“Vision without ACTION is merely a dream. ACTION WITHOUT VISION JUST PASSES THE TIME. Vision with action can CHANGE the world.”

—JOEL A. BARKER—
# Table of Contents

- Background .................................................................................................................................................. 2
- Summit Design ........................................................................................................................................... 3
- Methodology ............................................................................................................................................... 3
- Results ........................................................................................................................................................ 4
  - Evaluation Survey ................................................................................................................................. 4
  - Action Planning Session I ...................................................................................................................... 8
  - Report Out & Discussion of Session 1 .................................................................................................... 8
  - Action Planning Session II ..................................................................................................................... 11
  - Final Report Out and Discussion .......................................................................................................... 13
  - Expanding the Conversation ................................................................................................................ 13
- Next Steps .................................................................................................................................................. 15
- Appendix: Summit Registrants .................................................................................................................. 16
Background

The purpose of the National Cancer Health Disparities Geographic Intervention Project (GIP) is to address disparities in cancer mortality rates among those who suffer from preventable types of cancer. The core concept behind the GIP is to demonstrate that the combined efforts of multiple organizations from the private, not-for-profit, and government sectors, working as a single force in partnership with communities, can create a sustainable, scalable, efficient, effective and transferable model for addressing community cancer health disparities.

Based on a compilation of data collected from both public and private research entities, The Mississippi Gulf Coast was identified as the initial community for the GIP based on the high rates of mortality for those suffering with preventable types of cancer as well as the availability of healthcare infrastructure which is necessary for program sustainability. The entire process of developing the GIP— which includes assessment, planning, intervention, and evaluation— will be documented in sufficient detail, quantifying when possible, to promote translation in other communities.

C-Change engaged CommonHealth ACTION to perform a community assessment and provide content expertise related to the social, political, economic, clinical, environmental, and cultural construct on the Mississippi Gulf Coast. CommonHealth ACTION conducted an environmental scan, developed and administered community and stakeholder surveys, and conducted community and stakeholder focus groups. The key findings of this community assessment were documented in the Mississippi Gulf Coast Community Portrait that was presented to the C-Change GIP Steering Committee in August of 2013.

CommonHealth ACTION continued to work closely with C-Change during the implementation of Phase I of the GIP. In order to further develop relationships between C-Change and the clinical and social service communities on the Gulf Coast, CommonHealth ACTION planned and convened a GIP Summit in Gulfport, MS on November 12, 2013.

_C-Change compiled a list of four questions which would be the focus of the GIP Summit:_

1. Why is the cancer burden so high in the MS Gulf Coast Region?
2. What are priority actions to address cancer disparities occurring in the MS Gulf Coast Region?
3. How can C-Change and the MS Gulf Coast community work collaboratively to decrease the burden of cancer health disparities in this community?
4. What are the initial next steps to initiate collective action?

This evaluation report will demonstrate the value that this GIP Summit provided to C-Change in terms of enabling them to engage with community leaders and key stakeholders, address priority actions, work collaboratively with new partners, and identify next steps. Through both quantitative and qualitative methods, CommonHealth ACTION was able to analyze participant satisfaction as well as capture common themes and action items from each session.
Summit Design

CommonHealth ACTION worked closely with C-Change to develop a concept for the GIP Summit that would not only garner direct, meaningful, and actionable feedback from community leaders and key stakeholders, but also would increase C-Change’s visibility within the community. The format for the GIP Summit included facilitated, interactive planning sessions which relied heavily on the input of the participants.

To achieve the goals of the GIP, it will be necessary to accrue buy-in from multiple community organizations and entities. Invitations to attend the GIP Summit were sent to hospital administrators, oncologists, state department of health staff, FQHC administrators, health-focused community organization leaders, minority population representatives, military base personnel, and mental health providers.

Methodology

The evaluation of the GIP Summit is based on analysis of multiple primary sources yielding both quantitative and qualitative data.

In order to evaluate the GIP Summit effectively, CommonHealth ACTION set out to understand how the GIP Summit was received by participants through quantitative data analysis. While this information is helpful in understanding how effective the workshop was, it is also important to synthesize and analyze the qualitative comments made by participants. These qualitative comments are incredibly informative and provide the story behind the quantitative data.
This evaluation analyses information from four different primary sources: evaluation surveys, notes gathered during sessions, blue cards, and the goals and willingness scale.

