

New Mexico Cancer Council Survey Findings: April 2014

The New Mexico Cancer Council (Council) Survey was administered online using SurveyMonkey in April 2014. A total of 35 Cancer Council members responded to the survey. The survey data was analyzed using descriptive statistics and content analysis. A summary of findings is presented below.

Sectors Represented. The survey respondents indicated that their organizations represent a variety of different sectors. As seen in Table 1, over 20% of the respondents said they represent the education (32%), public health (32%), support (32%), patient care (29%), and research (24%) sectors.

Table 1 – Sectors Represented (N=34)*	Percent	Count
Education	32%	11
Public Health	32%	11
Support	32%	11
Patient Care	29%	10
Research	24%	8
Advocacy Group	12%	4
Commercial/Private Business	6%	2
Policy	3%	1
School	3%	1
Health Foundation	3%	1
Faith-based	0%	0
Media	0%	0
Participate in Council as an Individual (do not represent an organization)	9%	3
Special Populations/Other**	18%	6

*Total exceeds 100% because some respondents selected multiple responses.

**Respondents provided the following comments for “special populations/other”: Race/Ethnicity (N=1); Nonprofit (N=1); Rural Underserved Populations (N=1); Uninsured and Underinsured African American/Native American/LGBT/Rural Residents (N=1); Tribal (N=1); Whole State of New Mexico Survivors and Caregivers, Men and Women, All Cancers (N=1).

Involvement. Approximately three-quarters of the respondents (76%) reported that they are currently active members of the Council. Those who indicated that they are not currently active (24%) were asked to explain why. Five responded by selecting one or more of the following reasons:

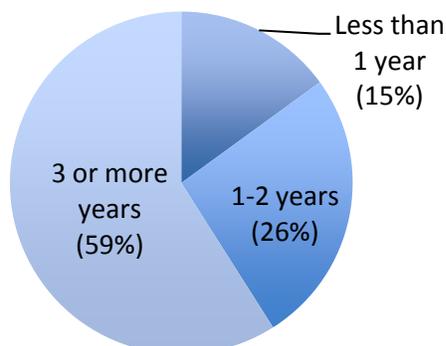
- Lack of time (N=4)
- Change in job focus (N=1)
- Meetings are inconvenient (N=1)
- Don't feel connected to the group (N=1)
- Only want to receive information (N=1)

Three respondents provided additional comments related to why they are not actively involved with the Council at the current time:

- *“Position within organization changed.”*
- *“New member - haven't joined a workgroup yet.”*
- *“Hard to always participate by phone as I live far from Albuquerque and do appreciate the opportunity to participate by phone - but do value the work and connections.”*

The majority of the respondents (85%) have been members of the Council for at least one year, with over half (59%) indicating that they have been members for three or more years (see Figure 1).

Figure 1 – Time Respondents Have Been Council Members (N=34)



Most Valuable Aspects of Council Membership. When asked what they find or found most valuable about their membership, over two-thirds of the respondents indicated networking opportunities (89%), receiving updated/current information at the local and state levels (77%), and working to make a difference in their community (69%). Slightly fewer respondents indicated providing their skills, knowledge and/or expertise (63%) and expanding on the work they are currently engaged in at their organization (60%). One respondent commented that providing his/her institution the information to use with patients is most valuable.

Activities to Increase Engagement. The next question asked respondents what would help them become more engaged in the Council. As seen in Table 2, over half of the respondents indicated that sponsored trainings/presentations (72%) and the development of tangible tools and products to align Council priorities with their organization’s priorities (59%) would help them become more engaged.

Table 2 – What Would Help Council Members Become More Engaged (N=29)*	Percent	Count
Sponsored trainings/presentations	72%	21
Development of tangible tools and products to align Council priorities with your organization’s priorities	59%	17
More networking opportunities	45%	13
More opportunities to collaborate with members on Council priorities	35%	10
More opportunities to collaborate with members of the Council on your organization’s priorities	31%	9
More frequent meetings	17%	5
Get involved with existing workgroups	17%	5
Additional opportunities to participate in the decision-making process	10%	3
Other	10%	3

*Total exceeds 100% because some participants selected multiple responses.

