

DPH CANCER PROGRAM PROSTATE CANCER SUBCOMMITTEE ACTIVITIES

Meeting type	Purpose and Leadership; Other notes	Date(s)
DPH SC Cancer Control Advisory Committee Prostate Cancer Workgroup	<ul style="list-style-type: none"> This workgroup was created because of the SC Cancer Alliance Board recommendation in Feb 2024 for DPH to adopt this work. Anthony Poole and Eric Schleuter co-led this committee Attendees included: Marvella Ford (MUSC AMEN Program); Kim Hale (American Cancer Society); Lee Moultrie (cancer survivor); SC Cancer Alliance staff, Eric Schleuter (Cooperative Health); DPH Staff Accomplishments: Did a statewide provider survey to assess knowledge and practices related to prostate cancer screening guidelines; Analyzed Revenue and Fiscal Affairs data. 	2/28/24, 3/28/24, 4/18/24, 10/7/2024, 11/13/2024
Preliminary discussion about Prostate Cancer Legislative Study Committee- Public Health Education and Awareness Meeting	<ul style="list-style-type: none"> Informal; Kelsi Brewer introduced to CDIP leadership and staff the work of the legislative statewide committee and the need for DPH to convene members; Ms. Brewer and DPH staff co-created a preliminary list of invitees. 	2/4/2025
First (larger group) DPH-led statewide prostate cancer subcommittee meeting based on legislative request	<ul style="list-style-type: none"> Group decided there were three major topics: Patient education; provider education; navigation and referrals. Please see notes 	2/25/25
First Patient-Facing Education Prostate Cancer WG meeting of the Prostate Cancer Subcommittee	<ul style="list-style-type: none"> Please see notes 	3/10/25
First Provider-Facing Education Prostate Cancer WG meeting of the statewide	<ul style="list-style-type: none"> Please see notes 	3/13/25

DPH CANCER PROGRAM PROSTATE CANCER SUBCOMMITTEE ACTIVITIES

Prostate Cancer Subcommittee		
Prostate Cancer Navigation and Referrals Workgroup meeting	<ul style="list-style-type: none"> Please see notes; Decided to blend the navigation and referrals work into the other workgroups 	4/1/25
Prostate Cancer Provider Education & Resources Subcommittee	<ul style="list-style-type: none"> Please see notes 	4/11/25
Large group Prostate Cancer Subcommittee Meeting	<ul style="list-style-type: none"> Please see notes 	5/2/25
Prostate Cancer Provider Education and Resources Workgroup meeting	<ul style="list-style-type: none"> Please see notes 	6/9/25
Large group Prostate Cancer Subcommittee meeting	<ul style="list-style-type: none"> Please see notes 	7/30/25

Summary

- Eight official meetings have been held for the Prostate Cancer Education and Awareness Subcommittee.
- There are not official chairs, but DPH staff have facilitated all meetings with heavy input and leadership from all partners.
- The group has two working groups: Provider Education and Patient Education.
- The group has developed an interactive urologist map to facilitate prostate cancer screening referrals, social media messages for prostate cancer public awareness, and is developing a presentation for providers. Physician representatives from the group are scheduled to present at a CMO meeting for the SC Primary Care Association in August, and two Cancer Programs Project ECHO sessions in fall 2025.



SC DPH Prostate Cancer Workgroup Meeting Agenda

Tuesday, February 25th, 2025, Time: 9:00 AM

1. Welcome and Purpose- Vinita Leedom
2. Introductions
3. Review of data- Vinita & Dr. Anthony Poole
4. Funding available-End of fiscal year- Dr. Virginie Daguise
5. Members share potential project ideas
6. Next steps
7. Finalization of meeting dates

SC Department of Health (DPH) Prostate Cancer Education and Awareness Workgroup Meeting Minutes; Tuesday, February 25, 2025, at 9:00 AM

Attendees:

Dr. Ron Gimbel, Dr. Marvella Ford, Mr. Preston Covington, Ms. Kelsi Brewer, Dr. James Hebert, Dr. Anthony Poole, Kim Hale, Dr. Eric Wallen, Nicole Echols, Michele Stanek, unidentified phone-in caller; DPH: Selena Lowery, Sonya Younger, Virginie Daguise, Vinita Leedom, Hallie Heffner, Jennifer Jeanquart

Background

Prostate cancer took over 2,200 lives between 2018-2021 in South Carolina. Late-stage diagnosis of prostate cancer has been increasing among all races of men in South Carolina. A robust response to this problem will save lives and improve the quality of life for families in our state. This year the SC State Legislature approved funding to be allocated to this important cause. The funding will allow DPH to work with statewide partners to strategically provide education, expand current programs, and mobilize resources to address this issue. The funding reinforces the need to raise awareness regarding prostate cancer and erase the stigma associated with screening.