### Results

#### EVALUATION SURVEY

GIP Summit participants were asked to complete a survey to evaluate their experience. CommonHealth ACTION collected 22 completed or partially completed surveys, which is a 63% response rate based on the number of GIP Summit Participants. Excluding C-Change and CommonHealth ACTION staff, 35 people attended the GIP Summit.

The survey was designed to collect both quantitative and qualitative data. For the quantitative assessment (see below), a Likert scale was used to measure participant satisfaction, where “strongly disagree” was given a weight of 1, and “strongly agree” was given a weight of 5, which was then used to calculate a rating.

These data indicate that participants were generally satisfied with the experience of the GIP Summit. There was significant feedback from attendees that additional time was needed for agenda items.

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<thead>
<tr>
<th>Item</th>
<th>Strongly Disagree</th>
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<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
<th>Rating Average</th>
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<td>The Summit Format was appropriate.</td>
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<td>The agenda for the Summit was aligned with the objectives.</td>
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<td>The time allotted for each agenda item was appropriate.</td>
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<td>27.3%</td>
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<td>The morning presentations increased my understanding of the GIP.</td>
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<td>The Action Planning Sessions were well organized and appropriate.</td>
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<td>The facilitators effectively encourage and progress the discussion on the questions posed during the Action Planning Sessions.</td>
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<td>22.7%</td>
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<td>Overall, I enjoyed participating in the Summit.</td>
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<td>27.3%</td>
<td>72.7%</td>
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The evaluation survey instrument was also designed to collect qualitative data. Respondents were asked to answer four open-ended questions. Participant responses for each question are recorded below, however, CommonHealth ACTION was able to identify some common themes.

**COMMON THEMES**
- Participants appreciated the opportunity to collaborate and network with their peers, and in fact look forward to future meetings.
- As noted previously, participants wanted to see additional time allotted in the agenda for discussion and action planning.
- Participants would also appreciate more e-based communications from C-Change in the future.
- Participants still had some questions about C-Change as an organization and the GIP and suggested C-Change identify future opportunities to increase their presence in the region.

**Question 1:** From your perspective, what was most valuable about the Summit?

- The breakout after lunch where connections were made.
- Collaboration with representatives of so many groups.
- Connections with organizations locally. The varying perspectives on the same issues across the participants has been very interesting and enlightening.
- Agenda, participants exchanges, open discussions, topics, presentations, breakouts.
- I learned about cancer disparities in this area and I had the opportunity to share ideas on something that is very important to me and my life.
- Local, likeminded. Great collaboration and connections, grassroots level entry and the apparent honesty of C-Change.
- The opportunity to network with other organizations.
- Group interactions, opportunity to share and network with others.
- Networking opportunities and connections.
- Learning about resources and projects that other orgs have in place.
- Very organized and kept us on task! Great networking.
- Engaging break-out sessions.
- Building and expanding local anti-cancer networks. The small group size stimulated interactive behavior.
- Identification of needs in community, collaborating to meet needs.
- Networking- getting to hear others needs and resources.
- Very well-organized and engaging. Appreciated the balance of working sessions and presentations.
- The facilitation of each session was well-developed.
- Connecting with colleagues that share common goals and identifying their assets.
- Identification of a strategy and ways to move forward.
- The ability to mingle with others whose paths I do not cross on a daily basis. Good, not best, cross section of participants.
Question 2: From your perspective, what was least valuable about the Summit?

- Need more basis for focus on Gulf Coast as “disparities” community. Stats provided were minimal. Will be critical to engage MDs. They are tired of being told MS is worst case.
- I think CommonHealth ACTION gave me a great overview of C-Change and this process when I was invited. I didn’t need the detailed introductions and overview.
- Opportunities to find out what others are doing.
- I assumed that C-Change had already been speaking to the community of the Gulf.
- Not sure if there was anything that was not valuable.
- I can’t identify any specific weaknesses.
- Not enough time to cover issues.
- The sheet after report out 1.
- Identifying Issues we see as most important in this effort. This info should be provided by community residents.

Question 3: What types of collaborative opportunities would be helpful to strengthen your exchanges and relationship with C-Change?