The three respondents who selected “other” provided the following comments:

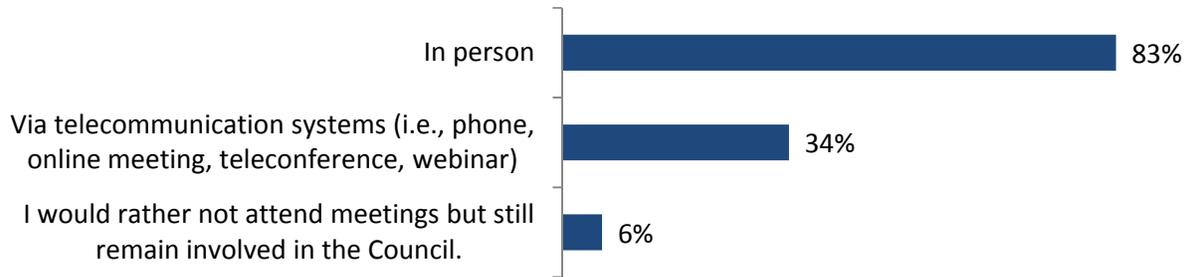
- *“I just need to take the time to come back and participate ... I have not been available for quite some time and don't even know where to begin so that I am up to speed and can be a beneficial*

member ... also I would like to gain a better understanding how to apply much of what is done at the Council into the rural/frontier areas of the state.”

- “My lack of involvement right now has to do with time constraints imposed by my position.”
- “Already very involved.”

Best Way to Attend Council Meetings. When asked what is the best way for respondents to attend the Cancer Council meetings, 83% indicated that they prefer to attend in person (see Figure 2).

Figure 2 – How Respondents Prefer to Attend Council Meetings (N=34)*



*Total exceeds 100% because some participants selected multiple responses.

Likert Items. The respondents were asked to indicate the extent to which they agree or disagree with the statements provided in Table 3, using a 4-point Likert scale (i.e., strongly disagree = 1, disagree = 2, agree = 3 and strongly agree = 4). The percentage of respondents who agreed with each statement (i.e., selected “strongly agree” or “agree”), as well as the average rating for each item, are provided below.

Table 3 – Likert Items (N=26-35)	% Who Agreed	Average Rating
Participation on the Council has helped me develop collaborative relationships with other agencies.	100%	3.35
My organization supports my work on the Council.	94%	3.21
I feel valued by other Council members.	94%	3.13
People and organizations in the Council work well together.	94%	3.09
Participation on the Council has helped me to build my collaborative skills.	91%	3.09
I am satisfied with the opportunities for participation on the Council.	90%	3.00
Being a member of the Council has helped me gain credibility in my field.	88%	2.97
I am satisfied with communication I receive from the Council regarding relevant information, opportunities for participation, meetings, and Executive Committee decisions.	88%	2.94
I feel I have adequate input into the decisions made by the Cancer Council regarding policy, workgroup activities, etc.	86%	3.07
Attending Council meetings is a good use of my time.	85%	3.00
Our workgroup has a clear direction.	85%	2.96
I know what my role is on the Council.	78%	2.91
The Council’s membership adequately represents diverse populations within the state of New Mexico (race, ethnicity, gender, age, geographic, etc.).	64%	2.67

Why Some Respondents Disagreed with Likert Items. A follow-up question asked respondents who ranked any statement as "disagree" or "strongly disagree" to please explain why. Nine of the respondents provided explanations.

The most frequent explanations were related to increasing the diversity and/or representativeness of the Council (N=3).

- *"I think there is always room for improvement to make the Council's membership better represent the state's populations. But it's more than just inviting more diverse people and organizations to participate - we need to think about who is missing and what might be in it to make it worthwhile to participate in the Council. And then we have to work to make them want to be part of the Council."*
- *"There is little diversity in the Council, including age, race, and sexual diversity. The meetings are long, and tend to be drawn out."*
- *"Could improve with representation from smaller communities and other parts of state other than Albuquerque. Frankly do not know what the answer to that is."*

Some of the respondents made comments specific to workgroup activities and meetings (N=2).

- *"Workgroups need to work on priorities set forth by the Executive Committee."*
- *"I have received good communication around quarterly or annual meetings, however, I haven't received anything about workgroups or how to become more involved."*

A couple respondents explained that they are new/less involved members, making it difficult for them to have strong opinions on some of the issues (N=2).

