

# Breast Health Task Force Meeting Notes, July 5, 2011



## Co-Chairs

Kathy Mix, Co-Chair, BCCP and Colorectal Screening Program  
 Philip Mason, OHA, Comprehensive Cancer Intern  
 Donald Shipley, OHA, HPCDP Cancer Programs  
 Summer Cox, OHA, Oregon Genetics Program  
 Sabrina Freewynn, OHA Comprehensive Cancer Program

## Phone:

Dolly England, Co-Chair, Knight Cancer Institute OHSU  
 Clara Suarez, Oregon Office On Disability and Health  
 Gail Brownmiller, Komen  
 Kelleen Bernard, Acumentra Health  
 Susie Wayland, Reinhart Clinic in Wheeler

## Handouts:

Agenda Item	Discussion Points	Outcome/Follow-Up
<b>Welcome, Introductions</b>	Kathy welcomed everyone.	
<b>Survey</b>	We have received a number of responses so far to the survey but want to leave it open a bit longer to get additional results. We will discuss the results at next month's meeting	
<b>Huddles</b>	Sub committees will meet as we form. We will likely have more members join as they complete the survey.	
<b>Report on Regional Partner Meeting</b>	<p>The first regional meeting happened in Albany in June. We had a reasonable turnout and interesting discussions. There were 17 people total at the meeting (based on registration).</p> <p>The phone participants had a very difficult time engaging. We need to reconsider how to do this or whether to do it. It was a large room and challenging for participants. We may consider doing a meeting in the future that is just on the phone.</p> <p>Dolly will create a summary of the evaluations. Perhaps we can wait to discuss phone and other challenges until we have the evaluations in front of us.</p> <p>October meeting location is tentative. Dolly will follow up on contacting the person in Southern Oregon and in finding a location.</p> <p>One change suggested: We need better tracking on where the information has been sent. If we can put a list together in a more organized fashion we can have a better sense of who has been invited and when invitations have been sent.</p> <p>We can wait until our August meeting to have the sub-committee work. Kathy Mix will email Patty Carney to invite her to present again in Medford.</p> <p>The next meeting is tentatively scheduled for Medford on Friday October 7, 2011, 10am-12 noon</p>	Dolly will send out the Power Point presentation that was given at this event.
<b>Komen Program Development</b>	<ol style="list-style-type: none"> <li>1) Komen has officially launched the Multnomah County assistance program. This is a pilot program for low-income women who are at 250% of poverty, in treatment and diagnosed after April 1. The way to access the program is through the social workers in the hospitals in the Metro area. The woman needs to reside in</li> </ol>	

	<p>Multnomah County but can get her treatment or services anywhere. Komen has been training these social workers about the program. Additional information is on the website. This provides financial assistance to keep a woman in her home or with good nutrition. The financial assistance can be used for whatever is needed to accomplish these two things.</p> <p>2) Rolling out the regional grant to the southern region. This one will be just Komen so just breast, not cervical. This will be a 5-year grant.</p> <p>3) Community Grants have some new guidelines. They are still \$35,000. There is now a new 5-year limit on any one grantee so that others can get an opportunity to launch and solidify a program. After 5 years they need a 2 year break from funding before they can apply again. Current grantees will be phased in to this.</p>	
<p><b>OPCC request</b></p>	<p>We have the information we need in the brochure to complete the action plan template. If we can update the pages of the comp cancer plan first we should be able to easily fill out the action plan template with the appropriate information.</p> <p>Kathy will work with Cathy Riddell to update the statistics.</p> <p>Risk Factor box: Give additional risk factors such as smoking, obesity and others. Keep the BRCA information because women tend to inflate their personal risk. Perhaps putting “Cancer genes BRCA 1 and 2 cause <u>only</u> 5% of breast cancers.” Kathy will look for these risk factors and provide the foot notes for each.</p> <p>We should state that there are a variety of recommendations and that ours is that women should talk with their doctor about what screening schedule to follow. Kathy will draft this and send it out to the group.</p> <p>Under “remaining challenges” The second bullet point is still true. Women with Disabilities and rural women are both groups that we are trying to reach. Remaining challenge is getting good data on screening rates. We have good incidence and mortality rates because of OSCaR. What we don’t know is the screening rates. Another challenge for the next five years will be getting women enrolled and screened with new health care reform.</p> <p>On the strategies let’s consider cutting back but allowing flexibility for each of our participating organizations. Our ideal is to get women in for screening. Although our overall rates are at goal level, there are pockets of disparities that we need to address. The approaches needed for each are going to be unique to the community and situation.</p> <p>Our goal is still accurate.</p> <p>Objective: Questions about the age for mammogram and about clinical breast exam. Perhaps “increase the percentage of women in Oregon who have been screened for breast cancer.” Kathy will look up Primary Care Standard of Practice and see what they are saying.</p> <p>Combine strategy 3 and 4.</p>	<p>Kathy will take our notes and put them into the word document.</p> <p>Everyone look at strategy section and come with suggested updates.</p> <p>Kathy will incorporate edits we discussed at this meeting.</p> <p>Dolly will move what we have into the template for the action plan.</p>

<b>Member Updates</b>	<p>Komen update: August grant trainings upcoming. 19<sup>th</sup> in Grants Pass; 24<sup>th</sup> in Portland. Details will be coming out shortly.</p> <p>Aucmentra: working on next contract with CMS. Planning on recruitment of new clinics and wrapping up the current contract.</p> <p>Reinheart Clinic: "Tillamook Breast Cancer Awareness" on facebook is the place to find this project and events.</p> <p>Genetics Program: Currently applying for a grant that would cover policy, education and surveillance for genetic counseling for breast and cervical cancer.</p> <p>OHSU Knight Cancer Institute: There will be construction on Sam Jackson Parkway for the next 6 weeks. Dolly will be telecommuting. Cell phone 971-340-9247 or email is the best way to get her for these next six weeks.</p> <p>BCCP: Recently held the breast conference. Many specialist speakers. Additionally Jason Parks from ACS CAN spoke about health care reform and the impact on cancer. In the process of interviewing for a new manager for the BCC program. Recently hired a new Policy Analyst. Just received fiscal notice for coming year – received a small cut but less of a cut than expected. Ended this year just shy of the goal of the number of women screened. This is much better than last year and better than expected. Allocations for the first quarter of this fiscal year have gone out. These will be solidified now that we have a budget approval.</p> <p>State Comprehensive Cancer Program: Our intern Philip Mason just joined us today. He will be creating, fielding and analyzing our member survey. He will be attending committee meetings while he is here and meeting with the chairs of each committee. The Comprehensive Cancer program received an increase in funding (\$5,000) this year. The only program we know if that received an increase.</p>	
<b>Agenda items for upcoming meeting</b>	<ul style="list-style-type: none"> <li>• Regional capacity study.</li> </ul>	
<b>Adjourn</b>		