Kicking Cancer out of your Community: Strategies for Cancer Prevention

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**Moderator:** Hello, and welcome to Public Health Live, the Third Thursday Breakfast Broadcast. I'm Rachel Breidster and I'll be your moderator today. Before we get started I would like to ask that you please fill out your online evaluations at the close of today's program. Continuing education credits are available after you complete a short post-test and your feedback is helpful in planning future programs. We encourage you to let us know what topics are of interest to you and how we can best meet your needs. As for today's program, we will be taking your questions throughout the hour by phone. Our toll free number is 1-800-452-0662 or you can e-mail us at any time throughout the hour at phlive.ny@gmail.com. Today's program is “Kicking Cancer out of your Communities: Innovative Strategies for Cancer Prevention.” Our guests are Suzanne Kuon, Director of Cancer Control Policy Initiatives at the New York State Department Bureau of Chronic Disease Control, Glynnis Hunt, Public Health Education Coordinator and Strategic Alliance Health Project Director for Schenectady County Public Health Services and Mary McFadden, the Supervising Public Health Educator at Broome County Health Department. Thank you all very much for being here. So we have a lot that we're going to talk about today. To get started, Suzanne, can you start by talking to us about cancer in New York State and what are some of the things we can do to prevent it.

**Suzanne:** Absolutely. The cancer is the second leading overall cause of death in New York State and the leading cause of death before the age of 65. We know as many as half of all cancers could be prevented through a commitment to healthier living. So regular cancer screenings, proper diet, physical activity, breastfeeding for the first year of life and reducing or preventing tobacco use are all known to reduce the incidence of cancer.

**Moderator:** So we have an idea of the types of things that can help reduce cancer. What specific strategies is New York State implementing to try to push those things along?

**Suzanne:** So the Centers for Disease Control and Prevention recommends policy change as one of the most effective strategies to make changes in population health. And the New York State Department of Health was awarded unique funding opportunities from the Centers for Disease Control and Prevention as one of 13 demonstration projects to development and implement a cancer specific policy agenda, which includes activities to advance policy systems and/or environmental changes to improve cancer control. So programs are required to implement policies that enhance primary, secondary and tertiary prevention of cancer. These would have a large reach out to the population. And in New York State, this project has helped cancer work move through the top of the health impact pyramid that you saw down to the lower levels of the pyramid to include population based health strategies. A population based approach looks at how we can impact the health of communities, shifting whole populations to a lower level of risk. So instead of concentrating at the top of the pyramid solely on individuals, the focus is to the communities, neighborhoods, cities, states and even the nation at times.

**Moderator:** Sure. So what do we have in place to guide these efforts? Because it sounds like there's a lot of different components when you're talking about that population based strategy.
Suzanne: So New York State has two kind of guiding documents that we look at. We look at the New York State comprehensive cancer control plan and the prevention agenda. And both these guides identify priorities for New York and to adjust ways that local health departments, hospitals and partners from health, business and education and community organizations can work together. And for this demonstration project, the focus is on policy interventions or changes that have the potential to decrease the cancer burden in New York State. And when we're talking about policy, I just want to make clear that we're talking about it broadly, which is to encompass laws, regulations or formal rules that an organization or municipality would adopt to help foster healthier choices.

Rachel: Thank you. And can you tell us can more about the community demonstration projects?

Suzanne: Absolutely. So in January 2013, the department began funding both the Broome County Health Department and Schenectady County Public Health Services to implement three cancer prevention and control initiatives. Both of these agencies receive around $100,000 to implement these three projects. Schenectady and Broome were able to start right away as they both had an infrastructure, expertise, and the capacity to implement the initiatives and both have significant experience, as you'll hear in a few moments, implementing evidence based chronic disease prevention programs.

Rachel: And what were the objectives for each of those programs?

Suzanne: So these are three very different initiatives that Schenectady and Broome undertook. The first is working with pediatric, obstetric and/or family practices to adopt formula free policies to support breastfeeding. So for example, a policy would ensure formula advertisements would not be part of the office environment. The second project is working with municipalities to ensure that paid leave policies for employees include the option of screening for breast, cervical and colorectal cancer. In New York, civil service employees have the benefit of using paid leave for breast or prostate screening. So Broome and Schenectady have been working to expand that policy to include colorectal and cervical screening. Lastly, they have been working with both municipalities and community organizations to implement food procurement standards, ensuring that healthier food options are available for employees and consumers of those food items.

Rachel: Excellent, well those sound like some well thought out objectives. So how do you get started? What are the first steps towards implementing the policies?

