REACHING FOR HEALTH CARE EQUITY

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Dr. Christine Nagy

MINORITY WOMEN WHO ARE FACING THE POSSIBILITY OF CANCER HAVE AN ADVOCATE AT WESTERN KENTUCKY UNIVERSITY. DR. CHRISTINE NAGY AND A TEAM OF SCHOLARS ARE SEEKING TO UNDERSTAND AND CHANGE THE DYNAMICS BEHIND AN ALARMING INEQUALITY: WHILE THEY ARE LESS LIKELY THAN WHITES TO CONTRACT EITHER DISEASE, AFRICAN AMERICAN WOMEN ARE MORE LIKELY TO DIE FROM BOTH CERVICAL AND BREAST CANCER. UTILIZING A PRACTICAL, COMMUNITY-BASED MODEL, NAGY AND OTHERS HOPE NOT ONLY TO UNDERSTAND BUT TO SOLVE THIS DISPARITY.

When it comes to cancer, early treatment is the key to a cure; unfortunately, for many the system breaks down at this critical stage. "The reason for the disparity is that African American women are not getting screened," states Dr. Nagy, an associate professor in the Department of Public Health at WKU. "And if cancer is not diagnosed early, then the possibilities for a good outcome diminish."

If it can save their lives, why are women missing out on screening? "One of the major reasons is that they aren't told. If you don't know you should have a mammogram, are you going to have one? Perhaps that is changing now that we have more media awareness — we have more ads and public campaigns like the one that makes it very personal: 'If you were my sister, I would tell you,'" Nagy said.

"You also have to take into consideration the fact that many areas are medically underserved — not everyone has easy access to screening. If your county does not have a hospital, or if it does not have adequate technology, or if your local area does not have a physician, then you will have to drive — if you have a car, and if you can afford the gas — a long way for proper care. Poverty compounds the problems. 'How am I going to pay for this mammogram?

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Reach Counties in Alabama

Let's say that I do get screened. I don't have any money. Who's going to pay for my surgery or my post-operative treatments? Who's going to take care of my family when I'm in the hospital?' Cancer is hard for anyone. But if you don't have funds, it makes it even more difficult," said Dr. Nagy.

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The lack or lateness of screening — with its resulting higher death rate — causes some women to choose not to be screened because they believe that diagnosis of cancer at any stage is a death sentence. Dr. Nagy explained, "African American women are typically diagnosed later in the course of their breast cancer. If it had been caught early, then there would have been a significantly better opportunity for effective treatment. But if your experience with the disease as a community has been one in which if someone gets it, someone dies, then you will probably be fatalistic about your own chances and not enthusiastic about screening."

Dr. Nagy teamed up with researchers from other institutions, including the University of Alabama at Birmingham (UAB), to eradicate the racial imbalance in cancer screening. With funding from the Centers for Disease Control and Prevention (CDC), they helped form the Alabama Racial and Ethnic Approaches to Community Health Coalition (REACH 2010), which focused on decreasing and eliminating breast and cervical cancer disparities between African American and white women in six rural and three urban counties in southern Alabama.Nagy became part of the project for many reasons: her expertise in using a lay health advisor model in reaching out to local communities, a passionate and practical interest in evaluating the process of a study, and, perhaps, a moment of serendipity.

"My first job in Alabama was working on a Ford Foundation project in Green County, which at that time was one of the poorest counties in the United States. In that work, we used lay health advisors in dealing with maternal health issues. Lay health advisors are community members who, having fulfilled several, significant criteria, serve as a link between providers and consumers for improved public health. For this particular study, once the advisors completed a period of training, they worked one-on-one with pregnant women to try and reduce Green County's high infant mortality rate."

In addition to promoting community involvement, Nagy is also a strong proponent of process evaluation. "Process evaluation looks at what happens throughout the whole gamut of a program. It's like a chronological or historical overview but with a practical purpose in view. For instance, researchers write proposals that state that they are going to develop a coalition. The process evaluator will then ask questions like 'Did you actually develop a coalition? Who were the members? How often did you meet? Did you meet as often as you said you would? Were the coalition members the right ones for the job?' You'll have a journal article that says, 'Wow! We had great results!' But why and how did those results happen? That's what process evaluation should tell you." It may not be the "glitzy" side of research, but process evaluation is essential for others in the field. "If the local public health department wants to develop a similar program, they need more than the results — they need to see what was done to achieve those results. They need to see the nitty gritty — both what worked and what might be improved or adapted. Process evaluation reveals how the puzzle was put together."

Nagy was a great fit for REACH 2010, but that match might never have been made had it not been for

an accountant. "Dr. Mona Faoud, in UAB's Division of Preventive Medicine, was submitting a clinical trial with the National Cancer Institute (NCI), and she needed a process evaluator. An accountant in their Office of Sponsored Programs said, 'There's a Dr. Christine Nagy who's working on this other project; maybe she'd be a good fit.' Dr. Faoud contacted me and explained what she wanted. I developed and sent her a process evaluation plan, and she called me back: 'That's what I need!' And so I got to be a part of the NCI project, which later led to REACH 2010, because of an accountant."

Strong community involvement made REACH 2010 a success. "From day one, the target audience was truly engaged in developing, implementing, and evaluating the program, which is a really big feat because it helps to create buy-in to the project; they definitely had a vested interest. And the results of everyone's hard work were impressive: between 1998 and 2006, the disparity in mammography screening between African American and white women in the nine target counties went from 17% to 6%. And in some counties, screening rates actually became higher for African American women than white women."

The success of the Alabama REACH 2010 project has resulted in the CDC funding the Mid-South REACH US Center of Excellence, which will work with Alabama, Arkansas, Kentucky, and Louisiana to eliminate racial and ethnic disparities concerning breast and cervical cancer. Nagy will serve as a consultant in this collaborative effort.

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Nagy's emphasis on the practical comes out not only in her research, but also in her teaching. "Our Master's of Public Health is a practitioner's program. We are trying to prepare women and men who will go out into the workforce and deliver programs and initiatives to assist in protecting and promoting the health and well-being of the entire community. Here at Western our class projects often couple students with a local organization to develop materials, field test materials, or assist with evaluation efforts on a 'real' project. For instance, one of our classes worked with the health department which had a grant from the March of Dimes. Certainly it is good to do something for the purpose of increasing knowledge, but you also have to have that practical side of things because students learn by doing. And when our students get out in the field, they have a portfolio that showcases not only knowledge but skills."

Like the majority of her graduate students, Dr. Nagy was at one time an international student. Originally from rural Canada, she moved to pursue both her master's of science and, eventually, her doctorate in school and community health at the University of Oregon (Eugene). Today, she shares her knowledge with students from around the world, some of whom are returning to improve public health in their home countries. "We have an honor student interested in breast cancer who is going to Qatar and the United Arab Emirates this summer. Like African American women here, their diagnoses are very late. She is interested in determining — and eliminating — the problems with women getting screened. And she is going to use parts of the questionnaire we used with the Alabama study in her work in the Middle East."

For the women who have contracted it, cancer is no abstraction: it is a real threat not only to their lives, but also to the well-being of their families and communities. While they may write from the perspective of the academy, researchers like Nagy do not see cancer patients as mere numbers on a graph. Nagy explains, "The traditional view sees women as the primary caregivers; they take care of everyone else before they take care of themselves. But I want to empower women to see their self-worth and think: 'Because I am of value, I need to take care of myself.'" ■