

MINUTES
Texas Cancer Council
May Owens Conference Room, Texas Medical Association
401 W. 15th Street ♦ Austin, Texas
February 20, 2004

Members Present:

F. Diane Barber, R.N., M.S., ANP-BC, AOCN
Karen Bonner
A. Clare Buie Chaney, Ph.D., L.P.C.
Lloyd K. Croft, D.D.S.
James D. Dannenbaum
Carolyn D. Harvey, R.N., Ph.D.
RUBY H. HENDERSON, M.Ed.
Larry Herrera, M.D.
Karen B. Heusinkveld, R.N., Dr.P.H.
Donald C. Spencer, M.D.
Courtney M. Townsend, Jr., M.D.
J. Taylor Wharton, M.D.
Debra Stabeno representing the Texas Department of Health

Call To Order: The meeting was called to order at 9:20 a.m. A quorum was present.

Excused Absences: The Council received a request for an excused absence from Audrey Jane Castro. Dr. Spencer moved approval, and the motion passed with none opposed. Guests present: Sherry Woodard, Tanya Skaarup, Juanita Salinas, Charlsa Bentley, Susan Nenny, Melissa Juarez.

Adoption of minutes: Minutes from the December 5, 2003, Board meeting were adopted with no changes. Motion passed, none opposed.

Review of Strategic Planning Results & Assure Consensus: No changes from priorities established in previous day's strategic planning session. Ms. Henderson suggested looking at thyroid cancer in the future.

Executive Director's Report & Council Discussion: by Mickey Jacobs.

- Comprehensive Cancer Control Update
The Comprehensive Cancer Control Coalition is now administered by the Council through an interagency contract with TDH. The coordinator is Susan Nenny with SUMA/Orchard, who is currently working on engaging communities around the state to get input on the *Texas Cancer Plan*.

- Major reports and agency activities for 2005
 - A. Internal audit requirements of the past biennium have been changed in legislation. Now the Council and other small agencies have to submit an annual risk assessment, and conduct audits based on the assessed risks. Staff is currently working on a risk assessment.
 - B. Agency Strategic Plan is due to Governor's Office and LBB this summer. Staff is working on it now.
 - C. Legislative Appropriation Request will be due in the summer (early August) for next biennium. Budget hearings will be in early fall.

- Overview of *Cancer Plan* Update

Completed Plan is scheduled for December 2004. There is consensus from partners that the Plan would be most helpful if divided into three components: Goals, Data, and Community Toolkit. Partners have also agreed to a unified data document. The American Cancer Society, the Dept of Health and the Council are working on a single inter-organizational data document (with all of its logos reflected on cover) to support cancer planning across the state. It will take the place of a new TX ACS Facts & Figures and the Council's Impact of Cancer documents, as well as achieve efficiencies and demonstrate collaboration.

- Next Council meeting dates: May 14, 2004 and August 13, 2004

Confirmed by members. Dr. Heusinkveld expressed appreciation to staff for their hard work and high performance.

Update on Cancer Registry Improvement Workgroup: Dr. Spencer reported that Dr. Sanchez invited representatives, mainly from the Health Sciences Centers, to meet in January at TDH to discuss ways to improve the state's Cancer Registry. Nancy Weiss of the Registry gave an overview and estimates of what it would take to move the Registry to CDC's gold standard. Texas is one of 9 states without a silver- or gold- standard registry. Dr. Sanchez asked for an exceptional item of funding for Registry during last legislative session, but it was not granted. There are six standards, and TX fails two:

1. Completeness of case ascertainment: Texas only has 84%; 95% is required.
2. Death certificate only cases: when the patient doesn't enter the medical system. Should represent less than 3%. In Texas, it's greater than 5%.

Main factors that impede certification:

1. Delays in reporting - The Registry has legislative authority to audit noncompliant hospitals and send the bill to the hospitals, but it doesn't have to use it much because most hospitals comply. But, the Registry consequently has a backlog of 50,000 cases for which to enter data.
2. High failure to report outpatient cases.

It would require \$1.2 million/yr to achieve the gold standard requirements for the Registry, according to Dr. Weiss' estimate. Dr. Sanchez and the Dept. do not have funds available to support this from other programs. Dr. Sanchez has expressed willingness to discuss the future of the Registry i.e. access to Registry data vs. where it resides organizationally.

CDC funds two-thirds of the current Registry budget. In order to get more CDC funding, the Registry will have to be up to standard. Achievement of this would make the Registry and other institutions eligible to receive research and other grants that have a gold standard Registry as a requirement.

Dr. Spencer reported that the group didn't come up with a solution, but is continuing discussions. Their plan is to get more information about how other states finance their Registries and to consider finding other funding partners. The issue is now higher profile than in the past. It would take about two years to bring the Registry up to standard, if all partners cooperated and money were available.

Dr. Townsend asked why the Registry couldn't be funded by the tobacco money. Mr. Dannenbaum suggested that, since universities can now keep overhead in grant requests, they could pay for the Registry as part of their overhead. Spencer offered the idea that the Registry could co-apply for grants, and then be paid for out of grant money.

Dr. Townsend made a motion, seconded by Dr. Harvey, to support adequate funding for the Registry.

Ms. Stabeno said that, if the Registry were to secure more state money, more federal funding could be drawn down for the Registry. Dr. Heusinkveld said that the Council can't implement the Plan as well without good Registry data and encouraged members to be pro-active and do all possible to support adequate funding for the Registry.

