URBAN CANCER SOLUTIONS

National Urban American Indian and Alaska Native Cancer Coalition Meeting

Monday, September 21, 2020

1:00 PM CT

01:00 **Welcome, Prayer, Check-In** (LP) (Prayer- Sending up thoughts and prayers to all individuals that are currently being treated for cancer, diagnosed with cancer, our survivors to continue to stay healthy, sending up prayers for our caretakers to give them strength and courage to continue to help their loved ones, sending up prayers to our medical providers to give them wisdom and drive to continue to find cures and solutions for cancer. Thinking about all of us here today I am praying and thankful that we're able to move this good work forward and continue to have hard conversations to improve our knowledge and carry forward cancer solutions.
Check-in- how are we all doing?

01:05 **Indigenous Pink Clinic & Organization Participation** (LP, JJ)(As many of you know breast cancer is the most commonly diagnosed cancers in AI/AN women- you can find this information and other cancer statistics in our cancer burden booklet, Indigenous pink is on its sixth year and our goal is to raise awareness, increase capacity and provide education- while also being aware that the pandemic has shifted the focus but not the goal, our s*ocial media toolkit- has been updated, shirts are available for purchase- check out our website, wear pink throughout the month, please use our hashtags on social media #Indigenouspink and #allbodieshavebreasttissue- we're expanding our campaign to include more inclusive language, October 15th will be IP day, urban and tribal opps to participate, survivorship with NCCCP- webinar, AICAF policy breast cancer- allowing paid time off to get screenings 1 hr per year, please check out our website if you have more questions*)

- 6 years of IP. Changed to more virtual. Social media toolkit

01:08 **Recap of 8/17 meeting** (ML)

- Cancer Coalition Goal: *Increase clinic, community, and stakeholder involvement to address cancer equity, including screenings, early detection and survivor support*
- 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.*
        - September: COVID-19 & Health Equity
        - October: Prevention, Screening & Early Detection, HPV Guidelines
        - November: Treatment, Survivorship, Palliative & End-of-Life Care
        - No meeting in December: CE team will review the notes and formalize coalition subgroups
        - January: Review of 2020 Coalition Meetings & Steps Moving the Cancer Plan Forward

01:13 **COVID-19: How are you moving cancer screenings forward?** (Zoom Breakout) (LP)

REMEMBER TO ASK PARTICIPANTS TO HAVE SOMEONE BE THE RECORDER

[Facilitator Notes] Read through questions in the large group. Then break out into groups and allow 15 minutes for groups to discuss. Have question prompts throughout group breakout. Come back to the larger group and allow 5 minutes for a member from each group to report what was discussed. Groups: 1) Christy, MB, Nancy, Ryan; 2) Craig, Lacey, LP, WP; 3) Celena, JJ, Octavia

- What has been your capacity to conduct/promote cancer screening during COVID-19?
    - FAIHP - Fresno outreach - FB live, prevention education, a little bit of it touched in - hard can't get results back, and pay for it, can't get the results back - can get the GPRA #'s back
    - UICSL - outreach/referral - turned comprehensive - clinic back open, some screening, not doing events, no in-person, actually been drive thru covid testing, promote, some services - PPE goodybag with face mask and sanitizer
    - Southcentral: health educators - go out, cancer education screening and education, no travel, they do a lot of teachings, classes, learning circles, online, within state - travel limited - villages not allowing travel and in and out (if there is quarantine mandatory for 14 days) company no travel - FWHC's do education and screening - how to get creative - recently check in with health educators
    - CRIHB: virtual colorectal talking circle; screening to the backburner, pilot on talking circle- patient navigator took notes on who attended, each clinic is doing something differently, breast screening (10/1) talking circle, lung cancer end of October.
    - AZ: applied for a supplement grant to answer the question: did you go to screenings? Conducting survey. Interview health care system: what are you doing for screenings, are people showing up? There will be a six-month follow-up. Barriers: curfew on reservation, stay at home order (difficult to screen). AZ on lock-down since March; Elders cannot leave reservation (they are at highest risk level). Next step: looking at having CHR or "runners" connect with Elders in need of healthcare.
    - UTAH - turned their wellness unit to covid testing unit
    - Fred Hutchinson: shifted focus from promotion to COVID-19 awareness- how to prevent and inform the community, utilizing different tools. Utilizing social media more with cancer prevention/education (Breast and cervical prevention, prostate, colorectal)
    - NACC: clinic focus is on COVID-19; keep number of patients at a minimum. Making cancer screening calls and seeing patients for screenings, determining what days are cancer screening. Becoming more active now and using social media more.
- How have screening trends changed?

        - Utah - New clinic, trying to get off the ground, marketing and advertising, screenings a little slow, focus off - do a lot of covid related stuff, this week, done some paps and breast exams
        - South central - trends down, usually charter flights, bring women in for mamms, we just actually had a charter flight, all it is - bring in to clinic and flown back out, 3-4 flights in spring, this spring did not happen at all..
        - NACC: some patients are having a difficult time getting screened- may have COVID, or concerned about others especially with flu season starting. More patients are not willing at this time and clinic is stressing the importance as well as they can, this needs to get done and is important for your health
        - Fred Hutchinson: Screening and prevention are not top priority due to COVID-19; more concerned about vaccine for COVID and misinformation into producing a vaccine
    - What have you found that works and doesn't work in addressing cancer screenings during COVID-19?
        - Fresno: referral clinic
        - Fred Hutchinson: discussing cancer prevention AND COVID together, trying the approach of talking about both subjects together. Don't want to flood the community with COVID and cancer prevention so looking at ways to better disseminate
        - NACC: Social media has been very beneficial. Making reminder phone calls and appointments over the phone helps to maintain screening appointments.
    - Have you had to advocate for Native communities during COVID-19? If so, what was the response?
        - UTAH - turned their wellness unit to covid testing unit - came out, turn out not as good for testing, (was frustrated, left on own devices to
        - Fred Hutchinson: Yes. Issues facing Tribal communities have seemed to be placed on the side with COVID discussions. Need to remind that health disparities do exist with Tribal communities/nations and how cancer and COVID correlate together
    - In regards to Health Equity and COVID-19:
        - How has this negatively impacted the cancer burden in Indigenous communities?
        - What do you think could change the negative outcome?

