

Introduction

The New Mexico Cancer Council (Council) plays a vital role in the development and implementation of the New Mexico Cancer Plan 2007-2011 (Plan). Each year, Council members are invited to complete a survey in which they report on activities conducted to implement the Plan. The survey's purpose is to help identify the extent to which Council members are addressing four of the five Plan's overall objectives. The fifth objective will be assessed through Behavioral Risk Factor Surveillance System data.

The Survey consisted of 25 questions. The first two questions were descriptive and helped paint a picture of the respondent Council membership. Questions 3 to 6 addressed the objective of reducing cancer disparities. Questions 7 through 9 attended to the objective of increasing access. Questions 10 through 15 involved quality of life services provided. The objective of collaboration was addressed by questions 16 through 20. Questions 21 through 25 elicited feedback on the New Mexico Cancer Plan.

Follow up interviews will be conducted with a sample of 15 Council members.

Respondent Information

- A total of **32** out of a potential of **70** Council members **responded to the survey**. **Nineteen** Council members **completed** the survey.
- **Twenty-five percent** (8/32) of the respondents were **Executive Committee** members.
- An overwhelming majority (almost **85%**) of the respondents **represents various organizations**.

Disparities

- **Eighty-four percent** (21/25) of respondents indicated that their **organizations attempt to**

reduce the cancer disparities that exist among different populations in New Mexico.

- **Populations considered "disparate" by Cancer Council members** include those that are uninsured, underinsured and have low incomes; Native Americans; African Americans; Asian Americans; Alaska Natives; Hispanics; Latinos; Pacific Islanders; individuals who live in rural areas; the aging population; school-age children; lesbians; the medically underserved; women with disabilities; and women.
- **Programs and initiatives developed by Cancer Council members and organizations to reduce cancer disparities include** holding programs, health fairs, retreats, and meetings to bring cancer support and information to disparate populations; offering screening programs to disparate populations; using promotoras as "cancer navigators;" developing a strategic plan to address disparities; providing transportation and lodging assistance; providing assistance with insurance and paperwork; and providing direct service through clinics.

Access

- **Seventy-two percent** (18/25) of respondents indicated that their **organizations attempt to increase access to cancer treatment** among different populations in New Mexico.
- **Programs and initiatives developed by Council members and organizations to increase access include** placing satellite offices in outlying areas to provide services; providing information and support through meetings, retreats, health fairs, and training sessions; providing funding for diagnostic tests and treatments; providing patient navigation services; fundraising to raise money for treatment; providing written materials; increasing community benefits; mentoring and training healthcare workers

and nurses in the field to increase their support and desire to continue to serve these populations; providing CME's to clinicians across the State.

Quality of Life

- **Resources intended to improve quality of life** provided by Council members and organizations include written materials about cancer and treatments; stress reduction musical sessions; free caps and wigs; Cancer Resource Directory; support groups; Cancer Navigation Services; retreats, walks, meetings; opportunities to connect with others; advocacy training and support; legal and paperwork assistance; case management; financial support; teaching future caregivers; financial support with non-medical aspects of cancer; education on genetic testing; smoking cessation information and support; and support groups.
- **Training in skills intended to improve quality of life** provided by Council members and organizations include active listening and communication skills; computer skills; self advocacy skills; improved nurse competency around recognizing the issues of survivorship; coping skills; rehabilitation; improved communication with families; skills in making choices concerning treatment; nutrition; managing life stressors; managing the late effects of therapy; and evaluating support programs.
- **Ways in which and locations where Cancer Council members and organizations disseminate information about their quality of life programs** include word of mouth; referrals; participation in community activities; meetings; health fairs; written materials; newspaper ads; radio shows; public service announcements; email; Resource Directory; lectures; Web sites; oncology clinics; and provider sites.
- Almost **95%** (18/19) of respondents indicated that they are **reaching their priority groups** with their messages.

- **Reasons respondents cited for not reaching priority groups** include language barriers and transportation.

Collaboration

- **Ninety percent** (18/20) of respondents indicated that **collaboration has improved since 2006** (before the publication of the current plan).
- **Ways in which Council members and organizations collaborate include** volunteer participation; contracted services; referrals; networking; statewide CME offerings; New Mexico Cancer Council meeting attendance; grant applications; shared resources; outreach efforts; student placements in community sites that serve cancer patients; speaking event invitations; board member service; implementing cancer education institutes, trainings, and activities; and the first annual New Mexico Cancer Conference.
- **Seventy percent** (14/20) of respondents indicated they **collaborate with non-traditional partners**. These partners include churches, businesses, schools, civic organizations, non-profit organizations, pharmaceutical and biotech companies, chambers of commerce, state legislators, federal legislators, art institutes, foundations, corporations, pet partners, hospital chaplain programs, a military medical group, and faith-based organizations.

