

Prevention & Detection Taskforce



Meeting Date: Wed, Feb. 19 @ Noon

Chair Facilitator: Lisa Purvis & Rachel Zwynenburg

[Meeting Recording Link:](#)

Note Taker: Hanna Snyder

(Passcode: prevention1!)

Next Meeting: TBD

Meeting Minutes

Topic	Minutes
✓	<p>Welcome, Introductions</p> <p>Attendees: Rachel Zwynenburg (UVM Cancer Center), Lisa Purvis (Dartmouth Cancer Center), Leigh Sampson (ACS), Emma Vanacore (UVM Cancer Center), Sharon Mallory (Vermont Department of Health, Comp. Cancer), Mike Flaherty (Vermont Department of Health, Comp Cancer, Data Analyst), Scott Perrapato (UVM Urology), Scott Langevin (UVM Cancer Center), Dana Bourne (VDH, Tobacco Control), Jimmy Vareta (UVM Cancer Center, Post-Doc), Justin Pentenrieder (VDH, You First, Colorectal Cancer Screening Program), Natalie Villeneuve (Colon Cancer Screening Advocate, Exact Sciences), Rebecca Hewson-Steller (SVMC, Oncology Nurse Navigator)</p>
✓	<p>American Cancer Society “Get Screened” Initiative</p> <p>The American Cancer Society’s “Get Screened” initiative is a grant opportunity to receive \$5-7,000 to apply for towards a screening campaign. This initiative works best when it is paired with an already existing project. The money can only be used for 1) a media campaign or 2) an in-person meeting. Typically, there is not enough money to create new materials, so it works best if ACS has existing co-brandable materials to pair with the media campaign.</p> <p>Background: Two years ago, VTAAC received Get Screened funds to use towards a lung cancer screening initiative with the Lung Cancer Screening Taskforce, running radio and social media ads. Last year, ACS worked with Maine and NH to do a screens campaign – gas pumps and bowling alley ads. They specifically targeted those who may not have access to the internet. The company gives ACS a list of venues in the state and then the coalition can choose which venues to focus on.</p> <p>Currently: Leigh (ACS) has applied for this funding and expects to get the money. If she does, she hopes to use this taskforce as an advisory group to help figure out what locations to target and how to use the funds. After some initial discussion with the co-chairs, Hanna and Justin (You First), the two areas we narrowed in on were breast cancer and prostate cancer.</p> <p>Considerations for focusing the campaign on <u>breast cancer</u>:</p> <ul style="list-style-type: none"> - You First and ACS have a lot of existing materials that can be co-branded and used alongside this campaign. - This campaign would run during the month of October (breast cancer awareness month) - Can collaborate with You First, who have a communications toolkit that they share each year with their partners (social messaging, flyers, ads, graphics). Last year, for the first time, they did a targeted post card campaign – sending a mailing to areas in the state with screening disparities (by zip code)

		<ul style="list-style-type: none"> ○ This led to a pretty significant boost in You First enrollment in the Newport area last year. - Can promote at UVM Cancer Center Women’s Health & Cancer Conference (September) - DCC has a great breast cancer survivor who is awesome (has her own podcast too) who could be a spokesperson for some sort of media campaign. <p>Considerations for focusing the campaign on <u>prostate cancer</u>:</p> <ul style="list-style-type: none"> - Campaign would run during the month of September (prostate cancer awareness month) - Will require us to come up with our own messaging as there is not a lot of existing materials available - GW Cancer Center has an awareness month social toolkit that could be used as a guide - Fit well into our (submitted) Year 4 Workplan – the CDC has encouraged us recently to work on prostate <p>A screens campaign only (no social/radio, just gas pump/bowling alley ads) is very inexpensive and quite effective. Running screens ads for one month at around 800 venues only costs about \$2200.</p> <p>The group was in favor of doing two screen campaigns (one for prostate in September and one for breast in October). We would need consultation around what we want to say for prostate cancer. QR codes are helpful to include in ads so we would want to be thoughtful about what landing page around screening guidelines to send them to. This could be interesting because many partners do social media campaigns so adding in a screens component could be unique and interesting.</p> <p>Leigh will share examples of screens campaign in Maine.</p> <p>Timing: Leigh will need to know our direction by May and have a contract in place by mid-July, so we have some time to figure out the details.</p>
✓	<p>Review Priority Setting Survey & Discuss New Focus for Taskforce</p>	<p>Cancer screening resources shared in meeting:</p> <ul style="list-style-type: none"> - UVMCC and VT Language Justice Project Cancer Screening videos: https://www.youtube.com/playlist?list=PL0uaGz81U--5ObDrV3OBVU-drCgF0ulj - Cancer Data Pages: https://www.healthvermont.gov/sites/default/files/document/hsi-cancer-data-pages-2024.pdf - Christine Gunn at Dartmouth Cancer Center has work focused on – may be interested in coming to speak at a future meeting. - You First resources: https://www.healthvermont.gov/wellness/you-first-providers/you-first-provider-resources <p>Based on the priority setting survey, the top two areas folks were interested in focusing on were breast cancer and prostate cancer (which align with the Get Screened Campaign). The group then moved into a discussion on work we could do for breast and prostate and how to prioritize moving forward:</p>

