



MINUTES - NM Cancer Council Meeting  
 Date: March 20, 2013

Location: United Way of Central NM – Albuquerque

**AGENDA ITEMS**

**I. WELCOME AND INTRODUCTIONS**

**BLAIRE LARSON**

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| <b>DISCUSSION</b> | Blaire Larson welcomed everyone and asked that they briefly introduce themselves and share updates or announcements about their organization. |
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**II. REVIEW MINUTES OF NOVEMBER MEETING AND FOLLOW UP FROM RETREAT  
 CANCER PLAN EVALUATION INFORMATION**

**BLAIRE LARSON**

**BETH PINKERTON**

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| <b>DISCUSSION</b> | <ul style="list-style-type: none"> <li>• Blaire suggested that all Council members review the minutes from the November meeting and asked if anyone had any questions, changes or thoughts on them. Since there were no suggested changes, the minutes were approved.</li> <li>• Follow up from retreat:           <ul style="list-style-type: none"> <li>○ The Cancer Plan was presented at the retreat and if members did not receive a Plan, extra copies were made available at the March meeting.</li> <li>○ The development of the Strategic Framework was discussed at the retreat and has since informed discussions of the Executive Committee (EC).</li> <li>○ The four priorities unveiled at the retreat continue to be a main focus of the Council.</li> <li>○ The legislative letter developed by Paul Sanchez was used during the legislative session.</li> <li>○ The data group provided a fact sheet on cancer data for the legislative session.</li> </ul> </li> <li>• Beth discussed the Cancer Plan and how progress and implementation of the plan will be tracked over the next five years. Council members are invited to attend a Cancer Plan evaluation focusing meeting which will be facilitated by an evaluator to discuss how we want to structure the evaluation of the Plan. A sign-up sheet to participate in the evaluation meeting was distributed to Council members. The evaluator will follow up with those interested in participating.</li> </ul> |
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**III. LEGISLATIVE SESSION UPDATE**

**SANDRA ADONDAKIS**

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| <b>DISCUSSION</b> | <ul style="list-style-type: none"> <li>• Sandra provided a handout on cancer related bills and gave a summary of a few of them.           <ul style="list-style-type: none"> <li>○ General Appropriation Act: cancer related and tobacco control programs received level funding for FY14 as they did in FY13. The total cancer related appropriation was over \$7 million – this is for prevention and treatment funding.</li> <li>○ House Bill 428 – Tobacco Products Tax: the goal was to change the tax rate on non-cigarette tobacco products. Products such as, chewing tobacco, roll your own tobacco, pipe tobacco, and cigars have never had an increase in the tax rate since the tax was implemented in the mid-1980's. Many individuals will just switch to these cheaper products since the cigarette tax increases. The bill passed one committee and did not pass by a one vote difference in the second committee. This bill made significant progress during the legislative session.</li> </ul> </li> </ul> |
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|  | <ul style="list-style-type: none"> <li>○ Tobacco Settlement Fund Reversions: made compromises to ensure tobacco programming receives funds. The compromises are as follows: \$10 million to the lottery scholarship fund for one year, instead of indefinitely, \$10 million to early childhood for one year instead of five years. In exchange, \$50 million will be taken from the State's general fund operating reserve and put into the tobacco settlement permanent fund savings account. The interest from this account will fund many cancer prevention control and treatment programs. The bill passed both houses with good bi-partisan support and the Governor is in a good position to sign the bill.</li> <li>○ Two identical bills were introduced about pain management medication and how it is prescribed. Some individuals are concerned about overdosing and some are concerned about having access to the medications without having to go through a lengthy process to get the prescription. Because the process in obtaining the prescriptions is such a lengthy process and restrictive, the American Cancer Society (ACS) Cancer Action Network (CAN) and other partners worked to get these two bills tabled. These bills will most likely be introduced every year and ACS CAN will continue to work towards a compromise in the future.</li> <li>○ One health insurance exchange bill passed, but there is debate about consumer protections – whether or not there is enough protection. Some individuals wanted to amend the bill to add in protection for the consumers, others wanted something that could easily pass and be signed by the Governor.</li> <li>○ Two bills about consumer protection: 1) formulary changes to prescription medications – this bill requires a standard procedure for prior authorizations for medications, any provider will use the same form for a prior authorization with any of the insurance companies, and the second part is the insurance company will be required to inform the client/patient within three days acknowledging receipt of the requested authorization form and informing them of the status of that authorization, and 2) insurance company's ability to change an individual's out of pocket cost for an on-going prescription – this bill would require a 60-day advance notice by an insurance company if the co-pay is going to be raised. Additionally, they are limited to raising co-pays three times a year as opposed to doing this anytime they wish.</li> <li>● A question was brought up about the divisive issue of abuse of prescription drugs and allowing the drugs to be prescribed to patients that need the medication for pain management, and how the Council can be supportive to ACS and other organizations that are working toward the issue of providing more than one solution when these specific bills are introduced. There are multiple solutions such as, better drug disposal options to avoid unused drugs possibly ending up in the hands of an individual who is not being prescribed the medication. Other solutions are lock boxes. The Council can assist by discussing the range and compromise of solutions for this issue.</li> </ul> |
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**IV. NEW MEXICO SHARED STRATEGIC PLAN**

