STATE OF MARYLAND



JHMH

Maryland Department of Health and Mental Hygiene 201 W. Preston Street • Baltimore, Maryland 21201 Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – John M. Colmers, Secretary

Family Health Administration Russell W. Moy, M.D., M.P.H., Director – Joan H. Salim, Deputy Director

CCSC HO #09-08

MEMORANDUM

Date February 13, 2009

- To: Health Officers CRF-CPEST Cancer Coordinators SAHC CRF Coordinators
- From: Ahmed Elmi, MPH, CHES, Program Health Educator CRFP Unit, Center for Cancer Surveillance and Control

RE: Regional Meeting via Teleconference on CRF Cancer Programs – February 18, 2009

Attached is the agenda for the Regional Meeting via Teleconference on Wednesday, **February 18, 2009**, 10:00 a.m. - 12:00 p.m. and 1:00 p.m. - 3:00 p.m.

PLEASE GO SLOWLY AND FOLLOW THE PROMPTS

Dial in to the following "**Meeting Place**" dial in number: **1-410-549-4411** for Long Distance callers; or 410-549-4411 for local callers in Baltimore Metro area.

When advised that you are about to attend the "meeting," press 1. Give the following **Meeting ID Number: 4652#.** When entering the Meeting ID Number, follow by the # sign.

If there are problems, we will send out an e-mail notifying you about what is happening and what the next steps will be, so please check your e-mail. If you have any trouble dialing into the audio-conference call, please contact DHMH Teleconference Services at (410) 767-5108. A staff member will assist you in your connection to the audio-conference. Please turn your phone to MUTE unless asking a question at the teleconference. You may connect into the conference call as early as 9:55AM, NOT SOONER, PLEASE.

Special Guest Speaker

Building Engaged Community Coalitions: Tools You Can Use for Energizing and Empowering Your Members Denise Maple, MS, LCSW-C, Maple Consulting LLC

We recommend that this presentation be printed out from the PDF version for note taking and viewed as a Power Point presentation on a computer screen during his talk if at all possible.

Maryland Department of Health and Mental Hygiene Center for Center for Cancer Surveillance and Control Cigarette Restitution Fund Program Cancer Prevention, Education, Screening, and Treatment Program

Wednesday, February 18, 2009

10:00 -12:00 Noon, Morning Session

Dial in to the following "Meeting Place" dial in number:

1-410-549-4411 for Long Distance callers. 410-549-4411 for local callers in Baltimore Metro area.

Meeting ID Number: 4652# for the morning and afternoon teleconferences

Please turn your phone to MUTE unless you are asking a question - and Please DO NOT put your phone on Hold during the teleconference (or we will hear your background music!). Thanks.

• Attachment 1: Power Point presentation for presenter.

We recommend that you:

- Prior to the teleconference, print out Power Point slides and attachments for note taking, etc.
- During the teleconference view Ms. Maple's PowerPoint slides on a computer screen or projected on a screen/wall to follow the teleconference materials.

Agenda

10:00 – 10:15 AM	Welcome and Introductions Barbara Andrews, Acting Program Manager Cigarette Restitution Fund Programs Unit
10:15 – 10:30 AM	Update on CRFP budget issues for the Tobacco-Use Prevention and Cessation Program and for MOTA Arlee Gist, Deputy Director Office of Minority Health and Health Disparities
10:30 – 11:45 AM	Building Engaged Community Coalitions: Tools You Can Use for Energizing and Empowering Your Members Denise Maple, MS, LCSW-C Maple Consulting LLC
11:45 – 12:00 AM	Discussion
12:00 – 1:00 PM	Lunch Break

Maryland Department of Health and Mental Hygiene Center for Center for Cancer Surveillance and Control Cigarette Restitution Fund Program Cancer Prevention, Education, Screening, and Treatment Program

Wednesday, February 18, 2009 1:00 P.M. – 3:00 P.M, Afternoon Session

Dial in to the following "Meeting Place" dial in number:

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Meeting ID Number: 4652# for the morning and afternoon teleconferences

Please turn your phone to MUTE unless you are asking a question - and Please DO NOT put your phone on Hold during the teleconference (or we will hear your background music!). Thanks.

• Attachment 2: Power Point presentation for all presenters and other discussion items on agenda.

