

Third-Party Influence on Implementation of
Government/Corporate-Financed
Prostate Cancer Intervention:
A partnership template for Europa Uomo



WWPCC

- Survivor led non-profit U.S. corporation (2010)
- Multi-focal service matrix
- Focus:
 - Building Advocacy
 - Education
 - Intervention
 - Research
- Deliver value

Our Leadership

- Chairman, Mr. Thomas Hudson (Ireland)
- Vice Chairman/CFO, Mr. Virgil Simons (USA)
- Secretary, Mr. David Sandoe (Australia)
- Chief Science Officer, Prof. Dr. Louis Denis (Belgium)
- Members at Large:
 - Mr Hannu Tavio (Finland)
 - Mr Günter Feick (Germany)
 - Mr. Thomas Kirk (USA)
 - Mr. Keith Beck (New Zealand)
 - Mr. Robert Shiell (Canada)

The Barrier in Male Communications: “The Denial of Death”

Everybody wants to go to Heaven,
but nobody wants to die!

What are the odds...

- Of dying after being physically attacked - 1:7,336,000
- Of being struck by lightning - 1:835,500
- Of dying in a plane/train/car accident - 1:6,279
- Of having a heart attack - 1:53
- Of dying from prostate cancer - 1:36
- Of getting prostate cancer - 1:6

▪ Source: *The Book of Odds*; American Cancer Society

Magnifying the Problem

- “Preventive healthcare lags significantly behind other gains in healthcare.”
- Access to care and information varied widely between racial/ethnic groups and by socio-economic status

• Source: National Healthcare Quality Report - 2007
www.ahrq.gov

Barriers to Early Detection

- U.S. vs European conflict on screening
- No consensus among U.S. agencies
- Lack of “Risk” determination
- Clinical Barriers
- Decline in doctors in Primary Care Medicine
- Closing of ER’s
- Continuing shortage of nurses

Barriers to Care

- Compared to Women:
 - Men are less likely to utilize the health care system
 - Men are less likely to carry health insurance
 - More likely to delay seeking healthcare
 - More Gender Role Stoicism
 - More Work Role Stoicism
 - Greater sense of Fatalism
 - Higher influence of “Maladaptive Self-Reliance”
- Source: Jean Bonhomme, PhD - Morehouse School of Medicine

Defining Barriers to Men’s Participation in Healthcare

- **Clinical Barriers**
 - Awareness
 - Access
 - Financial
- **Attitudinal Barriers**
 - Gender Role Stoicism
 - Work Role Stoicism
 - Distrust of the Health Care System
 - Fatalism: “you’ve got to die of something.”
 - Maladaptive Self-Reliance: “A ‘man’ takes care of his own problems.”

Business of Medicine

- The System often has other issues:
 - Equipment investment
 - Revenue production
 - Pharmaceutical alliances
 - Pay-for-Performance
- Patients **MUST** become their own advocates

QuickTime™ and a TIFF (Uncompressed) decompressor are needed to see this picture.

Economic Effects on Society of Male Health Disparity

- Lost time from work
- Diminished work productivity
- Former providers may become dependents
- Former taxpayers may become tax burdens
- Possible inability to maintain gainful employment due to chronic illness

Effects on Spouses and Children

Following Widowhood or Disability of Husband:

- Diminished family earnings
- The surviving spouse is at increased risk of dying over the course of the next year
- Poverty is strongly associated with widowhood
- Older women typically have poor prospects for remarriage.
- In disability, there may be increased health care expense in the face of diminished earnings
- Children also may face financial repercussions

The Benefits of Positive Men's Health to the Community

- Reducing or controlling rising health care costs through preventing costly, advanced disease
- Reducing economic costs of preventable male illness, including lost time from work, disability, diminished income, and reduced work productivity
- Increased attention to men's health ultimately holds the potential to bolster and uplift the health status of both genders
- Gender health is not either/or, It's both or neither

Evaluating Public Health Education

- 34% do not use evidence-based strategies
- 85% of activities not informed by needs assessment
- 50% of activities not evaluated
- Public education strategies are perceived as costly
- Programs are resistant to demands generated by public education
- There is a comfort level with the usual strategies

Source: (2009) Inventory and Assessment of NBCCEDP Interventions

The Third-Party Mission

- Information Conduit for the healthcare community
- Increased Service for the client community
- Increased Community healthcare partnerships
- Creation of a Network for Public Health Education / Intervention / Research

