

Health Disparities Committee Meeting Minutes

Thursday, October 23, 2008

9:30 am – 11:30 am

Location: Arizona Department of Health Services, Phoenix, AZ

Attendees: Hector Cariello, Tim Flood, Doug Hirano, Sharon Jaycox, Angie Lorenzo, Teresa Wall

On Phone: Kendra Sabol,

Agenda Items	Discussion	Follow-up Items
Review of previous Minutes	Minutes from the 7/15/08 meeting were reviewed and approved by committee.	
Introduction	Introductions were made. All new and existing committee members welcomed by Co-chairs Sharon Jaycox and Victor Carrasco	
Presentation	<p>Zeenat Mahal, Director of Epidemiology for the Inter Tribal Council of Arizona (ITCA). Presentation that she made to the NCI Cancer Health Disparities Summit in Bethesda, MD on 7/14/2008. She presented the slide show to the Committee on the Native American Matrix. Zeenat acknowledged the collaboration of data sharing and updating between the Arizona Cancer Registry, Arizona Vital Records, New Mexico Tumor Registry, PIMC and SACN. ITCA is working on an matrix implementation/training symposium to increase community awareness about Cancer Health disparities amongst tribes in Arizona.</p> <p>Dr. Timothy Flood reminded the committee that it was only 2.5 years ago that this committee started working on this project and now it has started to be utilized by the intended target populations.</p> <p>The discussion focused on the qualification of the data: tribe vs. by ethnic group. Because of the limitation of data sharing between PIMC, Tumor Registries and Cancer Registry it was difficult for Cancer Registrars to identify to what tribe the patient belong. It was further discussed that the data should reflect the proportion of tribes to cancer rates amongst Native Americans; however, it may not be necessarily reflective and/or disproportionate. Dr, Flood mentioned that ADHS is doing a project with the Hopi Tribe to match their Tribal enrollment to that of ADHS.</p>	<p>Recommendations: Dr. Flood reminds the committee to involve the healthcare professionals who treat cancer in these communities and help the community leaders interpret the technical data that they are presented. Dr. Flood recommends that each identified community should come forward to this committee and self-identify at the level of involvement that should occur. Zeenat mentioned that there are “codes” that used for certain tribes for reporting purposes at PIMC/HIS system.</p>
Community planning & matrix	Doug Hirano from Asian Pacific Community in Action gave a report on the presentation that Dr. Flood and himself gave at a community meeting involving community members, business leaders and community leaders in the Asian Community about the Cancer Health Disparities in Arizona Asians. Cancer prevention planning...and creating a plan...the meeting dealt primarily with presenting the data from the Matrix and not focused on	

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	<p>having this community choose which Cancer to focus on. Doug brought up an observation that although there is a small incidence/mortality rate of Cancer amongst Asians he discussed that at this meeting many of the community members stated most Asians go back to their home country once faced with their mortality. Additionally the fact that many of the community member go to non-traditional providers also may account for the low incidence rate reporting or physicians don't report to the cancer registry. As with the Native American community is the unknown number of incidence of cancer by nationality in the Asian community.</p> <p>Doug also points out that within the Asian community there seems to be a missing effort into colorectal cancer. He states that that his agency will try to focus on this cancer. Additionally he states that the coalition has helped validate using this data the need to continue the prevention and education on all the cancer that affect this community specifically the tobacco related cancer and breast cancer as well as all the preventable cancers. His agency will continue look at program expansion specifically those for increased outreach and education as well as its tobacco education programs.</p> <p>Dr. Flood reiterates that this information should be coming directly from the influential members of the community rather than the professionals in order to be effective.</p>	
<p>Community planning & matrix</p>	<p>Next Steps: ADHS process to approve matrices; Bureau of CD group would review all the statistical data prior to dissemination.</p> <p>Identify leaders within groups for subcommittees Native American: ITCA Asian Population: Doug Hirano African American : Sharon and Tanner are working together to take Matrix to the African American Legislative Health Commission and present the Cancer issues and then proceed from there. Hispanic: Committee has not been able to identify a single group and/or leader to present this matrix. Victor volunteered to take on the project of presenting the</p>	

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	<p>matrix to community healthcare professionals and/or organizations that are targeting and or delivering healthcare to the Hispanic community. Sharon states that maybe Janey could be able to identify the group she is working with that is targeting the Hispanic Population on breast cancer and Angie from NCI to help out with the effort of the Hispanic Population.</p> <p>Kendra states that according to the CDC grant that there is no specific timeline on a deliverable date and rather is an ongoing process. Dr, Flood refers to objectives March 2007 referring to objective 1: produce usable cancer information that should be completed by 2010; Kendra states we are not really accountable for that part .</p> <p>Dr, Flood shares a document regarding certain objectives by 210 and gives information on what the committee wanted to achieve by the 2010 goal. Kendra states there is a new document regarding the revised objectives and that she will send it out to the committee separately.</p>	
<p>Collaborative Efforts</p>	<p>Ongoing collaboration with Southwest Prostate Cancer Foundation provided free prostate screenings in Goodyear on June 14; screened 73 Men at no cost. African American, Asians, Hispanics, Caucasian , and Native Americans .</p> <p>Post Event Survey feedback: Event was organized, thankful community. Effort should be continued in community and the fact that it was free.</p> <p>10/3/2008 First Institutional Baptist Church Prostate Screening event screened 25 Men. Ethnic background was mainly Hispanic and African American. Post Event Survey feedback: Professional staff, information was great, needed in the community.</p>	
<p>Misc.</p>	<p>Sharon states that the Matrix information should be disseminated via a toolkit. Depending on the community the toolkit can be modified. Also add the matrices onto a CD to be able to disseminate to each community. Kendra will be using leftover funding to fund the addition of these matrices to the CDs for easy downloading. Also maybe including a directory of resources to include in this toolkit.</p> <p>It should also include: -list of experts (medical oncology, medical doctor) should be added</p>	

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	<p>NEXT MEETING TOPIC: TOOLKIT PROJECT: Who will the audience be? How and what to address? What information will be relevant to take ownership of this data and use it appropriately? Come up with an idea of a toolkit for next meeting.</p> <p>Where are we on our objectives for HD Committee?</p> <p>Invite U of A to go over logic model with HD Committee.</p>	
Next Meeting Date	Date and location TBD	