

# Coordinating Committee Meeting

## Meeting Notes, June 2, 2011

**Facilitators:**

Sue Sumpter, Leukemia & Lymphoma Society, email: [sue.sumpter@lls.org](mailto:sue.sumpter@lls.org)  
 Selma Annala, Legacy Health Systems, email: [sannala@lhs.org](mailto:sannala@lhs.org)

**Attendees:**

**Phone**

Lisa Dominico, OHSU Knight Cancer Institute  
 Sam Boyd, Bay Area Hospital in Coos Bay  
 Nina Van Ness, Celilo Cancer Center

**In person:**

Donald Shipley, OHA Oregon State Cancer Registry <http://www.oregon.gov/DHS/ph/oscar/index.shtml> Email: [Donald.Shipley@state.or.us](mailto:Donald.Shipley@state.or.us)  
 Sabrina Freewynn, OHA Comprehensive Cancer Coordinator, [sabrina.l.freewynn@state.or.us](mailto:sabrina.l.freewynn@state.or.us)  
 Jason Parks, American Cancer Society Cancer Action Network, [Jason.parks@cancer.org](mailto:Jason.parks@cancer.org)  
 Charlyn Wilson, Chair of Colorectal Health Task Force, Legacy Health Systems  
 Kerri Lopez, Northwest Portland Area Indian Health Board  
 Kirsten Aird, OHA Cancer Legislative lead

**Handouts:** Available at <http://www.oregon.gov/DHS/ph/cancer/Committees.shtml>

Agenda Item	Discussion Points	Outcome/Follow-Up
<b>Welcome and Introduction</b>	Welcome and introduction by Sue and Selma	
<b>Updates</b>	<p>American Cancer Society – Legislative report will cover these updates.</p> <p>Cancer Survivors Day Celebration is this Sunday in the Portland Area. World Forestry Center, Millard Hall from 2-4 PM.</p> <p>NWAIHB – Just received some funding from OHSU to put together a colorectal cancer screening toolkit by the end of September. Colorectal cancer screening summit on October 25 and 26. Applying to do a tribal BRFSS.</p> <p>Donald, Sabrina and Kerri shared a brief update about the Comprehensive Cancer Control Program Directors meeting. The overarching theme is that things will be different in terms of funding in the next competitive round of funding. The CDC has clear priorities and reiterated them. There are a number of programs that may be integrated and we will need to see what happens. We don't yet have confirmation of our CDC funding that begins July 1, 2011.</p>	

<p><b>OPCC Committee updates</b></p>	<p><b>Colorectal Cancer Task Force.</b> The messaging campaign pilot in Clatsop County has concluded. The results of the pilot are being compiled right now. They are currently designing a roll out plan for the full state. Clatsop County was able to secure paid media, earned media, letters and other materials mailed or given to employees and contacts to promote people who have been screened to talk about their experiences. The information is available at <a href="http://www.TheCancerYouCanPrevent.org">www.TheCancerYouCanPrevent.org</a>. Our media contractor is looking for spokespeople who are Oregon tribal members, who live in the Metro tri-county area and in Jefferson, Crook, Deschutes.</p> <p>Second Annual Get Your Rear in Gear is July 24. It is hosted by one of our member partners, The Steve Baker Colorectal Cancer Alliance. Please register and join us.</p> <p><b>Breast Health Task Force.</b> The first regional networking meeting will take place June 24 in Albany. The next event is October 7 from 10 am to noon in Medford. For more information, contact Dolly England at <a href="mailto:englandd@ohsu.edu">englandd@ohsu.edu</a> or 503-494-3389</p> <p><b>Survivorship formative committee.</b> No report at this time.</p>	<p>Please send contacts for spokespeople to Sabrina</p> <p>Register and attend this event!</p>
<p><b>Legislative Priorities: Kirsten Aird and Jason Parks</b></p>	<p>HB 3616 definition of Mastectomy. Has been signed by the governor.</p> <p>BPA bill – thought that it was dead but Rep. Cannon is considering introducing it through an alternative process where he has to get 31 representatives to sign off on it. This passed the Senate. This is not a priority bill for OHA or ACS but one that is being watched by both.</p> <p>Tobacco tax legislation appears to be completely dead. However, it is very likely that the tobacco program is being kept in tack financially. There is a lot of credit for this to ACS and other partners who have been advocating for maintained funding.</p> <p>The Indoor Clean Air Act has been attacked on a number of fronts during this session. Currently there is an amended bill, 2627A waiting to be heard on the Senate floor. The intent was to close the loophole that allows smoke shops to allow indoor smoking. This loophole has allowed Hookah smoking lounges to open. The bill, with the amendment, tightens the definition of a smoke shop to better fit the original intent. It will also grandfather in those who have certifications or an application in process. With the amendments ACS is against the bill. The bill is currently on the Senate floor. Regardless of this bill, local cities and counties can close this loophole.</p> <p>SB 433: Would allow uninsured women screened through programs other than the BCCP program and found to have cancer to be enrolled in OHP. This will now go back to the full Ways and Means committee.</p> <p>HB 3650: Health Care transformation bill is still alive. If passed, Oregon will need to seek a federal waiver to institute the bill. The primary goal is to shift to prevention as well as integrate care. These will be regional care organizations. It is likely that issues related to cancer will play out both in the legislation and in the rule making process.</p>	

