

Lung Cancer Prevention and Early Detection Network

October 25, 2013

2:00-4:00 pm

You will see the decisions made at the meeting below. **If you have any colleagues who have expertise in communication and message development, please ask them if they would participate and connect them to me!**

Decisions made at the meeting were the following:

- The Network will focus on working toward three objectives:
 1. Decrease environmental risk for lung cancer (secondhand smoke and radon). (See Cancer Action Plan objectives 1.12 and 3.1)
 2. Reduce the percentage of adult smokers in KY (See Cancer Action Plan objective 1.5)
 3. Increase the percentage of Kentuckians at high risk for lung cancer who are detected at an early stage (See Cancer Action Plan Objective 9.3)
- Through educating key audiences including:
 - Public - those at high risk for lung cancer and their family/friends
 - Community leaders - those who work with people at high risk for lung cancer and their family/friends
 - Primary Care Providers (may include physicians, nurse practitioners, physician assistants, dentists, ob/gyns, etc.)
 - Healthcare systems (hospitals, insurers, etc.)
 - Policymakers
 - Others??
- With key message(s) incorporating all aspects of lung cancer prevention and early detection
 - Environmental risk (radon/second hand smoke)
 - Tobacco prevention and cessation
 - Informed decision-making for screening among those at high-risk
- And will deliver these messages through:
 - Existing programs and organizations
 - Existing networks and connections
 - See draft slide from Dr. Richard Clayton
 - Others to be decided upon...
- The Network will also provide a forum for coordination and collaboration on other aspects of lung cancer prevention and control
 - Develop a "matrix" of who is working on what areas to be shared with the Network
 - Catalyze and promote efforts that are already happening toward lung cancer prevention and early detection

Attendees:

Audrey Darville, Bobbye Gray, Bryan Loy, Carol Riker, Celeste Worth, Clay Hardwick, Colette McCoy (video conference), Dana Lee, Debra Armstrong, Ellen Kershaw, Fran Feltner (video conference), Irene Centers, Jack Hillard, Jamie Studts, Jennifer Redmond, Jenny Frantz, Jessica Jones, Juwana Schuller, Katie Bathje, Kris Damron, Kristian Wagner, Linda Alexander, Lisa Maggio, Richard Clayton, Susan Reffett, Taylor Temple, Tim Mullett (Video Conference), Victor van Berkel

Minutes

Introductions

- Group focuses on what we can only do what can do together and promote individual projects
- Reduce duplication and increase collaborative environment
- Goal is collaboration and not competition
- Irresponsible to open a lung cancer screening program without a pathway to care
 - Quality is important- complicated lung cases
 - Coverage across all insurances: Medicaid, expanded Medicaid, insurance
 - Health Literacy around screening
 - Infrastructure development: we have already existing infrastructure, National Guard Armory- perfect place to do screenings, etc,
 - How do we take learning and feed back into the system; communication loop
 - Smoking surveys and data: ask Dr. Clayton
 - We have a duty to educate them on other risks- comprehensive message: radon testing, smoke-free home and car policy
 - Integration of the messages is the gap (Carol Riker)
 - Defining community is important: providers, health systems, other folks, high risk people
 - Designing a message for all different populations- unified message which can be tailored to different audiences
 - Create as needed, tweak what's available, and utilize existing networks
 - Key metric of success: CAP objectives
 - Look at what is existing in the state
 - What are the gaps: what is not being done that a strength of a network could give you power or priority populations
 - Gap: communicating what is existing; what is going on/happening?

- Scope and scability of the project: want to put force behind certain policies and then there are certain things that we can do locally (provider, university-level); we can't do all these things; focus our efforts
- Focus on a few key areas that we will lead with
- What is our product? Best practice model; model for who should get screened; begin with the end of mind
- Interim messages: accessing cessation; testing for radon and mitigating; increase screening
- Educating providers on identification of high risk individuals to providers, like Pathfinders from KCP
- Discussion on metrics and outcome
- Important to have milestones so we could see success; KCP used key messages that were focused group tested re: colon cancer screening; used organizations to get the messages out; the group leveraged other organizations throughout the state
- We want less Kentuckians to smoke (change our ranking for smoking or %), some action around environmental risk; we want the eligible populations to get screened
- NLST modeling suggests 8% decrease in mortality (says Jamie); which is good
- Develop one message: so whoever walks in the door, you get the message; Lung cancer screening excellence; Smoking Excellence project: education of providers, public, smoking cesstion, lung cancer screening (comprehensive) but it's hard to implement unless everybody is on the same page
- Self-identify where you provide an expertise, each group crafts a message, then bring together all the messages- create it together and learn together
- Everyone agreed: the three work: decreasing environmental risk, early detection of high risk; change smoke % ranking smokers
- Need help with message development and dissemination
- What is the vehicle to get to the message- screening?
- Recruit local champions or ky celebrities; having a spokesperson raises visibility
- We need some communications help- Dr. Alexander knows Kay or Kate Heady and will speak with her?
- Two thing on to do/action items:
 - Dr. Clayton give us the model
 - Messages that you already put forth...organize more and have you send back gaps or resources you have
 - Asks of colleagues about national or other states' messages
 - Create matrix of sorts what areas focus/expertise is to coordinate work- who is working on what
- Action Items:

Network's Strategy Is:

- 1) Communicating and coordinating current efforts (in CAP, funding)
- 2)

How can we leverage that people getting insurance to get into cessation or screening? Where is the sell?
Primary care offices...

Cleveland Clinic, OSU have messaging already

Nov. 10th: partners can provide us with key messages- no meeting Nov. 22nd

Next meeting: January 24th, Friday or January 17th, Frankfort

Chris will pilot test with LINK