Health Equity and the Montana Cancer Plans Workshop

A Report to the Montana Cancer Control Program, the Montana Cancer Control Coalition and the Montana American Indian Women's Health Coalition

October 8, 2019

GW Cancer Center

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CANCER CONTROL TAP
Tap into resources to control cancer

Background

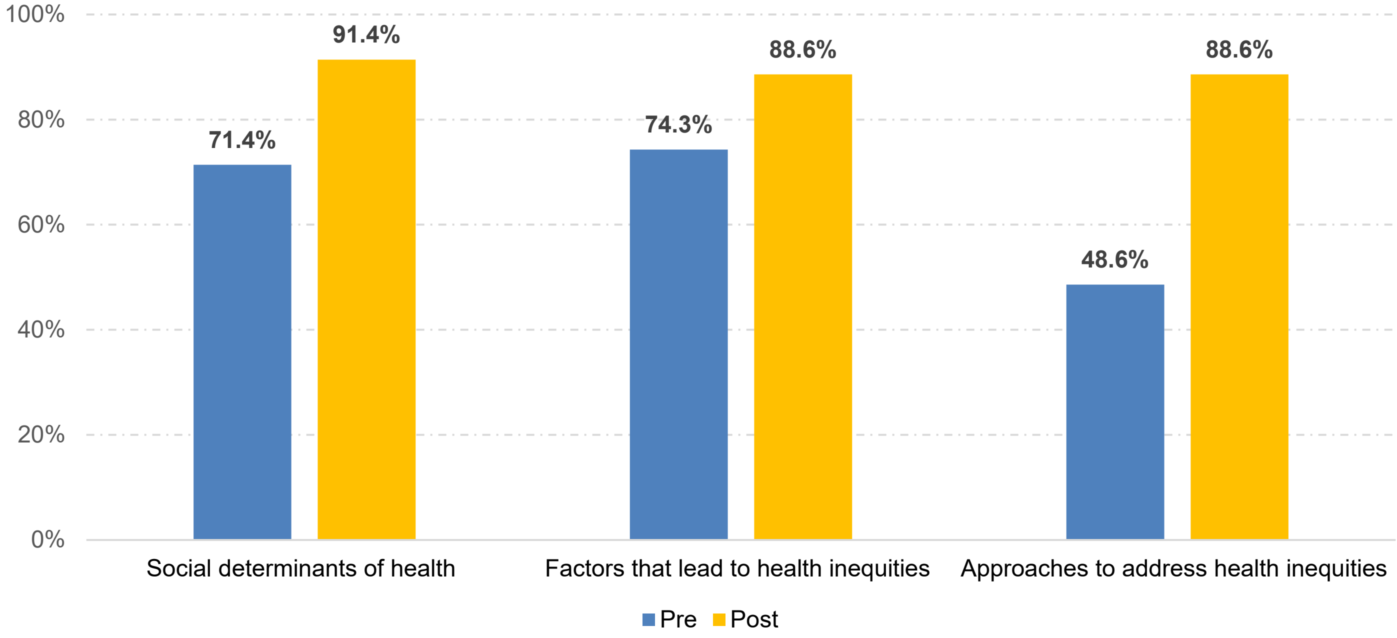
The GW Cancer Center developed and delivered an in-person workshop in Montana as part of activities under Cooperative Agreement #NU58DP006461-01 from the Centers for Disease Control and Prevention (CDC). The goal of the workshop was to kick off the development of the Montana Cancer Control Coalition's (MTCCC) and the Montana American Indian Women's Health Coalition's (MAIWHC) next five-year cancer control plans, with a focus on incorporating health equity throughout the next plans. In order to develop and deliver the workshop, the GW Cancer Center collaborated with a Steering Committee comprised of members from the Montana Cancer Control Program, MTCCC and MAIWHC. The GW Cancer Center and Steering Committee members had regular planning calls leading up to the in-person workshop.

