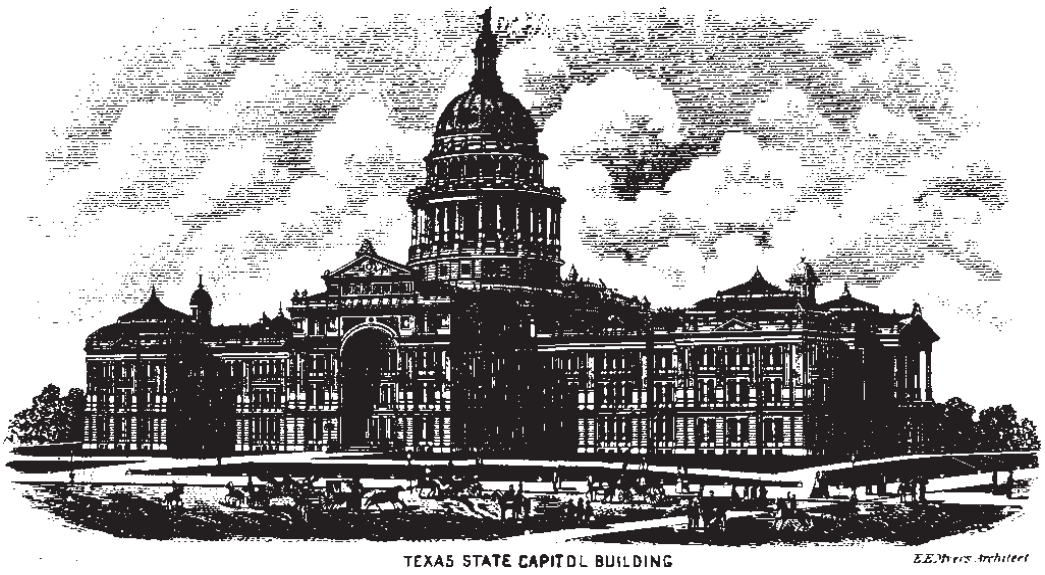
# Sunset Advisory Commission




## Texas Cancer Council

Staff Report

1998

## SUNSET ADVISORY COMMISSION

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In 1977, the Texas Legislature created the Sunset Advisory Commission to identify and eliminate waste, duplication, and inefficiency in government agencies. The 10-member Commission is a legislative body that reviews the policies and programs of more than 150 government agencies every 12 years. The Commission questions the need for each agency, looks for potential duplication of other public services or programs, and considers new and innovative changes to improve each agency's operations and activities. The Commission seeks public input through hearings on every agency under Sunset review and recommends actions on each agency to the full Legislature. In most cases, agencies under Sunset review are automatically abolished unless legislation is enacted to continue them.

# TEXAS CANCER COUNCIL

## SUNSET STAFF REPORT

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# EXECUTIVE SUMMARY

# Executive Summary

The Texas Cancer Council was created in 1985 to act as Texas' leader in coordinating cancer control efforts. The Council is responsible for developing, implementing, and promoting the *Texas Cancer Plan*, a comprehensive, statewide strategy for addressing cancer control. The plan represents a consensus between the State's public, private, and volunteer cancer organizations on priorities for preventing and controlling the disease. The Council implements the plan in two primary ways - direct intervention of Council members and staff; and project grants. To carry out its responsibilities, the 16-member Council employed a staff of seven and spent $3.8 million on 35 grants in fiscal year 1997.

The Sunset review focused on the Council's ability to carry out its functions of implementing the *Texas Cancer Plan*; coordinating the State's existing cancer control resources; and encouraging cooperative planning among the public, private, and volunteer sectors. The issues in this report address strengthening the Council's membership requirements to ensure a professional diversity that would enhance the State's cancer planning efforts.

### 1. Restructure the Texas Cancer Council's Membership to Enhance the State's Cancer Planning Efforts.

- The composition of the Council has not been updated to reflect the shift in cancer control efforts from treatment to prevention. Cancer prevention involves a wider range of health care professionals and facilities than is currently reflected in the Council's composition. TCC's statute does not contain provisions for representatives from licensed health care disciplines other than physicians, or licensed health care facilities other than hospitals.
- Planning for cancer prevention also involves the need to ensure survivor representation and participation.

**Recommendation:**

- **Restructure the Council's membership to include a wider variety of representatives from health care professions and licensed health care facilities, ensuring a balanced viewpoint in planning and grantmaking issues.**
- **Require Council appointments to be made with an effort to include cancer survivors or family members of cancer victims**.

**Recommended Council Composition**

- Three physicians
- Three members representing licensed health care professions, other than physicians
- Three members representing licensed health care facilities
- Three members representing voluntary health organizations
- Three members of the general public
- Chairman, Texas Board of Health, or designee (non-voting ex officio )

### 2. Continue the Texas Cancer Council for 12 years.

- The Council's function of ensuring that Texas has a planned and coordinated approach to controlling the impact of cancer continues to be needed. The

early detection and prevention services promoted by the Council can result in lower human and economic costs than treatment of cancer diagnosed in the later stages of development. The Council also initiates coalitions among state agencies and the private sector that have generated millions of dollars within Texas to support cancer initiatives.

- While other state agencies and national organizations have cancer related duties and responsibilities, the Council does not duplicate them. The Council actively prevents duplication of Texas' cancer control efforts by providing an arena for participating entities to collaborate, making efficient use of limited resources.
- TCC is recognized nationally as a role model for collaborative efforts in cancer planning and control. Other states and the federal government recognize the Council as a leader in planning effective state cancer control efforts.
- No administrative savings or efficiencies would result from transferring the Council's functions to another state agency.

**Recommendation:**

- **Continue the Texas Cancer Council for 12 years.**

## Fiscal Impact Summary

If the Legislature continues the Council, as currently structured, the Council's annual appropriation of approximately $4 million in general revenue funds would continue to be required for operation of the agency.

# Approach and Results

# Approach and Results

## Approach

In 1985, the Legislature created the Texas Cancer Council (TCC) recognizing that, while national cancer organizations existed, none was capable of organizing Texas' cancer control entities to make efficient use of state and local resources. TCC's mission is to reduce the human and economic impact of cancer on the State through the promotion and support of collaborative programs and policies. The Council's main responsibility is to create and promote the *Texas Cancer Plan*. The Council also funds cancer control efforts in an attempt to reduce or prevent the need for more costly care and treatment of cancer in the later stages of development.

Texas was the first state to develop and implement a cancer plan and TCC is recognized nationally as a leader and role model. As an agency without, and having no attachment to an agency with regulatory authority, TCC has been able to initiate partnerships between public and private entities. The Council's success is based upon its philosophy of creating cooperative efforts that make efficient use of and minimize duplication of limited resources.

Texas was the first state to develop and implement a cancer plan.

In developing its approach to the review, the Sunset staff examined the need for the Council's functions, as well as the best way these functions could be accomplished. Continued need for the functions was based upon analysis of recent studies which have proven that cancer control efforts have reduced both cancer incidences and death rates. However, much remains to be done in educating the public about ways to prevent the disease. To determine continued need for a separate agency to administer cancer control, and to evaluate any potential duplication, Sunset staff compared TCC's functions with those of Texas' other health agencies, as well as those of national federal and private organizations. In addition, Sunset staff considered the need for a non-regulatory agency to effectively facilitate collaboration across public, private, and volunteer sectors.

The Sunset review also examined the Council's composition, which has not been modified since its creation in 1985. Since then, the focus of cancer control efforts has shifted from treatment to prevention. National cancer organizations stress that prevention efforts require expertise beyond those skilled in treatment. Staff looked at the current environment of cancer control

planning needs and identified a council composition that could better plan efforts that focus on prevention and early detection.

## Review Activities

In conducting the review of TCC, Sunset Staff:

- Worked extensively with TCC staff;
- Attended Council meetings;
- Interviewed Council members;
- Surveyed interest groups about the operation of TCC and the Council's grantmaking process;
- Met with Texas Department of Health (TDH) staff;
- Interviewed the TDH Bureau Chief for Chronic Disease Prevention and Control;
- Visited the site of a TCC project in Houston;
- Interviewed health professionals who received Council grants;
- Interviewed former staff and the former Executive Director of the Council;
- Interviewed health and policy professionals at the Centers for Disease Control of the US Department of Health and Human Services, National Cancer Institute of the National Institutes of Health, National Coalition for Cancer Survivorship, the American Cancer Society, and UT M.D. Anderson Cancer Center;
- Reviewed agency documents and reports including the agency's Self Evaluation report, state statutes, agency rules, state legislative reports, task force reports, previous legislation, literature published by the Agricultural Extension Service, other states' information, and memoranda regarding the Council from the Texas Legislative Council and the Comptroller's Office;
- Reviewed previous Texas Performance Review recommendations and the interest group responses to those recommendations;
- Reviewed the internet websites of the American Cancer Society, the Centers for Disease Control, American Institute for Cancer Research, National Institutes of Health, and National Coalition for Cancer Survivorship;
- Attended a Legislative Budget Board hearing; and

- Met with staff of the Governor's Budget Office, the Legislative Budget Board, and the Legislative Council.