Moving the Bar Forward: Templates for Change

Expanding the Audience

The image displays a collection of promotional materials for 'The Warrant' project. At the top center is a large photograph of a man and a woman smiling together. Below the photo, the text reads: 'Este día se lo produce con la ayuda de la familia de Roberto "The" Warrant y una conciencia reforzada de la tecnología de Sanofi-Aventis'. To the left of the photo is a list of project partners, including: 'Asociación de Docentes', 'Asociación de Médicos', 'Asociación de Psicólogos', 'Asociación de Trabajadores', 'Asociación de Abogados', 'Asociación de Enfermeros', 'Asociación de Farmacéuticos', 'Asociación de Químicos', 'Asociación de Biólogos', 'Asociación de Ingenieros', 'Asociación de Arquitectos', 'Asociación de Diseñadores', 'Asociación de Escritores', 'Asociación de Actores', 'Asociación de Cantantes', 'Asociación de Bailarines', 'Asociación de Modelos', 'Asociación de Atletas', 'Asociación de Artistas', 'Asociación de Científicos', 'Asociación de Filósofos', 'Asociación de Historiadores', 'Asociación de Sociólogos', 'Asociación de Economistas', 'Asociación de Políticos', 'Asociación de Religiosos', 'Asociación de Militares', 'Asociación de Políticos', 'Asociación de Religiosos', 'Asociación de Militares'. To the right of the photo are several smaller posters or brochures, one of which prominently features the text 'Cada día habla con su Médico' and 'The Warrant Project'. At the bottom center is the Sanofi-Aventis logo.

Reinforce the Credibility



European Patient “Hotline”



- Enhanced consumer interactivity/service
- Toll-free call
- Multi-language support
- Referrals to:
 - Local member sites
 - Local clinicians
 - Public health agencies

Social Network Integration

- Credible peer-to-peer communications
 - Fraternity / Sorority initiatives
 - LinkedIn

QuickTime™ and a decompressor are needed to see this picture.



Regional Symposium Series



- 2010 Program Sites:
 - May 15 - Rutgers
 - June 16 - Lombardi / Georgetown Congressional
 - July 17 - Clark Atlanta
 - August 6 - Brisbane, Australia
 - August 28 - Univ. of Florida
 - September 11- Northwestern SPORE
 - October 2 - New York University

Time	The Prostate Net Congressional Awareness Symposium June 16, 2010
10:00	Meeting Set-up
12:00	Buffet Lunch Rayburn House Office Building Room B-338
12:00	Program Overview Virgil Simons, Founder & President, The Prostate Net
12:10	Health Policy in the Era of Healthcare Reform Congressman Steven Rothman - Invited
12:20	Prostate Cancer 101: Problems and Resolutions Lucile Adams-Campbell, PhD, Georgetown / Lombardi Cancer Center
12:30	Genetic Causation for Mortality Disparity among Young African-American Men Isaac Powell, MD, Karmanos Cancer Center
12:50	Research and Cost Reduction in Federal Health Programs Howard Scher, MD, Memorial Sloan-Kettering Cancer Center
1:10	New Biomarkers for Disease Detection / Disease Progression John Isaacs, PhD, Johns Hopkins Cancer Center
1:30	Men's Health Initiative Scott Williams, Men's Health Network
1:40	Feedback Summary

Two randomized clinical trials of PSA screening for prostate cancer, PCOL from the US and ERSPC in Europe, were published in the New England Journal of Medicine in April, 2009. Were the results:

1. Conclusive with neither trial demonstrating a significant survival advantage associated with PSA screening for prostate cancer.
2. Inconclusive with the PLCO demonstrating no benefit from screening, and the ERSPC showing a small advantage of PSA screening.
3. Conclusive with both trials demonstrating a small, but significant, survival advantage associated with PSA screening for prostate cancer.
4. Inconclusive with the ERSPC demonstrating no benefit from screening, and the PLCO showing a small advantage of PSA screening.



Next Step?

- Develop “Proof of Concept” educational module for consumers, patients, advocates, professionals, media



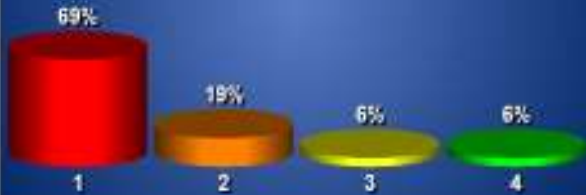
Reinforcing the Message



- “In The Know” newsletter
 - Online circulation - > 100M
 - Broad spectrum content
 - Audience diversification
 - consumers/patients
 - advocates
 - professionals
 - researchers
 - international

Does your doctor provide you with information on your risk of your cancer progressing

