



Cancer Center Without Walls

Advisory Board Meeting
Mountain Empire Older Citizens, Conference Room
1501 3rd Avenue East
Big Stone Gap, Virginia 24219
Oct 3, 2019

Attendees: Community Partners- Howard Chapman, Scott Schriefer, Becky Jenkins, Sarah Ramey, Emily Kate Bowen, Emily Wells, Dianne Morris, Sherry Jones, Jennifer Jolliffe, Judy Willis, Margie Tomann, Rachel Helton, Michael Wampler, Sabrina Mitchell, Amelia Bandy, Patty McAndrews, Danielle Starnes, **UVA-** Betsy Grossman, Kara Wiseman, Bob Klesges [on the phone], Emma Mitchell, Kathleen Porter, Esther Thatcher, Donna Brock, Jamie Zoellner, Roger Anderson, Lindsay Hauser, Brian Dunn, George Batten, Noelle Voges, Kelly Schaffer

10:00 **Welcome, Introductions:** *Michael Wampler, Mountain Empire Older citizens, Margie Tomann, Co-Chair, Planning District 1, Cancer Center Without Walls Community Advisory Board*

- Brief introductions, including any new members
- Review & approve meeting minutes from August 2019 meeting
 - Scott Motioned to approve, Howard Chapman 2nd, Approved.

10:20 **Research Updates**

- Kara Wiseman, PhD, MPH, Assistant Professor of Public Health Sciences, UVA
- Mobile smoking cessation interventions for cancer prevention: Opportunities for collaboration
 - Focuses on cancer prevention and behaviors because they have a role across the cancer continuum.
 - Specifically focused on smoking. It has become more of health disparities issues.
 - Mobile Health- using technology to monitor and report, track and deliver interventions. M-Health is scalable and can reach populations that can often be hard to reach.
 - Worked with Smokefree.gov, suite of tobacco prevention/cessation hosted by National Institutes of Health. Has a big reach with tobacco users across the country.
 - SmokeFreeTXT: free texting based program that mirrors what clinical counseling would look like for cessation. Messages are set up based on quit date. Provides six weeks of content based on their quit date. Does assessment of status, craving and mood. Can provide on-demand support.
 - Interested in developing effective and scalable interventions for cancer prevention and control. Specifically on tobacco.

- Smoking Cessation in Rural Populations: Smoking rates are higher but there are few interventions specifically designed for rural populations. Also a perceived perceptions on lack of access to cessation resources.
 - Distance based intervention to address tobacco use in rural settings using Quitline plus text-messaging with tailored messaging for rural populations.
 - Aims:
 - Quitline +Nicotine Reduction Therapies (NRT): includes nicotine patch, lozenge, and inhalers.
 - Quitline +NRT+ automated text
 - Quitline + NRT+ Interactive counselor-based messages.
 - Control - self-help materials
- Discussion from CAB:
 - Cell Service can be an issue. Depending on location it can be variable. Messages often can be delayed because they might not have service at home but once connected they get a group of their texts delivered.
 - Lack of use of those who do text. Some people are on limited data. The study would help cover these costs
 - Literacy level needs to be addressed.
 - Differences between rural and urban setting with these interventions. Urban setting for text based might say something like walk around the block, but in rural that wouldn't work.
 - NRT would be provided as part of participating in the program.
- Standing research updates since August meeting
 - NIH P30 Supplement: Population Health Assessment in the UVA Cancer Center Catchment Area:

State wide survey with Virginia Commonwealth University to make sure every county is covered. Also addressing several counties in West Virginia. The survey has questions about basic health assessment, cancer screening, behavioral risk factors, and survivorship. Currently rolled survey out through phone, web, mail and in person. Target survey completion is 1,700. Target needed in West Virginia, Appalachia, African Americans, and Latinos. Cell phone response hasn't been great. Survey link on postcard. Anyone can take the survey online. Ballard Health has done surveys by county, Diane will send these to George.
 - NIH P30 Supplement: Building Research Capacity to Improve Colorectal Cancer (CRC) Screening in Rural Southwest Virginia Clinics:

