

CCC Early Detection and Screening Committee Meeting Minutes  
Colorectal Cancer Control Sub-Committee

Tuesday, March 11, 2008

10:00 -11:30 am

Location: AZ Department of Health Services, 150 Bldg, Room 115B  
Conference Call-in number 602-542-9012

Attendees: Richard Jones, Patti Santiago, Jodi Howell, Jolene Rasmussen, Kendra Sabol, Sharon Jaycox , Jennifer Lenz

Agenda Items	Discussion	Follow-up Items
Save-Our-Parents Report	Kendra reported on the Save Our Parents event that took place at ASU on March 4 <sup>th</sup> and at U of A on March 5 <sup>th</sup> . The Arizona Cancer Control Program partnered with the universities and Susie's Cause to bring the nationally acclaimed program conceived to increase Colon Cancer screening education and awareness to Arizona. Endoscopy equipment was on site to guide students through a colonoscopy procedure. Sponsors and exhibitors for the events included Salix Pharmaceuticals, Colon Cancer Alliance, Virginia G. Piper Cancer Center, American Cancer Society, St. Joseph's Hospital and Medical Center Comprehensive Cancer Control Center, CARIS Dx, the Wellness Community – Central Arizona, Arizona Dept of Health Services, Arizona Cancer Center, Sanofi-Aventis, Arizona Society of Gastroenterology Nurses and Associates, Sonora Quest Laboratories, Arizona Cancer Coalition, Olympus.	
Review of Logic Model	<p>From the January meeting, the EDSC decided to continue as two workgroups, one focused on breast cancer and the other focused on colon cancer.</p> <p>Jennifer presented the committee the logic map based on the committee's work done in the January meeting specifically to address the low proportion of men and women aged 50 years and over who have received appropriate screening for colorectal cancer. The committee reviewed the logic map and made one edit.</p> <p>Next, the committee was provided with a prioritization worksheet listing each antecedent condition with three criteria columns as listed below:</p> <p style="padding-left: 40px;">Criteria 1 – Can the committee find the resources to change the condition? Criteria 2 – Can the committee change the condition in 2 years? Criteria 3 – What conditions if changed would generate "the most bang for the buck"?</p> <p>The committee completed the prioritization process and ended up with the following antecedent conditions:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> PCP's are not screening or recommending/referring patients who are at risk</li> <li><input type="checkbox"/> PCP's don't understand how critical their recommendation for screening is</li> <li><input type="checkbox"/> PCP's perceive a lack of interest in screening from patient</li> </ul>	Jennifer to update logic model for CRC.

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	<ul style="list-style-type: none"> <li><input type="checkbox"/> There is no dialogue between PCP and patient about risks</li> <li><input type="checkbox"/> PCP believes that the patient is less at risk</li> <li><input type="checkbox"/> Lack of focus on target populations</li> <li><input type="checkbox"/> Lack of education/awareness</li> <li><input type="checkbox"/> Consumers do not know the benefits of detection</li> <li><input type="checkbox"/> Misinformation and perceptions about incidence</li> <li><input type="checkbox"/> People don't know CDC is preventable</li> <li><input type="checkbox"/> Patients are not seeking screening</li> <li><input type="checkbox"/> Lack of information about available services</li> <li><input type="checkbox"/> Messages about health are not reaching target populations</li> <li><input type="checkbox"/> Messages about health are not coming from "trusted" or culturally competent sources</li> <li><input type="checkbox"/> Provider are not aware of cultural differences</li> <li><input type="checkbox"/> Lack of local services</li> <li><input type="checkbox"/> Lack of transportation to screening services</li> </ul> <p>The committee grouped categories into patient and provider education objectives and structural barrier objectives. Using the Community Guide intervention information on what works to increase screening the group brainstormed additional ideas to begin writing strategies.</p> <p>The committee agreed to develop strategies for the providers and patients. Provider strategies include: working through local professional chapters such as the Arizona Academy of Family Physicians and Internist group by setting up a meeting with their leadership. The committee agreed to develop key messages for issues identified or barriers to screening we want to address. Committee suggested that key messages may include other teams related to tobacco, breast cancer etc. Ideas to pull together a focus group among these providers and or collaborate around their annual meeting.</p> <p>The committee began development of strategies for the patient/public education. The strategy would be to identify and education champions within faith-based communities, social groups such as Red Hat Ladies, Order of Elks/Eagles, Rotary Clubs, organizations such Union leaders, workplaces, parish nurses, inter-tribal council of Arizona etc. Strategy is for community mobilization with ACS leading through their efforts. Ideas to hold community forums, focus groups etc.</p>	<p>Dr. Jones to contact current President of AZ Academy of Family Physicians and Internist group to discuss meeting for collaboration.</p> <p>Jennifer to work on draft of key messages with committee.</p> <p>Jodi with American Cancer Society to share community mobilization efforts for potential collaboration.</p>
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	The committee will discuss strategies further at next meeting.	
Committee Updates	<p>The AZ Cancer Control Program is working with the GI nurses to have a booth at the Women's Expo on April 18<sup>th</sup> and 19<sup>th</sup> at University of Phoenix Stadium. The Super Colon will be on display and information will be shared.</p> <p>Kendra and Jennifer reported that Arizona was selected to be a site for a colon cancer run/walk called the Undy 5000 to raise awareness and funds. Profit sharing will help support local activities and for the first year the Colorectal Cancer Screening Program starting through ADHS will be benefit by having treatment dollars available for men and women in need of treatment.</p> <p>The Screen for Life marketing campaign will run one more time, ADHS has received very positive feedback on the campaign.</p>	
Next Meeting Date	TBD	Jennifer Lenz to schedule next meeting and distribute date, time, and meeting location information.