

Revised 8/8/2008

NH Cancer Plan Oversight Board Meeting Record
9/10/07, 4:30-6:30

Participants: *J Sias, N Kane, L Mendham, S LaFrance, P Ames, J Gersten, K Karwowski, J Ascheim, L Butterly, P Baum, B Walker, S Cherala, Y Corbeil, M Murphy (representing M. Cooney), L Ota, M Dumond, B Bukowski, M McAllister, J. Miranda-Smith, J Proctor, Rep Bridgham, Sen. Martha Fuller Clark, Sen. Odell*

Not present: *BJ Allgaier, M Cooney, Rep. Emerton*

Respectfully submitted by: J Proctor

Topic	Discussion	Committee Recommendations	Committee Actions
Election of new members	NH Comprehensive Cancer Collaboration (NHCCC) request to expand membership beyond the 14 “core members”		Voted to add: J Gersten P Davies S LaFrance P Santos L Ota B Walker J Proctor
Election of Chair Election of Secretary			Dr Lynn Butterly, Chair Judy Proctor, Secretary
Discussion and Ratification of Funding Expenditure Process	Overview of process: <ul style="list-style-type: none"> • Department of Health & Human Services (DHHS), NHCCC jointly develop (Request for Proposals) RFPs • RFPs will state that proposals need measurable outcomes and ideally should further our knowledge. • Base RFPs on the Cancer Plan and logic models. • Scope of service could be negotiated with grantee after proposal is selected. • Interested entities submit proposals • Review teams consist of minimum of DHHS (2), 	Request to form RFP development teams immediately to write the RFPs. Teams can use the DHHS basic RFP template. Flexible enough to tailor for specific topics/needs. NHCCC Board members who don't have a conflict of interest could read the RFP prior to publication to assure completeness.	Submit name and area of interest NOW to Judy if interested in joining a RFP team. Conference call 9/11 at 9:00 am to review the DHHS RFP process with interested team members. Submit names to Judy if able to serve as an RFP reader.

	<p>NHCCC (2), expert (1)</p> <ul style="list-style-type: none"> ○ Score proposals to select best proposal to meet Cancer Plan objectives. ○ Prefer funding go to one contract to be used in entirety or sub-contract as a fiscal agent to expand the scope of the Plan into communities for : <ul style="list-style-type: none"> ▪ Diet & Exercise ▪ Survivorship ▪ Prostate Cancer support and survivorship ● Timeline: G&C approval by 2/08 if proposal development work begins now. ● Larger monies (tobacco, colorectal, breast & cervical) could be awarded to multiple applicants. ● Desire to broaden and strengthen the NHCCC through the allocation process. 		<p>Voted to sanction the RFP process as outlined under “discussion”. Close communication will ensure that all parties are comfortable with the process as we go forward.</p>
<p>Conflict of Interest (COI)</p> <p>RFP developers</p> <p>RFP reviewers</p>	<p>DHHS modified COI policy for RFP developers- distributed. Individuals who work in a section of a large organization can participate in developing an RFP for a fund allocation for which other members of their organization may later apply.</p> <p>COI is stricter for RFP review teams. If employed by the same agency, a reviewer cannot review proposals submitted by someone else from their organization, even if their specific work is separate within the organization.</p> <p>Should NHCCC Board develop internal guidelines for COI for future use?</p>		<p>Individuals will sign COI prior to working on development or review teams.</p>
<p>Breast & Cervical Funds</p>	<p>Do they need an RFP? Line item in DPHS budget per HB 2? Since DPHS lost federal funding, they hope to maintain existing screening program using NH Funds.</p>		<p>P Ames will review with appropriate legislators and M Murphy will check with DHHS legal team.</p>
<p>Tobacco Funds</p>	<p>Subject to RFP process; NHCCC wants to be included in collaborative efforts. May need multiple RFPs, or one large RFP containing multiple potential subcategories.</p> <p>Tobacco Use Advisory Committee (TUAC)- need to reconvene?</p>	<p>TUAC seems unnecessary.</p>	<p>Further discussion will clarify this part of the process.</p>

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	Oversight Board responsible for Tobacco funding allocation. Interests are represented by the Primary Prevention wkggrp and OB.		
Funding Periods	Monies not spent by 7/1/08 will automatically roll into the new fiscal year and can be added to the funding for that year. Contract process can't necessarily roll into a new year. Can designate a 2-year contract and request to roll based upon performance.		
Next Meeting	Purpose: Report progress, create needed plans, resolve questions and address issues. Progress Report from Chair is due Nov. 1. Can be addressed by minutes of this meeting.	Option to convene a conference call if needed before 1/10/08.	Jan. 10, 2008 Foundation for Healthy Communities Concord JP to create OB registry and arrange meeting to be placed on House and Senate Calendars.