26 provider interviews, 45 patient interviews with Stone Mountain. Plan to do an update on findings at an upcoming meeting. Next steps are still being planned out.
 - NIH P01: Cervical cancer Risk Reduction:

Early phases of launch. WV, Ohio, KY, and VA working on reducing cervical cancer risk through bundled prevention approach: smoking cessation, HPV vaccination, HPV self-testing.
 - American Cancer Society (ACS) Grant: Breast Cancer

Survey study of 400 screening sites to understand how institutional factors of screening sites impacts uptake of mammography in Appalachia. Will develop best practices from the findings.

- Submitted proposal to National Outreach Network
Did not receive funding, but will still look for opportunities to collaborate on colorectal cancer and clinical trials education.

- UVA Cancer Survivorship – weSurvive:
Program developed in conjunction with CAB. Five participants through Clinch Valley. Trial piece completed. Starting recruitment a second cohort at Blue Ridge Cancer Care in Pulaski. Preliminary data showed people were really satisfied with the program. ACS grant has been resubmitted next month to seek additional funding. NIH grant also being resubmitted next month.

10:40 **CCWW Advisory Board Members Updates & Announcements**

- Health Policy 101 & Update: Margie Tomann & Emma Mitchell
 - Would like to move toward pushing policy. This group has strong collaboration.
 - Choices of individuals are limited by the environment. To make a bigger impact we need to have a broader look. Trying to work on Social determinants of health, rather than primary prevention, safety net programs and secondary/tertiary levels.
 - Think local, state and federal level.
 - Social Ecological Model: Can help us determine where we can have the biggest impact. HPV vaccination in Virginia used the SEM to understand barriers of the uptake of HPV vaccine in the state. Current policy for 6th grade girls to get HPV vaccination before entry into 6th grade. This was influenced by early vaccine trials which originally was tested in girls which led to the state to develop a policy just around girls.
 - Action: Get local policy makers involved and create a workgroup for health policy.
- Other updates & announcements
 - October 15th Frontier Health-Tobacco Cessation Program
 - Cancer Control and Population Health Symposium November 22nd opportunity to present on the CAB.
 - Free Head and Neck Screening on Sept 28th, very successful event with over 30 people screened.

11:20 **Our Patient-Centered Outcomes Research Institute contract updates**

- Review PCORI milestones
 - Currently on track with all milestones for past 6 months.

- Next 6 months (Sept 2019-Feb 2020)- meeting #5 (today's), One more meeting in the next 6 months, website updates.
- Budget review & opportunity for PCORI supported conference travel
 - Leadership meeting in Charlottesville, November 21-22.
 - Anyone interested in coming to the CPH symposium email Noelle.
 - Budget primarily covers people time (3 co-chairs and 4 community action team leaders and UVA staff). Money is available to support travel and to attend conferences. If you are interested in attending a conference, email Noelle.
- Preliminary capacity report: Donna Brock & Noelle Voges
 - Based on survey data from Fall 2018 and Fall 2019
 - Framework of evaluation based on 9 Habit of Effective Cancer Control Coalitions
 - Score comparison were significantly growing, particularly with communication, workplans, and roles and accountability.
 - See handout and presentation for specific changes.
- Review where we left off in Aug; report out on progress
 - Early Detection Action Team
 - Prevention Action Team

12:00 Lunch & Networking

12:30 Progressing the Planning Process

- CPPE Step #2: Identification & selection of interventions: *'Finalize' prioritization process*

Early Detection meeting at CAB meeting (Emma, Noelle, Rachel, Brian, Scott, Dianne, Judy, Esther, Jamie, Sabrina, Sarah, Michael Wampler, Margie, Patty, Sherry, Betsy)
10/3/2019

-After reviewing the low-cost/no cost handout that Scott provided, we discussed how this environmental scan is a necessary step in this process.

