

CANCER PLAN MINNESOTA

2025

2018 Strategy Action Group Activities

August 2018

**Minnesota Department of Health
Comprehensive Cancer Control Program**

Executive Summary

This report provides an overview of the objectives and strategies of Cancer Plan Minnesota 2025 and the work done to date by strategy action groups (SAG) and supported strategy action groups (SSAG) funded in part by the Comprehensive Cancer Control Program of the Minnesota Department of Health and/o partners within the Minnesota Cancer Alliance (MCA). The purpose of this report is to provide a brief summary of the work being done as well as detailed information on each group's progress. With this information, groups may realize their ability to collaborate and align their efforts and resources around Cancer Plan Minnesota 2025 objectives and strategies. Groups are currently addressing objectives 2, 4, 5, 6, 8, 14, 15, 17 and 18. Although progress is being made on these objectives, there is still more work to be done across Minnesota to fulfill these strategies and objectives, as well as the objectives not being addressed by groups.

The Comprehensive Cancer Control Program piloted a seed money program in 2018 to help Minnesota Cancer Alliance members and their partners work on objectives and strategies of Cancer Plan Minnesota 2025. The following strategy action group pilots were funded through the seed money program: #MNBLUE Colon Cancer SAG (\$5,000), Colonoscopy Transportation SAG (\$3,650), Colon Cancer Storytelling SAG (\$3,750), Thought Leader Engagement SAG (\$2,600), Radon SAG (\$5,000), Advance Care Planning SAG (\$4,100), and Palliative Care SAG (\$5,000).

The other groups included in this report were not funded by the seed money program but work independently or are financially supported by other mechanisms at MDH, or external funding sources. These groups will be referred to as supported strategy action groups (SSAG) which include: Community Cancer Leadership Collaborative SSAG, Cancer Health Equity Network SSAG, Financial & Legal Burdens of Cancer SSAG, HPV SSAG, and Statewide ACP Initiative SSAG.

To view the complete Cancer Plan Minnesota 2025 visit: <https://mncanceralliance.org/cancer-plan/>

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Overview: Strategy Action Group Activities

Objective 2



Increase risk-appropriate screening for breast, cervical, and colorectal cancers

Strategies

- 2.1 Partner with community organizations to develop culturally appropriate cancer screening education and outreach programs to reduce disparities
- 2.2 Encourage health care providers to use consistent messaging for patients to begin breast cancer screening and colorectal cancer screening based on personal, family history, genetic-risk and/or relevant risk factors
- 2.3 Share best practices on how to increase screening
- 2.4 Reduce financial and structural barriers to screening and diagnostic services
- 2.5 Encourage health care providers to recommend multiple colorectal cancer screening test options for average risk patients

Strategy Action Group Progress on Objective 2



#MNBLUE Colon Cancer Strategy Action Group

Partners Include: Colon Cancer Coalition, American Cancer Society, Minnesota Gastroenterology, MDH Sage Scopes Program, Minnesota Cancer Alliance Colon Cancer Network

Targeted Strategies: 2.1, 2.2, 2.5

Colonoscopy Transportation Strategy Action Group

Partners Include: Native American Community Clinic, American Indian Cancer Foundation, American Cancer Society, MDH Sage Scopes Program, Colon Cancer Coalition

Targeted Strategies: 2.1, 2.4

Colon Cancer Storytelling Strategy Action Group

Partners Include: American Indian Cancer Foundation, Colon Cancer Coalition, MDH Sage Scopes Program

Targeted Strategies: 2.1, 2.2, 2.3

Objective 4



Increase low-dose CT scan screening among persons at high risk of lung cancer

Strategies

-
- 4.1 Educate primary care providers about lung cancer screening guidelines based on age and smoking history
 - 4.2 Add pack-years to smoking history capture in data systems to determine who is eligible for lung cancer screening
 - 4.3 Expand public awareness of lung cancer screening guidelines
 - 4.4 Conduct targeted outreach activities in populations with high rates of smoking and lung cancer
 - 4.5 Provide eligible quit line users with information about lung cancer screening programs

Progress on Objective 4



Thought Leader Engagement Strategy Action Group

Partners Include: A Breath of Hope Lung Foundation, American Cancer Society, American Lung Association

Targeted Strategy: 4.1

Objective 15



Reduce exposure to radon in residential properties and other buildings

Strategies

15.1 Develop partnerships that will promote and increase testing and mitigation in residential properties and other buildings

15.2 Secure funding or policies that offset the cost of radon mitigation in low income neighborhoods

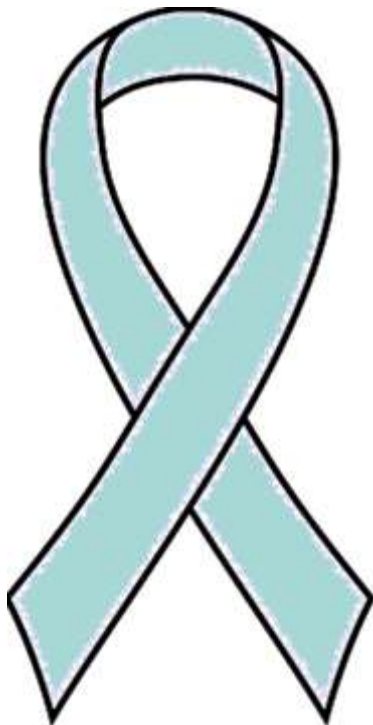
15.3 Require landlords in rental properties to test for radon and notify renters about radon levels in their building

15.4 Require building owners to test for and disclose radon in non-residential buildings such as schools and child care locations

15.5 Enhance data collection to compare the impact of radon in different geographic and socioeconomic communities

15.6 Build public awareness about the link between radon and lung cancer

Progress on Objective 15



Radon Strategy Action Group

Partners Include Midwest Radon Specialists LLC, A Breath of Hope Lung Foundation, MCA Radon Workgroup, MDH Indoor Air Unit, Angel Foundation, Cancer Legal Care, Fest ia Radon Technologies

