

Diagnosis and Treatment Meeting
 November 2, 2009
 Arizona Department of Health Services
 150 N. 18th Avenue
 Conference Room 345A
 1:00 p.m. – 2:00 p.m.
 Call-In Number: 1-866-751-5726, then hit *1186832*

Attendees: Kathy Asprey, Sherryl Lewis, Kendra Sabol

On the phone: Hannah Carlson, Victor Carrasco, and Diane McLaughlin

Agenda Items	Discussion	Follow-up Items
Review prior minutes	Previous minutes were reviewed by committee.	
Updates:	<p>Victor: Leukemia & Lymphoma Society is doing outreach throughout the state of Arizona and an opportunity came up through the Lance Armstrong Foundation with a new program for kids. We are doing outreach visits to White River, AZ and want to reach out to the schools to participate in the program that Diane oversees. We were looking at the Diagnosis & Treatment committee to partner with us. In the Cancer Plan book, Objective 3.2 states “to increase access to quality information and patient navigation sites across the state and identify barriers to access”. This is a good opportunity to partner. Victor downloaded the activity booklet from the Lance Armstrong Foundation Our organization is concerned about kids returning back to school with cancer or have a parent with cancer. The booklet also includes lesson plans for teachers K-12, middle school teacher, high school teachers, and kindergarten teachers. Victor also downloaded a lesson plan. They are backed by the National Academic Standards which was developed by the Mid Competent Rejoint Education Lab Report or MERCL and they are very good.</p> <p>Diane: We have a school and youth program called “Pennies for Patients”. We currently have 14 schools in Navajo county and most of them are in White River. Pennies for Patients is a service learning project designed to teach students, K-12, about blood cancers, team work,</p>	Send list of participants in today’s meeting to Diane McLaughlin.

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	<p>and setting goals and teaches about philanthropy and culminates in a three week coin drive. Most schools run the programs in January, February or March. We emphasize learning about blood cancers, increasing awareness and fund raising. One of the schools asked if I could come up to do an assembly. We had a school enrolled three years ago as the top fund raising school, it was a small school in Navajo county and in a three week time period collected \$11,000. I want to visit with schools that are enrolled in the program and do an assembly for them. I want to visit schools that are no longer enrolled in the program to see if we can find out why they are no longer enrolled and if there is something that we can do to help them move forward.</p>	
<p>Kathy Aspery</p>	<p>A major goal of the committee is to find something in the advocate role of teaching people about cancer, what they need to do, the importance of once you are diagnosed, to be able to ask questions to organize themselves, how to be their own advocate, how families need to be the patient's advocate once they start chemotherapy if they are feeling so tired. It's everyone from prevention to detection to treatment and beyond only advances the success of treating different oncological situations.</p>	
<p>Kendra Sabol</p>	<p>Kendra went over the four objectives for the Diagnosis and Treatment in the Cancer Care Plan book as follows:</p> <ul style="list-style-type: none"> • Utilize telemedicine to increase access to state of the art diagnosis and treatment techniques and expertise as well as second opinions and resources. • Increase access to quality information and patient navigation sites across the state and identify barriers to access. • Reduce geographic barriers to care. • Reduce financial barriers to cancer care. <p>We're trying to expand the coalition and our committee base by</p>	

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	<p>finding a teacher, parent or somebody that would be interested in joining the committee or coalition. We need to start meeting people in the rural areas.</p>	
<p>Questions</p>	<p>In White River, do they have a population of children that have parents with different cancers or blood cancers or is there a high level of blood cancers in that area?</p> <p>Answer: No, we don't have physicians set up for that. There is not enough data in the rural areas. In Tohono O'Odham, in southern Arizona, we're also doing some outreach on the cancer planning committee. Their numbers are very low and they have a large area. In the rural population area, their numbers for blood cancers are very, very low. There are other numbers, for example, there are parents that have kids who have been diagnosed, grandparents, and often when this occurs, the child is left on their own, either to deal with it or to get some feedback from the adults what this means or to help them to process this information.</p>	
<p>Next steps – ideas on outreaching</p>	<p>Victor and Diane will be going to White River in early January. The schools that are enrolled in the Pennies for Patients Program in the White River area are starting the program as early as January 4th or January 11th.</p> <p>Victor: We have the Nutrition Back to School Program. This program deals with returning back to school from a perspective of the child and/or parent. This program through the Armstrong Foundation is more about what can the teacher could do to ease that transition for specific lessons planned. We're presenting the welcome back to school program on other issues surrounding childhood cancers, specifically for teenagers on</p>	<p>In the next 2 weeks, Kendra, Kathy, Victor, Hannah and Diane email each other to craft out some goals so that they can further define what this committee can do and to go to White River.</p>

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	<p>February 19, 2010. This would be good to do outreach to nurses and counselors.</p> <p>Diane: We can talk to school nurses. It's a good opportunity to go out and to meet face-to-face and distribute materials and talk about cancer awareness.</p> <p>Housing in White River: The first school that has asked me to do an assembly has a small apartment complex on the campus. They rent the unit out to people during ski season. I would be able to stay there for a donation of \$20-\$25. Victor and Diane possibly to stay for one night. We got permission from the principal for one unit and asked if she could increase that to three units. Diane will follow-up again and confirm that they could still have that housing.</p> <p>Kendra: We want to keep within our logic model goals all people are not receiving appropriate effective diagnosis and treatment and lack of quality and care between rural and environments and lack of access, people not informed.</p> <p>We can use the Patient Advocate Foundation. The Patient Advocate Foundation has been on conference calls with CDC and Kendra re-discussing the value of their services. We can send out invitations to people where they could log in front of their computer and log into a webinar. Talisa is our iLink contact person to set up webinar's.</p> <p>Virginia Warren addressed at the last Steering Committee meeting that people can't even make their co-pays anymore and their</p>	<p>Diane will need to map out the schools that she needs to be able to reach and see exactly see how long that would take and be able to start to make the half-way point on where the hotel or apartment complex is.</p> <p>Victor suggested scheduling a follow up call about plans to go to White River.</p> <p>Kendra will talk with Talisa about what are the technicalities of doing webinars.</p>
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	insurance rates are outrageous. Even though they have insurance many of them are falling underneath poverty guidelines that qualify them to be in the Fit and 50 programs. Maybe we can tie into other committees to do half an hour webinar.	
Other	Kendra will send an email to Marie Russell to see if she would like to be the co-chair for the Diagnosis & Treatment committee. Kendra is waiting to hear back from Vicki Allen if she will be the recorder for the Diagnosis & Treatment committee.	
Next Meeting	Will meet in the third week of January 2010.	