Oregon Partnership for Cancer Control

Coalition Assistance Team (CAT) Visit
April 14, 2011

Meeting Summary
and
Action Plan

Prepared by:

Strategic Health Concepts

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Coalition Assistance Team Visit Summary

Introduction

In April of 2011, C-Change and Susan G. Komen for the Cure funded an opportunity to assist two comprehensive cancer control (CCC) coalitions in addressing a significant issue that is impeding the progress of the coalition's work. Through a brief, needs-based application process, the CCC coalitions of Oklahoma and Oregon were selected to receive a coalition assistance team (CAT) visit.

This document contains a summary of the discussions regarding current Oregon Partnership for Cancer Control (OPCC) operations and CCC plan implementation efforts. Highlights of the discussion are recorded, along with group decisions made, identification of next steps and recommendations and key points to further advance the implementation efforts of the OPCC.

Pre-CAT Visit Information Gathering

Information was gathered by the CAT (Leslie Given and Karin Hohman from Strategic Health Concepts, Tasha Tilghman-Bryant and Alison Smith from C-Change and Staci Lofton, Oregon CDC CCC Program Consultant) prior to the on-site visit. This information came from a variety of sources including multiple telephone conversations with the Oregon CCC program staff and the OPCC leadership and documents such as past OPCC coordinating committee meeting minutes and the Oregon CAT application. Based on the review and analysis of this information, the CAT developed an agenda for the on-site visit and revised the agenda based on the input of the OPCC leadership. The agenda and PowerPoint slide handouts that were used during the meeting are attached as appendices to this document. In addition, several CCC example templates and links to useful resources are also included in the appendices.

On-Site Meeting

Members of the CAT (Karin, Hohman, Leslie Given and Tasha Tilghman-Bryant) met with the leadership from the OPCC on April 15, 2011 in Portland Oregon. Approximately 10 key leaders from the OPCC attended the meeting. All meeting participants actively engaged in the discussions and expressed their perspectives throughout the meeting. The topic areas, discussions and decisions are summarized below:

Attendance

Dolly England, Breast Health Task Force Co-Chair, Knight Cancer Institute
Staci Lofton, Centers for Disease Control and Prevention
Sue Sumpter, OPCC CC Co-Chair, Leukemia Lymphoma Society
Selma Annala, OPCC CC Co-Chair, Legacy
Charlyn Wilson, Colorectal Health Task Force Co-Chair, Legacy
Kerri Lopez, Northwest Portland Area Indian Health Board
Donald Shipley, Oregon Health Authority
Sabrina Freewynn, Oregon Health Authority
Amy Manchester-Harris, Breast Health Task Force Co-Chair, Oregon Health Authority

Patty Carney, OHSU Knight Cancer Institute
Leslie Given, Strategic Health Concepts
Karin Hohman, Strategic Health Concepts
Tasha Tilghman-Bryant, C-Change

Purpose and Outcomes of the CAT Visit

- To understand current OPCC challenges
- To develop an OPCC action plan to address challenges

OCCN Strengths and Accomplishments, and Challenges and Opportunities

The group was asked to share their perspectives on the past and current work of the OPCC. Information shared by the group is identified below:

Strengths and Accomplishments:

- We have a collegial approach across institutions
- We have strong leadership
- We have a history of achieving goals
- Our OPCC summits have been successful in terms of highlighting accomplishments, networking and engaging stakeholders across the state
- We have a good CCC plan
- We have a strong breast health and colorectal cancer (CRC) task force that serve as advisory groups to the state programs
- We have identified top priorities such as breast and CRC
- We have had a successful Cancer Survivors Day
- In collaboration with NPIAHB, we have had culturally competent training
- The breast health taskforce has implemented trainings and created networking opportunities
- OHSU represents an opportunity for leveraging partners

Challenges and Opportunities:

- The Oregon Public Health Division is moving towards a focus on prevention and early detection. This presents a challenge and opportunity for OPCC to focus on treatment, quality of life and survivorship.
- We would like to strengthen the OPCC coordinating committee, engage a broader cancer partnership and leverage and build on partners other than the Oregon Public Health Division
- Oregon is a geographically challenging state, therefore at times it is difficult to engage partners that represent all areas throughout the entire state
- It is has been a slow process to coordinate and get all partners and systems to move forward with CRC screening. We need to fully address treatment coverage for CRC.
- We need to determine the best way to implement treatment priorities. It is difficult to get providers to adopt and implement standards of care.

- The OPCC is made up of volunteers. We all have more responsibilities with less resources.

CAT Discussion Areas

Based on the information gathered prior to the meeting and the input from the participants, the following major challenges were identified and discussed during the meeting. Decisions and actions steps are provided for each of these challenges in the remainder of the document.