The resulting plans, education, and materials created out of this workgroup will be evaluated for effectiveness in improving prostate cancer education and awareness, as well as for addressing the disparities surrounding this issue.

Minutes from 2/26/25

1. SC DPH staff opened the meeting by sharing the directive received from the state legislature
 - a. Vinita and Dr. Poole reviewed data, asking "Is there enough data to support increased education and outreach?" Prostate cancer mortality rates are on a slight decline, although there is a large disparity between African American and White men.
 - b. Incidence rates are also declining, but late-stage diagnosis and disparity between African American and White men remains.
 - c. How do we continue the positive trend and reverse the concerning?
2. Dr. Ford discussed SC AMEN program
 - a. Over 500 African American men enrolled to date. Offers 1 hour education and navigation services. 70% of men enrolled in the program have been screened or awaiting screening. Would like to open this up to men of all races.

3. Dr. Wallen shared concerns among primary care providers regarding the screening process. There is a need for providers need additional support and targeted education. American Cancer Society screening recommendations are a good starting point.
4. Dr. Gimbel and Dr. Hebert discussed a need to ensure a focus on high-risk individuals. There was a discussion regarding an existing prostate cancer committee at the state, and caution again duplication or competing work.
5. Nicole Echols with SCCA - SCCA is also helping with navigation services with SC AMEN but are doing it in different parts of the state. They are working with FQHC's. It was suggested a panel discussion to providers at FQHC's may be a great way to educate PCP's.
6. The upcoming statewide primary care conference where the funding good sponsor an event/panel for prostate cancer. Once a panel/presentation has been created, the committee can identify additional inistate conferences (SCORH, MUSC, Primary Care Conference, SC Hospital Association, SC Academy of PA's, or Prisma's Primary Care Conference.
7. Patient facing awareness campaigns can include billboards across the state, webinars, video messaging, wrap busses, social media, radio.
8. There is a SC urologic group that meets annually where we can build a statewide network.
9. This committee will split into two subcommittees to focus on patient facing and provider facing education. The larger group will reconvene in approximately 3 weeks.
10. Appreciation was expressed by members for the planned multi-pronged approach.

Follow up items

- WG member asked about rural outcomes associated with prostate cancer
- Involve/engage other members not represented
- Schedule larger workgroup meeting and two subcommittee meetings

Specific funding suggestions summarized:

- SC AMEN- building up capacity
- SCCA- Improving/increasing screenings
- Prostate Cancer Webinar speaker honorariums to include CMEs. Example, Project ECHO
- DPH advertising
- Meeting sponsorship to convene prostate cancer (June 6-8, 2025, SC Primary Care Association)

Patient Facing Subcommittee

Date: 3/10/25

Time: 11am

Location: Teams

1. Welcome

2. Overview of the Prostate Cancer Education & Awareness Initiative

- **Purpose and Goals:** A brief overview of the program's mission to increase awareness about prostate cancer and encourage screenings.
- **Target Audience:** Men ages 40 and up and women as influencers of health discussions.
- **Program Timeline:** Overview of the planned timeline for the rollout.

3. Review of Prostate Cancer Statistics & Current Landscape

- Review prostate cancer statistics in South Carolina.
- Understanding the disparities and challenges faced in early detection and screening.

4. Role of Women in Encouraging Screenings

- Discuss the importance of women in encouraging the men in their lives to get screened.
- Ideas for outreach to women (e.g., messaging, materials, community events).

5. Best Practices for Encouraging Prostate Cancer Screenings

- Discussion on effective methods for providers to communicate the importance of screening to men (e.g., through conversations during regular check-ups).
- Tools for educating patients in clinic, including pamphlets, social media, and workshops, community events, etc.).
- Addressing common misconceptions and concerns that patients may have regarding screening.
- Exploring partnerships with local organizations and healthcare providers.

6. Budget & Resources

- Review available budget and resources for program implementation.

- Identify any additional resources or funding needed.

7. Evaluation & Feedback Mechanisms

- Discuss how to evaluate the effectiveness of the educational efforts (e.g., pre- and post-program surveys, feedback from patients).