## Results

The Sunset review of the Texas Cancer Council attempted to answer the basic question of whether Texas needs a state agency that plans and coordinates cancer control efforts. The Legislative intent in creating TCC was that Texans be well informed and have the opportunity to prevent and control cancer before it becomes costly in both human and economic terms. Sunset staff determined that TCC is fulfilling this intent and is able to do so statewide with currently allocated resources. Sunset staff also determined that, despite many existing national cancer organizations, only the Council organizes the efforts of numerous public and private entities working to control cancer in Texas. Maintaining a state agency that both the public and private sectors are willing to collaborate with ensures that Texas' cancer control efforts are not duplicated.

Despite the existence of other cancer entities, only TCC organizes the efforts of both the public and private sectors.

Sunset staff also found that the State has an interest in continuing the Council's functions, especially now that the majority of cancers can be prevented. The Council ensures that Texans have the means to reduce or eliminate behaviors that contribute to the disease. For these reasons, staff found that the Council should be continued.

Once the determination was made to recommend continuing the Council, the review focused on enhancing the composition of the Council to ensure a professionally diverse membership and balanced cancer control planning and grantmaking efforts.

***Enhancing balanced cancer control planning and grantmaking efforts*** – Staff found no problems with the current 16-member size of the Council and thus, no reason to reduce the size. Council meetings consistently met with a quorum and the large size ensures that the many components of cancer control are represented. Therefore, the Sunset staff focused on how the Council's membership could be altered to reinforce a diversity of health care professionals and consumers. Staff analyzed the need for professional diversity, evaluated the current composition, and determined that TCC's statute does not contain provisions for representatives from licensed health care disciplines other than physicians, or licensed health care facilities other than hospitals. Nor does the statute currently provide for the inclusion of the unique perspective of cancer survivors. While there is at this time, a mixed representation of health care professionals and consumers, the statute does not guarantee the continuation of this situation in future appointments. **Issue 1** identifies alterations to the Council membership that would ensure

Sunset staff explored ways to enhance the Council's professional diversity to achieve better cancer planning.

more broad-based expertise for planning the prevention and early detection of cancer, as well as for cancer treatment.

## Recommendations

1. Restructure the Texas Cancer Council's membership to enhance the State's cancer planning efforts.
2. Continue the Texas Cancer Council for 12 years.

## Fiscal Impact

The recommendation to restructure the Council's membership would not result in a direct fiscal impact to the State. The recommendation to continue the Council would require continuation of its annual appropriation of approximately $4 million.

# ISSUES

# Issue 1

## Restructure the Texas Cancer Council's Membership to Enhance the State's Cancer Planning Efforts.

## Background

Sixteen council members, with 14 appointed members and two ex officio members, comprise the Texas Cancer Council. The Governor, Lieutenant Governor, and the Speaker of the House each appoint one public member, and three members representing cancer prevention, treatment, and control entities in Texas. In addition, two members serve as voting representatives of state agencies and two members are appointed from the House of Representatives and the Senate by the Speaker of the House and the Lieutenant Governor, respectively. The Governor designates the Council's Chair from among the members. Except for a member of the Legislature or a representative of a state agency, each member serves a staggered, six-year term. The current members of the Council are listed along with their statutory requirements for appointment in the text box, *Current Members of the Texas Cancer Council*. The Council hires the Executive Director and manages its affairs through four standing committees - Executive, Contract Management, Planning and Program Development, and Administration.

The Council is responsible for implementing and continually revising the *Texas Cancer Plan,* and allocating grant funds to public and private entities to achieve the goals and objectives of the plan. The Council also encourages cooperative planning among Texas' public, private, and volunteer sectors involved in cancer prevention, early detection, treatment, and research. This process is discussed in more detail in the Background section of this report. The review of the Council's membership focused on whether the current requirements ensure the diversity necessary for planning current cancer control needs.

| Current Members of the Texas Cancer Council | | |
|---|---|---|
| **Current Appointee** | **Professional Position** | **Appointed By** |
| **Three Physicians Active in the Treatment of Cancer** | | |
| Joseph Bailes, MD | Partner, Texas Oncology, P.A. | Governor |
| William C. Levin, MD | President, University of Texas Medical Branch at Galveston (retired) | Lieutenant Governor |
| Donald Spencer, MD | Chairman, Department of Surgery, Columbia-St. Davids's Hospital | Speaker of the House |
| **Three Representatives of Public/Private Hospitals that Treat a Significant Number of Cancer Patients** | | |
| Clare Chaney, Ph.D. | Mental Health Provider, Texas Oncology, P.A. | Governor |
| Courtney Townsend, Jr. M.D. | Chairman, Department of Surgery, University of Texas Medical Branch at Galveston | Lieutenant Governor |
| J. Taylor Wharton, M.D. | Chairman, Department of Gynecologic Oncology, M.D. Anderson Cancer Center | Speaker of the House |
| **Three Representatives of Voluntary Health Organizations Interested in Cancer** | | |
| Karen Bonner | Community Advisory Committee for Spohn Health System's Breast Care Program | Governor |
| Karen Heusinkveld, RN, Dr. PH | Board of Directors, American Cancer Society, Texas Division; Associate Professor, University of Texas School of Nursing | Lieutenant Governor |
| Rubye Henderson | Past President, American Heart Association; Special Education Counselor, Plainview Independent School District | Speaker of the House |
| **Three Members of the General Public** | | |
| Audrey Jane Castro | Business Owner | Governor |
| C. Stratton Hill, Jr. M.D. | Professor Emeritus of Medicine, M.D. Anderson Cancer Center | Lieutenant Governor |
| James Dannenbaum Chairman | President, Dannenbaum Engineering Corporation | Speaker of the House |
| **Two Members of the Legislature** | | |
| Senator Jane Nelson | Member, Senate | Lieutenant Governor |
| Representative John Hirschi | Member, House of Representatives | Speaker of the House |
| **Chairman, Texas Board of Health, Ex Officio** | | |
| Phil Huang, M.D. | Chief, Bureau of Chronic Disease Prevention and Control, Texas Department of Health | Designated by the Chairman of the Texas Board of Health |
| **Chairman, Texas Board of Human Services, Ex Officio** | | |
| Rose Ireland, R.N. | Long-Term Care Regulatory Nurse Program Specialist, Texas Department of Human Services | Designated by the Chairman of the Texas Board of Human Services |

## Findings

▼ **The composition of the Council has not been updated to reflect the evolution of the *Texas Cancer Plan* or the shift in cancer control efforts from treatment to prevention and early detection.**

- In 1985, when the Legislature established the Council, cancer control was primarily addressed through treatment. Since the 1980s, cancer control efforts and policies have shifted from treatment to prevention, and now an estimated 80 percent of all cancers can be prevented.[1]

- The 1984 Report of the Legislative Task Force on Cancer in Texas, the State's cancer planning body preceding the Council, and the first edition of the *Texas Cancer Plan* mentioned only the role of physicians and nurses and did not include a multi-disciplinary approach to cancer control. However, the 1992 and 1998 editions of the plan evolved to emphasize the importance of a wide spectrum of health care professionals in cancer control activities.[2] The latest edition of the plan also acknowledges that the environment of cancer has changed much since 1992 and information regarding prevention is now more readily available to all individuals.

The Council's membership has not shifted along with the emphasis of cancer control efforts from treatment to prevention.

▼ **Cancer prevention involves a wider range of health care professionals and facilities than is currently reflected in TCC's composition.**

- Historically, physicians have filled a majority of positions on the Council. TCC's statute requires that three members be physicians and three members be representatives of hospitals treating cancer patients. Physicians are often appointed to the positions representing hospitals and have been appointed to three of the nine possible appointments to public positions. Over time, at least seven, and as many as nine, of the 16 Council members have been physicians.

- When the Legislative Task Force on Cancer was created in 1984, it was the Legislature's intent that immediate cancer control needs and deficiencies be identified. In this context, a policy body consisting of physicians and hospital representatives was necessary to ensure the expertise needed

to initiate Texas' cancer control efforts. Today, the responsibilities of the Council, which are focused on prevention and control, differ from those of the original task force, which was focused on creating an inventory of needs.

- While physician representation is critical to the Council's cancer control efforts, TCC's statute does not contain provisions for representatives from other licensed health care disciplines, or provisions for representatives from licensed health care facilities other than hospitals. Other facilities, such as freestanding cancer centers and out-patient clinics, are now key elements in early detection and prevention efforts. In addition, out-patient rather than in-patient services are becoming the norm in caring for cancer patients.[3]

Members representing health care professions, in addition to physicians, are necessary to planning cancer prevention and control.

- Promoting the prevention and early detection of cancer among Texans involves expertise beyond those skilled in treatment. According to the American Cancer Society, planning prevention and early detection activities requires individuals, such as psychologists, nurses and dentists, who are trained in ways to adjust attitudes and alter behavior.[4]

  The M.D. Anderson Cancer Center has recognized that healthy lifestyle habits are the key to cancer prevention and established a special department in the Division of Cancer Prevention to study behaviors that contribute to the disease such as nicotine dependence, obesity, and physical inactivity. Because changing habits that contribute to cancer can be complicated, the Agency for Health Care Policy and Research at the US Department of Health and Human Services issued guidelines in 1996 for behavior intervention by health care professionals.[5]

- Professionals who are knowledgeable about the link between diet and cancer are also beneficial to cancer prevention. In 1982, a US National Academy of Sciences report first indicated the link between diet and cancer.[6] In 1997, after years of research, the American Institute for Cancer Research and the World Cancer Research Fund released the first comprehensive analysis of the link. This report provides dietary guidelines for cancer prevention and offers public policy recommendations on cancer prevention to health care professionals to make cancer prevention an achievable goal.[7]

### ▼ Planning for cancer prevention and control also involves the need to ensure survivor representation and participation.

