



Breakfast and catching up starts off Community Advisory Council meetings



Typical Community Advisory Council Meeting First Presbyterian Church, Yuma, CO



Farm Auction

ask your doctor about Colon Cancer

Did you know that...colon cancer is the second leading cause of cancer death in the U.S....colon cancer is preventable....colon cancer testing is worth it...you should talk to your doctor about testing today!

Auction

Take Action



Tractors, Combine, Trucks Pickups and Cars

Your risk for colorectal cancer may be higher than average if you or a close relative have had colorectal polyps or cancer or if you have inflammatory bowel disease.

Regular screening for polyps using sigmoidoscopy or colonoscopy can prevent cancer and save your life.

Talk to your doctor!

Your doctor can find and remove colon polyps before they develop into cancer.

A sigmoidoscopy views the lower part of the colon (where two-thirds of colorectal cancers occur).

A colonoscopy examines the entire colon and allows any polyps found to be removed.

Farm and Shop Items

Colorectal cancer is cancer that occurs in the colon or rectum. The colon is the large intestine or large bowel. The rectum is the passageway connecting the colon to the anus.

Several different screening tests can be used to test for polyps or colorectal cancer. Each can be used alone. Sometimes, they are used in combination with each other.

Fecal Occult Blood Test or Stool Test—A test you do at home using a test kit you get from your health care provider. You put stool samples on test cards and return the cards to the doctor or lab. This test checks for occult (hidden) blood in the stool.

Flexible Sigmoidoscopy—A test in which the doctor puts a short, thin, flexible, lighted tube into your rectum. The doctor checks for polyps or cancer in the rectum and lower third of the colon. Sometimes this test is used in combination with the fecal occult test.

Colonoscopy—This test is similar to flexible sigmoidoscopy, except the doctor uses a longer, thin, flexible, lighted tube to check for polyps or cancer in the rectum and the entire colon. During the test, the doctor can find and remove most polyps and some cancers.

Double Contrast Barium Enema—A test in which you are given an enema with a liquid called barium. The doctor takes x-rays of your colon. The barium allows the doctor to see the outline of your colon to check for polyps or other abnormalities.

Talk to your doctor!

Machinery

Colon cancer occurs when polyps (small growths in the colon) start to grow abnormally.

Not all polyps will develop into cancer, but nearly all colon cancers come from polyps.

Removal of polyps prevents the chance that one might become abnormal and develop into colon cancer.

Talk to your doctor!

Miscellaneous

- Most colon cancers develop from polyps in the colon.
- An estimated 105,000 new colon cancer cases will be diagnosed this year in the U.S. 1500 new cases will be in Colorado.
- Each week, about 5 women in Colorado die from colon cancer compared to about 9 women dying from breast cancer.
- Most people who have colon polyps do not experience any symptoms.
- Men and women have a similar risk of getting colorectal cancer.
- Regular testing for colon polyps to prevent colon cancer can save your life.
- 1 in 3 people over 65 has a colon polyp.

Talk to your doctor!

Collectables

People who have polyps or colorectal cancer don't always have symptoms, especially at first. Someone could have polyps or colorectal cancer and not know it. If there are symptoms, they may include:

Blood in or on your stool (bowel movement).

Stomach aches, pains, or cramps that happen a lot and you don't know why.

A change in bowel habits, such as having stools that are narrower than usual.

Loosing weight and you don't know why.

If you have any of these symptoms, talk to your doctor. These symptoms may be caused by something other than cancer. However, the only way to know what is causing them is to see your doctor.

Talk to your doctor!



**Auctioneers:
The Joint Planning
Committee, High Plains
Research Network**

Talk to your doctor!



COPD Boot Camp Translation “Kick-Off Meeting”



