to occur without comprehensive, targeted Interventions”. President’s Cancer Panel, 2014

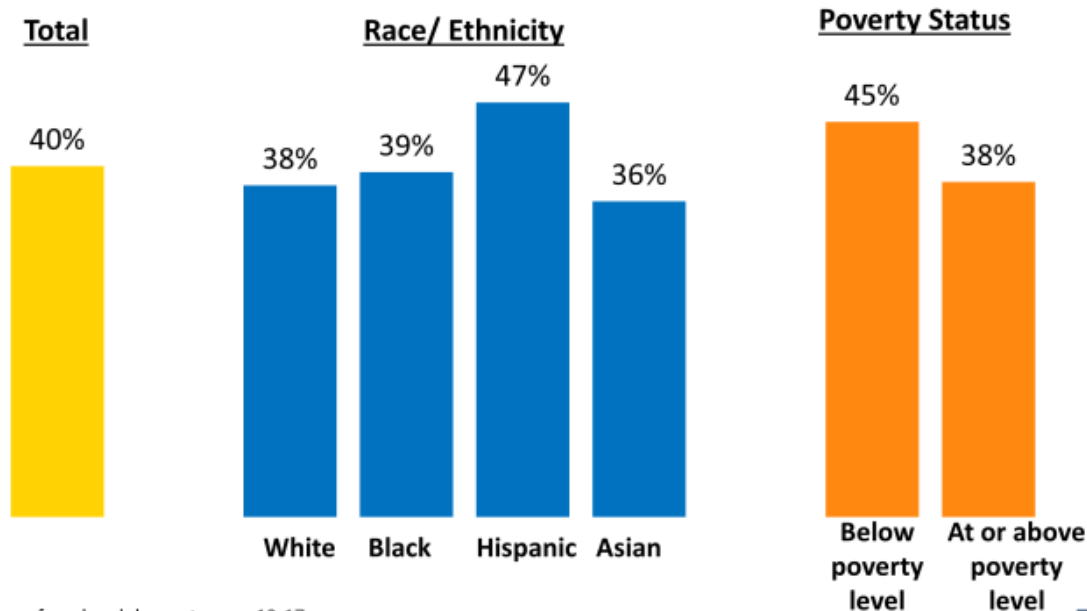


Estimated HPV Vaccination Coverage Among Female Adolescent in the U.S.

Figure 2

Estimated HPV Vaccination Coverage Among Female Adolescents in the US

Share that have received 3-doses of HPV Vaccine, 2014



NOTE: Among female adolescents ages 13-17.

SOURCE: CDC, MMWR. (2015). National, Regional, State, and Selected Local Area Vaccination Coverage Among Adolescents Aged 13 Through 17 Years— United States, 2014.



Source: <http://kff.org/womens-health-policy/fact-sheet/the-hpv-vaccine-access-and-use-in/>



Keck School of
Medicine of USC

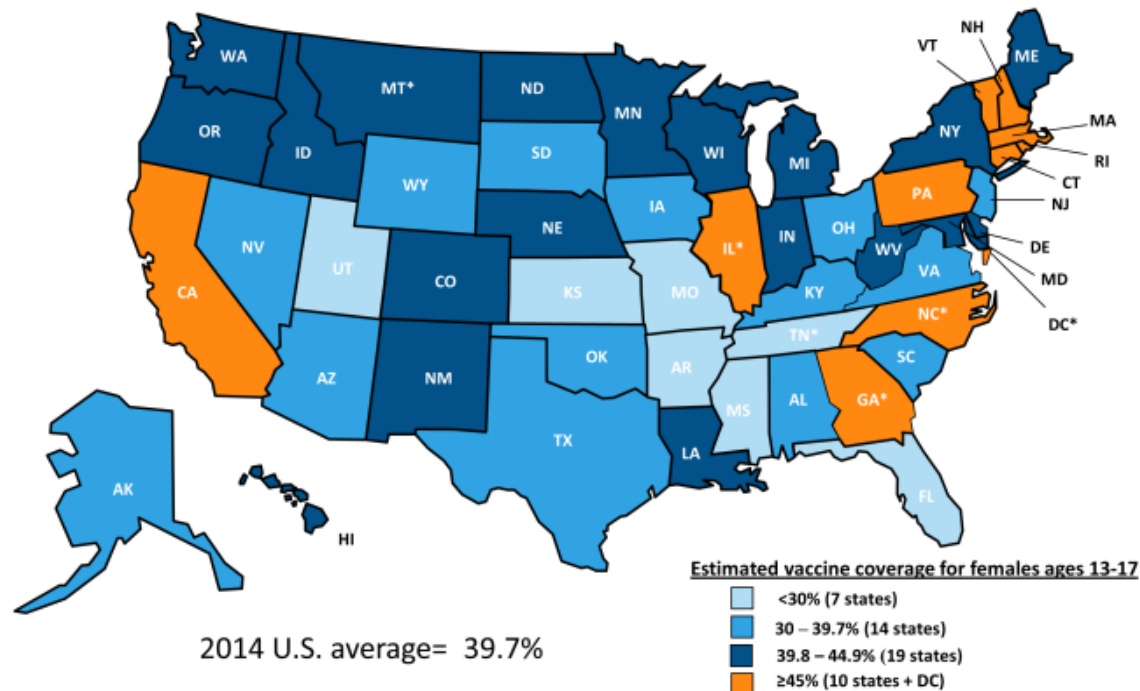
USC Center for Health Equity in the Americas

HPV Vaccination Rates of Adolescent Girls ages 13-17, by State

Figure 3

HPV Vaccination Rates of Adolescent Girls ages 13-17, by State

Completion of 3 dose HPV vaccine series among females ages 13-17, 2014



NOTES: Share of females ages 13-17 who have received all 3 doses of the HPV vaccine series. *Statistically significant ($p < .05$) percentage point change from 2013.