Targeted Strategies: 15.1, 15.2

Objective 17



Increase the use of advance care planning

Strategies

17.1 Conduct a large-scale community awareness and education campaign about advance care planning

17.2 Educate health care professionals about tools and resources they can use to facilitate meaningful, culturally sensitive conversations with patients and families about advance care planning

17.3 Collaborate with electronic medical record vendors and health care systems to develop best practices for accessing, storing and retrieving advance care planning materials in the electronic medical record

17.4 Promote the use of advance care planning resources shortly after the time of diagnosis or early in treatment for cancer

17.5 Partner with payers to improve reimbursement for advance care planning conversations to supplement Centers for Medicare and Medicaid Services payment rates

17.6 Work to mandate advance care planning services for all Minnesotans

17.7 Partner with health care systems to work collaboratively to promote expanded and effective use of advance care planning

Progress on Objective 17



Advance Care Planning Strategy Action Group

Partners Include: Minnesota Oncology, Honoring Choices

Targeted Strategy: 17.2

Objective 18



Increase the utilization of palliative care services

Strategies

18.1 Conduct a large-scale community awareness and education campaign that uses consistent messaging about palliative care

18.2 Support collaborative learning ventures among partners that help establish and grow new palliative care programs

18.3 Increase the number of health professionals trained in adult and pediatric palliative care

18.4 Promote systems change to integrate palliative care, following practice guidelines, with routine cancer care

18.5 Educate health care professionals about tools and resources they can use to facilitate meaningful, culturally sensitive conversations with patients and families about palliative care

Progress on Objective 18



Palliative Care Strategy Action Group

Partners Include: Palliative Care Advisory Council, University of Minnesota Community Health Initiative, Minnesota Network of Hospice & Palliative Care, Pediatric Palliative Care Coalition of MN, Turnlane

Targeted Strategies: 18.1, 18.2, 18.3

Overview: Supported Strategy Action Group Activities

Objective 5



Connect cancer patients and caregivers with the support services they need (clinical and non-clinical) when diagnosed with cancer, during active treatment and thereafter

Strategies

- 5.1 Strengthen the ability of cancer programs to implement cancer navigation processes that assess needs and make connections to needed resources and services
- 5.2 Convene providers to promote best practices and evidence-based protocols for shared decision making during cancer treatment
- 5.3 Promote psychosocial distress screening for cancer patients
- 5.4 Build community capacity to address the non-clinical support needs of cancer patients and their caregivers
- 5.5 Promote tools that help providers talk with clients who have low health literacy

Progress on Objective 5



Community Cancer Leadership Collaborative Supported Strategy Action Group

Partners Include: Open Arms, MOCA, Jack’s Caregiver Coalition, Brighter Days Grief Center, Youth Grief Services, Angel Foundation, Gilda’s Club, Rein in Sarcoma, Firefly Sisterhood, Pathways, A Breath of Hope Lung Foundation, Cancer Legal Line

Targeted Strategies: 5.1, 5.4

Objective 6



Expand the cancer workforce to include more community health workers, patient navigators and care coordinators

Strategies

- 6.1 Increase the availability of and access to certificate programs for community health workers
- 6.2 Work to integrate a high-quality cancer curriculum in community health worker training and certificate programs
- 6.3 Promote cancer care training and certification programs to prepare health care professionals to serve as cancer patient navigators and care coordinators
- 6.4 Conduct an assessment of community health worker certificate holders and lay patient navigators to determine their level of employment in cancer-related activities
- 6.5 Promote policies, including payment reform, that support the effective deployment of community health workers
- 6.6 Advocate for financial reimbursement for cancer patient navigators and care coordinators

Progress on Objective 6



Cancer Health Equity Network Supported Strategy Action Group

Partners Include: American Indian Cancer Foundation, Masonic Cancer Center, and over 45 additional organizations

Targeted Strategies: 6.1, 6.2, 6.4, 6.5

Objective 8



Reduce financial and legal burdens on cancer patients

Strategies

8.1 Develop initiatives, including Medical Legal Partnerships, that address the financial and legal issues cancer patients face during and after treatment

8.2 Advocate for local, state, and national policies to enhance and protect financial security when facing cancer (for example, mandatory paid sick leave, decreased wait period for Social Security Disability Insurance cash benefits and Medicare coverage to begin)

8.3 Use hospitals' Community Health Needs Assessments to demonstrate cancer patients' need for financial support and legal care services

8.4 Advocate for inclusion of financial and legal care provisions in bundled oncology care packages and other payment mechanisms

8.5 Work with nonprofit hospitals to direct community benefit dollars to agencies and partnerships that provide financial support and legal care services to cancer patients in need

8.6 Develop and pilot a short course on the social determinants of health and cancer for medical and law school students

Strategy Action Group Progress on Objective 8



Financial & Legal Burdens of Cancer Supported Strategy Action Group

Partners Include: Cancer Legal Care in partnership with an interdisciplinary workgroup of over 15 organizations

Targeted Strategies: 8.1, 8.3

Objective 14



Increase HPV (human papillomavirus) vaccination

Strategies

14.1 Include HPV vaccination as a standard immunization measure

14.2 Improve public understanding about the safety of the HPV vaccine and its importance in cancer prevention

14.3 Conduct outreach activities to motivate populations that experience disproportionate numbers of HPV cancers and those with low vaccination rates

14.4 Create regular opportunities to teach health care personnel about the HPV vaccine and how to effectively recommend it to patients

14.5 Support and promote opportunities for health care organizations to participate in quality improvement programs aimed at improving HPV vaccination rates

Progress on Objective 14



HPV Supported Strategy Action Group

Partners Include: American Cancer Society, MN Community Measurement, MDH Immunization