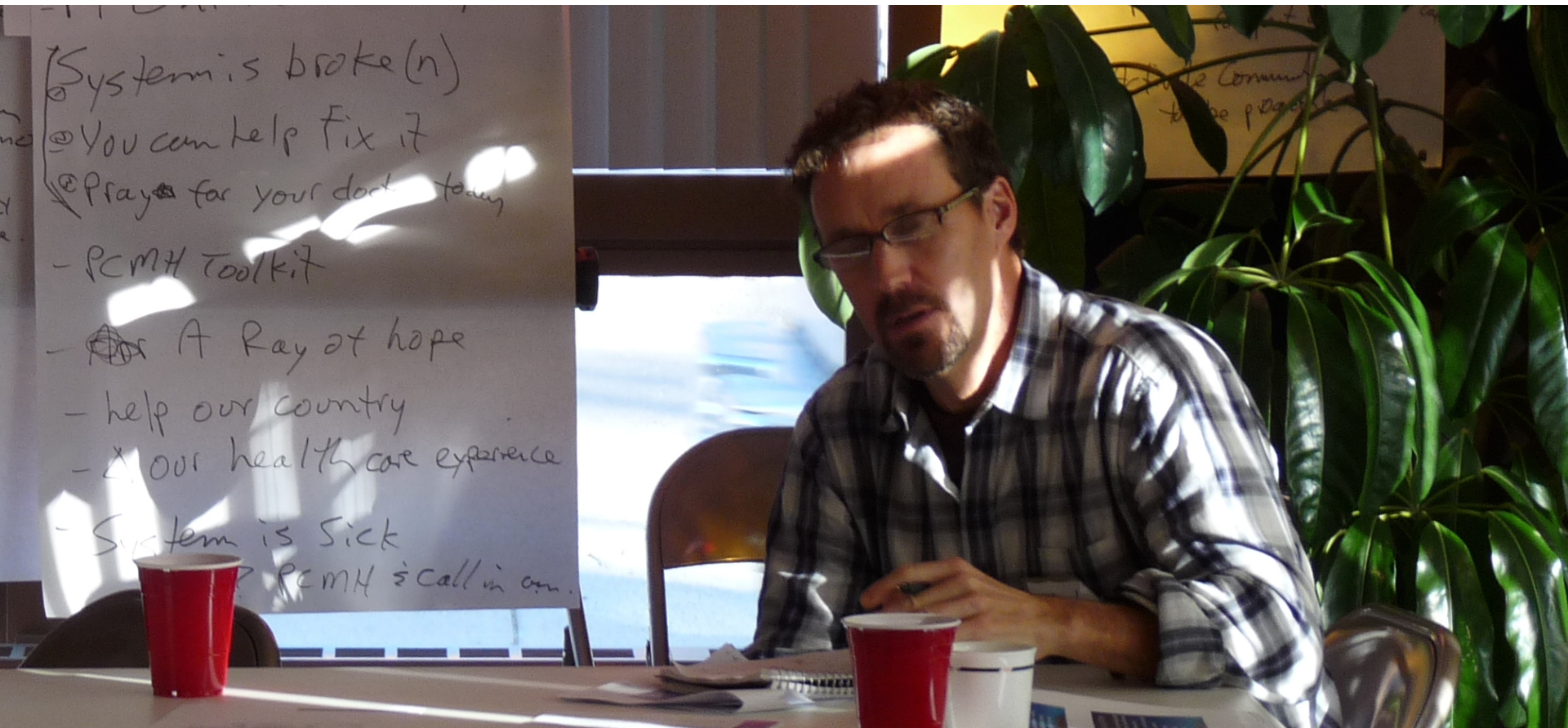
C.A.C. learns spirometry for Asthma Study



Learning about home blood pressure monitoring – “Just Check It”



Sharing our thoughts on the Patient Centered Medical Home HPRN C.A.C. Meeting ~ 2010



System is broke(n)
@ You can help fix it
@ Pray for your doctor team

- PCMH Toolkit
- ~~As~~ A Ray of hope
- help our country
- & our health care experience
- System is Sick
- PCMH is call in com.

Typical HPRN Community Advisory Council meeting ~ lots of fun.



HPRN C.A.C. at pre-conference Vancouver, Canada (NAPCRG, 2007)



C.A.C. member Garry Haynes talking about colon cancer prevention at the Haxtun Gun Club



Yes – that's me. A new modeling career launched
with the HPRN C.A.C.



**This mask does not control asthma!
See your doctor for a FREE Asthma Toolkit today!**

HPRN Community Advisory Council panel presentation: Agency for Healthcare Research and Quality (AHRQ), 2006



Getting to know Dr. Ben Miller at C.A.C. meeting on integrated behavioral health care and policy, 2009



HPRN Community Advisory Council Meeting: Sergio making a point



Leading development of cancer survivorship patient resource



Preparing for presentation at the 2008 Engaging Communities in Education and Research Conference Vail, CO



Presentation at 2008 NAPCRG, Puerto Rico



Boot Camp Translation: A Method For Building a Community of Solution

Ned Norman, Chris Bennett, Shirley Cowart, Maret Felzien, Martha Flores, Rafael Flores, Connie Haynes, Mike Hernandez, Mary Petra Rodriquez, Norab Sanchez, Sergio Sanchez, Kathy Winkelman, Steve Winkelman, Linda Zittleman, MSPH, and John M. Westfall, MD, MPH

Objective: A crucial yet currently insufficient step in biomedical research is the translation of scientific, evidence-based guidelines and recommendations into constructs and language accessible to every-day patients. By building a community of solution that integrates primary care with public health and community-based organizations, evidence-based medical care can be translated into language and constructs accessible to community members and readily implemented to improve health.

