

Welcome to
the OPCC
March
membership
meeting!



Welcome from the OPCC Executive Co-Chairs



Angie Santangelo

Clinical Program Director, Cancer Support Community Central Ohio



Lindsey Byrne

Licensed Genetic Counselor, Comprehensive Cancer Center, The Ohio State University Wexner Medical Center

Meet the facilitators from the *Ohio Department of Health*



Emily Bunt

Researcher 3



Jill Price

Public Health Consultant



Amy Bashforth

Chronic Disease Program
Manager

Meet the facilitators from *Professional Data Analysts (PDA)*



Tia Bastian

Senior Evaluator



Melissa Chapman Haynes

Director of Evaluation



Calista Smith

President, Scale Strategic Solutions

**We wish we
were in
Columbus
with you all
today!**



#FALLONTONIGHT



**By the
end we
aim to
have you
feeling
like this!**



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Zoom Logistics

Please no video

Stay on mute

Check the chat box for web links

Multiple ways to engage

Chat box

Verbally

Mentimeter

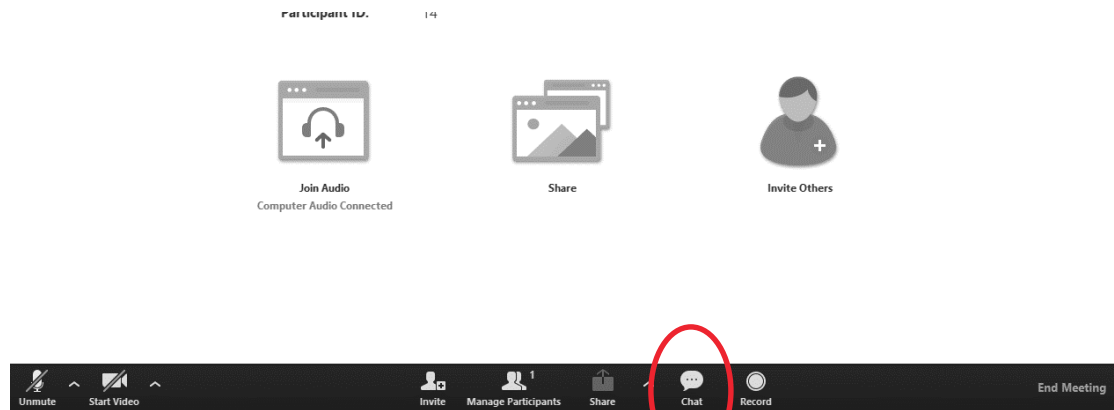


Multiple ways to engage

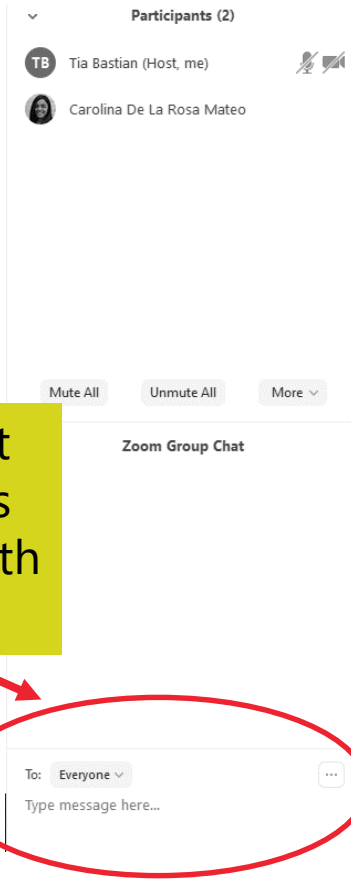
Chat box

- Technical issues
- General questions or comments
- Short, concise comments/questions

How to use the chat box



Click here to see
your chat box



Look in chat
box for links
we share with
you

Multiple ways to engage

Chat box

Verbally

Mentimeter

Multiple ways to engage

Verbally

- When invited to clarify a comment
- Be judicious
- Facilitators may gently interrupt if necessary

How to unmute your audio



Click here to
unmute your audio

How to see a list of participants



Click here to see list of participants and your mute status



Multiple ways to engage

Chat box

Verbally

Mentimeter

Multiple ways to engage

Mentimeter

- Keep your web browser open to www.menti.com
- Activity discussions will take place here

Aims of today's meeting

Share your ideas of what to incorporate into the Plan

Orient you to revision process

Provide instructions for how to use the revision Guidebook and participate in revision process

Clarify roles and expectations of the revision process

The background of the slide is a blue-tinted photograph of a person's hands and arms working at a desk. On the desk, there is a white mug on a saucer, a spiral-bound notebook, and a pen. The person is wearing a watch on their left wrist. The overall scene suggests a professional or creative workspace.