Notes: Don't want to flood the community ; social media is very beneficial; challenging, doesn't want to put them together; social media has been really beneficial; talking circles; supplemental grants on are people going to screening; strong yes that people have been advocating

01:33 **Health Equity** (Zoom Breakout) (ML) **REMEMBER TO ASK PARTICIPANTS TO HAVE SOMEONE BE THE RECORDER**

[Facilitator Notes] Read through questions in the large group. Then break out into groups and allow 15 minutes for groups to discuss. Have question prompts throughout group breakout. Come back to

the larger group and allow 5 minutes for a member from each group to report what was discussed. [Facilitator Notes] Request that each group discuss an action item they would like to take in their own clinic. Make sure each group assigns a person to report back to the larger group.

Cancer Plan Goal: Decrease cancer disparities for urban AI/AN community members through policy, systems, and environmental changes

- What stood out to you in this section?
- What are the values your clinic, organization, or community hold and how do they advance health equity?
- Questions in regards to Health Equity in Cancer Plan:
    - Determinants of Indigenous Health, ACEs, TIC
        - Does your clinic discuss DOIHs? ACEs? Trauma-informed care? Healing-centered care?
            - CRIHB: not sure, not connected to a clinic
            - UTAH - yes behavioral health -screen HQ questionnaire every 6 months, questions about trauma and ACEs related - on call mental health provider, see those with high scores - sometimes ready and want to talk,
                - Behavioral health dept is very robust; good base for the clinic to have; 5 or 6 providers; 1 of the providers is always available have a HQ screener
            - Fresno - three therapists on site, appts and meetings all day, 2 appts all day, no freedom to see, telemedicine, love to get to that point, ACEs on everyone who registered Native and non-Native - dietician: screen for food insecurities, it would be awesome to get a social worker, diabetes - profoundly depression, covid situation
            - Southcentral - do have behavioral services, not sure of ACEs, conference last year really addressed as something struggle with, issue with community - covid depression - see how to utilize health questions to regular screening - correlation - how to educate along with using with that information
            - Fred Hutchinson: There is not an Indigenous program at Fred Hutchinson; working on a way to talk about ACEs and DOIH. It is hard to pinpoint on what DOIH is and may be different for each region and community
            - Wyatt (AICAF): interesting to think about what an Indigenous Determinant of Health- survey questions that look at resilience- the support you give and connections to family,financial support- strong factor that can contribute to health no matter what amount you have to support your family. How do you identify what the different factors are for different communities?
    - Advocacy

        - Does your clinic/organization have Native providers?
            - CRIHB: at least one Native provider at each clinic, it is a "big struggle because we are so rural", turn-over is high in clinics and highly impacts work;
            - ACS: make sure Native communities are mentioned in discussions, address systemic racism in all meetings; advocate for Native communities in national efforts
            - NACC: Yes, some of the providers are Native and most of the staff are Native
        - Does your clinic/organization have capacity to be a part of local, state, regional coalitions?
            - CRIHB: Celena is a California Colorectal Cancer Coalition (C4) board member, clinics are a part of the California Tribal, tribal board members are not on any state or national but stay connected with a board liaison
            - Fred Hutchinson: Yes, would have the capacity; people are already on multiple coalitions. If more specific to a population may have a bit more opportunity to engage
        - What are other ways you make sure to advocate health equity for Indigenous patients?
            - CRIHB: C4 coalition, culturally tailored material, talking circles (clinic outreach for follow-up and screening reminders, reminder to turn in fit-kits)
    - Culturally Competent Care & Workforce
        - Does your clinic have culturally-tailored patient navigation?
        - What are some barriers to access to your clinic?
        - What are some strategies you use to address navigation or barriers?
    - Data Surveillance
        - Which cancer registries is your clinic/organization a part of?
            - NACC: they're a part of SOC
- Choose 1 to answer:
    - What is one change you will make as a result of this conversation/reading?
    - What have you learned?
    - What are the first steps we need to take?

01:53 **Updated Cervical Cancer & HPV Immunization Guidelines** (JJ)- [Facilitator] Will be discussing this next meeting- general- update of HPV recommendation and cervical cancer screening age

- 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.

01:55 **Upcoming Awareness Months & Activities** (Speaker: JJ)

- Indigenous Pink (October)
    - Nutrition, Food Access, and Cancer Survivorship Wednesday 10/7 at 12 PM CT, in partnership with the Inter-Tribal Council of Michigan, Inc.
    - Breast Cancer Screening & Supporting Survivors During the Pandemic Thursday 10/15 at 1 PM CT, in partnership with the Oklahoma City Indian Clinic and Native American Community Clinic
- Survivor Support Groups
    - Monday 10/17 at 12 PM CT
    - Wednesday 10/28 at 7 PM CT
- Sacred Breath/Lung Cancer Awareness Month (November)

01:57 **Next Coalition Meetings** (Speaker: JJ)

- October 19, 2020 (*Required: Indigenous Pink & Sacred Breath/Lung Cancer Awareness Month planning)*
- November 16, 2020 *(Required: Sacred Breath/Lung Cancer Awareness Month)*
- No meeting in December