



**North Dakota Cancer Coalition (NDCC)
Steering Committee Meeting
Wednesday, October 19, 2022 | 12:00 p.m. CT
Held Virtually via Zoom**

Officers Present

Julie Garden-Robinson, Chair, NDSU Extension
Brian Halvorson, Vice Chair, GF Public Schools
Christina Cook, Secretary, Sanford Health
Maria Schmidt, Treasurer, Roger Maris Cancer Ctr.

Steering Committee Members Present

Sara Anderson, Essentia Health
Judy Beck, Quality Health Associates of ND
Stacy Chadwick, BCBSND
Jodie Fetsch, Custer Health
Amy Keller, NDDHHS Women's Way
Nikki Medalen, Quality Health Associates of ND
Susan Mormann, NDDHHS
Richard Mousseau, Great Plains Tribal Leaders Health Board
Tara Schilke, Bismarck Cancer Center
Jesse Tran, NDDHHS Comp. Cancer Control
Kaylee Vandjelovic, American Cancer Society

Steering Committee Members Absent

Shannon Bacon, Comm Healthcare Assn. of the Dakotas
Brad Hawk, Commission on Indian Affairs
Jolene Keplin, Turtle Mtn. Tribal Health Education
Cristina Oancea, ND Statewide Cancer Registry
Mary Sahl, Roger Maris Cancer Center
Yun (Lucy) Zheng, ND Statewide Cancer Registry

Others Present

Geneal Roth, Coalition Manager

Julie Garden-Robinson, Chairman, called the meeting of the North Dakota Cancer Coalition (NDCC) Steering Committee to order on Wednesday, October 19, 2022, at 12:00 p.m. CT.

Julie welcomed the new Steering Committee Members: Stacy Chadwick, BCBSND; Nikki Medalen, Quality Health Associates of ND; and Richard Mousseau, Great Plains Tribal Leaders Health Board.

Meeting Minutes

Minutes of the August 17, 2022, Steering Committee meeting were reviewed. Motion by Judy Beck to approve the minutes as presented; second by Maria Schmidt. Motion carried.

ND Comprehensive Cancer Control Program Updates

Jesse Tran, Program Director, stated Mikaila McLaughlin, Mandan, has been selected to fill the new position of Coalition Coordinator for the Comprehensive Cancer Program. She will start on November 7 and will be working closely with Coalition membership.

Jesse reported Professional Data Analysts (PDA), program evaluators, have provided the draft of the annual evaluation plan. He is reviewing the plan and providing feedback to PDA, which will then be submitted to CDC by the end of October. CDC will review the plan and make recommendations for the final plan which must be submitted by December 31. He stated PDA provided a proposal to revise ND's cancer plan. Their proposal is extensive and would be implemented in phases. He is hoping to begin work on Phase 1 this year.

Jesse reviewed the organizational charts as a result of the merger of the Department of Health and Department of Human Services. The Comprehensive Cancer Control Program is in the Programmatic Division of Public Health in the Healthy and Safe Communities Unit and within this unit under the Health Promotion and Chronic Disease Prevention Section under the direction of Susan Mormann.

Partner Sharing

Richard Mosseau, Community Health Prevention Programs, Great Plains Tribal Leaders Health Board (GPTLHB), shared a list of the staff within this department and provided an overview of each program. The **Honor Every Woman** program provides mammograms, pap tests, clinical breast exams, diagnostic testing, and patient navigation for eligible women at no cost. The program also assists with implementation of evidence-based interventions (EBIs) and facilitation of health system changes. Richard reported GPTLHB just received funding for their **Comprehensive Cancer Control Program** after a lapse of funding for one cycle. This work will focus on providing early detection and treatment; supporting cancer survivors and caregivers; and cross-cutting priorities (policy, systems and environmental changes; health equity; and outcomes). The **National Native Network** provides technical assistance, culturally relevant resources, and a place to share up-to-date information and lessons learned, as part of a community of tribal and tribal-serving public health programs. **IHS Cancer Support Leadership Training** addresses the gaps in community survivorship support, infrastructure, culturally-appropriate cancer education and information, and lack of awareness and sensitivity about AI cancer survivorship issues. The **Smoke-Free Homes** program builds on previous successful collaborations to promote smoke-free homes and reduce second-hand smoke (SHS) in AI/AN non-smokers and children. **COVID-19 Testing Project** assesses the social, cultural, and economic factors that affect the affordability, availability, and acceptability of COVID-19 testing among Lakota communities in western South Dakota with the additional goal of developing a sustainable platform for creating evidence to support the COVID-19 response among all Lakota tribes. The **Living Well with Serious Illness** program use the information from interviews of patients, caregivers and providers to create an educational program for providers that is culturally-tailored and community-driven for the Lakota people as well as other interventions that can increase access to palliative care services for tribal communities. The **Stand Up to Cancer Project** focuses on increasing colorectal cancer screening uptake among AI/AN eligible adults and increasing completion of diagnostic colonoscopy evaluation after abnormal Cologuard or FIT through virtual patient navigation to address barriers to follow up.

