

**WELL-AHEAD**



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# “High Blood Pressure & Women’s Health”

May 30, 2024

1pm to 2 pm



# Welcome



**AVIS RICHARD | BUREAU DIRECTOR**  
**BUREAU OF CHRONIC DISEASE PREVENTION**  
**AND HEALTHCARE ACCESS**  
Office of Public Health | Louisiana  
Department of Health





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**Family Nurse Practitioner**

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-Women's Health  
-Hypertension

May 30,2024

Cancer in Women



# Objectives

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- After completing this training you will have:
  - Defined Team-Based Care
  - Gained an understanding of the best practices
  - Learned how to apply to your office
  - Gained an overview of tools and resources available
  - Reviewed immediate next steps to begin team-based care



# Background

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# Why the Emphasis on Women's Health?

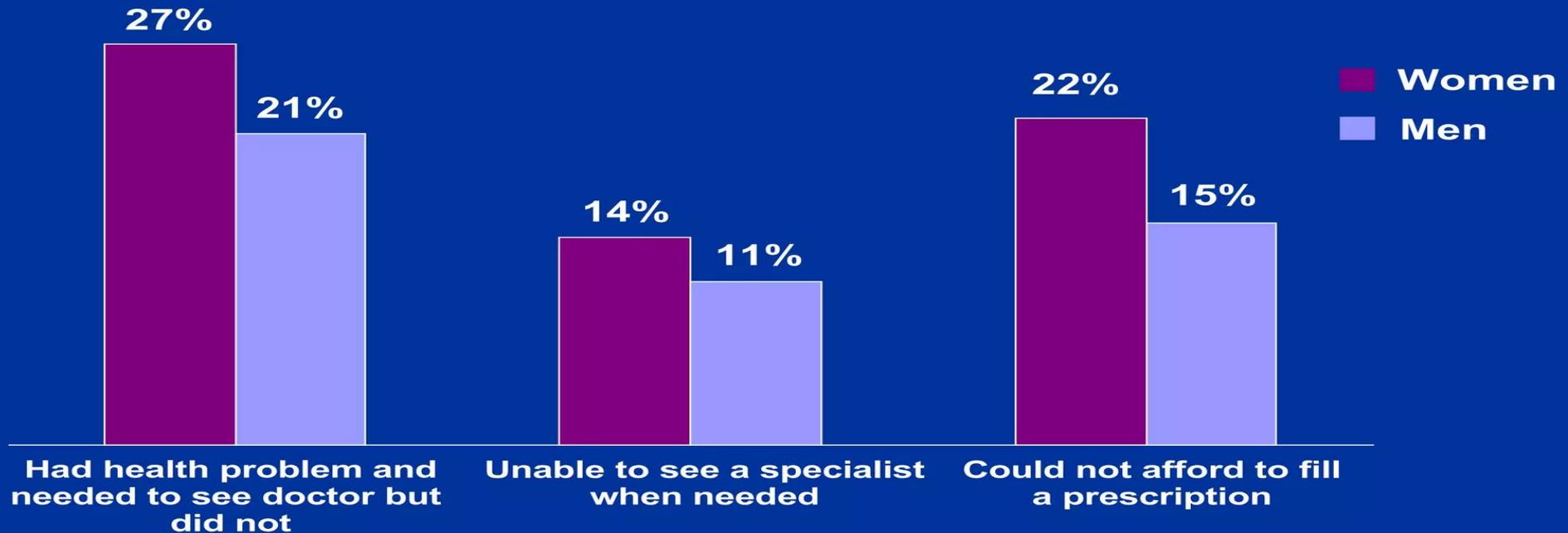
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- Women Make Health care Decisions for the Family
- Women Spend Health Care Dollars
- Women are role models for family members
- 2/3 of Women are solely Responsible for family healthcare decisions
- Access to Health Services

# Access to Health Services

## Access to Health Services Is a Problem for Many

Barriers to Health Services, by Gender, 2004



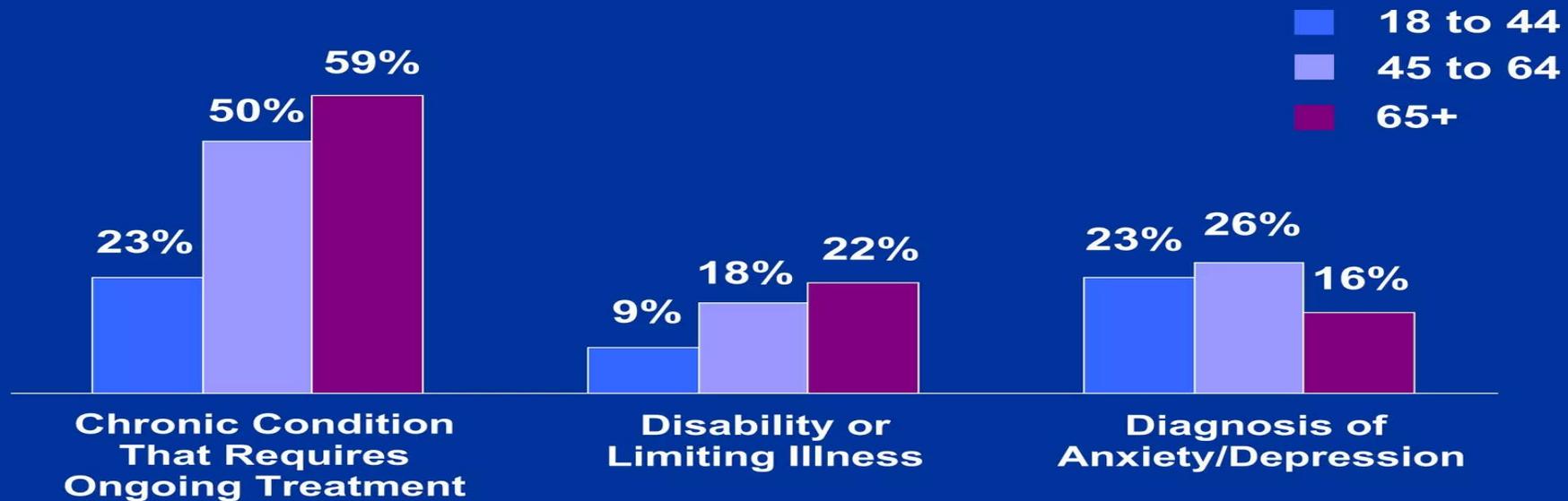
Note: Includes women and men ages 18 to 64.

