

PENNSYLVANIA HEALTHYWOMEN PROGRAM (HWP) RETREAT FOLLOW-UP

**WESTERN REGION
MID-YEAR COLLABORATIVE ACTION PLAN**

2008-2009

DESIRED OUTCOMES	ACTION STEPS / TASKS Key steps to achieve desired outcome Committee person / Organization responsible for completing each key step/tasks	TASK COMPLETED Yes: Keys to Success & Next Steps No: Obstacles/Barriers & Next Steps
Outcome 1: Meet the established screening goals for region with updates of expenditures and targets.	1. Continue to charge ACS field specialists and local HW staff to heighten awareness of services across region, opportunities to cross promote and information flow. Identify underserved populations and prioritize them for service.	<ul style="list-style-type: none"> • Task not completed
	2. Receive mid year reports from Adagio Health of screening programs' status in reaching targets to revise further strategies as necessary.	<ul style="list-style-type: none"> • Task not completed
	3. Identify other grant recipients to foster collaboration and HW program utilization, awareness, and funding.	<ul style="list-style-type: none"> • Task not completed
Outcome 2: Enhance collaborative networking opportunities with Susan G. Komen for the Cure, Pittsburgh affiliate and with the Healthy Woman Program.	1. Seek collaborative meeting with Executive Director, Komen for continued planning	<ul style="list-style-type: none"> • Task not completed
	2. Review community profile and activities of Komen/HW in region to identify opportunities to work together and gaps in service.	<ul style="list-style-type: none"> • Task not completed
Outcome 3: Focus on Cervical Cancer in the defined population of never or rarely screened to increase utilization.	1. Investigate methods to identify target populations for service	<ul style="list-style-type: none"> • Task not completed
	2. Using Healthy Woman data, Healthy Woman provider will identify women who have not returned for a Pap test in three years or more and contact them by card to remind them of the importance of re-screening	<ul style="list-style-type: none"> • Task not completed
	3. When providing Breast Cancer awareness presentations identify or use opportunities to include emphasis on importance of routine PAP tests as early detection for Cervical Cancer promotion of Women's Health.	<ul style="list-style-type: none"> • Task not completed

	4. Continue outreach to primary care providers (FP, OB/GYN, CRNP, HW sites, etc.) to offer literature and encourage inclusion of PAP tests as early detection service to patients, hoping to establish this test as screening procedure for all women in practice.	<ul style="list-style-type: none"> • Task not completed
Outcome 4: Develop automatic referral system with BCCPT clinical services to increase the number of cancer patients referred to ACS for support services	1. Schedule meeting with HW/Adagio staff (new position) to design system and consider co-branding.	<ul style="list-style-type: none"> • Task not completed
	2. Determine implementation plan and timeline	<ul style="list-style-type: none"> • Task not completed
	3. Communicate with ACS Division/Regional staff reference new referral pathway.	<ul style="list-style-type: none"> • Task not completed
	4. Monitor # referrals from this source.	<ul style="list-style-type: none"> • Task not completed

PENNSYLVANIA HEALTHYWOMAN PROGRAM (HWP) RETREAT FOLLOW-UP

**CENTRAL REGION
MID-YEAR COLLABORATIVE ACTION PLAN**

2008-2009

DESIRED OUTCOMES	ACTION STEPS / TASKS Key steps to achieve desired outcome Committee person / Organization responsible for completing each key step/tasks	TASK COMPLETED Yes: Keys to Success & Next Steps No: Obstacles/Barriers & Next Steps
<p>Outcome 1: By end of HW fiscal year - Increase awareness, educate the community about HW & drive eligible women to screening. (Measure: # of women HW can fund - # of actual women served by year end)</p> <p>Develop project with HW providers and Angel Food ministries and other community food banks to include HW flyer in food distributions.</p>	<p align="center">All ACS Central Region staff who work with HW providers will engage in this project in their assignment area</p> <p>1. Contact HW providers to get #s of women they can serve & discuss project and brochure. Develop evaluative measure.</p>	<ul style="list-style-type: none"> • Kim: Made contacts, but facilities were not interested in further promoting the program because of lack of funds/resources already used up for the year. Numbers of women served information pending return phone calls from providers. Contacted HW providers but some were not interested in further promoting the program because of lack of funds/resources already used up for the year. • Karen: Met with Tonya Cooms and discussed MSABC Funds, underserved population. To follow Jan/Feb 2009 • Lora: Working with Potter, McKean & Cameron HW providers. Continuing with special programs as a result of funding from Elmira Komen Foundation • Nikole: Huntingdon – funding for 25 beginning of year, BUT in Feb. they cut the numbers to only 9. Bedford – Had funding for 9 and all have been filled. Due to the limited amount of funding/zero funding a project and brochure to promote HW will not be done at this time. • Mary: Clearfield Adagio Health is the MVP provider. Met with Peg Eyerly who explained that the process to get vouchers is easier now. She claims she can screen anyone.