On September 10, 2019, 43 people convened in Helena for a full-day workshop to discuss health equity and strategies to develop the cancer plans using a health equity lens. The GW Cancer Center evaluated the workshop with a pre- and post-assessment. Of the 43 attendees, 35 completed matched pre- and post-assessments for an 81% response rate. The results of the evaluation are presented below.

Knowledge

Respondents were asked to rate their knowledge of social determinants of health, factors that lead to health inequities and approaches to address health inequities. A 5-point Likert scale was used ranging from Very Poor to Excellent. The chart below illustrates the percentage of respondents who rated their knowledge good or excellent at pre and then at post.

Chart 1: Knowledge of Content Areas Covered During Workshop

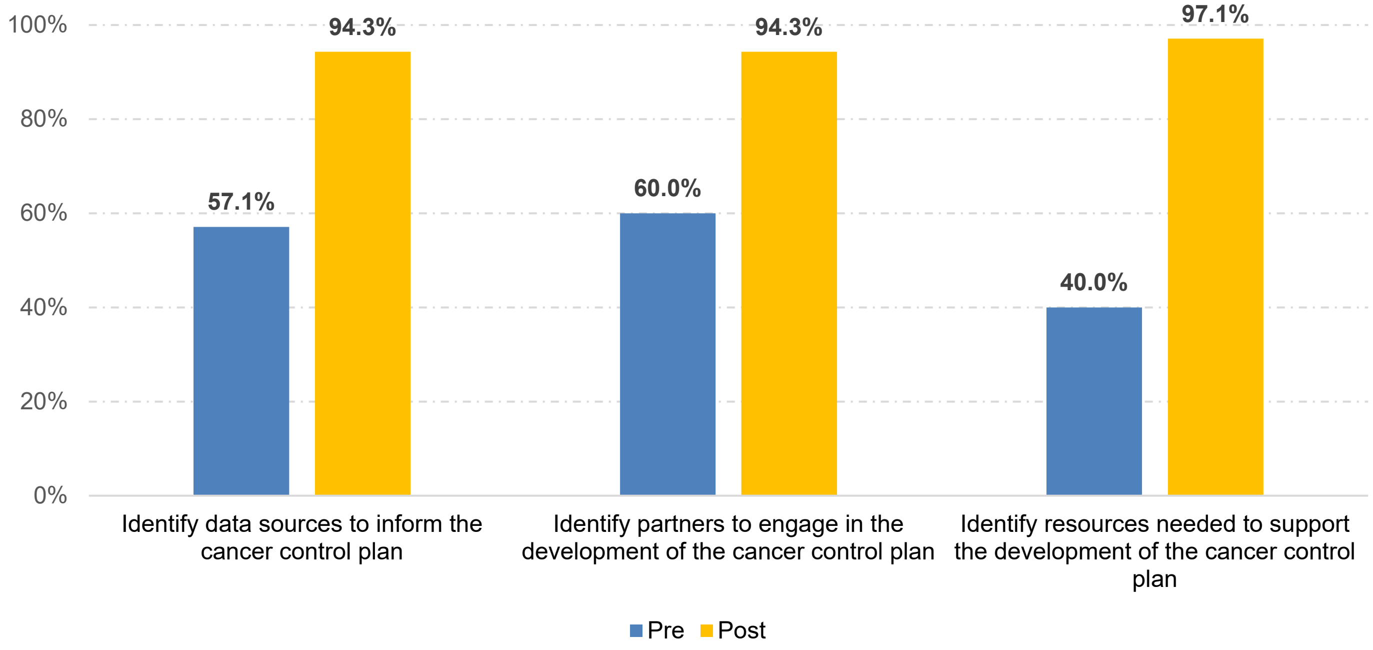


Gains in self-rated knowledge were observed across all areas, particularly in approaches to address health inequities, which had a 40-percentage point increase from pre to post.

