**Florida Cancer Plan 2030 Planning Meeting - Subgroup on Diagnosis/Treatment, QOL/Survivorship, Childhood Cancers**

**June 10, 2025 at 12:30 PM**

**Meeting Summary**

**Quick recap**

The meeting focused on updating Florida’s cancer plan, with discussions on reviewing objectives, comparing plans from other states, and improving the plan’s format and content. Participants examined various state cancer plans, highlighting preferred visual elements and layout styles, while considering ways to make Florida’s plan more concise and user-friendly. The group agreed to divide the work into three areas with co-chairs, meet bi-weekly, and prepare written proposals for the next meeting, with consultants compiling recommendations for the updated cancer plan vision.

**Summary**

**Council Meeting Introduction**

The meeting began with introductions and casual conversation about headshots and brain surgery. Bobbie noted that several participants were returning attendees, including Leah and Bill. He mentioned that Dr. Q from Mayo was excused due to brain surgeries. The group discussed the presence of FHA partners, with Kirstie having attended one previous call and Kim potentially joining later. Bobbie explained that Dr. Raez is the FHA appointee to the Council and that they had reached out to the Association regarding workforce objectives. The meeting was set to begin in a minute, with Clement suggesting they wait a bit longer for additional participants.

**Childhood Cancer Workgroup Strategy Meeting**

The meeting introduced the workgroup focused on diagnosis, treatment, and childhood cancers, led by Dr. Luis Raez, with members including Nicole de Lara Puente, Leah Mitchem, Bill Fredericks, Kirstie Clinton, Jose Pimiento, Paul Ledford, and Autumn Citta. Clement Gwede, the chair, outlined the purpose of updating the cancer plan, emphasizing the need to maintain continuity with the previous plan while addressing the impact of the COVID-19 pandemic and setting new strategies. The group discussed the importance of reviewing objectives, revising metrics, and aligning with other cancer plans, with plans to meet again to finalize next steps and determine meeting frequency.

**Cancer Plan Subgroup Structure Review**

The meeting focused on the responsibilities and structure of the subgroups working on cancer plan goals, with Clement explaining that members should review the provided data and offer expert input on diagnosis, treatment, quality of life, and survivorship. Luis raised questions about how the plan would be built and whether the group would review and approve existing standards. Clement clarified that the initial focus would be on reviewing other state cancer plans and deciding which goal areas to discuss in future meetings. The group was instructed to prepare for reviewing the current plan’s goals, objectives, and metrics, with the aim of making necessary updates while maintaining a balance between practicality and ambition.

**Florida Cancer Plan Comparison Discussion**

The group discussed comparing Florida’s cancer plan with those of other states, noting that Florida was the first to include childhood cancers. Clement emphasized the importance of learning from other states’ plans—particularly Georgia’s and Michigan’s—and highlighted the need for trackable data. Bobbie introduced a workbook with questions to guide the plan update process, encouraging participants to review other states’ plans for layout and user-friendliness. The group agreed to focus on specific goals and objectives in their next meeting, with Clement clarifying that the plan’s audience includes practitioners, clinicians, legislators, and the public.

**Health Insurance Metrics Review Meeting**

The group discussed the reliability and validity of health insurance coverage metrics, particularly the BRFSS survey, which is conducted at the county level in Florida. Luis expressed a desire to understand how specific goals were determined, such as increasing the percentage of individuals with health insurance coverage from 79.1% to 85%. Clement explained that these goals were based on stakeholder input and projections but acknowledged that some data metrics are difficult to track. Bobbie emphasized the importance of reviewing existing metrics and considering alternative sources for more reliable data, especially for subgroups like the Prevention and Risk Reduction group. The group agreed to table further discussion on specific metrics for future meetings.

**Cancer Plan Review and Progress**

The group discussed reviewing cancer plan objectives and their achievement status. Clement explained that some data is available to show baseline and current rates, which will be shared for review. Jose and Clement agreed to first evaluate what kind of document format would be most useful for presenting the information, with the consultants suggesting a visual output that could be compared across the four groups. The team decided to focus on reviewing different cancer plans and their features in the next meeting, with subcommittees leading discussions on achievements, challenges, and desired changes.

**State Cancer Plans Visual Review**

The team reviewed several state cancer plans, with Jose and Luis particularly praising the Michigan plan for its simple, clean tables and visual clarity, though they questioned how well it fit with their current work. Leah and Autumn highlighted the Minnesota plan’s patient images and the Georgia plan’s professional layout and clear presentation of success measures and targets, while Nicole noted that only the Illinois plan addressed pelvic cancer. The discussion focused on visual elements and layout preferences, with the team agreeing that their own plan could benefit from incorporating more images and simplifying its content.

**Illinois Cancer Plan Simplification Initiative**

The team discussed creating a more concise version of the Illinois Cancer Plan, which currently spans 117 pages. Nicole suggested using AI tools to consolidate the document into a 10-page summary, while Paul emphasized the need to consider the audience and purpose of the plan when determining its length. The group agreed that an executive summary of no more than two pages could be useful for overview purposes, while more detailed information would be necessary for specific audiences, such as cancer center staff. Paul also noted that palliative care and hospice were not explicitly mentioned in most of the cancer plans reviewed.

**State Plans Review and Feedback**

The group discussed various state plans, with Bill praising Michigan’s disparity spotlight and Illinois’ stratification of action, while noting that Florida’s plan had good visuals but was too lengthy. Luis suggested keeping documents concise, with attachments for additional information, and Bill proposed using QR codes or links for mixed media content. Jose pointed out that Florida’s plan had a clear introduction but dense text in the goals section, suggesting a need for better balance between readability and content density.

**Cancer Plan Work Division Meeting**

The group discussed dividing the work into three areas, with co-chairs leading their sections and preparing written proposals for the next meeting. They agreed to meet bi-weekly, with Dr. Raez leading the remainder of the group’s discussions. The consultants will compile notes from all four groups to provide recommendations for the next cancer plan vision. Bobbie will reach out to Autumn and others to form teams for each area, and the next meeting will be scheduled in two weeks at 12:30 PM on a Tuesday.