8. Committee Roles & Responsibilities

- Define the roles of each committee member in the rollout of the program.
- Assign initial tasks (e.g., research, content creation, outreach, event planning).

9. Questions & Open Discussion

- Open floor for any questions or additional suggestions.
- Discuss any concerns or potential challenges.

10. Next Steps & Scheduling of Follow-up Meetings

- Set a timeline for next steps and action items for committee members.
- Schedule the next meeting date.

11. Adjournment

SC DPH Prostate Cancer Patient-Facing Education Subcommittee Meeting Minutes

Meeting #1: 3/10/25, 11:00 AM (Virtual)

Minutes

Present: Jennifer Jeanquart, Hallie Heffner, Latasha Johnson, Virginie Daguise, Glenn Burrell, Vinita Leedom, Dr. James Hebert, Dr. Ben Stone, Kelsi Brewer, Nicole Echols, Kim Hale, Ashley Hamm, Lee Moultrie, Dr. Marvella Ford

1. Recap of materials found:

a. Marketing and media materials:

- i. UK has plethora of materials for inspiration including flyers, YouTube messaging, and social media advertisements.
- ii. Some states have developed toolkits, and ACS has fact sheets available for print.
- iii. Women targeted ads are few and is an area that can be improved upon.
- iv. Full review of example materials can be found [here](#).

b. Literature Review:

- i. Print based and web-based sources are pretty effective across the study's referenced. Materials should be balanced, presenting the information that is not biased or pressure participants to get screened or seek further education.
- ii. Community-based and interpersonal communication channels that facilitate open discussion between patients and clinicians may generate more support
- iii. It is important to use culturally competent, accessible, and competent language when appropriate. Rural community is more likely to be invested in programming specific to their needs. Research shows participants increased comprehension when outreach materials addressed:
 - o Anatomy identification
 - o Risk factors and symptoms
 - o Screening Guidelines
 - o Healthy eating and physical activity guidelines
 - o Tips on how to communicate effectively with providers
- iv. Participants receptive to receiving serious conversations from well known figures (celebrities or locally known people).
- v. Factors associated with stronger intent to get screened among African American men:
 - o Existing worry or symptoms
 - o Higher self-efficacy (confidence in ability to get screened)
 - o Higher perceived risk

- Worry and anxiety about having or developing PC
- vi. What factors are less likely to motivate African American men to get screened:
 - Convenience of screening
 - Recommendations by family and friends
- vii. Full review of literature can be found [here](#).

2. Proposals and discussion about SC education and awareness:

a. Messaging:

- i. Encourage target audience to get screened before symptoms develop
- ii. Consider message to people about steps taken after screening
- iii. Message should be simple and aim to empower men to take action. This will de-stigmatize prostate cancer and empower men.
- iv. If Dr. Stone had one shot to land a message it would be: “PSA is a simple blood test that saves lives.”

b. How do we communicate the message?

- i. Messaging should be frequent or highly visible to keep it top of mind
- ii. Engage faith community- Hold Out the Lifeline puts out messaging to over 400 churches
- iii. Engage medical ministries (Trinity Baptist in Columbia is an example of a strong ministry to target)
- iv. SCCA works with community organizations and churches to deliver messages to target audiences
- v. Sports related advertising and billboards can be considered
- vi. Consider incentivizing screenings- SCCA does this

3. Next Steps

- a. Provider facing workgroup will meet 3/13/25.
- b. Meet with members of the provider facing workgroup at the end of April to assure messaging is in concert with that going to providers. Particularly important about the messages related to rescreening.

SC DPH Prostate Cancer Provider-Facing Education Subcommittee Meeting Agenda

Meeting #1: 3/13/25, 11:00 AM (Virtual)

Agenda items

1. Introductions
2. Identify primary goals
3. Proposals and discussion about Provider Education and Awareness methods
4. Next steps

SC DPH Prostate Cancer Provider-Facing Education Subcommittee Meeting Minutes

Meeting #1: 3/13/25, 11:00 AM (Virtual)

Minutes

Present: Jennifer Jeanquart, Glenn, Burrell Hallie Heffner, Selena Lowery, Vinita Leedom, Dr. Ben Stone, Lee Moultrie, Dr. Anthony Poole, Dr. Marvella Ford, Dr. David Marshall, Michele Stanek, Kim Hale, Dr. Eric Wallen