- While many Council members have personal experience with cancer, TCC's statute does not provide for the inclusion of cancer survivors or their families in the composition of the Council. These individuals offer a perspective and personal experience that can enhance cancer control efforts and address the psychosocial needs of those with cancer and their families.

- The need for the survivor point of view is acknowledged by the scientific community. The National Cancer Institute, a component of the National Institutes of Health, recognizes that consumers and consumer-advocates are necessary to cancer planning. The Institute recommends increasing the representation and involvement of cancer survivors and families affected by cancer in program and policy development.[8] In addition, the National Coalition of Cancer Survivorship, an organization which develops cancer health care policies, states that a balance of consumers and scientists on cancer advisory, planning, and grantmaking bodies is essential to good policymaking.[9]

The Council could also benefit from a cancer survivor point of view.

- The Texas Legislature has expressed its intent that policymaking bodies contain members that are representative of an agency's constituency. The statutes governing the composition of the Texas Board of Mental Health and Mental Retardation, Governor's Committee on People with Disabilities, Texas Commission for the Blind, Texas Commission for the Deaf and Hard of Hearing, and Workers' Compensation Commission all contain requirements that certain members represent the clients to be served.

### ▼ Representation of the Texas Department of Human Services is not necessary but the Council benefits from the expertise of representation of the Texas Department of Health.

- To enhance decisionmaking and provide needed expertise, the Legislature has often placed members who represent one state agency on another state agency's board. The current make-up of the Council includes ex officio representatives from the

Texas Department of Health (TDH) and the Texas Department of Human Services (DHS). Representation from TDH helps ensure no duplication of services between TDH and the Council. TDH also advises the Council on prevention needs and gaps in early detection, screening, and treatment services.

However, Sunset staff found no need for representation of DHS on the Council. Currently, the responsibilities and focus of the Council and DHS are different. DHS provides public assistance and long-term care services for eligible populations but no cancer control activities. DHS's functions do not require regular involvement or overlap with the Council's focus on prevention, early detection, and control of cancer.

- Sunset staff also found no need for the ex officio representative from TDH to be a voting member of the Council. TDH involvement is to ensure coordination between TDH and the Council. This can be achieved without having the TDH designee actually voting on policy and funding matters before the Council.

### Conclusion

While the emphasis of cancer control efforts has expanded from treatment to include prevention and early detection during the last 15 years, the composition of the Council has not been altered to reflect this change. Controlling the impact of cancer through prevention and early detection requires the involvement of a wide variety of health care professionals and health care facilities. Planning prevention and control efforts would also benefit from the inclusion and special perspective of cancer survivors.

## Recommendation

### Change in Statute

- **Restructure the Texas Cancer Council's membership by:**
  - **Specifying that three members be representatives of licensed health care professions, other than physicians;**
  - **Broadening the definition of the three members representing public or private hospitals that treat a significant number of cancer patients**

**to include all licensed health care facilities that treat a significant number of cancer patients;**

- **Removing the requirement that two of the members be members of the Texas Legislature;**
- **Removing the Chair of the Texas Board of Human Services; and**
- **Providing that the Chair of the Texas Board of Health serve as a non-voting member.**

■ **Require Council appointments to be made with an effort to include cancer survivors or family members of cancer victims.**

These recommendations would reduce the number of voting members from 16 to 15 members and allow for the inclusion of representatives from a wider variety of health care professions and licensed health care facilities. The number of members designated as physicians would remain unchanged. Ensuring professional and health care facility diversity in the statute would guarantee a broader viewpoint in planning and grantmaking issues. Providing for the inclusion of survivors or their families on the Council would bring a consumer perspective to the process.

This recommendation would remove the specific requirement for two members of the Legislature. Legislative involvement in the Council's decisionmaking process is maintained by retaining the appointments of the Lieutenant Governor and the Speaker of the House. The Governor's appointees would increase from four to five.

**Recommended Council Composition**

- Three physicians
- Three members representing licensed health care professions, other than physicians
- Three members representing licensed health care facilities
- Three members representing voluntary health organizations
- Three members of the general public
- Chairman, Texas Board of Health, or designee (non-voting ex officio )

The expertise provided by representation from the DHS is not needed due to the diverging functions of TCC and DHS. Because the Council works with TDH on planning cancer prevention and early detection needs, retention of the TDH representative is necessary to prevent duplication and provide expertise on the State's health policies and programs. However, TDH's point of view can be represented by a non-voting representative.

## Fiscal Impact

These recommendations would have no direct fiscal impact on the State.

[1] Dr. Michael Thun, National Epidemiology and Surveillance Research Department, American Cancer Society, Atlanta, GA, Telephone interview, September 30, 1998.

[2] The *Texas Cancer Plan* defines health care professionals as practitioners in disease prevention, detection, treatment, and rehabilitation. Included are physicians, nurses, dentists, dieticians, health educators, social workers, and therapists, among others.

[3] Texas Cancer Council, "Goal II: Early Detection and Treatment," *Texas Cancer Plan*: *A Guide for Action* (Austin, Tex., August 1998), p.69.

[4] Dr. Michael Thun, National Epidemiology and Surveillance Research Department, American Cancer Society, Atlanta, GA, Telephone interview, September 30, 1998.

[5] Ingrid Nelson R.N., M.N. Department of Behavioral Sciences, Division of Cancer Prevention, UT MD Anderson, Houston, TX, Telephone interview, October 5, 1998.

[6] U.S. National Academy of Sciences, *Diet, Nutrition and Cancer*, (Washington, D.C., 1982).

[7] American Institute for Cancer Research and the World Cancer Research Fund, *Food, Nutrition and the Prevention of Cancer: A Global Perspective*, (Washington, D.C., September 1997).

[8] The Director's Consumer Liaison Group at the National Cancer Institute, National Institutes of Health, "Homepage" (http://www.nci.nih.gov). (Internet Document)

[9] Judie Blanchard, Director of Operations, National Coalition of Cancer Survivorship, Washington, D.C., Telephone Interview, September 24, 1998.

# Issue 2

## Continue the Texas Cancer Council for 12 Years.

## Background

The Legislature created the Texas Cancer Council (TCC) in 1985 to act as the State's leader in coordinating efforts to control cancer. Cancer, an illness representing more than 100 distinct diseases affecting multiple body sites, is the leading cause of preventable death in Texas, accounting for one of every four deaths.[1] Care and treatment of cancer costs Texans an estimated $4 billion per year.[2]

Care and treatment of cancer costs Texans an estimated $4 billion per year.

The mission of TCC is to reduce the impact of cancer on Texas through the promotion and support of collaborative, innovative, and effective programs and policies for cancer prevention and control. The Council developed and continually updates the *Texas Cancer Plan*, which represents a consensus between the state's public, private, and non-profit cancer organizations on priorities for preventing and controlling the disease.

The *Texas Cancer Plan* is implemented in two primary ways - project grants and direct intervention of Council members and staff. The Council grants state funds to public and private projects across Texas that fulfill unmet needs identified by the plan, particularly in the areas of cancer prevention and early detection. The Council also facilitates partnerships between public, private, and volunteer entities to implement the plan and encourage the survival of projects once TCC funding ends. For a full discussion of the plan, see the Background section of this report.

Central to the Sunset review of an agency is determining the continuing need for the functions it performs and whether the current agency structure is the most appropriate to carry out those functions. Continuation of an agency and its functions depends on certain conditions being met, as required by the Sunset Act. First, a continuing need should exist for the state to provide the functions or services. In addition, the functions should not duplicate those currently provided by any other agency. Finally, the potential benefits of maintaining a separate agency must outweigh any advantages of transferring the agency's functions or services to another agency. The evaluation of the need to continue the Texas Cancer Council and its functions led to the findings discussed in the following material.

## Findings

▼ **TCC's function of ensuring that the State has a planned and coordinated approach to controlling the impact of cancer continues to be needed**.

- The State's strategic plan calls for state government to promote the health of Texans. The philosophy of Texas state government is that each citizen should make responsible decisions affecting his or her life. TCC supports these goals through the *Texas Cancer Plan*, which provides strategic direction to collaborative efforts addressing cancer control. TCC also gives the public the information necessary to adopt responsible lifestyles proven to prevent cancer.

- In 1998, the American Cancer Society, Centers for Disease Control and Prevention, and the National Cancer Institute released a report claiming that in the 1990s, the rates of cancer incidence and mortality declined for the first time ever. Between 1990 and 1995, national incidences decreased on average 0.7 percent per year and mortality rates decreased on average 0.5 percent per year. The report attributed this decrease to three factors - better prevention, early detection, and treatment.[3] Today an estimated 80 percent of cancers can be prevented.[4]

  Despite the steady decline in cancer rates, health professionals indicate much still needs to be done regarding cancer control.[5] Texas faces increased growth in its general population and aged population, a demographic with higher incidences of cancer.[6] Therefore, the State needs a continued focus on early detection and prevention.

Despite the steady decline in cancer rates, health professionals indicate much still needs to be done regarding cancer control.