- The relationship, role and future of the OPCC and implementation of the CCC plan as it relates to the Oregon Public Health Division's taking an integrated chronic disease approach
- How OPCC work is accomplished
- Define Roles and responsibilities of the OPCC, the OPCC Coordinating Committee, the OPCC Co-chairs, the Oregon Public Health Division, and the OPCC taskforces
- Strengthen OPCC communication and member engagement

Discussion regarding the issue of the Oregon Public Health Division taking an integrated chronic disease approach and the relationship, role and future implementation of the OPCC and the CCC plan

An important discussion was held regarding the impact of the Oregon Public Health Division's integrated chronic disease approach on the OPCC and the comprehensive cancer control plan. Many of the concerns were identified, discussed, and addressed in the role and responsibilities discussion outcomes below. There was agreement on the following overarching principles related to this issue:

1. A comprehensive cancer control plan for Oregon that addresses prevention through survivorship is important to the overall cancer efforts in Oregon.

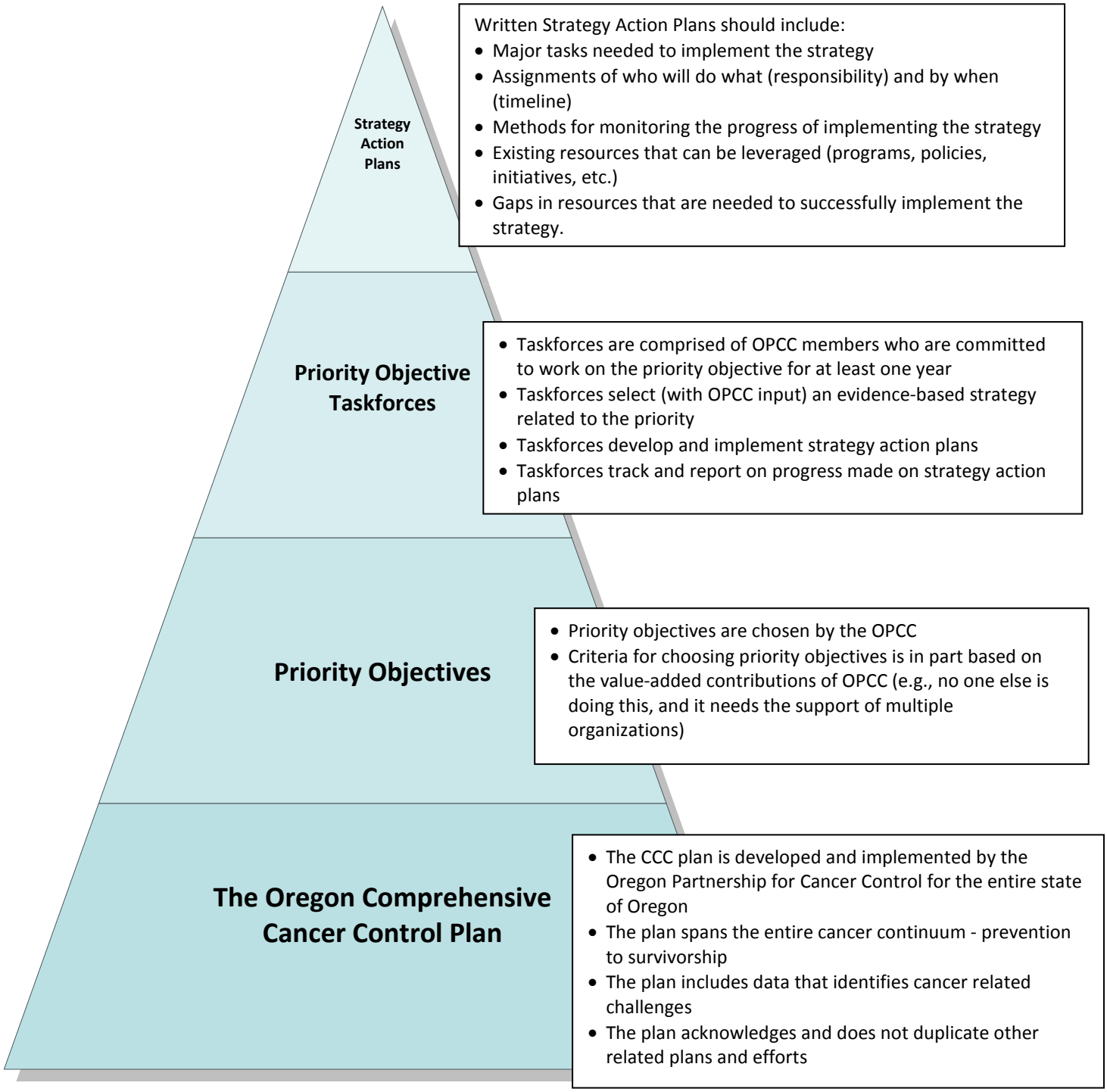
2. Different OPCC partners play different roles in implementing the plan.