Targeted Strategy: To be determined

Objective 17



Increase the use of advance care planning

Strategies

17.1 Conduct a large-scale community awareness and education campaign about advance care planning

17.2 Educate health care professionals about tools and resources they can use to facilitate meaningful, culturally sensitive conversations with patients and families about advance care planning

17.3 Collaborate with electronic medical record vendors and health care systems to develop best practices for accessing, storing and retrieving advance care planning materials in the electronic medical record

17.4 Promote the use of advance care planning resources shortly after the time of diagnosis or early in treatment for cancer

17.5 Partner with payers to improve reimbursement for advance care planning conversations to supplement Centers for Medicare and Medicaid Services payment rates

17.6 Work to mandate advance care planning services for all Minnesotans

17.7 Partner with health care systems to work collaboratively to promote expanded and effective use of advance care planning

Progress on Objective 17



Statewide ACP Initiative Supported Strategy Action Group

Partners Include: Twin Cities Medical Society Foundation, Honoring Choices Minnesota, Essentia Health, St. Luke's Hospital, Miller Dwan Foundation, Stratis Health, Cancer Care Legal, Gilda's Club, Caregiver Support Services- Volunteers of America

Targeted Strategies: 17.1, 17.2

Detailed Pilot Strategy Action Group Activities

#MNBLUE Colon Cancer Strategy Action Group

Objective: 2

Strategies: 2.1, 2.2, 2.5

Strategy Action Group Members:

- Anne Carlson, Erin Peterson and Sarah DeBord: Colon Cancer Coalition
- Matt Flory, Anne O’Keefe, Pam Mason, Holly Guerrero: American Cancer Society
- Lisa Belak: Minnesota Gastroenterology
- Michael Flicker, Dai Vu, Angie Stevens: MDH Sage Scopes Program

Target Population for Impact: Non-metro health systems, Community Health Centers, and local chambers of commerce

Funding: This work was funded in part by the Comprehensive Cancer Control Program of MDH

Description of Work & Strategy Implementation:

Mayor Emily Larson (Duluth) and Governor Mark Dayton proclaimed March to be Colorectal Cancer Awareness Month in Minnesota. In order to increase the number of locations and organizations that participate in colon cancer awareness strategies, this group focused on outreach to federally qualified community health centers, non-metro health systems, and non-metro chambers of commerce. In March 2018, [71 landmarks across Minnesota](#) were lit blue for public awareness and/or hosted colorectal cancer awareness efforts in their place of business. This was an increase from over [20 locations in 2017](#). A [statewide map](#) was created showing all the “blue” buildings or landmarks including callouts for cities with proclamations. Additionally, social media promotion of the initiative was done throughout the state by partners sharing the MN Blue Landmarks map, media stories, photos and more featuring the hashtag #MNBLUE. A [press release](#) was also distributed to media in all cities with a blue landmark. Media coverage was received throughout the metro-area and many locations throughout greater Minnesota all encouraging the public to be screened for colorectal cancer.

One key component of the expanded outreach was the development, printing, and distribution of new materials to help health facilities engage their staff and patients at minimal costs. Awareness materials and “Ask Me Why I’m Blue” stickers and buttons were available for use throughout the month of March. Of note, this Strategy Action Group distributed 4,004 trifold brochures (English and Spanish), 2,906 informational postcards, 2,302 “Ask Me Why I’m Blue” stickers and 880 “Ask Me Why I’m Blue” buttons.

On March 26th, the Strategy Action Group hosted the Building Blue Bridges Reception at Mancini’s in

Saint Paul. During this event, nearly 200 people celebrated colorectal cancer prevention and screening efforts in Minnesota. The event provided local stakeholders with an opportunity to gather, provide recognition to high performing clinics, and to network with each other. The local Colorectal Cancer Champion of the Year, Organization of the Year, and Innovators in Colorectal Cancer Screening Awards were presented by the American Cancer Society, MDH, and the Colon Cancer Coalition.

Furthermore, on March 27th the Colon Cancer Coalition and the Colon Cancer Challenge Foundation co-hosted a Twitter Chat focusing on colorectal cancer development in adults under the age of 50. This chat involved health care communities, survivors, and advocates. The hashtag #EAOCRC18 was used for others to follow along, answer questions, and engage in the discussion.

Newly engaged contacts from these events were invited to join ongoing meetings of the MCA Colon Cancer Network and to participate in further colorectal cancer awareness activities planned by the Colon Cancer Coalition; including the Get Your Rear in Gear run/walk and Tour de Tush bike ride in September. Partners will be re-engaged for awareness events happening in March 2019 for a similar landmark campaign as well as additional activities.

Colonoscopy Transportation Strategy Action Group

Objective: 2

Strategies: 2.1, 2.4

Strategy Action Group Members:

- Joy Rivera & Anne Walaszek: American Indian Cancer Foundation
- Patricia Ruiz de Somocurcio: American Cancer Society
- Dai Vu: Minnesota Dept. of Health SAGE Scopes Program
- Anne Carlson: Colon Cancer Coalition

Target Population for Impact: Native American patients due for colon cancer screening that are uninsured, underinsured or have gaps in transportation coverage to and from colonoscopies and/or are in need of a patient representative for post procedure sign-out process.

Funding: This work was funded in part by the Comprehensive Cancer Control Program of MDH

Description of Work & Strategy Implementation:

The Native American Community Clinic (NACC) has been identifying community partnerships and preferred providers that provide colonoscopies to develop a streamlined option for patients without transportation and/or a representative for sign out procedures. Regular gatherings were held where this group defined gaps in transportation for colonoscopy appointments, outlined resources for transportation, and brainstormed solutions for patients with transportation gaps and/or lack of a patient representative for post procedure sign out.

This Strategy Action Group utilized a Community Health Worker (CHW) who contacted colonoscopy providers to investigate their requirements for patient check out process. It was determined that a patient representative will be needed for patients without family or friends to assist in sign out procedures due to liability issues. With this information, a flow chart detailing each provider's check out process was developed.