Source: Henry J. Kaiser Family Foundation, *Kaiser Women's Health Survey*, 2004.

# Women's Health Care Needs Change With Age

## Women's Health Care Needs Change With Age

Women's Health Care Needs, by Age, 2004





# U.S. Women's Health Statistics

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- Number of Residents
- 15.8% of women age >18  
Currently smoke
- 36% of women age >20 are  
obese
- 33% of women age have  
hypertension
- 68% of women age 40 had a  
mammogram in the past 2 years
- 75% of women age >18 had  
Pap smear in the past 3 years



# U.S. Women's Health Statistics

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## Leading Causes of Death

-Heart Disease

-Cancer

-Stroke



# Hypertension

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- Hypertension (HTN) accounts for about 1 in 5 deaths of U.S. women and is a greater burden for women than men (1,2). More women than men with HTN develop adverse pathophysiological consequences such as left ventricular hypertrophy, diastolic dysfunction, heart failure (HF) (with or without preserved ejection fraction), increased arterial stiffness, diabetes, chronic kidney disease (CKD) (1–5).

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- 
- HTN with prior cardiovascular disease (CVD), such as coronary artery disease, is the most prevalent dyad among female Medicare beneficiaries (3). Control of HTN reduces CVD-related adverse outcomes that contribute to poor quality of life, disability, and health care resource consumption (6).



# Hypertension

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- Among adult Americans, HTN occurs in more women than men (4). After age 60 years, the prevalence becomes higher in women than men, and this gap widens with aging related to the large proportion of older women, possibly medication access, and ethnicity issues (Figure 1). HTN control rates appear higher in women than men age  $\geq 18$  years; in those age  $\geq 60$  years, control in women is less than in men (4). Yet, debate remains because optimal blood pressure (BP) targets have not been established by the highest level of evidence, particularly for older women (7).



# Primary Prevention of Hypertension in Women

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- CVD, the leading cause of death for women, is “the most serious, neglected health problem for women in both developing and developed worlds” (8), and HTN is among the most important risk factors for developing CVD in women. Older women are more likely to have multiple comorbidities such as HTN, diabetes, and physical inactivity (8,9). Based on 2011 to 2014 data, ~46% of adult Americans age  $\geq 18$  years have HTN (defined as systolic blood pressure [SBP]  $\geq 130$  mm Hg or diastolic blood pressure [DBP]  $\geq 80$  mm Hg); this translates into >103 million Americans with HTN, of which ~82 million would be recommended for antihypertensive medications, and this prevalence increases with age (Central Illustration) (10).



# Primary Prevention of Hypertension in Women

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- This translates to >50 million women with HTN, of which >41 million are recommended for antihypertensive medications. Among adult Americans taking antihypertensive medication with BP above treatment goals recommended by the 2017 American College of Cardiology (ACC)/American Heart Association (AHA) guideline, ~55% are women versus ~52% men. These fractions are highest among African Americans, Asian Americans, and Hispanic Americans.



# Hypertension

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## Blood Pressure

- Normal Blood Parameters
- Pre-Hypertension
- Hypertension

# Hypertension-A Silent Killer

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- Hypertension can cause:

## **Brain**

- Stroke
- Dementia

## **Arteries**

- Artery damage and narrowing
- Aneurysm
- Leg Amputation

## **Heart**

- Coronary artery disease
- Heart Attack
- Congestive Heart Failure

## **Kidneys**

- Kidney Failure
- Kidney Artery Aneurysm



# Why focus on hypertension treatment?

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- It is Affordable
- It is Simple
- It is Essential

Treatment of Hypertension in primary care can save more lives than any other primary care treatment program.



# Staying Healthy

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- Balanced Diet
- Proper Exercise
- Get Adequate Sleep on a Regular Basis
- Immunizations (health professional)
- Screening Exams (health professional)
- Mental Health
- Approach Health Holistically
- (mind, body, spirit)



# Height and Weight

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# Cholesterol

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- Women over age \_\_\_\_ should be checked



# A Woman's Health is A Reflection of Her...

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- Family Genetics
- Culture
- Social Norms
- Economics
- Physical Environment
- Daily Actions and Thoughts