- The early detection and prevention services promoted by the Council can result in lower human and economic costs than treatment of cancer diagnosed in the later stages of development. For example, breast cancer costs alone can be 32 percent less with early detection.[7] Additionally, long-term survival rates are significantly increasing for many cancer patients. Early detection has led to 40 percent of Texans with cancer living at least five years after diagnosis.[8]

- TCC initiates coalitions among state agencies and the private sector that have generated millions of dollars within Texas to support cancer initiatives. For a summary of in-kind contributions for the last five years, see the text box, *TCC In-Kind Contributions for Fiscal Years 1994-1998.* Additionally, TCC has solicited a significant number of hours in donated expertise. In fiscal year 1997, 54,000 hours of expertise were donated to TCC's cancer control efforts.[9]

**TCC In-Kind Contributions for Fiscal Years 1994 - 1998**

| Fiscal Year | TCC Expenditures | In-Kind Contribution | Total |
|---|---|---|---|
| 1994 | $3,256,448 | $1,489,3954 | $4,745,843 |
| 1995 | $3,565,200 | $2,515,225 | $6,080,425 |
| 1996 | $3,118,204 | $1,794,987 | $4,913,191 |
| 1997 | $3,828,069* | $2,279,277 | $6,107,346 |
| 1998 | $3,615,398 | $3,394,250 | $7,009,648 |
| Total | $17,383,319 | $11,473,134 | $28,856,453 |

* This figure does not include $25,000 in encumbrances.

- TCC initiates cancer control efforts that are necessary to draw down federal funds. For example, the Centers for Disease Control and Prevention (CDC) has recently offered a new grant opportunity to states with cancer plans for furthering the goals of their state cancer control plan.[10] For other examples of the types of TCC projects generating additional federal funds, see the text box, *Examples of TCC Projects and Partnerships That Generate Additional Federal Funding*.

**Examples of TCC Projects and Partnerships That Generate Additional Federal Funding**

In 1989 and 1990, the University of Texas School of Nursing Breast Cancer Project received two TCC grants totaling $80,000, which generated an additional $500,000 from federal sources.

In 1994, TCC coordinated a collaboration among the Baylor College of Medicine, UT M.D. Anderson Cancer Center, and the University of Texas Health Science Center, to draw down $1 million for Texas-based cancer research from the National Cancer Institute (NCI).

TCC initiated the nation's first undergraduate cancer curriculum enhancement program among Texas' medical schools. NCI is underwriting the continuation of this program by providing the State with $1.2 million for the next five years.

TCC initiatives were instrumental in the creation of the Breast and Cervical Cancer Control Program at the Texas Department of Health (TDH) to draw down funds being offered by the Centers for Disease Control and Prevention for this purpose. Additionally, TCC initiated the Office of Tobacco Prevention and Control at TDH which brought in over $6 million in federal funds for Texas since inception.

- TCC initiates and funds projects that might not otherwise exist. For example, both the Office of Tobacco Prevention and Control and the Breast and Cervical Cancer Control Program at the Texas Department of Health were created as the result of TCC initiatives.

TCC saw the need for a youth tobacco cessation program, a need that went unfulfilled at both the state and national levels. In 1996, the Council created and funded the Adolescent Tobacco Use Cessation Program, a collaborative effort between the University of Houston and Texas A&M University. In 1997, when the Legislature charged the Texas Department of Health (TDH) with establishing youth tobacco control initiatives, TCC's program was already in place and TDH worked with TCC to fulfill its mandate. See the text box, *SB 55 and Youth Tobacco Cessation Programs in Texas* for an explanation of the legislation.

**SB 55 and the Youth Tobacco Cessation Program in Texas**

Senate Bill 55 was passed to regulate and prevent the sale of tobacco to minors. In addition to enforcement measures included in the legislation, SB 55 required the Office of Tobacco Prevention and Control (OTPC) of the Department of Health (TDH) to establish a non-punitive Tobacco Awareness Program. If convicted of tobacco use and/or possession, the courts can suspend execution of a sentence and require convicted minors to attend and satisfactorily complete the OTPC's tobacco awareness program.

The adolescent tobacco cessation program, funded by TCC, was in operation when SB55 passed and TCC and TDH agreed to work together to implement the legislation. OTPC, aware of the Council's program, called upon TCC for help in fulfilling requirements of SB 55. There are 30 TCC funded pilot sites operating the cessation program. TDH has established 150 sites using all of the principles and materials developed by TCC's project. TCC's funding of the pilot sites will continue through fiscal year 1999 at which time TDH will administer and expand the entire program.

▼ **While the Texas Department of Health and various national organizations have cancer related duties and responsibilities, TCC does not duplicate them.**

- The role of the Council is to actively prevent duplication of the State's cancer control efforts by providing an arena for participating entities to collaborate, making efficient use of limited resources. No other state agency is responsible for coordinating Texas' public, private and volunteer cancer control activities. TCC is solely responsible for creating the *Texas Cancer Plan*, an action plan that directs the State's cancer control activities.

While TDH addresses the general health and well being of all Texans, funds health care services for the most needy, and regulates health industries, they do not plan or coordinate cancer control activities. Conversely, TCC does not fund any clinical services or regulate health industries. TCC's intent is to initiate projects that fulfill unmet needs and encourage continuation of projects once TCC funding ends.

- TDH is also responsible for data collection, monitoring patterns and distribution of disease and risk factors, researching the root causes of disease, and funding some cancer control activities. When necessary, TCC and TDH work together to

prevent duplication of any cancer activities.[11] For example, federal law mandates that the Breast and Cervical Cancer Control Program (BCCCP) be located within the state's health department. This program funds clinical services such as screenings and some cancer education for health professionals. However, BCCCP professional education only addresses breast and cervical cancers. TCC's professional cancer education programs address all forms of cancer, are delivered statewide, and assure health professionals of continuing education credits.

- Many public and private national cancer organizations fund functions not addressed by TCC such as treatment and research. For example, the National Cancer Institute of the National Institutes of Health coordinates and funds the nation's cancer research. TCC does not fund research or treatment services. See the chart, *National Cancer Organizations*, for a summary of the activities of public and private national cancer organizations.

**National Cancer Organizations**

| Name | Function |
|---|---|
| American Cancer Society (ACS) | Focuses efforts on research, fundraising, and offering information on resources and rehabilitative programs that help cancer patients and their families. |
| National Cancer Institute at the National Institutes of Health | Coordinates the federal government's cancer research program. Operates a hotline and the automated CANCERFAX that gives advice to cancer patients on treatment options and enrollment in clinical trials. |
| Cancer Research Institute | Funds and conducts cancer research. Offers a directory of medical care and support groups to cancer patients. |
| National Cancer Database, a joint project of the Commission on Cancer (CoC) of American College of Surgeons and the ACS | A nationwide oncology outcomes database for 1,600 hospitals in 50 states which is used by the CoC to approve of the hospital cancer programs. |
| US Department of Health and Human Services (HHS) | Provides patients with Medicare coverage as needed during the course of cancer treatment. |
| Centers for Disease Control and Prevention at HHS | Supports cancer control efforts in state health agencies, federal agencies, academic institutions, and national, voluntary, and private sector organizations. Funds Breast and Cervical Cancer Control Programs and the Cancer Registries in the states. |
| U.S. Food and Drug Administration | Provides information on unproven therapies to enable cancer patients to make informed treatment decisions. |

**National Cancer Control Efforts in Other States**

In 1994, TCC assisted a North Carolina Department of Health representative with establishing a statewide cancer control committee. As a result, in 1996, North Carolina completed a cancer control plan and called upon the National Cancer Institute to organize similar assistance at the national level so that other states, attempting to manage statewide cancer prevention and control programs, could benefit from Texas' experience.

In 1997, TCC was consulted by health care professionals and members of the Rhode Island Legislature on how to establish a cancer council. As a result, in 1998, the Rhode Island Legislature adopted legislation creating the Rhode Island Cancer Council, responsible for developing and implementing a cancer plan.

### ▼ TCC is recognized nationally as a role model for collaborative efforts in cancer planning and control.

- Other states view TCC as a leader and role model for cancer control efforts. As consultants, the Council has assisted other states with establishing similar planning councils. For examples of cancer control efforts nationwide, please see the text box, *National Cancer Control Efforts in Other States*.

- TCC has been recognized as effective by the federal government. In 1996, the National Cancer Institute of the National Institutes of Health requested that TCC make a presentation on cancer planning efforts to the President's Cancer Panel. The CDC asked TCC to participate in a Comprehensive Cancer Control Workshop to assist with designing a cancer planning blueprint for use by other states.

  CDC considers Texas to be the national leader in the creation of state cancer plans and uses TCC's experiences to assist other states in the early stages of cancer planning. In 1997, at the request of the CDC, the Council ran a workshop on, and presented a paper entitled, *Effective Statewide Collaboration in Cancer Prevention and Control* at the annual CDC Cancer Conference.

### ▼ No substantial benefits or savings would result from transferring the Council's functions to another agency.

- The Sunset staff evaluated the potential benefits of consolidating TCC with other agencies, primarily TDH, but could find no substantial benefits. Transferring the TCC's functions to a regulatory agency could compromise TCC's position as a collaborator. As an agency without, and having no attachment to an agency with regulatory authority, TCC is better able to convene partnerships between both public and private sector agencies.