1. Yes
2. No
3. I don't ask because I fear the answer.
4. I don't think my doctor can give me the answer



Communicating the Problem

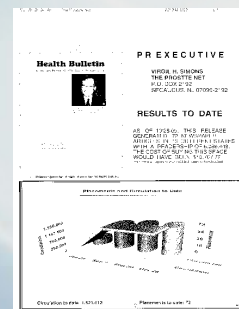
- Patient/Professional dialogue divergence
- Lack of clear-cut risk communications
- Risk of advanced stage first diagnosis
- Need for actionable patient information

Getting the Info Out



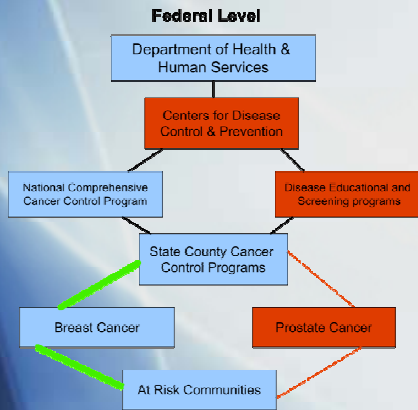
- Use core communications to disseminate message:
 - Website
 - Newsletter
 - Support group fact sheets

Media Syndication



- Mass impressions
- Minimal cost
- Increase reach

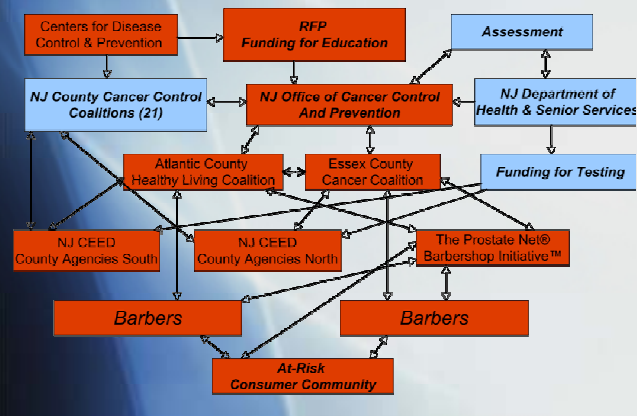
Abitanto / Simons Case Study Logic Model - v3



Programmatic Objectives

- **Validate roles of:**
 - the barber as key opinion leader and
 - the barbershop as community information center
- **Enhance disease risk awareness** for the general public
- **Increase patient education** of treatment options to create empowerment
- **Establish on-going relationship between the local CEED agencies and barber shops**
- **Reduce the disparity** in minority healthcare

New Jersey Programmatic level



Assessing the Program

- Third-Party infrastructure created to execute programmatic plan
- Coordination of NJCEED outreach to maximize impact
 - 13% increase in screenings achieved
 - 249% increase in educational activities at county levels
- Developed State referral/tracking structure
- Barber/facilitator network established for Pca and co-morbid disease continuity

Building Global Government Partnerships

Barbershop around the World

- Project BHAI (Brother): 
 - 48 shops in Jharkhand and Orissa Provinces - India
 - cancer prevention and tobacco control
 - enhance knowledge and healthy behavior
 - build on existing networks and partnerships
 - expand to co-morbid diseases
 - create a sustainable environment
- Prostate Cancer Foundation of Australia
 - 8 shops in Melbourne; 3 in Brisbane

Building Global Infrastructure

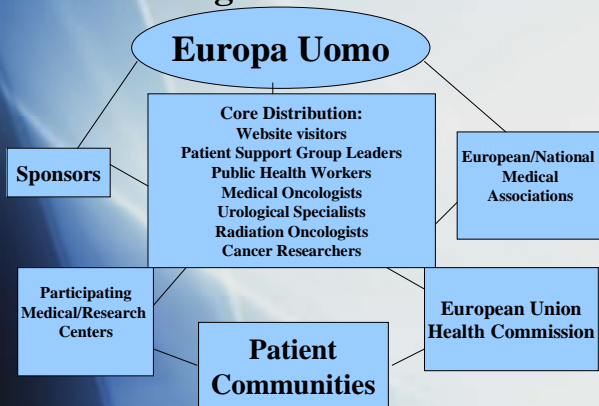


- 8th International Cancer Conference
 - Training African advocate cadres
 - Cairo, Egypt
 - Nov. 3-Dec. 3, 2011

Conclusions / Observations

- Central Government funded Pca education dependent on policy conflict / disease funding inequity resolutions
- Third-Party providers are necessary to fulfill government missions in public health
- Consistency in community programs must be maintained
- Third Party Providers have been proven:
 - as information conduits between patient and professional communities
 - as vehicles for increased patient service
 - as a focal point for research programs

Creating a New Network



Thank You!



www.wwpcc.org
[1.888.477.6763](tel:18884776763)