<p><b>Coalition Action Team Visit Report</b></p>	<p>The CAT visit summary was sent out to committee members. Slides from the visit provide information on the background and purpose of this retreat.</p> <p>Bottom line: how to we engage membership, communicate to members and potential members, and implement the elements of the plan.</p> <p>Member assessment: OHA has recruited an intern who will conduct a member survey. He will start on July 5 and is doing this internship as a part of his Oregon MPH program through Portland State University. He will be connecting with the Chairs of all the committees, including the Coordinating Committee, to find out what information we want to learn from our members. He will then develop and conduct the survey. He will give a summary of findings.</p> <p>Recruiting members:</p> <ul style="list-style-type: none"> <li>• There is a new Commission on Cancer chair that we are actively working on recruiting as a member of this committee.</li> <li>• It is difficult to participate remotely. People who attend via phone are generally absorbers rather than participants.</li> <li>• The development of the Community Care organizations will be very interesting and important to particularly rural organizations.</li> </ul> <p>Full member meeting: This may be a very useful piece for energizing members. The committee chairs feel that, while this is true, we first need to figure out who are members are and whether there are gaps in membership we need to fill.</p> <p>Communication plan: We need a message and a communication plan particularly for recruiting new members. Dolly has volunteered to take the lead on this work. There are many examples from other states and locations. What do we need to know:</p> <ul style="list-style-type: none"> <li>• Purpose</li> <li>• Goals and direction</li> <li>• Why do we exist?</li> <li>• Mission statement</li> <li>• What are we doing?</li> </ul> <p>Start with a draft of a one page summary of a description of OPCC.</p> <p>Possible update of the plan: The current plan has expired and is large. We discussed doing an addendum to the full plan that gives an update of what we have done so far. Consider a short 2-5 pages in length for an update. Other states updates can be interesting models for us.</p> <p>The CAT visit clarified for us that there has been a big shift from “before” to “after.” “Before” was that the coalition was built to support the work of the state and to define the work of the state programs. State staff were the lead and</p>	

	<p>set the direction of the coalition. The “after” is that the state has shifted to focus on an integrated structure that includes other chronic diseases, focus on prevention, early-detection and self-management. The state is now one member of a larger coalition rather than the leading force. OPCC is struggling with this shift and feels like a car with no driver. So, what do we do next?</p> <p>Next steps:</p> <ul style="list-style-type: none"> <li>• Begin work on the membership survey with the intern</li> <li>• One pager draft by Dolly: Sue will follow up with Dolly to see if it is drafted. Send it out to the committee members and work on it between now and the next meeting.</li> <li>• Committees, in their next meeting, come up with goals for 1-2 years, current actions and some update of the plan (information on what’s happened so far and where things sit now). <ul style="list-style-type: none"> <li>○ Breast Health Task Force</li> <li>○ Colorectal Health Task Force</li> <li>○ Policy committee? Kirsten and Jason will take this element</li> <li>○ Survivorship committee? Sue and Selma will look at this section along with updates of the treatment section</li> </ul> </li> </ul>	
<p><b>Agenda Items for August 4, 2011</b></p>	<p>Please send agenda items to Selma, Sue or Sabrina</p> <p>Donald, Sabrina and Kerri share any updates from CDC. Communication one-pager finalize. Intern to come and discuss next steps on the membership assessment Committees to send out their summaries prior to the meeting and talk through them at the meeting</p>	
<p><b>Adjourn</b></p>		