

Minutes
TEXAS CANCER COUNCIL
May Owens Conference Room, Texas Medical Association
401 W. 15th Street ♦ Austin, Texas
June 25, 2004

Members Present:

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.
Rubye H. Henderson, M.Ed.
Larry Herrera, M.D.
Karen B. Heusinkveld, R.N., Dr.P.H.
Donald C. Spencer, M.D.
Debra Stabeno, representing the Texas Department of Health
Courtney M. Townsend, Jr., M.D.
J. Taylor Wharton, M.D.

Mr. Dannenbaum announced a quorum and called the meeting to order. He read excused absences from Karen Bonner, Diane Barber, and Ajay Castro. Dr. Wharton moved to approve the excused absences, seconded by Dr. Townsend, none opposed, motion passed. Mr. Dannenbaum recognized the following guests: Susan Nenney with SUMA/Orchard, Anita Wheeler with the School Health Network at Texas Department of Health, Cheryl Chester with Dr. Harvey, Melissa Juarez with the Attorney General, Dr. Foxhall with M.D. Anderson, and Carla Strom with M.D. Anderson.

Dr. Wharton moved adoption of minutes from the May 14 meeting. Dr. Spencer seconded, none opposed, motion approved.

Agency Activities

Vacancy and Filling of the Executive Director Position was discussed by Mr. Dannenbaum. The Council received 34 applications as of June 15. All were screened, 18 were called in for a written exercise, and 7 will be interviewed July 5-6 in a posted meeting. The interview committee will then make a recommendation to the full Board and ask for ratification at the August 13 meeting. If any council members want to attend interviews, they are welcome to (noon on July 5 to midday July 6.)

Legislative Appropriations Request (LAR) was presented by Michelle Huddleston, TCC staff. The agency received LAR instructions since the last Board meeting. The LAR is due July 30, and the agency is required to reduce its baseline budget by 5% (\$348,054 for the FY06-07 biennium.) That means the Council will be requesting \$6,613,024. The executive committee will approve the LAR when staff completes it, and then the Board will have the opportunity to ratify it in August. Dr. Spencer commented that the legislative intent is to reduce 5% by cutting both programmatic and administrative components of budget. The Council has 5% in its administrative budget now, because of staff vacancies, that can be cut. Later in the biennium, if the Council has spent its entire administrative budget, it could move some money from programs to administrative.

The strategic plan was handed out to Board members and briefly presented by Jodie Smith, TCC staff.

Training Efficiencies and Impact on Performance Measures were discussed by Ms. Smith. She answered the Board's inquiry from the May meeting about historical trends in donated hours, training hours, and average cost of training. Ms. Smith noted that the primary change in the Council's performance over the past eight years is that its programs are training more professionals than they

did in the past, but at a lower cost. Dr. Herrera commented that the efficiency gain might indicate poorer quality training. Dr. Townsend commented that a gain in efficiency does not indicate one way or another whether the quality of training is better or worse than when more dollars were spent on training.

FY 2004 Budget Issues

FY 2004 Expenditure Report was presented by Ms. Huddleston, as was a budget transfer request. Dr. Spencer moved that \$56,500 be transferred to TCC's programmatic budget from its administrative budget. Dr. Wharton seconded, none opposed, motion passed

FY 2004 Programmatic Issues

Report from Contract Management Committee was given by Dr. Spencer.

Contract Amendment for FY 04 Nurse Oncology Education Program

The Red Book about chemotherapy was initially designed for cancer patients and is a good refresher for nurses dealing with cancer patients. Dr. Billy Phillips worked with the author, Sandy Rodine, and is requesting to revise the resource for printing, in cooperation with NOEP. NOEP is requesting \$6727.48 to print 3000 copies. Dr. Spencer motioned and Dr. Harvey seconded the motion to approve NOEP's contract amendment. The Board discussed the potential of running more copies or making it more widely available, the need for frequent updating, and not printing too many. Dr. Harvey suggested putting it in a PDA format since many nurses carry PDAs now. They discussed making available paper copies for patients and electronic copies for nurses. Mr. Dannenbaum recognized Ms. Wheeler, who explained that her program, the School Health Network, distributes information via CDs very inexpensively. Dr. Spencer amended the motion to ask staff to discuss with NOEP the possibility of publishing more than 3000 and distributing it more broadly. The Board discussed publishing it in Spanish or making a bilingual publication. The Board can approve changes/expansion to the contract amendment at its August meeting. None were opposed, and the revised motion passed.

