

**TEXAS COMPREHENSIVE CANCER CONTROL COALITION**  
**MAY 25, 2004 MEETING**  
**MINUTES**

<b>ATTENDING</b>	<b>NOT ATTENDING</b>
Ajay Castro, Texas Cancer Council Dr. Joel Dunnington, M.D. Anderson Center Dr. Lewis Foxhall, MD Anderson Cancer Center Dr. Phil Huang, TDH Pam Jackson, Intercultural Cancer Council Judy Jonas, American Cancer Society Lynne Nguyen, CIS Jane Osmond, Texas Cancer Council Dr. K. Vendrell Rankin, TAMHSC Carol Rice, Texas Cooperative Extension Juanita Salinas, Texas Department of Health Sandra San Miguel Majors, Baylor College of Medicine Tanya Skaarup, POEP Dr. V.O. Speights, Scott & White Elizabeth Sjoberg, Texas Hospital Association Karen Torges, American Cancer Society Joann Ward, MD Anderson Cancer Center Nancy Weiss, Texas Cancer Registry Anne Williamson, Texas Department of Health Sherry Woodard, NOEP  Heather Becker, U.T. School of Nursing Greg Roberts, UT School of Nursing Susan Nenney, Project Coordinator	Dr. Mary Lou Adams, U.T. School of Nursing Jeannie Frieden, Cancer Therapy and Research Center Margaret Mendez, TDH Rosamaria Murillo, TDH Paula Traffas, TDH Dr. Armin Weinberg, ICC Ramona Magid, Komen Foundation-Austin Andy Miller, Lance Armstrong Foundation Dr. Billy U. Philips, UTMB

Dr. Foxhall opened to Coalition meeting and invited members to offer any updated information.

**Jane Osmond**, TCC- The Texas Cancer Council Executive Director position remains open and is expected to be filled soon.

**Nancy Weiss**, Cancer, Registry – Working on data piece for Texas Cancer Plan. Three-week CDC data audit is underway.

**Juanita Salinas**, TDH, - CDC has invited TDH to participate in evaluation of implementation programs (as a case study) from MACRO. Two-three people will visit in late summer or fall and would like to interview some coalition members.

**Judy Jonas**, ACS – Working on update of facts and figures to support Texas Cancer Plan update. The community assessment e-tool will become web –based.

**Dr. Kay Rankin**, Baylor College of Dentistry – DOEP mission’s is prevention and early detection and supportive care of oral health during cancer therapy with dental staff and through

collaborative efforts to other health care professions. The agency provides direct contact programs at local and state levels. The Texas Dental Journal produces a special issue on cancer each year. Oral cancer update is distributed to all dental hygienists annually. DOEP will test an online continuing education module this year.

**Dr. Carol Rice**, Texas Cooperative Extension. The agency supports outreach health education. One project funded by Texas Cancer Council is related to risk reduction and prevention in rural areas.

**Sherry Woodard**, NOEP. Two independent modules are now online.

**Tanya Skaarup**, POEP. POEP just completed its participation in the TMA annual conference. The POEP exhibit successful with much interest.

**Joel Dunnington**, Chair, Cancer Committee, TMA – The TMA Cancer Committee is writing new principles on cancer care to be completed in the fall.

**Phil Huang, TDH Bureau.** TDH is still in midst of reorganization and consolidation. As of 9/1 everything will be in place and TDH as people know it will no longer exist. Chronic disease programs (tobacco and cancer) are now lumped in to health promotion, including a model with youth-focused activities and school health). Within tobacco, staff are completing the youth tobacco survey data collection, and hoping for enough participation to get results before the next legislative session comparing pilot prevention areas to rest of the state. The pilot area is Beaumont/Port Arthur, followed by Harris County/Fort Bend. The Quit and Win contest promoting the Quit Line, was just completed. In Jefferson County, anyone calling Quit line gets free nicotine replacement patches. Physicians can also fax in patch requests for specific patients in Jefferson, Harris Counties. The project is also making a focused effort to target pregnant women in Harris and Jefferson Counties, partnering with WIC and WIC clinics and hoping to show short term results with birth certificate data. Phil asked that anyone with ways to reach that community contact him.

