Cancer in African American Men in South Carolina – Action Report

Background

In 2019, the South Carolina Cancer Alliance (Alliance) and South Carolina Department of Health and Environmental Control (SC-DHEC) jointly issued a report entitled "Cancer in African American Men in South Carolina". In response to the stark data indicating that African American men are dying from cancer at a higher rate than their counterparts in the state, the Alliance hosted an event on December 5, 2019 called "Blue Granite Day".

Blue granite is the official state stone of South Carolina. When the House Bill No. 1808 designating this symbol was passed in 1969, legislators declared that it had been used "to beautify all areas of South Carolina." In essence, Blue Granite Day was about beautifying all areas of South Carolina by engaging influencers from across the state to work together to identify how to reduce cancer occurrences and death rates among African American men.

Nearly 35 influencers participated in Blue Granite Day. Participants heard the stories, statistics and contributing factors adversely affecting cancer rates of African American men in South Carolina. Drawing from the collective experience and creativity of those present in the room, nearly 80 ideas and solutions were brainstormed to address the socio-economic, behavioral, biological and psychological factors. In addition to brainstorming solutions, participants left Blue Granite Day each having made a personal commitment to work to address the health disparities within their own sphere of influence. Personal commitments spanned a wide range of actions including advocacy, creation of educational materials and presentations to share with churches, speaking engagements, and outreach efforts within businesses and surrounding communities.

Moving from Ideas to Action

Following Blue Granite Day, the Alliance approved the formation of a subcommittee who were tasked with prioritizing the recommendations brainstormed on Blue Granite Day, then develop short-term and long-term goals for implementing the highest priority solutions. Prioritization criteria were defined in order for the subcommittee to qualitatively and consistently evaluate each idea. The Prioritization Criteria were as follows:

1. This idea improves early detection of cancers. (Responses: Low, Medium, High)
2. How quickly could this idea realistically be implemented? (Responses: < 6 months, 6-18 months, >18 months)
3. How realistic is it that we get strong support from key decision-makers to implement this idea? (Responses: Low, Medium, High)

Subcommittee members individually evaluated the ideas using the prioritization criteria. Numeric values were assigned to responses in order to quantify how each idea met the prioritization criteria. The numeric values were averaged to calculate an overall score for each idea. Ideas were sorted based on their overall score so that top-scoring projects (i.e. those that have highest impact, shortest implementation and highest possibility for support) rose to the top of the list. These projects were divided into four categories – Provider Education, Public Education, Policy, and Expansion of Access to Healthcare. For the purpose of this grant opportunity we will only focus on the Public Education recommendations. Ideas were sorted based on whether they could be implemented in the short-term (i.e. next 6 months) or longer-term (longer than 6 months).

The subcommittee members then divided into four work teams focusing on one of the four aforementioned categories. The work teams were tasked with selecting top scoring ideas from their list to implement within the next 6 months, identifying partners and key stakeholders for their work teams' focus area and creating an action plan to implement the selected ideas.

Action Plans

The work teams produced the following action plans and identified partners and stakeholders as described on the following pages.

Public Education Work Team

Broad Bucket	Idea/Suggestion/Solution	Prioritization Criteria #1: This idea improves early detection of cancers	Prioritization Criteria #2: How quickly could this idea realistically be implemented?	Prioritization Criteria #3: How realistic is it that we get strong support from key decision-makers to implement this idea?	Priority Level
Public Education	Increase grassroots efforts – the people who need the information aren't going to the place to get care, so we go to them; Increase community-clinical linkages by taking clinical services into communities	7.50	4.50	6.50	219
Public Education	Promote self-advocacy - Empower SC citizens (especially African American men) to seek care and advocate for themselves	7.00	4.50	6.00	189
Public Education	Increase education about the importance of knowing your family history and discussing it with your doctor	6.71	3.86	7.29	189
Public Education	Increase the identification and training of community champions and Community Health Workers (CHWs)	6.71	5.00	5.57	187
Public Education	Increase the importance of informed shared decision making and health literacy among patients and providers (i.e. Primary Care Physicians, Oncologist, Pharmacists, etc.)	7.29	3.86	5.57	157
Public Education	Increase promotion and advertisement from role models to advocate preventive health care and routine screenings	5.50	4.00	6.50	143
Public Education	Increase Health Access Promotion; Encourage women to urge or bring men in for screenings.	6.14	3.29	7.00	141

