

*“Giving people information and personal contact is critical, because there are so many possible conditions and ways of treating them, and we want people to be as comfortable as possible in a stressful situation.”*

“The goal is to increase patients’ health literacy around the process and as a result help them be calmer and more knowledgeable about their care,” Carrillo said. Reducing barriers to care or participation — even those as simple as not having to go to a pharmacy to get medications — can have significant impact, she said.

Her work is focused on patients in high-risk groups who comprise many of UI Urology’s patients and whose survival rates are much lower than the national average. These men — African-Americans, Latinos, men of color in general, smokers, and others — often need additional resources so they don’t miss appointments or get lost in the healthcare system. Language/cultural issues, the lack of strong partner/family support, and other factors can work against compliance, and, as a result, outcomes.

“A lot of what we do involves reassuring men — letting them know they’re not the only ones going through what they face, complementing the kind of support they get from their families, friends, and loved ones,” Dr. Abern said. “The men who do the best tend to have a spouse who’s helping them stay on track with their treatment, but a lot of men don’t have that.”

“The navigation program reduces the rate of men missing appointments by about 40 percent. America is part of a team that reassures patients and works in a specialized way with patients and their families to improve outcomes.”

In her role, Carrillo helps manage the prostate cancer “active surveillance” program — tracking and staying connected to men who are diagnosed early but who don’t require active treatment. Some of these men can get lost in the system and can suffer if their tumors



change because they miss what Dr. Abern calls “the window of treatability.”

Part of tracking such patients, the program has found, involves language; many higher-risk patients are Spanish speakers, and in addition to her clinical and research skills, a vital component of Carrillo’s portfolio is her Spanish fluency. It’s a critical tool, part of her “personal stake in the Latino community,” Dr. Abern says.

Carrillo, like her clinical partners, often finds resistance or hesitancy from men. “They have excuses: ‘I have too much going on, I have work responsibilities,’ etc.,” she said. “But we tell them if they’re not taking care of this part of their health, the rest of their overall health will be affected. And if their health isn’t good, they might not be able to take care for their families.”

In the end, for Carrillo, it’s a very satisfying experience: “It’s so good to see patients not be so anxious and so open about their conditions,” she said. “The urologists have done a great job from the start making patients comfortable, and they’re going to have better outcomes as a result. And they do.”