****

 **North Dakota Cancer Coalition-(NDCC)**

**Steering Committee Meeting**

**IN-PERSON Friday, April 6, 2018**

**9:30 am to 3:30 pm**

**Board Room, Jamestown Regional Medical Center**

**Jamestown, ND**

 Webex link for those connecting remotely:

<https://nddoh-chs.webex.com/nddoh-chs/onstage/g.php?MTID=e5f5daf7196f71bb033358962e0b14c63>

 Meeting One Line for Audio:

 1-866-347-9524

**Meeting Minutes**

|  |  |
| --- | --- |
| **Roll Call, Welcome Activity, Introductions and additions to the Agenda (30 minutes) - Mallory** | Mallory called the meeting to order at 9:45 am. Shannon will explain the activity-pick a picture- introduce yourself and explain why you picked the picture and how it impacts your work. No Additions to the agenda. |
| **Review of January Meeting Notes (5 minutes) – Mallory** [**https://www.ndcancercoalition.org/image/cache/steering\_committee\_minutes**](https://www.ndcancercoalition.org/image/cache/steering_committee_minutes)**\_1-8-18.pdf**  | Review of meeting minutes for January. Motion to approve Janna PastirSecond Cindy GohnerFace Book page posts have been going well.Newsletter discussion  |
| **Colorectal Roundtable update (10 minutes)- Shannon** |  Shannon and Joyce have been working with the roundtable. Logic Model – professional and public awareness. Fact sheet donated by KAT communications. Two FAQ documents. Collaborative process. Geneal designed the FAQ. Launch award- Family Healthcare- videography with translation of FIT instructions. Champion of the year- Amanda. 20 nominations from ND. More survivor stories- many young survivors and 2 professional videos were donated by BCBS- videos – located on webpage. Video Amanda- Lynch syndrome genetic syndrome helped her family to get screened and prevent colon cancer. Crossover with NDCC and Colorectal Cancer Roundtable. |
| **Surveys: satisfaction and annual member surveys, cancer patient survey (30 minutes) Jesse** | Three surveys- Member satisfaction survey was large and last year only received 30 responses. First part of survey- Cancer Plan with interventions used but did not have a connect with the coalition satisfaction including communication.Satisfaction was planned in the winter – too many staff changes so it did not get done- will be released the week of April 16- Chad will be the point person. He has revised the survey–adding an educational request.The survey is anonymous- this will be in the email and the survey itself.Jesse went through the survey- if they are dissatisfied a comment box will come up so they can make a comment. Discussion re: pop up box. Sort by question- with pop up- both questions would appear if satisfied and not satisfied. We have not had a consistent newsletter. Would the website be used more? Maybe change the question or add a new question how they prefer getting information- newsletter, website etc. Consensus yes to add this question. Ranking with text box? The website is a lot of work. Are you going to use the website? Traffic tracker for the website at the state level and country level – other states, internationally. Free software available. Who supports the website- ITD supports. The tracker would be done- google analytics done by each program not ITD. Encourage the use of data- question along with data sources. Educational activities how many and the new question – what would you like offered? Evidence based implementation, writing concisely, background information gathering for grant writing, sub contract grant writing process, cancer burden and progress. Aim of every meeting discuss burden of cancer, how write success stories, community engagement- how to get partners to work together and replicate. Janna questioned moving the data questions to the Cancer Plan survey instead of the Membership survey? Jesse and Chad will work on the question- use the information and resources. Colorectal cancer roundtable survey- maybe duplicate- Jesse created.Media channels suggested it should be on the Cancer Plan survey. Second survey Cancer Plan implementation- we have a new plan but continue to use the old.Cancer Patient Survey- meet with cancer centers- IRB work – 8 have participated in the past- one month to return surveys/responses. Great response last year increase by double digits. January 2019 survey will go out. |
| **Call for Board position nominations/Secretary position responsibilities (30 minutes)- Mallory**1. **Changes to the bylaws to reflect increased responsibilities**
2. [**https://www.ndcancercoalition.org/image/cache/NDCC\_bylawsrevised\_5-6-16.pdf**](https://www.ndcancercoalition.org/image/cache/NDCC_bylawsrevised_5-6-16.pdf)