Suzanne: So they're actually, as you'll hear from Mary and Glynnis in a few moments, a multitude of steps needed to undertake these policy initiatives. But we started with training for both Schenectady and Broome and this is a very basic training at the beginning of this process to provide an introduction to policy work and a knowledge base as to how and why it works in communities. We provided the training in both Broome and Schenectady countries which allowed Mary and Glynnis, champions, stakeholders, partners to all come together to learn more about policy work and population-based strategies and how it would work in their community.
Moderator: So now you're talking about these champions and stakeholders. How do you work to get the support of the community? Certainly in public health we recognize the importance of these initiatives, but how do you get the community to come together?

Suzanne: So we use a multi-pronged approach. And you'll hear examples throughout this program. But four kind of approaches we use: educating and engaging communities, which refers to conducting target activities that educate the public about chronic disease issues with the intention of raising awareness and influencing individual opinions, beliefs, attitudes and behaviors. And community education may involve events earned and paid media or other, you know, ideas for information dissemination. And then mobilizing and empowering communities refers to engaging influential community members and organizations to publicly support and call for action to advance your chronic disease issue that you're working on. So really getting a champion and people to support your initiative. And then, of course, working with government decision makers by educating local, state, regional or national policymakers about the chronic disease initiative that you're working on and the importance of that policy change. Lastly, engaging organizational decision makers. So these are the people that can really make the change in your organization or your municipality and make that policy or program or practice come to life. Ideally, all of these are working in concert with one another, building support for the policy on many different levels.

Moderator: Great. Now, how do you -- once we've got those people on board, how do you ensure that the program stays on course?

Suzanne: So Schenectady and Broome have done a great job reporting on a series of program implementation measures that are linked to required work plan activities. The purpose of the program implementation measures is to provide important information on the steps that lead to the desired community outcomes we're looking for. Work plans drive program planning and ensure that contractor activities are on course. And the information from performance measurement is used to drive changes in programs activities as a program is implemented. So it's free flowing and work plans can change over time if something is not working. But a few examples of program implementation measures that they have been tracking are the number of demonstrations -- I'm sorry, the number of community education events they've had, the number of legislative visits they've done, the number of earned media hits they've received, those types of things we're looking at on a regular basis.

Moderator: Great. Now, how did you know the different program activities that you have, how did you know those would give you the outcomes you're looking for?

Suzanne: Well, that's really the reason evaluation is so important. It's an important component of this project as we want to document whether our approach to community change leads to the desired outcomes we're looking for. And the approach we've taken with this demonstration project is based on past successes with community change programs such as tobacco control and all the different initiatives we've seen around tobacco. So this logic model that you see right here describes how our program activities lead to desired changes in the community and the effects of these changes on health.
outcomes. The logic model depicts data collection activities that occur throughout the duration of this project to describe project impasse over time and document changes that occur as a result of the projects. And based on what we know about cancer prevention, we theorize that these policy changes will lead to long-term health outcomes associated with a healthier lifestyle and healthier behaviors and, in turn, decrease the incidence of cancer in our communities.

**Moderator:** Sure. That sounds terrific. I think research is definitely a critical component. Now, we had a chance to travel to Broome County and speak with Claudia Edwards about their paid leave initiatives in regards to preventive care.

**Video: Claudia Edwards:** So paid leave time for colorectal cancer screening and cancer screening in general is really important for municipalities to consider. And, of course, one of the primary reasons is quality of life, productivity and reducing health care costs. We know that 50,000 people die every year from colorectal cancer and it's the second leading cause of cancer death across the nation. So in Broome County, our screening rate for early detection of colorectal cancer is 47%. Nationally, the goal would be 80%. Our screening rates are slightly higher than the rest of New York State, but we still have a lot of work to do. We're hoping that this initiative will really push up the screening rate. The specific steps we took to educate decision makers and our elected officials for paid leave time begins with our orientation every year that we do for them. We provide all of our health department programs, a summary, it's actually a two-hour orientation and we invite the elected officials, especially the new ones, to come over to the health department and to learn about our programs. I also explained to them, if you do the cost-benefit of a screening versus full blown diagnosis for colorectal cancer, possibly getting an intestinal resection, possibly getting a colostomy bag, the chemotherapy, the radiation as opposed to the cost of the four hours off plus the actual colorectal screening, there's no comparison. The champion we had was actually, first of all, the county executive who was promoting this. She helped us promote this. She got the personnel department on board to support it and she talked to the chair of the legislature and she promoted it to him. And then he became our champion because of his personal experience to move it down throughout all of the legislative representatives. The pushback that we got was very minimal and wasn't really even pushback. There was some question, how were we going to determine that employees were actually using the time appropriately? Once that was solved, then there really wasn't any pushback. Well, we actually are going to be kicking off an employee awareness campaign in October. What we're going to do is work through the county website and do informational pieces, the health department has recently started a bimonthly newsletter. We will be having information in there on a regular basis. So it's really rolling out that advocacy and awareness campaign.

