



Cancer Center Without Walls

Advisory Board Meeting

May 2, 2019

Southwest Virginia Higher Education Center, Abingdon, Virginia

10:00 Welcome, Introductions: *Sarah Ramey, Co-Chair, Cancer Center Without Walls Community Advisory Board*

- Brief introductions, including any new members
- Review & approve meeting minutes from March 2019 meeting
 - Motion made by Scott Schriefer, 2nd by Deb Clarkston

10:20 Research Updates

- Standing research updates since March meeting
- Dr. Kelly Shaffer, Assistant Professor, Department of Psychiatry and Neurobehavioral Sciences at UVA, Center for Behavioral Health and Technology
- Developing an app for caregiver support for caregivers of cancer patients. Recently funded and working on expanding the project to under resourced sites in SWVA.
 - Improving the Understanding of Depression among Cancer Caregivers Using Ecological Momentary Assessment: One in four caregivers experience depression and stress as they take on more complex tasks related to cancer care and support. This project will use a phone app to track and provide support. Looking to recruit forty caregivers.
 - CCWW interested in knowing when depression is more likely to start, active treatment, survivorship, etc.
 - Howard Chapman mentioned NIH had chronic disease health disparities project that ended up including depression. PI was out of Washington.
 - Question asked about the recruitment process for the smartphone app. The project team is currently exploring options. Ballad Health is interested in working on this project.
 - Mentioned that resources need to be specific for caregivers.

11:00 CCWW Advisory Board Members Updates & Announcements

- Stone Mountain Health Services: ACS grant

- Colorectal Cancer Screening Research Project, interviewing medical providers at 6 clinics: Appalachia, Council, Holston, Jonesville, Konnarock, and William A. Davis and reviewing archival data.
 - Colorectal Cancer Screening Research QI Project, Flu/Fit at Dickenson, Buchanan, Thompson, and Council.
 - Expansion of flu fit with Virginia Health Care Association
 - HPV QI plan with American Cancer Society and Virginia Department of Health to complete in Haysi, Council, and Thompson
 - CRC Learning Collaborative- questions about what it is and who is involved.
- Mountain Empire for Older Citizens: fund raising updates & other updates
 - Mountain Laurel Resource Center has two major fundraisers:
 - June 14th: Harold Lester Golf Tournament at Lonesome Pine Country Club, auction items also including a signed UVA basketball. Money raised goes to cancer patients in the region to provide services including gas cards, paying electric bills, and providing Ensure.
 - September fundraiser, is also being planned.
 - MEOC Emergency Fuel program is doing their Walk-a-thon Sunday, May 5th trying to raise \$136,000.
- Tri-County Community Health: newly submitted HRSA application & other updates
 - Submitted an Access Point grant for Grayson County. Based on an unmet need score. Grayson County scored 15 and may get some extra point for hotspots. Only 1.2 FTE physicians in that county. September the 1st announcement.
 - Transportation, just purchased a van and are working on buying a 2nd van. 14.6% of households in Grayson County have no access to transportation.
 - HRSA Behavioral Health Integration Grant- screening for depression and substance use in patients over 12. Looking to hire two additional LSCW and will serve over 500 new patients.
 - New clinic building going up in Ferrum. Will replace old facility. Will house 19 exam rooms and will add an NP and down the road an additional physician and pharmacist.
 - Presentations for telehealth at UNC Asheville on Healthcare in Appalachia, National Association in Washington DC, MAXTIC, Webinar for National Cons. Of Telehealth Resources
- Other updates & announcements
 - Clinch Valley Medical Center is working on health literacy in partnership with Appalachian Agency for Senior Citizens. Some of the health literacy focuses on cancer.
 - Ballad Health, American Cancer Society - transportation grants to help with car repair/tires and gas. Mobile Mammo with ACS, allowing for screenings in more rural areas.

- State of Tenn. For CRC help. Colonoscopy awareness and trying to increase number of screenings.
- Structured discussion around Colorectal Cancer Projects
 - Stone Mtn- Flu/Fit, CRC Learning Collaborative, P30 Research Grant
 - Ballad Health- Funds for awareness building
 - Clinch Valley Medical Center - medical oncologist passionate about CRC and the rate of advanced stage. Mailers being sent out to everyone over 50. Doing talks around the region and getting physicians on board to help promote and educate the community on colorectal screening.
 - Not enough providers. GI providers aren't in PD1. Most have to travel over an hour to get to Kingsport and Bristol to get care.
 - Tri Area- HRSA has clinical performance measures that include CRC, money is usually attached to those measures.
 - Still barriers around the prep, also barriers around the stool based tests.