- Sub-committee meeting: continued communication.
- “Blog” something on C-Change web page specific to this project to support communication/ongoing collaboration.
- Be on their participant communications lists, emails, keep updated and current.
- Email discussions.
- I need to know how to help an un-insured individual with cancer diagnosis.
- Could we convene a meeting of elected officials (local, state, federal) for a cancer policy summit?
- Integrative interdisciplinary “All” (across all levels across all communities) and any because EDUCATION and HEALTH - > LIFE.
- Working relationship with different organizations.
- Periodic touches via email or other methods.
- Additional networking opportunities -maybe create some sort of “formal” structure for the group or form some committees based on discussions.
- Build relationships with individual national partners to be able to contribute my individual and/or organizational talents and skills to eliminate cancer disparities.
- Small group meeting on a continuing basis.
• Resource library - library of local organizations, new projects, etc...in district 9 to leverage activities and moving forward.
• Focus on health IT/information exchange.
• More small group action planning meetings.
• Future meetings that engages the community residents and additional stakeholders.
• Share information as to how organizations can become more self-sufficient.

**Question 4: Please share any additional comments you have about the Summit.**

• Very interesting and worth-while. I learned a lot!
• Will need to increase “efficiency” of meeting agenda/process if you want to engage busy, high level folks (CEO’s, MD’s, etc).
• Need to educate community and state re: work of C-Change.
• Are cancer rates and cancer mortality rates increasing or decreasing nationwide? I never really got that answer.
• Thank you for convening this group. Great job of facilitating.
• For transparency and accountability must have local district and state legislators here and timelines.
• Well worth the time. Made some connections that will help me achieve one of my organizational goals of providing transportation to patients for treatment.
• More info about C-Change. Need more at the table.
• Possibly play off the structure of the regional comprehensive cancer coalition.
• Fantastic day!
• Thank you!
• Thanks for invitation.
• Off to a great start! Thank you.
ACTION PLANNING SESSION I

During Action Planning Session I, CommonHealth ACTION utilized the stimulus mining facilitation technique to incite small group discussion about issues related to cancer disparities on the Mississippi Gulf Coast. The participants were given a variety of stimuli (anecdotes, current research, news articles, etc) relating to the theme of cancer disparities. The participants were then broken into small groups of 3 or 4 and encouraged to identify a Very Important Problem (VIP) or Very Important Opportunity (VIO) based on their initial reactions to the stimuli provided. The small groups recorded their VIPs and VIOs on blue cards which were then shared with the room.

Due to the number of participants, the GIP Summit was conducted in two separate breakout rooms, Group A and Group B. The groups were pre-determined by CommonHealth ACTION staff to ensure organizational diversity.

The VIPs and VIOs generated by both Group A and Group B are recorded below.

**Group A: VIP/VIO**
- Risk Factors and Behaviors
- Screening
- Opportunity for Non-Traditional Funding
- Obesity Link to Cancer
- Education
- Access to Care

**Group B: VIP/VIO**
- Solving the Disconnect between Knowledge and Behavior
- Personal Awareness Campaigns
- Barriers to Care Coordination (Health Information Exchanges)
- Living with the unknown is better than living with no options
- Prevention and Advocacy

REPORT OUT & DISCUSSION OF SESSION I

Following Action Planning Session I, participants from both Group A and Group B reconvened to report out and discuss. Participants from Group A were given the blue cards from Group B and vice versa. They were then asked to review and refine the blue cards they were given. These revised blue cards were used to identify 5 ideas or priority areas for action as the GIP moves forward. These 5 priority areas are as follows:

- Improve Smoke Free Policies; Groom Elected Officials
- Solving the Disconnect between Behaviors and Knowledge
- Navigators or Lay Health Workers as Guides for Care Coordination including Prevention
- Barriers to Access; Disconnect and Uncertainty; Better Connecting Policy Makers and Grassroots
- Screening (Colorectal); Resources to Support Screenings
Participants were asked to come up with “lawbreaker” ideas, which run counter to those things that we always do to address a problem or an issue. We did receive one lawbreaker idea in regard to gaining buy-in from elected officials. We always try to build relationships once legislators are in office, but the lawbreaker idea is to groom potential or new elected officials and even make cancer disparities a campaign issue.

Once the priority agenda was established, participants were given a scale and asked to rate each item based on two criteria: their perception of how important this issue is to the over-all goal of reducing or eliminating cancer health disparities, and their level of willingness to implement this approach or address the issue or opportunity.

The scale was rated from 1 to 10: 1 being the least important or least willing, and 10 being the most important or most willing. The percentage of responses for each scale number are listed below, as well as an average rating. Responses with the highest percentages are indicated in bold.

