



Cancer Center Without Walls

Advisory Board Meeting

Via Zoom

June 23, 2020

Welcome: Sarah Ramey, Co-chair, Cancer Center Without Walls Advisory Board

Attendees: Community Partners- Yvonne Edwards, Scott Schriefer, Margaret Tomann, Judy Miller, Cindy Newman, Dianne Morris, Howard Chapman, Amelia Bandy, Sabrina Mitchell, Sarah Ramey, Patty McAndrews, Betsy Grossman, Emily Kate Bowen, Teresa Tyson, Emily Wells, Deborah Clarkston

UVA- Pam DeGuzman, Brenna Robinson, Noelle Voges, Kathleen Porter, Emma Mitchell, Donna Brock, Annie Loyd, Jamie Zoellner, Kara Wiseman, Melissa Little, Virginia LeBaron, Kelly Shaffer, Dylan Allanson, Brian Dunn, Aimee Strong

Brief Introduction to meeting:

- Sarah welcomed members to meeting.
- Jamie provided brief updates from the March minutes and brief overview of today's meeting:
 - Begin with community announcements and updates
 - Brief UVA Cancer Center Research Updates
 - Pamela DeGuzman, *CNL, RN, MBA, PhD, School of Nursing, UVA* will share a presentation on Nurse-led Telehealth Intervention for Head and Neck Cancer Survivors
 - PCORI Contract Updates
 - Priority Action Team Progress Report Out- HPV update
 - Priority Action Teams Breakout Sessions

Community Announcements

- Patty reports she has successfully moved to the survivorship program!
- Howard just finished management meeting at Tri-Area. Things are slowly getting back to normal. They continue wellness checks and acute care visits using telecommunications, maintaining 85% of patient visits. They are unsure of how they will be impacted following the crisis. Talking with a consultant on doing telecommunication visits in Patrick County.
- Margie reports Stone Mountain has not seen black lung patients since middle of March and are coming up with a plan to get patients back but will include one will less patient volume.
- Sabrina at Clinch River Health Service reports they are working with similar things, adapting to COVID-19, getting ready for flu season. Seeing more patients in house now but some are still fear safety. They are still running all of the same programs but have made some adaptations such as telehealth.

- Teresa reports Health Wagon continues to use telehealth as they have in before COVID-19, now looking ahead to future to ensure patients are getting immunizations. Now getting more calls for social aspects such as needed supplies (i.e., food, toiletries, Medicaid).

UVA Updates

- Betsy congratulated Kara Wiseman on receiving funding from iThrive. Kara reports she has received internal UVA grant-The purpose is to have smokers enroll for a text messaging program to help them quit smoking and evaluate if cessation outcomes are equal depending on where they live, rural or non-rural.
- Noelle reports Understanding Cancer program is currently being updated for a virtual format.
- Lindsay reports OCE also has a Youth Nicotine and E-cigarette virtual training available now. Reach out to Noelle or Lindsay to schedule.
- Jamie reports the team has been working on sugary beverages for a while and now has received notice of award from NIH- partners Tri-Area, VDH, MEOC through a 5-year project targeting SWVA. Everything will be automated for participants through internet and text messages.

Nurse-led Telehealth Intervention for Head and Neck Cancer Survivors ([presentation slides](#) and [paper](#))

Pam Deguzman, CNL, RN, MBA, PhD, School of Nursing, UVA

Key takeaways:

- Rural Cancer Survivors have a longer distance to primary sites of care, limited PCP education in survivorship & lower survival rates, lower quality of life.
- This project is focused on the extended phase of survivorship (once treatment is ended how can we connect people with the next phase of care?)
- Found that people were getting care plans at the end of treatments and not focusing on it again- there needs to be a break from the medical treatment to come.
- Found- rural survivors are less willing to travel for supportive care than treatment care.
- Hypothesis: Delivering survivorship care to rural survivors over telemedicine can increase quality of life.
- Developed CARING- Comprehensive Assistance, Rural Interventions, Nursing and Guidance. Telemedicine delivered nursing visit for cancer survivors delivered several weeks after treatment. 3 main components (Assessment, Education, and referral).
- Can be delivered via home visit with participant's equipment, telemedicine site visit, and or home visit with loaned cellular enabled tablet.
- Preliminary Results:
 - Small increases in quality of life between baseline and six weeks.
 - Significant improvements in social wellbeing, function well being.
 - Significant declines in physical wellbeing, emotional wellbeing.

Next steps: Developing DOD submission focusing on stigma and the impact of a nurse delivered intervention to improve referrals

PCORI Contract Updates

- Jamie provided an overview of PCORI contract milestones.
 - We are at the end of 2 years of funding with PCORI-officially set at the end of August
 - We have met our project milestones with the exception of two to complete.
 - Final evaluation piece- interviews to be scheduled soon.