Who is on this call?

What is your name?

What is your organization?

www.menti.com Code: 55 10 3

Orientation to the Ohio Cancer Plan Revision Process





Amy Bashforth

Chronic Disease Program Manager,
Ohio Department of Health

Data walk
what do we
know?



Data Walk

Ohio Comprehensive Cancer Control Plan 2015-2020 Progress as of November 2019

● = Baseline ● = Current data as of 2019 unless noted ✓ Met target

PRIMARY PREVENTION

Increase the percentage of Ohio cigarette smokers who report **attempting to quit smoking**



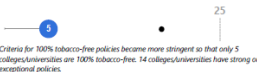
Increase the excise **tax on other tobacco products** (snus, snuff, chewing tobacco and e-cigarettes)



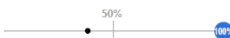
✓ Increase the number of Ohio school districts with 100-percent **tobacco-free policies**



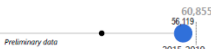
Increase the number of **colleges and universities** with 100-percent **tobacco-free policies**



✓ Increase the percentage of public **multi-unit housing** complexes in Ohio with 100-percent **smoke-free policies**



Increase the number of **radon mitigation** systems installed in Ohio homes



✓ Increase the percentage of **adolescents** 13-17 years who are up to date with human papillomavirus (HPV) **vaccination**



EARLY DETECTION

Increase the percentage of **women** age 50-74 who have received **breast cancer screening** in the past two years



Reduce the rate of **female breast cancer** identified at late stages



Increase the percentage of **women** aged 21-45 years who receive a **cervical cancer screening**



Reduce the rate of **invasive cervical cancer**



Increase the percentage of **adults** aged 50-75 years who receive a **colorectal cancer screening**



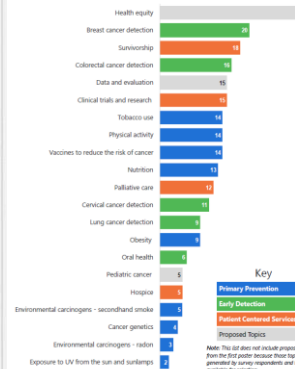
Reduce the rate of **invasive colorectal cancer**



Create a plan to increase availability of high quality low-dose computed tomography (low-dose CT) **lung cancer screening** for at-risk Ohioans

☐ Check if plan completed

Number of people interested in creating objectives and strategies for each topic



Instructions

- Click on the links in chat box to view two data posters:
 - 1) Progress toward current Cancer Plan targets ([Link](#))
 - 2) Survey results-Cancer Plan Topics ([Link](#))
- Spend 10 minutes reviewing the posters
- Come back for group discussion

Review Data Walk Posters



<https://www.ohiocancerpartners.org>

Progress Towards 2015-2020 Plan

OPCC Member Survey Results

Data Walk

Discussion questions

Go to: www.menti.com

Code: 55 10 3

Introduction to the revision Guidebook





4

Phases

8

Principles

100+

Partners



The Ohio Cancer Plan revision process will...

1. Use transparent processes

2. Attend to equity

3. Include perspectives of diverse stakeholders

4. Align with existing statewide and federal efforts

5. Be data driven

6. Include measurable goals

7. Be evidence-based

8. Be easy to use and aesthetically pleasing

Phase 1 (March)

Phase 2 (March – June)

Phase 3 (July – August)

Phase 4 (Sept – Nov)

Topical workgroups leads will...

- Engage diverse stakeholders
- Convene and communicate with the workgroup to develop no more than three objectives for consideration by June 5, 2020.
- Develop strategies for the final objectives in July and August, submitting strategies by August 28, 2020.

Topical workgroups will...

- Actively participate in the workgroup for the calendar year 2020, including attendance at workgroup meetings, calls, etc.
- Carry out the tasks that you volunteer for, in coordination with the workgroup lead.
- Serve as a conduit between the workgroup and other constituencies, such as the workgroup member's organization or professional associations.

Key tasks of the workgroups

- Have topics in place by **March 31, 2020**. Contact info@ohiocancerpartners.org to propose a new topic. Suggesting a new topic after the March OPCC meeting assume you will lead or co-lead the topical workgroup.
- Propose up to three objectives per topic area by **June 5, 2020**. Complete Submission Form #1 (in Appendix C and available as a Word document on the OPCC website).
- Proposed strategies for objectives that are finalized by the Cancer Plan Revision Workgroup by **August 28, 2020**. Complete submission form #2 (in Appendix C and available as a Word document on the OPCC website).
- Attend the **November 12, 2020** OPCC meeting to select priority areas for 2021.