SOURCE: CDC. (2014). National, state, and local area vaccination coverage among adolescents aged 13-17 years—U.S. 2013.



Source: <http://kff.org/womens-health-policy/fact-sheet/the-hpv-vaccine-access-and-use-in/>



Keck School of
Medicine of USC

USC Center for Health Equity in the Americas

**Without vaccinating boys and girls,
the virus will never be contained.**



In Summary

- Highest vaccine rates are found among the poor and Hispanic communities
- Girls in these communities are more likely to receive at least one dose of the HPV vaccine.
- This evidences support of culturally and language specific strategies and community based interventions that have been successful (Journal of Cancer Epidemiology, 2016).
- This is encouraging, as these communities have the highest rates of cervical cancer.



In Summary

- But vaccine doesn't cover all cancers, so continued cervical cancer screening is needed.
- Vaccination rates in the US are lower than for some countries in Latin America
- Both boys and girls need to be vaccinated
- To reach Healthy People 2020 vaccination rates of 80% much work is still needed.



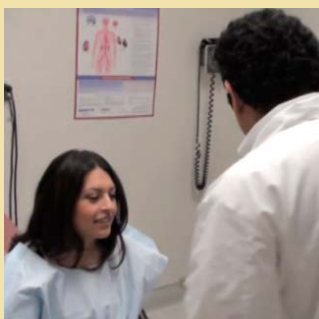


Culturally Effective Strategies

Case Study 1: Tamale Lesson

Lourdes Baezconde-Garbanati

Sheila Murphy, Lauren B. Frank, Meghan B. Moran, Lisa Gantz,
Joyee S. Chatterjee, Nan Zhao, Angeline Sangalang
Arlene Calvo, Stella Rowland,
Lourdes de Alguero, Morgan Hess-Holtz



Center for Health Equity in the Americas,
Dept. of Preventive Medicine, and Annenberg School for
Communication and Journalism, USC School of Cinematic Arts,
University of Southern California, Portland State University,
Johns Hopkins University,

Webinar for the
Healthy Americas Institute, National Alliance for
Hispanic Health, and the National Association of
Chronic Disease Directors Cancer Council
March 7, 2016, Los Angeles, CA

NCI
TR01CA144052
Murphy/Baezconde-Garbanati



Keck School of
Medicine of **USC**

USC Center for Health Equity in the Americas

Case Study 1

Tamale Lesson

1. Conduct a “clinical trial” to test the relative efficacy of the identical information presented in a narrative and non-narrative format to determine if narratives are more effective.
2. Identify the mechanisms (transportation and identification with characters) that underlie changes in relevant knowledge, attitudes and behavior.



Methodology

To empirically test this, we produced two 11 minute films each conveying the same key facts regarding the cause of cervical cancer (the Human Papilloma Virus or HPV) as well as its detection (via Pap test) and prevention (via the HPV vaccine).

- The non-narrative, *It's Time*, uses a more traditional approach featuring doctors, patients, and figures.
- The narrative, *The Tamale Lesson*, revolves around a family's preparation for their youngest daughter's Quinceañera (15th birthday).

Transforming Cancer Knowledge, Attitudes and Behavior Through Narrative (R01CA144052 - Murphy/Baezconde-Garbanati)
PIs: Sheila Murphy & Lourdes Baezconde-Garbanati