**LAUREL  
MCCLOSKEY**

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| <b>DISCUSSION</b> | <ul style="list-style-type: none"> <li>● Development of the New Mexico Shared Strategic Plan (SSP) for prevention and control of chronic disease began in 2010 and encompassed three chronic disease topics/issues: tobacco, diabetes, and heart disease and stroke. The NM Department of Health Coordinated Chronic Disease Program was funded in 2012 and additional programs were included in the SSP; cancer, arthritis, and obesity.</li> <li>● The focus is on implementation and how to improve health of individuals with</li> </ul> |
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|  | <p>multiple chronic conditions and how to identify shared risk factors.</p> <ul style="list-style-type: none"> <li>• Each program/chronic disease has their own section and priorities in the SSP, including cancer which includes goals/objectives that came directly out of the Cancer Plan.</li> <li>• Also addressed in the SSP is healthy equity and social determinants of health.</li> <li>• The Centers for Disease Control and Prevention (CDC) developed four domains for how to approach chronic diseases with coordination. The SSP is structured based on the four domains which include: <ul style="list-style-type: none"> <li>○ <b>Strategies that support and reinforce healthful behaviors</b></li> <li>○ <b>Community clinical linkages enhancement</b></li> <li>○ <b>Health systems interventions</b></li> <li>○ <b>Epidemiology and surveillance</b></li> </ul> </li> <li>• The Chronic Disease Prevention Council (CDPC) is facilitating the implementation of the SSP and began in 1997 with a group of experts from a variety of areas who wanted to reduce chronic disease in NM. The CDPC was funded in 2012 through CDC and they are moving in the direction of a 501 (c) 3. The SSP was created externally and it was just logical for CDPC to move the SSP forward and be the body that facilitates it.</li> <li>• The CDPC is looking to build a diverse membership and statewide partnerships (these include traditional partnerships with non-profits, medical organizations, etc., and nontraditional partners as well).</li> <li>• The SSP will be implemented 2012 through 2016 and the CDPC will track the progress of plan, and through quarterly meetings they will highlight member's work through the plan, successes from the plan and how it relates back to the plan in a coordinated effort.</li> <li>• The Cancer Council has priorities and objectives in the SSP taken from the Cancer Plan.</li> </ul> |
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**V. 2013 CANCER COUNCIL PRIORITIES**