3. The OPCC should identify and implement cancer priorities by identifying where the OPCC can provide a value-added contribution especially to cancer issues that are NOT being addressed or could be improved on; for example, addressing gaps or addressing issues that no one organization can or would do alone.

4. Therefore, if the Oregon Public Health Department has resources, plans and active involvement from diverse partners (including OPCC members) to implement prevention and early detection approaches that impact cancer, the OPCC should not focus its resources and priorities on elements of the Oregon CCC plan which are adequately being addressed by the Public Health Department. These efforts and the progress made by the Health Department should be reported on to the OPCC so that accomplishments as well as challenges are shared.

How Oregon Partnership for Cancer Control Work Is Accomplished

The following schematic was discussed to visually show how OPCC accomplishes its work:



Define Roles and Expectations for the Oregon Partnership for Cancer Control

The OPCC meeting participants agreed to the following:

OPCC Roles and Responsibilities
The OPCC roles and responsibilities include:

- To network and increase awareness of the burden of cancer and approaches needed to address the burden
- To plan and implement a cohesive and coordinated comprehensive cancer control plan for the state of Oregon
- To increase awareness and promote best practices and standards in cancer care across the state
- To advocate for, and act as "one voice" on cancer issues
- To identify and implement cancer priorities by identifying where the OPCC can provide a value-added contribution; for example, addressing gaps or addressing issues that no one organization can or would do alone.
- To effectively implement actions through coordinating and leveraging coalition members, existing systems and networks.

OPCC Coordinating Committee Roles and Responsibilities
The OPCC coordinating committee's roles and responsibilities include:

- To make decisions that guide and direct the OPCC
- To assure that the OPCC prioritizes 1-2 year objectives from the OPCC plan and that an infrastructure (such as taskforces) is in place to work on addressing those objectives
- To be the OPCC communication hub
- To lead discussion and make decisions about updating the Oregon CCC plan
- To assess and implement decisions about OPCC membership including gaps in membership, recruiting new members, orienting and actively involving members and establishing communication channels both to and from OPCC members and partners

OPCC Co-Chair Roles and Responsibilities
The OPCC Co-Chairs roles and responsibilities include:

- To attend, chair and facilitate the OPCC and OPCC coordinating committee meetings
- To develop meeting agendas in consultation with other OPCC partners
- To keep a big picture view of CCC – from prevention to survivorship – and to guide the OPCC to do the same
- To serve as an ambassador of the OPCC
- To actively recruit new members and to network with new and existing members on behalf of the OPCC

The composition and meeting schedule of the coordinating committee was agreed to as follows:

- Meets every other month
- Led by co-chairs
- Includes the following "standing" positions:
    - Oregon Public Health Division representative
    - OHSU representative
    - American Cancer Society representative
    - ACOS Commission on Cancer representative
    - Northwest Portland Area Indian Health Board (NPAIHB) representative
    - Taskforce co-chairs (currently Breast Health and CRC)
    - 4 at large members

Oregon Public Health Division Roles and Responsibilities

The Oregon Public Health Division's roles and responsibilities include:

- To continue to be a strong partner in the OPCC
- To provide staff time and expertise to convene, coordinate and provide written summaries of OPCC and OPCC coordinating committee meetings
- To be the Oregon data and evaluation resource, which includes collating, analyzing and summarizing cancer related data
- To provide a conference call line for the OPCC to use for coordinating committee meetings, taskforce meetings and other official OPCC business

OPCC Taskforce Roles and Responsibilities

OPCC Taskforces (currently the Breast Health Taskforce and the CRC Taskforce) roles and responsibilities include:

- To "inventory" existing work in the focus area (such as breast cancer and CRC)
- To assess relevant data in order to identify gaps in knowledge, access, services, policies and programs (Gaps = needing to create, improve, enhance or expand)
- To identify an evidence-based strategy that is aligned with a priority objective identified by the OPCC and OPCC coordinating committee
- To develop, implement and track progress on a 1-year strategy action plan that includes:
    - Action steps needed to implement the strategy
    - Assignments of who will do what (responsibility) and by when (timeline)
    - Methods for monitoring the progress of implementing the strategy
    - Existing resources that can be leveraged (programs, policies, initiatives, etc.)
    - Gaps in resources that are needed to successfully implement the strategy.
- Taskforces are the method for implementing OPCC priorities – therefore, as cancer plan priorities are chosen, new taskforces may need to be formed