Study Design

Time 1: RDD
pretest/baseline phone
survey

Pretest/Baseline
N=900

Randomly assign
respondents to receive
narrative or non-narrative
film in mail

Narrative
N=450

Non Narrative *
N=450

Time 2: Conduct post-test
phone survey within
next 2-weeks

**European
American**
N=150

**African
American**
N=150

**Mexican
American**
N=150

Time 3: Conduct 6-month
follow-up

Follow Up
N = 100

Follow Up
N=100

Follow Up
N=100

*Identical design for non-narrative respondents



Tamale Lesson Clip



Play 3 minutes clip

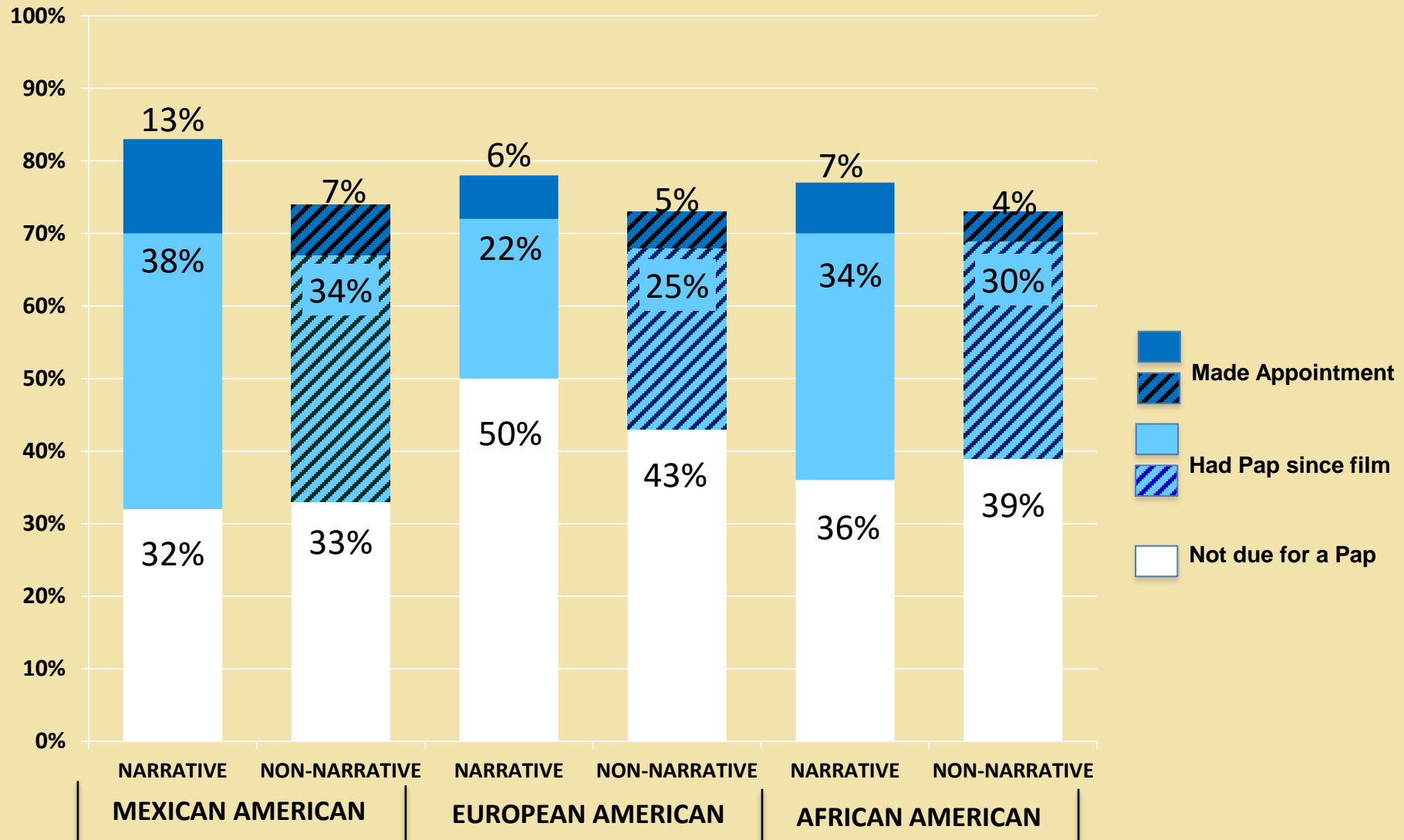
<https://www.youtube.com/watch?v=-s4fm1DaAG0>



Keck School of
Medicine of **USC**

USC Center for Health Equity in the Americas

Behavior (Had Pap Test Or Made An Appointment) At 6 Month Follow-up



Theoretical Predictors of Narrative Impact in the U.S.

Among women who saw Tamale Lesson in the United States the extent to which an individual was...

- “transported” or immersed in the story, and
- identified with the positive role model is what predicted impact

Transforming Cancer Knowledge, Attitudes and Behavior Through Narrative (R01CA144052 - Murphy/Baezconde-Garbanati)
PIs: Sheila Murphy & Lourdes Baezconde-Garbanati



Conclusions

- The narrative and non-narrative films were successful interventions in both the short-term at posttest and long-term 6-month follow-up.
- The narrative was more effective in increasing cervical cancer-related knowledge and attitudes at posttest than the non-narrative.
- Racial/ethnic disparities in attitudes toward Pap tests found at the pretest no longer existed at either the posttest or follow-up.



Conclusions

- 6-month follow-up behavioral data revealed that the narrative erased the ethnic disparity in cervical cancer screening rates that existed at baseline.
- At pretest, non-Hispanic White women were far more likely to have been recently screened (46%) than Mexican American participants (32%).
- At the 6-month follow-up, Mexican American participants exposed to the narrative went from having the lowest rate of screening (32%) to the highest (82%).



Future Directions for Tamale Lesson

- Continued statistical analysis
 - Further statistical analysis to identify predictors of vaccine acceptability, vaccine knowledge
 - Combination of quantitative data with qualitative data collected from focus groups
- Implementation of educational toolkits designed based on preliminary results



Awards and Recognitions for Tamale Lesson

- APHA Best Multimedia Materials award from the Public Health Education and Health Promotion Section
- NIH 10 Year Common Fund Award for Best Video
- Australia – Best Reel Nominee
- ICA Best research presentation
- Individual awards and recognitions



Summary of Findings for Tamale Lesson

- Attention to “Transportation”, “Identification” with characters and the emotional appeal of the storyline.
- Narrative or storytelling is a powerful tool in Hispanic communities for the delivery of prevention messages that generate behavioral changes.
- Racial and ethnic disparities that existed at baseline were dramatically reduced after six months of viewing Tamale Lesson.



