



MINUTES - NM Cancer Council Meeting
 Date: July 17, 2013

Location: United Way of Central NM – Albuquerque

AGENDA ITEMS

I. WELCOME AND INTRODUCTIONS ROBYN VIERA

DISCUSSION	Robyn Viera welcomed everyone and asked that they briefly introduce themselves and share updates or announcements about their organization.
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II. APPROVAL OF MARCH MINUTES AND RESULTS OF EXECUTIVE COMMITTEE VOTING AND CALL FOR ADDITIONAL EXECUTIVE COMMITTEE MEMBER NOMINATIONS ROBYN VIERA

DISCUSSION	<ul style="list-style-type: none"> Robyn suggested that all Council members review the minutes from the March meeting and asked if anyone had any questions, changes or thoughts on them. Jeff Diamond moved to accept the minutes; Sandra Adondakis seconded. Minutes were approved. Robyn thanked the outgoing Executive Committee (EC) members; Anne Marie Wallace, Carmelita Sorrelman, Dava Gerard, and Susan Baum for their participation on the EC. During the Spring, open seats on the EC were announced and voting took place. The new members of the EC are Gena Love and Paul Sanchez. There are still open seats and nominations will be accepted via an application which will be sent out to the Council.
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III. CANCER PREVENTION STUDY - AMERICAN CANCER SOCIETY CANCER ACTION NETWORK SANDRA ADONDAKIS

DISCUSSION	<ul style="list-style-type: none"> Sandra discussed the Cancer Prevention Study which will look at Cancer and causes. The study site will take place in Albuquerque only. A video was shown regarding details about the study. Participants will fill out a questionnaire/survey, will be required to submit a blood sample, and provide certain body measurements. A flyer was passed out with information about the requirements necessary to participate. The study is looking for individuals ages 30-64 and cannot have had cancer. The commitment is long term (over a 20 year period), but involvement is minimal - filling out survey's, etc. Sandra is asking Council members to be become involved in one of many ways, enrolling yourself in the study, recruiting individuals, or volunteering during the enrollment process for the study. Interest cards were passed out and if Council members are interested in participating in some capacity, Sandra or someone else will follow up. Sandra will send out the flyer via Google Groups.
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IV. TRANSPORTATION FOR CANCER PATIENTS IN NM SUSAN SIMONS AND COLLEEN HARRIS

DISCUSSION	<ul style="list-style-type: none"> Colleen Harris from the NM Cancer Center Foundation discussed the need for improved transportation for cancer patients and discussed a white paper ('Initiative for Improved Transportation for Cancer Patients in New Mexico') she developed regarding the transportation issue for cancer patients.
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	<ul style="list-style-type: none"> • Colleen is interested in starting a dialogue with organizations faced with this challenge, including her organization. The goal is to find a resolution to the transportation issue, and she stated two potential ways to find resolutions. <ul style="list-style-type: none"> o Connect with the oil and gas industry in NM and work with the oil association to obtain wholesale or vouchers to provide gasoline to patients traveling to their appointments. o Work with government to utilize under used public transportation for patients. • Colleen feels this will be challenging, but by everyone working together a difference can be made and it is best to do this a unified group. • A case statement will need to be put together with all of the organizations interested in this issue. Organizations will need to provide their need to be included in the case statement. • If any Council members are interested in working with Colleen, it is best to contact her directly at: colleenh@nmohc.com.
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V. BREAKOUT GROUPS TO IMPLEMENT CANCER COUNCIL PRIORITIES ALL

DISCUSSION	<ul style="list-style-type: none"> • Susan Simons distributed breakout group questions to the four groups to help guide them as they discussed their priorities.
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VI. EDUCATIONAL PRESENTATION - CONSIDERATIONS FOR IMPLEMENTING THE NM CANCER PLAN IN NATIVE AMERICAN COMMUNITIES MICHELE SUINA

