



## **Executive Summary**

**New Mexico Cancer Council  
November 9, 2010 Annual Retreat**

**December 9, 2010**

## **Introduction**

The New Mexico Cancer Council (Council) is a collaborative effort between private and public partners working to reduce the burden of cancer in New Mexico. The Council plays a vital role in the development, implementation, and evaluation of the [New Mexico Cancer Plan](#), a document that outlines the goals and objectives to address cancer control and prevention in New Mexico. The Cancer Plan is being revised and is scheduled to be published in January 2012. The Executive Committee met on September 29, 2010 to gather information regarding the Cancer Plan revision, discuss key issues that need to be addressed, and review goals and objectives in the current version of the Cancer Plan. It was agreed that an initial activity of the revision process would be to revisit and refine goals and clarify the target audience. Because Council member input is essential, it was determined that this information would be gathered at the Cancer Council Retreat on November 9, 2010.

Prior to the retreat, background information and pre-work materials were distributed to Council members to give participants time to formulate ideas regarding goal refinement and identification of the appropriate target audience for the Cancer Plan.

## **Purpose of the Retreat**

At the retreat, Council members in attendance were separated into four small work groups and asked to clarify the Cancer Plan target audience, clarify existing goals, and review new goals suggested at the Executive Committee meeting (diagnosis and end-of-life). If time permitted, small groups were asked to review cancer plans from other states for format. All participants reconvened at the end of the day to report out and share small work group results.

The groups refined the wording of the goals and provided valuable suggestions for reclassifying some goals as vision statements, approach statements, or overarching strategies and other goals as objectives. Groups also provided suggestions for rearranging/re-ordering goals based on priority or combining goals based on intent. The current Plan has a glossary, and participants feel this will be important to include again to clarify terminology.

A common theme for identifying the target audience was to prioritize or define primary and secondary audiences, targeting the Cancer Plan toward health care providers and other health-sector organizations. Fact sheets or other types of communications could be developed to inform secondary audiences (e.g., legislators, the public, non-health sector organizations, and grassroots populations). Results from the breakout sessions were recorded on worksheets by each work group. The recommendations in the completed worksheets has been compiled and provided as appendices to this report.

## Next Steps

As part of the Cancer Plan revision process, the Council will consider all suggestions resulting from these highly productive breakout sessions.

## Feedback from the On-Line Retreat Survey

An online survey was used to compile Council member feedback following the retreat. Of the 32 who participated in the retreat, 18 completed the survey. Council members were asked to rank seven statements regarding the Breakout Sessions according to a 4-point Likert scale that ranged from “strongly disagree” to “strongly agree.” Results are shown in Table 1:

**Table 1: Breakout Sessions**

Statement	Strongly Disagree	Disagree	Agree	Strongly Agree
The purpose of the breakout session was adequately explained.	6% (1/18)	11% (2/18)	56% (10/18)	28% (5/18)
The session was well-facilitated.	0	0	47% (8/17)	53% (9/17)
The session was well-organized.	0	0	61% (11/18)	39% (7/18)
The brainstorming my group did was productive.	0	0	39% (7/18)	61% (11/18)
Revising the Cancer Plan goals will improve the Cancer Plan for 2012-2017.	6% (1/18)	0	33% (6/18)	61% (11/18)
The target audience should be revised as determined in the breakout sessions.	0	18% (3/17)	41% (7/17)	41% (7/17)
I believe that my input will be considered when revising the Cancer Plan for 2012-2017.	6% (1/18)	6% (1/18)	39% (7/18)	50% (9/18)

Comments provided in the comment field by one Council member included a statement that the session was worthwhile and working in facilitated teams was enjoyable; however, concern was expressed regarding how the results will be processed and by whom.

Council members were asked to rank four statements regarding the overall retreat and Cancer Council. Results are shown in Table 2:

**Table 2: Overall Retreat and Cancer Council**

Statement	Strongly Disagree	Disagree	Agree	Strongly Agree
The retreat was a good use of my time.	0	0	56% (10/18)	44% (8/18)
The retreat was well-organized.	0	11% (2/18)	44% (8/18)	44% (8/18)
The refreshments provided were adequate.	0	6% (1/18)	61% (11/18)	33% (6/18)
I am enthusiastic about participating on the Cancer Council for 2011.	0	0	53% (9/17)	47% (8/17)

Comments provided in the comment field by one Council member indicated that activities were not clear (i.e., attending the retreat, the BCC, or CRC) however, he/she believed that it was good to have all activities together.

## Conclusions and Recommendations

The overall online survey results were positive, with over 80% of respondents stating that they “agree” or “strongly agree” with all statements regarding the breakout sessions, overall retreat, and Council. Because of the positive feedback, it is recommended that in future years, Council members should continue to be provided background information and pre-work ahead of the retreat. The objectives of the breakout sessions should continue to be focused on specific tasks, as was done for the 2010 retreat. To minimize confusion at future retreats, the Council should consider clarifying in communications to attendees the different group meetings that are being held on the same day.