**Moderator:** So it was great to be able to go out to Broome County and hear directly from some of the folks out there. Mary, we've got you here. Can you talk to us more about some of was going on in Broome County and the paid leave initiative that's going on?

**Mary:** I'd be happy to, Rachel. On October 17th, 2013, the Broome County legislature amended our paid leave time to include colorectal cancer screening. This is in addition to the already passed New York State legislation for breast and prostate cancer screening. Our process took about 8 months and in the next few minutes, I’m going to talk about the strategies that Suzanne discussed earlier. I'd like to
introduce our project team, led by Claudia Edwards and we have Diana O’Hora, Stacey McCabe and Marissa Lamphere who led the efforts on the paid leave time.

**Moderator:** Great and I understand one of the things you found to be important was identifying a champion. Can you talk about how you identified that person and why it's so important?

**Mary:** Yes. Claudia talked about engaging our Broome County Executive, Debbie Preston, who has been a very large supporter of all of our public health initiatives. Debbie, in her former role at the town of Conklin provided a collaboration with us on a walkable community effort. We felt it was really important to engage the top leadership in this initiative because it would be easier to work it downward. And with Debbie’s support, she was able to engage the Chairman of the Legislature as a champion, as well.

**Moderator:** And so when it came to educating government decision makers on paid leave time, what activities did you find to be helpful in moving that forward?

**Mary:** Certainly building on existing relationships. As Claudia spoke about, we do an orientation for our legislature to ensure that they know about the public health initiatives that we're working on and to provide them with an opportunity to champion these initiatives. We've had legislators that have led a countywide trans-fat ban, an employee breast-feeding policy. So it's important that we use our existing relationships and build on those. And then engaging those champions which are our Broome County Executive and the Chairman of the Legislature. In addition, it's always good to have the questions prepared of, you know, why is this so important and what is the cost benefit on of it? As we know, early detection clearly is economical. Not to mention the quality of life for the employee and the productivity. The union relationship was also important making sure our union was on board, who unanimously was. But the Broome County Executive was instrumental in getting our Broome County Department of Personnel director involved who talked to the unions about the paid leave time. Lastly, we did an education session with our health committee. It's a five-member committee of the Broome County Legislature and we provided them with that information of why is it so important to have a paid leave policy and what is the benefit from it?

**Moderator:** Great. So it sounds like you really did your homework before approaching these individuals.

**Mary:** Yes.

**Moderator:** Now, how did you garner support from other decision makers?

**Mary:** Well, in Broome County, we have 15 county legislatures representing the 15 districts. So the secondary champion, the Chair of the Legislature, was very important in educating and helping to educate along with our public health director, the other legislators so that we could get everyone fully on board. So we provided that information to them and they unanimously supported the effort.

**Moderator:** That’s excellent. Now, in addition to having the legislators on board and kind of getting people at the top to understand where you were coming from, you also involved a number of
community partners. Can you talk to us about who they were and how you engaged them in the process?

Mary: Certainly. First of all, we had our American Cancer Society partner heavily involved in this. As we know, partners are critical to mobilizing efforts such as this because it's a mutually beneficial relationship. So when the Broome County legislature enacted the policy, we had the American Cancer Society, Theresa Tolokonsky, who is the Legislative Director of the American Cancer Action Network come and present the Broome County legislature, the Broome County Executive, our Department of Personnel director a certificate of excellence in providing this paid leave time to the community.

Moderator: Fantastic. Now what were some of the specific steps you used to engage members of the community?

Mary: Well, first and foremost, our cancer services program is a critical partner in this effort. And what we did was we sat down with them and established a promotion, communication plan that would help to promote the different awareness months of cancer prevention activities. We did a lot of education with our employees to notify them of why this paid leave time is so important and that it is available to them. If you're not able to gain the support of your top officials immediately, you could do some surveying of the employees and find out what their knowledge, attitudes and behaviors are around the screening efforts and then present this information to the leadership. And gain their support that way.

Moderator: Did you partner with local health care systems or other individuals, as well?

Mary: Yes, we did. We had our two major health care systems who help in sponsoring employee health screenings. So we have had the mobile mammography unit available to the Broome County government employees. We also helped partners engage in a 12-month breast cancer press release plan and we enlisted community partners to participate in those communication plans by doing very different media and earned media activities.

Moderator: So quite a few different ways that you engaged quite a number of individuals and agencies. Talk to us a little bit about how you worked with them directly.

Mary: Well, our two local major hospital health care systems have a lot of ability to expand our messaging. And reach the populations. More than we can -- we don't have that capacity. So they were able to, for example, during March colorectal cancer screening month was able to get the message out about the importance of screening. And provide that larger breadth and scope of media services.

