

Cancer Coalition Quarterly Meeting – 2024/09/19 08:38 EDT – Transcript

Attendees

Autumn Friend -MDH-, Jennifer Lee-Steckman -MDH-, , Christy Bernard (GRMC Cancer Center), Grace Bolyard (GC Hospice), John Corbin -MDH-, Maria Frantz (MLMC) , Sierra Hagy (GRMC Cancer Center)

Transcript

Autumn Friend -MDH-: Guys, I'm gonna go ahead and get started. If anybody else is gonna join, they can go ahead and join.

John Corbin -MDH-: Good morning, Sorry, I was planning to be there today but I ended up taking the day off but I didn't want to miss this.

Autumn Friend -MDH-: That's okay. I'm gonna go ahead and try to share a tab so you guys can see my presentation. This is my first time doing this in the conference rooms, so please bear with me.

Jennifer Lee-Steckman -MDH-: Before we officially get started, we want everyone to recognize that we are recording the meeting just so that we have the transcripts and it helps with the minutes. So if anyone has any objection, please say now or forever hold your peace as they say at weddings.

Jennifer Lee-Steckman -MDH-: So, to get started we'll go around the room and do welcome and introductions and then we'll move forward with the introductions online. So, Autumn since you are the coordinator, if you want to start us out.

Autumn Friend -MDH-: Yeah, I think I've met everybody here but just in case you haven't met me, I am the coordinator of the Cancer Screening CPEST program here. I do the nursing case management and get clients enrolled, follow them throughout the procedures.

Jennifer Lee-Steckman -MDH-: I'm Jennifer Lee-Steckman. I work here at Garrett County Health Department as the director of nursing but I think I am serving in the role for this coalition as a cancer survivor. So, that is one of the recommendations of the state - to have individuals that have gone through a cancer journey. So I think we're taking that box off so I'm gonna throw it over to that side of the room, whoever would like to go next.

Jamie Spano -MDH-: My name is Jamie Spano. I work in health, education, and outreach as a community outreach worker.

Alisha Martin -MDH-: I'm Alicia Martin, I'm the new program coordinator for tobacco enforcement and harm reduction for health education.

Autumn Friend -MDH-: Welcome Alicia to that new role. Okay, John, do you want to go ahead and introduce yourself?

John Corbin -MDH-: Absolutely. Good morning everybody. I think Sierra might be new. I don't know if we had a chance to meet yet, but my name is John Corbin. I help manage a lot of the marketing, and a lot of the health planning for the county.

Autumn Friend -MDH-: Okay, Grace.

Grace Bolyard: I'm Grace Bolyard. I'm the Director of Clinical Services for Hospice of Garrett County.

Autumn Friend -MDH-: Christy.

Christy: I'm Christy, I work at the Cancer Center as a nurse navigator at Garrett.

Autumn Friend -MDH-: Okay, thank you, Sierra.

Sierra Hagy: I'm Sierra and I work as a nurse navigator for Garrett as well.

Autumn Friend -MDH-: Thank you guys for joining today. Okay, Maria.

Maria Frantz: My name is Maria Frantz. I'm the director of Quality Services at Mountain Laurel. And also work with outreach and care coordination.

Jennifer Lee-Steckman -MDH-: Thank you for joining today. And nice to meet you. For those who haven't met each other, So we'll go ahead and get started with the agenda. If Autumn would kind of give us an update on the CPEST grant and the fiscal year 25 discussion please.

Autumn Friend -MDH-: So we're about two months into fiscal Year 25 and we've already gotten a much better start on this year for screening. Fiscal Year 24 last year. So, the CPEST total allocated budget was \$133,000 this year, almost 134,000. I had a little bit of concern that they were going to lower the budget because the performance measures were not quite met last year, but they didn't, because of the outreach efforts from our outreach team, and the plans that I've had for this year, so they kept it about the same.

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Autumn Friend -MDH-: The purchase of care is \$25,000. That's the allocated amount of money to be spent on cancer screening. So that will be used to pay for the colonoscopy fees, hospital fees and any pathology fees. Currently, I don't have a fiscal spending number because my fiscal coordinator, Jennifer Hare, is now our interim health officer here at the health department. So, she's currently kind of trying to juggle two jobs. So, I haven't tested her as much for those numbers right now because she's very busy but hopefully by next meeting I'll be able to update those.

Autumn Friend -MDH-: Printing and advertising and educational supplies. I like to include these numbers because this is a really important amount of money that I'm going to spend for our outreach team. I have spent about 117 dollars on printing. I had some cancer program cardstock printed like a little square card. I think I gave you some already, they're really easy to slip into books or flyers, things like that and then I'll probably end up printing some more CPEST brochures this year to be given out because I think we're almost out. I have already spent a decent amount of that funding because I wanted to get it to our outreach team very early in the fiscal year to get those incentives out to the community. I purchased the SPF chapsticks with our Cancer Program logo on it, and I got just some regular gel pens with the program logo because those seem to be a huge hit at the Garrett County Health Fair. People were snatching those

up. So, I ordered some of those. And then my newest kind of outreach fun, little gift is individually, wrapped on-the-go potty wipes to promote colorectal cancer and I put our cancer program sticker on the back of those. I set some out in the health department, one day and they were gone in one day. So, they seem to be a fun little light-hearted incentive.

