

# STAKEHOLDERS INTERVIEWED for Organizational Assessment

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## Benchmark States

Philip Gardiner, DrPH, Tobacco-Related Disease Research Program (CA)

Heidi McConnell, MPA, Cancer Prevention Research Institute of Texas

Christopher Gilrein, MPA, Massachusetts Life Sciences Center

Vicky Derbyshire, PhD, Wadsworth Center New York

*\*Not available for interview, participated in board discussion*

# SUMMARY OF BENCHMARKING CARE FUND Against Similar Funds in Other States

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A number of other states have sought to promote the development of cancer research and cancer solutions through public funding. As context for the CARE Fund strategic planning process, CARE Fund staff researched and Jan Glick & Associates interviewed several of these funds. The funds vary in available funding amounts, funding sources, and complexity of structure, as well as how each demonstrates public benefit, although all are larger than the CARE Fund. Findings relevant for the CARE Fund are briefly summarized below.

## Methods

Per the CARE Fund staff's direction, JGA surveyed the four states that appeared to have the most similarity in mission and focus to the CARE Fund: Texas, California, New York and Massachusetts (please see Appendix A for a complete list of the stakeholders interviewed). Additional states could be reviewed in the future for more information. JGA also utilized pre-research on each state compiled by CARE Fund staff.

JGA spoke with either chief operating individuals for each fund, or other relevant staff leadership (COO, Director of Business Development, Senior Program Officer/Tobacco-Related Disease Research Program, Deputy Director of the Public Health Lab). New York has multiple funds and would require additional investigation to examine the specific operations that may be relevant so only general data is provided.

## Summary of Findings

### Demonstration of Public Benefit

Considering the different foci of the funds interviewed (i.e., cancer prevention and research, tobacco related disease research, public health, life sciences, etc.), the public benefit for these funds has been generally demonstrated by a variety of outcomes, including the following:

- New grants awarded
- Research collaborations between Community Based Organizations and/or schools, and University-based investigators
- Special research initiatives funded
- Disparities research performed with specific populations
- Industries and/or public policies influenced
- Additional funding leveraged
- Research and other reports published
- Patents adopted
- Partnerships developed
- Jobs created and/or other economic development outcomes

## Good Governance

Each fund has a different approach to the precise assignment of roles and responsibilities to ensure good governance. Actual conflict of interest and the appearance of conflict of interest is managed by using peer and external review as well as outlining clear board/staff roles. Since these funds are all significantly larger than the CARE Fund, details on such practices may not be easily adopted by the CARE Fund. Rather, it may be helpful for the CARE board to adopt practices and policies tailored to the work of the CARE Fund.

Texas has experienced challenges with apparent conflict of interest. In particular, Texas appears to have added several internal checks and balances to board practices and decision-making processes to address avoiding both the appearance of conflicts of interest and actual conflicts of interest. Likewise, the California fund experienced significant scrutiny over its governance practices.

## Public Funding Streams

All of the benchmark states appear to face the challenge of fluctuating public revenues and the need to advocate for ongoing public investment. Funding streams include state general fund revenue, dedicated funding such as tobacco tax revenues, and creative streams such as capital bonding.\*

*\* See Table: Cancer Prevention Funds in Benchmark States on page iv.*

Table: Cancer Prevention Funds in Benchmark States

Size	Source of Public Revenue	Public Benefit Metrics
<b>TEXAS</b> Cancer Prevention & Research Institute of Texas		
\$3B over 10 years	Capital bonds  License plate revenue (small amount)	<ul style="list-style-type: none"> <li>• Screenings</li> <li>• Lives saved from prevention</li> <li>• Recruitment (of scientists) to TX</li> <li>• Research advances</li> <li>• Job creation</li> <li>• Facility creation</li> <li>• Product development research at TX academic institutions</li> </ul>
<b>CALIFORNIA</b> Tobacco-Related Disease Research Program*		
Has ranged from \$11M - \$57M	Tobacco tax (per pack) – dedicate 5% of total tax to the fund	<ul style="list-style-type: none"> <li>• Number, amount and types of awards</li> <li>• Findings of research in 5 priority research areas</li> <li>• Findings by Special Research Initiatives, including disparities research</li> <li>• Publications</li> <li>• Dissemination/public awareness activities</li> <li>• Research collaborations between community-based organizations and investigators</li> <li>• Research collaborations between schools and university-based investigators</li> <li>• Industry influence/Policy influence</li> </ul>
<b>NEW YORK</b> Department of Health, Wadsworth Center Extramural Funding Programs*		
Varies by program	General Fund Operating  Tax Return Check-Off Box for Cancer Research	<ul style="list-style-type: none"> <li>• New grants awarded</li> <li>• Patents adopted</li> <li>• Publications</li> <li>• Amount leveraged from other sources</li> </ul>
<b>MASSACHUSETTS</b> Massachusetts Life Sciences Center*		
Initially \$1B Recapitalized at \$600M	Capital  Tax incentives  General Fund Operating	<ul style="list-style-type: none"> <li>• Jobs</li> <li>• Internships</li> <li>• Amount awarded in grants, loans, capital infrastructure</li> <li>• Locations</li> <li>• Awards repaid (accelerator loans)</li> <li>• Amount in start-ups</li> <li>• Scientific advances</li> </ul>

\*Not only cancer-focused