FY 2004 Budget and Performance: by staff

- FY 2004 Performance Report: First Quarter Summary
Staff explained first quarter performance measures. Council members discussed online training hours and their contribution to the donated hours key measure. Staff will work with the LBB to revise the target for this measure to a more realistic level, given the trends in programs. Dr. Townsend suggested measuring online training better, to capture time spent on computer based training programs. Staff said online training for many professionals is more time efficient, and is popular with nurses and physicians, so hours spent in training should be perpetually lower than previous face-to face classroom trainings. Mr. Dannenbaum expressed concern about the professional education programs' declining numbers, and directed projects to figure out how to count online training and other donated hours so that the number doesn't have to decrease. Dr. Herrera asked about contributions by physicians. Ms. Skaarup, project director for POEP, responded that physicians from their program are doing their best to document all possible training opportunities and donations.

At a brief break in discussion, Ms. Jacobs introduced newly arrived guests Marva Scallion from LBB and Mike Daney from the American Cancer Society.

Dr. Heusinkveld asked Mr. Daney to speak about Registry. He stated it is high on the ACS priority list. Members held general discussion of the impact of any proposed new cigarette tax and expressed hope that this source could help to fund the Registry.

Staff provided a summary of grants pursued by projects for first quarter. Dr. Herrera asked about technical assistance and feedback to community programs that are applying for grants but not receiving them. A new program will be considered today, that can provide assistance to these programs, and will be discussed in the Contract Management Committee report.

- FY 2004 Expenditure Report: Summary presented by staff. No questions.

- FY 2004 Contract Expenditure Report: Summary presented by staff. No questions.

FY 2004 Fiscal and Programmatic Issues: Report from the Contract Management Committee by Dr. Spencer.

- Contract Amendment: Motion by Dr. Spencer to authorize Council staff to execute a contract amendment with Fleishman-Hillard for \$58,000 to replicate their Teen Girls Anti-Smoking Campaign in Bell County. Second by Ms. Bonner. Request by Dr. Harvey to focus on their contribution to donated hours, and likewise for all new programs. Staff will ensure the new projects are well informed of the importance of this. All in favor, none opposed, motion passed. Dr. Herrera abstained.
- FY 2005 Special Instructions and Funding Caps: Moved by Dr. Spencer to approve funding caps and special instructions. Second by Dr. Heusinkveld. All in favor, none opposed, motion carried.
- Funding Recommendations for New Programs
 1. Cancer Resource Enhancement Program
Motion by Dr. Spencer, seconded by Dr. Heusinkveld, to contract with the Chronic Disease Prevention and Control Research Center to fulfill this RFA. Question by Dr. Herrera about Center's relationship to Baylor Development Office. Staff will inform the program of the availability of this resource. All in favor, none opposed, motion carried.
 2. Cancer Survivor Video Gallery
Motion by Dr. Spencer for the Council to fund CancerTogether for \$50,000 and allow the program to apply for FY 2005 funding. Council directed staff to work with the program to ensure documentation of all in-kind contributions and to suggest that the program make interviews available in VHS format. Staff will ensure this is conveyed to the project. Second by Dr. Herrera. All in favor, none opposed, motion carries. Dr. Harvey asked staff to remind the program of the Council's emphasis on ensuring materials are culturally diverse.
 3. Texans Conquer Cancer Patient Support Program
Dr. Chaney provided a summary of proposals. Motion by Dr. Chaney to fund the top four programs (Covenant Health Systems Foundation, Cancer Care Services, Candlelighters of El Paso, Planned Parenthood of Harlingen) selected by the Texans Conquer Cancer Advisory Committee. The motion was seconded by Ms. Henderson. None were opposed, motion carried. Dr. Chaney encouraged all members to show their support for this vital program by buying Texans Conquer Cancer plates for their vehicles. Dr. Townsend suggested that ACS promote the plates among Relay for Life participants. Dr. Croft asked about sales of the plates thus far, given the lack of resources available to promote it. Members discussed possible strategies for successful marketing. Dr. Chaney said that her contacts indicated that Lance Armstrong's mother would be willing to promote them on public radio in North Texas. Dr. Chaney will follow up with contact information and provide to the Advisory Committee. She and Ms. Jacobs encouraged Council members to promote the plates in their communities. Mr. Dannenbaum suggested partnering with local tax assessors for marketing.

4. Update of the *Texas Cancer Plan*

Motion by Dr. Spencer to fund UT M.D. Anderson Cancer Center to fulfill the requirements of the RFA. Second by Ms. Bonner. Ms. Barber abstained. All in favor, none opposed, motion carried.

- Motion by Dr. Spencer on resolution conveying deepest concern and condolences to Dr. LeMaistre on the loss of his wife to cancer. Second provided by Dr. Chaney. None opposed, motion carried.

Update from Dr. Richard Evans: Dr. Evans of the Texas Cancer Center spoke on conservative cancer treatment through lumpectomy (rather than mastectomy) for breast cancer and his vision for this approach becoming the standard in other cancers. Dr. Evans shared information based on research and clinical experience, and requested that the Texas Cancer Center be listed as appropriate on Council referral list.

Public Comment: None

Adjourn: Motion by Dr. Spencer to adjourn, seconded by Ms. Bonner. All in favor, none opposed. Meeting adjourned at 12:15 p.m.

Signature

Date