Prioritization Criteria #1: "L" = Low impact to early detection, "M" = Moderate impact to early detection, "H" = High impact to early detection

Prioritization Criteria #2 "L" = Low - could easily implement within the next 6 months, "M" = Medium - could implement within the next 6-18 month, "H" = High -will take > 18 months to implement

Prioritization Criteria #3: "L" = Low - Unlikely to get support from decision makers who could make the idea happen, "M" = Medium - Likely to get support from decision makers who could make the idea happen, "H" = High - Highly likely to get support from decision makers who could make the idea happen

Priority Level: Product of Criteria 1 x Criteria 2 x Criteria 3

Public Education Work Team Continued

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Public Education	Increase/Enhance family education opportunities	6.71	3.29	6.14	136
Public Education	Provide Men's Health Symposium Road Show with testing provided modeled after Darlington event	6.00	3.00	7.50	135
Public Education	Provide health events at barber shops	6.00	3.00	7.50	135
Public Education	Increase Health Initiatives - Challenge African American (AA) fraternities, sororities, and churches to expand or initiate a focus on AA men's health issues	6.00	4.50	5.00	135
Public Education	Increase awareness that the high rates of cancer among African American men is unacceptable; Share from community to state legislature levels through multi-media	6.71	3.29	5.57	123
Public Education	Work with Medicaid providers to promote and develop campaigns for screening (HPV, breast, colon, etc.). Increase the promotion and development of health campaigns such as HPV vaccinations, colorectal cancer, prostate cancer, etc.	6.14	3.86	5.00	118

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Public Education	Promote WIIFM (What's In It For Me) campaign to increase education and address "I don't know what a lot of these cancers are or how I would get them. So it doesn't seem like it's important that I think about them."	5.00	3.86	6.14	118
Public Education	Develop targeted one-page handout by age and education level with screening guidelines developed for informed decision making	5.00	3.00	7.50	113
Public Education	Increase use of social media (Facebook, Twitter, Instagram, Tic Tok, and other apps) to get information out	6.00	2.00	7.00	84
Public Education	Establish a campaign for healthy churches. Each instate a "No Smoking Block" with signage; Promote DHEC's faith-based smoking cessation policies and campaigns with use of "no smoking" signage	5.00	2.00	7.00	70
Public Education	Simple and free community resource tool (education/screening/treatment guide)	4.25	3.00	5.00	64
Public Education	Use of public radio and television to educate	6.71	1.57	5.00	53
Public Education	Implement a special cancer awareness education program designed for African American men to be promoted directly to African American men's groups	7.29	5.86	6.71	287
Public Education	Enlist women in our communities to be educated on how to best help motivate African American men/sons to go to the doctor for regular checkups	6.71	3.29	7.29	161
Public Education	Genetic/Molecular testing - how can we empower SC citizens (Healthcare professionals, patients) to include this as standard of care, as appropriate?	7.29	8.14	3.86	229

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Next Steps and Accountability

Work teams will implement their action plans and provide monthly progress reports to the full subcommittee. The Alliance will provide ongoing support and accountability to the work teams and will share progress and recommendations with their state-wide partners.

Closing

Working together as partners to address this public health issue can help increase new perspectives, enhance varied skill sets, and provide a wider set of resources. Partnering with an organization from a different industry or background can help fill needed gaps to decrease cancer in African American men in our state. The S.C. Department of Health and Environmental Control Division of Cancer Division encourages stakeholders to bring to bear the actions mentioned in this report, as well as other evidence-based initiatives perhaps not noted. Consider collaborative, out of the box, yet targeted planning, application, and policy development for such strategies as telehealth, community-clinical linkages (e.g. mobile screening units), and patient navigation. Aim to develop workforces and teams that reflect the communities in which you serve. From the recruitment and hiring of your physicians and team members, to the identification and recruitment of your Board members. SCDHEC would ask each organization serving this special population, to continually strive to incorporate multicultural and diversity awareness into your patient care and/or community services - making each and every patient and/or community member experience the best experience possible, each and every time.