  | Formal Board position nominations- Secretary for one year- Treasurer and Chair for 2 years. Stefanie will not be running this year. Nomination committee met- sent emails out. We need at least one person for each position. Anyone else that would should consider for the positions. Nominations on the floor at the annual meeting. Chair nomination- Mallory Koshiol- 2 yearsTreasurer nomination- Geneal Roth- 2 yearsSecretary nomination- Shannon Bacon- 1 yearDiscussion re: not running against an incumbent. No limit of terms. Maybe start on the steering committee/how big do you want the steering committee. Encourage through workgroups and ad hoc committees. 113 members of the coalition- 23 members on the steering committee. How can steering committee members encourage other members to step up? Voting after the meeting-create the poll in Webex with the nominees named. Nominations need to go out one month prior to the annual meeting.Secretary changes in bylaws- Executive Board –taking notes – send to Jesse and he posts on the website. New roles including the time commitment- setting agendas, more organizing the meetings, website and Face Book- possibly with the communication workgroup. Coordinating communication for the Coalition. Maybe Chair and Vice Chair help with secretary- Executive committee would help with the agenda. Vice Chair also new roles help with the developing the agenda and decisions needed to made at the meetings. Jesse would like help with planning the meetings, agenda and logistical items. Would like the coalition to be independent. Keep the bylaws vague and the Executive Board Charter will determine specific duties. Define more roles and responsibilities for the Executive Board. |
| **Social media plan/new website and email notices feedback (45 minutes)**  | Discussed that Mail Chimp is not working for all. Some agencies are not getting emails from ND coalition. Nominations will be sent again from NDCC email- search junk mail- instructions to add to favorites so you can recognize in contacts. Jesse will send out the mail chimp instructions. New Website design- mobile phone friendly. New communication strategy will maybe make changes. Can add pages easily- can’t make template design changes. If work is supported by Comprehensive Cancer Program website- vendor and organization has to meet the requirements of the state.  |
| **Statewide cancer plan update (20 minutes) – Janna**  | Cancer plan revamp started in 2015 – not enough staff to revamp. Data is up to date. Some goals were taken out as they have been achieved. Evidence based strategies are up to date. Plan is on Susan’s desk and she is reviewing to go to the PIO as soon as possible. The delay has been with upper management. 2018-2022 dates mid plan review. Bullet needs to be in the key – not evidenced based or insufficient evidence but a strategy –triangle will be used. Changes included from Nutrition/Physical Activity to Obesity Prevention and Reduction. Environmental Issues. Radon/ Sun protection –. HPV – Tobacco – Screening- including oral pharyngeal. Palliative care under the Quality of Life-Treatment-genetic testing is new- survivorship – continuity of care- end of life care-Health Equity-coordination of care-map of hospice. Discuss where to list resources-website is a great resource- can be changed and updated.Mary asked about pro-bono law service Patient Advocate Association. Aligns with Sanford plan. BRFSS- Survivorship added -no funding to cover this – partner would have to be found to pay for the model. Patient survey helps with the information that is needed to follow up on survivorship. Will the Steering Committee look at the plan and make recommendations? The DOH is in the final process. There is a review in 2020 with additional comments. Send comments to Jesse. Distress Assessment should be included- look through again in the future. Draft will be sent out- comments for mid plan review.  |
| **Workgroup leadership and coalition update/DOH structure****(1 hour) Mallory and Jesse** | Open discussion re: workgroups. Communication gap with Mail Chimp. Joyce is back for 30 hours a week- split between Women’sWay and Comp Cancer. HPV Task Force, Screening and Early Detection, Treatment and Survivorship. Data and Evaluation has not been active. Should Data and Evaluation be added to the steering committee? Each workgroup bring an update to each meeting. Comp cancer has to have a leadership team can provide data and build the use of data. Should be a standing agenda item? Email to the ndcc@nd.gov check at least once a week. Full time staff hired will help Jesse. The coalition at large should be notified that they can send successes so we can highlight items. Shannon Bacon leads the Screening and Early Detection, unknown who leads Treatment and Survivorship, Molly Howell leads the HPV Taskforce. HPV initiative will be coming soon- this will increase the work for the taskforce. What has helped the colorectal roundtable stay so engaged? 80% by 2018 history in the making- 1 disease and very focused. In person meetings have been a part of the process and implement- public awareness come from marketing and education. In person meeting is important- hard to fund. Vendors provide support for food- look at the cancer plan and look at priorities.Provide more direction to the workgroups from the steering committee.HPV taskforce meeting will be held prior to the immunization conference- in person collaboration is important. Colorectal roundtable was invite only. Treatment and Survivorship workgroup should be given tasks from the Steering Committee based on the cancer plan. Jo Present data and lead. Screening and Early Detection has the cancer awareness months etc. Clinical Trials – insurance won’t cover- priority for Mary. Workgroup leads- should they be steering committee members? Process for reporting- Molly reports to steering committee or provides minutes.  |
| **Annual meeting agenda and voting process ( 30 minutes)- Jesse** | 2019- use a venue that has another conference for travel- would not have to worry about the budget etc.. Maybe a short meeting-one day. Workgroup reports-should we look at an annual report? Look at what we are doing? Annual report from the Chair. Panel shared updates at the colorectal cancer roundtable. Create a logic model- not education- keep it more part of the coalition. Staff intensive for continuing education – University of Mary can take on the CEU’s. Community health workers and other education for the annual meeting. Some opportunities for education- if not part of a workgroup- go to a coalition 101. 2018- Cancer Plan and go through goals and objectives and look at workgroup objectives. Small group to meet prior to the meeting.  |
| **Parking lot Discussion- as time allows** | Communications workgroup that would help maintain the website – newsletter etc. Traffic Tracker for the website. Where should we send data? Does Jesse manage this? What is the capacity to do this?Anything that requires feedback is the ndcc.gov – Jesse will look at this email but may not be daily. Colorectal Cancer roundtable – could they be part of the coalition? No formal structure for reporting- logic model – report outcomes.  |
| **Next Steps** | NA |
| **Next Meeting- Steering Committee call Monday June 4**  |  |
| **Meeting Adjourned at 3:30pm** | Meeting adjourned at 3:15 pm  |