Jennifer Lee-Steckman -MDH-: That's great because I know down at Brady Health Center, the college students took those quite a bit and I thought it was interesting.

Autumn Friend -MDH-: Yeah, they were very cheap. They were only \$6.99 and the ingredients in them were very safe. They were hypoallergenic because I had some patients ask about that and they have been a hit.

Autumn Friend -MDH-: Anybody have any questions or comments about the grant updates in terms of the budget right now before I move on? Good to go. So the performance measure updates, these are the performance measures for fiscal year 25. I included those in red so you can see them. And then something else I want to kind of just highlight because it confused even myself when I made the chart. These numbers here are the total numbers at the end of the month. So at the end of August we had eight new individuals enrolled in the cancer program to be screened. And at the end of I guess, as of today, there were 15 total enrolled. So, I'm already, like I said, kicking off a little bit better than previous years. I think I didn't have a single person screen for colorectal cancer until maybe December of last year and I already have four of the 21 done. I also have, I think, 14 people pending a pre-screening appointment that are already scheduled, and I have 21 other people already scheduled for a colonoscopy. So fingers crossed everyone is able to have their screenings done but this number should be surpassed this year so hopefully we'll be able to spend down that purchase of care funding. I know last year we had discussed how we were going to get the funding spent.

Autumn Friend -MDH-: Education & outreach activities. There's been one completed so far, but our outreach team is very busy. So, a lot of the time they can't get me the paperwork the day they do an activity. So, there might have been more completed. Jamie, do you have anything?

Jamie Spano -MDH-: I don't.

Autumn Friend -MDH-: Okay, no worries. We have plenty of time. This educational outreach activity was actually one that I did and counted for myself. I took some program information, just some flyers, and I wrote a letter kind of explaining the intentions of providing the flyers and I actually mailed them to a few of the local churches. And I actually got two new enrollments from that. I had two patients call and say that they found the flier in the church, or they had their pastor actually just say that, they've gotten this information. So successful outreach effort there.

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Autumn Friend -MDH-: Let's see. Tobacco, cessation referrals, I think the total is actually two now, I've just referred somebody yesterday. Alisha, do you have anybody in counseling yet?

Alisha Martin -MDH-: We are in the middle of a class right now. We have four or five people in the class. We had three in the first two.

Autumn Friend -MDH-: We'll see how many classes you guys have scheduled, right?

Alisha Martin -MDH-: We're hoping to get out a flier for the new year. I have my training in October, so right now, I'm just shadowing Chelsea at the class.

Autumn Friend -MDH-: Number of non-Hispanic Black/African American individuals screened. This is a new performance measure this fiscal year. This was required by MDH. I've had to discuss with them several times that, unfortunately, being such a rural area, we don't have a very prominent community of non-Hispanic or black/African American individuals. I think statistically, I looked this up one time, we're 98.7%, predominantly white. I have explained that to them, but they did require that I have a small performance measure there. So, I kept it low hoping we could reach even that. I'm not sure that I can or if there's really any outreach efforts to try to identify those people, but it is something that they had included. Something to think about. Oh, John, you can go ahead and go first.

John Corbin -MDH-: Sorry, I was muted.

John Corbin -MDH-: It made this very transparent. So, for that last measure, one of the strategies that we can do because in addition to my very lengthy explanation of the things that I do earlier, I am also the health equity and minority health coordinator for the county so we can actually send out a targeted, e-blast to the NAACP in Garrett County, but also your broader measures as well.

Jennifer Lee-Steckman -MDH-: Thank you so much for that. And just to piggyback on to what John was saying, there's a lot of information sharing on African-American morbidity and mortality and how there's a challenge for that population. And we're really trying to do a better job in getting individuals into healthcare because there's a lot of mistrust and piggybacking into that there's also what we call place based disparity which is a little more of what we see in Garrett County Health Department and we have harder time getting people with specialists, especially if they have to travel to WVU and Morgantown or down to Hopkins or University of Maryland. So, when you're having conversations just keep putting out their place-based disparity because it is real for us.

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Autumn Friend -MDH-: Go ahead, John.

John Corbin -MDH-: I had one more thing that I thought of as you were saying that. So, have either of you guys connected with Missy or Shelley about the HERC grant and the new outreach that's going to be done in the remote community? If, so Friendsville, Grantsville, Kitzmiller, and.. I can't remember off the top of my head what the other community is...

Autumn Friend -MDH-: What was the name of the grant that you said?

John Corbin -MDH-: A HERC. It's the Health Equities Resource Commission. It's a five year, four and a half million dollar grant. So it will fund a really substantial number of outreach activities for our programs. We're gonna be doing free food distributions. So that's always a really good population to give some of these resources because they're more likely to qualify for a lot of those programs. So there might be some really good cross promotion efforts and it's really gonna have some deep roots particularly in those communities that can be a little more difficult to get in. For some of the screening activities, I believe there are also some plans to try to look at addressing transportation as well through that, that's gonna be kind of down the road. The first year is really going to be focused on food security and overdose

prevention, anything here and in Allegany county. So we're also working with Allegany County Health Department to do a lot of those outreach activities.

Autumn Friend -MDH-: Yeah, if you have some time I could meet with you and Shelley. I think I actually have to meet with her soon to go over some things with MyGarrettCounty...