Culturally Effective Strategies

Case Study 2: Es Tiempo



Lourdes Baezconde-Garbanati

Sheila Murphy, Robert Haile, Vickie Cortessis, Laila Muderspach,
Sandra Ball-Rockeach, Mary Ann Pentz, Steve Grubber, Meghan
Moran, Mariana Amatullo, Elisa Rufino,
Rosa Barahona, Yaneth L. Rodriguez, Rhonda Ragab,
Teresa De Anda, Samantha Garcia, Irene Martinez, Julie Lam, Zul
Surani, Clinicas Monsenor Oscar Romero, Vision y Compromiso
Promotoras de Salud

Designmatters Program Students
Center for Health Equity in the Americas,
Dept. of Preventive Medicine, and Annenberg School for
Communication and Journalism
University of Southern California

Webinar for the
Healthy Americas Institute, National Alliance for Hispanic
Health, and the National Association of Chronic Disease
Directors Cancer Council
March 7, 2016, Los Angeles, CA





Es Tiempo

A Cervical Cancer Screening and HPV Vaccination Campaign

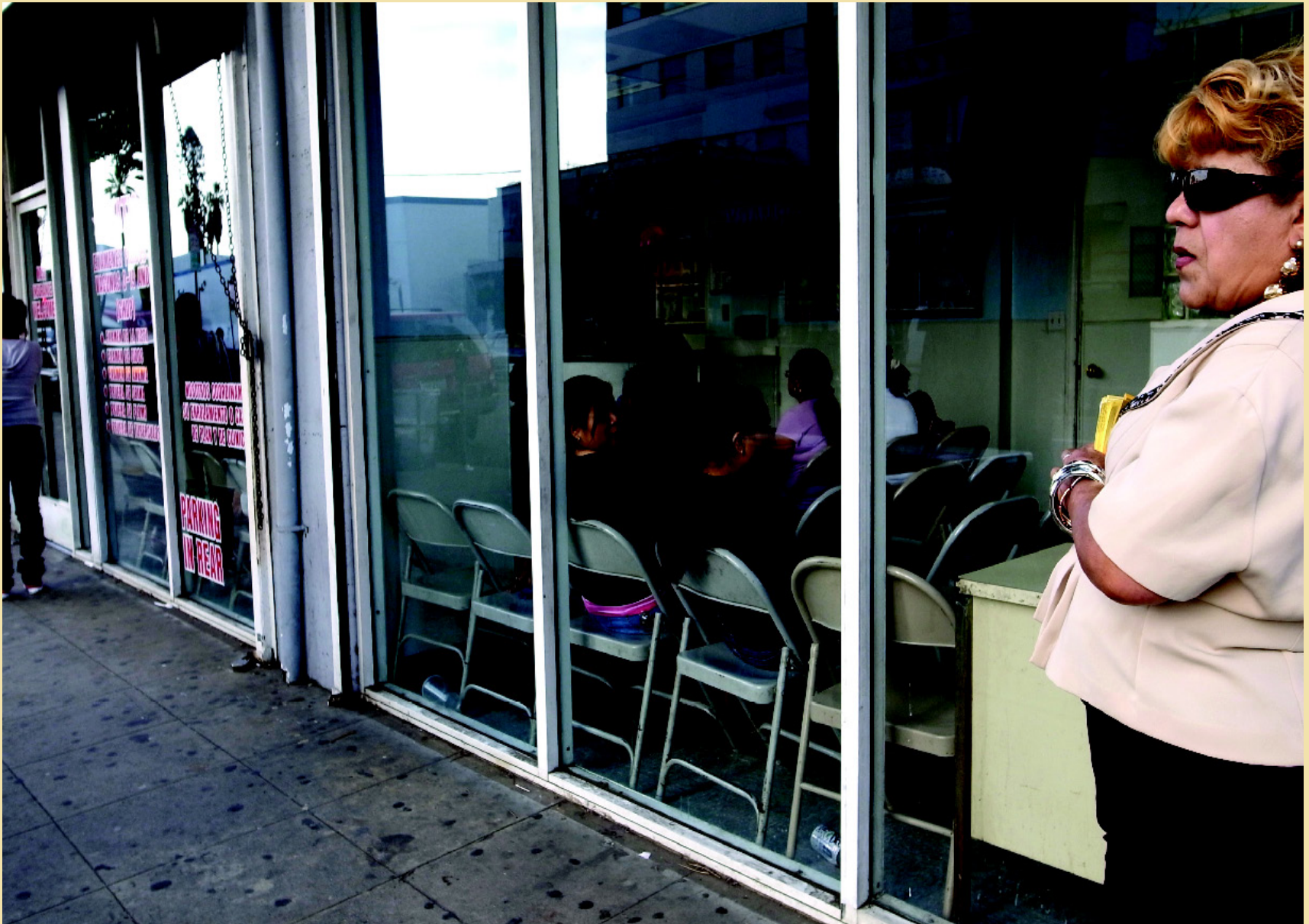
- **Es Tiempo is an *evidence-based*, culturally appropriate bilingual educational campaign, in response to low literacy and low numeracy needs in the population.**
- **Targets mostly Spanish speaking women, but also those more acculturated with low educational attainment**
- Basis for the campaign: Cervical cancer can be averted through:
 - Early detection (screening through Pap tests and DNA testing)
 - Vaccination against the Human Papillomavirus, the virus that causes cervical cancer
- We have conducted formative research based on 12 focus groups (Published paper)
- We have pilot tested design elements of the campaign at 2 community clinics
 - Clinicas Monsenor Cesar Oscar Romero (Pico Union and Boyle Heights)



Understanding Cultural Imagery



Understanding cultural spaces



Es Tiempo

- The Designmatters team took the findings and developed Es Tiempo.
- Es Tiempo is a visually stunning campaign designed around the purple bloom of the Jacaranda tree, as an environmental trigger.
- The jacaranda tree is common in East Los Angeles in particular and in Mexico and various parts of Central America and Africa.