Confidence

To measure self-rated confidence in ability to meet intended workshop outcomes, a 5-point Likert scale from Strongly Disagree to Strongly Agree was used. The chart below illustrates the percentage of respondents who agreed or strongly agreed at pre and then at post.

Chart 2: Confidence in Ability to Complete Intended Workshop Outcomes



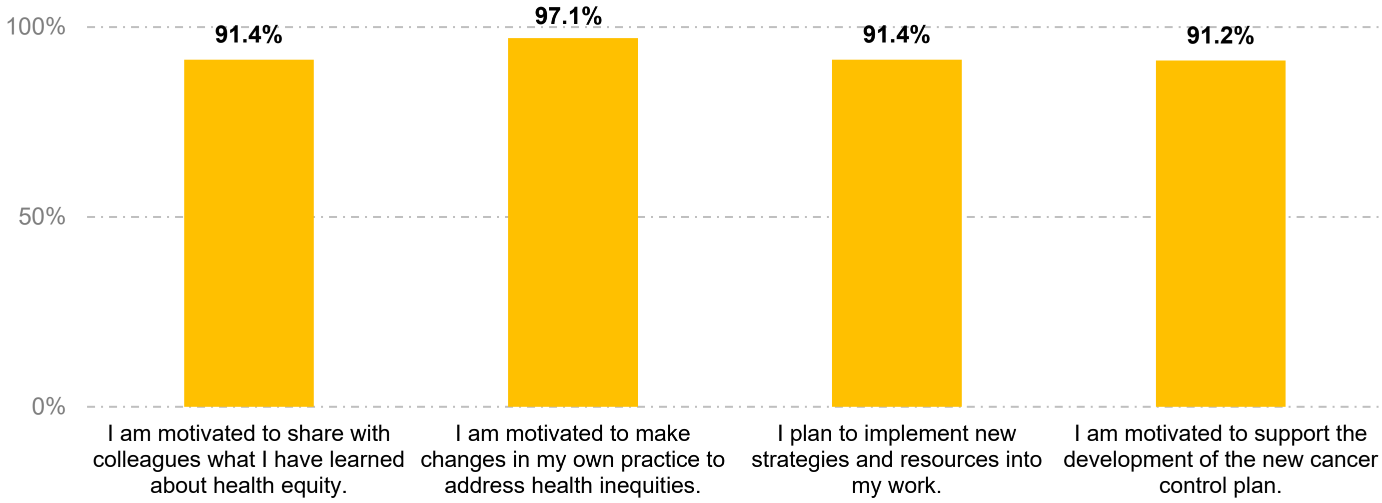
Similar to self-reported knowledge, respondents had increases in self-rated confidence across all workshop objectives, particularly to be able to identity resources needed to support the development of the cancer control plan, which had a 57.1-percentage point increase from pre to post.

Motivation & Intention

At post-assessment, respondents were asked how motivated they were to share information, make changes in practice and support the development of the new cancer plans. Respondents were also asked about intention to implement strategies learned from the workshop into their own work.

A 5-point Likert scale, from Strongly Disagree to Strongly Agree, was used to measure respondents' agreement. The chart below illustrates the percentage of respondents who agreed or strongly agreed with the statements. No respondent strongly disagreed or disagreed with any of the statements.

Chart 3: Motivation and Intention of Respondents Following Workshop



As seen above, the majority of respondents were motivated to share lessons learned, make changes to their own practice, support the development of the cancer plans and intended to implement strategies in their own practice.

Satisfaction

At post-assessment, respondents were also asked workshop satisfaction questions. A majority of respondents (91.2%) agreed or strongly agreed the examples given in the workshop were practical, and 88.6% agreed or strongly agreed they gained new strategies and resources they could apply to their work. Further, a majority of respondents (94.3%) rated the workshop as good or excellent and agreed or strongly agreed that they would recommend the workshop to others. Similar to the motivation and intention questions, no respondent rated the workshop very poor or poor, and no respondent strongly disagreed or disagreed regarding recommending the workshop to others.