Agenda

1:00 – 1:20 PM	Minimal Elements for Colorectal Cancer Minimal Elements for Prostate Cancer Diane Dwyer, M.D., Medical Director Center for Cancer Surveillance and Control
1:20 – 2:05 PM	 Inadequate Exams and Inadequate Bowel Prep; Client Database (CDB) Issues; Data Request Form New CDB report on Inadequate Colonoscopies; CDB data; Factors influencing bowel prep with local program perspectives Data Request Form (see HO Memo 08-47) Carmela Groves, R.N., M.S., Surveillance and Evaluation Unit Diane Dwyer, M.D., Medical Director Gail Bowerman, Frederick County Health Department
2:05 – 2:15 PM	Guidelines for Entering "Serrated" Lesions of the Colon in the CDB <i>Eileen Steinberger, M.D., M.S., UM Program Director, SEU</i>
2:15 - 2:45 PM	 Administrative and budget issues Expenditure review process, FY08 and FY09 Performance measures action plan evaluation Site visit procedures and action plan Next Progress Report is due April 15, 2009 Progress Reports vs. Performance Measures Reports Barbara Andrews, Acting Program Manager Cigarette Restitution Fund Programs Unit
2:45 – 3:00 PM	Summary, Evaluation, and Closure of Teleconference Barbara Andrews, Acting Program Manager Cigarette Restitution Fund Programs Unit

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Share Responses	1 How proa	ctive are coalition m	embers in taking o	on outreach and e	ducation initiativ	es?			
	n now prou		-				Vandlinh	Dating	Deemenee
			Very Low Proactivity	Low Proactivity	Average Proactivity	High Proactivity	Very High Proactivity	Rating Average	Response Count
		Proactivi	ity: 5.0% (1)	35.0% (7)	40.0% (8)	15.0% (3)	5.0% (1)	2.80	20
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	2. To what d	egree does your coa	alition members pa	articipate in planni	ng discussions t	that determine gr	rant priorities for	r the upcomi	ng year?
			Very Low Participation	Low Participation	Average Participation	High Participation	Very High Participation	Rating Average	Response Count
		Participation in Planni Discussior	- 50%(1)	20.0% (4)	50.0% (10)	20.0% (4)	5.0% (1)	3.00	20
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							answered	question	20
							skipped	question	0
	3. How effec	tive are coalition me	etings in getting w	vork done?					
			Very Low Effectiveness	Low s Effectiveness	Average Effectiveness	High Effectiveness	Very High Effectivenes	Rating s Average	Response Count
		Level of Effectivenes	ss: 0.0% (0)	35.0% (7)	40.0% (8)	25.0% (5)	0.0% (0)	2.90	20
						Co	omments (optiona	l) view	4
							answe	red question	20
							skipp	ped question	0
	4. What is ye	our level of energy a	nd excitement whe	en working with yo	our coalition?				

	Very Low Energy & Excitement	Low Energy & Excitement	Neutral Energy & Excitement	High Energy & Excitement	Very High Energy & Excitement	Rating Average	Respoi Cour
Level of Energy & Excitement:	0.0% (0)	15.0% (3)	50.0% (10)	30.0% (6)	5.0% (1)	3.25	
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Page: Coalition Teleconference Surv	/ey 2009 Page	2					
5. Who leads your County's Tobacc	o Coalition?						
						esponse Percent	Respor Cour
Health Department Employee						73.7%	
Appointed Coalition Member						10.5%	
Other						5.3%	
Not Applicable						10.5%	
				If other	, please specify:	view	
					answere	d question	
					skippe	d question	
6. Who leads your County's Cancer	Coalition?						
						esponse Percent	Respor Cour
Health Department Employee						73.7%	
Appointed Coalition Member						10.5%	
Other						10.5%	
Not Applicable						5.3%	
				Other	(please specify)	view	
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Page: Coalition Teleconference Surv	/ey 2009 Page	3					
7. Think about the coalition member	s currently serv	ing. Who is miss	sing and needs	to be recruited to	your coalition	? (Please ch	eck all t
7. Think about the coalition member apply.)	s currently serv	ing. Who is miss	sing and needs t	to be recruited to	-	? (Please ch esponse	eck all th Respo

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	Count
view	11
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Page: Coalition Teleconference Survey 2009 Page 6	
10. What information can I provide you on at the February 18 teleconference to make our time together useful and meaningful?	
	Response Count
view	12
answered question	12
skipped question	8