John Corbin -MDH-: Yeah, yeah, definitely. Like I said, it's gonna be a lot of touch points, it's all activity based in person so I think it could also be a really helpful distribution site for flyers or just general information and I don't think one person's gonna want to come because I think it's gonna be a couple of hundred events. So it would be a major commitment, but I think that there might be an opportunity because it's such an important program just to make sure that it kind of gets tied in. And, I found that when we do those types of activities, we're really starting to get some people enrolled in programs that have been really historically disconnected from both the health department and mountain laurel so that's something that the food work has really kind of brought to light. It's a really good opportunity to connect with people who aren't frequently coming through our doors.

Autumn Friend -MDH-: That's great! Thank you for sharing that. Does anybody have any questions or comments to go with what John was saying? I agree. So whenever we're out there at the food drives, I try to put those little cancer screening bags together. I'll have program information, the incentives in it because in passing people don't have a lot of time to talk to them about the program so they'll get their food and they'll give them a big bag of cancer screening program information.

Autumn Friend -MDH-: All right, so module updates. I wanted to kind of talk because I know during the last meeting, we had talked about wanting to initiate some other cancer screening modules in the program. So I did talk to leadership at MDH about our interests and efforts to expand and want to introduce prostate and lung. I don't believe that I am allowed to introduce one in the middle of fiscal year because of the grant already being done and the budget being done, but I believe that prostate cancer screening is ready to go for the next fiscal year and they already have given out the prostate cancer screening guidelines. We are just using the US Preventative Task Force recommendations for screening. My hope and my goal is if we can actually kick off prostate cancer screening...and a lot of times they're not doing the digital rectal exams anymore. They're just doing the blood draw, prostate specific antigen test. Since I'm a nurse, I can do venipunctures here in the clinic. I do them often for our family planning patients. I'm hoping to be able to get a contract with Labcorp, as we already have one for our family planning program, and to do the PSA draws here and just send them for the patient. So, kind of trying to connect that a little bit better. So instead of referring them to the hospital and getting it drawn there and sent to the lab, it would be really nice if I could get a contract with the lab and just draw them here. Be super simple, that's my goal.

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Autumn Friend -MDH-: As far as the lung cancer screening goes, when I talked with leadership, they had said to me that it takes about six to 12 months to prepare for lung cancer screening. I'm not entirely sure what that entails because I didn't get a ton of information. They asked me to just kind of pause my actions, do some research, but don't reach out to any providers or try to initiate a contract yet. So, as of right now, the lung cancer module is paused. However, I wanted to share with you guys some information that I found if we're able to get this launched. So I looked at several providers at WVU. Because they have some pulmonologists down there, we should really get a contract with at least one actual pulmonologist,

rather than just a general surgeon up here. We could offer the low dose CT scans up here, but I don't know about other screening types and I don't know if we have the equipment so they probably want to go to WVU in Morgantown. WVU has what they call a LUCAS program. Basically, what it is, is they have a traveling CT bus, and they go to low-income communities or places that people don't have a lot of transportation and they offer these lung cancer screenings via a CT scan on a bus, it's very cool. I'm not sure if it's something that we can look into, but if we could have an event, I was just brainstorming, we could offer an in-service screening that day. In my opinion, that would be incredible.

Maria Frantz: That would be fantastic. We had reached out to them previously. I think they do mammograms as well. It's been two years and I'm not sure if they were at that point, when we'd had that conversation we were not successful in talking them into that, But we would be very supportive of that.

Autumn Friend -MDH-: I have my contract monitor for my contracts with WVU, I actually did already speak with her as well. I called her, we have a pretty good rapport, and just said "Hey, this is what I'm interested in doing. I just kind of wanted to get your thoughts on this" and she said that whenever I got the okay or whenever I was ready to call her, she would immediately connect me with those positions and see if I could get this started. So I think having a good relationship with her is a good start. Hopefully, it would kind of pay off.

Maria Frantz: That's fantastic.

Autumn Friend -MDH-: Last thing I wanted to kind of talk about – this just happened on the 17th.

Autumn Friend -MDH-: Several of the CPEST coordinators in various counties in Maryland have been pushing and pushing to offer Cologuard screenings for a really long time now. And I know several members of the coalition had wanted to introduce Cologuard as well. And we were getting a lot of pushback from it. But I think it was about six months ago MDH had said "listen, we're going to reach out to the manufacturer of Cologuard, which is called ExactScience, and we're gonna see if they would be willing to contract directly with us to offer that." And I got an email on Monday that said ExactScience agreed to contract with us and they sent each county a memorandum of understanding, to be signed. So basically, what's going to happen, and I'm not exactly sure when we're gonna get to offer Cologuard, but they are going to set up a training in mid-October for all of the county coordinators to start offering it as a screening option.

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Jennifer Lee-Steckman -MDH-: When is that going to be implemented?

Autumn Friend -MDH-: They haven't told us yet, they just sent us an email.

Maria Frantz: Yeah, all of our providers...obviously, we start with colonoscopy and then we kind of go down the list of options on how much we want you to get that specific test done, but we do have a chunk of patients that are doing cologuard.

Autumn Friend -MDH-: Yeah. And I'm also very glad to have it because I try to think about my older population of patients, I have a patient right now who's having some symptoms,0 but she's in her late 80s and doesn't want to go under anesthesia and I absolutely understand that at her age. But a cologuard test is very easy for her and it is very sensitive. So, we can see if something else is going on and maybe if she had a positive result on that she might reconsider having the surgery.