Qualitative Feedback

For the pre-assessment, respondents were asked what they hoped to gain from the workshop. Respondents' feedback was similar and most respondents indicated they wanted to gain: knowledge; strategies to address health inequities; and opportunities to contribute to the cancer plans. At post-assessment, respondents were asked what the strengths of the workshops were. Again, feedback was similar across respondents, with respondents appreciating the time to network, small group activities and presentations. When asked for suggestions to improve the workshop, feedback was focused on additional instructions/guidance for small group activities.

Conclusion & Recommended Next Steps

Based on gains observed from the pre to post-assessment, satisfaction with the workshop and positive qualitative feedback, in addition to the information gathered from the activities ***(see Appendix)***, the workshop was successful in setting the stage to incorporate health equity in the next iteration of cancer plans. To continue the momentum of the workshop, the GW Cancer Center recommends the following next steps before the end of the year:

- Reengage workshop attendees with a specific ask
- Review current coalition lists and further segment level of engagement/review possible roles
- For existing data sources, brainstorm possible questions to help further describe health inequities in Montana
- For communities where data are needed, brainstorm possible questions that could be asked in focus groups/community forums
- Review Tables 1 and 2 in Appendix to identify potential new partners relevant to multiple areas of need
- Prioritize potential new partners to approach to help fill identified gaps noting multiple opportunities for synergy as seen in Tables 1 and 2 in Appendix
- Develop concrete ask and value proposition before approaching new partners

Acknowledgments

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Appendix: Information Gathered from Small Group Activities

Small Group Activities

Workshop participants were divided into small groups. Each group looked at a specific section of the current cancer plan.

The first activity was *Assess*, which provided the opportunity for small groups to:
- Identify groups/communities not represented
- Identify other existing data sources that could be used to inform needs
- Identify possible sources/partnerships for data that are missing

The table below contains ideas generated verbatim by the small groups.

Table 1. Assess Activity Results

Section of Cancer Plan	Groups/communities not represented	Existing data sources to inform needs	Possible sources/partnerships for data that are missing
Prevention	• Educators and administrators (tobacco) • Young adults/College students, Student athletes • Primary care/pediatricians • Trade/labor workers • Pregnant women • Hispanic/Asian-American/Black/Immigrant/ Refugee groups • LGBTQI • Rural/urban • Employers	• Quitline data • AIATs • EHRs • GPRA • EDM • Large employers/employee wellness programs • Insurance companies • Cancer screening data • Universities Meaningful use • USDA data	• Coaches • Health teachers (sun safety) • School administrators
Early Detection	• LGBTQI • Racial minorities (Hispanic) • Migrant workers • Disability, (mobility, deaf, blind) • Incarcerated • Rural/frontier • Hutterites • Veterans	• HIS (GIDRA) • VDS • Medicaid/Medicare • Claims data (BCBS data source) • Tumor registry	• Cancer screening data • College university system data • FQHCs data for screening levels • National Assoc. of Community Health Centers • SHIP • State Health Dept.

Treatment and Research	• Hutterites • Hispanic • LGBTQI • Amish • Disabled • Mennonites • Seasonal employees • Geriatric • Behavioral health • Incarcerated • Homeless • IHS • Veterans • Refugees	• MCRMCR- CMS • GPRA • Birth/death records • Park clinics • State clinics • Universities • Specialty hospitals	• HRDC • EHRs • Snowbirds/ out of state providers • NIH • Am.I. Health Board • Tribal census • Program Planning Survey • Specialty hospitals (St. Jude)
Quality of Life	• Patients • Family • Community	• HRQOL • BRFSS • Callback protocol	• Cancer survivors
Pediatric cancer	• Grandparents raising grandkids • Children of migrant or seasonal workers (MT Ag workers UDS data) • Rural/urban data • Capturing all AI	• Pulling CHIP and Health MT Kids • Private insurance • MT Central Tumor Registry VA data	• MT Central tumor registry • SES breakdown of cancer- Healthy MT • CHIP/Medicaid, SEER • MPCR • Insurance cos

The second activity was *Engage*. This activity provided the opportunity for groups to:

- Identify organizations/individuals that are not currently be involved in the cancer control plan
- Identify tangible/intangible resources needed to advance the next plan
- Identify personal connections to organizations listed where applicable

The table below contains ideas generated verbatim by the small groups.