# Some Differences in Women Healthcare Can Be Explained....

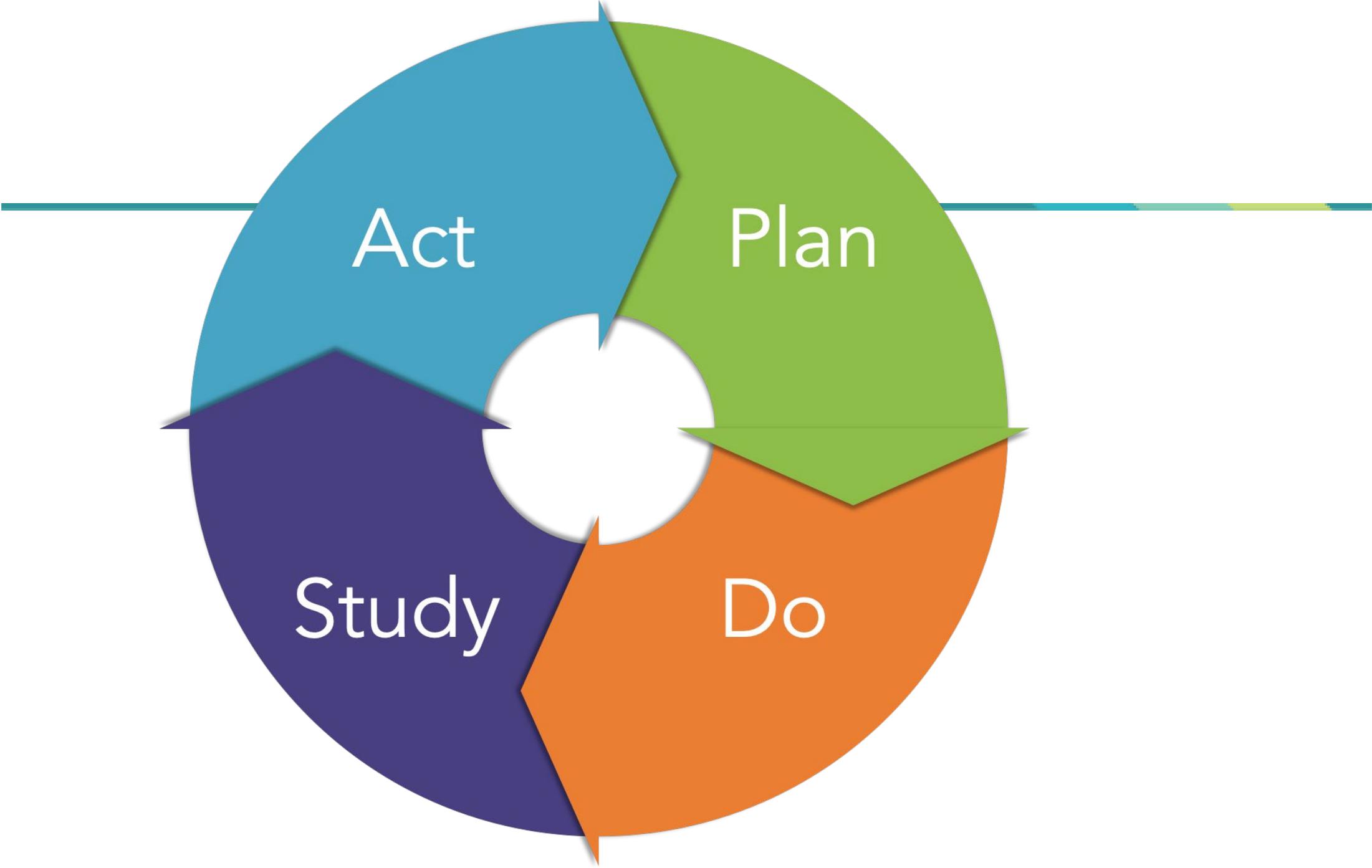
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- Culture-Low self-esteem, stress, lack of assertiveness, less active, male decision-making, female roles(everyone comes first in family)
- Barriers-lower income, less insurance, child/parent care responsibilities
- Lower educational expectations
- ???Racism in Health?/  
Biases?
- Hormones- May protect against heart disease but after menopause there is more risk

**“When women are fully involved, the benefits can be seen immediately: families are healthier, they are better fed, their income, savings and reinvestments go up. And what is true of families is true of communities and eventually whole countries.”**

**- Kofi Annan, United Nations Secretary General**





Act

Plan

Study

Do



# Putting it Together

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# References





# Resources

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- Louisiana Office of Women Health
- Improving Primary Care <https://www.improvingprimarycare.org/>
- Arizona State training, carries CEU <https://ipe.asu.edu/trainings/introduction-to-interprofessional-team-based-care>



# Where do you go from here

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Questions and Answer



**Carleigh Baudoin**

**Louisiana Cancer Prevention & Control Programs**



# Strength through Screening: Cancer Prevention & Early Detection for Women

Carleigh Wilson Baudoin, MPH

Assistant Director, Louisiana Cancer Prevention & Control Programs

*May 30, 2024*



**LOUISIANA**  
**CANCER PREVENTION &**  
**CONTROL PROGRAMS**

[LouisianaCancer.org](https://LouisianaCancer.org)

LSU Health New Orleans | School of Public Health

# Presentation Overview

- Overview of Louisiana Cancer Prevention & Control Programs (LCP)
- Cancer Burden in LA
- Screening Recommendations
- Risk Factors & Symptoms
- Evidence-Based Interventions for Cancer Screening
- LCP Program Spotlight
- LCP Publications

# Overview of LCP

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# Louisiana Cancer Prevention & Control Programs

**MISSION: ELIMINATE SUFFERING & DEATH IN LOUISIANA BY FOCUSING ON CANCERS THAT CAN BE PREVENTED OR DETECTED EARLY & CURED**

**2001** Louisiana Breast & Cervical Program

**2014** Louisiana Colorectal Cancer Roundtable (LCCRT)

**2019** Louisiana Healthy Communities Coalition (LHCC)

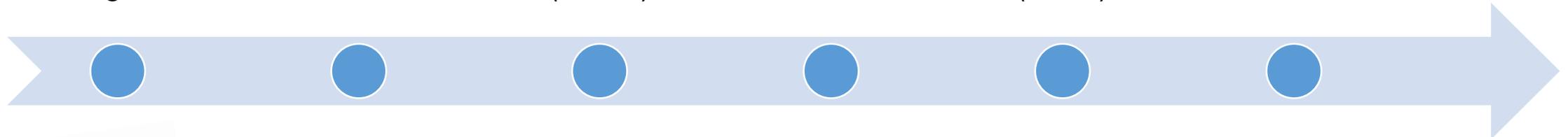
**2003** Louisiana Comprehensive Cancer Control Program (LCCCCP)

**2015** LCP awarded funding for CRC quality improvement

**2020** Screen Up



SCAN ME!