Moderator: That’s terrific. Now, it sounds like a great program, a lot of great components, a lot of activities going on. Can you talk to the audience to give them some suggestions about how you started this initiative or what steps they might take if they were interested in starting a similar initiative in their county?

Mary: First of all, engaging your leadership team members to be advocates and leaders for initiatives such as the paid leave time, providing them with the communication materials, the policy drafts, so that
they could advocate in their areas of employment about getting the paid leave time passed. And that's what we have done.

**Moderator:** Great. Now, Glynnis, you've been sitting here, you're from Schenectady county. I understand the second cancer prevention initiative used by these demonstration projects is related to food procurement.

**Glynnis:** Right.

**Moderator:** Can you talk to us about that?

**Glynnis:** Sure. Food procurement is essentially food purchasing. We're working with community based organizations and municipalities have these organizations adopt nutritional standards and have policies in place for that. These groups provide a significant number of meals to people that they serve and these folks really have the opportunity to change the eating habits of folks who work, live, or visit these locations.

**Moderator:** Okay. Now, in Schenectady County, you've used some interesting strategies to educate and engage communities on food procurement. Can you share some examples with us?

**Glynnis:** Sure. The first example I'm going to share is a facility that we've been working with, Conifer Park, it's a 225 bed substance abuse facility and they serve approximately 250,000 meals per year. What we started with was to assess their current nutritional standards and see how those measure up against the New York State food policy council nutritional standards. After we did that, we decided to take a look at one category of food at a time. So we began by identifying the category that we wanted to work on and develop a timeline to look at those types of foods and how we could replace those with foods that did meet the nutritional standard. So one of the examples that we had a little bit of difficulty with was with snacks. And what we found was that they needed to have snacks that were prepackaged. As we know with prepackaged foods, a lot of those are processed foods. So we needed to find foods that were meeting nutritional standards and also prepackaged. Those folks are really -- they need that type of food within the facility. So what we decided to do was to reach out to the food distributor and have him help us to identify these products. Fortunately he was able to help us do that. A couple of the snacks were replaced with ones that did meet the nutritional standards.

**Moderator:** What was the outcome for Conifer Park? Were they successful in being able to replace the food items?

**Glynnis:** Yes, they were. They're very close to meeting their policy. We have awarded them a certificate of excellence and we're very proud of the work that we do. You can see on there to the right is Sara Teich. She's the coordinator of this program and she's led the effort with Conifer Park and their staff and food service director.

**Moderator:** That sounds like a terrific outcome. That was talking about working with a specific policy -- or a specific location to change the food procurement guidelines. Can you talk about working within a county or a community?
**Glynnis**: Yeah. We were really fortunate to have a town in Schenectady County reach out to us and that's the town, Niskayuna, where I am a resident of. So I'm very proud of the work that they've done. We were approached by the senior services directors that really reached out to us. They were trying to attract younger seniors to use their facility. What they found was that seniors would come to the facility but wouldn't necessarily eat the meals. We wanted to look at changing some of those meals to become healthier. We had early buy-in from the town supervisor, Joe Landry, and a board member, Julie McConnell. They're very supportive of this initiative. So we started by providing the senior center some technical assistance with cooking techniques, portion sizes, and recipe development. The food services directors really took this on. They were the champions of this effort, Cindy Desso and Rosemarie Mullaney. They really tightened up their purchasing system so that only foods that met the nutritional standards could be purchased. They worked with a local grocery store who was able to help them problem solve when they couldn't find the products. For example, they had a difficult time finding products such as shredded cheese, prepackaged shredded cheeses that met the standards. So the grocer said, we have those in our deli, we'll shred them for you and those will meet the nutritional standards. So a simple fix like that. They also were able to get a personal shopper. She goes through the grocery store with them every week and helps identify products that are close to meeting or do meet the nutritional standards. Also what she can do is shop the sales with them so they can fit within their budget.

**Moderator**: That's excellent. I would imagine that's a challenge, getting the foods that meet the standards but stay within the budget that they have.

**Glynnis**: Absolutely and sometimes healthier foods are a little bit more expensive, but they've been able to find foods that work around this.

**Moderator**: That's great. Now, what was the outcome once they replaced all of these foods? How did they display them or let folks share in the results of having these better foods?

**Glynnis**: Really, we kicked it off by having a taste testing event. We held this in March. You can see on the slide the flyer that they developed, they put it up on their website and it was spread throughout the town of Niskayuna, they attracted many more seniors to the center. We had Joe Landry and Julie McConnell, the town leadership there to help us survey the folks there to see were these meals acceptable to them. Most of the responses that we got were very positive.

**Moderator**: Excellent. I'm glad to hear that. Mary, turning back to you for a minute, how did you go about presenting the different changes in policy related to the foods in Broome County?