**BLAIRE LARSON**

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| <b>DISCUSSION</b> | <ul style="list-style-type: none"> <li>• Blaire provided a handout of the four priorities and a list of questions for each group to answer during the breakout.</li> <li>• During the retreat in November, the four priorities were introduced and each work group was given time during the meeting to work on the priorities.</li> <li>• The Four priorities chosen include: <ul style="list-style-type: none"> <li>○ Quality of Life: develop and promote talking points to help people with cancer address quality of life issues with health care providers</li> <li>○ Data: develop and disseminate data on cancer health disparities</li> <li>○ Tobacco Control: seek opportunities to proactively support tobacco control efforts</li> <li>○ Access: improve access to cancer related services through expansion of community based patient navigation services &amp; Federally Qualified Health Center advocate services</li> </ul> </li> <li>• The data and tobacco control work group combined for the breakout to decide if they can form one group to work on activities supporting the priorities, or if they should stay separate.</li> <li>• Blaire discussed the work groups operating up until the new priorities were introduced: Policy and Advocacy, Native American, Public Relations, Survivorship, Rural, Albuquerque Cancer Coalition, and Colorectal. The EC has had discussions regarding the work groups and feels there should be standing work groups since they are doing on-going work regardless of the current priorities. The EC requested information from each work group to find out if their current work supports the four priorities. The EC felt that four work groups provide on-going work and will stay intact: Policy and Advocacy, Public</li> </ul> |
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|  | <p>Relations, Native American, and the Albuquerque Cancer Coalition. The Survivorship and Colorectal work groups worked on prior priorities of the Council. The Rural work group has had turn over and has not quite come together. The thought is to include Survivorship in the Quality of Life priority. Both Colorectal and Rural work group feedback from the requested information sent out from the EC indicated both are interested in Access issues. Additionally, Elba Saavedra's Patient Navigation group may fit in with the Access priority and during the breakout they discussed whether or not they would be a good fit.</p> <ul style="list-style-type: none"> <li>• Each group was provided with the notes from the last breakout during the March meeting to help guide their discussion and to assist in answering the questions Blaire provided.</li> </ul> |
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**VI. BREAKOUT GROUPS TO IMPLEMENT CANCER COUNCIL PRIORITIES**

**BLAIRE LARSON**

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| <b>DISCUSSION</b> | <ul style="list-style-type: none"> <li>• Each group was asked to designate a facilitator, a person to take notes, and have at least one EC member in the group.</li> </ul> |
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**VII. EDUCATIONAL PRESENTATIONS**