- Goals
 - a. The workgroup identified three primary goals
 - i. Create a provider educational resource
 - 1. PowerPoint
 - 2. Possibly a script/algorithm to talk with patients
 - ii. Design a process for patient navigation and workflow to support efficient and effective referrals
 - 1. MUSC and one to two other positions around the state that would navigate patients. Workflow – help with the bottleneck between PCP and Urology. Include EHR in the discussion.
 - iii. Create a product to provide education about treatment options- overlaps with patient facing committee
- Forums to share information
 - a. Work with medical groups already meeting. Dr. Ford- Lowest hanging fruit is to identify medical groups already meeting. Then reach out to FQHC's across the state.
 - b. Kim Hale/ACS offered to utilize her work with the FQHC Clinical Network Retreat and add initiatives to her ACS booth or session. ACS sits on all the CoC (Commission on Cancer) hospital committees and can present any work the committee wants to introduce to hospitals. Similar to referring all patients to colonoscopy and flooding the limited GI network.
- More information on educational resource
 - a. Put together a resource for providers (powerpoint and/or webinar educational resource for providers across the state). Doesn't need to be MUSC led, would be great to get input from others. ID who is high risk, and areas that can cause false positives. (Dr. Poole)
 - b. Once content is built, then it's "wash rinse and repeat" and universally shared regardless of presenter.
- More on workflow/navigation

- a. Work on navigation and workflow to eliminate bottlenecks. Specific provider group representatives are important to engage medical providers across the meeting.
 - b. We need to create a resource that has all urology offices across the state. Could be a pamphlet or electronic resource, break it down by region. This can be easily shared by providers. Could also use funding for large health systems to help with patient navigation services. When patients are referred, make sure they are meeting the guidelines.
 - c. EHR discussion –Education is not enough- Clinical decision support greatly improves outcomes. Include this in the presentations. SCORH can help. (Michele Stanek)
 - d. Navigators working to create clear referral standards will help close the referral loop. Could use BCN and Access Horry as a model for navigation. (Stanek)
- Further dividing the workgroups
 - a. The group decided to further divide the Provider Workgroup into topic-specific workgroups (Provider educational resources, Patient navigation, and Treatment option education)
- Next steps
 - a. DPH will send nurse navigation information from BCN so it can be used for replication. **(Selena Lowery)**
 - b. DPH will send MUSC a SOW draft and will work with ACS and SCORH to see if a contract would be helpful. Vinita will draft a SOW to contract with MUSC and will talk with Kim and Michele. **(Vinita Leedom)**
 - c. DPH will send clinicians a collection of tools and webinars found on topics relevant to the three workgroups **(Vinita, Jennifer, Hallie, and Glenn)**
 - d. DPH will facilitate spinoff meetings. Jennifer Jeanquart will schedule the follow up meetings
 - e. **MUSC/Dr. Poole-** can work on bullet points for a position description for navigation position. Dr. Poole will send contacts to be included for smaller workgroups.
 - f. A tool or script to follow when speaking with patients would be helpful. **Kim Hale** will send what ACS has already created.
 - g. **DPH/Vinita** will look into the EHR work done by DPH/Tobacco to see if something can be replicated. Kim Hale-
 - h. Exhibitor opportunities at the conference in June in Myrtle Beach. **Michele Stanek** can also get traction at the SCORH conference. Presentations should be ready by June. Michele will send more information to the group.
 - i. **All-** Send Vinita the contacts you think should be on smaller workgroups and conferences to keep on our radars.

SC DPH Prostate Cancer Patient-Facing Education Subcommittee
Navigation and Workflow Workgroup
Meeting Minutes
Meeting #1: 4/1/25, 10:00 AM (Virtual)

Present: Dr. James Hebert, Dr. Anthony Poole, Dr. Marvella Ford, Dr. Eric Wallen, Dr. Benjamin Stone, Dr. Vinita Leedom, Kelci Brewer, Nicole Echols, Ashley Hamm, Jennifer Jeanquart, Hallie Heffner, Selena Lowery, Sonya Younger, Gloria Foster, Glenn Burrell

Minutes:

1. Senate prostate committee update provided by Dr. Hebert:

- a. That committee is interested in working in concert with this committee. Next meeting will take place in fall. (Hebert)
- b. Concerns that this message is laser focused on prostate cancer. It is important to frame this as men's health. Add other factors that can contribute to declining health. The messaging needs to be consistent with that goal in mind. There is also a demonstration project happening across the state and the two projects should coordinate (Hebert)
- a. Concerns brought about quick results and fast decision making. We need to be intentional and create systems where we can be patient and get people into clinical homes where they can receive follow up. Concerns were also brought up about scaring people with unreliable results (Hebert). There are 9 urologists on the report and this reflects their interest as well. Overloading the system with PSA's is not in SC's best interest. (Hebert)
- b. Evidence based testing in a methodical way in concert with this funding is important.
- c. Dr. Ford recommends the use of the Urologic Association guidelines which are helpful to not create panic and overwhelm the system. Using the evidence is a way to cap who is referred to a urologist. There is evidence that shows PSA levels increase as men age, using this evidence to de-escalate people that may not need to be seen by urology.
- d. Dr. Stone concurs and uses MRI's as the biomarker to screen out elevated PSA's for patients that may not need to be seen at his office. Taking race and age into account when reviewing PSA markers is important.
- e. Dr. Hebert recommends use repeat PSA's to track changes, and you need a program that supports that screening frequency and follow up.
- f. Dr. Stone- This is exactly why navigation is so critical, to support patients in the follow up process, particularly for those who are less health literate.

2. What do you recommend that this time is not wasted in light of the caution to slow down to work in conjunction with the senate committee?

- a. Dr. Ford- Education is critical- education of both community (risk factors, family history, age, race, etc.) and educating providers to help them become aware of the current evidence so they can offer the best choices to their patients. In terms of navigation, SC AMEN use centralized navigation, although they are housed at MUSC patients are navigated across the state. Doesn't necessarily need to be nurses, but need to be able to develop a connection and rapport with the men to get their needs met in a trusted way. When needed a nurse that understands the clinical part of the navigation can step in when needed. This is a covered service through every insurance plan in the US. ACS offers certification of non-clinical navigators i.e. social workers or case managers.
- b. One proposal for funding is to set up the navigation system that MUSC would spearhead. That doesn't seem to be against the senate committee.
 - a. The senate meetings are open to the public. Consider the potential conflict on how we might want to modify the messaging knowing there are special pilot projects in these four areas.
 - b. If there are any concerns with misalignment, Scott Jailette may be able to help. It was her understanding we were fine tuning a message that will be sent to that committee.
 - c. Dr. Hebert and Dr. Gimbel can assist with communication flow to the senate committee so they are clear on what this committee is working toward.
 - d. Dr. Poole will put together a written to present to the senate committee so they are clear on the work being done. Dr. Ford would like to participate as well.

3. Project ECHO opportunities-

- a. designed to be a tele-mentor for cancer experts to speak and expand their knowledge on cancer care. Set up an hour- 20-30 min education session with Q&A to follow then 20 min for a case study with Q&A to follow. Goal is that the experts remain in contact with rural sites to offer mentor support.

4. Next steps:

- a. Navigation positions developed- consider the accountability measure. Navigators should report their progress to this committee.
- b. Dr. Stone & Dr. Stone recommend a workflow reference for folks in community on why and how to screen- what constitutes elevated PSA and what needs work up.
- c. Create referral network with navigation to get people to an appropriate facility to make sure things are adequately being worked up. Create resource document with referral sources across the state and work flow that will be good for education workgroups
 - i. Once each site has been identified- identify who the point person is for each practice to help flow of referral.

- ii. Dr. Ford- a workflow for providers and patients will be helpful. Look at AUA or ACA recommendations for referral looking at PSA values.
 - iii. Consider cross state line referrals that may be made into NC and GA – Border cities.
- d. DPH - Compile talking points that has been accomplished to be presented to the committee to be used in Dr. Poole and Dr. Ford's report to the senate committee
- e. Compilation of urologic providers across the states and border cities
- f. Dr. Hebert can send the information about the next senate committee meeting so members of this meeting can attend in the fall.

SC DPH Prostate Cancer Provider Education & Resources Subcommittee
Meeting Minutes
4/11/25, 1:00 PM (Virtual)

Minutes:

Present: Dr. Marvella Ford, Dr. Anthony Poole, Dr. James Hebert, Dr. Benjamin Stone, Dr. David Marshall, Kelsi Brewer, Kim Hale, Nicole Echols, Dr. Vinita Leedom, Jennifer Jeanquart, Sonya Younger, Selena Lowery, Gloria Foster, Hallie Heffner, Glenn Burrell

1. Project ECHO opportunity:

- a. S. Younger: Reminded subcommittee members of email sent out around 3/30/25 to gauge interest in hosting two upcoming Project ECHO sessions: one on provider education and awareness for prostate cancer (tentatively scheduled for 10/1/25), and one on the prostate cancer referral workflow initiative currently pending development (tentatively scheduled for 11/5/25).
- b. Project ECHO equips primary care physicians and other clinicians with skills and knowledge that would improve their ability to serve patients without needing to make specialist referrals for more "minute" concerns.
- c. Project ECHO session format: 20-minute didactic on prostate cancer + 10-minute Q&A session + 20-minute case study + 10-minute Q&A
 - i. Dr. Ford expressed interest in helping
 - ii. Dr. Stone expressed interest in presenting a case study
- d. Consider how to get more providers to attend Project ECHO sessions – the database this committee is working to create can be a source to invite attendees.