**Mary**: Well, very similar to what Glynnis has done, we followed the same process and procedure in Broome County. Our Broome county central foods and nutrition services provides about 1.8 million meals a year to various institutions throughout Broome County. We have senior centers, 19 of them. We have 38 Meals on Wheels route recipients, we have the Willow Point Nursing Home, child care centers and the Broome County Jail who are all served by our food and nutrition services.

**Moderator**: So what was the process in moving towards the implementation of the newer standards?
Mary: Just like the paid leave time, Rachel, we needed to involve top leadership. We needed to gain the buy in because anything like that is going to impact cost, we needed to ensure that there was top buy in. So once again, we have our champion who was our Broome County Executive, Debbie Preston, talked about, you know, the background of the issue, the return on investment, and I have to quote Debbie when I say that a reporter asked her at a press conference when we were unveiling the nutrition standards about the cost issue and she said, “anything we can do to prevent any more cancer cases in Broome County, we’re going to do it. so that little extra money is going to go a long way.”

Moderator: That’s fantastic that you’ve got her buy in. Now, what about providing training for staff and other folks, maybe people who you have to get on board who aren't as immediately invested as Debbie?

Mary: Certainly. This food procurement initiative is very new. We had to do a lot of training at the staff nutrition services program and as well as the vendors. The vendors needed to know what foods will fit these standards. So we provided training for both groups. We also had to talk about substituting, you know, making sure that they're not substituting products, that they are really looking for those that meet the standards. And right now, we're building the demand to the food industry to make sure they can meet those standards. Both Glynnis and I had a sodium reduction initiative program. We knew right then and there, lower sodium products were hard to find and they cost more. We had to do a lot of education in that. The first thing we also did was look at all the different nutrition categories, the canned goods, the dry foods, the frozen, the dairy, the meats, and we found out what levels the nutrition standards currently were meeting and what we needed to do to move forward. So it was an incremental approach.

Moderator: Once you had all of that identified, how did you get the word out? How did you spread this message to folks?

Mary: Once again, here come our community partners who were very instrumental in making sure that message got out there. We didn’t really have a fact sheet. We enlisted the help of our rural health network partner to develop a food procurement fact sheet that went out to 800 members on their distribution lift talking about what the importance was, what the return on investment was to elected officials and to potential policy makers in the organizations that we were enlisting.

Moderator: So certainly you've had some great buy in from some of your officials and some great partners throughout the community. But I would imagine you also faced some challenges or barriers. Can you talk a little bit about those and how those came up for you?

Mary: Certainly. In the challenges, again, we’re really trying to find the products that met the standards. So, you know, there were -- was a product in a certain category that was close to the standard but didn't meet it, you know, that’s an issue. So, again, building the demand to the food manufacturers that we need products that meet these standards. So educating the vendors on that was critical.

Moderator: And then overcoming those barriers, did you have partners in that or what were some of the steps you took?
Mary: Using the phased in approach, category by food category, just to see what we currently could gain in terms of products that met the standards and then what was coming. So the next thing we will be doing is big conferences with vendors to assure we have all the vendors at the table so that we can, again, try to drive the cost down by gaining that bigger purchasing power.

Moderator: Fantastic. Now, we went to the Scotia-Glenville family medicine and talked with Doctor Pezullo about the implementation of formula-free policies in his medical office.

Video: Dr. John Pezullo: My name is Dr. John Pezullo and I am a family physician in Glenville, New York. I have been here for over twenty years, this is my hometown and my goal was to come back and serve the community I grew up in. When we first started, there was actually a big push. Most women wanted to breastfeed. And that was across all patient populations and demographics. And then maybe about 15 years ago, there was a shift away from that. And I think it was probably a generational thing. Young mothers wanted to just get back to work, thought it was the thing to do. Maybe give it a try for a few months and say, okay, I’m done, I did my share. I would say over the past ten years, maybe a little less than that, the pendulum shifts back to the more natural forms. When the health department first approached us, the two nurses were the first two people that we wanted to talk to. We have two nurses that are certified lactation consultants. They’ve been employed there for, oh, at least ten years. So even prior to this, we’ve always used them as resources. We went along with the health department’s options and ideas and we took out advertising in our waiting room for formulas. We’ve always had room in our exam rooms or at least we have time in our exam room for moms. I think we’re going to put some signs up in the waiting room to make it a more friendly environment, just the sign saying that this is a breastfeeding friendly area and where hopefully, not just the mother, but other patients will feel comfortable enough and recognize that this is our philosophy. It’s fascinating that now there has to be a policy for something we have always done for over twenty years in our practice. Our philosophy, my partners and I, have always been big advocates for all of our patients at every age.

