

Access Workgroup Minutes

1-2 p.m., February 1, 2018

Attendance

Tessa Allred, Iowa Cancer Consortium, allred@canceriowa.org

Kelly Angell, American Cancer Society, Kelly.angell@cancer.org

Mary Charlton, University of Iowa College of Public Health, mary-charlton@uiowa.edu

Gabbi DeWitt, Black Hawk Public Health, gdewitt@co.black-hawk.ia.us

Jeremy Johnson Miller, Iowa Department of Transportation, Jeremy.johnson-miller@iowadot.us

Katie Jones, Iowa Department of Public Health, katie.jones@idph.iowa.gov

Jessica Nelson, Komen Greater Iowa, jnelsen@komengreateriowa.org

Kelly Wells Sittig, Iowa Cancer Consortium, sittig@canceriowa.org

Sloane Henry, Iowa Cancer Consortium, henry@canceriowa.org

Topic/Action

Welcome

- Welcome, introductions and attendance.
- Review purpose of meeting:
 - › Discussion of current projects and efforts to increase access to care from workgroup members.
 - › Determine collaborative efforts that could be done to increase/improve access to care and cancer treatment throughout the state.
 - › Determine next steps.

Updates from the group

- Kelly discussed the American Cancer Society's Road to Recovery program that assists patients currently in cancer treatment with transportation and lodging. Kelly also mentioned the Hope Lodge available for patients in Iowa City. Kelly is currently working with a newly formed Transportation Council in Cedar Rapids that was created to improve access to transportation in the area. Kelly will keep the group updated with progress of the group.
- Gabbi informed the group that the state will be giving money to Black-Hawk Health Dept. to increase mammograms in the area. Gabbi said her primary frustration is that patients who don't have insurance are denied care. She also mentioned the barriers of patients who speak different languages, non-citizens not seeking care and patients who only have short term Medicaid. Additionally, a major barrier for some patients is clinic hours. She would like to see clinic hours increased to include people who cannot get care due to employment.
- Jessica said that there are proposals coming in to Komen for grants that were awarded. Some of the proposals address transportation and patient navigation. The Patient Navigators have established case loads for each area and follow patients through their care.

- Katie updated the group that CRC staff is working with the American Cancer Society and collaborating with FQHCs. Katie also let the group know that Quitline has low-literacy brochures available and that there are also CRC videos for patients who are low-literacy. Although Katie mentioned that an issue that is consistently brought up is that not everyone has access to internet or phones. The challenge is how to work around this since e-notifications won't work for everyone. Mailings are needed for some patients who do not have access to technology.
- The group brought up access issues for non-native speaking patients. Natural conversation flow with translators is a big challenge, especially when discussing sensitive issues around health care.
- Jeremy said he is working on a project with Mary Greeley to help patients arrange transportation with the HRTA bus system. The DOT is moving into using technology to set up these systems, but there is an added cost involved. United Way is partnering to help with the cost. Jeremy also mentioned that the Iowa DOT has a ride share program that connects neighbors who are traveling in the same direction locally. iowarideshare.org
- Kelly mentioned that ACS has a pilot program in Vegas where they are partnering with Lyft to get patients to and from appointments. Not sure how this would work in rural areas, but is something to research. UBER is also partnering with some health systems to provide transportation for patients who need to get to their appointments.

Next Steps

- The group decided a project focus would be preferred over meetings that only included updates about current work being done. Where do we start when there are so many issues related to Access to Care?
- The group suggested reaching out to cancer centers to identify needs related to transportation, etc.
- Find barriers to care and what areas have the most need. The group discussed that hospitals do needs assessments on a regular basis and is that information available to this group? Kelly mentioned that Liddy Hora and Shelly Walker with ACS regularly work with hospitals and may be a good place to start.
- Transportation and planning agencies must do needs assessments every three years. Where does this information go? Can this group have access to information about transportation and/or access to transit?
- The group discussed who is missing from the Access group. Social workers, patient navigators, organizations that serve minority populations were mentioned.
- The group stated that monthly meetings would be beneficial to convene and share resources and work on access related projects.
- Send any resources helpful to access and barriers to care to Sloane and she will share with group.
- Sloane will organize meetings and co-facilitate with other leadership from the group. Meeting minutes and the next meeting date will be sent out soon.

Note: Workgroup meeting agendas and minutes will soon be available on www.canceriowa.org.



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Saved messages from chat box are below:

13:37:14 From sloane henry : iowarideshare.org

13:44:38 From Katie Jones : https://smhs.gwu.edu/cancercontroltap/sites/cancercontroltap/files/CoCPN_ATE_slides.pdf

13:45:45 From sloane henry : Health Outreach Partners

13:46:50 From Katie Jones : https://cancercenter.gwu.edu/sites/default/files/coc_navigation_standard_road_map.pdf

13:50:16 From Katie Jones : UnityPoint Health's Community Health Needs Assessments: <https://www.unitypoint.org/community-health-needs-assessment.aspx>

13:53:54 From Katie Jones : <http://idph.iowa.gov/chnahip>

13:58:22 From Katie Jones : From the community health needs assessment county public health departments:
<https://idph.iowa.gov/Portals/1/userfiles/91/CHNA%26HIP/ACCESS%20HS%20Transportation%202016.jpg>