		<ul style="list-style-type: none"> All: Anticipate reporting number of women reached at end of HW fiscal year.
	<p>2. Contact Angel Food ministries & other community food banks to discuss project and brochure.</p>	<ul style="list-style-type: none"> Kim: No, HW Providers did not want to promote any more this year. Karen: Promoted through the Columbia County food bank. Lora: Will be promoted in Potter, McKean & Cameron Counties in conjunction with the planned HW and 67 women /67 counties programs. Nikole: Huntingdon and Bedford - Due to the limited amount of funding/ zero funding available the HW providers are not comfortable working on promoting the program through Angel Food ministries or a community food bank. Mary: Mary met with Peg Eyerly and Darlene Rowles, Clearfield Hospital, about a food pantry intervention project. We targeted a Clearfield food pantry, not an Angel Food Ministries. First month: flyers on importance of mammograms and that at the next month's pick up, there will be someone there to talk to and to schedule mammograms. Second month: P & D will be at the pick up sites to survey the women on their compliance with guidelines. Using the survey composed by NACN for their pilot. Will receive a token of thanks for participating in the survey. If a woman over 40 indicates that she has not had a mammogram in the past 12 months or answers that she has never had one. Mammogram appts. will be available to schedule at that time.

	<p>3. Determine project timeline & key date opportunities</p>	<ul style="list-style-type: none"> • Kim, Karen, Theresa & Sandy: Counties that are out of funding will be contacted at the beginning of the new fiscal year (July 09) • Lora: Elmira Komen Grant: Potter and portions of McKean & Tioga will be included in the Breast Cancer Screening Days scheduled for May 21, 09 and October 22, 09 in conjunction with CCMH and local FQHC. • Lora: Elmira Komen Grant: Fly Fishing Event to celebrate Breast Cancer Survivors scheduled for July 09 • Lora: 67 W / 67 C will be displayed in Potter County in March 09 and McKean in May 09. Promotion of HW will be incorporated in to the promotion of these events. • Nikole: Huntingdon and Bedford – Late May/Early June will be a key time to begin working on a project as the HW providers hope to find out their funding #'s for the new fiscal year.
	<p>4. Develop, print and distribute brochures and MVP info.</p>	<ul style="list-style-type: none"> • In areas that HW Providers did not want promotion ACS materials were offered and provided • Lora: 67 W / 67 C will be displayed in Potter County in March 09 and McKean in May 09. Promotion of HW will be incorporated in to the promotion of these events.
	<p>5. Obtain results of # women driven to HW screening or MVP program.</p>	<ul style="list-style-type: none"> • Will report at end of HW fiscal year
	<p>6. Evaluate effectiveness and success of program.</p>	<ul style="list-style-type: none"> • Limited due to lack of promotion with majority of HW providers.

<p>Outcome 2: By fall of 2009 - Enhance collaborative opportunities with community partners focused on reaching special populations</p> <p>(Measure: # of collaborative programs conducted and # reached)</p> <p>Mt. Union low income housing project Bedford migrant workers African American churches in Johnstown Amish communities in Somerset,</p> <p>Potter & Tioga Counties Underserved areas as identified by HW Provider, Adagio Health, in McKean County, Port Allegany and Mt Jewett area townships.</p> <p>Collaborate with Shamokin, CCMH and Kane hospitals on outreach initiatives</p> <p>Continue collaborate with FQHC (Keystone Rural Health Consortia) on outreach program in Cameron County. Continue to work with Action Health (SHIP partnership)</p> <p>Columbia / Montour Counties to identify disparate populations</p>	<p style="text-align: center;">All ACS Central Region staff who identify Special Populations will engage in these strategies</p> <p>1. Identify special pops based on community assessment.</p>	<ul style="list-style-type: none"> • Jan & Karen: Will be attending the Columbia County Vol In Medicine Clinic in March which will be focusing on Underinsured. • Lora: Will be attending the WNY Regional Roundtable in March with focuses on the health disparities in the Appalachian Region • Kim: Small numbers of black/Hispanic. 17% no health insurance. Known Amish & Russian Orthodox populations—still seeking published data. • Nikole: Mount Union – low income/underinsured, project on hold currently due to lack of HW funding. Bedford – When speaking to the HW provider, she stated that she has never seen Bedford migrant workers utilizing their program. She did not feel this was something they would explore further because she felt most of the migrant workers were males and due to the minimal number of funding they receive it would not be fair to do any promotion. (The HW provider was surprised when I brought this up...as she did not feel there was a need in her experience as a HW provider) • NaDa: Identified the African American population in Cambria County as a group who might have need for HWP services, as well as uninsured with rise in unemployment in Somerset and Cambria Counties.
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2. Identify appropriate collaborative partners

