August 2012: Officially received grant funding. University grant team established bi-weekly meeting schedule to plan community engagement and convening of multiple partners.

September 13, 2012: Luncheon held to provide overview for community stakeholders about grant and opportunities. Almost 40 individuals attended representing several organizations and community groups.

October 11, 2012: Brainstorming session with mostly providers. Some of the themes that emerged included transportation, cultural issues, language, race/ethnicity, and collaboration. Participants broke up into small groups that recommended some action steps that could be taken as a coalition to address the issues discussed.

October 22, 2012: Met over lunch with small group of community residents and gatekeepers of marginalized populations (immigrants, refugees) to reflect themes raised by providers, barriers to care, etc.

November 14, 2012: Conference call with providers that weren’t involved in 10-11-12 strategic assessment to gather input and recommended action steps.

December 5, 2012: Assessment overview to reflect constellation map themes and combined action steps that emerged out of strategic assessment, community and provider dialogues. Participants identified need for further dialogue in aging and transportation and agreed to begin task group in January 2012. Komen sought and received approval to pursue community organizing grant opportunity in collaboration with existing coalition.

December 14, 2012: Conference call to expand on topics of aging and transportation. Participants drafted action steps and additional data needs to expand on these two areas.

January 15, 2013: First “Task Group” meeting included an overview of Principles and Process of Community-Based Participatory Research, as well as review of statistical data and discussion about role of Dallas Cancer Disparities Coalition.

February 21, 2013: The workgroup (formerly referred to as “task group”) reviewed a summary of the different health disparities that have been discussed and did an informal “vote” to assess most important areas. Participants agreed on need to identify existing assets and resources before drafting strategies.

April 23, 2013: The workgroup reviewed the Priority Areas that came out of the previous meeting and agreed to move forward in starting a Coalition. We also reviewed a subaward that has been granted from Komen Fort Worth and began brainstorming how to apply these funds.

May 7, 2013: The workgroup met to develop goals and objectives for the Komen subaward. Goals were developed around two major activities: “Screening and Education Day” and a “Resource Manual.”
June 24, 2013: The “Collaboration Subcommittee” met for the first time, with the task of brainstorming a timeline and major activities for the Goals/Objectives for the Komen subaward.

July 9, 2013: The “Collaboration Subcommittee” met once again to continue identifying the key partners that it would need for each project, how to engage them, and to establish some general guidelines and limitations for the project activities.

July 24, 2013: The Coalition met and voted on its name. It also voted on the top strategies on which to focus: Collaborative Education; Advocacy/Public Education; Increasing Funding; Cultural and Linguistic Competence.

September 24, 2013: Participants met and reviewed the top Coalition priority strategies and reviewed the grant deliverables for the current funding supporting the development of the Coalition. Participants agreed on a set of guidelines for roles, responsibilities, and membership of an Advisory Board for the Coalition, and agreed to seek nominations for the Advisory Board and select the Advisory Board in November.

November 13, 2013: An “Advisory Board” Orientation was held to further define the roles and responsibilities of this group and to solicit commitment. Eight participants pledged their commitment at this meeting.

November – December 2013: Subsequent meetings with individuals resulted in an additional three Advisory Board members, bringing the total to 11. The Advisory Board includes: advocacy and fundraising organizations, hospitals and health care organizations, universities, faith communities, community members, and cancer survivors.