- *"I have attended only two meetings, both were focused on evaluating the NM Council. I haven't been a member long enough to form a strong opinion."*
- *"Perhaps it is because I have not been very involved, but I don't feel I know enough about the organization to make a stronger statement on these issues."*

Other comments were related to productivity (N=1) and already having strong skills prior to becoming a member (N=1).

- *"As with all meetings, it is hard to plan a totally productive use of time. A tighter agenda with less reports and more actual work would be more productive."*
- *"I feel that I already had strong collaborative skills and credibility in my field before becoming a member of the Council."*

Workgroup Participation. Twenty-three of the respondents indicated membership in one or more of the following workgroups: Native American (N=9), Policy and Advocacy (N=9), Survivorship (N=5), Albuquerque Cancer Coalition (N=5), Public Relations (N=4), Tobacco (N=3), Access (N=2), and Data (N=2).

Positive Aspects of Workgroups. Seventeen of the respondents indicated one or more aspects of being part of a workgroup that they enjoy. The most common themes were related to collaborating/networking (N=12), sharing information/ideas (N=7), and accomplishing projects in smaller groups (N=3). Selected quotes are provided below for each theme.



"I feel like we are actually accomplishing something within our workgroup."

Collaborating/Networking (N=12)

- *“Collaboration with other community organizations.”*
- *“Getting together with different programs from other pueblos ...”*
- *“Collaborative decisions about what is important for the groups to address.”*
- *“Networking, teamwork, shared priorities.”*
- *“Interacting with other members.”*

Sharing Information and Ideas (N=7)

- *“Receiving info in a timely manner.”*
- *“Up to date information related to legislative session.”*
- *“Information dissemination and being able to make a difference in the functioning of the Council.”*
- *“Learning about what communities are doing.”*

Accomplishing Projects in Smaller Groups (N=3)

- *“Working with people in a smaller group on a defined, time-limited project.”*
- *“Creating new materials for survivors.”*

Areas of Improvement for Workgroups. When asked what aspects of being on a workgroup can be improved, 13 respondents provided suggestions related to participation/attendance (N=9), direction/goals (N=3), and communication (N=1). Quotes are provided below for each theme.

Participation/Attendance (N=9):

- *“Improved participation by those from the community who are not part of the Council.”*
- *“Increase membership, and listen to the cancer needs of each community.”*
- *“Attendance.”*
- *“Providing teleconferencing for members outside of Albuquerque.”*
- *“Trying to find a good time to have the meeting, as sometimes it will conflict our work schedules.”*
- *“Increasing the number of members that represent the service areas of New Mexico.”*
- *“Somehow improving interest on behalf of workgroup members to attend meetings and remain involved. Lack of interest or motivation is an issue.”*
- *“My being available to attend more meetings.”*
- *“More time to commit to workgroup because it is a small part of my scope of work.”*

Direction/Goals (N=3):

- *“Clearer direction on what the group is working towards.”*
- *“Aligned goals and consistent meetings.”*
- *“The workgroup's mission is well supported by the Council.”*

Communication (N=1):

- *“Communication.”*

Respondents who indicated that they are not currently involved in a Council workgroup were asked to explain why. Seven respondents provided answers. Three of these respondents mentioned a lack of awareness/knowledge of the workgroup meetings. Another theme was related to time/scheduling conflicts (N=3). Selected quotes are provided below to help illustrate these themes.

- *“Time and lack of knowledge around which groups exist.”*
- *“Unaware.”*
- *“Have not really heard about it and not really aware when they meet and how it would assist me?”*
- *“I would like to work on the Survivorship workgroup, but cannot make the early morning meetings.”*
- *“I am new to the Council and have not joined a workgroup yet but would like to.”*

Workshop/Presentation Topics of Interest. Next respondents were asked which workshop/presentation topics would be of interest to them and/or their organizations. As seen in Table 4, nearly three-quarters of the respondents (72%) reported interest in Affordable Care Act provisions.

Table 4 – Topics of Interest (N=32)	Percent*	Count
Affordable Care Act provisions	72%	23
Prevention	59%	19
Evidence-based practices (non-medical)	53%	17
Grant funding agencies and potential funding sources	47%	15
Survivorship	47%	15
Advances in cancer treatment	44%	14
Program development	38%	12
Use of national databases	38%	12
Assessing needs	34%	11
Evaluation of programs	34%	11
Epidemiologic methods	31%	10
Building relationships	28%	9
Insurance issues	28%	9
Returning to work after a cancer diagnosis	25%	8
Grant budget management	19%	6
Use of Medline and other software for library searches	16%	5
Basic information about clinical trials	13%	4
Questionnaire design	13%	4
Children going back to school after a cancer diagnosis	6%	2
Protection of human subjects	3%	1
Other	13%	4

*Total exceeds 100% because some participants selected multiple responses.