- Kim: Health Systems/Hospitals: Evangelical Community, Sunbury Community, Shamokin Area Community, Department of Health, Action Health (SHIP)
- Kim, Karen, Theresa & Sandy : Continue working with identified Health Systems/Hospitals:
- Lora: CCMH staff will be attending the WNY Roundtable. Anticipates this will provide the opportunity to further expand the outreach in Potter, McKean, Tioga & Cameron Counties
- Nikole: JC Blair Hospital and Tapestry of Health
- NaDa: Working with Collaborative Board in Cambria County to provide information about HWP. Have same response as no funds available to serve the population at this time. Spoke with Somerset Hospital and Meyersdale Hospital to work with Amish communities; however they are already receiving services as a project with Somerset Hospital monthly to obtain screening exams. ACS provided some education materials on breast cancer at their request. Spoke with Boyer Orchards about their migrant workers and information. They are willing to distribute but their workers were already gone for the season. Will be approached again in late summer.

	3. Plan education/outreach activities accordingly	<ul style="list-style-type: none"> • Kim: Yes: Planning TAF at Shamokin Area Community Hospital. HPV Program through Action Health's Cancer Taskforce, ongoing. • Lora: Kane Community Hospital held a TAF as a pilot in house. Looking at doing a community TAF in the spring. • Karen: Contacted HW provider in late February 09. Funds available for both 40+ and 50+ women. Worked with community partners to arrange for promotion through the Columbia County Food Bank .The Food bank has 8 sites that serve 500+ families in Columbia County. This promotion will occur in conjunction with the March food bank distribution. • NaDa: Collaborative partners also willing to provide flyer information to their underserved, uninsured, eligible clients, but without funding, there is a barrier for them to receive care.
	4. Plan timeline and evaluative measures.	<ul style="list-style-type: none"> • Kim: TAF @ Shamokin, May 5-6. Received 8 week extension on HPV Program due to resistance from community; few outlets for presentation.
	5. Implement projects/programs	<ul style="list-style-type: none"> • Ongoing
	6. Implement follow-up and evaluation	<ul style="list-style-type: none"> • Pending

<p>Outcome 3: By end of ACS fiscal year - Offer MSABC grant opportunities to community groups focused on Special Populations</p> <p>(Measure: # of grants awarded and # of women reached)</p>	<p style="text-align: center;">All ACS Central Region staff will promote MSABC grant opportunities to community partners in their assignment</p> <p>1. Promote grant opportunities by providing ACS materials and discussing at meetings. Market to groups working with special populations.</p>	<ul style="list-style-type: none"> • Kim: promoted MSABC grants to new support group for breast topics, and as a resource for Evangelical Community Hospital's CoC events relating to breast. • Karen: Promoted to Columbia Montour Family Health • Lora: Promoted to CCMH, FQHC, Kane Hospital, Paulette Schreiber • Lora discussed the possibility of collaborating with CCMH's Pink Ribbon Run and have it be part of MSABC • Sandy: Promoted in Bradford County to Memorial Hospital in Towanda and Guthrie Cancer Center in Sayre. Got at least one application from Karen Cartwright of the Guthrie Breast Health Center • Nikole: Huntingdon – Tina Cunningham, HW provider through Tapestry of Health is reviewing the grant application as a potential opportunity. Bedford – Jane Dimond, HW provider through Bedford Family Planning, did not feel she was permitted to submit a grant as she needs to go through UPMC of Bedford. She is interested in using our information/brochures and has agreed to fax the direct referral form to the patient service center if she has a cancer survivor in her office. • NaDa: Working on two-part program for African American women in Cambria County to provide education for key leaders
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	2. Assist with grant application if necessary.	<ul style="list-style-type: none"> • Ongoing • NaDa: Working with Joyce Murtha Breast Care Center, Christ Centered Mission and the Rev. Sylvia King
	3. Collaborate with funded partners on their projects/programs. Provide ACS materials.	<ul style="list-style-type: none"> • NaDa: Provided both entities with breast cancer screening and education information and will be providing presentation at the two part program in May 2009.
	4. MSABC grant review organizer and committee will report results to staff.	