11:40 Our PCORI contract updates

- Energizer
- Review PCORI milestones
 - Updating our membership matrix for the website
 - First six months are complete. Website is in the works. Website will highlight the members.
 - PCOR training for UVA researcher took place on April 24. Brought in a PCORI speaker.
- Review where we left off in March: Major findings from CPPE Step #1

12:00 Lunch & networking

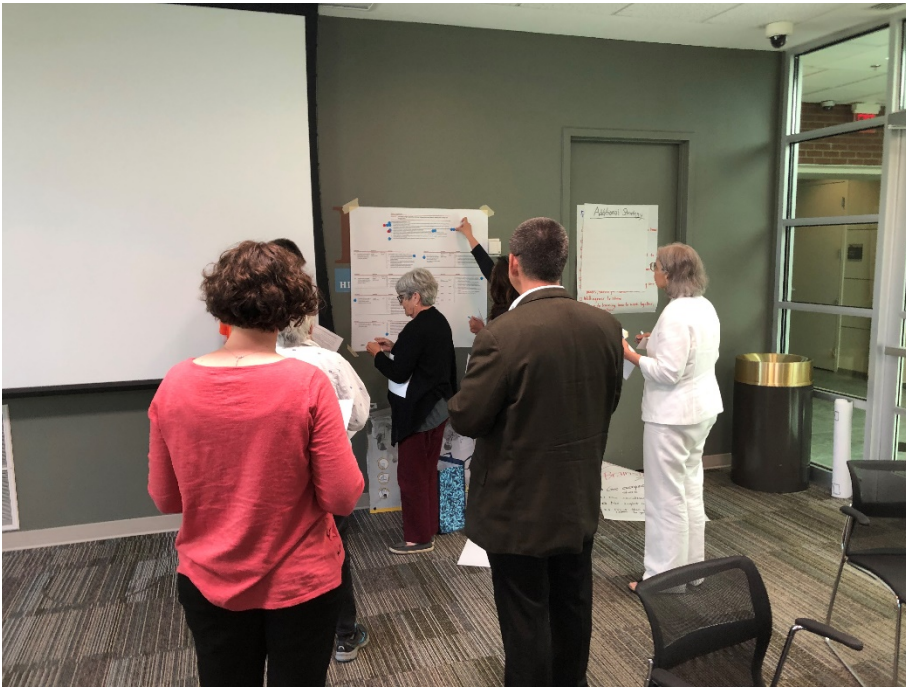
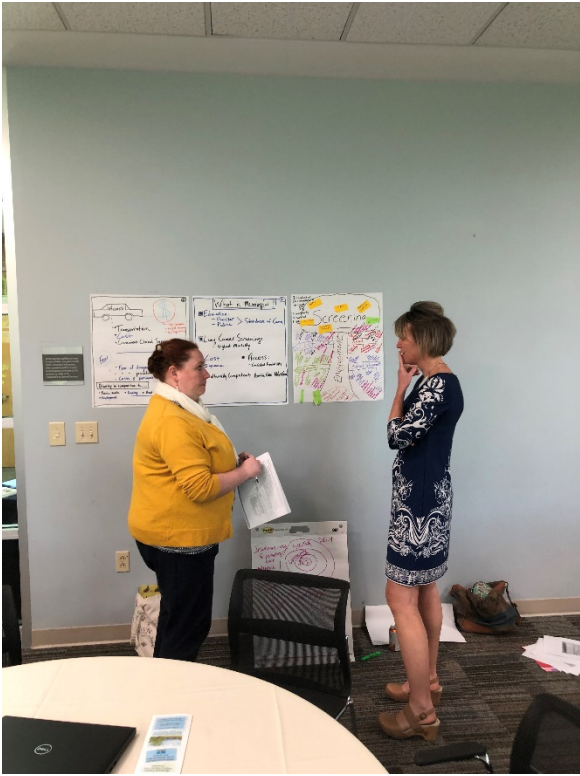
12:30 Progressing the Planning Process

- CPPE Step #1: Problem assessments & identify root causes in action teams: *Re-envisioning our Causal Models & Prioritization*
- CPPE Step #2: Identification & selection of interventions: *Begin to use our Causal Models to contextualize and prioritize the VA State Cancer Plan for rural SWVA*

1:50 Summation, setting next meeting date, and next steps

- Upcoming Action Team conference meetings: TBD
- Upcoming meetings: Thursday August 1 (switch back to Lebanon)
- Interest in future webinars? If so, what topics?

