

# Coordinating Committee Meeting

## Meeting Notes, December 1, 2011

<p><b>Facilitators:</b> Sue Sumpter, Co-chair</p> <p><b>Attendees:</b> Nina Van Ness, Mid-Columbia Medical Center, Celilo Cancer Center, (drove 81 miles each way to attend) Charlyn Wilson, Legacy Health Systems Kathy Mix, OHA Colorectal Cancer Screening and Breast and Cervical Cancer programs Shaun Parkman, OHA Comp Cancer and Colorectal Cancer programs Sabrina Freewynn, OHA Comprehensive Cancer Coordinator, <a href="mailto:sabrina.l.freewynn@state.or.us">sabrina.l.freewynn@state.or.us</a> Jason Parks, American Cancer Society Cancer Action Network, <a href="mailto:Jason.parks@cancer.org">Jason.parks@cancer.org</a> Philip Mason, OHA Comprehensive Cancer Program, <a href="mailto:Philip.r.mason@state.or.us">Philip.r.mason@state.or.us</a> Hank Cattell, OHA Comprehensive Cancer Program, <a href="mailto:markus.h.cattell@state.or.us">markus.h.cattell@state.or.us</a></p> <p>Phone: Donald Shipley, OHA Oregon State Cancer Registry <a href="http://www.oregon.gov/DHS/ph/oscar/index.shtml">http://www.oregon.gov/DHS/ph/oscar/index.shtml</a> Email: <a href="mailto:Donald.Shipley@state.or.us">Donald.Shipley@state.or.us</a></p>		
<p><b>Handouts:</b></p>		
Agenda Item	Discussion Points	Outcome/Follow-Up
<b>Welcome and Introduction</b>	Welcome and introduction by Sue	
<b>Legislative Update</b> Kirsten Aird and Jason Parks	<p>We explored possible legislative options to cover colorectal cancer treatment through Oregon Health Plan similar to how the BCCP program originally covered those who were discovered to have cancer through their screening program. We have decided not to move forward with this because of budget constraints in the state that make the Legislative solution unlikely at this time.</p> <p>The three concepts HPCDP will move forward are 1) tobacco tax, 2) sugary beverages tax, 3) standards for state dollars used for food procurement. There is a legislature that is interested in enforcing no-sales-to-minors for tobacco. Representative Tomei will be introducing this bill. We will also be defending the Tobacco Reduction fund.</p> <p>In the past there was legislation introduced around closing Hookah Bars. That legislation did pass but in a way that was not what we wanted. There is a rule writing happening now. The draft rules will open for public comment on December 17. There will be a public hearing on January 17. The intent is that the rules will go into effect on February 1.</p>	

<p><b>Committee updates</b></p>	<p><b>Colorectal cancer (Charlyn):</b> As of the first week of November, a social marketing campaign has started to run state wide. This includes print ads in the Oregonian and the Observer, radio on OPB, a web site, facebook ads, etc. There are target areas in Umatilla county, Multnomah County with the African American and Urban Native American communities as well as health systems, and with tribes.</p> <p>There is not yet a provider for the direct screening for colorectal cancer. However, there are new, promising, discussions happening.</p> <p>The CRC committee is continuing to update the cancer update/addendum. There are still lots of questions about what this is and who the audience is. We will be able to finalize the information once these questions are decided.</p> <p><b>Survivorship (Nina):</b> A first meeting has occurred. The next steps are to find out what kinds of cancer programs are out there, are they doing survivorship work, are they collecting data. The loose plan at this point is to make contact with those centers through a letter and then visit those sites. Part of the purpose of the visits is to create a true state-wide survivorship committee. Then the committee will develop elements of the cancer plan related to survivorship.</p> <p>The next meeting is December 14<sup>th</sup> at Legacy.</p> <p><b>Breast Health (Kathy):</b> Continuing quarterly regional networking events around the state. This is an attempt to get people in a geographic region talking with each other and connected to the state committee. The next one is scheduled for January 18 at the Tillamook Hospital. This will be for the north costal area.</p> <p>The committee is working on the cancer plan update.</p> <p>There is a sub-committee beginning to meet to work on resource collection. These will be posted on the web page.</p>	
<p><b>Next steps from the Partner Evaluation and the Cancer Plan</b></p>	<p>Philip and Hank presented an exercise to strategize the needs and use of the cancer plan update.</p> <ol style="list-style-type: none"> <li>1) Who is our intended audience? <ol style="list-style-type: none"> <li>a. Advocacy groups, coalitions/alliances, community based organizations, foundations/philanthropies, government organizations, healthcare organizations, hospital systems, public health organizations. Our audience are people who can take action to change structures. This is not intended to be for individuals in the way that it is not a guide for people to deal with a cancer diagnosis or prevention.</li> </ol> </li> <li>2) How do we want these individual organizations to use the plan? <ol style="list-style-type: none"> <li>a. We want to inform organizations and individuals about what the partnership is trying to achieve and inspire their work in these areas.</li> </ol> </li> <li>3) What is the best way to distribute the plan to our target audience? <ol style="list-style-type: none"> <li>a. #1 listserv, #2 webinar, #3 webpage (although this needs a great deal of improvement). We should consider a larger conference although there are resource and participation questions.</li> </ol> </li> <li>4) Once we distribute the plan, what happens next? <ol style="list-style-type: none"> <li>a. Develop approaches for implementing strategies, develop priorities for allocation of existing resources, and publicize efforts of the partnership.</li> </ol> </li> <li>5) What makes the plan addendum of value compared to other tools or identified communication methods?</li> </ol>	<p>Next steps: BHTF and CRTF will finalize their sections of the plan update by next Coordinating Committee Meeting. Committee chairs will bring these answers back to the committees in finalizing sections of the plan.</p> <p>Philip and Hank will work with</p>

	<p>a. Re-energizing and re-focusing the efforts of OPCC. This is a grounding in current work and a re-definition of our work to be more measurable and more realizable goals.</p> <p>Additional questions: The state genetics program has written an update to the plan. Should this topic be included? It's very different from the sections written by committees so this may be confusing to our intended audiences. Perhaps the sections could be incorporated throughout the other sections.</p>	Survivorship and Coordinating Committee chairs to begin development of their sections.
<b>Agenda Items the next meeting</b>	<p>Please send agenda items to Selma, Sue or Sabrina</p> <p>For now we will continue to meet the first Thursday of every other month. At the next meeting we can discuss the ongoing role of the coordinating committee once the plan update is completed. Perhaps we should meet quarterly rather than every other month as the key work happens within the committees.</p>	
<b>Adjourn</b>		