PENNSYLVANIA HEALTHYWOMAN PROGRAM (HWP) RETREAT FOLLOW-UP

**SOUTH CENTRAL REGION
MID-YEAR COLLABORATIVE ACTION PLAN**

2008-2009

DESIRED OUTCOMES	ACTION STEPS / TASKS Key steps to achieve desired outcome Committee person / Organization responsible for completing each key step/tasks	TASK COMPLETED Yes: Keys to Success & Next Steps No: Obstacles/Barriers & Next Steps
<p>Outcome 1: Increase Mammograms screening by 10% based on demographics of each specific county</p>	<p>1. Gather breast cancer and breast cancer screening demographics for assigned counties.</p>	<ul style="list-style-type: none"> • Yes: Using the United States Cancer statistic we find PA ranked #7 for all cancer incidences in the US. Pa had previously ranked #14. Specific to Breast Cancer the state of PA. ranks 5th for its number of deaths. According to the Pa Dept of Health of our assigned counties the expected new Breast cancer cases are highest in our York, Dauphin and Lancaster counties.
	<p>2. Identify Stakeholder and all Healthy Woman related programs according to their geographic (county) area of outreach.</p>	<ul style="list-style-type: none"> • Yes: Listed on the ACS CRC, and can be accessed by zip code. www.cancer.org
	<p>3. Sustain the Healthy Woman task force with regular meetings to foster collaborative efforts for maximum results.</p>	<ul style="list-style-type: none"> • Yes: The HWP is continued through the “ Feel Good Friday” program which is scheduled to meet monthly. Education and screening opportunities are made available thought this as well as other HWP collaborations.

	4. Community mobilization initiation to increase screening event turn out.	<ul style="list-style-type: none"> • Yes: Efforts continue by the Cancer Control (CC) Staff members to develop and deepen established relationships with our community partners. Many new relationships have also been forged.
<u>Outcome 2:</u> Target Disparities by County and age group	1. Develop and execute awareness and screening campaigns by county.	<ul style="list-style-type: none"> • Yes: To date 319 women have been educated and 13 women received mammograms since Oct 2008 from the Adams, Fulton, Franklin, York and Dauphin counties. We currently have approx 25 more education sessions set for Cumberland, Dauphin, Perry, Adams, Fulton, Franklin and York counties for over the next 4 months . We expect to educate hundreds more
	2. Target Disparities using demographic information make them the #1 priority.	<ul style="list-style-type: none"> • Yes: Identified for Disparities and highest new Breast Cancer cases; York and Dauphin counties. Continue education awareness and screening availability through out the region. Special focus has been applied to York and Dauphin counties. • No: Lancaster County has been without CC staff .We expect to have the position manned by late Summer.
	3. Make transportation available whenever possible.	<ul style="list-style-type: none"> • Yes: Transportation arrangements have been established for the Dauphin, Perry and York counties. The other counties have lesser need for this type of arrangement.
<u>Outcome 3:</u>	1. Invite other stakeholders to regular group meetings	<ul style="list-style-type: none"> • Yes: On going and open invitation for new partners

Investigate key regional stakeholders in order to make up for short falls in funding	2. Give statistics and Lists of all “Healthy Woman” related programs by county to each Stakeholder for their review	<ul style="list-style-type: none"> No: The final report will be generated at the end of the ACS fiscal year and will be formally shared at the Oct 2009 HWP retreat
	3. Look for overlaps and gaps to create a stronger broader, more efficient collaborative front against Cancer.	<ul style="list-style-type: none"> Yes: Efforts Continue