Maria Frantz: And they no longer...It used to be that if you had a positive cologuard, it would make your colonoscopy diagnostic. And so there were insurance coverage issues with that, they changed that. The cost is still covered.

Autumn Friend -MDH-: That's amazing.

Maria Frantz: It was a big barrier for us.

Autumn Friend -MDH-: Yes, it was because, I would tell people, if you have a positive cologuard, you're gonna have to have a colonoscopy, anyway and specifically if you have Medicare, they're not gonna pay for it and I can't pay for it because I'm a payer of last resort and you already had a screening. So it is excellent that the barrier is no longer there.

Jennifer Lee-Steckman -MDH-: Maria, is that with Medicare and third party payers? Do you know?

Maria Frantz: I know Medicare. I would have to look into third parties. I want to say, it was a broader role than just Medicare, but I would need to confirm that before I'd want to commit to it.

Autumn Friend -MDH-: Thank you.

Autumn Friend -MDH-: Anybody else have any questions or comments about introducing the new modules to the program?

Jennifer Lee-Steckman -MDH-: I think the Lung Cancer Program is vital to Garrett County Health Department. It would also be a great partnership with Alisha that we automatically have a little bit of a discussion with those that are seeking smoking cessation. If they meet the definition for screening that we already make in that language. I think it's very important for our populations. We do have such a high incidence of smoking.

Autumn Friend -MDH-: So, next I want to talk about this new grant opportunity. Our grant writer Juliet Sanders had sent this to myself and our new nurse supervisor, Jessica Carey. This grant is from the Prevent Cancer Foundation and they're funding \$100,000 over two years. They'll split it and will give you 50 thousand dollars one year and 50 the other, for organizations to develop new or existing patient navigation projects and their focus is on patient navigation. So, their mission is to stay ahead of cancer through prevention, or early detection, which is pretty aligned with CPEST. I have no idea if we're going to get approved or not. We just applied for it, but I listed our goals there. This is what we listed in the grant. As we wrote it, we are going to target, breast, cervical, and prostate for this specific grant. So, I know a lot of people have said that there's been a barrier since they had taken away the BCCP program here. It is still regionalized, meaning that they put all the money in one pot in Allegany County. But patients still can come up here to have their screenings done.

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Autumn Friend -MDH-: But regardless, we're still going to try to use some of this funding to target those cancers as well. So the goal with this grant that we had put in, was to increase access to cancer screenings and diagnostic services, improve patient awareness and education about self breast and self testicular examinations. So, because I also work directly in our family planning clinic, my hope is to purchase some educational materials to be able to talk with patients about performing self breasts and self testicular exams. We would also like to enhance coordination of cancer care, reduce health

disparities, and foster collaboration with community partners. So very similar to what we're already doing with the CPEST program. but I don't believe this grant is going to have a lot of eligibility criteria, I should say. So if they're eligible, my plan is to enroll them in CPEST and we're going to use this grant as a backup to kind of have as well. I also want to say that they could deny us, but we did apply for it.

John Corbin -MDH-: Yeah, so I have another update on that as well, so specifically thinking,...

Autumn Friend -MDH-: Yeah.

John Corbin -MDH-: ...Tying into the BCCP program. So I met with Allegany County about a week ago, I think. So, we are currently helping them through their new Community Health Improvement plan. So the goal is that eventually both Garrett and Allegany County will have very similar processes for both their **child and their chip**. So we're working through that right now but I do want to just give an update on the cancer control component of it specifically BCCP. So there's a lot of interest, particularly Allegany County on really kind of diving into the cancer component. We reviewed a lot of secondary data for cancer control across the region, and kind of looked at the morbidity and mortality, all of the upstream factors, social determinants. So I just wanted to let you all know that there will probably be some opportunities to kind of connect on that and maybe even provide some feedback from Garrett County perspective in terms of BCCP not just within the specific vein of that program, but in the broader planning context of, How does this work, regionally, How can this be better? Because my understanding is that they are going to probably look at investing more in cancer control if all their stars align as well. So I just wanted to make sure that that was brought up because that was probably one of I think five or six topics that are really key for Allegheny County to look at addressing.

Autumn Friend -MDH-: Okay, great. When I applied for this grant, my only concern was that...and I had a meeting with my technical lead from MDH... She had mentioned the same thing that if this grant is approved and we're able to provide breast and cervical cancer screenings, I will be very happy that we can, but it will in a way compete with Allegany County and I know that our county is a huge resource of referrals for them. So, if I have a patient enroll in CPEST and they say they also need a mammogram, I send that referral down to ACHD for them to kind of navigate.

John Corbin -MDH-: Yeah, I mean I think that it'll be a good opportunity to kind of connect on that because I know that I've had a couple conversations with Jennifer Lee over the past couple of months and, Autumn, you've been really phenomenal. I just want to make sure that I throw that out there. I think I've been following your group on MyGarrettCounty.com and your progress and just kind of watching it climb and climb and climb. And I've just really been excited by that from a planning perspective, because that's usually not the case. You don't just have something to just continuously improve so I just want to give you a huge shout out there. But yeah, I mean, I think it's gonna be just some broad conversations about cancer.BCCP I know is one that's been flagged for us the last couple of years because there's just been qualities since that regionalization happened and it's not just for us, it's also there's just been issues but the inside of that too and Allegany County that I didn't mention time back into the colorectal piece. That's another huge focus for them as well. The colorectal provider concerns specifically,...