After reviewing the information gathered, NACC is exploring a partnership with the Colon & Rectal Surgical Associates to address transportation costs for patients without representatives. Colon and Rectal Surgical Associates has a contract with Airport Taxi to give patients rides to and from procedures. Unlike other taxi rides, this contract allows Airport Taxi to act as the patient representative ensuring that they arrive home safely. The only potential issue is that patients are responsible for the cost. NACC will look into a streamlined system where the bill comes to NACC rather than the patient.

This group also hopes to form a partnership between NACC, American Indian Cancer Foundation (AICAF), and Minnesota Gastroenterology (MNGi). They are working on plans to have patients without a representative be seen at MNGi and have a CHW from either AICAF or NACC act as the patient representative and assist the patient in getting to their ride home (taxi, Uber, Lyft). Additionally this CHW would receive the discharge instructions and give a follow up call later that same day. However, liability issues will need to be further explored. With this plan in mind, NACC created a Colonoscopy Transportation Care Coordination protocol which details the roles and responsibilities of the Referral Coordinator and the colorectal cancer CHW.

Moving forward, NACC will continue to pursue a collaboration with Colon & Rectal Surgical Associates for those that do not have insurance, transportation and a friend or family member. For patients with insurance, but no friend or family member to sign them out, they will plan on utilizing U of M Fairview, MNGi, Park Nicollet, St Joe's HealthEast, and Health Partners.

Throughout this group's work, NACC has been serving patients to address their colonoscopy needs. From March through June 2018 NACC provided: 38 colonoscopy referrals, 9 completed colonoscopies, and 5 transportation assistance/navigation. Also during this period, their CHW provided 17 total colonoscopy referral follow ups including 7 left messages, 1 opt for a FIT Kit, 4 CRC screening navigation, and 3 completed ROI for completed colonoscopy. To request information or materials from this group please contact Moriah Johnson mjohnson@nacc-healthcare.org.

Colon Cancer Storytelling Strategy Action Group

Objective: 2

Strategies: 2.1, 2.2, 2.3

Strategy Action Group Members:

- Joy Rivera and Laura Sioux Roberts: American Indian Cancer Foundation
- Anne Carlson: Colon Cancer Coalition
- Liz Wilson-Lopp and Dai Vu: MDH Sage Scopes Program
- Robert DesJarlait (Anishinaabe from the Red Lake Nation), colon cancer survivor and advocate

Target Population for Impact: Age-appropriate American Indian men and women, American Indian cancer survivors.

Funding: This work was funded in part by the Comprehensive Cancer Control Program of MDH

Description of Work & Strategy Implementation:

The American Indian Cancer Foundation (AICAF) supported a colon cancer survivor in telling his story as an advocate for colon cancer screening. Robert DesJarlait (Anishinaabe from the Red Lake Nation) shared his colon cancer story so that other Native people in Minnesota can understand the importance of early detection and screening. He focused his message on how he was able to navigate his spiritual and physical healing through a combination of tradition and Western medicine. Along with DesJarlait, Joy Rivera (Haudenosaunee), Community Health Worker (CHW) at AICAF provided education about screening options. DesJarlait and Rivera attended 6 powwows in tribal communities across Minnesota. The powwows attended were a mix of urban and reservation locations. By having DesJarlait do advocacy at powwows where cancer education is not typically present, AICAF was able to have a broader reach with people who may not have been exposed to screening education before. See the table below for information on each powwow attended.

At each powwow, DesJarlait carried an American Indian eagle staff which honors survivors of different cancers during grand entry. Later during the powwow, DesJarlait had the opportunity to address all powwow attendees on stage. He shared his colon cancer story, emphasizing the importance of regular screening in order to detect any cancer early and how important screening is for surviving colon cancer. At the end of his story, DesJarlait shared that AICAF was also in attendance to answer questions and discuss colon cancer screening options. Rivera from AICAF, had a table at each powwow and reported high traffic and engagement throughout each event.

In order to keep the story alive, AICAF enlisted an American Indian videographer to capture the work done through this project. She took footage of DesJarlait sharing his story at the events he attended. AICAF and other partners will use this video to continue to share the impact of DesJarlait's personal survivor story and advocate to other American Indians about the importance of regular screening for colorectal cancer.

In addition to the video, a social media package has been created for clinics to disseminate on their social media accounts. The toolkit includes sample Facebook and Twitter posts on screening topics with an emphasis on survivorship utilizing DesJarlait’s story. As a result of this work, the Strategy Action Group was able to elevate the voice of a Native American cancer survivor whose story might not be heard. By documenting the efforts and story, many more will benefit from the wisdom learned. To request materials or information from this group please contact Laura Roberts at lroberts@americanindiancancer.org.

Powwows Attended and Communities Reached

Date	Event	Location	# of reach	Communities reached
3/24/18	Augsburg Powwow	Minneapolis, Minnesota	200	Urban, non-reservation
4/14/18	University of Minnesota-Twin Cities Powwow	Minneapolis, Minnesota	250	Urban, non-reservation
4/28/18	Osseo Powwow	Osseo, Minnesota	300	Suburban, rural, non-reservation
5/25/18-5/26/18	Leech Lake Labor Day Powwow	Cass Lake, Minnesota; Leech Lake Reservation	400	Leech Lake reservation
6/8/18 - 6/10/18	White Earth Annual Powwow	Waubun, Minnesota	500	White Earth reservation
6/22/18 - 6/24/18	Lake Vermilion Powwow	Tower, Minnesota	500	Bois Forte reservation

 **Thought Leader Engagement Strategy Action Group**

Objective: 4 **Strategy:** 4.1

Strategy Action Group Members:

- Nancy Torrison, Executive Director: A Breath of Hope Lung Foundation
- Amanda Pederson, Patient Support Program and Advocacy Manager: A Breath of Hope Lung Foundation
- Matt Flory, Health Systems Manager, State-Based: American Cancer Society MN
- Cheryl Sasse, Director of Lung Health: American Lung Association MN

Funding: This work was funded in part by the Comprehensive Cancer Control Program of MDH

Description of Work & Strategy Implementation:

Minnesota's top lung cancer leaders met in April to review objectives and strategies in Cancer Plan MN 2025 and identify action steps to improve lung cancer screening numbers. The group was named 'Thought Leaders' and were given the task of discussing ways to increase the number of eligible community members choosing to be screened as a result of provider engagement and outreach. Twenty-four individuals attended the daylong event from 13 different organizations, including 8 healthcare organizations from the metro and greater Minnesota. During the meeting, 16 people committed to continue working together on this effort.