# Cancer Burden in Louisiana

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# BREAST CANCER

- **Screening:** 77% had a mammogram in the last 2 years
- **Deaths:**
  - 2<sup>nd</sup> leading cause of cancer death in LA
  - 4<sup>th</sup> in U.S.
- African American women are significantly more likely to get and die from breast cancer.

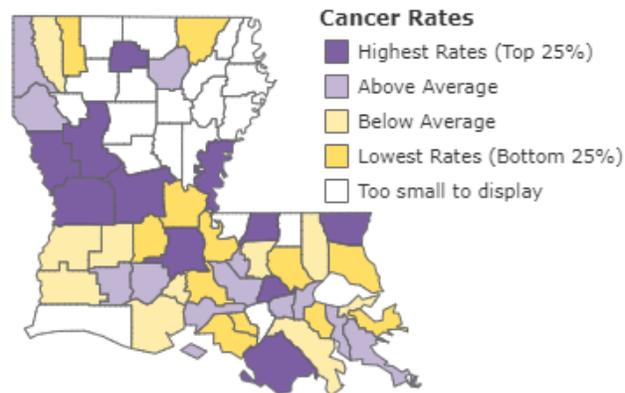


## Explore Cancers Further: Breast Cancer (Females only)

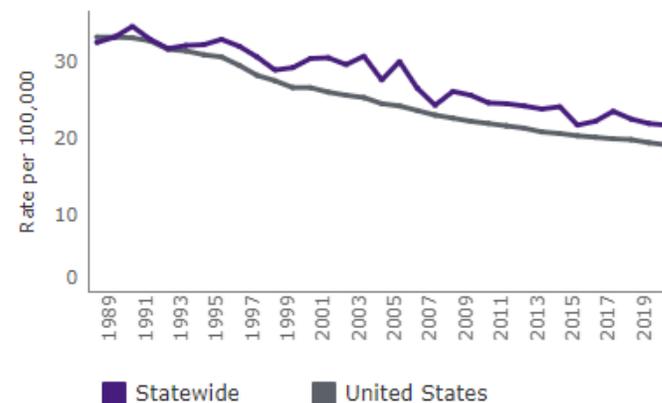
Cancer Mortality Rate, All Races, 2016-2020



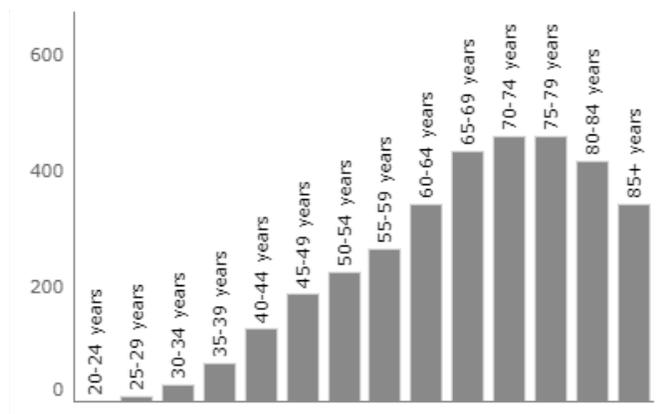
### Differences by Geography



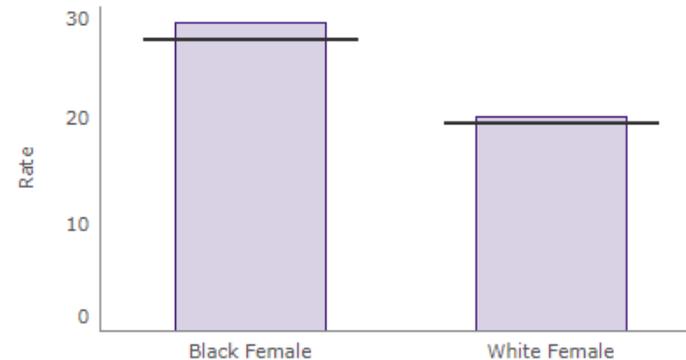
### Changes over Time: 1988-2020



### Differences by Age (Incidence Rate)



### Differences by Race



# Explore Cancers Further: Cervical Cancer

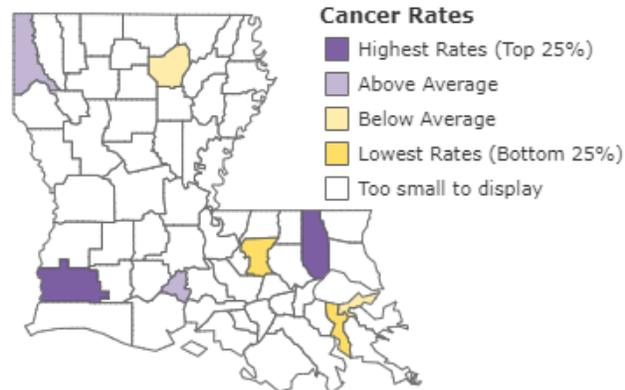
Cancer Mortality Rate, All Races, 2016-2020