- TCC has been commended for its contract management. The House Appropriations Committee commended TCC's performance-based budgeting process and called upon all state agencies to "emulate the review process established by the Cancer Council."[12] Legislative leadership recognizes TCC as an example of how well agencies can and should function.[13]

A 1997 survey of TCC's contractors by the University of Texas School of Social Work concluded that the agency's contracting methods are characterized by a strict but fair and efficient process. The Council consistently meets and exceeds its legislative performance measures. For example, TCC achieved an average of over 200 percent of its performance measures in fiscal year 1997.[14] As a result, performance measure baseline projections for TCC have been increased.

- No administrative savings or efficiencies would result from transferring the Council's functions to TDH. To eliminate duplication of administrative functions, TCC contracts with TDH for limited fiscal, payroll, and personnel functions.

## Conclusion

Cancer continues to have a significant human and economic impact on Texas. However, the disease is preventable and ensuring that Texans have the necessary means and education for controlling cancer within their own lives could result in lower incidence and death rates. TCC has initiated projects and partnerships that have resulted in millions of in-kind federal, state, and private dollars for Texas's cancer control efforts. TCC functions as the State's leader in coordinating public and private prevention, early detection, and education resources. These efforts do not duplicate the direct clinical and regulatory functions of TDH or the treatment and research functions of various national cancer organizations. Sunset staff determined that no benefits or cost savings would be gained by consolidating TCC with any other agency.

# Recommendation

## Change in Statute

- **Continue the Texas Cancer Council for 12 years.**

This recommendation would result in the Council having a new Sunset date of September 1, 2011.

## Fiscal Impact

If the Legislature continued the current functions of the Council, using the existing organizational structure, the Council's annual appropriation of approximately $4 million in general revenue funds would continue to be required for the operation of the agency.

[1] Calculation made using statistics from the internet websites of the Texas Cancer Data Center and the Texas Department of Health's Bureau of Vital Statistics.

[2] Begley, C., and Williams, A.F., *The Cost of Cancer in Texas*, (Austin, Tex.: University of Texas School of Public Health, 1990).

[3] Wingo, P., Ries, L.A.G., et al., *Cancer Incidence and Mortality, 1973-1995: A Report Card for the U.S.*, (Washington, D.C.: American Cancer Society, National Cancer Institute, and Centers for Disease Control and Prevention, December 30, 1997).

[4] Dr. Michael Thun, National Epidemiology and Surveillance Research Department, American Cancer Society, Atlanta, Ga., Telephone Interview, September 30, 1990.

[5] Summary of interest group responses sent to Sunset staff.

[6] Texas Cancer Council, et al, *Impact of Cancer on Texas*, Sixth Edition.

[7] Taplin, S.H., Barlow, W., Urban, N. et al. *Stage, Age, Comorbidity, and Direct Costs of Colon, Prostrate, and Breast Cancer Care*, (Bethesda, Md.: National Cancer Institute, 1995), pp. 417-26.

[8] Texas Cancer Council, et al, *Impact of Cancer on Texas*, Sixth Edition.

[9] These hours were donated by cancer specialists, primary care physicians, dentists, nurses, and community leaders.

[10] Funds under this grant have not yet been awarded; therefore, dollar amounts at this time are unknown.

[11] Conversations between Dr. Phil Huang, Texas Department of Health, and Sunset Staff, August-October 1998.

[12] House Committee on Appropriations, Texas House of Representatives, Interim Report, 1996.

[13] Conversation with staff, Office of the Speaker of the House, September 1998.

[14] This number represents an average of percentages accomplished in key performance measures reported to the Legislative Budget Board.

# ACROSS-THE-BOARD RECOMMENDATIONS

| Texas Cancer Council | | |
|---|---|---|
| **Recommendations** | **Across-the-Board Provisions** | |
| | **A. GENERAL*** | |
| Modify | 1. | Require at least one-third public membership on state agency policymaking bodies. |
| Modify | 2. | Require specific provisions relating to conflicts of interest. |
| Modify | 3. | Require that appointment to the policymaking body be made without regard to the appointee's race, color, disability, sex, religion, age, or national origin. |
| Apply | 4. | Provide for the Governor to designate the presiding officer of a state agency's policymaking body. |
| Modify | 5. | Specify grounds for removal of a member of the policymaking body. |
| Apply | 6. | Require that information on standards of conduct be provided to members of policymaking bodies and agency employees. |
| Apply | 7. | Require training for members of policymaking bodies. |
| Apply | 8. | Require the agency's policymaking body to develop and implement policies that clearly separate the functions of the policymaking body and the agency staff. |
| Apply | 9. | Provide for public testimony at meetings of the policymaking body. |
| Apply | 10. | Require information to be maintained on complaints. |
| Apply | 11. | Require development of an equal employment opportunity policy. |

* Only the general across-the-board provisions apply to the Texas Cancer Council. Because this agency does not have a licensing function, the across-the-board provisions relating to licensing do not apply.

# BACKGROUND

# Background

## Agency History

The Legislature created the Texas Cancer Council (TCC) in 1985 to act as the State's leader in coordinating efforts to control cancer. TCC is responsible for developing, implementing, and promoting the *Texas Cancer Plan*, a comprehensive, statewide strategy for addressing Texas' growing challenge of cancer control. Cancer, an illness representing more than 100 distinct diseases affecting multiple body sites, is the leading cause of preventable death in Texas, accounting for one of every five deaths. Care and treatment of cancer costs Texans an estimated $4 billion per year.[1] The plan represents a consensus between the State's public, private, and volunteer cancer organizations on priorities for preventing and controlling the disease. TCC, the coordinating link among these organizations, contracts with, and initiates projects that achieve the goals and objectives of the *Texas Cancer Plan*.

In 1984, the Legislature, recognizing that the projected increase in reported cancer incidences would have a significant economic and social impact on state resources, established the Legislative Task Force on Cancer in Texas. The task force was charged with developing both short- and long-term plans for initiating cancer control activities. The short-term plan, released in 1984, identified the need to coordinate the network of existing cancer resources and the need for a permanent long-term cancer control plan, referred to as the *Texas Cancer Plan*. In addition, the task force recommended the creation of a state agency to continually update and implement the plan.[2] As a result, the Legislature created the Texas Cancer Council in 1985 as an independent state agency. The first *Texas Cancer Plan* was released in 1986 by the Task Force - which then adjourned - to be fully implemented by the Council.[3] The plan was revised initially in 1992 and again in August 1998. Implementation of the plan is discussed in the Agency Operations section of this report background.

The work of a 1984 task force on cancer led to the Council's creation.

At inception, TCC was administratively attached to the Texas Department of Health (TDH). In 1989, the Legislative Budget Board recommended that the Council be authorized to hire staff. In 1991, the Legislature removed the requirement for an administrative relationship between TCC and TDH and clarified the Council's status as an independent agency. The original statute

did not require or authorize TDH to approve or monitor the Council's activities, but merely provided a method to prevent duplication of administrative services.[4] Currently, in an effort to maintain the cost savings, some administrative functions of TCC remain the responsibility of TDH through a contract between the two agencies.

## POLICYMAKING BODY

The Council is composed of 16 members who represent health care providers, volunteer health organizations, the general public, the Texas Board of Health, the Texas Board of Human Services, and the Legislature. Council members are appointed as described in the text box, *Texas Cancer Council Membership.*

**Texas Cancer Council Membership**

The Governor, Lieutenant Governor, and Speaker of the House each appoint:

- one representative of a voluntary health organization interested in cancer,
- one representative of a public or private hospital that treats a significant number of cancer patients,
- one physician active in the treatment of cancer, and
- one member of the public.

The four remaining Council members consist of:

- one member of the Senate appointed by the Lieutenant Governor,
- one member of the House of Representatives appointed by the Speaker,
- the Chairman of the Texas Board of Human Services, or designee, serving in voting, ex officio status, and
- the Chairman of the Texas Board of Health, or designee, serving in voting, ex officio status.

The Governor appoints the Council's Chair from among the members. Council members serve without compensation for staggered six-year terms. The terms of four members expire on February 1 of each even-numbered year. The Council meets at the call of the chair and met four times in fiscal year 1997 and five times in fiscal year 1998. Additional strategic planning meetings are held at least once during the beginning of each biennium.

**Texas Cancer Council Standing Committees**

*Executive* - Responsible for coordination of all agency operations.

*Contract Management* - Responsible for creating policies and procedures for, and monitoring of, contractors.

*Planning and Program Development* - Responsible for revising the strategic plan and the *Texas Cancer Plan*, and identifying cancer prevention and control needs and priorities.

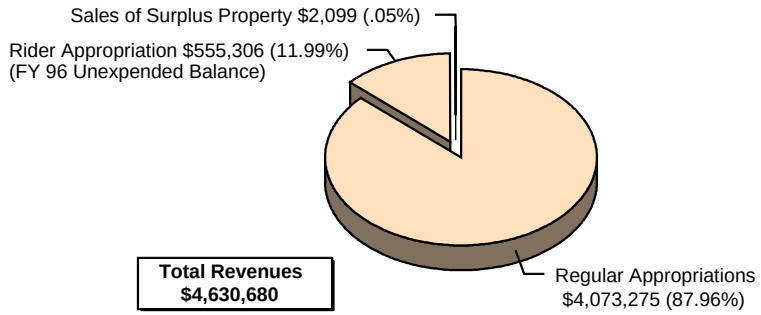
*Administration* - Responsible for the agency's internal policies and procedures.