FY 2005 Applications for Funding submitted as of June 25, 2004

The application deadline passed and one program will submit an application by its extended deadline. A second program had an extended deadline that it did not meet, and so has not reapplied. See Cancer Resource Enhancement Program below.

Cancer Coalition Support contract with TDH and subcontract

The contract between TDH and TCC has been completed and signed. TCC will receive \$100,560. TCC will subcontract with SUMA/Orchard for \$76,000 for Coalition support and with TCDC for \$10,000 for web support of the Coalition. The Council is holding \$14,000 in a contingency fund to support Coalition activities as needed.

Cancer Resource Enhancement Program

The Cancer Resource Enhancement Project is required through a rider in the TCC budget. Since Baylor College of Medicine has not reapplied for the contract, the Council needs another contractor in place for FY2005. The RFA was reviewed by Ms. Bonner to make sure that it was well written and adequately funded. Ms. Bonner found that the RFA was fine as is and did not need to be changed. There was a motion by Dr. Spencer to repost the RFA. It was seconded by Dr. Chaney. Dr. Herrera questioned why Baylor did not reapply, and Dr. Spencer answered that the program would work through the end of FY04 and could reapply for FY05, but has not delivered any of the deliverables in its contract. TCC funds won't be released to reimburse the program until staff can document that the program actually did some work for TCC. The Board can take any corrective action it might need to at its August meeting, after staff has done a monitoring visit. None opposed, motion carries.

Mr. Dannenbaum introduced more guests who had arrived: Ann Williamson of the Texas Department of Health, Rudy Ruiz of Interlex, Susan Poag and Cathy Schechter of SUMA/Orchard.

Texas Cancer Plan

Process Overview by Dr. Lewis Foxhall and Carla Strom

The *Plan* update project has used a process that enabled it to get good input and get the word out about the *Plan* update. There's a steering committee to guide the process and develop the first draft. This group has met 3 times, has reviewed the goals and objectives, and now is working on strategies. There will be a large group meeting when the steering committee is through to get further input about modifying the *Plan*. There is also a group working on the data document that previously was *Impact*. Now it's a unified data document with ACS, the Texas Cancer Registry, TCC, and TCDC. Dr. Foxhall is trying to get the word out to as many stakeholder groups as possible in the state. All of their input will go back to the steering committee.

There is also a resources subcommittee doing an inventory and trying to build an interactive database of cancer resources across the state. The database would be searchable and would help identify where the gaps in services are. There is a literature review group that is identifying content experts, seeing if there are new major research articles or information that is out of date that should be removed from *Plan*. The survivorship group is basing its work on the national action plan recently released through the CDC and the Lance Armstrong Foundation. The health disparities group has had discussions about whether to add disparities as a goal. If disparities are not a goal in the *Plan*, they want to at least add disparities prominently throughout the *Plan*. The toolkit group is developing resources for local communities to use to implement the *Plan* without duplicating efforts.

Mr. Dannenbaum asked about whether pediatric cancer interests are adequately represented and Dr. Foxhall said he will make sure they are. Dr. Townsend noted a shortage of Panhandle and El Paso participants. Dr. Chaney suggested Craig Schaefer of Cancer Care Services for the survivorship workgroup. Dr. Foxhall welcomed all volunteers who wish to participate in one of the workgroups. Dr. Foxhall said they are using this process not only to get input on the *Plan*, but also to educate groups about the existence of the *Plan* and how they can use it. The website is www.texascancerplan.org. The public can give input on the plan and drafts, and those who are a part of the process can access meeting information and handouts easily on the site. It's updated regularly. Drafts will be posted on the site as they are available, too. Dr. Spencer reiterated the importance of Board members giving input into the drafts so that the Board is not surprised by a final version. Mr. Dannenbaum requested that the program email Board members when a draft is ready.

