Executive Summary

In 2016, The University of Texas System approached eight of their health care-related institutions to participate in developing a system-wide Population Health Strategic Plan. Dr. Ernest Hawk, vice president, Cancer Prevention and Population Science, and Dr. Lewis Foxhall, vice president, Health Policy, lead this initiative at MD Anderson. An institutional-wide Steering Committee regularly convenes to provide guidance and consultation for the strategic plan’s vision and deliverables. A community needs assessment was also completed with the assistance of community stakeholders such as members of the Cancer Alliance of Texas (CAT) and the Cancer Control subcommittee of the institution’s Board of Visitors.

The mission of MD Anderson Cancer Center is to eliminate cancer in Texas, the nation and the world through exceptional programs that integrate patient care, research and prevention. This mission also includes education for undergraduate and graduate students, trainees, professionals, employees and the public. Given our mission and commitment to Texas as the catchment area for our population health strategic plan, we selected the Texas Cancer Plan (2012) as the model for the plan’s goals and objectives developed within the PES framework. In the PES framework, P stands for policy, E stands for Education and S stands for the services to be developed, implemented and evaluated in our catchment area which is described in Section 1. The vision of the plan is guided by promoting health as it relates to cancer prevention, treatment and control among our employees, patients, students and the community at large.

The strategic planning process identified four key priority areas for the institution’s Population Health Strategic Plan. These priority areas are:

- Reducing health disparities
- Increasing cancer-related vaccination rates
- Eliminating tobacco use
- Promoting healthy eating and physical activity

These priority areas are linked to measurable objectives and indicators. The plan will be monitored and planning and implementation changes will be influenced by data analysis for achievement of proposed outcomes.

Section 2 focuses on data related to health outcomes with additional data provided in the Appendices. Sections 3-5 of the plan detail the identified community needs and
priorities, available resources and health priorities. Sections 6-7 detail the current capacity and gaps in technology and infrastructure and the population health workforce at the institution. Section 8 documents additional community health needs related to the unique geography of Texas and Hispanic health. The details of our comprehensive goals plan and key priorities areas are covered in Section 9. The potential impact of not implementing the plan upon the population health landscape is summarized in Section 10.

In collaboration with other UT system institutions, government agencies, educational and health care institutions, community-based organizations and collaborations with the public, we plan to build upon the goals and priorities identified in the plan in furtherance of the goal of Making Cancer History®.

Best regards,
Ronald A. DePinho, M.D.
President
The University of Texas MD Anderson Cancer Center