

# Coordinating Committee Meeting

## Meeting Notes, August 11, 2011

### Facilitators:

Selma Annala, Legacy Health Systems, email: [sannala@lhs.org](mailto:sannala@lhs.org)

### Attendees:

Nina Van Ness, Mid-Columbia Medical Center, Celilo Cancer Center, (drove 81 miles each way to attend)

Charlyn Wilson, Legacy Health Systems

Dolly England, OHSU Knight Cancer Institute

Kathy Mix, OHA Colorectal Cancer Screening and Breast and Cervical Cancer programs

Shaun Parkman, OHA Comp Cancer and Colorectal Cancer programs

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)

Philip Mason, OHA Comprehensive Cancer Program, [Philip.r.mason@state.or.us](mailto:Philip.r.mason@state.or.us)

Hank Cattell, OHA Comprehensive Cancer Program, [markus.h.cattell@state.or.us](mailto:markus.h.cattell@state.or.us)

### Phone:

Kerri Lopez, Northwest Portland Area Indian Health Board

Sam Boyd, Coos Bay

**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 Selma	
<b>OPCC Plan Addendum Statistics</b>	<p>Shaun will be coordinating the data for all sections of the plan addendum.</p> <p>Most of the data is straightforward. However there are some challenges.</p> <p>We now (as of two weeks ago) have BRFSS data from 2010 that we can use to update the plan and brochures, etc. There is a new weighting system for the data. The consequence of this new weighting system will likely make all the data look worse. It is more accurate but it will be a change. Currently we have the classic weights for the 2010 data but not the new weights. This does not affect the OSCaR data, only the behavior data. Key question: what data should we use?</p> <p>OSCaR data and BRFSS data years will not line up. Our most recent data for OSCaR is 2008 and the BRFSS is 2010. The decision is to report the most recent even though they will be different years.</p> <p>Breast cancer: The state reports 50-74 year olds who have had a mammogram in the past two years. We are not including clinical breast exams in the measure. In the previous plan clinical breast exam was included and the age was over 40. The decision is to go with the USPSTF guidelines for the data.</p> <p>Cervical cancer: The recommendation is for 21 to 64 or three years from the onset of sexual activity. We are</p>	

	<p>reporting 18-64 without a hysterectomy who has had a screening within the past three years. The group is good with this measure for the data.</p> <p>Colorectal cancer: The Oregon measure has been to have a compound measure of people 50 to 75 who are yes on one of the following: 1) FOBT in the past year, 2) a sigmoidoscopy in the past five with a FOBT within the past three, or 3) colonoscopy within the past 10. CDC does not measure it this way. Their measure is 1) FOBT within the past year or 2) sigmoid or colonoscopy within the past 10. The group decided to go with the Oregon composite measure rather than the CDC measure.</p> <p>In the original plan CRC data was broken down by urban, rural and frontier. Breast was not. The group decided to have this breakdown for CRC, breast and cervical.</p> <p>There are other ways to break down the data as well: marital status, insurance status (this was of interest to the state), sex (this was of interest), and age within the group.</p>	
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<p><b>Coalition Action Team assignment updates</b></p>	<p>Colorectal: The CRC Task Force is currently working through the Cancer Plan Addendum. The plan is then to do the Strategy Action Plan from the CAT visit after the update. The CRC TF would like to keep the action plan short: 1-2 years. CRC TF is using the BHTF brochure to adapt for them as well.</p> <p>Breast Health Task Force: is in a similar place. Currently working through the Cancer Plan Addendum. Has also started working through the Action Plan. Still making edits and continuing to work through narrowing down strategies and discussing key points. The Breast Health Task Force also created a brochure for recruitment and outreach purposes. That has been completed. Shaun does have updated data for the brochures. Then, they can be printed prior to the October BHTF meeting.</p> <p>Do we all want to use the Action Plan form for consistency? Answer: use it to the point that it is useful to you.</p> <p>Policy: Kirsten and Jason met last month and went over the plan. They are in the midst of revisions and considerations of what is possible for the work of the policy team. The goals are easier to define because they have already been defined. The action steps of how to get there are still to be defined.</p> <p>Survivorship: Eric Vinson has been pulling together the list of people around the state who are interested in this topic. Sue and Selma have taken a first stab at edits to the plan. The group will need to review this and give additional input.</p> <p>Hank Cattell has been tasked with document management for the plan updates. Please keep him in the loop as you finish updates for your portions of the plan addendum.</p>	
<p><b>Member Survey</b></p>	<p>Background: Philip has met with a variety of key informants to outline the goals of the evaluation. He then drafted survey questions and has gotten feedback from the state cancer team. The current draft is included in the handouts for this meeting.</p> <p>Please review the survey that is in the handouts (and will be emailed out again tomorrow morning). Give feedback to Philip by Friday, August 19 at <a href="mailto:Philip.r.mason@state.or.us">Philip.r.mason@state.or.us</a>.</p> <p>Once completed and reviewed with Sue and Selma, the survey will be put into an on-line survey tool. The survey will then go out and be in the field for about a month. After that, Philip will analyze the results and report back either at the October OPCC CC meeting or at another meeting.</p> <p>Feedback: Can it get down to 10 minutes? A status bar is a good way for people to gauge progress rather</p>	<p>Please send edits and input to Philip by August 19.</p> <p>Sabrina will email out the survey draft and the cover letter draft for feedback.</p>

