

Breast Health Task Force Meeting Notes, September 6, 2011



Co-Chairs

Dolly England, OHSU Knight Cancer Institute
Kathy Mix, Oregon Health Authority (OHA)

In person:

Paula Scariati, OHSU
Sabrina Freewynn, OHA
Clara Swarez, OHSU Office on disability and Health
Hank Cattell, OHA
Laura Berruitt, Catholic Charities
Bridget Reumie, OHA Genomics
Jan Frankie, Komen for the Cure
Gail Brownmiller, Komen for the Cure
Donald Shipley, OHA

Phone:

Nancy McGathan, Columbia Memorial Hospital
Gretchen Ringley, American Cancer Society
Kelleen Bernard, Acumentra
Kate Stroyich, Mid-Columbia Medical
Karen Eden, OHSU
Jin Ma, Providence Cancer Center

Handouts:

Agenda Item	Discussion Points	Outcome/Follow-Up
Welcome, Introductions	Kathy welcomed everyone.	
Presentation given by Paula Scariati	<p>Created a decision making aid for breast cancer screening for women 38 to 48 years of age. This tool is not intended to tell a woman whether or not to get a mammogram/be screened for breast cancer but to give her information she can use to talk with her provider.</p> <p>Currently testing the tool with five policy makers, five clinicians and 50 end users. If you know any low-risk women between 38 and 48 who are interested in participating, please have them email mammographyda@ohsu.edu.</p> <p>Questions: The data used in the decision tool is the same data that USPSTF uses. Have you considered using other data? A: Their data is good data. The importance is on basing decision-making on the values of the woman using the tool.</p> <p>Q: Is there a way to anticipate how many people we think would use such a tool? A: Deploying these types of tools will become more common. But there is not a way at this time to know how many people will use it.</p> <p>Q: How will you evaluate whether their values have changed? A: I'm not interested in whether their values changed. I'm interested in knowing if they feel more conflicted or less conflicted after using the tool. In other words, did this tool help them make a decision?</p> <p>Q: How will we know whether the tool resulted in the outcome of getting a mammogram or not. A: We need to test it by following a woman through the tool and, say, one year later to see if they carried out their</p>	Information about the opportunity to participate in the trial will be sent out on the listserv.

	<p>decision either to get or not get a mammogram.</p> <p>Q: How about accessing this tool for women who do not speak English as a second language or who have a disability? A: Not on the radar yet. We are trying to make it as clean and robust as possible in English. After that we will translate it and test it with a variety of populations for cultural clarity as well as language. This tool is not yet ready for translation.</p> <p>Q: Do you have written information about the opportunity to participate in the trial? A: As soon as we have written approval from the IRB we will send it out. That should be today or tomorrow.</p>	
Breast Health Task Force sub committees	<p>Tabled until next month.</p>	
Medford Regional Training	<ol style="list-style-type: none"> 1) Introductions and understanding local programs 2) Patty Carney has agreed to speak again about her research at the Medford meeting. She had 30 minutes on the prior agenda and that seemed reasonable. Perhaps 45 minutes. 3) Keep the agenda much the same. <p>Need to:</p> <ul style="list-style-type: none"> • Update the evaluation form • Dealing with the phone – things like evaluation for those on the phone and making it as accessible as possible. • Contact list afterwards of everyone who attended the meeting • Dolly will update the flyer and send it out • Gail has a key mailing list where we can send the flyer. Sub-committee should figure out how to send out the invitation more centrally so that we maintain the list of where it was sent. • We should contact Mammography sites particularly as they will be interested in the data Patty has to present. <p>To do these next steps, Dolly will send out an email to those who have expressed an interest in helping with the sub-committee. Kathy will look for the agenda from last time and update it as needed. Food—Kathy and Dolly will determine how to provide snacks.</p> <p>Our next meeting is the Tuesday of the week of the event. We can deal with any last minute fires at that meeting.</p> <p>La Grande may be our next location. We have a person willing to host.</p>	
Breast Health Services for Minority Women	<p>Laura Berrutti is here to discuss her experiences with Catholic Charities and what led up to her connection to Kathy Mix and the BHTF.</p> <p>Laura began working with Catholic Charities ½ time to give presentations about breast health to Spanish speaking women in Multnomah County. They were referring women to the BCCP program. There was a provider who was the referral point for these women. She spoke Spanish and has worked as a provider in other Spanish speaking countries.</p> <p>Many of the women Laura works with speak Spanish as a second language after a native language. They often have low education levels even in Spanish. The provider is now working in Washington State and is no longer available.</p> <p>Laura is attempting to improve in some way the list of clinics available from BCCP to know if the provider can speak</p>	

	<p>Spanish partially to overcome cultural and not just language barriers. This helps close the gap even if one still exists.</p> <p>Kate Schmidt, BCCP Provider Liaison has done some research and found out which providers within the BCC network fit Laura's need.</p> <p>We are asking how to create and maintain a list of providers who are culturally competent particularly in Spanish but possibly also for other cultural issues.</p> <p>There are a multitude of issues presented here. This is about BCCP but also about how to reach more broadly to finding providers who can provide culturally competent care.</p> <p>How does Project Access deal with patients who don't speak English? They have a big volunteer base and often tap them for assistance.</p> <p>The Knight Cancer institute has a grant to create a database for resources.</p> <p>Rather than asking to see if providers are "culturally competent" asking providers about speaking specific languages or being physically accessible specifically.</p> <p>Health Provider Shortage Area (HPSA) survey information collects languages spoken in clinics. Oregon Office on Rural Health might have the information on who collects or has that information.</p> <p>Currently AHLERS does not gather information on language spoken – as far as we know. Kathy will research this more to see if it is or if it could be.</p> <p>Contact the Office of Multi Cultural Health to see if they have resources.</p> <p>Multnomah County is not contracted with the state. They would have the information about Spanish speaking providers with county clinics.</p>	
Member updates	<p>Clara needs a list of the most updated list of Mammogram facilities in Oregon. 2009 is on Komen's website. Google certified mammography sites. It is the FDA who certifies them and keeps the list current.</p> <p>Please take the OPCC survey that went out recently.</p>	
Agenda items for next meeting	<ul style="list-style-type: none"> • Sub-committee updates 	
Adjourn		