ES TIEMPO: exploit the Jacaranda tree's annual bloom as an environmental cue in nature.

Es Tiempo

We created an Es Tiempo logo
That depicts the jacaranda tree



Main Message

Getting screened
is important,
it's easy and
it's time!

Way Finders



Where to go for Screening?



graphics

Labeling clinics that offer Pap test
and HPV vaccinations for teens



Other Design Elements and Way Finders

Graphics

Labeling clinics that offer low-cost Paps



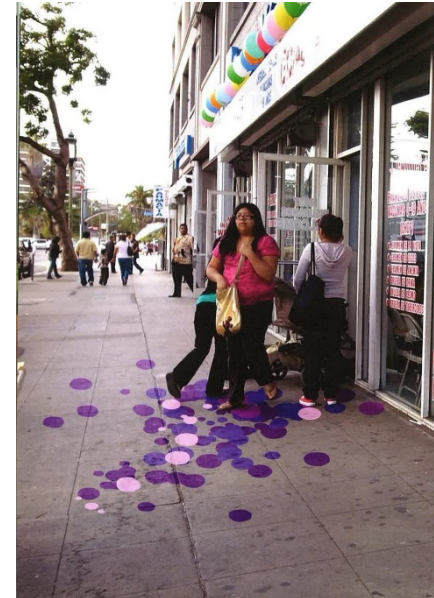
Wall Murals

Signaling the location of a nearby clinic



Painting

Easy-to-reproduce, environmental graphics



When jacarandas bloom

Es Tiempo / It's Time

Es Tiempo design can be used in multiple locations as a reminder



Pilot Evaluation Design

- Quasi-Experimental design
- Participating clinics in media catchment area
 - Intervention clinic: Clinica Monsenor Oscar Romero-Boyle Heights
 - Control clinic outside the media catchment area (Clinica Monsenor Oscar Romero- Pico Union). Control clinic later received a delayed intervention.
- Assess outcomes at participating clinics

Outcome measure:

Number of cervical cancer screenings at clinics.

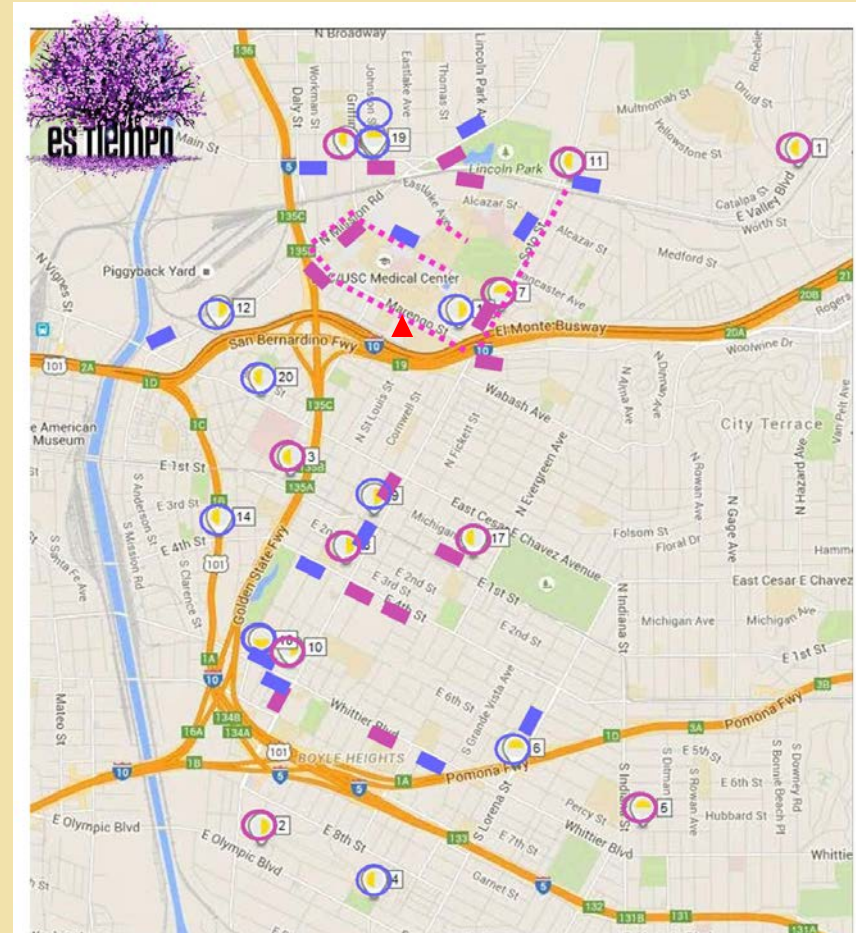


Pilot Media Campaign

➤ Outdoor Media Placement

➤ Outdoor Media

- 20 Total Billboards
- 25 Total Bus Benches
- 64 Total Light Post Banners



- | | | |
|---|---|--|
|  English Bus Bench |  English Billboard |  Spanish & English Light Post Banners |
|  Spanish Bus Bench |  Spanish Billboard |  Intervention Clinic |



Pilot Media Campaign

Billboards and posters



Es Importante. Es Fácil. Es Tiempo.