Meeting attendees identified many barriers to getting eligible Minnesotans screened. Some areas of need that were identified included identifying primary care champions for lung screening, using EMR software to identify eligible patients (this exists but is rarely used by clinic and hospital staff), developing a business model for clinics/hospitals to develop a new lung screening program, and addressing underreporting and fear of being screened due to stigmatization of smoking and lung cancer. Although many barriers and needs were identified, they also identified many successes as well. This meeting provided an opportunity for different healthcare organizations at different stages in their lung screening program, to work collaboratively and discuss ideas for improving lung screening in Minnesota. As some meeting attendees stated:

“This is the first time that all of these different organizations have been brought together to discuss lung screening in Minnesota”

“Thank you for inviting me to present at this excellent meeting!”

“Very good discussions. Got great ideas on how to improve our program.”

Moving forward, this group has identified many ideas for future work. A Breath of Hope Lung Foundation, the American Cancer Society, and the American Lung Association will continue to meet to plan another meeting in September so the larger group can further explore collaborative efforts to change lung cancer outcomes in Minnesota. They have identified five people from different healthcare organizations who expressed interest in assisting with planning the September meeting. This group met on June 28th to discuss the options for keynote speakers, breakout sessions and venue options for the September meeting. Additionally, they will continue to discuss feedback from the April meeting and review other organizations and people who should be invited to the September meeting who were not at the April meeting.

Radon Strategy Action Group

Objective: 15

Strategies: 15.1, 15.2

Strategy Action Group Members:

- MCA radon workgroup
- John Daly, Midwest Radon Specialists (Formation committee and board of Northstar A.A.R.S.T. chapter)
- Mike Thompson, Midwest Radon Specialists
- Amanda Pederson, A Breath of Hope Lung Foundation
- Dan Tranter, Minnesota Department of Health - Indoor Air Unit

Target Population for Impact: Financially challenged residents living in homes with elevated radon, with priority to lung cancer survivors in need of radon mitigation.

Funding: This work was funded in part by the Comprehensive Cancer Control Program of MDH

Description of Work & Strategy Implementation:

The Radon Strategy Action Group completed a project to demonstrate the feasibility of identifying and mitigating homes of low income residents, including cancer survivors. The average cost of radon mitigation is \$1,500 to \$2,000. This cost can place radon mitigation out of reach for many Minnesotans. The project piloted a free mitigation service; including developing a process to promote free mitigations, receive applications, review applications and complete mitigations. Initially the program was only promoted to lung cancer survivors, through A Breath of Hope Lung Foundation and cancer centers, over the course of a month. There were, however, no applications received. Subsequently, the program was opened to all low income residents in the state, for about 5 weeks. The program was promoted broadly through workgroup members and various partners (local public health, public health NGOs, clinics, etc.). A range of methods were used, including utilizing partner list serves, social media, email blasts, and newsletters. The broader workgroup and other organizations, including the Angel Foundation and Cancer Legal Line, helped with planning, development, and promotion of the project. Festa Radon Technologies donated 8 radon fans worth \$1,000 total.

Twenty two applications from across the state were received, including two properties with lung cancer survivors, one with a melanoma survivor, and one with a breast cancer survivor. All but one property was owner occupied. Radon testing was conducted in 21 of the homes with concentrations ranging from 4.5 to 25 pCi/L (average = 9.8 pCi/L); in some cases much higher than the action level of ≥ 4.0 pCi/L. Applicants' household income ranged from \$0 to \$85,000 (average=\$41,346). Most residents reported that they qualified for various government assistance programs and half reported out-of-pocket medical expenses. The majority reported spending time or sleeping in the area that had tested high for radon. The primary criteria for selection were: cancer survivor in the home, income (factoring out of pocket costs), radon concentration, feasibility for mitigation, and exposure potential to higher numbers of occupants. Eight properties were selected for mitigation, 4 in the metro area, 1 in southern MN, and 3 in northwest MN. The mitigations were completed in June 2018 by Midwest

Radon Specialists. Radon levels were reduced significantly in all homes as demonstrated by post-mitigation testing; the average level decreased from 11.0 pCi/L to 0.8 pCi/L.

Midwest Radon Specialist estimates the average market rate cost for a mitigation system was \$1,600, meaning approximately \$12,800 for 8 systems. In addition, the travel costs to NW MN to mitigate three homes could be estimated at another \$600. The three group members, MCA Workgroup, and staff at Midwest Radon Specialists contributed approximately 200 hours of their time toward implementing the project, including the development, promotion, application review, and reporting. This could be estimated as a cost of approximately \$10,000. In total, the project cost can be estimated at about \$23,400.

This work was completed in a short time frame of 4 months, from March to June 2018. After completing the project, a framework was established to continue and expand the service. They developed a process for identifying partners, creating an application process, promoting the program, and selecting homes. Additionally, a [documentary style video](#) was created to describe the project, discuss radon, and features the staff from Midwest Radon Specialist, MDH, and recipients of the radon systems. It also features the homes mitigated and the experiences of the residents. The video will be used for educational purposes and to help sustain and expand the program. Additionally, information about the project was shared with local and state-wide media. WCCO Channel 4 News [broadcasted a story](#) about the project on June 19th, WDAY News [broadcasted a story](#) on June 26th, and the Fargo Forum published a [story](#) on June 30th.