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an Allegheny county, so it's a little bit different there. But I mean, we all have some challenges with that that we get back in our focus groups and surveys. So I think that there's gonna be opportunities through the bridge. That is kind of being constructed a little bit more tightly between Garrett and Allegany County from a planning perspective to really just provide some feedback. And I think that, your concerns are definitely something worth thinking about but also I think it's a broader concept of why are the cancer rates so bad in this region?

Autumn Friend -MDH-: Yes, I absolutely agree and I kind of tried to hint at that in my meeting with leadership.

John Corbin -MDH-: Yeah, I mean looking at the years of life lost, all of those measures when you get into this region. I mean, that's really what we've been kind of talking about, so I don't want to take up too much time but I just want to throw that out there. So if you guys are interested, I think it would definitely be an opportunity. Some of the other areas we're gonna be pulling in some people, from Garrett, County Health Department, number of residents who see care there and Finzel and other communities. So I think that there'll be some opportunities, but I just could not be more excited by the work that you were doing.

Jennifer Lee-Steckman -MDH-: One thing I would recommend from the survival perspective of cancer that most people don't take into consideration is once you've had cancer your health care and your medical care changes forever. So most people think of cancer as chemotherapy, radiation, surgery in your data but that's not the reality. I mean, since my cancer treatment, I have had a cardiologist. I have neuropathy. I have all these other things that I now deal with that are chronic and, John alluded to, lowering your life expectancy and it's part of the morbidity associated with the treatment. So, once you've been through cancer, you were here in that treatment phase, but then you go into a maintenance that can be the rest of your life, depending on what are the implications of your treatment. So, that's something that you don't hear that much about. And I think, for a lot of people that I've spoken with, since my journey with cancer they're not prepared for that. Later during that survivorship phase, you're so focused on treatment and once you're released, you're like "what"? Because you feel like you're on your own, where you had a team of oncologists. At least I did for almost a year and then I was released from the radiation oncologist and then, your visits, get less and less. But now you have all these other specialists that you're seeing. That's from the navigation piece that I don't think we've ever addressed, so it might be something to consider in these new grant opportunities the survivorship and getting the appointment with the cardiologist and who's managing the neuropathy and who the patients are following up with they still need after. Yes. And when winter comes how bad the neuropathy can get just because of the extreme cold and those types of things. That's the piece that I really did not get. And I go to University of Maryland for my cancer treatments for various reasons and they have a survivorship program, but it's very hit or miss. So I think that would be very beneficial for cancer survivors.

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Jennifer Lee-Steckman -MDH-: For those that are no longer in the treatment phase, but now moving in the maintenance phase, if we at least give them that first year, I think that would be really nice to piggyback into a cancer support which we had kind of talked about. It would be nice to have a cancer support group, whether you currently actively have cancer or you're a survivor. And people are there to share their stories, have support, whatever, then you have a nurse case manager who will be able to talk with people and

make sure that they're following up with all of those therapies and everything that they need, make sure that they're still getting care.

Jamie Spano -MDH-: There may be transition programs, like there is one that helps military folks learn how to go back to civilian life. Maybe something like a transition systems program through us. Maybe we could support you just to provide those resources.

Autumn Friend -MDH-: And maybe you know there's always grants floating around and passing through Julie Sanders desk. So maybe I could tell her that the coalition talked about a transition assistance program, if you see any grants that might align with that, let me know.

Jennifer Lee-Steckman -MDH-: And I mean, just from my perspective, I mean, I'll be five years out soon and, you go to your PCP and you have a new diagnosis and they're like, that's related to the chemo you had five years ago. So, you know that it's long term and longtime recovery.

Christy: I just wanted to let you guys know, we do have a cancer support group up here at the cancer center. It's the last Wednesday of every month at three o'clock in the Cancer Center board room. And we're also looking into, over the next couple years, starting and building a survivorship program. Most of us up here are new to the cancer center, as well as new to oncology, so it's taking us a time, but the end goal is to get a survivorship program up and running.

Autumn Friend -MDH-: Who all attends the support group meetings? Is it just cancer survivors? Like I'm wondering is that something maybe I could attend as well?

Christy: Yes, you'd be more than welcome to attend. It's cancer survivors, family members, pretty much anyone in the community. I mean, it's open to the public. We have a flier that goes out on I think Instagram and Facebook as well through the hospital advertising it, but it's every last Wednesday. So the next one will be next week. At three o'clock on Wednesday the 25th.

Autumn Friend -MDH-: I mean, obviously I couldn't attend all of them, but I will try to attend some. Just to hear some stories, meet some people.

Christy: Yeah, that'd be great.

Jennifer Lee-Steckman -MDH-: Christy, do you know if those are virtual as well as in person?

Christy: We don't have them set up for virtual yet. I can look into that. I don't know if we have the ability to do that from the boardroom.

Jamie Spano: So, it's possible for community planning groups to put that on our Facebook pages, the meetings for that would be great.

Christy: I'll send over a copy of our flier.

Autumn Friend -MDH-: Thank you.