**Heather Becker**, UT Nursing. Dr. Becker is working on the evaluation project and asked that everyone who had not completed a survey do so. This month, she will also conduct focus groups in Del Rio and Wichita Falls, areas that have expressed interest in working through their local coalitions. Participants will be asked what cancer control means and will be a compliment to the SUMA/Orchard focus groups. She asked for contacts in these areas and will send a description to Susan to e-mail out.

**JoAnn Ward**, MD Anderson Cancer Center. Two cancer prevention large-scale trials for men and women (Select trial for men and Star trial for women) are closing. Participant goals for minority enrollment have been met.

**Lynne Nygyen**, MD Anderson. CIS is ranked #1 in nation for information service and is now waiting to hear about grant funding. Staff members are working with Quit Line to identify opportunities for collaboration in developing a national Quit Line.

**Ajay Castro**, TCC Board. Ajay is working on the update to the *Texas Cancer Plan*.

**Karen Torges**, ACS . The National Society is refocusing on what leadership roles ACS will take. These will be approved by the national board in June. Two priorities are information for those newly diagnosed and prevention and detection of tobacco and colorectal cancers. A new avenue for providing information is “select resources for purchase” now made available at cost. Topics range from informed decision making to relationships to therapies.

**Pam Jackson**, Intercultural Cancer Council. Many changes are underway at Baylor as Baylor has chosen to cut ties with Methodist in favor of St. Luke’s as their teaching hospital. Staff are awaiting the outcome. ICC participated in the Leadership Institute and returned to the drawing

table to see how they can help move institutes toward more inclusion of minorities at the next Leadership Institute. Many questions were not able to be answered, because of lack of diversity among representation. Pam is assisting with the development of a Cancer Plan in Alaska. She will be involved in Alaskan Leadership Institute as well.

**Sandra San Miguel Majors**, BCM, San Antonio. Staff members are in grant-writing mode to renew programs.

**Lewis Foxhall**, MD Anderson. Dr. Foxhall reported that MD Anderson Cancer Center will provide temporary support for the Texas Cancer Registry.

### **Housekeeping**

Susan Nenney briefly reviewed travel voucher format and need for speedy submission of forms.

### **CCLI**

Judy Jonas reported that Texas was one of eight states participating in the two-day conference, and 15 Texas were on hand to develop planning priorities for Texas. The overall purpose was to create a framework which the larger Coalition group can use to work on the state plan. Judy described the conference process and noted that the flexible process allowed the Texas state. Group to do what it needed to do. The overall outcome set the framework for a Coalition discussion.

Priority issues identified included

1. Partnerships: What is our purpose and function? How do we fit together? Who are the stakeholders?
2. Connections in general: The Coalition has done a great job of speaking with one voice.
3. Advocacy: What is the role of the Coalition? Should it be discussed in a strategic planning process?
4. Disparities: How do we reach them? What are the spectrum of disparities?
5. Evaluation: Evaluation of the process and the state Plan and its update. How do we evaluate outcomes and who owns what piece?
6. What can be on websites that is most helpful to state coalition?

Karen Torges noted that other states were in awe of Texas' progress, but we also are struggling together on some of the same issues.

Dr Dunnington pointed out that the excise tax should be used for tobacco prevention rather than research.

Dr. Foxhall said that the meeting was a little cramped for processing information and ideas at that time, but will work as a tool for Coalition planning. The card exercise will be shared with entire group.

### ***Texas Cancer Plan Update***

Dr. Foxhall reported on the process to review the *Texas Cancer Plan* and begin to assess objectives and strategies. Updates will come from data and community forums, e-mail input. The Council has directed the addition of a goal area addressing survivorship for which a work group will formulate objectives and strategies. A second important issue is the need to address health disparities more overtly in the *Plan*. Several summer meetings will be followed by a larger work group meeting later in the summer. A final draft of the plan will be ready by the end of August

and be made available for the Council to use beginning in December. Subgroups are Data, (which will result in a data document), Resource Inventory (a process begun by SUMA/Orchard), Literature (to support strategies in the Plan), and the Tool Kit. The Tool Kit is a compendium of resources of communities to use to implement cancer control locally, the big plan, the site plan, CDC materials. The *Plan* update website (a work in progress) will include information from other areas and helpful links to help support the Texas update. Ideas for the web site should be sent to Dr. Foxhall or Carolyn Bernard.