Although only 8 homes were mitigated, many more were in need. There is a high demand for radon mitigation from low income residents. Therefore, a long-term program that provides free radon mitigation to a broader geography and a larger number of properties is needed. The processes developed and piloted in this project will serve as a model for future work. Moving forward, this Strategy Action Group will continue to work on identifying and utilizing promotional methods. They will also continue to look for financial support and additional mitigation professionals to participate in the program. The Strategy Action Group reports that if the program is to expand, a project manager will be needed.

In addition to this project, this Strategy Action Group has been busy identifying partners and outreach opportunities to increase radon testing and mitigation across the state of Minnesota. They have also been conducting key informant interviews with clinic staff to better understand how radon prevention can be included in healthcare.

Advance Care Planning Strategy Action Group

Objective: 17

Strategy: 17.2

Strategy Action Group Members:

- Dean Gesme: Minnesota Oncology
- Karen Peterson: Honoring Choices

Target Population for Impact: Approximately 30,000 patients with serious illnesses who receive care at MN Oncology annually.

Funding: This work was funded in part by the Comprehensive Cancer Control Program of MDH

Description of Work & Strategy Implementation:

Minnesota Oncology contracted with Honoring Choices to provide Advance Care Planning (ACP) counseling trainings on June 5th, 6th, and 26th, 2018. Additional support for the training was provided by MN Oncology certified nurse specialist and palliative care provider Danna Renner. The training was delivered to 29 MN Oncology healthcare professionals including 16 Nurse Practitioners, 9 Physician Assistants, 2 Clinical Nurse Specialists, and 2 Social Workers. The training objectives included:

- Summarize the rationale for a systematic approach to maximize conversations about patient values and priorities in serious illness.
- Outline consistent expectations for standard 1-hour ACP consultation appointments.
- Explore the Serious Illness Conversation guide structure, practices, and principles.
- Understand the legal requirements and recommended procedures for completing a healthcare directive.
- Recognize best practices for healthcare directive completion.

The trainings were delivered in three different four-hour sessions that covered the same content and materials. Content of the trainings included: how to conduct ACP counseling using a Serious Illness Conversations Guide, the laws governing healthcare directives in Minnesota and surrounding states, strategies to encourage patients to complete an ACP appointment, and available healthcare directive templates. Participants each received a booklet containing slides from the presentation, Serious Illness Conversations Guide materials produced by Ariadne Labs, three copies of healthcare directives available from Honoring Choices Minnesota, a healthcare validation checklist, and the most recent revision of the Minnesota Provider Orders for Life-Sustaining Treatment (POLST) form. In addition, the presentation also included a video example of an ACP conversation conducted using the Serious Illness Conversation Guide, a demo of the ACP facilitation tool “Go Wish”, a demo of the ACP facilitation tool “Hello”, and hands on review of three different healthcare directives. Eligible participants received CEU/CME credits for completing the training.

Participants were given a survey before and after training asking them to rate their knowledge and comfort level on a scale of 1-10 for the following items:

1. Accurately describing what Advance Care Planning is and its importance to patients and their families.
2. Answering questions about state or national laws governing the creation and execution of advance directives.
3. Discussing Advance Care Planning with patients and their families.

4. Assisting patients and their families with the completion of a healthcare directive.
5. Identifying, explaining, and creating a POLST form with patients and their families.
6. Identifying, locating, and discussing Advance Care Planning resources available at Minnesota Oncology with patients and their families.

After the training, participants, on average, reported higher levels of knowledge and comfort with ACP related topics on all six measures. The largest improvement in knowledge and comfort was for the second item, answering questions about state or national laws. Overall the training was successful at engaging the participants in discussion about meaningful and culturally sensitive methods of facilitating ACP discussions with patients and families.



Palliative Care Strategy Action Group

Objective: 18

Strategies: 18.1, 18.2, 18.3

Strategy Action Group Members:

- Palliative Care Advisory Council members
- Jody Chrastek, Pediatric Palliative Care Coalition of Minnesota, Palliative Care Advisory Council
- Angela Guenther, University of Minnesota Independent Consultant
- Jessica Hausauer, Minnesota Network of Hospice & Palliative Care, Palliative Care Advisory Council
- Deborah Laxson, Palliative Care Advisory Council
- Alex Clark, Turnlane

Target Population for Impact: The general public and pediatric palliative care providers.

Funding: This work was funded in part by the Comprehensive Cancer Control Program of MDH

Description of Work & Strategy Implementation:

The Palliative Care Advisory Council (PCAC) was developed to ensure that all Minnesotans who may benefit from palliative care are able to access those services. This advisory body's legislated charge is to assess the availability of palliative care in the state; analyze the barriers to greater access to palliative care; and make recommendations for legislative action, including draft legislation to implement the recommendations.

To build capacity and maximize impact, the Council participated in a strategic planning retreat in April 2018. An outcome of the retreat was the identification of core focus areas for the Council. These core areas included access, advocacy and policy, awareness, delivery models and standards of practice, education and training, reimbursement and sustainability, and research, metrics, and data. Within

each focus area, Council members identified areas of work, desired outcomes, potential partnerships, and resources required to do the work. The retreat concluded with the Council outlining next steps. Moving forward, small work groups within the Council will further refine and enhance the identified focus areas.