-Group's goal for this meeting is to determine which cancer screening to focus on. Possible types of cancer: Breast, CRC, Cervical, Lung, Skin, or Prostate

-Emma asked if anyone from the group has any cancer type they definitely did or didn't want to focus on and why. This dialogue began:

-Judy: We already have EWL, so let's focus on smoking and lung cancer screenings. The recommendations are still fairly new.

-Scott: based on expertise of group, cervical or CRC would be good picks

-Patty: tobacco use is a big risk factor, as are lung cancer and vaping

- Sabrina: vaping
- Dianne: lung and cervical (HPV)
- Brian: funding for lung cancer screening is complicated and critical. He has experience with lung cancer screening program, as it involved telehealth
- Betsy: patient population for those that smoke don't go to the doctor
- 11 FQHCs at the medical management committee are focusing on CRC. Referral is available for breast and cervical.
- Rachel: Ballard gives Health Wagon 2 free colonoscopies a month. But, still issues as patients are still getting bills
- If you have COPD, you can't just do a low-dose CT
- Rachel: we had the funding and everything in place but couldn't find an OR to do the colonoscopies
- Sabrina: ACO (?) needs to be onboard
- Brian: need patient and provider support before submitting grant

!!! After much deliberation, the Early Action team decided to focus on two items:

1. Lung cancer screening (provider and patient education)
2. Colorectal cancer screening (access to resources for advocacy component)

Next steps:

- Environmental scan (CRC and lung cancer screening topics)
- Develop questions we'd want to ask policy makers (CRC topic)

ACTION ITEMS:

- Noelle to email Early Detection group: (Deadline: October 14th)
 - spreadsheet of current UVA projects
 - free/low-cost places (made by Scott)
- Noelle to create Qualtrics to determine what priority groups you want to be part of (Deadline: October 8th)
- Noelle to update website (Deadline: October 14th)

10/03/2019

Prevention Action Team: Tobacco Breakout

The actual priority focuses on both evidence based tobacco prevention and cessation and the groups thought it would be best to address each component separately.

Tobacco Prevention Target Audiences:

- Youth
- Low-income
- Rural
- Schools (all levels- students, athletes, teachers, nurses, behavioral health, administration)

- Parents

Tobacco Prevention Priorities:

- Need to include vaping
- Catch youth before they start- when do they start?
- Role of prevention program- should it be peer based vs empowering youth (Truth Initiative is a good example of empowering)

Resources:

- Existing policies for K-12 education that mandates providing prevention education
 - o What does that look like in terms of implementations?
 - o What are they using? Who makes sure this occurs?
 - o Do these curriculum address rural culture?
- Tobacco 21 policy
 - o Area already has groups providing merchant education (Community Service Boards implement CounterTools)
 - o Is this policy enforced? Need stronger merchant penalties for selling to minors.

Other Discussion:

- Tobacco is culturally engrained into the community.
- Merchants receive kickbacks from advertising, many small businesses need this money

Tobacco Cessation Target Audiences:

- Individuals
- Providers
- Family/Cultural

Tobacco Cessation Priorities:

- Improving provider education and communication with patients about why it is important to quit and resources available and providing early intervention.
- Increase available resources
- Put a real face to the intervention (show local success stories)
- Need to change family/cultural influence
- Improve misconceptions:
 - o Smoking relieves stress
 - o Vaping is safe, vaping to quit
 - o Address smokeless tobacco use

Resources:

- State quit line

Other Discussion:

- Text based programming may be useful, however should explore Apps.

- Interventions need to be adapted and tested with rural populations.

HPV Breakout Notes

While we did not have the conversation and brainstorm in terms of a SWOT analysis, it seemed to make logical sense to organize the discussion points this way.