TCC maintains four standing committees comprised solely of Council members, as shown in text box, *Texas Cancer Council Standing Committees*. The statute authorizes the Council to appoint advisory committees though none are specifically named in statute. The Council uses advisory committees consisting of experts as needed. For example, advisory committees consisting of health professionals were convened to help develop revisions to the *Texas Cancer Plan*. Additionally, experts were called in to advise the Council on mammography services during development of a project in West Texas.

# FUNDING

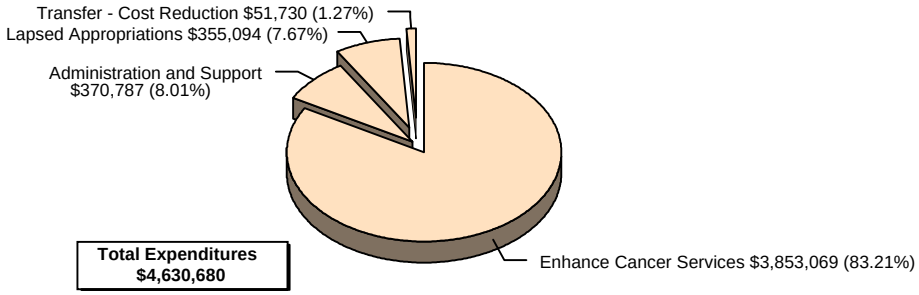
Funding for the Council comes entirely from General Revenue. TCC is authorized to carry forward unexpended balances between fiscal years of a biennium. Any unexpended balances at the end of a biennium are lapsed into General Revenue. The chart, *Sources of Revenue, Fiscal Year 1997,* shows the total revenue for fiscal year 1997.

**Sources of Revenue**
**Fiscal Year 1997**



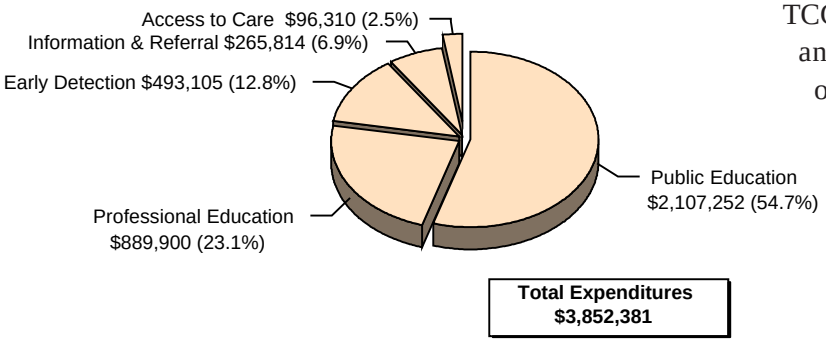

TCC's goal, as identified in the Council's strategic plan, is to ensure that all Texans have prompt access to quality cancer prevention and control information and services. In fiscal year 1997, the Council implemented this goal through the strategy — Enhance Cancer Services. The purpose of this strategy is to mobilize and assist public, private and volunteer sector agencies and individuals to enhance the availability and quality of cancer prevention and control services and policies. The chart, *Expenditures by Strategy, Fiscal Year 1997,* shows all TCC expenditures.

**Expenditures by Strategy**
**Fiscal Year 1997**



Within the cancer services strategy, TCC awards funds to contract applicants for projects that are designed to achieve *Texas Cancer Plan* goals. A single project may support more than one goal of the plan; therefore, the Council's staff has developed categories to organize the various types of projects supported by TCC. These categories are determined and used internally by staff as an organizational tool. They are not used as a guideline for awarding contracts. The chart, *Funds Expended to Enhance Cancer Services, by Category , Fiscal Year 1997*, shows the amounts expended by category in fiscal year 1997.[5]

**Funds Expended to Enhance Cancer Services, by Category**
**Fiscal Year 1997**




**Total Expenditures $3,852,381**

## HUB Expenditures

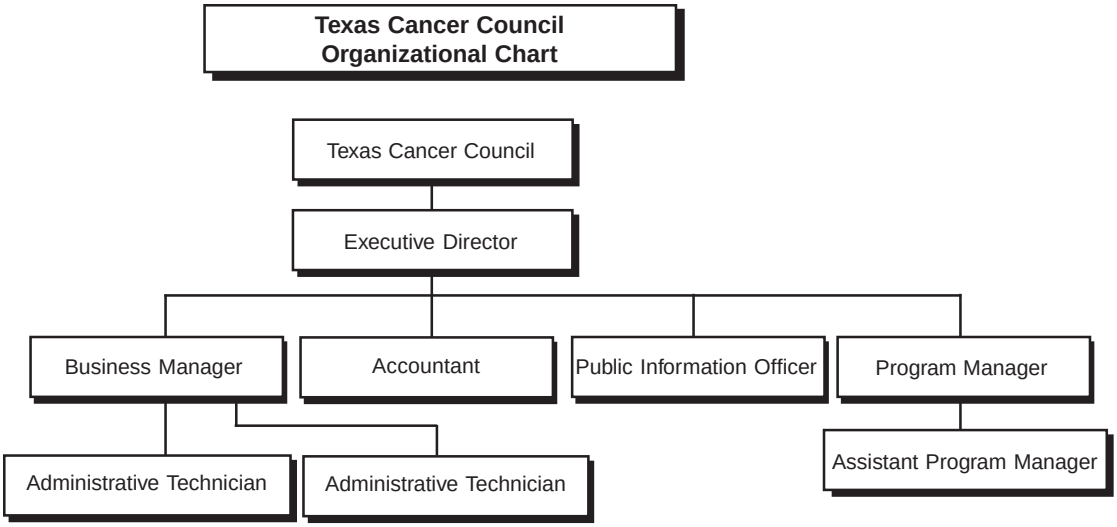
The Legislature has encouraged agencies to make purchases with Historically Underutilized Businesses (HUBs). The Legislature also requires the Sunset Commission to consider agencies' compliance with laws and rules regarding HUB use during Sunset reviews. In fiscal year 1997, TCC purchased 2.21 percent of goods and services from HUBs. The chart, *Purchases from HUBs Fiscal Year 1997*, provides detail on HUB spending by type of contract and compares these purchases with the statewide goal for each spending category. While Council staff actively solicit contract bids from HUBs and encourage all TCC project contractors to purchase goods and services through HUBs, TCC falls short of State goals in all applicable categories.

**Purchases from HUBs Fiscal Year 1997**

| Category | Total $ Spent | Total HUB $ Spent | Percent | Statewide Goal |
|---|---|---|---|---|
| Heavy Construction | N/A | N/A | N/A | 11.9% |
| Building Construction | N/A | N/A | N/A | 26.1% |
| Special Trade | N/A | N/A | N/A | 57.2% |
| Professional Services | $1000 | $0 | 0% | 20.0% |
| Other Services | $243,503 | $4,169 | 1.71% | 33.0% |
| Commodities | $27,788 | $1,291 | 4.64% | 12.6% |
| TOTAL | $272,291 | $5,460 | 2.0% | |

# ORGANIZATION

TCC is budgeted for eight full-time equivalent employees, with seven positions being filled at the end of fiscal year 1997. All staff are located at the agency's office in Austin. The Council, with staff support, is organized to provide leadership to cancer resources within the state. TCC does not provide any direct client services. The chart, *Texas Cancer Council Organizational Chart*, illustrates the organizational structure of the agency.




A comparison of the Council's workforce composition to the minority Civilian Labor Force is shown in the chart, *Texas Cancer Council Equal Employment Opportunity Statistics - Fiscal Year 1997*. The Council's small staff does not reflect the Civilian Labor Force.

**Texas Cancer Council**
**Equal Employment Opportunity Statistics**
**Fiscal Year 1997**

| Job Category | Total Positions | Minority Workforce Percentages | | | | | |
|---|---|---|---|---|---|---|---|
| | | Black | | Hispanic | | Female | |
| | | Agency | Civilian Labor Force | Agency | Civilian Labor Force | Agency | Civilian Labor Force |
| Officials/Administration | 1 | 0% | 5% | 0% | 8% | 100% | 26% |
| Professional | 4 | 0% | 7% | 0% | 7% | 50% | 44% |
| Technical | 0 | NA | | NA | | NA | |
| Protective Services | 0 | NA | | NA | | NA | |
| Para-Professionals | 2 | 0% | 25% | 50% | 30% | 100% | 55% |
| Administrative Support | 0 | NA | | NA | | NA | |
| Skilled Craft | 0 | NA | | NA | | NA | |
| Service/Maintenance | 0 | NA | | NA | | NA | |

# AGENCY OPERATIONS

The mission of TCC is to reduce the impact of cancer on Texas through the promotion and support of collaborative, innovative, and effective programs and policies for cancer prevention and control. TCC's statute directs the Council to coordinate cancer control efforts among the public, private, and volunteer sectors, and to develop and implement the *Texas Cancer Plan.* The Council, using the members' knowledge and expertise in the field of cancer, biennially sets priorities for implementing the plan. For an outline, see the text box, *Goals and Objectives of the Texas Cancer Plan.*[6] TCC implements the plan in two primary ways - direct intervention of Council members and staff; and project grants, also referred to as initiatives.

TCC directly intervenes by facilitating partnerships between public, private, and volunteer entities to implement the plan, as well as to encourage the survival of initiatives once TCC discontinues funding. TCC also, initiates projects to fulfill unmet needs. The Council grants state funds to public and private initiatives across Texas seeking to prevent and control cancer among the population. Current priorities and examples of the initiatives under each are listed in the text box, *Implementation Initiatives of the Texas Cancer Plan*.