The four respondents who selected “other” suggested or asked the following:

- *“Education of each community to reduce fear of cancer and to keep this education sustainable in communities.”*
- *“Create basic cancer education to communities that request for such need.”*
- *“Assisting survivors, or those undergoing treatment with maintaining their jobs and financial obligations.”*
- *“How many of these workshops could be done in the east and west southern corners of the state???”*

When asked if there are any workshop/presentation topics that they would be willing to present on, or if there is a speaker for any of the topics they would like to recommend, respondents listed the following topics: diabetes (N=1), building relationships (N=1), program development (N=1), tobacco control (N=1), use of national databases (N=1), survivorship (N=1), community-based navigation (N=1), Affordable Care Act (N=1), grant opportunities for the council (N=1), and children going back to school after a cancer diagnosis (N=1). The respondent who indicated children going back to school provided the name of a specific program and speakers: *“LLS has a program addressing the challenges of children going back to school after a cancer diagnosis. The program is called ‘Staying Connected: Facilitating the Learning Experience During and After Cancer Treatment.’ Dr. Linda Butros and Jessica Wiggins from UNM Children's Hospital are our speakers.”*

“There is a champion in each community that people listen to, those are the people that should be identified and [then] get them on board to assist with CA education.”

Support for Membership Dues. Eleven of the respondents (34%) agreed that their organizations would support dues for membership in the Council. Twenty-one respondents (64%) indicated that their organizations would not support dues.¹ When these respondents were asked what would be a reasonable amount (annually) their answers ranged from \$10 to \$200 (examples below).

- *“\$15 - \$50 is reasonable and within reach of most organizations.”*
- *“\$30 individual.”*
- *“\$50 per organization.”*
- *“Maybe \$50 quarterly.”*
- *“\$100-\$150.”*
- *“100.00 from each member, 250.00 from each organization.”*

Four of the respondents suggested using a sliding scale. They said:

- *“Sliding scale - CHRs/promotoras, Individuals (senior/retired), low income, students - \$10.”*
- *“Sliding scale \$50 to \$200.”*
- *“Up to \$100 per organization/year, but there would need to be scholarships and/or a sliding fee scale, especially for small nonprofit organizations. Even the reduced/free dues might make some feel uncomfortable participating, so I would suggest there be thoughtful deliberations before going there.”*
- *“I would hope this would not be necessary as it could put a burden on smaller non-profits; I don't know what a reasonable amount would be, but yes, a sliding scale should be used.”*

Other respondents used this response field to ask questions related to membership dues or elaborate on why or why not they think members/organizations should be charged dues.

- *“What would these dues be used for?”*
- *“Not sure. What would member dollars be used for?”*
- *“Could the council identify a grant and secure grant to fund our work?”*
- *“My answer would be probably - we pay dues to be a member of the Diabetes Advisory Council.”*
- *“I believe not-for-profit should not be charged dues.”*

¹ Three of the respondents who indicated that they would not support dues are individual members; they do not represent an organization. Three other respondents left this item blank.

Other Comments. The final survey question provided respondents an opportunity to share any other comments, suggestions, or observations about the Cancer Council. Four respondents provided comments.

- *“This is a great group of passionate people, and I'm glad to be involved. My only suggestion is that we seem to get very caught up in planning and process work; I think there is room for improvement in going to the next level and accomplishing specific tasks. We've had some good successes in the past, and I think we're in a good place now to achieve more.”*
- *“Not surprisingly, those involved on the Executive Committee and in workgroups seem to take more ownership as do those from the Albuquerque area. We need more committed engagement in workgroups. How to do that ...?”*
- *“Networking is great.”*
- *“Lots of great work by dedicated people. The Council is a major asset to New Mexicans.”*

Summary of Findings and Recommendations

Numerous positive findings were identified throughout this report. Below is a summary of findings, in addition to recommendations for moving forward.