The data indicate that participants gave higher ratings to the issue’s importance when compared to their individual willingness to implement the approach or address the issue.

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<th>1. Improve Smoke-Free Policies; Groom Elected Officials</th>
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<td>How important is this to the overall goal of reducing/eliminating cancer health disparities?</td>
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<td>What is the level of willingness to implement this approach or address this issue/opportunity?</td>
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2. Solving the Disconnect between Behaviors and Knowledge

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3. Navigators or Lay Health Workers as Guides for Care Coordination including Prevention

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4. Barriers to Access; Disconnect and Uncertainty; Better Connecting Policy Makers and Grassroots

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5. Screening (Colorectal); Resources to Support Screenings

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<td>6.5%</td>
<td>16.1%</td>
<td>12.9%</td>
<td>64.5%</td>
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<td>What is the level of willingness to implement this approach or address this issue/opportunity?</td>
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**ACTION PLANNING SESSION II**

During Action Planning Session II, CommonHealth ACTION facilitated a Reciprocity Ring Activity in which GIP Summit Participants were encouraged to share their organizational or individual needs as well as their assets. For the exercise, participants were divided into three groups (Ring 1, Ring 2, and Ring 3).

Based on responses from the evaluation survey, this activity was the most well-received by the participants.
COMMON THEMES FROM RING 1:
- There is a need for policy changes (Medicaid expansion, state funding for cancer screenings).
- There is a disconnect between grassroots and policy makers.
- There is a need for grassroots advocacy.
- There is a disconnect between knowledge and behavior.
- There is a need for collaboration, community collaboratives.
- There is a need for screenings, but even more so a need for follow-up care for which there is no funding.
- There is an opportunity for partners to work together to provide CHWs.
- There is a need for bilingual healthcare professionals and translators. Too often, translators are not trained in medical terminology, and a unique problem in the Vietnamese community is that many Vietnamese-speaking individuals do not know how to read or write in Vietnamese.
- We have to come up with a way to address trust factors.
- We need to focus on the whole person, including mental health.

COMMON THEMES FROM RING 2:
- There is a need to focus on collaboration and networking.
- There are major issues with being able to provide access to care for all people.
- We need to focus on the Medicaid population.
- There is an access problem, for example, there is only one MD who sees Medicare patients for GI procedures.
- There is an opportunity for Accountable Care Organizations (ACOs) organized along the gulf coast.
- There is a need for greater integration of electronic medical records. Currently, each doctor has a different electronic medical records program. After Katrina there was a cloud created, so there are possibilities of funding for that.
- There is an opportunity to network to provide transportation and other physical needs.

COMMON THEMES FROM RING 3:
- There is a need to focus on policy and legislative issues. We need education at the grassroots level, the state level, and even the federal level.
- There should be a clinical focus.
- There is a need to focus on patient access. There are so many stories of people who have been denied.
- Discussion of the impact of insurance on treatment planning.
- Where does evidence based medicine have a role to play?
- There is a need for resources for patients who are trying to make it through this journey.
- Discussion of navigation as a concept, and the various models that are available. There is much confusion at the community level in regard to navigation.
- There is a need for art therapy programs for cancer patients.
- There is a need to address quality of life issues for cancer patients.
- Nutrition is an issue for cancer patients.
- There is a need for education on how to purchase healthy foods at the grocery store.
FINAL REPORT OUT AND DISCUSSION
The final session format was a facilitated discussion to gather closing thoughts about the previous sessions and also to discuss the work moving forward. The major themes extracted from that discussion are listed below.

- GIP Summit participants have a need for resources and technical assistance.
- There is a need to broaden the conversation, especially in regard to getting clinicians and hospital administrators involved in the GIP. C-Change will need to look for creative and time-conscious ways to engage these key stakeholders.
- It is imperative that all decisions surrounding the GIP be based on feedback from community.
- It is good to establish priorities for the work that should be done first. Many of these community organizations are over-worked and over-burdened. Identifying the work that can be done through networking and sharing together is a good start to identifying the things that we do not have at all.
- It is critically important for the community to know what C-Change is, why they are here, and why they are talking about disparities.