Llame al 1-800-793-8090

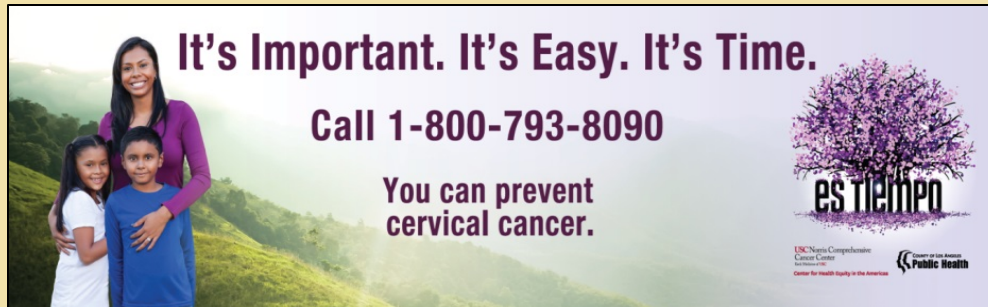
Usted puede prevenir el cancer cervical.

es tiempo

USC Norris Comprehensive Cancer Center
Rock Medicine of USC
Center for Health Equity in the Americas

COUNTY OF LOS ANGELES
Salud Publica

Bus benches



It's Important. It's Easy. It's Time.

Call 1-800-793-8090

You can prevent cervical cancer.

es tiempo

USC Norris Comprehensive Cancer Center
Rock Medicine of USC
Center for Health Equity in the Americas

COUNTY OF LOS ANGELES
Public Health

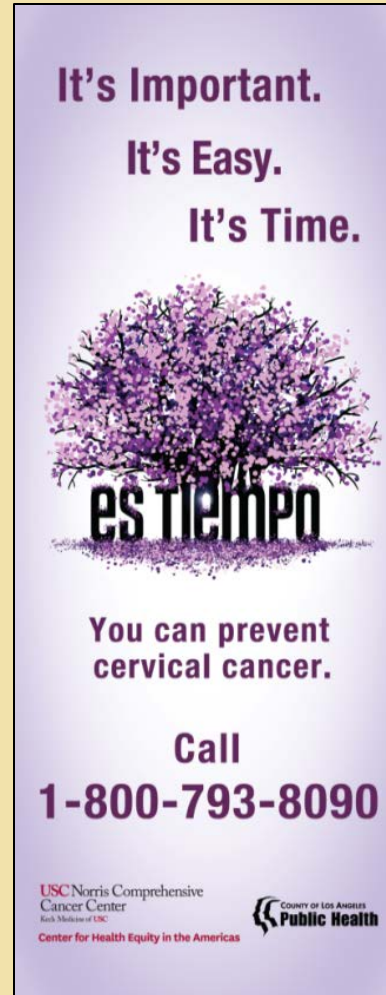
Reminder Postcards



es tiempo

Remember:
When you see the Jacaranda tree bloom,
it's time to schedule your annual Pap test.

Recuerde:
Cuando el árbol Jacaranda florece, Es Tiempo
para hacer una cita para su Papanicolaos.



**It's Important.
It's Easy.
It's Time.**

es tiempo

You can prevent cervical cancer.

**Call
1-800-793-8090**

USC Norris Comprehensive Cancer Center
Rock Medicine of USC
Center for Health Equity in the Americas

COUNTY OF LOS ANGELES
Public Health



**Es Importante.
Es Fácil.
Es Tiempo.**

es tiempo

Usted puede prevenir el cancer cervical.

**Llame al
1-800-793-8090**

USC Norris Comprehensive Cancer Center
Rock Medicine of USC
Center for Health Equity in the Americas

COMANDO DE LOS ANGELES
Salud Publica

Lamp posts signs



Keck School of
Medicine of **USC**

USC Center for Health Equity in the Americas

Pilot Outdoor Media Campaign



Evaluation

Outdoor Media Campaign

Intercept Interview Survey Preliminary Findings

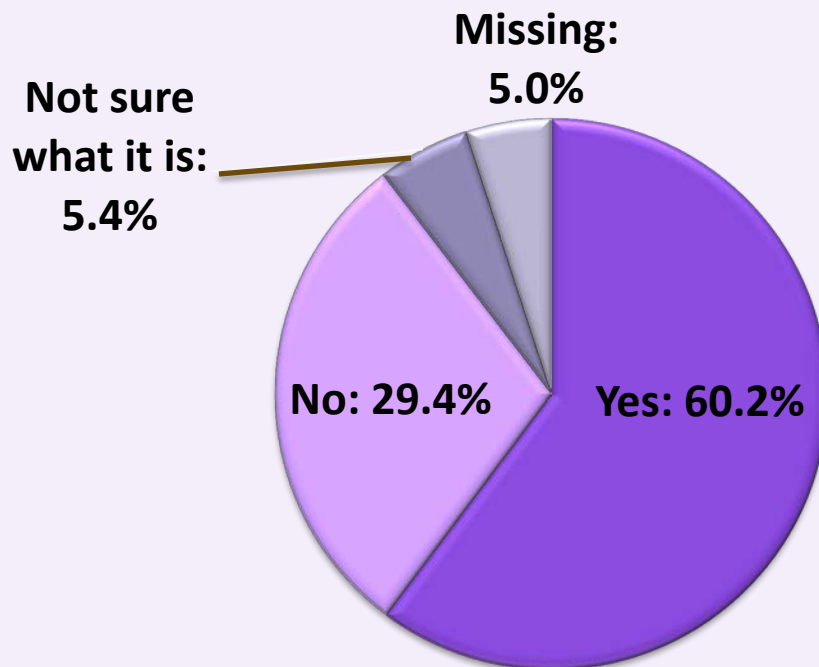
- N=221 Women interviewed
- Women interviewed were Hispanic/Latina
- Average age of Hispanic/Latina women interviewed was 44 years old (range 17-78 years of age)