A person is seen from behind, wearing a blue jacket and red-and-white striped socks, climbing a steep, snow-covered mountain. The climber is using ice axes and crampons. The background shows a vast, snowy landscape under a clear sky.

Alone we can
do so little;
together we can
do so much

Helen Keller

Phase 1: Engage stakeholders

(March – June)



Phase 1 principles

1. Use transparent processes
2. Attend to health equity
3. Include perspectives of diverse stakeholders



Transparency is a priority

**The revision
process will be
documented...**

**See the
Guidebook!**

Ohio Cancer Plan Revision 2021 – 2030

Guidebook for the Ohio Partners for Cancer Control (OPCC)



Created for:  Ohio Partners
for Cancer Control

Funded by:  Ohio | Department
of Health

Created by:  Professional
Data Analysts



About Ohio Partners for Cancer Control

Ohio Partners for Cancer Control (OPCC) is a statewide coalition dedicated to reducing the burden of cancer in Ohio.

OUR TOOLKIT



CALLING ALL CANCER STAKEHOLDERS!

Be Part of Developing the Next 10-Year Cancer Plan

LEARN HOW TO GET INVOLVED

Check the OPCC website for updates

Ohio Cancer Plan 2021 – 2030

Cancer Plan Revision Guiding Document

Context

The purpose of this work is to revise the Ohio Comprehensive Cancer Plan. The Cancer Plan identifies how the state cancer coalition (Ohio Partners for Cancer Control (OPCC)) and other stakeholders will address the burden of cancer in Ohio. It is designed to serve as a blueprint for action. This will be Ohio's fourth Cancer Plan.

The Plan must:

- Be in place by Jan 1, 2021
- Engage stakeholders in the development, implementation and evaluation
- Include CDC/NCCCP priority areas: 1) Primary prevention of cancer, 2) Early detection and treatment, 3) Supporting cancer survivors and caregivers, 4) Building healthy communities through PSE change, 5) Health equity, and 6) Demonstrating outcomes through evaluation

Defining success

A successful Cancer Plan is one that will be used by diverse stakeholders for purposes that reduce the burden of Cancer among Ohioans.

Who do you see using the Plan?

- Advocacy organizations
- State and local public health organizations
- Health care organizations
- Community organizations
- Faith based organizations
- Educational institutions
- Statewide coalitions

How do you see them using it?

- Understand goals of the plan and support key issues and policies
- Implement evidence-based interventions/strategies in the Plan
- Substantiate community needs
- Support funding opportunities
- Justify the work they are doing
- Set and align strategies and programs with the state
- Obtain data on cancer related indicators
- Educate others about the work

Guiding principles

Ohio is committed to care

- Data driven
- Includes measurable
- Attends to equity
- Aligns with existing
- Includes perspective
- Is evidence-based
- Is aesthetically pleasing

Key tasks and proposals

- OPCC meetings
- Develop guidance document
- Draft goals and objectives
- Draft strategies
- Draft Plan layout
- Write Cancer Plan
- Obtain final approval of PI

burden of cancer in Ohio?



Power in numbers to influence policy



Expand reach of cancer prevention and control efforts in Ohio



Provide a bridge to local cancer prevention and control efforts



Provide passion and power to fuel the work



Advance health equity



Collectively move toward specific change



Put a face to the industry/organization



Elevate voices of small, underrepresented, patient groups



Pool resources for broader impact



Comprehensive approach to cancer prevention and control (state plan)

Achieving Health Equity in Ohio's Comprehensive Cancer Control Program (CCCCP): A CCCC Checklist

What is health equity?

Many definitions of health equity exist. Here we use the Robert Wood Johnson Foundation definition of Health Equity,¹ which is:

"Health equity means that everyone has a **fair and just opportunity to be healthy**. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care."

Another way to think about equity is that you'll know equity has been achieved when race, gender, nationality, age, ethnicity, religion, sexual orientation, immigration status, language skills, health status, or socioeconomic status **can no longer be used to predict life outcomes**.²

What health equity is not

Health equity does **not** mean equality. Those with the greatest needs and least resources require more, not equal, effort and resources to equalize opportunities.¹ The image below provides a visualization of the difference between equality and equity.



Why does health equity matter?