Summary of Findings

- ✓ About three-quarters of the respondents are active Council members, with 59% indicating that they have been on the Council for three or more years. The most common sectors represented by the respondents and their organizations include education, public health, support, patient care, and research.
- ✓ The most valuable aspects of Council membership include networking opportunities (89%), receiving updated/current information at the local and state levels (77%), and working to make a difference in the community (69%).
- ✓ The majority of the respondents indicated that sponsored trainings/presentations (72%) and the development of tangible tools and products to align Council priorities with their organization's priorities (59%) would help them become more engaged with the Council.
- ✓ The best way for respondents to attend Council meetings is in person (83%); however, some also like the option of being able to participate in meetings via telecommunication systems (34%).
- ✓ All of the respondents believe that participation on the Council has helped them develop collaborative relationships with other agencies (100%).
- ✓ Over 75% of the respondents agreed that:
 - Their organization supports their work on the Council (94%)
 - They feel valued by other Council members (94%)
 - People and organizations in the Council work well together (94%)
 - Participation on the Council has helped them build their collaborative skills (91%)
 - They are satisfied with the opportunities for participation on the Council (90%)
 - Being a member of the Council has helped them gain credibility in their fields (88%)

- They are satisfied with communication they receive from the Council regarding relevant information, opportunities for participation, meetings, and Executive Committee decisions (88%)
 - They feel they have adequate input into the decisions made by the Cancer Council regarding policy, workgroup activities, etc. (86%)
 - Attending Council meetings is a good use of their time (85%)
 - Their workgroup has a clear direction (85%)
 - They know what their role is on the Council (78%).
- ✓ The most common positive aspects of being part of a workgroup included being able to collaborate/network with others, share information/ideas, and accomplish projects in smaller groups.
 - ✓ Over one-third of the respondents indicated interest in the following workshop/presentation topics: Affordable Care Act provisions (72%), prevention (59%), evidence-based practices (non-medical) (53%), grant funding agencies and potential funding sources (47%), survivorship (47%), advances in cancer treatment (44%), program development (38%), use of national databases (38%), assessing needs (34%) and evaluation of programs (34%).
 - ✓ About one-third of the respondents (34%) agreed that their organizations would support dues for membership in the Council. The other two-thirds indicated that their organizations would not support dues. Some had questions about what the dues would be used for. Others suggested using a sliding scale.

Recommendations

1. **Determine Ways to Increase Representation of Diverse Populations:** Over one-third of the respondents (36%) “disagreed” that the Council’s membership adequately represents diverse populations within the state of New Mexico. The leadership team may want to spend some time developing a strategic plan for increasing the diversity/representation of the Council. As suggested by one respondent, a good starting place may be to determine (a) which groups are missing and (b) what would make it worthwhile for these groups to participate.
2. **Consider Sponsoring a Series of Workshops/Presentations to Increase Engagement:** One way to increase the participation and engagement of current and potential Council members is to build on existing educational presentations by sponsoring a series of workshops/presentations on topics of interest. This was the number one item that respondents selected when asked what would help them become more engaged. Respondents also indicated specific workshop/presentation topics they are interested in.
3. **Review Areas of Improvement for Workgroups:** Based on the respondents’ suggestions/comments related to workgroups, the leadership team may want to discuss ways to increase participation/attendance of workgroups, make workgroup directions/goals clearer, and increase communication. Related to communication, it is important to ensure that all Council members (especially new ones) receive information about the benefits of participating in workgroups and are encouraged to join a workgroup. It may also be useful to promote and share about the development of tangible tools and products that help align Council priorities with organizational priorities. Many of the respondents said developing these types of tools would increase their engagement, so sharing about the tools

workgroups are currently developing, in addition to encouraging more of these types of projects to occur within a workgroup setting, could help increase interest and participation in workgroups.

4. ***Discuss the Potential Impacts of Membership Dues Prior to Moving Forward:*** Given that two-thirds of the respondents indicated that their organizations would not support dues and the related questions/comments on the topic, it is important to carefully consider the advantages and disadvantages of moving forward with requiring dues. For example, how might requiring dues impact Council participation/membership? How would dues benefit Council activities?

5. ***Continue to Evaluate Council Activities and Share Findings:*** It is important to continue to collect evaluation data to improve Council activities, as well as monitor the progress and impacts of the Council over time. It may also be helpful to share some of the survey findings and next steps with Council members to continue to build their capacity to learn from and about evaluation. Council members may also be more likely to participate in future evaluation efforts if they receive a summary of findings and understand concrete ways the information is being used.