N=221	
Mainly Speaks Spanish at Home	80%
Have Health Insurance	74%
Most Common Form of Health Insurance: MediCal	60%



Knowledge of HPV

Have you heard about the HPV vaccine? N=221



Of the Women that had heard about HPV vaccine: N=133

Learned About HPV Vaccine via **Television** 44%

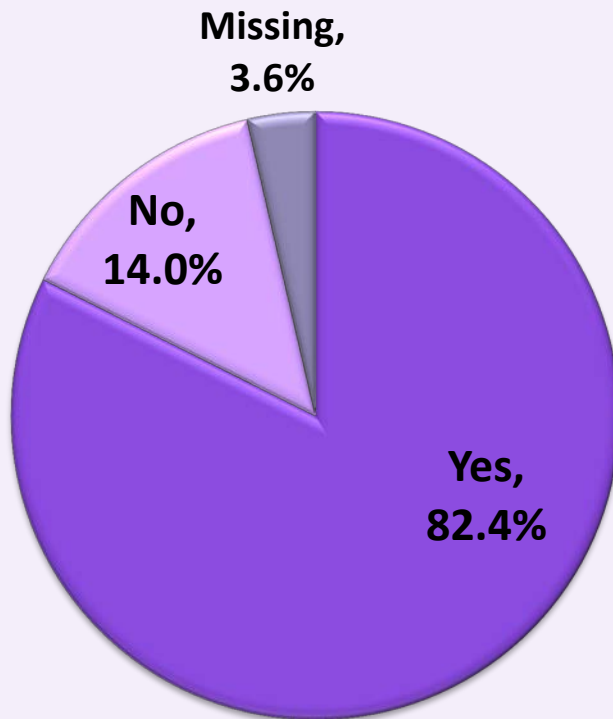
Learned About HPV Vaccine via **Doctor** 36%

Learned About HPV Vaccine via **Clinic or Hospital** 19%

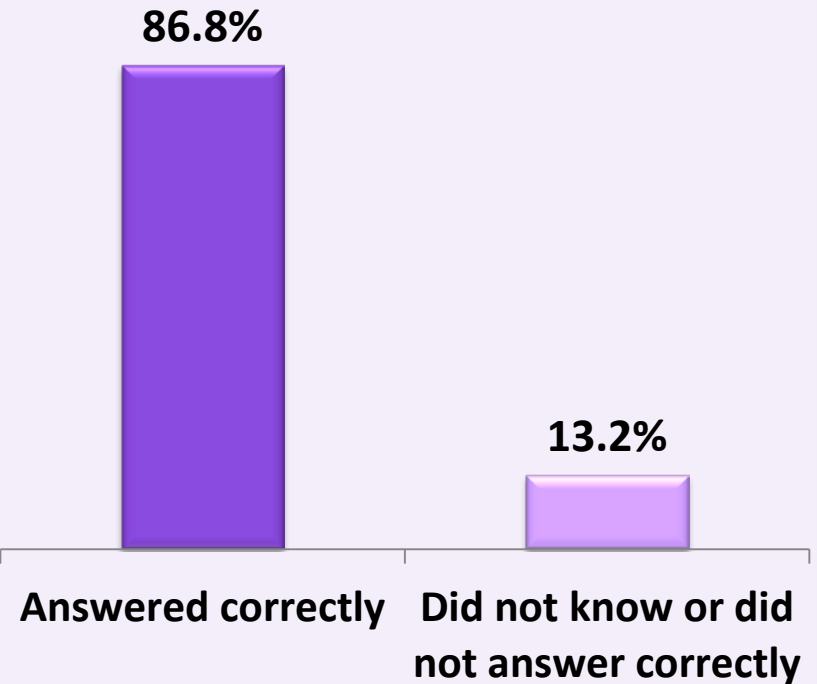


Knowledge of Pap Test Screenings

Do you know what a Pap test detects? N=221

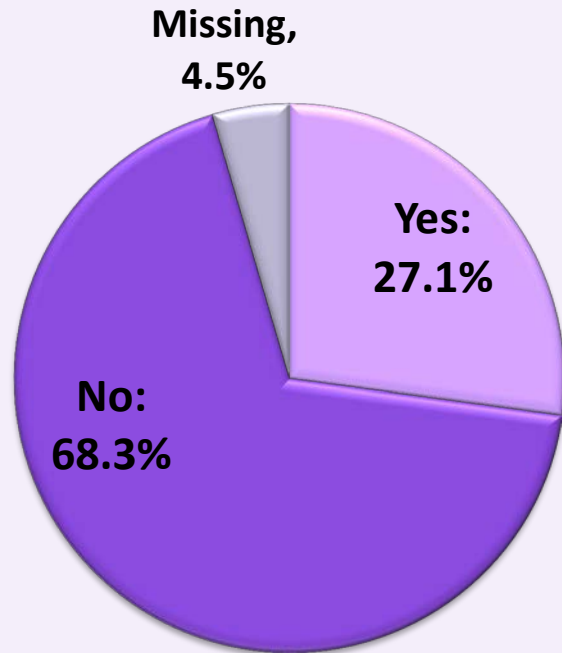


Of the Women who said they know what a Pap Test detects (N=158)