**Goals and Objectives of the Texas Cancer Plan**

*Goal 1: Prevention Information and Services*

- Increase availability and effectiveness of materials and programs
- Encourage children to adopt risk reduction habits
- Promote policies and programs aimed at reducing tobacco use
- Increase awareness of and protection from carcinogens in the environment

*Goal 2: Early Detection and Treatment*

- Increase knowledge of screening and detection services
- Increase access to and use of treatment services
- Reduce barriers to services
- Enhance quality of existing services
- Enhance regional planning, development, and coordination of services

*Goal 3: Professional Education and Practice*

- Enhance health care professionals' knowledge, skills, and practices regarding cancer prevention and early detection
- Enhance health care professionals' knowledge, skills, and practices regarding cancer treatment and supportive services

*Goal 4: Cancer Data and Planning*

- Design and implement a comprehensive data system
- Ensure the Texas Cancer Plan is useful and up-to-date

**Implementation Initiatives of the Texas Cancer Plan**

*Priority - Prevention Education*

- Created the Office of Tobacco Prevention and Control at the Texas Department of Health.
- Developed age-specific prevention programs such as Project S.A.F.E.T.Y. which provides skin cancer prevention education to all Texas school children.
- Developed guidelines for producing culturally relevant print and videotape materials for Hispanics and African Americans.

*Priority - Early Detection and Follow-Up*

- Created the Physician, Nurse and Dental Oncology education programs and stimulated improvements in medical schools' cancer curricula.
- Established rural West Texas mobile mammography program.
- Enhanced the array of diagnostic services available for low income women by the federally-funded Breast and Cervical Cancer Program.
- Coordinated the first-in-the-nation clinical guidelines for treatment of cancer pain.

*Priority - Resources for Cancer Prevention and Control*

- Notified community groups of federal, state, and foundation funding opportunities, and facilitated partnerships among diverse organizations to strengthen applications for federal and private funding.
- Established the Texas Cancer Data Center, which maintains a database and website of cancer resources and statistics.

## Contract Award Process

TCC awards seed money to projects that provide direct cancer control services and/or education to achieve the goals of the *Texas Cancer Plan.* All public and private organizations within Texas are eligible to apply for Council contracts. A project is not limited by the number of years it may receive contract money, but each contract is good for one year only. Those projects that require multi-year funding must reapply for funding each year. TCC projects have been funded for an average of three and one-half years.

Applicants are funded on the basis of whether a project satisfies the priorities set by the Council. The total number of contracts and the average amounts of each contract awarded per year for the last five years is listed in the chart, *Texas Cancer Council Contracts, Fiscal Years 1995 - 1999.* A summary of the contracts for fiscal year 1999 is shown in the Appendix to this report.

**Texas Cancer Council Contracts**
**Fiscal Years 1995 - 1999**

| | FY 95 | FY 96 | FY 97 | FY 98 | FY 99 |
|---|---|---|---|---|---|
| Total Number of Grants | 36 | 27 | 35 | 25 | 22* |
| Average Contract Amount | $115,269 | $126,169 | $120,261 | $140,787 | $161,460 |

* The Council approves applications until the end of the fiscal year; therefore, the total number of initiatives for fiscal year 1999 will increase throughout the year.

During the calendar year, TCC solicits new projects by issuing requests-for-applications (RFAs) based upon the Council's priorities. The RFA is published in the *Texas Register* and on the Internet, and sent to those organizations that have requested they be informed of TCC funding announcements. Following the release of an RFA, interested parties must submit a letter of intent briefly identifying the contractor, the problem to be addressed, the target population, and geographic service area. TCC staff evaluate the letters and send contract application packets to those applicants that meet the criteria outlined in the RFA.

TCC awards seed money that provides direct cancer services and/or education.

In addition to selecting projects through the RFA process, TCC receives unsolicited requests for funding throughout the year. The Council requires that these requests be followed by submission of a "concept letter" that briefly describes the project. Upon receipt, TCC's Contract Management Committee evaluates the project for appropriateness and the extent to which the concept addresses the priorities and goals of the *Texas Cancer Plan.* Based upon the information in the concept letter, the Committee either rejects the project or forwards the proposal to the Council for evaluation. If the Council considers the concept proposal worthwhile, and the submitting organization is a state agency, the applicant will be asked to submit a formal application to the Texas Cancer Council. The submitted application will be reviewed by the Council at their next quarterly meeting and a funding determination will be

made. If the concept proposal is considered worthwhile, and the submitting organization is not a state agency, the Council will publish an RFA in the *Texas Register*, and competitive applications will be requested from interested parties throughout the state.

Each year, several projects funded by the Council in the previous year which continue to support the goals of the *Texas Cancer Plan*, are selected for continuation funding by the Council. These projects are required to reapply. Approval of funding is based upon the quality of the project's funding application and the satisfactory performance of current contractual obligations.

TCC contracts require at least a 10 percent in-kind match.

The Contract Management Committee outlines special instructions and determines a funding cap figure for all proposals before the applications or reapplications are made. Individual contracts have no mandated maximum limit. The funding cap figure is based upon the information contained in the concept letter, the letter of intent, and/or past performance. The special instructions letter outlines a standard TCC policy that requires all projects to obtain in-kind funding of at least 10 percent of the individual TCC contract. In fiscal year 1997, projects contributed more than one-third of the total funding for TCC projects. In fiscal year 1998, projects contributed one-half of the total funding for TCC projects. See the chart, *In-Kind Contributions for Fiscal Years 1994 - 1998*, for total contribution amounts over the last five years.

**TCC In-Kind Contributions for Fiscal Years 1994 - 1998**

| Fiscal Year | TCC Expenditures | In-Kind Contribution | Total |
|---|---|---|---|
| 1994 | $3,256,448 | $1,489,3954 | $4,745,843 |
| 1995 | $3,565,200 | $2,515,225 | $6,080,425 |
| 1996 | $3,118,204 | $1,794,987 | $4,913,191 |
| 1997 | $3,828,069* | $2,279,277 | $6,107,346 |
| 1998 | $3,615,398 | $3,394,250 | $7,009,648 |
| Total | $17,383,319 | $11,473,134 | $28,856,453 |

* This figure does not include $25,000 in incumbrances.

TCC staff are responsible for reviewing and analyzing all applications for funding. The staff analyze each project's focus and, if applicable, past performance; assess the proposed objectives, activities, performance measures, and budget; and present recommendations to the Contract Management Committee and eventually the full Council. The entire TCC staff provides input on the funding recommendations, though the Executive Director has the final decision on recommendations to be sent to the Contract Management Committee and Council for consideration. Before TCC staff

present the project application analysis for Council consideration, applicants are given the opportunity to rectify any problems that might exist in the application. These corrections are incorporated into the funding application. In addition, a copy of the TCC staff analysis is sent to the applicant to give applicants the opportunity to rebut the staff's findings. Should the applicant not agree with the findings, they may provide written comments explaining the disagreement. The staff then provides these rebuttals to the Council along with the funding application and staff analyses.

The full Council makes the final decision on which project may or may not receive funding. In the case of an RFA, it is anticipated that a set number of projects will be funded; however, the Council may fund more or fewer projects based upon the merits of each project applicant and the availability of funding.

Once a project is approved, the funding application becomes a part of the contract between the project director's organization and TCC. The Council outlines its expectations for all projects in a *Policies and Procedures Manual*, which is mailed to the project director along with a budget summary, a contract work plan, and contract performance measure projections.

Instead of a one-time payment in the form of a grant, the Council disburses the contract award to programs on a cost reimbursement basis. Project directors submit monthly or quarterly funding reimbursement requests for direct costs only. TCC sets guidelines for allowable expenditures based on contract management standards set by the Governor's Office of Budget and Planning and internal policies.

Any variations in a contract must be requested by the project director and approved by the Council or the Executive Director. Examples of proposed changes to a contract are illustrated in the text box, *Contract Variations.*

**Contract Variations**

***Fund Transfers*** - Should a project find that it is not using all funds for a purpose outlined in the contract, the project director may request that funds be transferred to another activity. If the request does not exceed 10 percent of the contract budget component amount, the transfer can be authorized by TCC's Executive Director, without Council approval. The new activity must satisfy one of the goals of the *Texas Cancer Plan*.

***Contract Amendments*** - Projects may request additional dollars if they add an element to a project or address new opportunities to achieve the project's goal. These requests are submitted to the Council for review and approval.

## Contract Monitoring

The Council determines performance measures - based upon the Council's agency performance measures - for each TCC project. For a list, see the text box, *Performance Measures for TCC Projects*. The Council requires all project directors to submit quarterly financial, technical, and performance measure reports; and conducts a monitoring visit in the first six to eight months of the contract for all first-year projects. After the initial visit, TCC visits each project every other year. TCC uses monitoring visits to determine compliance with specific contract requirements, review progress of program implementation, evaluate performance outcomes and procedures, examine fiscal procedures, verify actual reimbursements, and provide technical

### Performance Measures for TCC Projects

- Number of people directly served by Council-funded prevention and control activities
- Number of entities provided technical assistance on cancer control activities
- Number of health care and/or education professionals who received Council-funded training or materials
- Number of hours of training conducted for health care and/or education professionals
- Average cost per health care and/or education professional trained
- Number of hours donated to cancer control activities promoted by direct Council intervention or contracts
- Number of strategic planning initiatives promoted by Council contracts
- Number of planning activities that result in collaborative development or implementation of cancer-related strategic plans
- Number of computerized databases of cancer resources and statistics to support planning activities
- Number of database queries
- Average cost per database query
- Number of reports on cancer resources, policies, and statistics produced

assistance. In fiscal year 1997, TCC staff conducted six visits to assess program activities and no fiscal monitoring visits. In fiscal year 1998, TCC staff conducted 17 visits to assess program activities and 20 fiscal monitoring visits.