Moderator: So it's great to hear from Dr. Pezullo. I think we have time to discuss one more of these strategies here. Glynnis, can you talk about the formula free policies to support breast-feeding, pediatric, obstetric practices?

Glynnis: Sure, we’ve been really fortunate to have a couple practices come on board with us. It’s not an easy initiative. We are encouraging pediatric and obstetric and family practices to adopt policies that eliminate the distribution of free formula and other sponsored materials such as pamphlets, note pads or gifts that have formula family logos on them. We started with practices that had certified lactation counselors as part of their staff and practices with mid wives. The practices were very well known to us and with he knew they were breast-feeding advocates.

Moderator: What made you decide to target medical providers for this initiative?

Glynnis: We’ll all know we usually tend to do what doctors tell us to do. So we knew that multiple studies had shown us that provider encouragement of breast-feeding is really essential to whether a mother chooses to breast-feed or not and also how long that mother is able to breast-feed. Numerous studies have shown us this. You can see a quote here that says that in populations that traditionally are
less likely to breast-feed, provider encouragement significantly increased the breast-feeding initiative. Three-fold among low income young, less educated women, five-fold among black women and nearly 11-fold by single women. So we know that in these groups, there are health disparities and these are the groups that we really need to target. So that makes sense, then, to target the medical providers. Now, how do you get the word out? Are there any publications or documents where people can find more information?

**Glynnis:** There are definitely documents that provide more information. The slide before cited a study. Certainly if you were to go on multiple websites, there are -- there is a lot of information about that. It's very well documented.

**Moderator:** Excellent. Now, you touched on some of the successful strategies to implementing food procurement methods when we were talking before. What challenges or barriers have you experienced?

**Glynnis:** There were a couple of barriers that providers came up with for us. And we really listened to providers to determine what sort of barriers there were within their practices. Sometimes we know just when we visit doctor's offices ourselves that providers are very busy people. So that we knew that they needed some support in this. So we wanted to also find out what was important to them. Is this even a priority for them? Is this something that they're willing to discuss; removing formula from their practices or changing layout of their facility? And our goal was to find out how we can assist them in meeting their goals. Like I said, we spent a lot of time listening to them. And one of the barriers that kept coming up was how do they support moms who want to go back to work and breast-feed? Fortunately, in April of 2013, Medicaid started covering and reimbursing for breast pumps. Another barrier is the reimbursement for these types of visits, breast-feeding, education or a check-in visit. What we found was that there are new icd-9 codes that providers can use, whether it be an MD or an IBCLC that can actually charge for those visits, so reimbursement was no longer an issue. We go through the barriers that they bring us to us and try to address those one by one.

**Moderator:** Fantastic. Now, I'm going back up just for a moment and ask, in determining that you wanted to do this, what were some of the steps that you took when working with medical providers? Because everything you've done so far, it seems like you have a process. What was the reason behind doing this or what steps did you take to assess the need? Essentially, we did need to do an assessment. We went in and did some visual observations of the office. What did the office look like to mothers? Were there formula coupons up on bulletin boards? Did the clipboard have a formula advertisement on it? When filling out paperwork, what did the people see? Did they have a pen that a formula company provided? We wanted to remove these formula advertisements and replace them with breast-feeding education materials or images of women breast-feeding. We found that the formula advertisements may be interpreted by the patient that the physician is supportive of formula feeding or that he or she is endorsing a specific type of formula. So we also needed to assess the staff's training needs. Whether it's a pediatrician, an ob/gyn, or a family practitioner, we know that a lot of these folks during their medical training don't receive a lot of education on nutrition and breast-feeding in particular. So they may need more intensive training. Nurses really benefited from assessment and
technique driven education. Since we knew the nurses were probably going to be the ones that receive the phone calls, we're triaging the phone calls from women having some issues breast-feeding. We also wanted to train the front desk staff to know about the initiative and to become breast feeding advocates. So we all know that all of these folks within the office play a significant role in it becoming a breast-feeding friendly practice.

**Moderator:** That's excellent and it reminds me of last month's broadcast on breast-feeding and the importance of promoting breast-feeding and trying to get those messages of the -- you know, the subtle formula advertisements on the pens and pads and trying to get that out of the office.

**Glynnis:** Exactly. What were some of the lessons that you learned? We found there's no one right policy; that we needed to develop a policy that was going to work for that particular type of practice, whether it was obstetrics, pediatrician or a family practitioner. And we needed to take a step-by-step approach. We knew that it needed to be a gradual change and that if we went in and asked for a complete overhaul that was not realistic for these offices. We also identify key leaders, office champions. These are enthusiastic supporters that are in the office all the time and they can provide breast-feeding education to providers, to nurses, to office staff, on a regular basis. They keep the issue alive in the office.