# CERVICAL CANCER

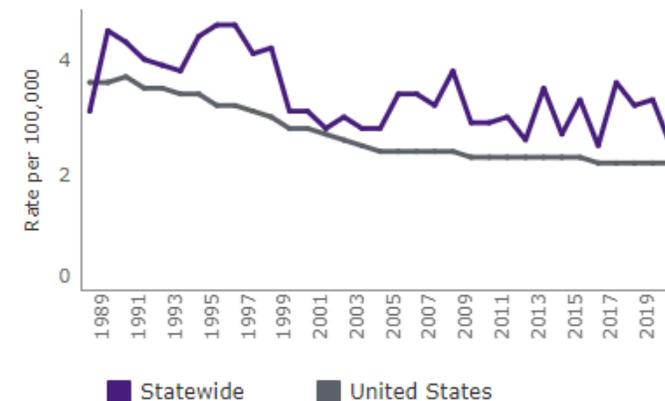
- **Screening:** 78.1% women had pap test in the last 3 years
- **New cases:** LA ranks 11<sup>th</sup> in the U.S.
- **Deaths:**
  - Rank 5<sup>th</sup> in the U.S.
  - LA ranks 2<sup>nd</sup> in deaths among African American women



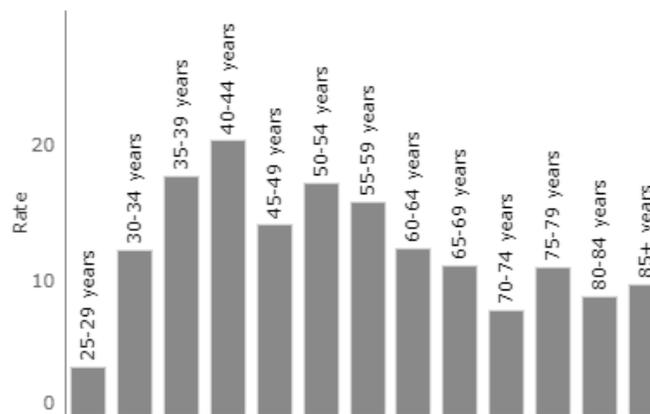
## Differences by Geography



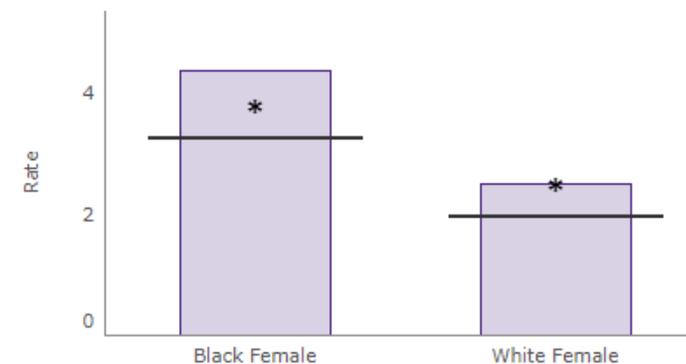
## Changes over Time: 1988-2020



## Differences by Age (Incidence Rate)



## Differences by Race



# COLORECTAL CANCER

- **Screening:** 72% of women in LA met the recommended screening guidelines
- **New Cases:** Rank 5<sup>th</sup> in U.S.
- **Deaths:**
  - Ranks 6<sup>th</sup> in U.S
  - 3<sup>rd</sup> leading cause of cancer death among women in LA

## Explore Cancers Further: Colon and Rectum Cancers

Cancer Mortality Rate, All Races, 2016-2020

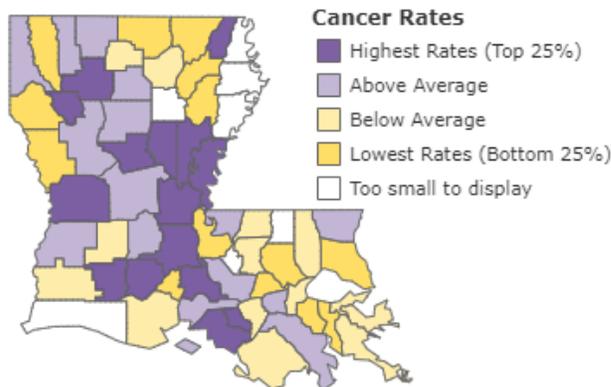
**15.6 per 100k**

Deaths per 100k people (Mortality Rate)