PENNSYLVANIA HEALTHYWOMAN PROGRAM (HWP) RETREAT FOLLOW-UP

EAST REGION MID-YEAR COLLABORATIVE ACTION PLAN

2008-2009

DESIRED OUTCOMES	ACTION STEPS / TASKS Key steps to achieve desired outcome Committee person / Organization responsible for completing each key step/tasks	TASK COMPLETED Yes: Keys to Success & Next Steps No: Obstacles/Barriers & Next Steps
Outcome 1: Identify and establish a HW provider site in Carbon County	1. Follow-up initial conversations with VP of Ambulatory Services at Blue Mountain Health System by October 31, 2008. <ul style="list-style-type: none"> • Mary Pelka, HW 	<ul style="list-style-type: none"> • Contacted Blue Mt. 3/26/09 (again). They have had many changes, will have appropriate person return my call.
	2. Contact St. Luke's Miners Hospital in Coaldale (Schuylkill County) to follow-up on interest in becoming a HW site by January 29, 2009. <ul style="list-style-type: none"> • Mary Pelka, HW 	<ul style="list-style-type: none"> • 3/5/09 Left mess for Micah Gursky re: their interest in becoming HW. No response yet.
	3. Contact Judy Hoppes (ACS Staff) and brainstorm ideas of additional providers within Carbon County that may be of assistance. Leverage existing relationships with Oncology Docs in the County, to determine other providers to assist with the project by January 29, 2009. <ul style="list-style-type: none"> • Mary Pelka, HW 	<ul style="list-style-type: none"> • Spoke with Judy 3/26/09. She will be contacting possible providers who may be in Schuylkill Cty but also have offices in Carbon.
Outcome 2: Recruit and engage physicians for colposcopies within the HWP structure focusing primarily within Lackawanna and Luzerne Counties	1. Continue to make contacts with Physicians Health Alliance (PHA) with deadline of January 29, 2009. <ul style="list-style-type: none"> • Mary Pelka, HW will provide Jamie Kane, ACS with a brief overview of program by September 30 2008. • Jamie Kane, ACS will contact PHA. 	<ul style="list-style-type: none"> • 9/18/08-Mailed HWP Overview, program info, income guidelines to Jamie Kane.
	2. Make contact with NE Area Health Education Center (AHEC) to see if they could assist in this matter by January 29, 2009. <ul style="list-style-type: none"> • Jamie Kane, ACS will contact them. 	

	<p>3. Leverage relationship with Circle of Care program to determine physician interest in this issue by March 31, 2009.</p> <ul style="list-style-type: none"> • Mary Pelka, HW 	<ul style="list-style-type: none"> • COC is providing colposcopies for HWP clients. Marian Community Hospital recently signed on, has MD on site for colposcopies.
	<p>4. Contact Geisinger-Wyoming Valley, to see if they would be interested by March 31, 2009.</p> <ul style="list-style-type: none"> • Mary Pelka, HW 	<ul style="list-style-type: none"> • Geisinger Wyoming Valley is a source for cervical referrals.
<p>Outcome 3: Recruit a Breast Cancer Referral Surgeon for Luzerne County.</p>	<p>1. MFHS will conduct brainstorming meeting to determine which Surgeons to approach by September 30, 2008. Will brainstorm with physicians from Greater Hazleton Health Alliance, Geisinger, and Vision Imaging to determine possibilities by October 31, 2008.</p> <ul style="list-style-type: none"> • Mary Pelka, HW 	<ul style="list-style-type: none"> • Geisinger-Have spoken with various staff there. Have left messages for Operations Manager of Surgical Services. Will be sending a letter encouraging a mtg. • Marian Community Hosp in Lackawanna County is now also a breast referral site.
	<p>2. Leverage relationships that American Cancer Society and Susan G. Komen for Cure have within Luzerne County to determine possible replacement, by March 31, 2009.</p> <ul style="list-style-type: none"> • Jennifer Washney, ACS and Dolly Woody, Susan G. Komen, NE PA affiliate 	
<p>Outcome 4: Increase Awareness of Program within NE coverage area.</p>	<p>1. Assess which counties have low utilization by October 31, 2008.</p> <ul style="list-style-type: none"> • Mary Pelka, HW 	<ul style="list-style-type: none"> • Have requested this info from Lou Ann Weil
	<p>2. Conduct targeted awareness campaign on those counties with low utilization by May 29, 2009.</p> <ul style="list-style-type: none"> • Regional HWP Collaborative Group Task 	<ul style="list-style-type: none"> • At this time, the number of HW clients that can be screened is limited. Some sites have had to start waiting lists for routine visits. Start of next fiscal yr- July 1, 2009 is when next year's funding becomes available
	<p>3. Maintain and build on efforts from previous year by May 29, 2009.</p> <ul style="list-style-type: none"> • Regional HWP Collaborative Group Task 	
<p>Outcome 5: Conduct Tri-state meeting with HW providers and key stake-holders.</p>	<p>1. Assess the need for a tri-state meeting (NY, NJ, and PA) boarder communities to increase communication between key stakeholders within the tri-state area with the end result of better coordination.</p> <ul style="list-style-type: none"> • Regional HWP Collaborative Group Task 	