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| <b>DISCUSSION</b> | <ul style="list-style-type: none"> <li>• Sally M. Davis, Ph.D, from the University of New Mexico Prevention Research Center (PRC) presented on physical activity and cancer prevention, and a project in Cuba, NM which has implemented guidelines from The Community Guide to increase physical activity in their community through the walking project, <i>Step Into Cuba</i>.</li> <li>• Dr. Davis presented data on physical activity, what is recommended for children and adults, and the link with cancer.</li> <li>• The <i>Step Into Cuba</i> project was implemented in Cuba, NM in an effort to promote walking in a small, rural, under resourced community faced with a growing population of community members dealing with various chronic diseases.</li> <li>• Because the project has been a success, other towns and cities have been interested in adapting this program for their communities.</li> <li>• Five fact sheets and short videos have been produced to be utilized by the public, and DVD's are available by contacting Dr. Davis.</li> <li>• Two of the five videos were shown to the Council about the development of the <i>Step Into Cuba</i> project. These videos are told by community members of Cuba in their own words to tell the story of how they are becoming more physically active, what they did and how they did it.</li> <li>• The PRC is conducting workshops for communities to assist them in an assessment of their own community for walk ability.</li> <li>• The second educational presentation included information from Benjamin Jacquez, Program Manager and Jennie Lee, Cessation Specialist from the NM Department of Health Tobacco Use Prevention and Control Program (TUPAC) on what a comprehensive tobacco control program looks like and what services are available to individuals, including cancer survivors.</li> <li>• TUPAC has four specific goals:             <ul style="list-style-type: none"> <li>○ Prevent tobacco use initiation among youth and young adults.</li> <li>○ Promote quitting among adults and youth.</li> <li>○ Eliminating exposure to second hand smoke.</li> <li>○ Identify and eliminate tobacco-related disparities among population groups.</li> </ul> </li> <li>• TUPAC's work is based on Centers for Disease Control and Prevention (CDC)</li> </ul> |
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|  | <p>best practices from 2007 focusing on state and community interventions.</p> <ul style="list-style-type: none"> <li>• There is an integrated approach in using comprehensive programs to address tobacco issues.</li> <li>• There is a focus on using community resources to prevent tobacco use and assist individuals who are quitting tobacco.</li> <li>• TUPAC highlighted the successes in the state as a result of the clean outdoor act, an increase in tobacco tax, and clean indoor air resolutions in public buildings in Native American communities.</li> <li>• TUPAC has been working with WIC on a pilot program to target pregnant women, women who have recently given birth, or where young children are in the home and there is a smoker. The pilot program focuses on training professionals and providing referrals for cessation services to women using tobacco during pregnancy or post pregnancy.</li> <li>• Cessation Specialist, Jennie Lee discussed available TUPAC cessation resources.</li> <li>• In 2005, a phone line cessation service was available in NM on a very limited budget, including being able to provide some nicotine replacement aids. Over time, the budget has increased and additional phone line and nicotine replacement resources have become available.</li> <li>• Cancer has been added to the drop down list of chronic conditions a person using the quit line services can answer when completing the registration form to use quit services. TUPAC added cancer to the list 6 months ago, so there is 6 months of data available on individuals who list cancer as a chronic disease.</li> <li>• There are various cessation services available through the TUPAC program, including, phone based services (1-800-Quit Now and a new portal and specific number for Spanish services) including up to 5 coaching calls or more if the individual needs additional coaching, eight weeks of free nicotine replacement therapy and people with chronic diseases receive 12 weeks. Also available are web based services, including text message support.</li> <li>• A new online training aimed at health professionals on how to deliver brief interventions on tobacco and health issues is now available on the TUPAC website: <a href="http://nmtupac.com/">http://nmtupac.com/</a> (click on the Health Care Professionals tab and Brief Tobacco Intervention Training).</li> <li>• A commercial and radio version of quit now media campaigns were played for the Council. These new campaigns were redesigned to be more encouraging and uplifting.</li> </ul> |
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**VIII. RECONVENE: REPORT OUT, SHARE, NEXT STEPS  
LEGISLATIVE LETTER ALL**

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| <b>DISCUSSION</b> | <ul style="list-style-type: none"> <li>• After the breakout, each group reported on their discussions. <ul style="list-style-type: none"> <li>○ Quality of Life: will explore what Quality of Life means for newly diagnosed patients; actively receiving treatment; post treatment; and finally during palliative care/end of life and their caregivers. They plan to create a survey exploring what the needs are at various stages of the cancer care continuum for New Mexicans. The next meeting is scheduled for June 6.</li> <li>○ Data and Tobacco Control: the combined group decided it is best to stay separate. Tobacco discussed putting together a fact sheet for the need of cessation services for cancer survivors and working with collaborators to get commitments from them to educate lawmakers about restoring funding to the Tobacco Use Prevention and Control Program. No future meeting date has been scheduled, but they appointed a lead person to organize future meetings. The data group will be meeting soon and plan to take the legislative fact sheet to the next level for the next legislative session.</li> </ul> </li> </ul> |
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|                    | <ul style="list-style-type: none"><li>○ Access: Elba Saavedra invited members of the Access work group to attend a Patient Navigation meeting in April to further discuss how they might work together on specific priority activities.</li></ul> |
| <b>ADJOURNMENT</b> | Susan Simons adjourned the meeting at 12:30 pm. Next meeting: July 17, <b>8:30 AM – 12:30 PM</b> at United Way of Central NM, Albuquerque.  |