2:00 Adjournment



Early Detection
Goal 6: Increase high-quality cancer screening and early detection rates for Virginians.

- Overall strategies for Objectives 6.1 – 6.4:**
1. Provide education to physicians, other healthcare providers, and the public about current national cancer screening guidelines for populations at high risk for cancer.
 2. Provide education to physicians, other healthcare providers, and the public about available low and no cost cancer screening resources for low-income, under and underserved populations.
 3. Encourage physicians and other healthcare providers to use evidence-based practices to increase cancer screening rates (partner with state provider retraining, provider assessment and feedback).
 4. Advocate to ensure coverage of coverage across all public and private payer options.
 5. Advocate for state and federal policies that improve access to health insurance (ACA or Medicaid) for eligible populations.
 6. Advocate for and support the implementation of workplace policies to provide (paid) time off for individuals to complete recommended cancer screenings.
 7. Reduce barriers to screening among underserved populations through the use of patient navigation and other culturally competent outreach strategies.
 8. Work with key stakeholders to secure resources to screen uninsured/low income populations.

Objectives	Measures	Strategies
6.1 Increase the percentage of women aged 40-74 who received a mammogram in the past two years.	BASELINE (2014) 80.4% TARGET 2022 84.4%	6.1 In addition to the overall strategies listed above: a. Provide education to physicians, other healthcare providers, and the public about current national breast cancer screening guidelines and informed decision-making. b. Provide education to physicians and other healthcare providers on issues related to breast cancer screening in the LGBTQ community. c. Provide education to physicians, other healthcare providers, and patients on the benefits of 3D mammograms for women with dense breasts.

Objectives	Measures	Strategies
6.2 Increase the percentage of men aged 45 who have had a discussion with their provider on the advantages and disadvantages of a PSA test.	BASELINE (2014) 81.1% TARGET 2022 82.7%	6.2 In addition to the overall strategies listed on pg. 31: a. Provide education to physicians, other healthcare providers, and the public about current national prostate cancer screening guidelines. b. Provide education to physicians and other healthcare providers on issues related to prostate cancer screening in the LGBTQ community.

Objectives	Measures	Strategies
6.3 Increase the percentage of women aged 20-44 who have had a pap smear in the last 3 years.	BASELINE (2014) 81.6% TARGET 2022 83.7%	6.3 In addition to the overall strategies listed on pg. 31: a. Provide education to physicians, other healthcare providers, and the public about current cervical cancer screening guidelines. b. Provide education to physicians and other healthcare providers on issues related to cervical cancer screening in the LGBTQ community.

Objectives	Measures	Strategies
6.4 Increase the percentage of men aged 50-74 who have had a PSA test in the last 3 years.	BASELINE (2014) 79.8% TARGET 2022 81.9%	6.4 In addition to the overall strategies listed on pg. 31: a. Provide education to physicians, other healthcare providers, and the public about current national prostate cancer screening guidelines. b. Provide education to physicians and other healthcare providers on issues related to prostate cancer screening in the LGBTQ community.

Objectives	Measures	Strategies
6.5 Increase the percentage of women aged 50-74 who have had a mammogram in the last 3 years.	BASELINE (2014) 79.9% TARGET 2022 82.0%	6.5 In addition to the overall strategies listed on pg. 31: a. Provide education to physicians, other healthcare providers, and the public about current national breast cancer screening guidelines, including high risk populations. b. Provide education to physicians and other healthcare providers on issues related to breast cancer screening in the LGBTQ community. c. Provide education to physicians, other healthcare providers, and patients on the benefits of 3D mammograms for women with dense breasts.

