



Conversation 6: How Can We Strengthen Public-Private Partnerships in Cancer Screening and Prevention?

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Practical Actions

- Who is doing what?
 - Keep the goal at the center of the conversation (saving lives).
 - Which practices are working and which are not.
 - Reach out to medical associations. Which requirements do you meet?
- What are the needs of the different organizations?
 - What is in it for them?
 - Financial benefits.
- Commitment for participation.
 - Commitment of time.
 - For physicians, community health partners, etc.
 - Documentation of who is asking for things and when (so it is not all at once).
- Champion recruitment.
 - Passing the baton on to the next person to continue the relationship.
 - Creating standard operating procedures to ease the transition.
 - Repeat message and have them carry it with them (one voice).
 - Have signed agreements.
- Sharing data, stories and work
 - Personal story – client test.
 - Saying thank you.
 - Listening to the partner and then introducing the agenda.

Briefly describe a public-private partnership in cancer screening and prevention in your community or workplace.

- In South Carolina, there is a partnership for low income in gastro.
- In MN they are able to secure gastro and doctors to help with scans.
- Help with pap smears and other scans and link them to the health and human services.
- Work with clinics, hospitals and others and the physicians donate their time.
- Was able to screen 192 women who have not had mammograms, and did a pap smear; identified these women in the system (ACS CAN).

- In KY they had a colon action committee born out of Dialogue. They worked with the governor and were able to work with a private foundation.
- Work with students.
 - Created posters
 - Had students with grants and education

Are these public-private partnerships working well?

- YES! (overall answer)

Struggles/challenges

- Changes in administration.
- Formal agreements are needed to continue the programs.
- Recruit “Champions” to help make the partnership successful.
- Losing grant funding and finding what to do after the grant.
- Sustainability.
- Don’t have staffing (partner group) and they may need their hands held through the process.
- Having the resources and language to engage the partner group. Present some language with a different issue.
- Sometimes money is left on the table and hands are tied.
- Working with private institutions
 - What is in it for them?
 - How do we understand?
- Use networks to reach out and engage.
- Marketing what that person needs/wants.

What policies, systems or programs have contributed to the success of these partnerships?

- They adopted policy and waived the copays and fees to make healthcare needs more accessible and affordable. Relationship is key! (Tie in to poster number 11 in the posters area)
- Overlapping boards (members sitting).
 - They know what is going on with various issues/organizations.
- Sharing of data.
 - Can learn new things and target specific health related issues.

What opportunities and challenges are there for public-private partnerships in cancer screening and prevention?

- Opportunities
 - Financial incentives
 - Example – Free standing endoscopy centers get charity benefit
 - Working with associations.

- Example – Pathologists bringing them into the conversation.
- Looked at the data for pap-smears and compared it to the state data and learned a lot (Queens).
- Reporting data back to show the community benefit (ACS CAN)
- Case Managers make things easier and help navigate.
 - Entire system of people to have a well-rounded core (infrastructure).

What practical actions can be taken to strengthen public-private partnerships in cancer screening and prevention?

- Feedback to people who join/support your partnership.
- Cross walking all organizations
 - Learning who works with who
 - Creating a single document to map this
- Ties into state cancer plan and spinning off roundtable discussions. Power of the planning process!
- Involvement on the local level for cancer planning is important
- Have community involvement and take their ideas and feedback back to the vested entities (government, partners, etc.)
- Having a coordinated effort instead of throwing money at the same thing (grants) funders and partners.
- Work to get hospitals and providers to donate care and work.