## **Appendix A**

### **Workgroup Recommendations**

#### **Target Audience**

## Workgroup Recommendations Target Audience

### Target Audience Currently Identified in New Mexico Cancer Plan 2007-2011

- Public health agencies
- Health care providers
- Other health-sector partners (including not-for-profit community service organizations) that can help implement the plan at state or local levels
- Non-health-sector partners that represent such areas as education, community development and planning, transportation, and the media
- The public at large and representatives of specific groups or settings, who are critical to public health action

### Revised Audience Recommended by Workgroups:

The Cancer Plan should be targeted to healthcare providers and other health-sector organizations as the primary audience and non-health sector as the secondary audience. The secondary audience needs individual fact sheets or communications targeting their use of the plan. A glossary should be included in the Cancer Plan. Audiences should be prioritized as follows:

#### Primary:

1. Health care providers
2. Advocacy groups, other health-sector partners
3. NM State and Local Public Health Agencies (Dept. of Health entities, Human Services Department entities, county health councils)
4. Federal Agencies (Centers for Disease Control and Prevention, Public Health Service [include Indian Health Service], Health Resources and Services Administration, National Institutes of Health, US Department of Health and Human Services, Agency for Healthcare Research and Quality, ARC)

#### Secondary:

1. Non-health sector (education, community development and planning, transportation, media)
2. Cancer survivors, cancer patients
3. Legislators, Policy makers
4. Public at Large (include as secondary audience or delete)

## **Appendix B**

### **Goal Modification Recommendations**

### Goal Modification Recommendations

**Current Goal 1:** Reduce the number of New Mexicans who die as a result of cancer.

#### Proposed Modifications

Reduce the burden of cancer.

(Convert to the Vision Statement for the Cancer Plan.)

Reduce the number of cancer cases and cancer deaths in New Mexico.

(Goal 1 should be an overarching theme/strategy – to reduce the cancer burden.)

Increase the number of New Mexicans who survive cancer.

Reduce the rates of cancer deaths among New Mexicans.

Reduce the rates of new cancer cases among New Mexicans.

**Revised Goal:**

## Goal Modification Recommendations

**Current Goal 2:** Reduce the risks for developing cancer among New Mexicans.

### Proposed Modifications

Reduce the number of cancers caused by environmental and behavioral factors.

Reduce the modifiable risks for developing cancer among New Mexicans.

**Revised Goal:**

### Goal Modification Recommendations

**Current Goal 3:** Increase early detection of, and appropriate screening for, cancer among New Mexicans.

#### Proposed Modifications

Increase appropriate screening for and early detection of cancer.

Not a goal. Include as an objective under Goal 1.

Increase education, early detection, of, and appropriate screening services for, cancer among New Mexicans.

Increase appropriate screening for early detection of cancer among New Mexicans.

**Revised Goal:**

### Goal Modification Recommendations

**Current Goal 4:** Eliminate disparities in cancer incidence, morbidity, and mortality in New Mexico.

#### Proposed Modifications

All Cancer Council activities are conducted with consideration for the reduction of economic, geographic, cultural, and racial disparities.  
(Convert to a value or approach statement - not a goal.)

Identify and reduce disparities in cancer incidence, morbidity, and mortality in New Mexico.

Too broad for a goal. Address equality of care, not disparities; ensuring health equality in cancer care.

Reduce disparities in cancer incidence, morbidity and mortality in New Mexico.

**Revised Goal:**

## Goal Modification Recommendations

**Current Goal 5:** Ensure equal access to appropriate and effective cancer treatment and care for all New Mexico populations.

### Proposed Modifications

Improve access to appropriate and effective cancer treatment and care.

Ensure equal access to appropriate and effective cancer diagnosis, treatment, and care, including end of life services, for all New Mexico populations.

Include as an objective under Goal 1.

Add a similar objective under Goal 2:

Ensure equal access to appropriate and effective cancer prevention for all New Mexico populations.

Ensure equal access to appropriate and effective treatment and care for all New Mexican populations.

**Revised Goal:**

## Goal Modification Recommendations

**Current Goal 6:** Improve the quality of life for New Mexicans living with cancer and their loved ones.

### Proposed Modifications

Improve the quality of life for New Mexicans living with cancer throughout the cancer journey.

**Revised Goal:**

### Goal Modification Recommendations

**Current Goal 7:** Improve coordination and collaboration among organizations conducting cancer control and prevention programs.

#### Proposed Modifications

Remove this goal; it should be a goal of the council, not the cancer plan.

Improve coordination and collaboration among organizations engaged in cancer control and prevention.

(Not a goal – This is an overarching strategy of the Cancer Plan or an objective under all goals.)

Promote coordination and collaboration among organizations conducting cancer control and prevention programs.

Improve coordination and collaboration among cancer-related organizations.

**Revised Goal:**

### Goal Modification Recommendations

**Goal 8 (additional):** Ensure equal access to appropriate and effective diagnosis and care for all New Mexico populations.

#### Proposed Modifications

Improve access to appropriate and effective diagnosis.

Ensure equal access to appropriate and effective cancer diagnostic services for all New Mexican populations.