Ms. Strom said she's putting together a guide for the program that does the next update so that they don't have to start with a blank slate. Dr. Harvey volunteered to be on the disparities workgroup, and Dr. Chaney volunteered to be on the survivorship workgroup. Dr. Chaney suggested other names for various workgroups. Ms. Stabeno said there is a legislative health disparities committee chaired by Adela Valdez that might be a valuable resource. Mr. Dannenbaum offered that the *Plan* might need to footnote the recent Supreme Court decision about patients not being able to sue HMOs for denying care and payment. Dr. Foxhall explained the Court's decision in some detail.

Community Forum report by Susan Nenny

Ms. Nenny reported that, in March and April, SUMA/Orchard conducted 8 community meetings to get input into the *Plan* update with 113 participants total. She summarized the progress and recommendations for each goal of the *Plan*. A side effect of the forums was the networking that happened each time. Those in attendance were very eager to work together and to maintain contact between themselves. Mr. Dannenbaum asked about follow up to the community forums and about the availability of past Council materials (culturally and gender specific educational materials, i.e. screening for Hispanic women and African-American men) to those in communities who needed the materials.

Community Guide and Resources report by Rudy Ruiz

Interlex is an advertising agency retained by the Texas Department of Health to do a cancer community toolkit. Interlex wants to make the TDH toolkit responsive to the needs of the Council and the Texas Comprehensive Cancer Control Coalition. Interlex is pulling together resources that already exist and developing new pieces (a how-to or implementation guide for the *Plan* and materials, etc.) that communities need. They will create a digital kit (on CD-ROM) that is also downloadable from the web. It will include tools to build coalitions on the local level, too (community newsletter template, coalition building process info, etc). Dr. Spencer noted that TCC may need a better way of categorizing the information that it already has and that was produced by TCC programs in the past. Mr. Ruiz noted that the kit should be malleable so that, as new resources are developed, they can be added, at least digitally.

Dr. Herrera asked about whether these would be available to physicians' offices. Ms. Williamson talked about giving the toolkit to a cancer leader in each community who would then distribute materials to all cancer interests in that community. Dr. Herrera asked whether that's a realistic way to reach the patient. Ms. Williams said that the toolkit is mainly geared to community organizations and helping communities build local cancer coalitions. It is not intended to be targeted to patients. Communities do not know how to use state *Plan* and site-specific plans. Dr. Heusinkveld asked whether this is the first disease to have a community toolkit. It will be developed over the next 6 months, tested in the fall of 2004, and the *Plan* will be included when it is published. Dr. Heusinkveld noted that we already have the 8 community forum groups that were enthusiastic about continued collaboration and that these networks could easily be used to test and distribute the toolkit. Ms. Williamson said that TDH is currently using two public health regions, but has gotten lists of participants from the 8 community forums. Dr. Harvey reported that, in Region 4/5, they had discussions about linking up people/referrals/services through a process using the toolkit so that people could get services.

Mr. Dannenbaum asked about whether resources for large communities and small communities will be in the same toolkit, or if different toolkits will be created based on the resource level of the community. Mr. Ruiz said that could be addressed in the implementation guide. Dr. Spencer noted that there are things in the *Plan* update process that the workgroups say should go in the toolkit, and Ms. Williamson said the workgroups' recommendations should be sent to her for possible inclusion. Mr. Ruiz talked about making the toolkit able to be co-branded so that TDH, TCC, ACS, M.D. Anderson, etc. can use it together and alone, if need be in certain circumstances. Ms. Williamson said that toolkit isn't really for TDH; it's for the Coalition. All of the organizations' logos will go on it. Dr. Chaney gave a specific suggestion that the toolkit include a guide for how to develop a support group. She said ACS and the Mental Health Foundation both have good information on the topic. Mr. Ruiz said the toolkit could suggest that communities do a cancer needs assessment first, which would then direct them to what parts of the toolkit they need to use at first. Interlex will bring a prototype back to the Council when it's ready to get additional feedback.

Mr. Dannenbaum announced that the next meeting date is August 13, 2004.

There was no public comment.

Mr. Dannenbaum adjourned the meeting at 12:15. Dr. Townsend moved to adjourn, Dr. Spencer seconded. There were none opposed and the motion passed.

Signature

Date