Action Steps Related to Defining the Roles and Responsibilities of the OPCC, the OPCC Coordinating Committee, the OPCC Co-chairs, the Oregon Public Health Division and the OPCC taskforces

What	By Whom	By When	Completed
For the Coordinating Committee: Assure the composition of the OPCC coordinating committee is recorded, reconfirm member commitment on the coordinating committee, and provide documented roles and responsibilities to each of the coordinating committee members	Coordinating Committee: (identify a specific person)		
For the Coordinating Committee: Next meeting of the OPCC coordinating committee will be June 2nd Agenda items include: • Review the 4/14 CAT meeting summary, action plan and supporting materials • Conduct a member assessment utilizing communication materials being developed (see communications action plan) such as the: o OPCC member lists o OPCC member form (being developed) o OPCC "one pager" (being developed) • Based on the member assessment determine: o Gaps in membership o Who will recruit new or inactive members o What do we say to them? (Finalize communication plan and "recruiting" materials) o What do we ask them to do? (look at OPCC taskforce needs and match a need to a skill or expertise of a new or inactive member to engage them) • Discuss when there should be a full OPCC meeting o Purpose / Outcome of Meeting (e.g., announce accomplishments, identify and showcase current priorities, talk about updating the CCC plan, etc.) o When (e.g., August – when taskforces have completed their action plans and new members can be recruited to help implement the action plans)	Coordinating Committee: (identify a specific person)		

For the Taskforces: Document the roles and expectations for the OPCC taskforces in "official" OPCC materials	Coordinating Committee: (identify a specific person)		
For the Taskforces: Finalize an action plan template that all taskforces will complete and use as they implement their strategies	Coordinating Committee: (identify a specific person)		
For the Breast Health and CRC Taskforces: Convene existing Breast Health and CRC Taskforces. Each taskforce will create a one year action plan (using the action plan template). This action plan should incorporate current activities and plans.	Co-chairs of each taskforce		
For the Survivorship Taskforce: Gather small group of those that have indicated an interest in survivorship and meet to discuss the potential formation of a taskforce – including identifying a chair or co-chairs. If a taskforce is created, members should be recruited and a one-year action plan developed			
For the Breast Health and CRC Taskforces: Review taskforce membership and recruit new or re-engage existing taskforce members	Co-chairs of each taskforce		

Strengthen OPCC Communication and Member Engagement

The OPCC meeting participants agreed to the following:

OPCC Member Recruitment Materials

- OPCC informational materials are needed to organize member operations and communicate effectively to OPCC new and existing members. The following materials were identified as materials to develop for the OPCC:
  - A "one-pager" that succinctly describes the OPCC and its purpose and how it gets its work done
  - Member lists of the following groups:
    - The full OPCC

        - The coordinating committee
        - Current Breast Health and CRC taskforce members
    - A member information form that includes contact information, organizational responsibilities, interests, skills, etc
- Plans to expand the member packets can be made to include items such as:
    - A list of different ways to be involved in OPCC
    - Types of resources that are needed / can be contributed to the OPCC efforts
    - Brief descriptions of existing taskforces and their efforts

Action Steps Related to Strengthen OPCC Communication and Member Engagement

What	By Whom	By When	Completed
Develop a simple communications plan that includes answers and approaches to the following questions: 1. To whom do we want to communicate? 2. What do we want to communicate? 3. How often should we communicate? 4. How should we communicate? 5. Who is responsible for OPCC communications?			
Synthesize and develop OPCC member information including: 1. A one-page description of the OPCC 2. Member lists (full OPCC, coordinating committee, taskforces) 3. Develop OPCC member information form	Dolly (1 pager)		
Involve all geographic areas and population groups of OR in the active implementation of the OR cancer plan. 1. Identify existing rural or population based networks or programs in OR that could be recruited to assist with implementation of OPCC plan priorities. 2. Ask them to play a specific role and identify how they benefit from their involvement 3. Communicate and follow up with them 4. Assure their involvement is written into the workgroups' action plans			

Appendices

April 11, 2011 CAT Meeting Agenda

Meeting Slides (see separate file)

Action Plan Template

Helpful Links

Oregon Partnership for Cancer Control
Coalition Assistance Team (CAT) Visit
April 14th, 2011
Portland, Oregon 9:00am – 4:00pm
Agenda

9:00 Welcome and Introductions
Overview of CAT Initiative

Review Today's Agenda and Desired Outcomes
- To understand the dimensions of OPCC's current challenges
- To develop an OPCC action plan to address challenges

Overview: Background Information Collected
- Strengths of the OPCC
- Challenges of the OPCC
- Questions about OPCC's role, structure, priorities, requirements, autonomy, etc.