than stating a time.

Philip will follow up with people who have not completed the survey if they are key people who we have identified we want answers from. Dolly is willing to assist with this follow up. If others in the group are interested in helping with

Distribution: Ask Gail to send it out to all of Komen. If everyone send it out to his or her contact lists this will help as well.

Do we need to know whom it was sent out to? No. While some surveys want a response rate, this is primarily an outreach tool and a tool for OPCC to decide how to move forward. Therefore it is not necessary for us to know how many people received it but did not respond.

There is a need for a cover letter. Philip distributed a rough draft of such a cover letter. Suggestion is that the brochure for OPCC also be distributed with the survey, so cover letter won't need to include all of the information about OPCC

Follow up: is the information Philip put in the survey true? Do we feel comfortable with these steps? Additionally we should post it on the web page.

Be careful not to repeat things too much. Put the key stuff in the cover letter (such as please forward to colleagues) but not repeated in the survey. What is the hook? We want their input whether or not they decide to participate in OPCC. You're being contacted today because... Your input is vital to improving... What you have to say will...

<b>Brochure Edit</b>	<p>In the packet is a draft of a brochure. Dolly will take edits and make changes.</p> <p>Could we add organizations that are part of the OPCC to add legitimacy? “Involved organizations include...” Oregon Health Authority could be listed as one of those organizations but should not be the only one.</p> <p>Should we provide logos? They do take up a lot of room and there may challenges about getting those logos and whose logos to include.</p> <p>Edits were discussed in the meeting.</p> <p>On the back, have membership, meeting and contact. This should include task forces.</p> <p>Purpose and goals should be on the brochure rather than membership benefits.</p>	<p>Dolly will input the edits of today then send this information in a word document for review. Get edits to Dolly and she will work with Charlyn to update the brochure.</p>
<b>Survivorship Committee meeting</b>	<p>Nominations? Eric is nominated but only if he has a co-chair. Selma will talk with Eric and seek a co-chair nomination for this committee. Perhaps a meeting of this group regardless of chair would be worthwhile.</p>	<p>Selma will take next steps</p>
<b>Committee Updates</b>	<p>CRC task force is launching the statewide campaign</p>	
<b>Legislative Recap</b>	<p>Jason will send this out electronically.</p>	
<b>Health Care Reform and Cancer</b>	<p>Dropped at this meeting due to time.</p>	
<b>Agenda Items the next meeting</b>	<p>Please send agenda items to Selma, Sue or Sabrina</p>	
<b>Adjourn</b>		