

Minutes
Strategic Planning Meeting
Texas Cancer Council
February 1, 2002

Members Present

James D. Dannenbaum, Chairman
Donald C. Spencer, M.D., Vice Chairman
Karen B. Heusinkveld, R.N., Dr.P.H., Secretary
Karen Bonner
Audreyjane Castro
A. Clare Buie Chaney, Ph.D., LPC
Carolyn D. Harvey, R.N., Ph.D.
Rube Henderson, M.Ed.
Larry Herrera, M.D.
John F. Sandbach, M.D.
Courtney M. Townsend, Jr., M.D.
J. Taylor Wharton, M.D.
Phillip Huang, M.D. (Ex Officio Member)

Call To Order

The meeting was called to order at 10:10 a.m. by Texas Cancer Council Secretary, Dr. Karen B. Heusinkveld in the Dr. May Owens Conference Room, Texas Medical Association, Austin, Texas. No excused absences had been requested. Dr. Donald C. Spencer, TCC Vice Chairman assumed the Chairman's responsibilities at 10:15 a.m. Mr. James D. Dannenbaum assumed the Chairman's responsibilities at 11:30 a.m. Melissa Juarez, Attorney General's Office, was in attendance.

Executive Director's Overview

TCC's Executive Director, Mickey Jacobs, reviewed the Council's strategic planning process. In order to assist in the strategic planning process, Council members were provided with cancer information and data prior to the meeting; they will receive additional data during the meeting; and they will hear six presentations from cancer experts. The Council will also review new initiative ideas from previous Council and staff discussions, from Council Project Directors, from the Comprehensive Cancer Coalition and the Leadership Institute. Then, Council members will "brainstorm" additional initiatives and prioritize ideas that will guide new project development for fiscal years 2003 and 2004.

Panel Presentations

1. Needs and Issues in Breast and Cervical Cancer – Margaret Mendez, M.P.A., Bureau Chief, Women's Health, Texas Department of Health.
 - a. An overview of breast and cervical cancer data reveals a disproportionate impact of these diseases on African-American and Hispanic women.

- b. In Texas, CDC funding provides screening and diagnostic services for underserved women. While cervical screening will continue to be offered to women (50 and older) when they have breast cancer screening, more emphasis will be placed on screening younger women for cervical cancer.
 - c. The program works with TCC and others to accomplish outreach efforts to uninsured women.
 - d. Current service contractors have expressed the desire to provide colorectal cancer screening for clients and client families.
 - e. The program uses data to target regions of the State with higher incidence and mortality rates of breast and cervical cancer.
 - f. The Council was assured that all women who screen positive have a diagnostic study. All women with cancer, who seek treatment, will receive treatment.
2. Needs and Issues in Prostate Cancer – Jerome Supple, Ph.D., President, Southwest Texas State University.
- a. As Chair of the Prostate Advisory Committee, he describes a frustration at the gap between the good information that is available and the knowledge level of the population. Education needs to be accomplished in a culturally sensitive and non-duplicative manner.
 - b. The *Prostate Action Plan* has been completed but not published. A subcommittee developed the priorities from that plan. Those priorities are:
 - i. Work with other groups to fill gaps in the information and improve delivery of that information. The *Plan* stresses engagement in partnerships to improve information and its dissemination.
 - ii. Disseminate information to age appropriate groups through partnerships that can reach the workforce, civic groups, church groups and social clubs.
 - iii. Provide support for men who have been diagnosed. Men seem to be more comfortable talking about their prostate cancer one-on-one rather than in large support groups.
 - iv. Test which types of outreach that are effective with different cultural and ethnic groups. Emphasize outreach efforts to those individuals without insurance, limited resources and who might not be reading cancer control information or who are avoidant.
 - v. Facilitate the review and dissemination of the most current information on screening and treatment of prostate cancer.
3. Needs and Issues in Colorectal Cancer – Andrejs E. Avots-Avontins, M.D., Ph.D., Chair, ACS Colorectal Cancer Committee.
- a. An overview of data reveals that 1 in 2000 Texans will be diagnosed with colorectal cancer this year. This cancer can be prevented with the removal of pre-cancerous polyps. The African-American population has a higher incidence and mortality rate for this cancer.
 - b. Within the next 15 years the number of Texans, who are age appropriate for screening, will increase from 5,000,000 to 8,000,000. The capacity of the healthcare system to perform endoscopy on the increasing number of