**Moderator:** That's fantastic. Now, how have you been able to engage your partners on this initiative?

**Glynnis:** Well, like Mary said, we really have engaged our partners by helping us to obtain media coverage of this issue. We've had some interesting letters go in. We had a daughter write a letter to the editor thanking her father for supporting her mother to breast-feed and that was published. We did that in conjunction with Father's Day. We also had another letter published -- that was written by Dr. Pezullo, and Dr. Pezullo is a well-respected, well-known leader and physician within our community and he got a lot of positive feedback from that. We've been providing education, general education on our local television stations and on public radio and we've used our partners' Facebook and Twitter accounts to really promote breast-feeding education events, such as The Great Latch On and World Breast-Feeding week.

**Moderator:** So certainly lots of different ways to use your partners to help move this initiative forward.

**Glynnis:** Exactly.

**Moderator:** Now, what about the providers? And I understand Dr. Pezullo seemed like he was on board from the get-go. But how did you begin the work of engaging different providers?

**Glynnis:** Again, we needed to take a multi-pronged approach. We were very fortunate that the former Commissioner of Health in the state of New York, right at the beginning of this initiative, sent out a letter to those practices that were identified in Schenectady and in Broome county, introducing the initiative and letting them know that we may come knocking on the door and asking for their assistance in working with us. We've also gone into providers' offices and done one-on-one, very short, ten-minute educational visits using the principals of academic detailing and utilizing the materials that were
developed by the New York State Department of Health. And you can see on the left there that that is a very well done educational item that New York State Department of Health worked with us to develop. So it kind of worked along with the formula companies and what they were providing. It looked very similar to that.

**Moderator:** That's fantastic. Again, going back to the whole show that we had, I’m not sure if you saw it, the Breastfeeding Grand Rounds last month, that was a big part of what we talked about, you know the formula companies have all of this money to do the marketing. How are we going to combat that and get the other message out there especially when it’s so subliminal?

**Glynnis:** Right.

**Moderator:** Now, how have you educated government decision makers about these initiatives? You've got your partners and you’re working on engaging the medical providers, as well. So what about government decision makers? How have you found -- are they on board? How do you get them on board?

**Glynnis:** Well, as Mary and Suzanne said, this is really a key piece for all three initiatives. The government decision makers, key stakeholders--we really needed to spend time with them, educating them on the initiative, the best-practices with these initiatives, and utilizing our partners, as well. We have a great relationship, like Mary does, with the Cancer Services Program within our region. They have some great relationships with assemblymen, congressmen, local legislators that we were able to piggyback with them on mutual visits and provide education on these topics. We take articles out of the paper and mail them to our county legislators. We do a lot of one-on-one visits. Anything we really can do to bring this to the forefront for them.

**Moderator:** Well, it certainly sounds like from the top at the New York State Department of Health to the individual county examples, there's a lot of work going on. There's a lot going into the different components of the program. And I thank you for sharing all of that with us. We have time for a few questions from our audience. The first that we got, “now that you have the colorectal leave policy in place, how do you plan to promote it to employees and administration?”

**Mary:** Well, that's one of the first agenda items on our work plan this year is to really try to use all forms of media, both internally and externally, to let employees know about this paid leave time and the importance of it. We've talked with our director of personnel about tracking it so that we have a form of evaluation, so that we have an electronic time sheet now that they're going to look at to see how we can track the specific breast, colorectal, cervical cancer screening, paid leave time.

**Moderator:** Excellent. Now, can this model be used to address other chronic diseases, do you think? It certainly sounds like there's a lot going on and it seems like a great idea for reducing cancer in the community. But what about other chronic diseases? And this might be a question for you at the Bureau of Chronic Disease Control.
Suzanne: Absolutely. I mentioned earlier that we really modelled this after tobacco control successes where we see the Clean Indoor Air Act, the high tax we have in New York State, so I know Mary and Glynnis both, too, have examples of very successful health change programs in their communities. Sodium, Complete Streets, so there's numerous examples that integrate these strategies.

Moderator: Terrific. Do either of you want to elaborate on—I know we did a broadcast on the Sodium initiative—I believe it was last March. We went out to Broome county and the program they have at the

Mary: Yep. It demonstrates all the strategies, engaging the decision makers, engaging the communities partners, mobilizing efforts. And then in developing that communication plan that really gets it out there, the message and why it's so important.

Moderator: Is there a plan for sustainability in terms of financial and resources allocated so that these programs can continue their work in the community or possibly even expand?

Suzanne: I think both Schenectady and Broome are looking at ways at how they can sustain the work that has already been done in their communities. And again, this is one of those reasons we are doing this approach; having policies so if for example, in a medical facility your champion leaves or your doctor that has been an advocate for this project leaves, you then have a policy that's still part of the practice. The same with the food procurement and the paid leave. Once something is a policy, the hope is it sustains, you know, for a long period of time. That's just the rule, the regulation of the municipality or organization.