		<p>Breast Cancer:</p> <ul style="list-style-type: none"> - Breast cancer screening rates in Vermont is good but not great. Vermont has the lowest breast cancer screening rates in New England. Not sure about any geographic/regional differences. - At the last annual VTAAC summit, we heard from Kerry Goulette from Community Health Center of BTV. They broke down data by language spoken at home that showed some major gaps. - You First (VDH Breast and Cervical Cancer Screening Program) is typically level-funded and recently have to cut back on number of funded partners they work with. Their media budget is now almost zero. Resources are shrinking but need has not gone away. You First focuses on uninsured Vermonters. Roughly 5,000 uninsured Vermonters of screening age in VT. Identifying those folks has been challenging. Breast cancer screening rates for those living with disabilities is much lower so that could be an area of focus. <p>Prostate Cancer:</p> <ul style="list-style-type: none"> - Sharon with the Comprehensive Cancer Control Program at VDH would like to tie prostate cancer int VTAAC’s workplan. Survival rates are high, but mortality rates are high. We have struggled with pulling anything off the ground in the past around prostate but feel this is something we should focus on. Prostate often gets pushed off because the shared-decision-making nature makes it more challenging. - Scott Perrapato feels prostate cancer screening is a getting a lot firmer nationwide. Family history plays a role in risk of prostate cancer and that is a targetable item for the group. - Mike doesn’t currently have prostate cancer data but could share what the State has at a future meeting. Cancer Data Pages has some info but not based on county, so that could be something to look into. Every four years, VDH asks about prostate cancer shared-decision making in BRFSS. We do know that there are higher mortality rates in VT than the US national average. - Scott Langevin: Essex County and Grand Isle (followed by Rutland) have lower incidence but higher mortality rates in VT (lower rates but lower access to care) in prostate. <p>After some discussion with the group, members felt it was important to focus on BOTH prostate and breast. Next steps below.</p>
✓	Next Steps / Action Items	<p>ACS Media Campaign: Moving forward with the idea of a split campaign (prostate in September and breast in October) on a screens campaign.</p> <p>P+D Taskforce to create two subgroups – one on breast and one on prostate.</p> <ul style="list-style-type: none"> - If Leigh receives the ACS Get Screened funds, these subgroups will collaborate on the two screens campaigns. Even without the funds, there is still a lot of room for collaboration <ul style="list-style-type: none"> ○ Breast cancer subgroup preliminary goals: collaborate with You First on a media campaign, co-brand messaging with You First/ACS, other projects to be determined by group?

		<ul style="list-style-type: none">○ Prostate cancer subgroup preliminary goals: “lit review” for existing messaging around prostate cancer screening, creation of media campaign (i.e. social messaging and graphics), other projects to be determined by group <p>If you are interested in being in joining either of these subgroups – or leading them – please email Hanna.</p> <p>Next Meeting: TBD – coming soon</p>
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