- age appropriate Texans will be an issue. The numbers of cases of this cancer are expected to increase.
- c. Based on an American Cancer Society survey of 400 Texans over 50, there is a need to enhance knowledge as well as dispel myths and misperceptions about the risks for colorectal cancer. There is also a need to increase awareness of the need for screening examinations, reduce the uncertainty about when screening should start and increase the number of people getting screened.
 - d. Challenges include increasing screening capacity, simplifying screening recommendations for both the public and professionals and removing barriers to screening (capacity and financial).
 - e. Recognized action items include developing a uniform message about screening and increasing awareness that colorectal cancer is preventable, treatable and curable. These messages need to be population sensitive but not at the exclusion of any groups.
4. Cancer Data Trends in Texas – Nancy Weiss, Ph.D., Director of Texas Cancer Registry.
- a. The Registry prepared data for Council review looking at incidence and mortality rates for the primary cancers affecting Texans. The rates were created for each different cancer, by race and sex for each Council of Government (COG) and compared to the state of Texas overall.
 - b. The Registry provided tables with data on statistical significance and actual number of cases within each COG.
 - c. The primary purpose of the presentation was to inform the Council about the methodology used to create the data and guide the Council on how this material can be used to determine areas for possible funding and intervention.
 - d. The Registry offered to provide more data or interpretation if requested by the Council.
5. Priority Cancer Needs and Issues, The ACS Perspective – Danny Ingram, Chief Mission Officer. ACS.
- a. Delivery of cancer information to raise awareness and knowledge levels is a primary activity of the ACS. One way this is accomplished is through the national call center, which provides scientifically based information 24 hours a day, 7 days a week. Trained specialists and oncology nurses provide this information. A community resources database of local service providers and resource information is available from the call center and can be delivered, as needed, by multilingual advisors.
 - b. Public policy positions are being developed to address issues such as pain management, navigation of the HMO system, health care disparities and insurance coverage for clinical trials. The ACS is developing grass roots efforts to advocate for cancer issues.
 - c. Community assessments are being accomplished to determine needs, cancer disparities and available resources in order to focus efforts on those people who are at greatest risk.

- d. The ACS sees the need to increase collaboration and partnerships with businesses, schools, faith based organization and others. ACS also recognizes a continued need to develop innovative means of information delivery.
- 6. Tobacco's Role in Cancer Control – Philip Huang, M.D., M.P.H., Chief, Bureau of Disease, Injury and Tobacco Prevention.
 - a. The Council was reminded that tobacco is the cause of 26,000 deaths in Texas each year. A significant portion of those deaths are tobacco related cancers; 1/3 of all cancer deaths are related to tobacco. Tobacco related cancers can be prevented.
 - b. The Youth Tobacco Survey in 1999 revealed that 15% of 6th graders are current users of tobacco and nearly 50% of 12th graders are current users (they have used tobacco in the last 30 days).
 - c. Settlement funds have provided resources to address tobacco use prevention and cessation in pilot sites. In areas of comprehensive intervention there was a 40% reduction of tobacco use among 6th and 7th graders, a 22% quit rate among daily smokers in 7th-12th grade group, and 14% cessation among adults.
 - d. Gaps that TCC activities could fund:
 - i. Development of worksite materials for pilot area,
 - ii. Development of materials for schools concerning requirements of Senate Bill 1,
 - iii. Promote insurance coverage for cessation and treatment,
 - iv. Continued emphasis on spit-tobacco,
 - v. Study tobacco brand specific ingredients, including contaminants.

Council Initiatives And The Texas Cancer Plan

The Executive Director, Mickey Jacobs, reviewed historical documents provided to the Council members concerning the number of projects that focused on each goal of the *Texas Cancer Plan* for fiscal year 1998 to 2002 as well as how many projects had been devoted to Public Education, Professional Education, Early Detection, Information and Referral, Access to and the Quality of Services for the same period of time.

Review Of New Initiative Ideas

The Executive Director reviewed new initiative ideas that had come from previous Council and Staff discussions, from Council Project Directors, from the Comprehensive Cancer Coalition, and the Leadership Institute. See (Attachment I) for the list.

Brainstorming New Initiatives

Council Members brainstormed a number of ideas for new initiatives to be funded in fiscal years 2003 and 2004. The Council condensed the list down to fifteen concepts for consideration and prioritization. See (Attachment II) for a list of the fifteen concepts.

Priority Setting For Future Initiatives

The Executive Director suggested criterion/questions the Council should ask themselves prior to voting and prioritizing. They included:

1. Does the initiative further the goals of the *Texas Cancer Plan*?
2. Is the initiative based on data and identified needs?
3. Does the initiative effectively address gaps, avoid duplication and leverage resources?
4. Is the initiative likely to result in substantial impact?
5. Is the initiative allowed by State rules/laws?

Voting And Prioritization

Each Council Member was given six votes and was asked to vote no more than twice for any single concept. The number of votes received for each of the fifteen concepts under consideration is presented in Attachment II. Based on general agreement, concepts receiving six or more votes would be given priority when funding projects in fiscal years 2003 and 2004.

Council Guidance To Staff On Initiative Development

Council members were provided a listing of the eight concepts that received the highest number of votes. They agreed to suggest more specific ideas and potential experts and contacts for the concepts. This written guidance would be returned to staff by the end of the Council Meeting on February 2, 2002 or returned by mail.

Adjournment

The Chairman adjourned the meeting at 4:45 p.m.

Signature

Date