Cancer Plan

- **Respondents use the New Mexico Cancer Plan** to provide information about disparities; to confirm the "problem areas" in cancer education and services; as reference for proposals; as a reference document; to refresh memories of the various Plan goals and objectives; to help focus participation in addressing the two Council priorities for 2009; to ensure organizational goals are in alignment with Plan goals; as a resource for statistics; to have an overview of cancer control activities in New Mexico; to educate

others; as a reference for patients; as documentation for American College Of Surgeons; to provide a cohesive message; as a shared goal; and as a resource for program planning.

- **Elements from the New Mexico Cancer Plan respondents reported using most** are data; facts and figures; strategies; State goals; objectives; risk reduction message; and prevention and survivorship sections.
- Approximately **53%** (8/15) of respondents **disagreed** that the **New Mexico Cancer Plan needed to be adjusted for better utilization**. Approximately 47% of respondents agreed or strongly agreed with this statement.
- **Suggestions for Plan adjustment** include enforcing the Plan; addressing specific regions of the State; wider dissemination of the Plan; information on building local programs; more diversity on the Council which would provide broader perspective; strategically operationalizing the work of committed members and their organizations; making the Plan more user-friendly; audience analysis; and including evidence-based interventions.

Conclusion

Approximately half of the New Mexico Cancer Council members contributed to the Survey and approximately one quarter completed it. This strong sample size gives a reasonably clear picture of Council member progress towards implementing the New Mexico Cancer Plan.

Overall, the survey implies that Council members are working hard to achieve the Plan's overall objectives by 2011, as evidenced in the relatively high percentages of positive responses. For example, 84% of respondents affirmed their organizations are attempting to reduce cancer disparities existing among different populations in New Mexico. In addition, respondent perceptions of disparate groups are broad and diverse. In regards to the objective of increasing access to

cancer treatment among different populations in New Mexico, 72% of respondents currently have programs or initiatives in place. Responses suggest that, taken as a whole, Council members and their organizations have a comprehensive wealth of available quality of life resources and training, and messaging about their quality of life programs is reaching their intended audience. Lastly, Council members and their organization appear to have adopted a spirit of collaboration in achieving the overall objectives, with 90% reporting that collaboration with other organizations has improved since 2006. Organizations are taking a creative approach to collaboration, as evidenced by the variety of reported tactics and with 70% of respondents collaborating with non-traditional partners.

While the survey gleaned generally positive responses for implementing the Plan's overall objectives, almost half of the respondents (47%) agreed that the New Mexico Cancer Plan needs to be adjusted for better utilization. Survey responses suggest Council members use the Plan mainly as a reference tool and a guide for directing their services, but there is the belief that the Plan can be used more thoroughly and effectively to better support their work and that of their organizations in achieving overall objectives by 2011.

Recommendations

Recommendations put forth by respondents suggest the Plan might apply a more targeted and strategic approach towards achieving overall objectives by incorporating more regional and local information into the Plan itself (as opposed to in the companion guide).

After carefully analyzing the results of the New Mexico Cancer Plan Survey, the following recommendations should be considered:

- Address specific regions of the State in more detail, sketching a more comprehensive picture of cancer disparities and access on a local level.

- Provide capacity building training to organizations on how to build local programs.
- Broaden the Council's perspective by including more diverse membership. Adopting this recommendation will bring more local information into the Council.

As resources become more and more scarce, it is important to capitalize on the resources already at hand. Below are recommendations to this end.

- Ensure the Plan is widely disseminated. A more widely disseminated Plan mobilizes all organizations and players, including state agencies and health care providers, who may help achieve the overall objectives of greater access and reduced disparities.
- Encourage Council members to collaborate more to maximize resources.

Although the survey yielded generally positive responses, Council members and organizations still must continue working to meet the Plan's overall objectives by 2011.

- Continue to emphasize the Plan's overall objectives and press organizations and other players to meet them, particularly in the area of increasing access.
- Continue to offer support to organizations in implementing the Plan.
- Develop strategies that can be implemented by Council members.
- Develop strategies that can be implemented by member organizations.