2. Provider Education:

- a. Develop a base presentation that can be used in multiple settings
- b. Compile a list of places to submit proposals (e.g., Rural Health Conference, Primary Care Association, MUSC or Prisma's Primary Care Conference, SC PA Association, etc.)
- c. MUSC has a prostate cancer educational module that is directed toward community members that can be revised to focus on providers. Recommended having a provider deliver the 20-minute didactic component because providers like to hear from other providers.
- d. DPH can offer support by compiling a calendar of events, meetings, and potential venues where committee members could present. This strategy would enable members to submit abstracts with advance notice.
- e. Attendees brainstormed potential topics to include in base presentation:
 - i. will suggest bullet points for what to include in the base presentation
 - ii. Urologists – guidelines and follow-up recommendations
 - iii. DPH, Rural Health – Prostate Cancer incidence, prevalence, impact of Prostate Cancer on SC, SC regional data on disparities (racial and geographic)
 - iv. MUSC – Prostate Cancer incidence, heat map showing late-stage Prostate Cancer diagnosis in SC

- v. Guidelines, national trends of survival, racial disparities and survival
- vi. Clarify who should be screened/referred?
- vii. Attendees agreed on May 15, 2025 deadline for completing draft of base presentation

3. Next steps:

- J. Jeanquart to create and store presentation outline document in subcommittee's SharePoint site
- Subcommittee members to complete draft of base presentation by **May 15, 2025**
- DPH staff to create calendar of events, meetings and other venues where subcommittee could potentially present base presentation
- H. Heffner to compile list of active South Carolina-based urologists

SC DPH Prostate Cancer Large Group Meeting Agenda

Meeting #2: 5/2/25, 1:00 PM (Virtual)

Agenda items

1. Patient Facing Subcommittee Updates:
 - a. Community messaging regarding screening and rescreening
 - b. Open discussion
2. Provider Facing Subcommittee Updates:
 - a. Presentation development update
 - b. Urology database update
 - c. Calendar of events – to be created
 - d. Open discussion
3. Next steps

SC DPH Prostate Cancer Large Group Meeting Minutes

Meeting #2: 5/2/25, 1:00 PM (Virtual)

Minutes

Present: Dr. Thaddeus Bell, Kristine Hirt Boswell, Glenn Burrell, Nicole Echols, Dr. Marvella Ford, Gloria Foster, Dr. Ronald Gimbel, Kim Hale, Hallie Heffner, Dr. Vinita Leedom, Selena Lowery, Dr. Anthony Poole, Dr. Benjamin Stone, Dr. Eric Wallen, Sonya Younger

- Legislative committee update (Dr. Gimbel)
 - a. Continue to align this group's strategies with the Legislative Study Committee on Prostate Cancer so that we are not working at cross purposes.
 - b. Next legislative committee meeting tentatively scheduled for September 9, 2025, and is open to the public. Likely running from 1-5pm. Dr. Gimbel asked everyone to attend and it will also be virtual.
 - c. Looking at a regional approach allowing regions to embrace strategies that they believe will work in their region.
 - d. Dr. Ford has joined the legislative committee as an MUSC representative.
 - e. Dr. Gimbel discussed while public health is related to this project, there are problems that lie within health services including the relationship between primary care and urology, 75% of biopsies return not clinically significant cancer which consumes a lot of resources, and issues with PSA tests.
 - f. Ultimately what would the legislative committee like to see:
 - Reduction in premature death rate
 - Payors are frustrated with paying for things that are unnecessary
 - South Carolina leadership in the southeast regarding prostate cancer
- Update on activities to date:
 - a. Initially DPH was asked for a task force dedicated to education and awareness with money dedicated to the task force. Contracting to implement some plans is paused but the DPH Taskforce will continue to meet to do what it can to address gaps unfunded.
 - b. Three workgroups have been formed from this overarching committee.
 - Provider Education and Awareness:
 - To provide accurate and consistent education to providers on prostate cancer.
 - Develop medically accurate and consistent messaging using evidence-based guidelines.
 - Create educational materials to be disseminated through providers
 - Present information at medical conferences, panel discussions, and on-demand training requests.
 - Patient Education and Awareness:
 - Increase health literacy regarding men's health and prostate cancer