Objectives	Measures	Strategies
6.6 Increase the percentage of men aged 50-74 who have had a PSA test in the last 3 years.	BASELINE (2014) 80.1% TARGET 2022 81%	6.6 In addition to the overall strategies listed on pg. 31: a. Provide education to physicians, other healthcare providers, and the public about current national prostate cancer screening guidelines. b. Provide education to physicians, other healthcare providers, and patients on the benefits of 3D mammograms for women with dense breasts.

Objectives	Measures	Strategies
6.7 Increase the percentage of lung cancer diagnosed at the localized stage.	BASELINE (2014) 18.9% TARGET 2022 20%	6.7 In addition to the overall strategies listed on pg. 31: a. Provide education to physicians, other healthcare providers, and the public about current national lung cancer screening guidelines and the use of risk assessments to determine who should be screened based on current national guidelines. b. Promote shared decision-making process for lung cancer screening. c. Support health systems as they work to create and implement lung cancer screening programs.

Objectives	Measures	Strategies
6.8 Increase the percentage of pancreatic cancer diagnosed at the localized stage.	BASELINE (2014) 30.1% TARGET 2022 31%	6.8 In addition to the overall strategies listed on pg. 31: a. Provide education to physicians, other healthcare providers, and the public about current national pancreatic cancer screening guidelines. b. Provide education to physicians, other healthcare providers, and patients on the benefits of 3D mammograms for women with dense breasts.

Prevention

Goal 1: Reduce exposure to tobacco among Virginians

Objectives	Measures	Strategies	
1.1 Decrease the percentage of Virginians who use tobacco products.	15.9% (BPS 2014)	12%	a. Advocate for stronger tobacco tax and excise tax consumption by increasing price/liters and requiring tobacco product retailers to be licensed for their tobacco tax.
1.1.1 Decrease the percentage of adolescents in grades 9-12 who reported never trying a cigarette (even one or two puffs).	25.7% (YVS 2015)	27%	b. Advocate to change state laws to prohibit the sale of all tobacco products to anyone under the age of 21.
1.1.3 Decrease the percentage of adults who use chewing tobacco, snuff or vials.	3.7% (BPS 2014)	3.3%	c. Encourage physicians and other healthcare providers to screen for all tobacco use and refer to tobacco cessation resources as appropriate.
1.1.4 Decrease the percentage of adolescents in grades 9-12 who use chewing tobacco, snuff or vials.	5.5% (YVS 2015)	5.2%	d. Increase funding for tobacco product cessation programs.
			e. Advocate for schools to implement comprehensive tobacco free policies.
			f. Advocate for adopting tobacco free college, university and healthcare campus policies.
			g. Implement school based prevention programs that focus specifically on the negative health and physical effects of tobacco/tobacco.
			h. Expand age appropriate prevention messages through existing youth oriented community based channels, such as organized athletics, youth councils, and centers.
			i. Expand the adoption of the community health worker model to correct current tobacco users to use smoke cessation services and education.
			j. Advocate for adopting a policy to restrict the sale of flavored liquid nicotine.

Prevention

Goal 2: Improve nutrition and physical activity among Virginians.

Objectives	Measures	Strategies	
2.1 Increase the percentage of Virginians who meet daily recommended fruit and vegetable intake.	11.8% (BPS 2014)	16.5%	1. Implement nutrition and labeling standards including nutrient and sugar standards in public institutions, workplaces, schools, and other key locations.
2.1.1 Increase the percentage of adults who meet daily recommended fruit and vegetable intake.	18.0% (YVS 2015)	18.5%	2. Strengthen healthier food access and sales in underserved and underserved areas (i.e. farmers markets, corner stores, and convenience stores, improve pricing, stock up, and promotion).
2.2 Increase the percentage of Virginians who meet physical activity guidelines.	23.1% (BPS 2014)	23.2%	3. Encourage and implement transportation and community plans that promote walking, biking, and other forms of physical activity including trail and greenway development.
2.2.1 Increase the percentage of adults who engage in 100 or more minutes of aerobic exercise and two or more days of muscle strength training exercise per week.	25.1% (YVS 2015)	26.4%	4. Collaborate with youth-serving organizations (including schools) to promote evidence-based physical activity programs that include a reward system.
2.3 Decrease the percentage of Virginians who are overweight or obese.	65.5% (BPS 2014)	62.2%	5. Promote evidence based engagement of the community to support for healthy behavior change through evidence based supports for the community (e.g. farmers markets, community gardens, and other food-based organizations).
2.3.1 Decrease the percentage of adolescents in grades 9-12 who are overweight or obese.	28.1% (YVS 2015)	26.7%	6. Increase electronic health records (EHR) adoption and the use of health information technology (HIT) to improve performance (e.g. provider recall/reminder systems for patients with relevant EHR and educate and refer to appropriate resources).
			7. Promote breastfeeding and increase access to breast feeding friendly environments.
			8. Discourage consumption of alcoholic beverages in excess of recommended levels.