Dr. Foxhall will add instruction to web site about how to suggest changes to the “big picture” outline which is the focus at this point.

A sign-up sheet for work groups was circulated, and Coalition members were encouraged to participate.

The group discussed evaluation of the *Plan*. It was noted that it is not appropriate for the broad plan to have measurable outcomes, however robust data tracking and measuring behavior changes are critical activities. Evaluation is more appropriate within individual programs than in a wide-reaching broad plan for which no single agency is responsible. Evaluation of the *Plan* might better focus on awareness of the *Plan* within the cancer control community.

The Resource Inventory is a first step to establish repository of good ideas and a basic progress report which can be followed by outcome measures. The community tool kit will help promote the *Plan* which is largely unknown and may be so until we really include more people in communities in the process.

### **Advocacy: a continuing discussion**

Dr. Foxhall reviewed the TDH guidelines for acceptable advocacy activity and its distinction from lobbying. It appears an essential element is to speak to the science of specific issues and disease processes as a group of content experts without speaking in favor of any particular piece of legislation. For example, in a group letter, the Coalition should be able to weigh in and meet its responsibility to provide science-based information. Lobbying activity cannot be conducted during work hours or via a telephone or fax owned by the state of Texas. To provide information is usually okay, even when testifying.

Factual information should be presented without subjective opinion. Vetting content of letters and materials through a content versus lobbying experts is a good idea.

Members noted that both advocacy and lobbying were needed. Members also said that any published material should be reviewed before members put their name on it. Any advocacy materials should be reviewed by individual members before distribution since different agencies have different processes and positions on lobbying and factual advocacy.

Members were asked to investigate their agencies' policy on advocacy letters and fact sheets including factual issue-related factual information.

## Work Plan Wrap Up 04

- **Educational template** - Susan Nenny distributed copies of the educational template, a brochure focused on educating policy makers about cancer control.
- **Interagency linkages document** - Susan reported that linkage letter collection was about 90% complete.
- **Annual report** – Susan also reviewed the annual report process. The report will be published only online and will form a basis for the Resource Directory soon to be initiated by MD Anderson.
- **Membership** - Dr. Foxhall continued the group's ongoing discussion about Coalition membership. New members to date this year included Drs. Speights, Fernandez, Dunnington, Weinberg and Adams.  
The following suggestions were noted during the ensuing discussion:

New members to consider should be non-Coalition members who went to CCLI.

A membership work group should be formed to review current membership and make recommendations for changes needed.

The Coalition should be an organization of organizations.

The survivorship perspective and health disparities should be addressed.

Membership should include the private sector, not-for profit agencies, perhaps a mayor or legislator.

Levels of membership have been described as active versus associate. Corporate members might not want to come all the time.

Does a member represent his/her organization or his/her ethnic population? If the first, then we have a problem.

Suggestions to broaden diversity included the addition of LULAC, La Raza or Hispanic Health Coalition, migrant worker health

Agency reps represent institutions not populations.

We want diversity

New groups should be on-board before the planning process.

No one represents environmental agencies. Are they important enough to be on Coalition? There are three organizations at least at UTMB, Anderson and Texas A&M.

- **Member survey report** - Heather Becker presented preliminary results of the Coalition member survey. Study compares results from survey a couple of years ago with the current survey. Most respondents (N=25) were ongoing Coalition participants. Respondents were most likely to use the *Plan* for new activities and to share it with colleagues. Two years ago 50% of respondents said they were sharing the *Plan*; now two-thirds report sharing the plan. Participation in the *Plan* update is considered high 64%. Respondents rated 30 items. In general, respondents felt they had given input into the *Plan*, and support the Coalition. Members are most likely to say information sharing is what they get from the Coalition. The items for which least agreement was reported included process items.

