

URBAN CANCER SOLUTIONS

Coalition Meeting

Monday, October 19, 2020

1:00 PM CT

Note Taker: LP

Report Back:

In attendance: Melissa Meza, WP, ML, AP, JJ, LP, MB

01:00 **Welcome, Prayer, Check-In (Justin)**

01:05 **Sacred Breath (Misha)**

- Sacred Breath Day - Thursday, November 5th, 2020
 - Throughout the month different activities- similar to IP (client reminders, social media tool kit, etc.)
 - Webinars- Missy traditional asema
 - Other activities and resources

01:08 **Recap of 9/22 meeting (Lindsey)**

- COVID-19 and Cancer Screenings
- Health Equity
- We are going to cover 1 topic per meeting of the cancer continuum

01:10 **Updated Cervical Cancer & HPV Immunization Guidelines (Justin)**

- ACS recommends routine HPV vaccination between ages 9 and 12 years to achieve higher on-time vaccination rates and encourages health care providers to start offering the HPV vaccine series at age 9 or 10 years.
- ACS recommends cervical cancer screenings start at 25 years old. The USPSTF still recommends screening start at 21 years old.

01:20 **Primary Prevention (Ashley)**

[Speaker Notes: provide five minutes per question. Ask questions in the breakout rooms prompt, Reminder participants to have a recorder to report back]

- How is your facility promoting healthy lifeways in your community, facility, yourself to reduce the risk of cancer?
 - Melissa Meza- CRIHB collaborates with other programs within Behavioral health to promote screenings beyond the medical clinics
 - LP discussed AICAF and wellness policies
 - Francine- focuses on youth 10-15 years of age- information HPV vaccination and needs discussion. Primary prevention- nutrition- my healthy native plate; objective measures- mental wellness throughout. Adverse childhood events- impacts. In partnership with 9 different tribes in the SW. Focusing on the child as well as the family- preparing healthy meals on budget, how to make food last, stress management for parents, physical activity for parents who model for children.

- JJ- back home photo challenges (pic of on a bike) indigenous health-posting on facebook and what indigenous harvesting activities your doing (harvesting berries, greens, salmon) finding ways to connect in a more modern way
- Tell us about your health promotion policies your facility/community has in place? Such as cancer screening, commercial tobacco cessation, healthy foods, physical activity policies.
 - LP discussed AICAFs policies
 - WP policies service a nice reminder- easy to get wrapped up and busy in work, recognizing the importance of taking those measures, staying up to date on new recommendations. App share care- sign up every month and \$20 for walking so many steps per month/day if complete both. If WP doesn't get those reminders it is easy to get into a more sedentary lifestyle. His new schedule isn't as active and realizes he needs to do some more healthy lifestyle activities
 - Melissa Meza- Some of our partner clinics have implemented healthy food policies and are hosting virtual cancer awareness walks to promote physical activity with social distancing in mind. Our coalition is currently working on updating tobacco workflows for our clinics to adopt as well
 - JJ- work with tribe back home- gym reimbursements, swimming pool discounts, fit bit voucher. Meet people where they are at. MN AI center- no sugar drinks policy. All events are non-sugary drinks.
- Describe your issues with your EHR in capturing patients' preventative efforts?
 - Francine- main issue that arises- the clinical medical EHR is not tied in to the community health efforts. The community based health efforts is preventative and the clinical is reactive. They don't communicate. There is a separation between the two. It's important to figure out how to bridge these two pieces together. Health personnel aren't privy to this health data set and vice versa. Community based programs are getting better at collecting data. If improving/not improving and if data has gotten better over time.
 - Some clinics have outdated systems which can hinder their ability to capture the patients preventative efforts.
- What are the main areas of prevention that your clinic/organization focuses on? (Listed in the Cancer Plan: Commercial tobacco, physical activity & nutrition, immunizations, oral health, environmental exposures)
 - Are there any others?
 - JJ- big push chapter 21 tobacco policy in region- native organization have tobacco free campus, no smoking on the property, iquit line, tobacco cessation, statewide/regional push- saving youth- ecigs, smokeless tobacco (schools), each native organization was in outreach and had included ecigs in their policies.

- The Cancer Plan does not provide a complete list of prevention strategies. What other prevention strategies does your facility promote? What strategies do you wish your facility would promote more?
 - WP- trying to come up with good ideas on what we can do with health eating and active living as we move into colder months which is challenging during COVID-19. Gyms will be in more demand and hard to do and stay active. Is there creative ways? Virtual yoga sessions. Is there anyone providing ingredients for people? That is a promotional item at UIHI.
 - AP clinic in OK have a cooking class- recording nutritious indigenous meal. Eat and cook healthy meals.
 - ML responding to WP about food kits- ML, MB, LP have discussed this in the past. Something we are discussing.
 - Melissa Meza-CRIHB will be doing this either through mail out gift cards or non-perishable items.

01:55

Upcoming Awareness Months & Activities (Speaker: Justin)

- Indigenous Pink (Current)
- Sacred Breath/Lung Cancer Awareness Month (November)

01:57

Next Meeting (Speaker: Justin)

- [November 16, 2020](#) (*Required: Sacred Breath/Lung Cancer Awareness Month*)
- No meeting in December
- Discuss how we will proceed in the coming meetings
 - *We will be reviewing the entire cancer plan and allow for discussion. Once this has been reviewed among the AICAF facilitators, we will all meet for a coalition meeting and discuss the plan as a whole, as well as next steps.*
 - November: Screening & Early Detection
 - No meeting in December: CE team will review the notes and formalize coalition subgroups
 - January: Treatment
 - February: Survivorship
 - March: Palliative & End-of-Life Care
 - April: No meeting
 - May: Review of 2020 Coalition Meetings & Steps Moving the Cancer Plan Forward