

# URBAN CANCER SOLUTIONS

## Coalition Meeting

Monday, March 15, 2021

1:00 pm CT

Registration: <http://bit.ly/AICAF315>

Attendees: **Jessica Deaton** (OKCIC nurse manager, cervical), WP, AP, JJ, ML, **Katie Croy** (OKCIC, CRC), **Kathleen Gray** (Cancer Oncology OKCIC), **Guthrie Capossela** (Native American Community Engagement Coordinator, Center for Health Equity and Community Engagement Research), **Keyauni Tracy** (Native American Cancer Outreach University of Arizona), **Cynthia Starr** (AIHSC Community Outreach Worker), **Lacey Winters** (NACC, Community Health Educator), **Amber Ahonen** (Fond du Lac, Cancer Control Program Manager)

---

- 1:00      **Introductions**
- 1:05      **Welcome & Prayer** (Misha)
- 1:10      [Breathing Exercise](#) (Misha)
- 1:20      **Cancer Plan: Palliative and End-of-Life** (Ashley)
- The discussion surrounding Palliative and End of life care
    - What have been your experiences?
      - Person 1: oncology case manager experience, sometimes you need to protect yourself to keep going, seems like I've developed a thicker skin, job deals with chronic disease and chronic loss, sometimes it feels like I can't do this much longer, it hurts but I want to do this, it's hard to be someone's cheerleader when it's not going to end well, how much longer can I do this (when is it time to do something totally different?), this is a very important talk, this is what I needed today
      - Person 2: there's a unique burden with urban Native cancer patients, insurance burdens and hurdles creates a unique battle (behind the scenes and what do we offer our patients to provide the best care?) urban Natives are so removed from tribal support systems so how can we best support them? They've lost a lot (cultural, family, religious) just by coming to the city for healthcare
    - What is your understanding?
      - Person 3: Confusing terms, palliative care can last years, metastatic cancer (hospice vs. palliative fashion- it's not curative)
      - Person 4: Palliative = there's not a curable treatment, no hope for cure, does not mean end of life, symptom control (short of a miracle); end of life = death is imminent. End of life = no options left

- Person 5: Patients and providers are timid to discuss palliative care; people are afraid to know
  - Person 6: Oncologists can sometimes be the worst at bringing up the discussion of palliative care, you see a patient is tired and goes through grueling treatment...at some point someone needs to bring up the discussion of palliative care
- Do you know of any resources your clinic/organization has to support non-curative treatment?
  - Person 1: IHS doesn't pay for hospice, when we get to that point there are usually few resources; at the present time there is nothing; resources don't cover home healthcare; hospitals and homes are not covered
  - Person 2: No resources for the family, but there are for the patient, CHRs focus on transportation (home duties have been taken over by nursing assistants), not sure what home health looks like during COVID since home visits are restricted
  - Person 3: CHR home health, focus is on transportation (metro → tribal home)
- Does your clinic staff have conversations with the patient on the use of advanced directives? Are there any challenges that you face?
  - Person 4: Advanced directives are discussed at intake, really need to make it a point to discuss with all of our patients, let them know what they need, one organization uses a folder and your advanced directive goes in (explains what the document is and what you need). Eldery organization sponsored document?
  - Person 5: Have someone available to pray and be that spiritual aspect for patients, we have a pastor that is on-call (would you like to talk to someone?). Emerson Falls
  - Person 6: AICAF cancer support circle: request for traditional healers, someone to address spiritual aspect, hope is to have a database of traditional healers throughout the country to help connect patients
  - Person 7: Some people "advertise" they are traditional healers but are fraudulent, having someone to available would be so helpful; have community support to verify; how do we ensure a traditional healer will be supportive of our community
  - Person 8: we would get calls for ceremonies, we knew who to call for traditional ceremonies all over the city; urban clinics knew to call the Chicago Native American Center for traditional healing practices, starting to hand out traditional medicines and medicine pouches at the clinic, help teach patients that have lost their traditional ways; help patients realize they can have the important discussion before they are in the hospital (what if this, what if that) and are ready and make it easier, knowing

community members is important, who can you call to help with traditional practices?

- Person 9: How did you start the medicine pouch program? How can we integrate it into our clinic? Buy hide, make a flyer, buy beads, start and whoever wants to show up shows, I wear it all the time and people recognize it, we just give them a place to go, teach about the medicines, where do the medicines come from, make traditional activities available to the community,

1:50

#### **Current & Upcoming Events (Justin)**

- March: Colorectal Cancer Awareness Month / Blue Beads Day
  - Please send us your pictures of Blue Beads Day and include a completed [AICAF Media Consent and Release Form](#)
  - CRC Honoring Event for Robert DesJarlait (Red Lake Ojibwe) on Wednesday, March 31, 2021, from 6-6:30 PM CT.
    - Register: [bit.ly/AICAF331](http://bit.ly/AICAF331)
- AICAF Cancer Support Circles
  - Thursday, March 18, 2021
    - Register: [bit.ly/AICAFcircle318](http://bit.ly/AICAFcircle318)

1:55

#### **Next Meeting**

- April: No meeting
- May: Review of 2020 Coalition Meetings & Steps Moving the Cancer Plan Forward

#### **Resource:**

[American Indian Cancer Foundation Urban Cancer Solutions Cancer Plan 2020-2022](#)