EXPANDING THE CONVERSATION
In recognition of the fact that several stakeholders were missing from the table, and in an effort to broaden the conversation, GIP Summit participants were asked to jot down the names of absent individuals who should be a part of cancer health disparities discussions and the planning activities surrounding the implementation of the GIP in coastal communities. Participants felt that the following stakeholders should be involved at some level in developing a plan of action. In many cases, participants listed a general category of people, rather than identifying a specific individual. The people (or groups) who were suggested are listed below in alphabetical order.
• American Lung Association
• American Red Cross
• Asians and Hispanics
• Blue Cross/Blue Shield
• Businesses
• Cancer survivors
• Casino representatives (senior level)
• CHWs, CHAs, patient navigators
• Clinics
• CMAs
• College health instructors
• College students (undergrad and grad)
• Community
• Community center staff
• County officials/supervisors
• Culturally diverse groups
• Dental professionals
• Dieticians
• Disabled (mental and physical) persons
• Disparate populations
• DuPont
• Elderly and Retired
• Faith-based leaders and organizations
• Free Clinics
• Health Care Providers
• Health organizations
• Homeless
• Hospitality industry representatives
• Hospitals
• Humana
• Industries that affect environmental quality
• Insurance companies/agents
• Jr. & Com. Colleges
• K-12 School officials
• Large company CEOs
• Legal representatives
• Legislators (state and local)
• LPNs, RNs, NPs
• Magnolia Healthcare
• Media variety (local/state/MPB/TV/radio/newspaper)
• Medical MDs
• Medicare
• Military bases (Keesler AFB, Camp Shelby)
• Mississippi Health Advocacy Partners and “Cover Mississippi” Coalition.
  www.mhap.org
• Mississippi Power
• Municipal leaders (aldermen, councilmen, mayors)
• Nurses association representative
• Oncologists
• PAs
• patients
• Physical Therapists
• Pre-schools
• Private schools
• Professional health schools
• Psychologists
• Public Health MDs,
• Rep Sonja Williams Barnes
• Rep. David Baria (228-216-5991, 167 Blue Heron Cove, Waveland, MS)
• Retired or former legislators and politicians
• Salvation Army
• Social Workers
• Sun Herald newspaper has reporters who have done a great job of covering “access to care” issues…They might be very helpful
• Survivors
• The local deaf center
• Translators (Vietnamese and Latino)
• Traumatologists
• Universities
• Veterans
• Workers and Worksites
• Youth representation and organizations
Next Steps

Based on the review of the evaluation data, verbal feedback from the participants, and the experiences of the CommonHealth ACTION staff, the GIP Summit: Collaborating to Address Cancer Health Disparities on the Mississippi Gulf Coast was a success. CommonHealth ACTION and C-Change staff highly valued the experience of working with these coastal communities and connecting with individuals who are so passionate and engaged in their work. Through the interactive sessions we were able to accomplish the goals for engagement and input set at the beginning of the process. We believe that the GIP Summit has inspired the participants to take the gained knowledge and formed relationships to begin the work of the Geographic Intervention Project on the Mississippi Gulf Coast.

**BASED ON THE EVALUATION OF THE GIP SUMMIT, COMMONHEALTH ACTION RECOMMENDS THESE IMMEDIATE NEXT STEPS FOR C-CHANGE:**

- Gain feedback from hospital administrators and oncology providers by identifying existing meetings and getting on their agendas.
- Continue to follow up with the participants of the Summit to share resources and reports (including this evaluation).
- Focus on increasing the presence and understanding of C-Change as an organization working with and within the community.
# APPENDIX: Summit Registrants