Discussion: Purpose, Roles and Priorities of the OPCC
- What is the purpose of the OPCC?
- What are the roles of the OPCC, the Coordinating Committee and its members? How do those roles impact other OPCC partners, such as the health department?
- What are the priorities of the OPCC? How are priorities identified? How does that work get accomplished?

12:00 Working Lunch

Discussion: Engaging OPCC Members
- Do we know who OPCC members are? Who is actively involved? Are they acting as individuals or representatives of organizations?
- How do we assure meaningful involvement of OPCC coalition members?
- How do we recruit and involve members that represent all areas on the cancer continuum and regions of the state?
- How can we best work with local networks to assist with implementation of OPCC efforts?
    - Relationship with the Northwest Portland Area Indian Health Board (NPAIHB) and local tribes
    - Local health departments
    - Other community coalitions/networks/systems

Discussion: Developing an OPCC Action Plan
- Changes in how we work?
- Changes in who does what?
- Changes in what we are working on?
- Identify specific steps to make these changes

Q&A / Next Steps
4:00 Adjourn

CCC Strategy Action Plan

Identify a Goal in the CCC Plan:

Identify a Priority Objective Related to that Goal in the CCC Plan:

Select a priority strategy that relates to your priority objective
Review the strategies that are listed for the priority objective. Choose one strategy your group thinks a workgroup of the coalition could work on for 1 year.

HOW TO CHOOSE A STRATEGY

There are several activities (strategies) that can help you effectively address your priority objective. Yet, resources, such as time and money are limited. Therefore your group will need to identify what you believe are the most important strategies to work on first. As strategies are completed and if additional resources are obtained, additional strategies can be added to the coalition's work.

Your group can use the following criteria to discuss and determine your strategy:

- Is this a strategy we need to accomplish together? i.e., it is not likely to be achieved without the coalition working on this.
- Is it likely that this group and other individuals and organizations will commit to work on this over the next year?

1. List the strategy your group has chosen:

2. What result do you expect to achieve if this strategy is implemented successfully?

STRATEGY:

IMPORTANT: As you think about the tasks needed to implement this strategy, make sure you consider existing networks, systems, organizations and / or programs that you could use to work with. **Joining forces with an already established effort increases your chances of success!**

Description of each major task needed to implement the strategy	Group member(s) that will lead the task	Due Date	Information or resources needed

1. In order be successful in implementing this strategy – identify who (both organizations & individuals) you could recruit to help with your efforts

Name of Organization / Individual	Member of this group that will recruit them

2. Identify how you will know if you are making progress: (for example; additional resources are obtained, a bill is passed, organization(s) implement a program, new data is collected, meetings with stakeholders are held, etc.)

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3. What does your group view as the biggest challenge to successfully implementing this strategy?

4. What are your group's ideas to overcome this challenge? *Make sure your ideas are incorporated into the action plan, if appropriate*.

Provide more detail here regarding resources needed for the strategy

Type of resource needed	**Estimated type / amount / cost**	**In-kind donation from CCC Partner *(Identify Name & Specific Donation)***	**Possible options for obtaining additional resources**
Personnel			
Materials development & printing			
Media (radio, TV, online)			
Equipment			
Data collection			
Travel & meeting costs			
Other:			
Other:			

HELPFUL LINKS TO CCC EXAMPLES AND OTHER INFORMATION RESOURCES

Washington CCC Coalition
Information about how to get involved (membership packet info)
http://www.doh.wa.gov/ccc/partnership.htm#getinvolved

Connecticut CCC Coalition
Information about the coalition, how to get involved (member packet info – includes FAQs, brochure about coalition
http://www.ctcancerpartnership.org/about_us_faqs.asp
http://www.ctcancerpartnership.org/docs/about_v_020309.pdf
http://ctcancerpartnership.ning.com/

South Carolina CCC Coalition
501c3 – Cancer Alliance report card the coalition published about what they have accomplished
http://www.sccanceralliance.org/UserFiles/SCCA%202010%20Cancer%20Report%20Card%20Final1.pdf

Michigan Cancer Consortium
Communications toolkit
http://www.michigancancer.org/JoinUs/MCCToolKit.cfm

New Jersey CCC Coalition
Communications plan
http://www.nj.gov/health/ccp/documents/communications_plan.pdf

KY CCC Coalition
Communications plan
http://www.kycancerc.org/AboutUs.htm