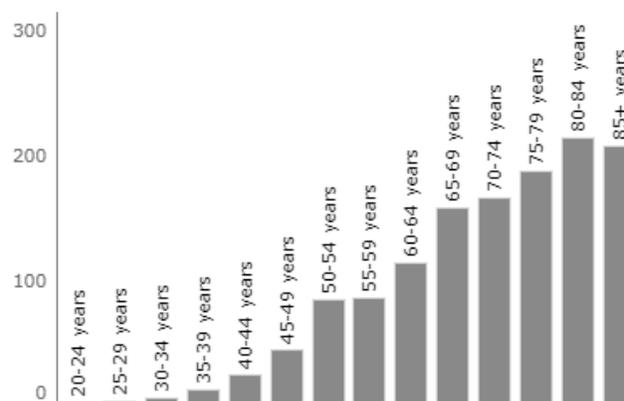
**860**

Deaths per Year on Average

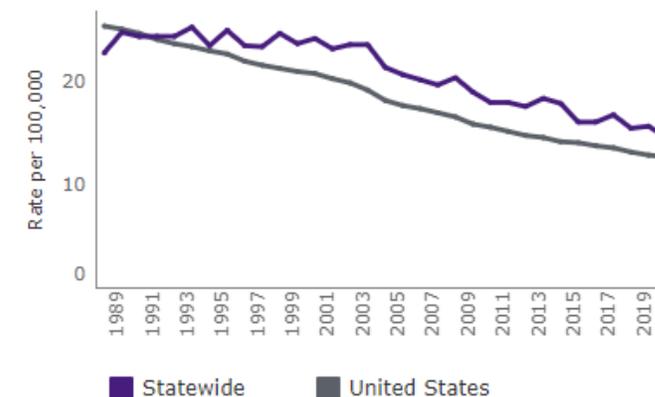
### Differences by Geography



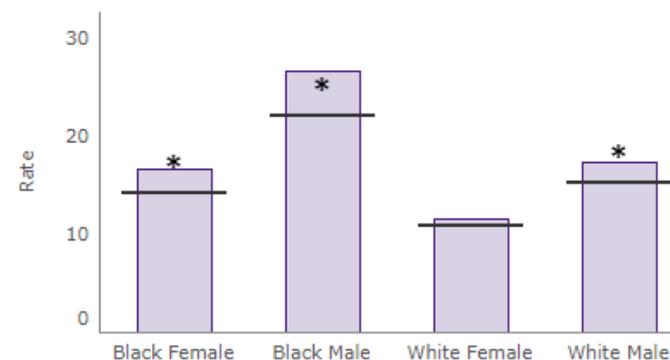
### Differences by Age (Incidence Rate)



### Changes over Time: 1988-2020



### Differences by Sex & Race



#### Sources (slides 6-7):

BRFSS Prevalence & Trends Data [online]. 2015. CDC.; Louisiana Cancer Data Visualization, based on November 2022 submission data (2016-2020): Louisiana Tumor Registry; U.S. Cancer Statistics Working Group. U.S. Cancer Statistics Data Visualizations Tool, based on 2022 submission data (1999-2020). HHS, CDC and NCI.



# Screening Recommendations

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# Screening Recommendations

Breast Cancer	Colorectal Cancer	Cervical Cancer
<ul style="list-style-type: none"><li>✓ <b>Age 40-74:</b> All women should be screened every other year</li><li>✓ Women with a family history of breast cancer should speak with their provider about screening before 40</li></ul>	<ul style="list-style-type: none"><li>✓ <b>Age 45-75:</b> Average Risk<ul style="list-style-type: none"><li>✓ Stool Based Testing(FIT /gFOBT): Annually</li><li>✓ Stool DNA Testing: every 3 years</li><li>✓ Colonoscopy: every 10 years, depending on results</li></ul></li><li>✓ Before 45, discuss options with the provider regarding family history</li></ul>	<ul style="list-style-type: none"><li>✓ <b>Age 21-29:</b> Pap test every 3 years</li><li>✓ <b>Age 30-65:</b><ul style="list-style-type: none"><li>✓ Pap test every 3 years</li><li>✓ Co-testing every 5 years</li><li>✓ High-Risk HPV testing alone every 5 years</li></ul></li></ul>

# Risk Factors & Symptoms

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# Risk Factors & Symptoms

## Risk Factors

	Breast Cancer	Colorectal Cancer	Cervical Cancer
Risk Factors	<ul style="list-style-type: none"> <li>✓ Genetic mutations</li> <li>✓ Dense breasts</li> <li>✓ Reproductive history</li> <li>✓ Family history</li> <li>✓ Lifestyle factors</li> </ul>	<ul style="list-style-type: none"> <li>✓ Inflammatory bowel disease</li> <li>✓ Personal or family history of CRC or colorectal polyps</li> <li>✓ Genetic syndrome</li> <li>✓ Lifestyle factors</li> </ul>	<ul style="list-style-type: none"> <li>✓ HPV infection</li> <li>✓ Sexual history</li> <li>✓ Smoking</li> <li>✓ Weakened immune system</li> </ul>
Symptoms	<ul style="list-style-type: none"> <li>✓ New lump in breast or armpit</li> <li>✓ Dimpling or irritation</li> <li>✓ Pain</li> <li>✓ Discharge</li> <li>✓ Thickening or swelling</li> </ul>	<ul style="list-style-type: none"> <li>✓ Change in bowel habits</li> <li>✓ Bloody stool</li> <li>✓ Abdominal pain, aches, and cramps that don't go away</li> <li>✓ Unexplained weight loss</li> <li>✓ Diarrhea, constipation or feeling like the bowel does not empty all the way</li> </ul>	<ul style="list-style-type: none"> <li>✓ Early on may have no symptoms</li> <li>✓ Advanced cervical cancer can cause abnormal bleeding or discharge, such as after sex</li> </ul>

# Evidence-Based Interventions for Cancer Screening

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# Evidence-Based Interventions

- The Community Guide



Cancer Screening Type	Evidence-Based Intervention	Description
<b>Breast, Cervical &amp; Colorectal</b>	<b>Client Reminders</b>	<p>Client reminders are written (letter, postcard, email) or telephone messages (including automated messages) advising people that they are due for screening. Client reminders may be enhanced by one or more of the following:</p> <ul style="list-style-type: none"><li>• Follow-up printed or telephone reminders</li><li>• Additional text or discussion with information about indications for, benefits of, and ways to overcome barriers to screening</li><li>• Assistance in scheduling appointments</li></ul>
<b>Breast, Cervical &amp; Colorectal</b>	<b>Reducing Structural Barriers</b>	<p>Structural barriers are non-economic burdens or obstacles that make it difficult for people to access cancer screening. Interventions designed to reduce these barriers may facilitate access to cancer screening services by:</p> <ul style="list-style-type: none"><li>• Modifying hours of service to meet client needs</li><li>• Offering services in alternative or non-clinical settings (e.g., mobile mammography vans at worksites or in residential communities)</li><li>• Eliminating or simplifying administrative procedures and other obstacles (e.g., scheduling assistance, patient navigators, transportation, dependent care, translation services)</li></ul>