- Final Press Release
 - What we should be doing in this final quarter is moving project ideas and grant proposals forward
 - We now have four very active Subcommittees that can be overwhelming (time consuming) a communication plan may help this.
- Evaluation Update: Donna reports we will be doing follow-up evaluations soon and this will be similar to last time
 - There will be a link where you can sign up for your interviews and Donna, Noelle, or Brenna will be contacting to complete
- Communication Plan: Brenna
 - Communication plan to streamline CAB information without more emails.
 - Monthly newsletter to provide action team updates, meeting minutes.
 - Standing subcommittee group meeting dates to prevent overlap between meetings. More to come about this.
- Budget- there are about 7-8 members in leadership roles being paid a small stipend. Lindsay has reached out to those members about their last payment.
- Travel- we have carry over money that has not been used.
 - The issue is we do not know when conferences will resume.
 - We will need to make a decision soon about how to spend the money or reallocate it to research.
 - Please reach out to Jamie or Noelle by July 1st to discuss travel/events that you want to attend.

Priority Action Teams Progress Report out

HPV update: Kathleen Porter and Emma Mitchell, UVA ([presentation slides](#))

- The HPV subgroup submitted an application to the NIH for HPV-focused P30 grant.
- The aims of this grant are to:
 - use the Comprehensive Participatory Planning and Evaluation (CPPE) process and Adaptome Framework to identify and adapt an evidenced-based intervention to augment existing HPV vaccination best practices in southwest Virginia and
 - and (2) pilot test the feasibility of the adapted HPV vaccination intervention. Fourteen members of the CCWW CAB, including community partners, Cancer Center outreach and engagement staff, and UVA faculty, will have roles on this project if funded.
- Teams:
 - Research: Kathleen, Emma, Jamie, Donna, Brenna, student
 - Advisory: Ballard (Zilipah), CRHS (Gary), Health Wagon (Teresa), Scott Schriefer, MECC (Deb & Emily), MEOC (Dianne), Scott County Schools (Yvonne), VDH (Breanne)
 - Implementation: will be organizations that put out the intervention
- Grant should start the middle of September
- Kathleen will be presenting the work of the CAB at the Present Cancer Dialogue on July 1st
- [Prevent Cancer Foundation Abstract](#)

Priority Action Teams Breakout Sessions

- HPV
- Tobacco
- Lung Cancer Screening
- Colorectal Cancer Screening

HPV Breakout

Facilitators: Kathleen Porter (UVA, PHS)

Attendees: Scott Schriefer, Margie Tomann, Sabrina Mitchell, Dianne Morris, Brenna Robinson (partial)

<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 ..." 	<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

Tobacco Cessation Breakout

Attendees: Amelia Bandy, Cindy Newman, Melissa Little, Kara Wiseman, Lindsay Hauser

Directions moving forward:

1. Lack of a tailored or targeted resource for rural smokers
 - a. Develop a scalable, unique program for rural smokers
 - b. Would need to do focus groups with tobacco users to understand what that resource would look like.
2. Utilization of community pharmacies to identify and provide/refer them to cessation services
 - a. Learn if this is a feasible plan and develop a sustainable intervention
 - b. How can we pair it with existing resources in the community?
 - c. Develop a protocol to do interviews with pharmacists and pharm techs to understand their needs and comfort level
3. Both the Health Department and Extension office are interested and have worked in youth tobacco prevention.
4. Will send a doodle poll to coordinate time for next meeting

Lung Cancer Breakout

Attendees: Aimee Strong, Noelle Voges

- I. LDCT Resource Guide
 - II. Aimee Strong
 - a. LUCATraining.org: designed for providers to improve their lung cancer screening program. Also has great patient resources. 14-page booklet that goes into insurance coverage, and they'll mail you free copies.
 - b. Decision aids
 - i. American College of Radiology (ACR.org) – lung cancer screening
 - ii. Go to foundation -- 4-minute video about lung cancer screening
 1. Goal: load video onto iPads for use in the waiting rooms
 - III. Next Steps
 - a. Invite Aimee to future meetings to give updates
 - i. EMR outreach
 - ii. Lung cancer screening program for professional fire fighters
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Colorectal Cancer Breakout

Attendees: Jamie Zoellner, Howard Chapman, Brenna Robinson, Dylan Allanson, Emily Wells, Deborah Clarkston, Betsy Grossman

- Working on small media campaign with no specific branding that can be used across multiple organizations
- Previous discussed last steps
 - Next meeting on June 23rd CAB breakout
 - Zilipah to Ballad CDC media with group via email
 - Emily to reach out the Dept. of Communication at UVA-WISE
- Betsy reports there was a staff member that recently passed from UVA-Wise, the husband may be willing to support the cause, she will reach out to him (Brian McKnight)
- Jamie discussed this campaign might be a “Call to Action” an opportunity to talk to your provider about next steps.
- Howard discussed using a local politician for the campaign but this may take a while to identify a person.
- Emily suggested we can use local health coalitions to help us identify a person.