PENNSYLVANIA HEALTHYWOMAN PROGRAM (HWP) RETREAT FOLLOW-UP

**SOUTHEAST REGION
MID-YEAR COLLABORATIVE ACTION PLAN**

2008-2009

DESIRED OUTCOMES	ACTION STEPS / TASKS Key steps to achieve desired outcome Committee person / Organization responsible for completing each key step/tasks	TASK COMPLETED Yes: Keys to Success & Next Steps No: Obstacles/Barriers & Next Steps
<p>Outcome 1: Additional funds allocated to HW Program</p> <p>Goaled for completion: 1-5 years</p>	<p>1. Komen Community Challenge, October 3, 2008: Program to air on CBS, Philadelphia; Reach out to legislators...Advocate for additional funds.</p> <p>Resp: Komen, ACS and ACSCAN, Partnerships, Barbara Morley</p>	<ul style="list-style-type: none"> • Yes: activity completed, funds still needed.
	<p>2. Partnership with Pennsylvania Division of ACS/ACSCAN to affect change in policy; lobbying for additional funds to increase number of women screened through the Healthy Woman Program.</p>	<ul style="list-style-type: none"> • No: ACS CAN activities ongoing...ongoing barriers include getting people to join
	<p>3. Fundraising event via Family Planning Council (use model of "Hot Pink Ball"). Obtain corporate sponsors, individual donors, small agency donations, direct mail fundraisers, emphasis on "holiday appeal"</p> <p>Resp: Tiffany A. Wilson, Myrtle Bowler, Celeste Briggs-Vaughn, Robin Bailey Brown</p>	<ul style="list-style-type: none"> • No: Main barrier is change in personnel.
<p>Outcome 2: Expand Healthy Woman Program to include additional Providers</p> <p><i>*Emphasis on Chester County, Delaware County, Philadelphia (specifically Kensington Hospital, Frankford Hospital)</i></p> <p>Goaled for completion: 1 Year</p>	<p>1. Create (or expand upon existing) "Community Coalition". Reach-out to existing organizations that service/target populations; Join/partner with existing Breast Cancer Coalitions, and invite them to "Community Coalition Planning Meeting"</p> <p>(To be invited: Drexel University College of Medicine, Thomas Jefferson Hospital/Kimmel Cancer Center , BEBASHI, DV.CH, APM, Maria DelA, Fox Chase Cancer Center).</p> <p><i>*Brainstorm barriers in those areas such as cultural, transportation, and time management</i></p>	<ul style="list-style-type: none"> • No. change in personnel.

	<p>2. Conduct series of brainstorming meetings. - Family Planning Council (Glenda) to host 1st “Community Coalition Mtg.” Fall 2008 - Komen (Ashley) to host 2nd meeting in Spring 2009</p> <p>Resp. Glenda Radical, Ashley Tobin, Scott Anderman to comprise invitee/outreach list</p>	<ul style="list-style-type: none"> No: please see above
	<p>3. Look into mobile units that will serve locations where there are little or no providers (i.e. Chester County)</p> <p>Resp. This will be a brainstorming topic among the “Community Coalition”</p>	<ul style="list-style-type: none"> No. please see above
<p>Outcome 3: Reimbursements for Digital Mammograms and MRIs, follow-up for post treatment examinations, blood work, etc.</p> <p>Goaled for completion: 1-5 yrs</p>	<p>1. Partnership with Pennsylvania Division of ACS/ACSCAN to affect change in policy</p>	<ul style="list-style-type: none"> Non issue: CDC is supporting
<p>Outcome 4: Overcome language barriers by increasing translation capabilities of Healthy Woman application/documents.</p> <p>Goaled for completion: 1-5 year</p>	<p>1. Locate organization that is able to translate intake form, application form, and brochure. Specific languages that are needed are, Korean, Chinese, Indonesian, Vietnamese, French) <i>*Sriya can take the lead on researching the org.</i> Invite the organization to join the community coalition.</p> <p>Resp: Sriya Krishnamoorthy and Kathleen Hartman</p>	<ul style="list-style-type: none"> No: the project is ongoing
	<p>2. Submit and receive approval from state to use form</p> <p>Resp. ACS, Family Planning Council, Community Coalition</p>	