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		Displaying 1 - 10 of 15 responses <pre><< Prev</pre> Next >> Jun	np To: 1 Go >>
		Comment Text	Response Date
🚨 Find	1.	Keeping the momentum going and having meaningful productive meetings that encourage participation of the coalition members in program planning.	Mon, 2/2/09 11:04 AM
🚨 Find	2.	The need for greater support with reaching the target audiences for which we are funded.	Mon, 1/26/09 12:18 PM
🚨 Find	3.	Focusing on a specific task.	Fri, 1/23/09 4:27 PM
🚨 Find	4.	1- Recruiting the Hispanic population and young people; 2- Having coalition members recruit people to our programs. We give information about each of our programs, (ie, Colorectal Screening, Tobacco Cessation, Breast and Cervical Screening, etc,) and even do monthly education on specific targeted cancers, however, we do not have any one referred to our programs through any members.	Thu, 1/22/09 8:58 AM
🚨 Find	5.	Meeting all of the needs of the different targeted populations within the Coalition.	Wed, 1/21/09 11:19 AM
🚨 Find	6.	Keeping the enthusiasm going when we keep facing budget cuts	Wed, 1/21/09 11:02 AM
🚨 Find	7.	citizen participation and meeting times that are convenient for all participants and staff.	Wed, 1/21/09 10:23 AM
실 Find	8.	Coalition members are usually employed full-time, leaving little extra time in their lives to devote to coalition activities. Their heart is there, but the time isn't.	Tue, 1/20/09 6:53 PM
🚢 Find	9.	Helping them understand that the Coalition work should be shared by all not just a couple of people.	Tue, 1/20/09 1:42 PM
🚨 Find	10.	The biggest challenges we face when working with our Coalition is having the resources; time and money to accomplish required and desired activities as well as maintaining regular attendance of all members to coalition meetings.	Tue, 1/20/09 1:36 PM
		10	responses per page 🛟

		Displaying 1 - 10 of 11 responses	<< Prev	Next >>	Jum	p To: 1 Go >>
		Comment Text				Response Date
🚨 Find	1.	The last meeting we had the MOTA vendor and presented cancer prevention and tobacco use p able to implement through CRF funding.				Mon, 2/2/09 11:07 AM
🚨 Find	2.	Concentrated outreach targeting previously und by well coordinated events with good participatio	•	residents follo	owed	Mon, 1/26/09 12:38 PM
🚨 Find	3.	Cannot think of any				Fri, 1/23/09 4:28 PM
	4.	The coalition has developed a quarterly newletted members, and local businesses. They in turn are and/or forward the information on to other employ For instance the coalition member from Chester newsletter, and in turns forwards it to all employ Center. She also prints out copies that are disen and in all waiting rooms through out the hospital representative of the American Cancer Society to for cancer patients.	e asked to print byees and/or frie River Hospital ess of Chester nminated in the . They have als	the information ends or relative Center receive River Hospita Emergency F co worked with	on ves. es the al Room n the	Thu, 1/22/09 9:06 AM
🚨 Find	5.	Putting together an evening Coaliton Meeting, of food etc it took a lot of work and planning with success.	-	-	•	Wed, 1/21/09 11:24 AM
🊨 Find	6.	Produced a recruitment coalition brochure				Wed, 1/21/09 11:13 AM
🚨 Find	7.	Joint and/or individual participation at various he fairs	ealth related eve	ents and/ or h	lealth	Tue, 1/20/09 2:22 PM
Find	8.	Recruited Chair and Co-Chair for Coalition from participation by outside agencies during Coalition participation of Doctors and hospital staff since r provided to attendees of meeting and the location distance of hospital and medical offices.	n meetings. We neeting at noor	have a high and lunch is		Tue, 1/20/09 1:43 PM
🚨 Find	9.	Restructured to 4 meetings per year has really hone has time to sit at meetings. Reminder calls also increased attendance.	•			Tue, 1/20/09 10:54 AM
🔒 Find	10.	Having doctors come and speak on types of call fabulous! We've talked about merging the cance who attend the cancer meeting are worried that be continued. (It does take a lot of time when the like because of the minigrants given to communi- to make it work and keep the integrity of each.	r and tobacco o the educational e tobacco meet	coalitions and l component v ing is more bu	those vill not usiness	Tue, 1/20/09 8:29 AM
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		Comment Text				Respons	se Date
🚨 Find	1.	We need suggested methods for improving outrigrant.	each to popula	ations targeted	in our	Mon, 1/26/09	9 1:13 PM
🚨 Find	2.	All information will be greatly helpful.				Fri, 1/23/09	4:28 PM
🚨 Find	3.	How can we empower coaltion members to take	e an active roll	in recruitment	?	Thu, 1/22/09	9:07 AM
🚨 Find	4.	How to keep the coalition energized in these ha		Wed, 1/21/09 11:25 AM			
🚨 Find	5.	None that I can think of at this time.		Wed, 1/21/0	9 11:03 AM		
🚨 Find	6.	Suggestions for ways to energize and engage of	coalition memb	pers.		Tue, 1/20/09	6:53 PM
🚨 Find	7.	Ideas/ways to encourage participation of coalitic	on members			Tue, 1/20/09	2:23 PM
🚨 Find	8.	Recruitment of new members who will attend re	gularly in a ru	ral county.		Tue, 1/20/09	1:48 PM
🊨 Find	9.	Ways to get coalition memebers involved without workers in the process. Ways to recruit more me the successful coalitions.			-	Tue, 1/20/09	1:45 PM
🚨 Find	10.	?				Tue, 1/20/09	10:54 AM
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