DISCUSSION	<ul style="list-style-type: none"> • Michele Suina discussed the work of the Native American work group over the past two years. The work group provided information in the Cancer Plan, specifically the section in the Plan called 'Considerations for Implementing the NM Cancer Plan in Native American Communities'. The work group came together to discuss how to implement the Plan in Native American communities. • The work group was established in 2009 and there are around 15 to 24 people involved and the main purpose is to bring the issues surrounding cancer in Native American communities to the Council so it can be reflected in the Plan and the Council's work. • The idea behind the specific section in the plan was to bring ideas on how to implement the plan and to identify opportunities and what structures are already in place in the Native American communities to utilize (e.g., diabetes control programs). Also, the group looked at what challenges are at the community level and challenges with outside providers. They also discussed cultural considerations for non-native providers working with patients and clients. • There are 23 tribes in New Mexico, 3 Apache Tribes, the Navajo Nation, and 19 pueblos. There are eight different languages and various dialects. Every Native American community is different, therefore not one approach works. In New Mexico, 10.5% of the population is Native American and there is a significant off reservation population, especially in Albuquerque. • Since many Native American communities are far from larger cities, distance is a big barrier for screening and doctor visits for patients. Also, the technology barrier is challenging, by either not having Internet access or phone reception since some interventions include text messaging services or web based services. • A video was shown about the complex health system in Native American communities. Accessing services can be challenging and often people do not know where to get started. Michele stated that during their cancer conferences,
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they invite individuals from Indian Health Service (IHS) to inform participants on the process to obtaining health care services.

- Additional videos were shown with New Mexico residents sharing their stories about obtaining health care and their experiences with providers.
- The work group discussed what it means to be culturally and linguistically appropriate. There are national standards regarding this to help advance health equity, but the question was raised about how this translates to community members receiving services. In the Plan, there are goals around this topic, but again, what does it mean to the community. The recommendation the work group came up with, was to ask the people receiving services what they would like their care plan and services to look like from their provider. The concept they came up with was the term 'Cultural Humility' - an ongoing commitment by providers to self-evaluate how they interact with patients, communities, colleagues, and themselves to restore power and balance and develop mutually respectful partnerships based on trust. It's about how the provider interacts with the patient, and what are their health beliefs vs. the patient's health beliefs which can be different and impact the visit.
- The group discussed power and balance for Native American people and how past policies were developed to strip people of their cultural identity. Because of these past policies it can impact how open the patient may be with their provider.
- A video was shown to the Council about Cultural Humility featuring Emily Haozous.
- The idea of Cultural Humility resonated with the work group because it is a change that needs to happen and goes back to respect of beliefs for each person.
- In the Cancer Plan, under 'Considerations for Implementing the NM Cancer Plan in Native American Communities', the work group looked at the goals that are doable at the community level. Michele discussed a few of these, including Goal 2 which addresses access to culturally and linguistically appropriate services.
- Other recommendations from the work group included allowing for time at the appointment for the patient to tell their story, providing resources such as pictures to explain to the patient what is happening to their body, and closing the door to an examination room to provide privacy for the patient. These recommendations were reiterated in a short video featuring Emily Haozous discussing how the provider can ensure that the patient fully understands what is happening during the visit. Michele suggested it would be useful to have Emily present at a future meeting regarding the work she does with Native American patients. A presentation would provide information to the Council about her experience working in various Native American communities.
- Also discussed was Goal 3 from the plan which is about improving quality of life for patients as they navigate through the journey of living with cancer.
- In regards to cultural traditions, Emily explained in another video that patients will sometimes miss appointments due to ceremonial days/feast days. To encourage patients to re-schedule their appointment, providers can obtain calendars which list all of the important dates in Native American communities and suggest they schedule around these dates.
- Goal 5 was mentioned in terms of effective education when trying to get people to be screened and treated. Various tools and resources were discussed such as using agriculture as analogy for the patients since this is an important topic in many Native American communities.
- Michele asked the Council how can we work together to achieve the goals of the Cancer Plan which will have a positive impact on Native American communities.
- It is important to be cautious as new programs are implemented, be thoughtful,

	<p>have dialogue and include Native American people in the process.</p> <ul style="list-style-type: none"> • As the presentation wrapped up, Michele distributed an evaluation and fact sheet (see attached) to the Council regarding the information presented. • At this point, Michele suggested the Council build their knowledge base about Native American topics and read the section on 'Considerations for Implementing the NM Cancer Plan in Native American Communities' from the Cancer Plan. This presentation was an opportunity to raise awareness and provide information to Council members.
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VII. REPORT OUT AND NEXT STEPS