<p style="text-align: center;">Strengths</p> <ul style="list-style-type: none"> • Before age 45, it is never too late because the vaccine isn't "all or nothing" • The pediatrician relationship is often a strong one so they may be respected by parents • Women often stay with the same OB/GYN (practice) • There are often strong ties between OBs and pediatricians. OBs often recommend pediatricians to new parents. 	<p style="text-align: center;">Weaknesses</p> <ul style="list-style-type: none"> • The voices of youth are often not heard related to HPV vaccination • Current presentation in doctor's office can lead to an awkward conversation between parent and child in the doctor office
<p style="text-align: center;">Opportunities</p> <ul style="list-style-type: none"> • Growing population that is eligible for the vaccine and not vaccinated (boys, women up to 45) • Health department -- Able to get a pulse on the community • Schools – opportunities at back to school nights or open house • Providing more education to providers • Addressing the risk/benefit ratio in messaging • Including the voices of youth • Using passive "conversations" (e.g., fliers, notices) that make HPV vaccination part of the landscape • Thinking about framing as "when do you want to get..." versus "do you want to get ..." • The vaccine provides a segway into talking about sexual health (also a threat) 	<p style="text-align: center;">Threats</p> <ul style="list-style-type: none"> • Social stigma around the vaccine (e.g., only need if promiscuous) • Myths and misperceptions about the vaccine • Concerns about the vaccine's safety (because it is new) • Need for multiple doses depending on age • The vaccine provides a segway into talking about sexual health (also an opportunity)

Other Considerations for any Intervention/Program

- Efforts should focus on increasing accessibility and increasing the normalization of the vaccine
- Need to have a clear pathway of communicating activities within the community (e.g., if one agency is the focus of the intervention but all community members could join, it would need to be clear to other agencies that their clients/patients could access this service at the other agency)
- Must have clear messaging and avoid mixed messages
- The intervention/program would need to limit barriers at the participant level regarding cost/money, time, transportation

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

- Upcoming Action Team meetings: see attached Qualtrics link for action team sign-up
- Upcoming meetings: See attached Qualtrics link for information
- **Next meeting:** Tuesday, December 10, 2019, Abingdon, Virginia.

2:00 **Adjournment**

**THE BIG PICTURE
AIMS & LONG-TERM OBJECTIVES**

1. Build and strengthen the **research capacity** among members of **two Community Action Teams**, focused on Cancer Prevention and Early Detection, through relevant PCOR **skill-based trainings**.
2. Identify actionable, cancer PCOR priorities based on existing **local data and stakeholder/patient** input.
3. Advance the community capacity of Community Action Teams to **conceptualize, plan, mobilize resources, and execute cancer control** PCOR projects in their communities.

To accelerate the effectiveness testing, dissemination and implementation, and sustainability of culturally appropriate evidence-based cancer control interventions and programs in rural Appalachia.

UNIVERSITY OF VIRGINIA

MILESTONES FOR THIS 6-MONTH REPORTING PHASE (MARCH 2019 - AUGUST 2019)

Website Launch	Launch Website	✓
UVA PCOR training	UVA PCOR training meeting	✓
CCWW CAB Meeting #3	CCWW CAB Meeting #3: CPPE Step #1: Create visual causal models, con't	✓
	CPPE Step #1: Prioritization	
	CPPE Step #2: Identification and selection of potential interventions	
CCWW CAB Meeting #4	CCWW CAB Meeting #4: PCOR training #2: Evidence synthesis on CPPE identified priorities	✓
	CPPE Step #2: Identification and selection of potential interventions, con't	
CCWW Capacity Assessment 2	CCWW completes Capacity Survey (time 2) and qualitative interview Findings are disseminated back to CCWW CAB	✓

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MILESTONES FOR NEXT 6-MONTH REPORTING PHASE (SEPT 2019 – FEBRUARY 2020)

CCWW CAB Meeting #5	CCWW CAB Meeting #5: PCOR training #3: Evidence synthesis and Expert Panel on CPPE identified priorities, con't OR Innovative Research Strategies and Opportunities in Rural Cancer Control	← Today!
	CPPE Step #3: Planning	
CCWW CAB Meeting #6	CCWW CAB Meeting #6: PCOR training #4: PCOR Funding Opportunities and Study Designs	
	CPPE Step #4: Proposal Development	
Website Update	Website maintenance and dissemination of information (Sep 2019-Feb 2020)	

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