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.
  o Created posters
  o Had students with grants and education

Are these public-private partnerships working well?
• YES! (overall answer)

Struggles/challenges
  o Changes in administration.
  o Formal agreements are needed to continue the programs.
  o Recruit “Champions” to help make the partnership successful.
  o Losing grant funding and finding what to do after the grant.
  o Sustainability.
  o Don’t have staffing (partner group) and they may need their hands held through the process.
  o Having the resources and language to engage the partner group. Present some language with a different issue.
  o Sometimes money is left on the table and hands are tied.
  o Working with private institutions
    ➢ What is in it for them?
    ➢ How do we understand?
  o Use networks to reach out and engage.
  o 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).
  o They know what is going on with various issues/organizations.
• Sharing of data.
  o 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
  o Financial incentives
    ➢ Example – Free standing endoscopy centers get charity benefit
  o Working with associations.
Example – Pathologists bringing them into the conversation.
  o Looked at the data for pap-smears and compared it to the state date and learned a lot (Queens).
  o Reporting data back to show the community benefit (ACS CAN)
  o 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
  o Learning who works with who
  o 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.