Jennifer Lee-Steckman -MDH-: One of the things I would also just like to throw out is when I went through treatment, COVID-19 was happening. So, of course, we couldn't have support groups during treatment or after. So, there's a pretty significant virtual cancer support group out there. And one of the things that's really important when you're in the trenches of treatment is hearing from those long-term

survivors. So for example, the cancer that I had, I'm part of the Triple Negative Breast Cancer support group, but what we do is we go one and we'll say, what stage, we were, what kind of treatment, and how far we are out. And that was so helpful for me, when I got my diagnosis and knowing what the prognosis was. And the mortality was to see that there were actual individuals that were 15 years out. So, that's a really important part when you're looking at support to have for those individuals, there that are because that's what gives you...

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Autumn Friend -MDH-: That's when you can see someone else that's been there, done it, and they're thriving. That's really what you need. I think it's very important to have somebody who can actually empathize with you and I'll be happy to attend those periodically.

Autumn Friend -MDH-: All right, anyone else have any comments or anything they want to share before we move on?

Autumn Friend -MDH-: Okay outreach efforts...The first thing I did already mention, I had given brochures and flyers to several churches in the community. I have a list of the churches that I've already sent to and I'm planning on doing all of the churches, I just haven't sent them all. So, I am going to continue doing more. I did talk about the incentives that I purchased as well. I have a little bit more money left to spend on educational supplies for incentives. So I wanted to see if there was anything you guys had in mind. I'm not purchasing sunscreen again because they spilled everywhere in the bag, but I was trying to think if there were any other fun little ideas.

Autumn Friend -MDH-: Tobacco association, efforts are underway. We already talked about that. This outreach method is actually the biggest thing that has made my referrals right now skyrocket. I gave updated program information to the local providers like Dr. Dougherty and the surgical group, I think the end of the fiscal year last year, maybe some time in May or June. So, every direct access packet, for each provider, they have put those flyers in those packets. So because when I go to the providers they're very busy because they're worrying about their patients and doing their surgeries and doing whatever, I went to their office staff and was like, "You know, can you do something with these" and they put them in the direct access paperwork packets. So when the patients are getting these packets, they're opening it, seeing the program material and they'll just call me themselves. So, I kind of got rid of the barrier of having the position themselves because it's a lot for them when they're busy. So that has helped a lot. I think I've gotten 12 patients enrolled. Just from that.

Jennifer lee-Steckman -MDH-: One thing you might want to consider, a long time ago there was a small media grant, those awarded allowed us to work with the surgical group and one or two of the PCPs and we did postcards that we mailed out that said "Dr. Walch recommends that it would be beneficial for you to have a colorectal screening or the PCP. I mean, it was Dr. Bissell so, how many years ago was that, but we put all the screenings on it, and then we did a mass mailing to their patients. And we did get some referrals and individuals screened, so it could be something you consider even in another fiscal year, if you would need to just because of the cost.

Autumn Friend -MDH-: I love that idea. I was trying to think of something because my idea was a flop. Because the colorectal age went down from 50 to 45, I had looked in Patrac at some patients that were turning 45 and I had sent out mailings. It was basically a happy birthday mailing with the information recommending screenings. It was kind of a flop. I didn't get a single person kind of reaching out to that

but I would like to do something like that to reach people that are turning 45 because so many people still don't know that the new screening age is 45.

Jennifer Lee-Steckman -MDH-: It has been effective in the past. I mean, I can recall, the only reason I remember this is Sharon and I were here on Martin Luther King Day and we were literally putting the letters and envelopes and different things but it was trying to get women in for mammography, who were turning 39 to 40 or we also had one for individuals, 40 to 49 and then 50 and each letter was different. "One was your screening age begins at"..."Have you had a screening in the last couple years?" and then one was " your higher risk of having breast cancer in this time period". And I think we would get two or three responses. I mean, it was a lot of time, yeah, but we did get two or three people in.

00:50:00

John Corbin -MDH-: I was gonna say I was thinking back because I think I came on about the same time Jen was wrapping up that project and I think with Dr. Bissell...we actually ended remaking our brochures and they had her photo and her contact information on them. And if anybody wants to look at a cheaper alternative, because the mailers are very expensive, right? The postage is really bad up there, but that might be a cheaper option. If you have a participating provider who just wants some of those brochures that could be distributed because what we've seen from the covid stuff, the day that we get back on that is that people really trust their providers a lot more than kind of faceless programs, so that initially be an option as well until you're able to kind of get some more funds if that's something that you think is interesting. I don't know exactly how well that performs and I don't know if you had any data or not but I remember we did a couple versions of that.

Jennifer Lee-Steckman -MDH-: We did, it's been so long ago. I don't even know if I can get to that information because of the ransomware attack. I'm hoping it's still on my computer but it did perform. I remember that was one of the more successful ones and it was because exactly what you said people trust their health care provider. But also as you were talking, John, thinking, if these individual providers have websites, could we develop a little something for them if they have a Facebook account or a Twitter or whatever that we can develop something for them to utilize

John Corbin -MDH-: Yeah, I'm seeing a lot of things that worked I think in Ryan White that are also really applicable here. The mailing kits worked really well, especially when the state of Virginia did them because it added a layer of people feeling a little more comfortable about it, particularly for that program. But for this one like we do that with Ryan White as well, where we did a couple different materials and then we would just swap out photos and names of people. So we could do that with practices as well. So I think that's something that we could definitely do.