TCC imposes sanctions on contractors due to problems with contractual performance and/or financial management. Problems are identified through monitoring visits and by reading quarterly reports, reviewing financial reimbursement requests, and through frequent personal contact with the project staff. TCC notifies the projects in writing of identified problems and specifies a period of time in which the project must make corrections. TCC can withhold funds from the project until the problems are corrected.

If the project does not correct the identified problems despite suspension of funding, TCC can terminate the project's contract. In addition, a contract may be terminated when allocated funds are unavailable during the contract period or due to mutual consent of TCC and the performing agency. An intent to terminate must be communicated by written notice at least 30 days prior to the intended date of termination. If a contract is terminated, the performing agency is still responsible for contracted activities which were performed prior to the date of termination. In fiscal year 1997, TCC did not suspend or terminate any contracts. In the past five years, TCC has terminated contracts on four occasions due to nonperformance, financial improprieties, or changing Council priorities.

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[1] Self Evaluation Report to the Sunset Advisory Commission, Texas Cancer Council, 1997; Texas Cancer Council, et al., *Impact of Cancer on Texas*, Sixth Edition; and conversations with health professionals in Texas agencies and hospitals.

[2] *Immediate Needs and Priorities 1985-1986*, Legislative Task Force on Cancer in Texas, October 1984.

[3] *Actions and Directions for the Future 1986-2000*, Final Report, Legislative Task Force on Cancer in Texas, September 1986.

[4] "Relationship between the Texas Cancer Council and the Texas Department of Health", 1986 memorandum from Legislative Council to The Honorable Gibson Lewis.

[5] The total expended by category differs from the total expended in the Enhance Cancer Strategy by $688.00 due to a refund of an expenditure after the LAR was completed.

[6] Texas Cancer Council, *Texas Cancer Plan: A Guide For Action*, (Austin, Tex., August 1998).

[7] These amounts are "funds requested" by the TCC staff of the Council. Due to TCC's cost reimbursement payment method, final amounts may be less.

# APPENDIX

# APPENDIX

## Summary of Cancer Council Grants
### Fiscal Year 1999

| Project Title | Project Summary | Counties Served | Grant Amount* | In-Kind Funds |
|---|---|---|---|---|
| 1. Case Management for Promesa Salud | Promesa Salud provides cancer education and an early detection program for indigent women. The program is primarily funded by TDH, the federal Breast and Cervical Cancer Control Program, and the Susan Komen Foundation. TCC funds a case management component jointly with TCC and TDH. | Willacy, Cameron | $100,000 | $141,640 |
| 2. Women's Enhanced Cancer Awareness Referral and Education Program (WE CARE) | Culturally relevant breast and cervical support and education groups for disadvantaged women and a referral system for those with positive results to provide seamless transition to advanced diagnosis and treatment. | Willacy, Cameron, Starr, Hidalgo, Liberty, San Jacinto, Walker, Polk, Montgomery, Waller | $100,000 | $111,869 |
| 3. Office of Tobacco Prevention and Control (OTPC), Texas Department of Health | Created upon the recommendation of TCC, OTPC conducts tobacco prevention and awareness activities. Recent activities target youth, minorities, women, low-income workers, and smokeless tobacco users. With the increase in federal and state funding, and with expected tobacco settlement funds, it is unlikely that TCC funding will continue to be needed for core operations. | Statewide | $290,000 | $1,491,350 |
| 4. ROSE Hispanic Breast Cancer Awareness, Education & Screening Outreach Program | A non-profit effort to address the breast health needs of all women, particularly those who are medically under served. ROSE provides breast cancer screening and diagnostic procedures to any woman regardless of her ability to pay. | Harris | $100,000 | $120,758 |
| 5. Titus Intervention Project, Titus County Memorial Hospital | A collaboration between the hospital and an active coalition of community groups with the goal of improving health care access to under served residents. The project provides bi-lingual outreach and culturally relevant education on the five cancers that most affect minorities. | Titus, Franklin, Camp, Morris | $99,851 | $27,440 |
| 6. Texas Statewide Tobacco Education and Prevention, Southwest Texas State University | A project that educates law enforcement personnel on the importance of limiting children's access to tobacco. Due to the availability of alternative funding sources, fiscal year 1999 is the final year for TCC funding. | Statewide | $174,966 | $256,973 |

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## Summary of Cancer Council Grants
### Fiscal Year 1999

| Project Title | Project Summary | Counties Served | Grant Amount* | In-Kind Funds |
|---|---|---|---|---|
| 7. Cancer Education Outreach Program, Grayson County Health Department | A collaborative project between the local health department and various community coalitions to conduct culturally appropriate educational outreach and cancer risk awareness to students and low-income residents. This is the final year of TCC funding and the project director is seeking alternative sources of funding. | Grayson | $98,289 | $41,749 |
| 8. Cancer Risk Reduction Education, Texas Agricultural Extension Service | Project provides cancer awareness programs to a variety of audiences and addresses the need for environmental modifications and education to enable Texans to avoid tobacco, protect their skin from sun exposure, and seek early detection for other types of cancer. Resources and training have been provided via TCC funding. | Statewide | $110,000 | $26,950 |
| 9. Texas Comprehensive School Health Network, TDH | Maintains a resource network within each of the 20 Education Service Center regions that provides local school personnel with knowledge, training and technical assistance on cancer prevention. | Statewide | $210,000 | $413,131 |
| 10. School/ Community-Based Adolescent Tobacco Use Cessation Program, University of Houston | A two-part bilingual, culturally appropriate adolescent tobacco cessation program. The 1997 Legislature supported the program by mandating that all minors caught in possession of tobacco participate in this program. | Statewide | $112,548 | $53,400 |
| 11. Tarrant Council Minority Cancer Prevention Project | Provides cancer prevention education for under-served minorities and entry of individuals into available, age-appropriate services. | Tarrant, Wise, Palo Pinto, Denton, Parker, Johnson | $100,000 | $28,436 |
| 12. Community-Based Cancer Prevention and Control Program, Stephen F. Austin University | A rural community-based, work place focused cancer prevention and early detection program. | Angelina, Nacodoches, San Augustine, Shelby | $114,993 | $64,309 |
| 13. Impact of Managed Care on Cancer Services, Health Law & Policy Institute, University of Houston | Provides research and technical assistance that will assist TCC in formulating sound public policy and program recommendations. | Statewide | $104,768 | $50,812 |

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## Summary of Cancer Council Grants
### Fiscal Year 1999

| Project Title | Project Summary | Counties Served | Grant Amount* | In-Kind Funds |
|---|---|---|---|---|
| 14. W. Texas Cancer Prevention Partnership, Texas Tech University Health Sciences Center | Provides a mobile mammography clinic to increase availability of mammography services and enhance cancer prevention in rural West Texas where mammography services are not available. | Public Health Regions 9 & 10. Efforts focus on counties in which the clinic travels as needed. | $194,882 | $188,350 |
| 15. Texas Cancer Data Center, UT MD Anderson Cancer Center | Provides a computerized repository of information and clearinghouse of cancer resources available to all Texans at no charge. | Statewide | $308,247 | $204,600 |
| 16. Spit Tobacco Prevention Analysis, UT MD Anderson Cancer Center | A comprehensive research and information system providing a framework for developing, implementing, evaluating, and disseminating spit tobacco programs, policies and services tailored to user populations and intervention channels. | Statewide | $99,713 | $64,773 |
| 17. Physician Oncology Education Program | An initiative to enhance Texas physicians' knowledge, skill, and role in cancer prevention and control. TCC is working with the Texas Medical Association to create a corpus fund, capable of sustaining the program independently in the future. | Statewide | $339,875 | **$86,602 |
| 18. Nurse Oncology Education Program | An initiative to enhance Texas nurses' knowledge, skill, and role in cancer prevention and control. | Statewide | $354,000 | **$199,380 |
| 19. Dental Oncology Education Program | An initiative to enhance dental professionals' role in cancer prevention, early detection, and knowledge of oral cancer. | Statewide | $160,000 | $66,210 |
| 20. Palliative Care Services for Terminally Ill Children, Baylor College of Medicine | Provides palliative care services for terminally ill children and develops a supportive care program by working with a network of hospice services throughout Texas. | Statewide | $79,995 | $175,215 |
| 21. African-American Women's Breast Cancer Screening Outreach & Case Management Services, UT School of Nursing | A new model for coordinated outreach and case management strategies to encourage participation in early breast cancer detection services. | Initially Dallas, Houston, Tyler/ Longview, then statewide | $300,000 | $97,920 |

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** In-kind contribution figures for the Nurses and Physicians Oncology Education Programs include estimates of project income from course fees paid by participants.

# TEXAS CANCER COUNCIL

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