# Evidence-Based Interventions

## The Community Guide

Cancer Screening Type	Evidence-Based Intervention	Description
Breast, Cervical & Colorectal	Community Health Workers	<p>Implement one or more interventions reviewed by the Community Preventive Services Task Force (CPSTF) to do the following:</p> <ul style="list-style-type: none"><li>• Increase demand for screening services using group education, one-on-one education, client reminders, or small media</li><li>• Improve access to screening services by reducing structural barriers</li></ul>
Breast, Cervical & Colorectal	Patient Navigation	<p>Patient navigation services provided through healthcare systems help patients overcome barriers to accessing cervical cancer screening.</p> <ul style="list-style-type: none"><li>• Provide client reminders</li><li>• Reduce structural barriers (e.g., modify administrative processes; assist with appointment scheduling, transportation, translation, or childcare; arrange alternative screening sites or hours)</li><li>• Reduce patients' out-of-pocket costs</li></ul> <p>Services may also provide one-on-one or group education to inform patients' understanding of cancer and cancer screening.</p>

# LCP Program Spotlight

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# Louisiana Breast & Cervical Health Program (LBCHP)



**Mission:** To reduce the burden of breast and cervical cancer by providing access to quality breast and cervical cancer screening services at no cost to low-income, uninsured, and underinsured women in Louisiana.



# LBCHP Eligibility & Services

## Eligibility Criteria

- ✓ **Age:** Cervical 21-64; Breast 40-64; or any age up to 64 with symptoms or high-risk
- ✓ **Income:** At or below 250% FPL
- ✓ **Residency:** Louisiana resident (LA address)

## Clinical Services

- ✓ Mammograms
- ✓ Pap & HPV tests
- ✓ Diagnostic tests

## Patient Navigation Services

- ✓ Help making and getting to appointments
- ✓ Translation services
- ✓ Out-of-pocket assistance
- ✓ Make sure patients start treatment

# Locations

## New Orleans

### Breast

- University Medical Center (UMC)
- St. Thomas Community Health Center

### Cervical

- NOELA Community Health Center
- Luke's House

## Baton Rouge

### Breast



- Woman's Hospital
- Mary Bird Perkins Cancer Center

## St. Gabriel

### Cervical

- St. Gabriel Health Clinic Inc.

## Independence

### Breast & Cervical

- Lallie Kemp Regional Medical Center

## Lafayette

### Breast & Cervical

- Ochsner Lafayette General

## Lake Charles

### Breast

- CHRISTUS Ochsner St. Patrick Hospital

## Alexandria

### Breast & Cervical

- CHRISTUS St. Frances Cabrini Hospital

## Shreveport



### Breast & Cervical

- LSUHSC-Shreveport/Partners in Wellness

## Monroe

### Breast & Cervical

- Ochsner LSU Health Monroe

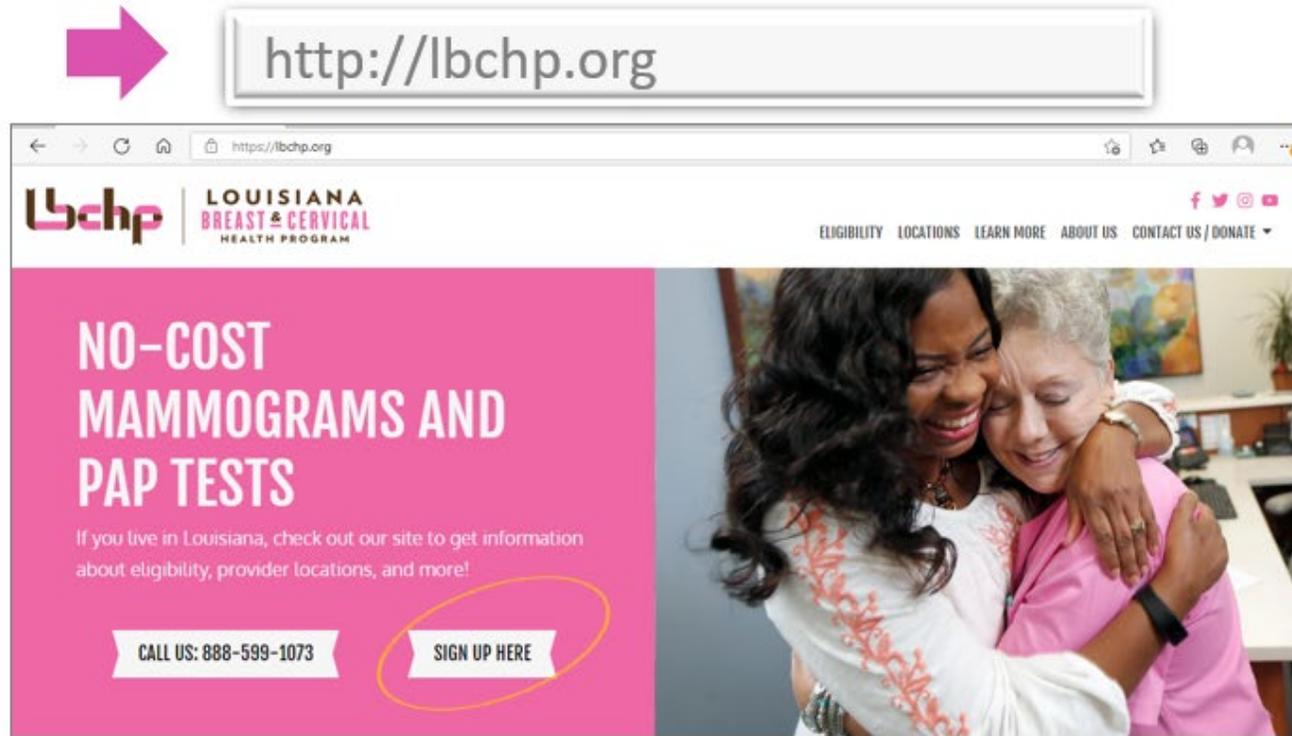


# Online Referrals

SCAN ME!