As one of the deliverables in their annual plan and an identified priority for the awareness work group, the Council has worked to define palliative care. A broad definition was created that summarizes in one sentence while a longer one helps define the breadth of palliative care. Summarized definition: *Palliative care is care that focuses on improving the quality of life and relieving suffering of people living with serious illness, as well as their families.*

A workgroup of the Council created a longer definition of palliative care that included multiple components. The Council voted to support this definition and plan to create a document with talking points for palliative care. *Palliative Care- is patient and family-centered care to address physical, social, emotional and spiritual needs for those living with serious or life-threatening illness. It is provided by a team of medical providers, social workers, chaplains and others. It can be provided along with treatments intended to cure. It focuses on providing relief from the symptoms and stress of serious illness for patients and family. It is appropriate at any age and any stage of serious illness. It facilitates patient autonomy by identifying patient and family goals, values, and preferences. It supports informed decisions and it provides "an extra layer of support" for the patient and family.*

An additional deliverable in the annual plan involved support for an assessment involving palliative care professionals and the availability of pediatric palliative care. Strategy 18.3 of Cancer Plan MN 2025 aims to increase the number of health professionals trained in pediatric palliative care. Benchmark data is required and this work will assist in providing a baseline. The assessment was carried out by the Minnesota Network of Hospice & Palliative Care, Pediatric Palliative Care Coalition of Minnesota, and University of Minnesota's Community Health Initiative.

A survey was drafted with input from MN Network of Hospice & Palliative Care and the Pediatric Palliative Care Coalition of Minnesota. MN Network of Hospice & Palliative Care provider members were surveyed. Forty-four of 70 members completed the survey. The survey gathered information on provider certifications, accreditations, licenses, patients served, geography served, and types of services offered. The survey also assessed provider needs in terms of knowledge, barriers to treating pediatric patients, and needs regarding education and training. The assessment showed that formal training for the pediatric population is low, even in organizations that currently provide pediatric care. Additionally, gaps have been identified in pediatric hospice services in some northern, western and southern counties.

According to the assessment, in order to make pediatric hospice and palliative care services available in these areas, it will be necessary to offer various types of education and training that is delivered through different modes based on each organization's needs. The assessment identified that most organizations prefer a combination of education (distance or local) including: 24-hour telephone

support, a state pediatric palliative care resource person, or some combination of those options. Offering all options would help satisfy all organizations and would help assist them in their individual needs. The assessment also emphasized the need for future education with pediatric-focused staff training and information on concurrent care to ensure patients are receiving proper coverage for both curative treatment and pain relief.

Detailed Supported Strategy Action Group Activities

Community Cancer Leadership Collaborative Supported Strategy Action Group

Objective: 5

Strategies: 5.1, 5.4

Strategy Action Group Members:

- Aoife O'Connor, Open Arms
- Stefanie Gliniany, MOCA
- Bre Ostrom, Jack's Caregiver Coalition
- Carolyn Kinzel, Brighter Days Grief Center
- Jenny Simmonds, Youth Grief Services
- Sarah Manes, Angel Foundation
- Ali DeCamillis, Gilda's Club
- Kraig Kuusinen, Rein In Sarcoma
- Jenny Cook, Firefly Sisterhood
- Tim Thorpe, Pathways
- A Breath of Hope Lung Foundation
- Cancer Legal Line

Target Population for Impact: Cancer survivors and their caregivers

Funding: This group is self-organized

Description of Work & Strategy Implementation:

This is a group of community-based nonprofit leaders working together to strengthen the MN cancer community through increased organizational collaboration to facilitate program growth and development. This group has met six times over the course of 1 year and have discussed, learned and are working together to address barriers collectively when appropriate.

Cancer Health Equity Network Supported Strategy Action Group

Objective: 6 **Strategies:** 6.1, 6.2, 6.4, 6.5

Strategy Action Group Members:

- There are over 35 active members in the Cancer Health Equity Network (CHEN)

Funding: Multiple funders and in-kind contributions have been made, including a small annual plan from the Comprehensive Cancer Control Program of MDH

Description of Work & Strategy Implementation:

CHEN has as a group identified Objective 6 as a priority for action. They have chosen to focus on two strategies. One is to plan and conduct focus groups and key informant interviews with CHWs and CHW supervisors to discuss challenges, solutions and opportunities for CHWs to join the cancer workforce. The purpose of this project is to better understand the needs and barriers of community health workers and their employers as it relates to cancer detection, treatment, and survivorship of clients and their families. Two focus groups with CHWs will be held in October and November 2018, one in the metro area and one in central MN. One focus group will be held with CHW supervisors in the metro area in October/November as well. Key informant interviews will be used to reach CHWs and supervisors in rural areas across MN. This group plans on recruiting from 6 different regions in MN: Northwest, Northeast, Metro, Central, Southwest, and Southeast. Recruitment will begin in September 2018.

The second CHW priority of this group is to increase community member's awareness of the role and importance of CHWs. Two workgroups have been working to create a CHW education video. This video is in development and will be aired on ECHO/Channel 2, available by January 2019.

Financial & Legal Burdens of Cancer Supported Strategy Action Group

Objective: 8 **Strategies:** 8.1, 8.3

Strategy Action Group Members:

- Cancer Legal Line and over 15 partnership organizations
- Lindy Yokanovich, Project Lead

Target Population for Impact: Cancer patients

Funding: This work was funded in part by the Comprehensive Cancer Control Program of MDH

Description of Work & Strategy Implementation:

This Strategy Action Group, led by Cancer Legal Care, conducted an environmental scan to identify science-based approaches, best practices, barriers, and establish baselines in screening for financial and legal needs/issues in cancer centers. To complete this portion of the project, the work was divided into two workgroups- the research workgroup and the interview workgroup. The research workgroup was tasked with identifying best practices by reviewing the literature and existing screening tools in oncology and other medical settings, including recommended best aspects of various tools. They were also in charge of creating cancer-specific pilot tools for financial and legal concerns based on this research. The interview workgroup was tasked with understanding the best way to conduct screenings and examine barriers to screening by creating questions for 100 stakeholder interviews. They were to identify providers and other stakeholders to interview, conduct the interviews, and record and consolidate results from the interviews. In addition to this work, the Strategy Action Group identified and established key terms to use for internal purposes during the screening work group phase.