Methods: Using a community-based participatory research approach, the High Plains Research Network (HPRN) and its Community Advisory Council developed a process to translate evidence into messages and dissemination methods to improve health in rural Colorado. This process, called Boot Camp Translation, has brought together various community members, organizations, and primary care practices to build a community of solution to address local health problems.

Results: The HPRN has conducted 4 Boot Camp Translations on topics including colon cancer prevention, asthma diagnosis and management, hypertension, and the patient-centered medical home. Thus far, the HPRN has used Boot Camp Translations to engage more than 1000 rural community members and providers. Dissemination of boot camp messaging through the community of solution has led to increased colon cancer screening, improved care for asthma, and increased rates of controlled blood pressure.

Conclusions: Boot Camp Translation successfully engages community members in a process to translate evidence-based medical care into locally relevant and culturally appropriate language and constructs. Boot Camp Translation is an appropriate method for engaging community members in patient-centered outcomes research and may be an appropriate first step in building a local or regional community of solution. (J Am Board Fam Med 2013;26:254–263.)

Keywords: Asthma, Cancer Screening, Colorectal Cancer, Community-Based Participatory Research, Practice-based Research, Rural Health

Helping prepare 2009 NAPCRG pre-conference with Dr. Ann Macaulay



Discussing tools for participatory research, NAPCRG pre-conference, Montreal, 2009



C.A.C. Members Chris Bennett and Hilary Lengel presenting poster at 2009 NAPCRG, Montreal, Canada



Presentation at 2011 NAPCRG, Banff, Canada



Sharing our story at PCORI in 2012



Making video on CBPR study process and results.



Accepting Colorado Public
Health Association
Florence Sabin Award

on behalf of HPRN C.A.C.

2008



Testing to Prevent Colon Cancer: How Rural Community Members Took on a Community-Based Intervention

Ned Norman¹

Shirley Cowart¹

Maret Felzien¹

Connie Haynes¹

Mike Hernandez¹

Mary Petra Rodriguez¹

Norah Sanchez¹

Sergio Sanchez¹

Kathy Winkelman¹

Steve Winkelman¹

Rebecca Van Vorst²

Linda Zittleman³

John M. Westfall³

¹High Plains Research Network Community Advisory Council, Denver, Colorado

²Deyta, Louisville, Kentucky

³Department of Family Medicine, High Plains Research Network, University of Colorado, Denver, Colorado



Conflicts of interest: authors report none.

CORRESPONDING AUTHOR

John M. Westfall, MD, MPH
Department of Family Medicine
High Plains Research Network
University of Colorado
Mail Stop F496, AO1
Aurora, CO 80045
jack.westfall@COHealthOp.org

ABSTRACT

Participatory research can elevate research relevance and effectiveness. The literature contains few first-hand descriptions of community members engaged in research. In 2003, the High Plains Research Network convened a Community Advisory Council (CAC) that quickly began providing input, feedback, innovation, and dissemination efforts. After receiving a participatory research grant from the Centers for Disease Control and Prevention aimed at increasing colorectal cancer screening, the CAC participated in an intensive training on colon cancer prevention and spent 6 months developing a locally relevant intervention—Testing to Prevent Colon Cancer. CAC members participated in all aspects of the research including intervention messaging, survey design, recruitment, implementation, analysis and interpretation of data, and dissemination of results including presentations at national venues and coauthoring manuscripts. Our experience attests to the power of participatory research in efforts to improve health outcomes.

Ann Fam Med 2013;568-570. doi:10.1370/afm.1586.

ORIGINS OF THE COMMUNITY ADVISORY COUNCIL

A successful feature of the High Plains Research Network (HPRN) in rural eastern Colorado is an active Community Advisory Council (CAC). The CAC was formed in 2003 in response to the growing interest in engaging patients and the broader community in research, as well as the Agency for Healthcare Research and Quality's requirement for practice-based research networks to have a mechanism to obtain "advice and feedback from the communities of patients" served by the network. CAC members include local farmers, a rancher, an elementary school teacher, a hardware store owner, a dental assistant, a junior college faculty member, a home health worker, retirees, and high school students. We joined the group when we received a personal call from the HPRN director and agreed to participate as long as we believed our community was benefitting from the work. We choose research topics, and researchers or funders occasionally present research opportunities. We decide whether or not to participate, and we are not afraid to say no. We have coauthored manuscripts, presented at national research meetings, and led workshops on community engagement.

Members of the HPRN CAC are frequently asked how we are "really" involved in the projects. What do we do? What ideas do we provide? Although we have participated in more than a dozen research studies over the past 10 years, this commentary describes one example of our involvement in a community-based study in rural Colorado. This is our story.¹

TESTING TO PREVENT COLON CANCER

The HPRN research team brought this research opportunity to us, asking, "What do you think about this idea...?" Although increasing awareness of colon cancer had not been on our top-10 priority list, we quickly