Table 2. Engage Activity Results

Section of Cancer Plan	Name of Organization/Company/Individual	Possible resource(s) to contribute	Personal Connection to Organization
Prevention	• School board • Universities • Tribal Council • OPI • Construction/union • Farming/Ranching community • Rodeo MPRA • Parks & Rec • Blackfeet Domestic Violence • Big Fork School District • Kalispell regional/Bass Breast Center • Montana No Kid Hungry • Benefits Hospital • Dept. of Corrections • SHAPE Montana • Montana Healthcare Foundation • Dept. of Transportation • Tribal colleges • Mining comm.	• L&C Healthy community Coalition • Skin Smart Initiative (Nat'l Council) • Financial support (grants, philanthropic efforts)	• Miss MT • MAIWHC
Early Detection	• Big Sky Pride Congregation • Benefits • Barber/hair dressers • Bozeman deacon • MILP • Environmental health • Universities/NASPA • Legislators/lobbyists • Local govt commissions/Chamber of Commerce • CHCs • FQHCs • Urban Indian Clinics • Full rep. from regional contractors	• Expertise • Time • Surveys/data • Policymaking • Knowledge • Trust • Time with clients • Relationships • Law making • Worksite reach • Feedback/focus groups • Referral source • Advocacy	• April Spanbauer • Meg Traci

	• Planned Parenthood/Bridgercare • VA • Genetic counseling • Shodair • University of Idaho-genetic • Rural Employment Opportunities • MT Cancer Centers • MT Human Rights Network • HRDC • Athletic Clubs • YWCA • Pharmocisk		
Treatment and Research	• Genetic counselors (14 in state) • Nursing schools/associations • Social workers associations • Patient navigators • CHIP/SCHIP counselors • Holistic providers • Focus groups by quadrants in state to do needs assessments within communities/regions to know who we need, otherwise we're guessing	• Focus groups by quadrants in state to do needs assessments within communities/regions to know who we need, otherwise we're guessing	• TBD
Quality of Life	• Pharmacists • Athletics clubs • Urban Indian Centers/Community Health Centers/Regional Contracts (MCCP) • Planned Parenthood • Veterans Affairs • Options clinic • Rural employment opportunities • MT cancer center • MT human rights network • Human Resources • Patient survivors (advisory council) • Support groups • Cancer Support Community • Personal Care Attendant Groups • Centers for Independent Living • Spiritual Communities (tribal and non-tribal) • Development Councils	• Feedback • Focus groups • Information • Data • People • Referral source	• Sara Morsel • Courtney Buys • Lois

Pediatric cancer	• Childhood cancer survivors • CSC in Bozeman • DPHHS- school liaison • School nurses • Mid-level providers • Enrollment assisters (Medicaid/Marketplace) • Healthy MT kids • Cancer epidemiologists • Elected officials • LGBTQ+ • Continuum of care (HUD) • Children behavioral health providers (disability, special needs) • Montana Children's, Commission on Cancer • MT Healthcare Foundation • 0-5 Initiative Partners • Faith communities • Businesses • AAP MT rep • Universities/colleges/tribal college • Early headstart providers • Family support services • School OT/PT/Speech paths • Peds oncology nurses/social workers • MEA • School admin • Best Beginnings Council • Reps from treatment locations thru ACS reps • Pediatric hospital specialists • Tribal/non-profits • IHS reps • KOA	• Add cancer Qs to YRBS	• TBD