As of June 5th, 65 current/former Cancer Legal Care clients, 44 social workers/care coordinators/navigators, and 55 physicians/physician assistants/nurse practitioners had been interviewed via electronic survey. Preliminary results looked at importance or value of screening for financial and legal concerns, percentage of patients who have financial/legal concerns, provider comfort with screening, patient comfort with discussing financial/legal concerns, barriers to screening in clinics, ideas for overcoming barriers to screening, current practices, and who/where/how/when/how often/by whom screenings should be done.

From this information, they are now finalizing and piloting screening tools to help providers and patient navigators identify cancer patients who are at financial risk and/or experiencing cancer related legal needs. They determined three potential pilot sites at North Memorial, Park Nicollet, and Minnesota Oncology. They plan on completing the pilot screening program from July 2018 through June 2019.

Through this project, guidelines will be developed to help cancer centers effectively screen for financial and legal needs, and provide resources to reduce the financial and legal burdens of cancer patients and their family. By June of 2020, they plan to develop a toolkit to show hospitals and clinics how to create cancer legal clinics within their facilities. Throughout the scope of the work, they are working to ensure that the screening tools, guidelines, and toolkit are culturally appropriate across the diverse populations in Minnesota. Additionally, Cancer Legal Care is providing legal content expertise for strategy action groups advancing Cancer Plan MN 2025 objectives.

HPV Supported Strategy Action Group

Objective: 14

Strategies:

Strategy Action Group Members:

- Matt Flory, American Cancer Society
- Laurie Jensen-Wunder, American Cancer Society
- Julie Sonier, MN Community Measurement
- Anna Fedorowicz, MDH Immunization

Description of Work & Strategy Implementation:

The members of this group attended a workshop in Atlanta sponsored by CDC. Here they began to create a plan to increase HPV vaccination.

Statewide ACP Initiative Supported Strategy Action Group

Objective: 17

Strategies: 17.1, 17.2

Strategy Action Group Members:

- Nancy Bauer, Interim CEO Twin Cities Medical Society Foundation
- Karen Peterson, Executive Director Honoring Choices Minnesota
- Lynn Betzold, Program Coordinator Honoring Choices Minnesota
- Essentia Health, St. Luke's Hospital, Miller Dwan Foundation
- Stratis Health
- Cancer Care Legal
- Gilda's Club
- Caregiver Support Services- Volunteers of America

Funding: This work was funded by legislative funds administered by the Comprehensive Cancer Control Program of MDH

Description of Work & Strategy Implementation:

This group has assembled a project team and has been working on identifying and contacting partners for an advisory council from MCA, Native American, and African American communities. They have selected a target of geographic communities in Hastings, Duluth, and International Falls. Additionally, they have targeted two underserved populations and are building relationships to better serve the Native American and African American communities.

The Hastings Community team has identified groups and systems involved in ACP and reached out to the identified groups to assess interest in project involvement. The advisory council had a meet and

greet in March 2018. Progress is being made towards building a plan for ACP messaging in the community.

The Duluth Community team has established an ACP advisory council and are working on strategic planning. Initial strategic planning includes ACP events that will engage local employee programs, faith communities, St. Louis County and UMD. In addition to this work, Honoring Choices has been working with Essentia Health, St. Luke's Foundation and the Miller Dwan Foundation to provide for their PR needs. Facilitator trainings were provided by the Essentia Health ACP Team in February 2018. Fifteen community members, advisory council members, and staff from St. Luke's Hospital attended these trainings. They are also working on providing scholarship funds from Miller Dwan and St. Luke's Hospital Foundations to minimize financial burdens as well as researching and identifying existing cancer support and resource organizations in the community. Furthermore, this team will be hosting a Convenings with Cathy Wurzer event to kick-off major community ACP awareness. This multi-event campaign includes a leadership lunch and 2 community wide events.

The International Falls Community team has been working on identifying groups and systems involved in ACP. They have been working with Koochiching Aging Options to gather ACP information and give a presentation to the community. Additionally, they are engaging local and regional ACP contacts to assess interest and available resources to determine if community ACP programming is sustainable. In April 2018, they built a plan for ACP messaging for the community.

This strategy action group has also been researching and identifying advisors in Native American and African American communities. Dr. Mary Owen, Director of The Center of American Indian and Minority Health has expressed interest in a partnership. A meeting with Dr. Owen was held in March to discuss the potential partnership. They have also received interest in a potential partnership from Dorothea Harris, Program Manager Caregiver Support Services- Volunteers of America. This partnership was approved in February 2018. Progress is being made towards identifying research reports and studies done with the African American community and ACP. In March, a strategic planning meeting was held to build a plan for ACP messaging in a culturally appropriate manner.

Progress is also being made on identifying and contacting a partner consultant in higher education. An inaugural meeting was held with Patricia Bresser, faculty member of Saint Cloud State University. Progress is being made on researching, identifying and contracting an academic cohort. They plan on drawing on work by students from St. Olaf who are engaged in a community intervention in ACP in conjunction with ACP efforts through Northfield Advance Care Planning Advisory Council and Honoring Choices Minnesota.

The group has subcontracted with Stratis Health to develop evaluation plans and project component plans for impact assessment. A scoping document was received from Stratis Health outlining services for the project with Honoring Choices in February 2018. Additionally, an ACP Coordinator's Mini Conference was held in April 2018. They are continually providing advice, support and connecting first cohort partners with emerging partner communities. They have also been working on 2 statewide PR

campaigns including the Thanksgiving Campaign (*Time to Talk Turkey* in Nov. 2018) and National Healthcare Decisions Day (April 2018). Cancer Care Legal, Honoring Choices, and Gilda’s Club partnered for National Healthcare Decisions Day.