ALL

DISCUSSION	<ul style="list-style-type: none"> • The four work groups reported on their discussions during the breakout session. <ul style="list-style-type: none"> ○ <u>Data</u>: The group decided to change their name to the 'Resource Information Group'. They would like to serve as a resource for the other work groups. If a group needs data, information, etc., they will collect the information and format it for groups to share as they work on their priorities. They would like to share information among the groups and the Council members. The group plans to work on creating a membership information portal, known as the NM Cancer Council Membership Information Portal (NMCCMIP). Their goal is to create and deliver a presentation on the NMCCMIP for Council members in the future. Documents and information will be available on the portal and be open to members only. ○ <u>Survivorship (Quality of Life priority)</u>: The overarching goal of this work group is to provide talking points related to quality of life issues for patients to use when talking with their providers. Developing and distributing a survey to patients and clients was also discussed, but before this happens the group plans to assess what resources are already available and the process of obtaining this information will take a while before it is known what exists, and what other information/resources need to be developed and distributed to patients. ○ <u>Access</u>: The group discussed how the Access group can work with the already existing Cancer Patient Navigation work group convened by Elba Saavedra. The Cancer Patient Navigation work group will be a sub-working group of the Access group, and the focus will be patient navigation. There are three things the Patient Navigation group plans to work on: develop and contribute to the current Cancer Support and Treatment Directory through a supplemental section specifically around patient navigation services and programs at clinics, etc. Secondly, the group would like to have a forum to bring everyone together to discuss the patient navigation model. Lastly, the group would like to identify and share information around training opportunities for patient navigators and provide a list of navigators. At the next meeting, the group will discuss adding a page to the Cancer Support and Treatment Directory on patient navigation services. ○ <u>Tobacco Control</u>: The group discussed focusing on smoking in multi-unit housing. Since other folks are already working on the issue, the group will connect with them to find out how they can contribute to the work already being done. The group will look at subsidized housing for low income people and what resources are available for folks to help them identify smoke free housing and to encourage people to ask if housing is smoke free. Also discussed was approaches to take with apartment or property managers to discuss the financial impact of turning over an apartment that has been smoked in. A conference call meeting will be held in a month.
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ADJOURNMENT	Susan Simons adjourned the meeting at 12:30 pm. Next meeting: October 30, 2013 from 1:00 pm - 5:00 pm at the Marriott Pyramid North in Albuquerque.

Considerations for Implementing the NM Cancer Plan in Native American Communities



Funding for this project was provided by the New Mexico Department of Health (NMDOH) Public Health Division

A new section in the NM Cancer Plan developed by the NMCC Native American Workgroup.

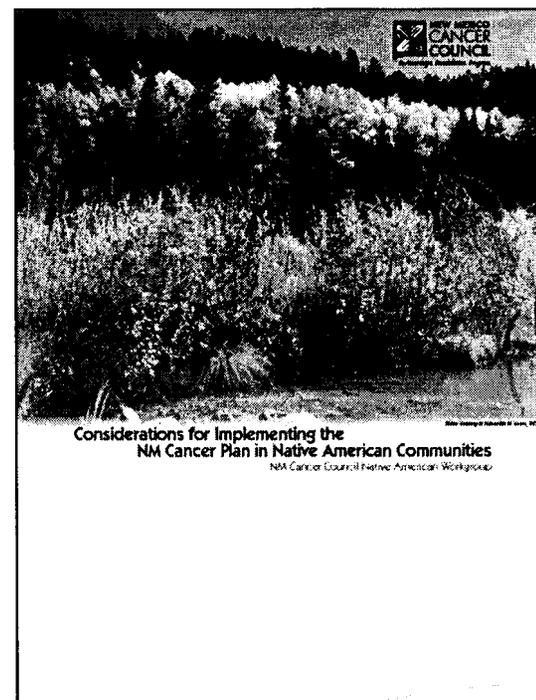
- To provide ideas how the plan can be implemented in Native American communities in New Mexico.
- Opportunities, challenges, and cultural considerations are identified.

Cultural considerations examples from new section:

- Patients have the right to know results of medical tests to make decisions about their treatment. This does not always happen for Native American patients.
- Allow time for patients to tell their story. Use models and pictures to explain what is happening with the body.
- Integrated care—Native and western ways—is important. Include a holistic view of health, not just physical health.
- Families are involved and are affected by cancer. Support for families is important.
- Incorporate traditional knowledge and native languages into education about cancer. Teach at an understandable level.

“Every community has their unique strengths important for health & wellness relevant for addressing cancer.”

“Not one approach works for Native people.”



Video Link for Indian Health System:

Don Warne, American Indian Health Care, NACR, 1 of 5
<http://www.youtube.com/watch?v=L7deyTBzuUE>

For more information contact Michele Suina,
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