Judy Beck, Quality Health Associates of North Dakota (QHA), provided an overview of the ScreeND program. This is a five-year, CDC-funded grant program aimed at improving colorectal cancer screening rates in North Dakota's rural and Tribal communities. QHA is on program year 3 and has recruited 18 clinics. Judy shared strategies used with the clinics including comprehensive readiness assessments; technical assistance; a rapid-action collaborative with small groups to target specific needs; site visits/coaching calls to assess progress, identify barriers, and develop mitigation strategies; clinic-specific action plans for implementing evidence-based interventions; advising clinic staff in leveraging their electronic health records to collect and report CRC screening program measures; and resources, tools and materials. REDCap data collection tool is used for the readiness assessments so clinics can enter their information in the first part of the assessment, and QHA follows up with a detailed assessment with the clinic team to validate their answers. The assessments are entered using a Likert scale which allows remeasurement to determine progress and clinic confidence of EBI implementation. The goal is for the clinics to be working on at least two evidence-based interventions, however, most are working on more than two. The rapid-action collaborative is a virtual series covering six modules. Peer-to-peer events are also conducted. A five-level milestones program has been established to foster program participation. Facilities are rewarded a \$1,000 financial incentive for each level met. QHA provides communication and feedback to participants through monthly newsletters, annual feedback reports, and monthly technical assistance/coaching calls. The EBIs selected by Program Year 1 and 2 participants (15

clinics) vary, however, all are working on provider reminders and small media. They are all being encouraged to work on provider assessment and feedback. Screening rates among the 15 clinics in PY1 and PY2 have increased over 16% which translates to almost 3,500 additional patients screened. The baseline rate for these clinics was 32.2% and is currently 49.9% with a relative improvement of 149.5%. QHA has a webpage dedicated to this work, <https://screend.org>.

Nikki Medalen, Quality Health Associates of North Dakota (QHA), provided an overview of the North Dakota Colorectal Cancer Screening Initiative. This program mirrors the Women's Way program in many ways but is specific to colorectal cancer screening. The income eligibility is exactly the same, so QHA works closely with Women's Way coordinators to ensure they know this program is available in their area. Both patient and provider must be enrolled in the program for the patient to receive the benefits. Eligibility requirements include aged 45-64; resident of ND; uninsured or underinsured; low income; at average risk for CRC; and due or past due for CRC screening. Additionally, NDCRCSI enrollees who are due for follow-up colonoscopy per provider determined interval and meet criteria may be eligible. Special consideration may be given to patients outside of the primary age group who are at high risk for CRC and are approved by the Program Director. All individuals who are enrolled in NDCRCSI are issued a 12-digit ID number by BCBSND. This number is entered on any of the billing claims and forms that are associated with or used for billing purposes, and that is how BCBSND determines to pull those dollars from this program. All enrolled clinics receive patient enrollment instruction cards to keep in their exam rooms to distribute to eligible patients. Patients can enroll online on QHA's referral link or call a toll-free number. The services reimbursed by NDCRCSI include FIT/iFOBT/mts-DNA (take home stool test for individuals of average risk for CRC); colonoscopy procedure for individuals who have a positive stool test result and need a diagnostic colonoscopy; colonoscopy for patients considered at increased for colorectal cancer based on personal or family history of CRC; office visit where the screening test was ordered; pre-op office visit if needed prior to colonoscopy; bowel prep (if the pharmacy is enrolled); analysis of biopsies taken during colonoscopy procedure; and follow-up colonoscopy procedure of enrolled individuals. Nikki shared the list of providers who are currently enrolled in the program. She indicated there is some difficulty in enrolling large health systems.

NDCC Action Team Updates

Geneal Roth, Coalition Manager, provided a list of recruited Action Team members. A meeting of the Survivorship Action Team will be held within the next two weeks and other Team meetings will be set up as time allows. She invited members of the Steering Committee to join a team or to provide her with contact information if they were aware of any individuals who may be interested in participating.

Upcoming Meetings

The 2023 Steering Committee Meeting schedule was shared and included the following dates: January 18, April 12, July 19 and October 18. All meetings will be held from 12:00-1:00 p.m. CT. A survey regarding the annual meeting will be sent to the Steering Committee members to gather input on the potential for a face-to-face meeting in the spring to be held in conjunction with the North Dakota Colorectal Cancer Roundtable. There being no further business, the meeting was adjourned at 1:00 p.m. CT.

Respectfully submitted,

Christina Cook
Secretary