Online referrals offer an easy way to get connected to LBCHP services. Anyone can complete a referral by following these steps.



# Screen Up

SCAN ME!



- Screen Up works with primary care clinics and health systems in Louisiana to increase cancer screening rates through the implementation of evidence-based interventions (EBIs).
- By using strategies that are proven effective, clinics improve the quality and rate of cancer screenings which reduces health care costs and saves lives.



# Evidence-Based Interventions

## Provider-Focused Interventions

- **Provider Reminders** | Increase Screening by 7% after Implementation
- **Provider Assessment and Feedback** | Increase Screening by 13% after implementation

## Patient-Focused Interventions

- **Patient Reminders** | Increase Screening by 10% after Implementation
- **Reducing Structural Barriers** | Increase Screening by 18% after Implementation

## Supporting Activities

- Patient Navigation
- HIT
- Provider Education
- Small Media



# Measuring Success

## Colorectal Cancer Screening Rate

- CRC Screening Rate
- FIT Return Rate
- Screening Colonoscopy Completion
- Follow-Up Colonoscopy Completion Rate
- EBI Indicators

## Breast Cancer Screening Rate

- Number of Patients Screened
- Number of Patients Eligible for Screening
- EBI Indicators

## Cervical Cancer Screening Rate

- Number of Patients Screened
- Number of Patients Eligible for Screening
- EBI Indicators

# LCP Publications



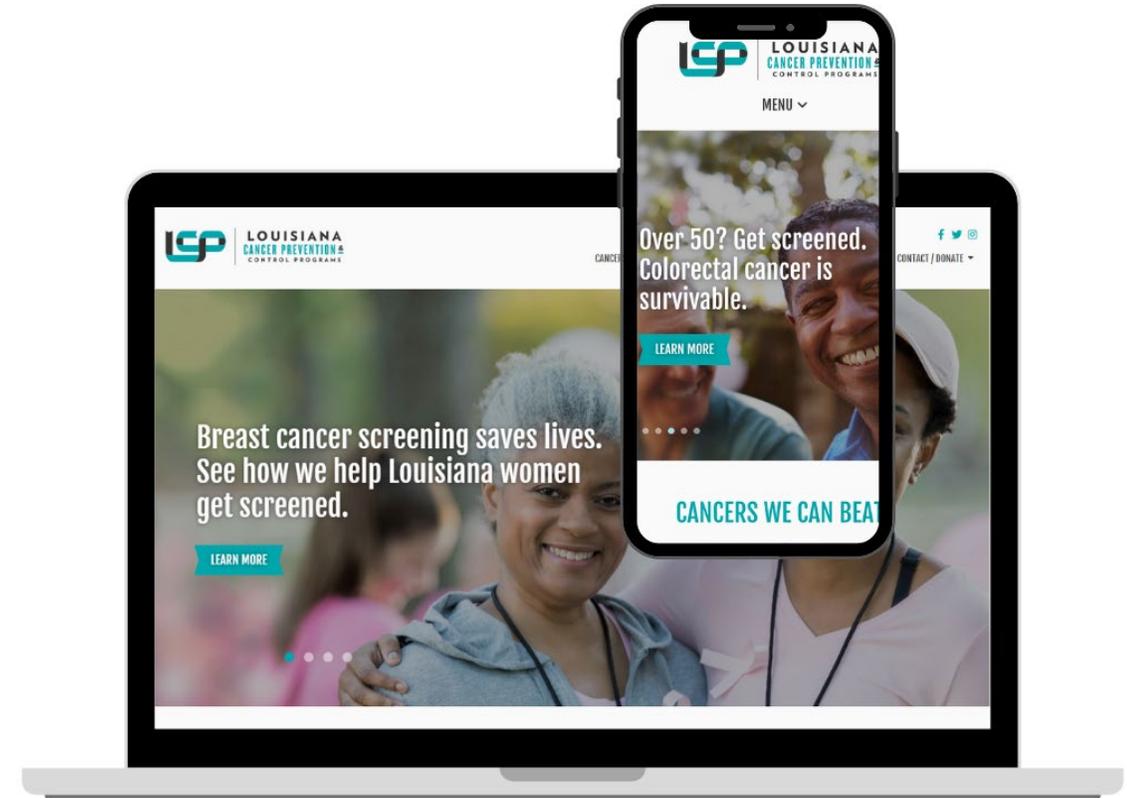
SCAN ME!



Or Visit  
[louisianacancerprevention.org](https://louisianacancerprevention.org)

# Learn More About LCP

-  - LouisianaCancer.org
-  - @LouisianaCancer
-  - @Louisianacancerprevention



# QUESTIONS



# Closing Remarks



**AVIS RICHARD | BUREAU DIRECTOR**  
**BUREAU OF CHRONIC DISEASE PREVENTION**  
**AND HEALTHCARE ACCESS**  
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