

## Meeting Record

**Meeting Group: New Hampshire Cancer Fund Oversight Board Meeting**

**Date of Meeting:** January 10, 2008

**Board Attendees:** P. Ames, J. Ascheim (for M. Cooney), Rep. B. Bridgham, L. Butterly, Y. Corbeil, P. Davies, M. Dumond, J. Gersten, N. Kane, S. LaFrance, L. Mendham, J. Miranda-Smith, L. Ota, J. Proctor, P. Santos, J. Sias, B. Walker

**Not present:** BJ. Allgaier, Sen. M. Fuller Clark, M. Cooney (represented by J. Ascheim), Rep. L. Emerton, Sen. B. Odell

**Guests:** B. Bukowski, K. Bugler, K. Karwowski, J. Welch, S. Cherala

**Length of meeting:** 1.5 hrs.

**Respectfully submitted by:** Judy Proctor

Topic	Discussion	Committee Recommendations	Committee Actions
<b>Introductions</b>	Welcome to Karen Bugler, Comprehensive Cancer Program Coordinator at DPHS. Started Jan. 7. Will manage new Cancer Fund contracts (except Tobacco) and work on Evaluation Plan Database.	Meet with key NH CCC Staff.	
<b>Meeting Record of 9/10/07</b>	Correction noted: add J. Miranda-Smith to attendance list.		Acceptance of minutes with correction.
<b>Update of RFP process</b>  Mike Dumond  Lynn Butterly	<b>Timeline:</b> -Collaborative efforts in developing RFPs resulted in a new timeline with the expectation that most of the RFPs will go to Governor and Council for approval in May, 2008. 4 RFPs have been released. Expect total of 11 to be released; 7 have been completed, 2 in final edits at DPHS, 2 in early development stage. -Collaborative efforts applauded by Mike Dumond and Dr. Butterly. <b>-Process to establish review teams</b> Teams will consist of representative of 2 DPHS, 2NH CCC, and 1 field expert. May need to modify for tobacco proposals as they expect up	Need more field experts. Opportunity to engage workgroup members in the review process if no conflict of interest. Email if	Dr. B to send email inviting workgroup members to participate as reviewers. Dr. B and Mike can determine needs based upon

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	<p>to 25 proposals possible. DPHS will choose their representatives. Need more reviewers from NH CCC. DPHS has capacity to hold web-based meetings if needed.</p>	<p>willing to help or expert suggestions to Judy Proctor (jproctor@healthynh.com)</p>	<p># of letters of intent received.</p>
<p><b>Tobacco Funds</b> <b>67.4% of Cancer Fund= \$4 million</b></p>	<p>Cancer Fund \$ to be split between 5 RFPs. Community Coalitions previously funded by CDC, but now will come from the Cancer Fund. Intent of the law was to enhance programs. What is the net gain? What will happen to the Coalitions if Cancer Fund money can't support them in the future? DPHS Tobacco Funds 5 yrs ago were similar to now, but now experiencing significant staffing gap. DPHS decided to use CDC funds to expand Program staffing. DPHS identified the need to expand their Tobacco program to meet the infrastructure needs associated with increased funding (implementing, monitoring, management and technical assistance for new contracts). DPHS didn't believe the Oversight Board would grant cost allocation from the Cancer Fund since not designated in the law, so chose to use the CDC funding.</p>	<p>NH CCC recognizes the need for more staffing and infrastructure support at DPHS related to the Cancer Fund.  Monitoring needed to show progress to support future advocacy efforts.</p>	<p>OSB requests open discussion with DPHS related to tobacco initiatives and funding issues in the future.</p>
<p><b>Cancer Funding: Federal and State</b></p>	<p>Many states give their Comp Cancer (CC) CDC money directly to the Collaboration. In NH: CDC Funds new Program Coordinator, 25% Secretary, 25% Administrator, BRFS, Evaluation Plan and database and Management Contract. Historically, NH CCC notes that DPHS has been reluctant to share funding information or include the NH CCC in discussions. DPHS has established expense account from unspent CDC money to support publishing legal notices and other contract expenses. DPHS had planned for CC money to hire colorectal cancer coordinator; now using for new CC Coordinator position. Since # contracts is still uncertain, how can staffing needs be projected now?</p>	<p>Better use of resources and more efficient to engage in collaborative discussions and offer transparency of finances between DPHS and NH CCC. Lack of transparency can hinder progress of the NH CCC.  DPHS agrees CDC cooperative agreements should be shared with NH CCC.  NH CCC would like to participate in CDC funding proposals prior to submission.</p>	<p>Mike will prepare summary of funding sources and needs to present to the Oversight Board for discussion at a conference call in the near future.</p>

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<p><b>Needs of the Legislature</b> Representative Bridgham</p>	<p>Periodic bulleted summary reports. Democratic leadership cites the Cancer Fund as a positive outcome of the last session. Emphasize partnership developed between DPHS and NH CCC and enormous progress with RFP development. Peter Ames and Mike sent an updated report in December to the Finance Committee. Important to involve other partners in Tobacco and Diet and Exercise to include positive outcomes for other diseases (heart, diabetes etc). Many of these partners already participate in the Primary Prevention workgroup.</p>	<p>Press releases. Keep legislators informed of tangible outcomes. Look for marketing opportunities. Keep partners involved or invite new stakeholders.</p>	<p>Leadership to discuss best ways to report progress regularly and recruit new stakeholders.</p>
<p><b>Next Meeting</b></p>			<p><b>Thursday, April 3</b> <b>4:30-6:30</b> Foundation for Healthy Communities Room 2</p>