John Corbin -MDH-: I can upload it here real quick so that in case anybody wants to put the link in the chat.

Autumn Friend -MDH-: Right.

John Corbin -MDH-: I don't know if this was the final one or not because I have 17 versions. So clearly this was a labor of love for us but it was one of the many versions.

Jennifer Lee-Steckman -MDH-: And if we can do that for the FQHC and have every one of their providers and then they can just put it on their own social media as they want, but give them a template or something.

Maria Frantz: Yeah I'm a little bit curious. So we're looking at a lot of our pre-visit planning and we're doing a whole review of everything that comes out in the chart. But one thing we did for the visits was we have just a sheet that prints automatically at the end of every well visit. So I'm getting more familiar with our new HR's functionality in that area. So I'm not sure of all of the legalities, but I would be curious if we could get to a point where it just prints based on age group like these are your recommended screenings. And if you need them, these are programs that you can work with. I don't know if we can attach that to every single encounter across the board. I'd have to play around with a lot of different stuff, but our practices on Athena and so are a lot of the other practices in the area. We have more flexibility with ours than some of the other providers because they go through a program, but I would be interested in that as well.

Jennifer Lee-Steckman -MDH-: That's a brilliant idea and it made me remember with that small media grant we did work with a couple offices to ensure that their electronic medical record would prompt them. So that if I'm 52 and I walk in for my visit it says "Needs Colonoscopy". It kind of throws it out to the provider and a lot of EMRs automatically do that nowadays because this was years ago, but maybe we should be talking with the providers to see if they're EMR is set up for those screenings.

00:55:00

Maria Frantz: The way that Athena is set up, it does prompt the provider and so we do have that conversation in the room with the patient, the follow-up to that would be if they declined. It might say on their plan in the notes like declines colorectal cancer screening, but I think that doesn't mean that it wouldn't still be valuable to have some printed material that goes home with them on that just so whenever they throw their patient packet away they see it one last time on the way into the bin but sometimes they read it.

Jennifer Lee-Steckman -MDH-: Yes, I think you're saying very important things and it's planning seeds, and that repetition is really important. So I think it's a great idea.

I know this is a very long shot, but there have been talks with Michael Gibson to actually try to incorporate something like that as well into Patrac. I don't know if it will be as functional as other EMRs.

Autumn Friend -MDH-: Okay, anything else? I don't think I have all that much. I had a section for agency updates but a lot of agencies are not currently here. I know that we've already heard from Christy and Sierra from the cancer center, but is there anything else you guys wanted to add?

Christy: I don't have anything else.

Maria Frantz: I want to just toss out in a conversation we've been having around cervical cancer screening, there were recently two cervical cancer screenings that were FDA approved for the patient to perform on themselves in a clinic setting. I don't think that they work with Labcorp and I'm still curious about how frequently you get back insufficient specimens for testing, but it's definitely something on our radar because we do have patients that will decline based on, just not wanting someone else to do it.

Autumn Friend -MDH-: Right.

Maria Frantz: So, it's definitely something on our radar and something that we think will be beneficial for our patients, as long as the evidence on that continues to support, but it would definitely be something we would be interested in trying, if you hear of a grant opportunity to bring some of that into our area.

Autumn Friend -MDH-: Yeah, that would definitely be good especially as our personal health department is kind of trying to launch forensics. We'll see some patients that have difficulty with genital exams due to a history of trauma or something like that. So they may decline the Pap smear or HPV testing just due to having a history of trauma, but they may be comfortable doing it on themselves. So I think it's a good start, maybe if they do it themselves and it's not sufficient we can open up that conversation to kind of have somebody else do it.

Jennifer Lee-Steckman -MDH-: I was at the Reproductive Health conference last week in Philadelphia and there was discussion regarding the self collection of paps. So I think we're going to see a huge amount of data coming out from academic centers soon because the conversations that they were having was basically their being piloted in these large centers and they're really trying to figure it out. What's interesting enough is everything in reproductive health right now is patient centered. So the self-collected pap is exactly what you're talking about being centered. What is the patient comfortable and not comfortable with and how do we meet them where they're at. So, Maria, as I get more information, I'll certainly share that as it comes down the line.

01:00:00

Maria Frantz: Thank you.

Autumn Friend -MDH-: Absolutely. John?

John Corbin -MDH-: Yeah, I just want to add on to that too. So the new State Health Improvement Plan and state health assessment, it just came out publicly about a week ago, we've had them in draft form since about July, but a major section in the new State Health Improvement Plan is women's health, which is a little different than what has historically been with maternal child and adolescent health. So, there's really kind of an intentional focus on women's health kind of similar to the other measures that Autumn and Jen were talking about taking a more intentional focus on really underserved populations particularly for certain services. So, I think that there might be some opportunities whether they come through personal health, clinical health, or even cancer control, but even in broader areas. So, I think that that might be a good thing to also kind of discuss it management team Jen, or, just kind of bring up into other conversations because there might be some opportunities to apply under the Women's Health Track for CHRC grants and other areas where previously that was not one of the tracks available because it didn't align with the state health improvement plan. So that could be really a good way, when you're looking at it, to care for women because it's such a major component of that plan.

Autumn Friend -MDH-: I agree. I think that's a great idea.