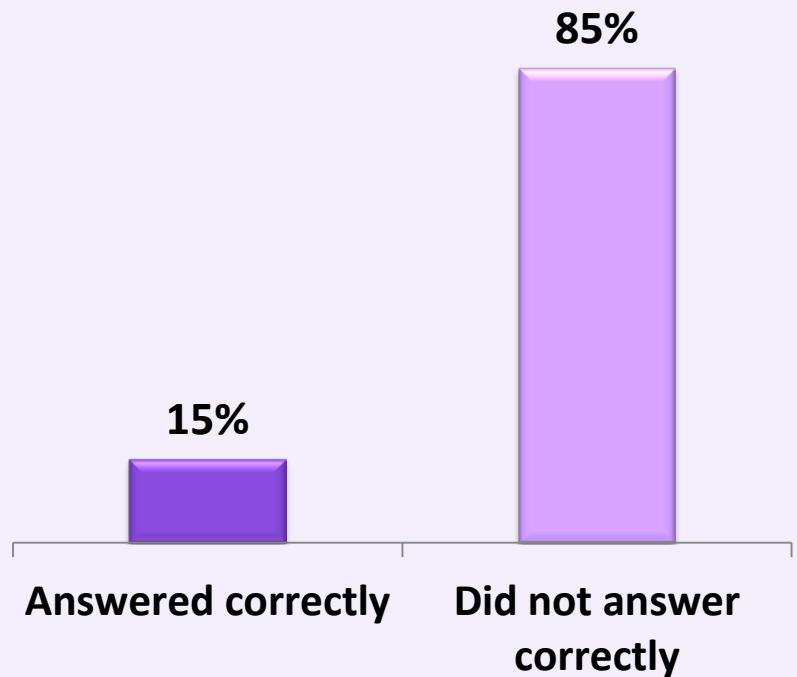


Knowledge of Cervical Cancer

Do you know what causes most cervical cancer? N=221



Of the Women that said they know what causes cervical cancer (N=60):



Es Tiempo to Correct Cancer Disparities

Percent of women who became compliant during the intervention period

46%



33%



Boyle Heights Intervention (n=1428) Pico Union No Intervention (n=745)

Chi-square $p < .001$

Percent of women who received a postcard and got a Pap Test

65%



34%



Boyle Heights Postcard + Outdoor Media (n=345) Pico Union Postcard Only (n=100)

Chi-square $p < .001$



Keck School of
Medicine of USC

USC Center for Health Equity in the Americas

Summary of Findings for Es Tiempo

- Environmental cues can serve as an annual reminder that “It’s Time” to either be screened for cervical cancer or get children vaccinated.
- Cultural and language specific elements can be incorporated into design to reach vulnerable populations.
- Although great progress has been made with the HPV vaccination, less so in cancer screening and early detection among Hispanic women.



Culturally proficient strategies for cancer prevention and control

- Cervical cancer can be averted through early screening
- But need to account for literacy, numeracy and language issues
- Reaching populations with culturally specific messaging that resonate well with the communities
- Increasing HPV vaccination to meet Healthy People 2020 goals can make cervical cancer a “disease of the past”
- Much education is still needed in our communities regarding early detection and HPV vaccination to meet these goals.



Culturally Proficient Strategies

- Communities play a critical role in eliminating health disparities
- Engaging communities in participatory research endeavors generates a win-win situation and ensures cultural congruency
- Understanding culture provides mechanisms to reach various communities in the most appropriate ways
- Social and Cultural assets are essential elements that can help make a difference in the elimination of health disparities in cervical cancer screening and HPV prevention and control



Conclusions

- Preserving the health of Latinos
- Using cultural values when developing interventions for Latinos
- Using the natural environment and environmental triggers may be an important mechanism to increase screening
- Narrative is a useful, but underutilized culturally relevant tool in health communication for Latinos
- Cultural narratives have the advantage of appealing to individuals from cultures with strong histories of storytelling.
- Culturally-based interventions may be particularly well suited for reducing health disparities among Latinos.



Conclusions

- Need to identify cultural elements that resonate best with particular communities, not same El Paso, Chicago, Watsonville, as Miami or Los Angeles
- Understand ways to best preserve elements of culture that provide positive outcomes in particular communities and appeal to broader audiences
- Work with local, municipal, state and federal governments, community health workers, promotores de salud and other elements in culturally based interventions that can make a difference at the community level
- Provide an effective way to intervene in vulnerable populations, in particular Latino immigrant groups at high risk for disease
- These are examples of cultural strategies that can be used not just in cervical cancer but also for other diseases



Questions?

Lourdes Baezconde-Garbanati, PhD, MPH
Professor in Preventive Medicine,
And
Director, Center for Health Equity
in the Americas,
Keck School of Medicine of the
University of Southern California (USC)

baezcond@hsc.usc.edu

<https://healthequityamericas.usc.edu/>



THANK YOU



Keck School of
Medicine of **USC**

USC Center for Health Equity in the Americas