- Identify barriers to screening.
 - Develop clear messaging and increase education and awareness.
- Patient Navigation and Referrals:
 - Create SC specific documentation on effective screening and referrals.
 - Hire and assign prostate cancer navigators assigned to support men needing screening to alleviate an overburdened system.
 - Navigators will be housed at MUSC but will work across healthcare systems statewide.
 - Services can include assistance with appointment, understanding insurance benefits, finding resources for finances and transportation, offering guidance on accessing community support and/or health programs.
 - Clinical navigation can be offered when needed.
 - c. Navigators will not be hired until funding is obtained, but work to develop education and awareness content can move forward.
- Patient-facing subcommittee updates:
 - a. Looking to the provider group to assure messaging aligns with their work so messaging can disseminate in tandem.
 - b. MUSC is starting a feasibility project with Hope Health and will be able to provide preliminary data on how workflow and integration is taking place between the two systems.
 - c. Continue to consider expansion of the SC AMEN program and focus on men's health to "bundle" men's health care and help men find medical homes. This was proposed as part of funding utilization.
- Provider facing subcommittee updates:
 - a. The document for the outline creation has been created in the PC group SharePoint to be accessed by the workgroup.
 - b. Kim Hale has secured a table at the SC Primary Health Care Association Clinical Network retreat 6/6-6/9 in Myrtle Beach and is happy to share any materials this committee may have. Nicole Echols with SCCA said there were materials to be shared.
 - c. Project ECHO
 - The outline of the presentation has been created ***correction- A document intended for the presentation outline has been created; however, the committee will be responsible for developing the actual outline.**
 - CME's will be provided to attendees, the presentation will be recorded and archived on the Project ECHO website.
 - Dr. Ford is interested in speaking and will select the date that works best for her out of the options provided.
- Urology database update:
 - a. Creating a database of providers and offices across the state.
 - b. There are approximately 700 providers across the state.

- c. Compilation of this list and will take another 3-4 weeks for completion.
- Next Steps:
 - a. SCCA will send Kim materials for conference this summer.
 - b. In light of the paused funding and legislative committee not meeting until fall, we can focus on the following:
 - Create provider education materials and presentation
 - Decide what message we want to disseminate to the public
 - Consider a campaign to promote screening
 - Provider and Patient facing groups will continue to meet monthly and the large group will meet every other month.
 - DPH will send out a Doodle poll to schedule these
 - The legislative committee meetings will be available virtually and Dr. Gimbel will send the link to Vinita to distribute, when he receives it.

SC DPH Prostate Cancer Provider Education & Resources Meeting Minutes

Meeting #3: 6/9/25, 1:00 PM (Virtual)

Minutes:

Present: Kelci Brewer, Glenn Burrell, Dr. Marvella Ford, Hallie Heffner, Dr. James Hebert, Jennifer Jeanquart, Dr. Vinita Leedom, Dr. David Marshall, Dr. Benjamin Stone, Dr. Eric Wallen, Sonya Younger

- 1) The Patient Navigation subcommittee will merge with this subcommittee.
 - a) The Patient Navigation meeting scheduled on 6/27/25 will be cancelled.
- 2) The prostate cancer presentation outline was created by the subcommittee and can be found [here](#).
 - a) Sections include:
 - i) Background: Why this matters
 - ii) Key Messages
 - iii) Updated information
 - b) Additional educational opportunities:
 - i) Identify patient and provider champions/ambassadors
 - ii) Use local celebrities to help disseminate the message
 - (1) Lee Moultrie
 - (2) Dr. Bell
 - (3) Dr. Ferguson
- 3) SCPHA conference is in Myrtle Beach, with a date TBD. Committee members are interested in presenting.
 - a) DPH will connect with Dr. Poole to inquire about ability to secure a 15-minute slot for presentation.
 - b) Dr. Wallen along with Dr. Ford and subcommittee providers will complete the outline.
 - c) Aiming to complete the presentation by August 2025.
- 4) Senate Prostate Cancer committee meeting is scheduled for September 9th at 1pm.
 - a) This will be at the State House and on zoom.
- 5) Urology database is nearly complete
 - a) 110 active urologists in SC
 - b) 50 Urology practices in SC
 - c) How will this be used?
 - i) Share what we are talking about with the legislature and better screening in SC.
 - ii) Geo mapping the practices would be helpful.
 - (1) GIS staff can work on this
 - iii) Referral information (what kind of information do you want to have)
 - iv) Include practices in bordering cities (GA/NC)

- d) Aiming to have the database finalized in August 2025.
- 6) Agenda item for next meeting
 - a) How to use urologist map for patient navigation, how to market it?
- 7) Next steps:
 - a) DPH will request GIS staff to map urology database
 - b) DPH will work with Dr. Poole to secure 15-minute slot at upcoming conference to pilot the presentation to providers.