<table>
<thead>
<tr>
<th>Name</th>
<th>Title/Position</th>
<th>Organization/Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Virginia Adolph, LCSW</td>
<td>President</td>
<td>Mississippi Chapter, <a href="mailto:GinnyAdolph@aol.com">GinnyAdolph@aol.com</a></td>
</tr>
<tr>
<td>Brian Alexander, MS</td>
<td>Manager, Marketing &amp; Information Systems</td>
<td>C-Change, <a href="mailto:balexander@c-changetogether.org">balexander@c-changetogether.org</a></td>
</tr>
<tr>
<td>Patricia Andrews, MPH, CTR</td>
<td>Health Instructor and Registry Liaison</td>
<td>Louisiana Tumor Registry, School of Public Health, <a href="mailto:pandre@lsuhsc.edu">pandre@lsuhsc.edu</a></td>
</tr>
<tr>
<td>Aimee Barresi</td>
<td>Regional Coordinator</td>
<td>Smoke Free Mississippi, <a href="mailto:aimeebarresi@gmail.com">aimeebarresi@gmail.com</a></td>
</tr>
<tr>
<td>Steve Barrilleaux, PhD</td>
<td>Psychologist - Director, Adult Services, Harrison Gulf Coast Mental Health Center</td>
<td><a href="mailto:stevebarri@yahoo.com">stevebarri@yahoo.com</a></td>
</tr>
<tr>
<td>Kinga Bartoszek</td>
<td>Vice President, Finance &amp; Operations</td>
<td>C-Change, <a href="mailto:kbartoszek@c-changetogether.org">kbartoszek@c-changetogether.org</a></td>
</tr>
<tr>
<td>Clay Battin</td>
<td>Director of Development</td>
<td>C-Change, <a href="mailto:cbattin@c-changetogether.org">cbattin@c-changetogether.org</a></td>
</tr>
<tr>
<td>Barrie Black, MPH</td>
<td>Program Coordinator</td>
<td>PCCP, Louisiana Public Health Institute, <a href="mailto:ablack@lphi.org">ablack@lphi.org</a></td>
</tr>
<tr>
<td>Jewell Buckley</td>
<td>Tobacco Specialist</td>
<td>MAFP Foundation, <a href="mailto:JewellBuckley@msafp.org">JewellBuckley@msafp.org</a></td>
</tr>
<tr>
<td>Chiquita Chanay</td>
<td>Primary Care Systems Account Representative</td>
<td>American Cancer Society - MidSouth Division, <a href="mailto:chiquita.chanay@cancer.org">chiquita.chanay@cancer.org</a></td>
</tr>
<tr>
<td>Marianna Chauvin, MPPA</td>
<td>Program Association Intern</td>
<td>CommonHealth ACTION, <a href="mailto:mchauvin@commonhealthaction.org">mchauvin@commonhealthaction.org</a></td>
</tr>
<tr>
<td>Vivien Chen</td>
<td>Professor of Epidemiology/Deputy Registry</td>
<td>Director, Louisiana Tumor Registry/LSU Health Sc Ctr-NO, <a href="mailto:vchen@lsuhsc.edu">vchen@lsuhsc.edu</a></td>
</tr>
<tr>
<td>Maggie Clarkson, RN, MS</td>
<td>Grants Director, Regional Cancer Center</td>
<td>Singing River Health System, <a href="mailto:maggie.clarkson@mysrhs.com">maggie.clarkson@mysrhs.com</a></td>
</tr>
<tr>
<td>Glenn Cobb</td>
<td>President</td>
<td>GlennCo Enterprises, <a href="mailto:dotmcewen@cableone.net">dotmcewen@cableone.net</a></td>
</tr>
</tbody>
</table>
Kim Cochran  
Consultant  
PFIZER  
khcochran@att.net

Beth Dickson-Gavney, MA  
Senior Director, Primary Care, Mid-South Division  
American Cancer Society  
beth.dickson-gavney@cancer.org

Persharon Dixon, MD  
Medical Director and Board Certified Pediatrician  
United Health Care  
persharon.dixon@gmail.com

Roy Duhe, PhD  
Associate Director for Cancer Education  
University of Mississippi Medical Center  
rduhe@umc.edu

Cathy Dumal, RN, MS  
Development Director  
Coastal Family Health Center  
cdumal@coastalfamilyhealth.org

Erima Fobbs, MPH  
Director of Public Health  
CommonHealth ACTION  
efobbs@commonhealthaction.org

Anthony Fox, MS  
Bureau Deputy Director, Chronic Disease  
MS State Dept. of Health  
anthony.fox@msdh.state.ms.us

Samantha Francois  
Associate Director of Evaluation and Assessment  
Louisiana Public Health Institute  
sfrancois@lphi.org

Harold Freeman, MD  
President and CEO  
Harold P. Freeman Patient Navigation Institute  
hpfnow@gmail.com

Tanya Funchess, DHA, MPH, MSM  
Director, Health Disparity Elimination  
Mississippi State Department of Health  
tanya.funchess@msdh.state.ms.us

Alice Graham, M.Div, Ph.D  
Executive Director  
Interfaith Partnerships (formerly MCIDTF)  
agraham@msidtf.org

Angel Greer  
Chief Executive Officer  
Coastal Family Health Center  
agreer@coastalfamilyhealth.org

