

MEETING SUMMARY

July 19, 2017 @ 4 p.m. EST
State Coalitions & Roundtables

CHAIR:	Bethany Kintigh
ACS Staff Liaison:	Jennifer Nkonga
Attendees:	Kristin Oliver, Matt Allison, Jennifer Nkonga, Bethany Kintigh, Achal Bhatt, Deanna Kepka, Greg Yoder, Cynthia Vinson, Citseko Staples Miller, Janette Merrill, Claire Hannan, Aliyah Muhammad, Tammy Pilisuk, Laura Benson, Kimberly Sharpe Scott, Trisha Schulz, Alan Simon, Leann Timbrook, Cecily Naron, Laura Koehler

DISCUSSION TOPICS

4:00 p.m. Welcome & Roll Call

4:05 p.m. Overview of Iowa & Multistate Listening Sessions

Bethany reviewed the events that took place in Des Moines, Iowa at the May listening sessions. Attendees noted that the meetings were productive, informative, and interactive. Some are interested in hosting future regional meeting similar in design.

4:10 p.m. Iowa & Multi-State Listening Session Reports

Jennifer introduced three draft meeting reports from the sessions:

1. Iowa-only meeting report (post-note: editing to be completed by Iowa Cancer Consortium; final version will be shared with task group)
2. Multi-state meeting report (draft provided as a pdf and online commenting at:
https://docs.google.com/document/d/1Wxyt05MDoVDisy3Vv8dhk26_cO_L7NYLzidwWxAdoa0/edit?usp=sharing)
3. Task Group debrief report (draft provided as pdf with online commenting at:
<https://docs.google.com/document/d/1tSp3Fjzahr5Ai1WX23XiccGqXkR6Q5CaWkSOyu6LG1g/edit?usp=sharing>)

These reports will add helpful context to the small group work.

ACTION REQUESTED: Task group members are asked to review the drafts and provide comment by July 31, 2017 via Google docs or email to jennifer.nkonga@cancer.org.

Workgroup presentations

The nine topics identified as part of developing a state coalitions “implementation guide” in Iowa included the following:

1. Coalition Engagement
2. Coalition Management
3. Data
4. Education
5. EBIs
6. Outcomes
7. Policy--postponed
8. Resources
9. Stakeholders--postponed

Four of the groups presented their ideas during the call. Attendees were asked to consider the following questions as they listened or presented:

- What **A-HA moments** did you have researching your topic?
- What **other existing resources** need to be included (that may not have been identified by the workteams)?
- What **new resources** might we need to create?
- What are our **next steps**?

Please see attached pdf for slide presentations.

A. Data Team Presentation (Matt Allison, Greg Yoder)

This team plans to develop a document that outlines data sets, broken into a grid which could include: data types (HEDIS, NIS Teen, claims data), frequency of data updates, how to access data, advantages/disadvantages of different data, how to effectively use data (ex: on state report cards).

There’s a similar model developed for colorectal cancer that can serve as a reference. Greg noted that a big takeaway from Iowa is that there’s lots of data sources available, but the data has to be distilled and used to monitor progress.

B. Evidence-Based Interventions (Achal, Cynthia, Brooke)

The group first looked for existing places where immunization and cancer control resources exist together, and did not find such a location. They also found little EBIs around coalition work. Also, the group has concerns about updating resources if this project is turned into a document (post-note: if we use our new web platform, we should be able to keep it relatively evergreen). See slides for existing resources.

C. Education (Trisha, Kristin, Janette)

Identified the need for two kinds of resources—provider ed and coalition ed. The group identified several ideas for new resources (see slides), but see possible overlap with some of the other work groups. We may need to relocate resources to where they make the most sense.

D. Resources (Aliyah, Tami, Kimberly)

The group identified existing survivor speaker resources, and examples of strategic partnerships (ex: South Dakota’s DOH/Sanford partnership). The group suggest several possible new endeavors including videos/interviews with Sanford partnership stakeholders, and developing new resources on HPV for unconventional partners (and in languages other than English) and population-specific audiences, such as native communities, military families, and men. The group wants further guidance on how to make these recommendations more meaningful.

Other groups will be offered the time to present on our Aug. 16th task group call.

The group also discuss how the small group process worked. Groups who presented shared that a lot of the topic was subject to interpretation, and that more guidance was needed. Having the reports prior to the team preparation would have been helpful, and will be beneficial to groups presenting in August. The group expressed a need for more clarity on the team’s next steps to ensure a common direction. It was agreed that we would take time on the August call to review the report findings and gather consensus on our next steps.

A recommendation was made to have a standardized form or style guide for submissions from each of the groups to facilitate resource capture.

ACTION REQUESTED: Review the presentation slides. Groups that didn’t present should plan to do so in August. Jennifer will create a document to capture existing resources and possible new resources and provide to the group. In addition, we’ll layout how these might be organized on the new Roundtable website.

4:50 **Fall In Person Meeting**

The Roundtable plans to bring in several of the task groups for in person meetings in November, likely in Dallas as a hub location. We are looking at either Nov. 7-8 or 9-8. It was noted that APHA is Nov. 6-8th. A save-the-date will be forthcoming.

ACTION REQUESTED: Hold your calendar for Nov. 8-9th, 2017.

5:00 **ADJOURN**

NEXT MEETING: *Wed., Aug. 16, 2017, 4 p.m. EST*