Prevention

Goal 3: Reduce HPV infections among Virginians.

Objectives	Measures	Strategies	
3.1 Increase the percentage of Virginians under 18 years of age completing the HPV vaccine series.	49.5% (National Immunization Survey - Teen 2016)	52%	1. Provide education to parents, guardians, and other healthcare providers about the effectiveness of the HPV vaccination in preventing HPV associated cancers.
3.1.1 Increase the percentage of females aged 13-17 years completing the HPV vaccine series.	27.5% (National Immunization Survey - Teen 2016)	29.4%	2. Advocate to amend current state code (Virginia Code 2.2-271.2) for reporting immunization status of students to include data for HPV vaccination in addition to the current required data reporting of MMR, HepB, and Tdap vaccines.
3.1.2 Increase the percentage of males aged 13-17 years completing the HPV vaccine series.	27.5% (National Immunization Survey - Teen 2016)	29.4%	3. Advocate to amend current state code (Virginia Code 2.2-271.2) for school and daycare enrollment requirements to align with current national guidelines for properly spaced HPV vaccination.
			4. Implement reminder and end-of-appointment scheduling of next visit to increase completion of the HPV vaccine series.
			5. Expand the adoption of the community health worker model by healthcare organizations to promote HPV vaccine messaging.
			6. Provide education on HPV and HPV vaccination through provider connection to HPV vaccination program.

Prevention

Goal 4: Reduce exposure to ultraviolet (UV) radiation from the sun and indoor tanning devices (to include, but not limited to tanning beds, booths, and sun lamps) among Virginians.

Objectives	Measures	Strategies	
4.1 By 2022, decrease the percentage of youth who have used a tanning booth or sun lamp in the past 12 months.	TBD	TBD	1. Promote policies and education addressing skin cancer prevention, sun protective clothing and benefits of tanning bed use at child development centers, schools, Park and Recreation, youth work sites, and summer camps.
4.2 Decrease the percentage of youth who have used a tanning booth or sun lamp in the past 12 months.	TBD	TBD	2. Expand the adoption of the community health worker model to provide education on sun safe behaviors and/or provide connection to sun safe resources.
4.3 Reduce melanoma incidence rate.	19.7/100,000 (YCS 2012-2014)	18.7/100,000	3. Require the addition of questions on the YVS regarding the use of sun safe behaviors.
			4. Advocate to change state law to include the prohibition of use of indoor tanning devices (tanning beds, tanning booths, and sunlamps) that emit UV for individuals under the age of 18.
			5. Expand the adoption of the community health worker model to provide education on risks of indoor tanning.
			6. Require the addition of questions on the YVS regarding the use of artificial UV.
			7. Provide education to the public regarding the risks of indoor tanning.
			8. Provide education to minority populations (for inclusion ethnic and LGBTQ populations) regarding the use of safety strategies.
			9. Partner with employers to implement sun safety guidelines.
			10. Expand the adoption of the community health worker model to educate at risk populations (migrant workers, agricultural workers, outdoor workers) regarding the risks of UV exposure and appropriate sun safety strategies and make referrals to resources.

Prevention

Goal 5: Reduce exposure to radon among Virginians.

Objectives	Measures	Strategies	
5.1 By 2022, increase the annual reported number of homes tested for radon.	TBD	TBD	1. Promote awareness of radon in moderate/high risk areas through media campaign and other educational activities.
5.2 By 2022, increase the annual reported number of homes mitigated for radon.	TBD	TBD	2. Adopt policy to require mandatory reporting of radon tests performed and mitigation systems installed.
			3. Advocate to increase state funding to provide radon test kits.
			4. Increase the number of eligible local jurisdictions that require radon resistant new construction techniques.
			5. Expand the adoption of the community health worker model to provide education on risks of radon exposure and connection to testing and mitigation resources.