**Revised Goal:**

### Goal Modification Recommendations

**Goal 9 (additional):** Ensure equal access to end of life services.

#### Proposed Modifications

Improve access to end of life services.

Do not add; insert “end of life services” to wording in Goal 5.

Ensure equal access to quality palliative care and end of life services for New Mexicans with cancer.

<p><b>Revised Goal:</b></p>
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## **Appendix C**

### **Additional Workgroup Comments**

#### **Regarding Target Audience, Goals, and Other Cancer Plans**

## **Additional Comments Regarding Target Audience**

- Should be at a level that everyone can understand. Reach all New Mexicans
- Use of a glossary
- Look at strategies
- Cultural and traditions sensitivity
- Positive language
- Non-offensive
- Readability: health literacy
- Have a layperson review Cancer Plan – a review team (include native American work group)
- Not intimidating – non-medical terms
- Define terms in the document
- Plan doesn't benefit people – well-intentioned people missing the point
- No vision statement
- Purpose of plan needs to be clarified – plan doesn't help people with cancer.
- Is the plan for providers? (to do screenings – action part of plan)
- Can't explain that plan is an asset
- Data - is it addressed in the plan? Discussion of how data are collected; assumes data collection is understood by lay person; a person could have breast cancer three times; does that count as one?
- Ensure that everyone with a cancer diagnosis has a support system. Connect people with organizations such as People Living Through Cancer

## Additional Comments Regarding Goals

### General:

- Add a statement (to the Plan) about serving New Mexico populations and delete this verbiage in the goals.
- Some goals are actually objectives while some are vision statements or overarching strategies. The Cancer Plan should focus on fewer goals. Objectives should be quantitative/measurable.
- Goals should be organized by categories that move from broad to narrow as follows: Mortality; rates; disparities; cancer continuum; and organizational.

### Goal 1 - Reduce the number of New Mexicans who die as a result of cancer. **Discussion:**

- Make it positive
- Look into how cause of death is determined/listed on death certificate
- Reword to include rates of cancer deaths and rates of new cancer cases and split as two goals

### Goal 2 - Reduce the risks for developing cancer among New Mexicans. **Discussion:**

- Introducing primary prevention of cancer
- Primary prevention through education
- Make it positive
- Primary vs. secondary prevention
- Risk factors to prevent
- 2nd diagnosis at earliest point
- Education
- Renumber as Goal 4

### Goal 3 - Increase early detection of, and appropriate screening for, cancer among New Mexicans.

#### **Discussion:**

- Secondary prevention - this is a strong example of prevention focus
- Primary prevention = education
- Secondary Prevention = services
- Renumber as Goal 5

### Goal 4 - Eliminate disparities in cancer incidence, morbidity, and mortality in New Mexico. **Discussion:**

- We will never “eliminate”, but can reduce; need to identify before we can reduce. Need to define the terms “disparities” and “access” –clarify the differences and include in the glossary of terms.
- Too broad for a goal
- Use of jargon
- Equality of care, not disparities
- Active - ensuring health equality in cancer care
- Renumber as Goal 3

**Goal 5** - Ensure equal access to appropriate and effective cancer treatment and care for all New Mexico populations. **Discussion:**

- Question of redundancy: Is #5 a subset of #4, #2?
- Renumber as Goal 7

**Goal 6** - Improve the quality of life for New Mexicans living with cancer and their loved ones. **Discussion:**

- Include all stages of the journey; “loved ones” will be discussed in the objectives under this goal. The way it is worded can be construed as “...New Mexicans living with....their loved ones
- Renumber as Goal 8

**Goal 7** - Improve coordination and collaboration among organizations conducting cancer control and prevention programs. **Discussion:**

- Renumber as Goal 10

**Goal 8** - Ensure equal access to appropriate and effective diagnosis and care for all New Mexico populations. **Discussion:**

- Add “diagnosis” to wording in Goal 5 and convert to an objective under Goal 1.
- Add “diagnosis” to wording in Goal #5; Blend #5, #8. Reducing number of goals won’t impact the importance of plan.
- Renumber as Goal 6

**Goal 9** - Ensure equal access to end of life services. **Discussion:**

- Initiate palliative care at time of diagnosis
- Put palliative in glossary
- Focus on symptom management, oncologist being aware of symptom management
- Educating patient on alternative care services
- Ensure objectives are written to address goals
- Ensure that education of complementary alternative services for care are addressed
- Not currently addressed in NM Cancer Plan - change this
- Care options that are supported and approved in NM Cancer Plan
- Note other cancer plans have goals, models, objectives, strategies
- Check in tribal cancer plan for alternative care services
- New Hampshire Cancer Plan (palliative care) pages 4, 5, and 35-38

## **Comments Regarding Other Cancer Plans**

- Wisconsin's plan: page iii: Really like this section entitled "How Can You Use the Wisconsin Comprehensive Cancer Control Plan."
- Northern Plains have main bullet points in each chapter—nicely summarizes chapter
- Iowa has a snapshot of cancer in their introduction (will NM have the actual figures and the resources to get these figures and include them?)
- NW - Portland Plan pg. 39 - cultural strengths, positive framework; asset of multiple communities of NM to address cancer