Most important accomplishments (22 responses) included Information sharing, Contribution to update of the *Plan* and site-specific plans, and restructuring efforts. Ideas for improvement included: 1) Tighten focus of Coalition goals and mission; 2) Utilize member time and talents effectively. The single “most important change to achieve” was identified as 1) Clarify mission, goals, and objective; 2) Prioritize and implement action agenda; 3) Reconfigure membership; 4) Strengthen info sharing and collaboration. Dr. Becker will provide information to TDH who will forward it to CDC. Comments should be sent to Dr. Becker.

#### • **TDH Comprehensive Cancer Program**

Juanita Salinas reported on the regional community meetings which will be similar to SUMA/Orchard focus group projects and will step beyond that to explore the option of additional coalition building. The focus groups will be held in Tyler June 17 and Lubbock TBA. Heather Becker will conduct focus groups in two regions with an update to follow at next meeting.

Juanita forwarded its invitation to participate in Colorectal Dialog promoting colorectal goals and plans to the Executive Committee. The Texas Cancer Council put in an application through work with SUMA/Orchard on behalf of the Coalition. If it comes, it will be a Coalition symposium supported by the Colorectal Research and Prevention Foundation, funded by CDC.

Juanita will participate in a Leadership Institute in Puerto Rico and will attend the CDC Project Directors meeting and will report back at next meeting.

Judy Jonas noted that a cancer plan.org web site has been funded to ACS. Content would be facilitated by state folks, and ACS, CDC and CIS would facilitate the information process.

Anne Williamson reported on the TDH tool kit project. Community organizations are not aware of the *Plan* and a lot of resources available to them nor are TDH offices as aware as they should be. Creating usefulness at a local level is a problem. Materials will be packaged along with an implementation guide for local and regional health departments to facilitate use of the *Plan* and resources. Interlex has been hired and will begin discussions with TDH staff to create consistent and modifiable package. Package may include CD ROM, etc. to be determined.

Dr. Foxhall reminded the group that this project will create one tool kit for use by the Coalition and TDH, test it , improve it and develop a good final product.

Anne said that the tool kit does not appear to be an inventory of complete activities. Many communities have done assessment through ACS. It's more of a broad brush. Looking at broad framework. Will return to group for more input and will touch base with communities.

The group discussed the definition of community, distribution ideas for the tool kit

#### **Work Plan '05 Review**

The question was raised whether the Coalition should play a more active role in determining objectives for TCC Coalition, understanding this money doesn't belong to the group.

• Grant/funding/work plan process – Dr. Huang discussed the funding process for the Coalition. The CDC funds TDH for a comprehensive cancer program. One aspect of that program is to

support a state coalition which is under the Texas Cancer Coalition and contracted to SUMA/Orchard. The funding process to the state health department requires TDH to go through its own process. The Coalition is not an advisory body to TDH's program. The TDH funds pale in the big scheme of things. The Coalition needs to decide what all members together need to do to implement the *Cancer Plan*. One aspect of CDC-to-TDH funds is to support the Coalition. There is no reason why other member agencies can't support a program. The coalition should establish its priorities, not matter what the funding. Then look for resources. It is limiting to say the only source of funds is the CDC grant.

Discussion included the following comments:

The Coalition should appropriately have more input into what the Coalition is tasked to do and included in the agreement with CDC. The CDC grant is an obvious source of funding for activities. While it is recognized that the funds go to TDH and then to TCC, it would be good to have input into how those funds are used. There will be a list of objectives for the Coalition for the next year, and it seems like the Coalition should have input into the objectives. If the coalition says best practices or other projects are important, then we all look for funds. The TCC or other groups possibly could make funds available to use for that priority.

The CDC has certain expectations that we have to meet. There is definitely room for a certain amount of input, but some things are standard to meet requirements.

More people will offer more resources in the future, as we become organized.

In strategic planning, how can we identify resources and plug them in to our priorities?

It's a natural evolution and we've reached the stage where we're talking inclusion rather than turf. You're saying if we had input ahead of time, we might have a more effective agenda. This conversation has been very overdue. And now we go from Phase 1 to Phase 2.

#### **Next meeting dates**

*Texas Cancer Plan* Update Work group meetings for the larger work group are Friday, July 23 and Friday, August 6.

Next Coalition meeting dates were set as Tuesday, August 24 and Tuesday, October 26.

The meeting was adjourned.