Moderator: And how can the project implementation measures -- or how can the project implementation measure the number of community events, the number of visits with organizational decision makers, how can those be used to continually improve those programs? So the different program implementation measures, such as community events or the number of visits, how can you use those to -- I guess, evaluate what's going on and then continually improve upon the programs to make them more effective in the future?

Glynnis: Well, I think, you know, we do a lot of those. You know, it's process measures. That's what you're talking about there. But really, the step-by-step approach, we're evaluating that throughout the projects. This is a demonstration project, so we know there's not one right way to do it. So we're really doing, within those evaluation measures, we do a lot of writing about what were the steps that we took? Did they work? Did they not work? How did we find work arounds for that? So we're continually evaluating. We have great communication with Suzanne and her colleagues at the New York State Department of Health. We community with Broome County regularly. What worked for you? What didn't work for you? How can we change that? So while we do collect a lot of process measures, we're doing evaluations all the way through the process.

Suzanne: If i could just add, when we are looking at these events that have happened or haven't happened, we can easily change, as Glynnis alluded to, the work that we're doing. If we're finding it's really hard to get into medical practices, we'll see maybe there weren't -- you know, we couldn't get in anywhere this month, there were no visits, there were no educational visits. So what could we do to
change up the work plan that might promote, you know, those medical offices from wanting to see us? Like what are the barriers and, you know, how can those be addressed? So we'll kind of take a look and see what happened the previous month and if we need to make any changes.

**Moderator:** Terrific. So I mean, ultimately, all of these conversations are aimed at reducing the cancer burden. Are there plans--is there a timeline, you happen, at the end of this program or at the end of this year we're going to look at cancer incidence or prevalence or is that too far out in the future?

**Suzanne:** No. I think -- it's part of our -- this project, this demonstration project has another year-ish to go. So we'll kind of take a look to see what measures that we can look at. We don't get, you know, measures every year on every initiative. But we will look and we hope to expand the work that Schenectady and Broome are doing in the future throughout this state. Then we'll have a better way of measuring, as well, what's working and what's not and how it's affecting our rates.

**Moderator:** So I would imagine that would be difficult to measure because so much of this -- like you've got to commit to it and put the work in for a certain amount of time before you can see the results. Do you anticipate that that will be a challenge in getting people to stay on board or --

**Suzanne:** Well population based strategy work, that has been one of the challenges as I saw in tobacco and I think we see in the programs that we're working in. It takes a long time. It takes a long time to get a policy in place, to implement it, and then to see changes occur. So I think the education piece is something we need to continue with. Once we get a policy in place, that doesn't end. The education needs to continue. So, you know, people are aware of this policy and then it will take a while to see change. We didn't see the smoking rates change overnight once we got the Clean Indoor Air Act. It took some time, but then you eventually see change. That's what we're anticipating, you know, with these types of programs, as well.

**Moderator:** All right. We're just about out of time, but is there any last-minute thoughts you'd like to share with our audience, either about your experience working on these different initiatives, suggestions for the audience on how they can find more information, anything last minute you'd like to share with our guests we would be happy to hear.

**Mary:** We certainly are available for any technical assistance or support if any other community is interested in doing that. I know, Glynnis is, too, and we would offer that support and any dissemination items we come up with people are welcome to have.

**Suzanne:** I mentioned the why-policy training in Schenectady and Broome. We do have a booklet. It was up on the screen, like why policy works. We have extra copies of those. We're happy to share. Anything we've developed we're happy to share with communities and organizations that are excited to do this kind of work.

**Moderator:** Great. Just as a reminder to our audience, all of the slides that were seen on today's show can be viewed on our website www.phlive.org. So all of the information that was covered, any contact information can be printed out there in the handout section of the webpage. And I'd like to thank you all
for being here. Thank you for sharing the information throughout the show. I think this is a lot of really good information on a very, very important topic. Thank you.

**All Speakers:** Thank you.

**Moderator:** And thank you very much for joining us today. Please remember to fill out your evaluations online. Your feedback is always helpful to the development of our programs and continuing education credits are available. To obtain nurse continuing education hours, CME and CHES credits, learners must visit [www.phlive.org](http://www.phlive.org) and complete an evaluation and post-test for today's offering. Additional information on upcoming webcasts and relevant topics can be found on our Facebook page. Don’t forget to ‘like’ us on Facebook to stay up to date. This webcast will be available on demand on our website within two weeks of our show. Please join us for our next webcast on October 16th: Dental Health in New York State Children: A Way to Keep Kids Smiling. I’m Rachel Breidster, thank you for joining us on Public Health Live.