Draft

SC DPH Prostate Cancer Large Group Meeting Agenda
Meeting #3: 7/30/25, 1:00 PM (Virtual)

Agenda items

1. Urology practices/Urologist interactive map/database progress
2. Updates to the provider-facing presentation
3. Social media messaging drafts for Prostate Cancer Awareness Month
3. Next steps

SC DPH Prostate Cancer Large Group Meeting Minutes

7/30/25, 1:00 PM (Virtual)

Minutes

Present: Vinita Leedom, Glenn Burrell, Selena Lowery, Sonya Younger, Hallie Heffner, Kaitlin Foran, Ziaul Hoque, Bentley White, Kelsi Brewer, Dr. Anthony Poole, Kim Hale, Nicole Echols, Dr. Eric Wallen, Dr. James Hebert, Theresa Boston, Dr. Marvella Ford

- **Agenda Items & Key Discussions**

- **1. Interactive Urology Provider Map/Dashboard**

- **Presenter:** Hallie Heffner & Ziaul Hoque
 - A new interactive GIS map created by DPH showcases urologists and practices across SC.
 - Features include filters by county, insurance (future), specialty, and provider type.
 - Mobile and tablet responsive design demonstrated.
- Future additions:
 - Inclusion of APPs/APNs/PAs/NPs affiliated with practices.
 - Practices within a ~45-mile radius in neighboring states (e.g., Charlotte, Augusta).
 - Data will be refined via a survey to each practice.
- **Action Items:**
 - Hallie to continue compiling out-of-state provider data
 - Charlotte, Augusta, and Savannah already complete

- **2. Provider Survey Development**

- **Presenter:** Vinita Leedom
 - Draft survey to collect comprehensive data from practices.
 - Will include practice name, office manager name and info, provider details (specialty, services provided), insurance accepted, statewide listserv
- **Feedback:**
 - Add option for self-pay and include a question asking if practices have a sliding scale for self-pay option

- Include follow-ups twice per year for updates to the interactive database
- **3. Prostate Cancer Awareness Month Social Media Messaging**
 - **Presenter:** Hallie Heffner
 - DPH will promote awareness in September using social media (Facebook, Instagram, LinkedIn).
 - Messages focus on encouraging men to talk to their provider, highlight ease of screening (simple blood draw), and include statistics (e.g., 1 in 8 men diagnosed).
 - Emphasis on simplicity, accessibility, and positivity.
 - **Feedback:**
 - Include links to FQHCs and other low-cost care options.
 - Mention PSA awareness: “Do you know your PSA number?”
 - Shared hashtags and co-branding with partner organizations encouraged.
 - **Action Items:**
 - Hallie will send to committee members to give other members the chance to provide their feedback
 - Potentially create a shared hashtag that could be used across organizations
 - Nicole Echols (SCCA) to assist with distribution through SC Cancer Alliance social media
 - Sonya Younger to research regional/ other states prostate cancer campaigns for alignment.
- **5. Provider Education Presentation**
 - **Discussion:**
 - Project ECHO session planned to educate providers.
 - Draft PowerPoint presentation still needs significant work.
 - Dr. Wallen has limited access due to firewall issues. Hallie will look into this further with IT. DPH may need to find an alternative site to house Prostate Cancer Committee documents
 - **Action Items:**
 - Committee members may be contacted for input or help finalizing slides.

- Follow-up required to ensure materials are ready for ECHO and other outreach.

- **Decisions Made**

- More updates will be made to the interactive map/database
- Prioritize social media messages that are simple, factual, and empowering.
- Move forward with provider survey and DPH will begin outreach after sending to the other committee members for feedback

- **Next Steps**

- More updates will be made to the interactive urologist/urology practice map/database
- DPH will finalize and distribute provider survey
- DPH will finish the prostate cancer awareness month social media messages
- Schedule and prepare for Project ECHO session