Autumn Friend -MDH-: Does anybody else have anything that they want to throw out there to discuss? I just want to say thank you guys for attending this meeting. I feel like this was one of the more successful meetings. We got a lot of really good open discussion, so I just want to thank you guys for that.

Jennifer Lee-Steckman -MDH-: And I just have one update. I was recently asked if I would consider implementing the trunk or treat this year. Last year there was a trunk or treat that was provided by the

Department of Social Services with collaboration from the health department. It was here on site so I'm going to get together with the committee to discuss that because we have very limited funds. DSS actually had funds which enabled them to do what they did. But we had a huge attendance at that event. I think it was last year we gave out over 400 bags. So there's a lot of traffic through those. And we really want them to be moving more, towards prevention and public health messaging. Not that we don't want to continue to allow the children to have fun, and get fun incentives, but we really would like those that are being a part of that, to do some type of education. So this is an opportunity. We usually have the trick-or-treat treat bag for the child. We also have an adult bag. So, whoever is bringing the children that way we're giving them information. We don't always want that just to be a brochure. So, last year, we actually had the adults spin a wheel, they had to answer a question and then they got their goodie bag and some of it was like lead poisoning, car seat safety and...

Autumn Friend -MDH-: I just absolutely love that for several reasons but for one, it just includes the adults as well. So, it makes it fun for them too, so I love that.

Jennifer Lee-Steckman -MDH-: But in order to do this, we need about 30 people at that event. You have to have around 20 cars, just to make it feasible. We have the games, but I'm gonna be sending out an email, internally to the health Department staff, but then I'm going to be reaching out to the partners. So if you can start asking your organization, if they would be willing to be part of this, that would be great. We do have a commitment. It's not in writing, but it's a verbal commitment that Walmart has agreed to help us. So even if we can get the candy... we did give out apples last year as well. We've given out all kinds of different things over the years, toothbrushes, toothpaste, dental floss, anything, sunscreen, whatever you would want to put in these adult bags but also think of at the car, when we're giving out stuff, the first year, I can't remember, I think I was a witch and I had my teeth blacked out. So before the kids would get their candy, I would say, "See what happens if you don't brush your teeth tonight after eating all this candy. And then I show them my teeth and they would run behind their parents and whatever. But we also were making sure that they have toothbrushes and toothpaste, So we try to have this little element of education. So if you would take that back to your organizations, I'm gonna be doing that outreach, hopefully in the next 48 hours.

Autumn Friend -MDH-: Great. That's such a good idea. Yeah, definitely, keep me posted with that attachment and emails or anything you come up with.

01:05:00

Jennifer Lee-Steckman -MDH-: So anyone that likes to dress up, this is a great time. The car kits, I asked our acting health officer if we could have a little bit of a budget for car kits. She is trying to find some money. So if you guys have any grants or anything...

Autumn Friend -MDH-: Are any businesses allowed to sponsor?

Jennifer Lee-Steckman -MDH-: Absolutely, we want as many cars there as possible because that's when the kids love going. It was originally started because our child's fatality review committee had reviewed a suicide and we recognize that our children are really having mental health challenges and we really wanted to just have a positive event for children to come out. We have no age limit. That was one of the things that we were like, you know, that teen wants to come out and they're dressed. They can participate. We don't want to turn anyone away. We want to encourage people to have a positive time. We've had

popcorn, we have games there, we've had at the end costume competition given out prizes so it can be anything, we just want it to be positive.

Autumn Friend -MDH-: Yeah, and I know a lot of people at the lake area. I wonder if any of those businesses would be willing to just sponsor the event. Like, hey, would you be willing to provide any funding?

Jennifer Lee-Steckman -MDH-: So I already talked to some people, I know. Yeah. If they want to sponsor a car they can pay for the car kit, you can get them from 15 to 100 dollars. It's what you want to put into it but you have to have someone that's able to set it up and decorate it. I mean honestly, and truly DSS did a phenomenal job getting their staff here, and Garrett County Health Department, we would have cars. But I would have my entire family here and we were decorating eight to ten cars and setting up the cones for traffic and making sure logistics and I had my husband and my brother-in-law in reflective vests making sure children were not walking in the road. And we're trying to block it out and get people to go through the parking lot to stay away from the kids walking but there's a lot of logistics that go behind this. I mean, I feel like I turned into the garbage woman last year and picked up garbage and made sure it was in the dumpster at the end and that kind of thing. So if we can get the word out, that will be great. We haven't even set a date. That's how I mean we really need support to do this because there is no grant.

Autumn Friend -MDH-: Yeah, I'll reach out to some people that I know, and just fill you in. Does anybody else have anything before we hop off? I will get the minutes together. I think, you guys know, this is being recorded and transcribed. So, I'll kind of poke through those. I'll also share this presentation with you guys just so you have it for your records, but if nobody has anything else, I think we're good to go, we'll pop off here, and I think, yeah, our next meeting is the first Thursday in December from 9 to 10:30. If that needs to change, I mean I know there's only three people in the meeting right now, but if that used to be changed, let me know. I'm happy to accommodate. Thank you very much.

01:10:00

Maria Frantz: Thank you.

Autumn Friend -MDH-: I really appreciate it! Without you guys, we really wouldn't have anybody attending. Take care. Have a good day.

Meeting ended after 01:10:31 🙌

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