

Maryland Comprehensive Cancer Control Plan Colorectal Cancer Committee

November 2, 2009, 6 – 8 p.m.
DHMH Conference Room L-1 (Lobby Level)

Chair: Diane Dwyer, M.D., Center for Cancer Surveillance and Control, Maryland DHMH

MEETING SUMMARY

<u>AGENDA ITEM</u>	<u>DISCUSSION SUMMARY</u>
Welcome & Introductions	<ul style="list-style-type: none"> • n/a
Update on Discussion/Assignments from Meeting 2	<p>Revised Progress Report</p> <ul style="list-style-type: none"> • The report has been revised based on comments at the previous meeting. The committee received it via email. Please send any additional comments to Sarah. <p>Revised Chapter Worksheet</p> <ul style="list-style-type: none"> • The worksheet has been revised based on comments at the previous meeting. The revised version is included in the handouts for the 11/2 meeting. <p>Revised Ideal Model</p> <ul style="list-style-type: none"> • The Ideal Model has been revised based on comments at the previous meeting. This model can be used to find pockets of need (what is not being accomplished?) in order to write Goals/Objectives/Strategies. The revised version is included in the handouts for the 11/2 meeting. <p>Information Requests</p> <ul style="list-style-type: none"> • <u>NYC Colonoscopy Direct Referral Initiative</u> - This initiative allows primary care physicians to directly refer qualifying patients for colonoscopy without the need for an additional appointment prior to the procedure – streamlining the process. Information is included in the handouts for the 11/2 meeting. • <u>Tobacco/Diet & Physical Activity Evidence Based Interventions</u> – Summaries of evidence based interventions from both the <i>Diet & Physical Activity</i> and <i>Tobacco</i> chapters are included in the handouts for the 11/2 meeting (per a request at the previous meeting). • <u>Access to Fruits and Vegetables (WIC, SNAP, Farmer’s Markets)</u> <ul style="list-style-type: none"> • <u>Only 3 Farmer’s Markets in MD currently accept</u>

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	<p>SNAP benefits. Because this benefit is based on an electronic debiting system – it is difficult for markets to accept. In some states, a central booth is set up at a market which will swipe the SNAP card and give tokens to be used at the individual vendors within the market. In order to do this, the market must have electricity and a sponsor to run the central booth.</p> <ul style="list-style-type: none"> • The Dept of Agriculture administers the Farmer’s Market Nutrition Program, which provides WIC participants with checks to be used at Farmer’s Markets (\$18 per year, to be used June – Oct). 82% of Farmer’s Markets in MD accept these checks. The WIC website maintains a list of the markets accepting the checks, which includes a listing of the vendors accepting checks within the market. • The WIC Program is working with Farmer’s Markets to accept the standard WIC checks for the 2010 season. The benefit amount per month for fresh, frozen and canned fruits and vegetables is: <ul style="list-style-type: none"> \$10 – exclusively breastfeeding women \$8 – pregnant women \$8 – partially or non-breastfeeding women \$6 - children
Develop Goal(s) of Chapter	<p>Issues Raised:</p> <ul style="list-style-type: none"> • The goals from the previous chapter are simple, but important. They allow for a good ‘elevator speech’ – easy to convey the message about what we want to do with CRC • For Goal #1: Add incidence • For goal #2, disparities can be include: race, age, gender, insurance status, SES, geography. This may not need to be spelled out in the goal, but should be addressed in the section on Disparities within the chapter. The objectives for this goal can address the individual disparities. <p>Decisions Made:</p> <ul style="list-style-type: none"> • Goal 1: Reduce colorectal cancer incidence and mortality • Goal 2: Reduce disparities in the incidence and mortality of colorectal cancer
Brainstorm Associated Objectives & Strategies for Each Goal	<p>Issues Raised:</p> <ul style="list-style-type: none"> • Would like to see data showing mortality for those under age 60 • Is there a way to measure recorded family history? <ul style="list-style-type: none"> ○ According to Maryland Cancer Survey – 11% of those 40+ years old report having a family history of CRC—but the survey does not ask the age of the family member at the diagnosis of CRC

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	<p>Decisions Made:</p> <ul style="list-style-type: none"> • Categories for Objectives under Goal 1: <ul style="list-style-type: none"> • Increase Screening • Decrease prevalence of risk factors • Increase/Improve Stage Appropriate Treatment • Improve Provider Adherence to Recommendations for providers • Categories for Objectives under Goal 2: <ul style="list-style-type: none"> • Decrease disparities in primary risk factors • Increase access to screening • Increase screening in needed populations • Improve and expand data analysis on CRC • See Table of Goals/Objectives/Strategies for details
Assignments for Next Meeting	<p>FOR COMMITTEE MEMBERS</p> <ul style="list-style-type: none"> • Review the compiled Objectives for each Goal and send in comments/changes prior to 11/23 meeting • Volunteers are needed for chapter writing for the following sections: Risk Factors; Barriers; Disparities. E-mail Sarah if interested in helping with one or more of these sections. <p>FOR CCSC STAFF/COMMITTEE CHAIR</p> <ul style="list-style-type: none"> • Compile Goals/Objectives/Strategies mentioned and send to group for comments, additions, deletions • Data Requests: mortality for those under age 60 by race and gender
Upcoming Meetings	<ul style="list-style-type: none"> • November 23rd, 6-8 p.m., DHMH L-1