Nikki Hayes, MPH  
Branch Chief, Comprehensive Cancer Control  
Centers for Disease Control and Prevention  
nhh1@cdc.gov

Tennille Howard, MPH  
Community Health Manager  
Susan G. Komen  
thoward@komen.org

Colleen Huard  
Program Manager  
LSUHSC School of Public Health  
cryan1@lsuhsc.edu

Kimberly Hughes  
Government Relations Director  
American Cancer Society Cancer Action Network  
kimberly.hughes@cancer.org
Tom Kean, MPH
President & CEO
C-Change
tkean@c-changetogether.org

Mendal Kemp
Director
Center for Rural Health
mkemp@mhanet.org

Jaymee Lewis, MSHCM
Healthy Communities Coordinator
Louisiana Public Health Institute
jlewis@lphi.org

Maureen Lichtveld, MD, MPH
Professor and Dept. Chair
Tulane University SPHTM, Dept. of GEHS
mlichtve@tulane.edu

Nehanda Lindsey, MS, MIB, CMP
Director of Program Strategy
CommonHealth ACTION
nlindsey@commonhealthaction.org

Kristin Lyman
Associate Director, Health Systems Division
Louisiana Public Health Institute
klyman@lphi.org

Jeanie Mann
Account Representative, Hospital Systems
American Cancer Society
jeanie.mann@cancer.org

Barbara Mayfield-Coatney
Executive Director
Gulf Coast Community Action Agency, Inc.
bcoatney@gccaa.org

Dorothy McEwen, MSW, LCSW
Director
South MS Regional Center
dmcewen@smrc.state.ms.us

Dexter McKinney, MPPA
Program Manager
CommonHealth ACTION
dmckinney@commonhealthaction.org

Romeatrius Moss, RN, MSN, APHN-BC, DNP
Executive Director/President
Mississippi Gulf Coast Black Nurse Association
rmoss@mgcbna.org

Tiffany Netters, MPA
Program Manager
LA Public Health Institute
tnetters@lphi.org

Lessa Phillips, MD, MPH
Health Plan Medical Director
UnitedHealthcare Community Plan-Mississippi
deirdre_m_phillips@uhc.com

Courtney Robbins, JD
Mississippi Health Systems
American Cancer Society
courtney.robbins@cancer.org

Lolita Ross, MPPA, PMP
Director of Mississippi Initiatives
CommonHealth ACTION
lross@commonhealthaction.org

Kristen Santiago, MS
Director, Strategic Initiatives & Outreach
C-Change
kcoxsantiago@c-changetogether.org
Summit Evaluation Report
GIP Summit: Collaborating to Address Cancer Health Disparities on the Mississippi Gulf Coast

Jennie Searcy
Director
El Pueblo
jsearcy@elpueblo-ms.org

Payal Shah, MPH
Director, Strategic Initiatives and Advocacy
C-Change
pshah@c-changetogether.org

Morgan Shannon
Program Associate
CommonHealth ACTION
mshannon@commonhealthaction.org

Millicent Shelby, B.S., M.S.
Coordinator, Comp Cancer
MS State Department of Health
millicent.shelby@msdh.ms.gov

Valerie Short, MD
Central MS Area Health Education Center
shortmd@yahoo.com

Brandi Stevenson
Meetings Manager
C-Change
bstevenson@c-changetogether.org

Ruth Story
Community Activist
storyruth@cableone.net

Tasha Tilghman-Bryant, MPA
Director, Strategic Initiatives and Communications
C-Change
ttbryant@c-changetogether.org

Hoa “Ginni” Tran
Mercy Housing & Human Development CHW
ginni.tran@gmail.com

Thao Vu
Coordinator
Mississippi Coalition for Vietnamese-American Fisher Folks and Families
thaovu337@gmail.com

Sarah Walker
Executive Director
VISIONS OF HOPE INC
sdwalk@bellsouth.net

Armin Weinberg, PhD
CEO
Life Beyond Cancer Foundation
armin@lifebeyondcancer.org

John Whitfield
Practice Administrator
Digestive Health Center, PA
mr.jhw62@gmail.com

Lillie Willis, MPH, CHES
Specialist, Mission Delivery
American Cancer Society
lillie.willis@cancer.org

Xiao-Cheng Wu
Director
Louisiana Tumor Registry, LSUHSC, Public Health
xwu@lsuhsc.edu