In addition to upholding ethical principles of fairness and justice, equity also matters because inequities rob our communities of human potential. Dr. Camera Jones reminds us to "consider the health of children, who are born with nearly limitless potential which is then shaped and too often constrained by the environments into which they are born."³ No one chooses to whom they are born, where they are born, or the color of their skin, yet these factors over which people have no control currently

Other helpful definitions

(See references for source of definition)

Health disparities

Differences in health outcomes that are closely linked with social, economic, and environmental disadvantage.³ It is how we measure progress toward equity.¹

Health care disparities

Health care disparities refer to differences in care that cannot be explained by variations in health care needs, patient preferences, or treatment recommendations. This is important because sometimes racial and ethnic minorities who have the same cancer diagnosis as their white counterparts receive a poorer quality of care, which leads to poorer health outcomes and even death.⁴

Health inequities

Health disparities are referred to as health inequities when they result from systematic and unjust distribution of social determinants or critical conditions for health such as healthy food, good housing, good education, safe neighborhoods, and freedom from racism and other forms of discrimination.⁵

Opportunities to be healthy/ Social determinants of health

Nonmedical factors such as employment, income, housing, transportation, child care, education, discrimination, and the quality of the places where people live, work, learn, and play, which influence health. They are "social" in the sense that they are shaped by social policies.¹

Check the OPCC website for resources

Health equity is a priority



Chip Allen

Director of Health Equity,
Ohio Department of Health



Why engage stakeholders?

Potential roles

Implement strategies in the Ohio Cancer Plan

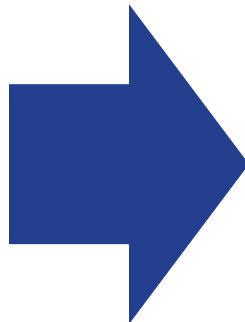
Influence policy and systems change

Expand **reach** to target populations

Provide unique **perspectives** (e.g., youth, survivors, in-patient, etc.)

Provide organizational backing, influence, **credibility**

And more!



Stakeholders currently involved in this workgroup	Role(s) in supporting work on this topic (implement strategies, expand reach, provide expertise, etc.)
Johnny Buckeye	Cancer survivor
Stakeholders not currently involved	Potential role(s) they could play in this work
Franklin Smith	Ohio non-profit

Instructions

- Click on the link in chat box to view
 - 1) List of OPCC Stakeholders ([Link](#))
- Review list of stakeholders associated with a topic of interest (3 minutes)
- Come back for group discussion

Engaging stakeholders

Discussion questions

Go to: www.menti.com

Code: 55 10 3

Phase 2: Develop objectives

(April – June)



Phase 2 principles

- 4. Align with existing statewide and federal efforts
- 5. Be data driven
- 6. Include measurable goals

Process of Writing Objectives



Instructions – Worksheet – Resources

5. Ensure objectives and targets are driven by data

The objectives and targets of Ohio's Cancer Plan should be informed by data. There are multiple potential data sources including surveillance data, survey data, data that may be quantitative or qualitative.

Instructions

- Review progress toward the goals of the Ohio Cancer Plan. <https://www.ohiocancerpartners.org/cancer-plan-library/> provides multiple ways – please see Appendix B for a summary.
 - Review the resources, as needed, to identify factors that may inform your topic area. What are the priorities for this topic? This might include incidence, mortality, rates of change, etc.
 - Consult with the OPCC Data Committee, as needed. Email: Emily.Bunt@odh.ohio.gov.
- Describe the issue using public health data, peer-reviewed literature, etc. What factors contributed to this issue? What barriers contributed to this issue?
- Set baseline and targets for each objective (or revise if needed).
 - What is the baseline? How was this determined?
 - How are you going to measure each objective?
 - The Ohio Cancer Plan will be reviewed in five years. Consider setting 10-year goals, with mid-point targets.

Worksheet

The Tobacco Field Guides Toolkit, from [Frameworks Institute](https://www.ohiocancerpartners.org/cancer-plan-library/), provides some concrete examples of framing – while this is a tobacco example, it can be applied to any topic area:

1. Explain "how it happens" before talking about "who it happens to more often."

It is especially important to highlight different social contexts or conditions that communities experience **before** mentioning disparities. If messaging highlights only the affected groups, people can fall back on negative stereotypes about those communities to explain away the statistics.

Instead of this ❌

Tobacco-related diseases disproportionately affect Black, Hispanic, Asian American, and Native American communities. Cancer, heart disease, and stroke—all of which can be caused by cigarette smoking—are among the leading causes of death among African Americans and Hispanics. Native Americans and Alaska Natives have a higher risk of tobacco-related disease and death due to high prevalence of cigarette smoking and other commercial tobacco use.

Try this ✅

The US has steadily expanded tobacco protections since 1964—with less smoke in the air and fewer advertisements for harmful products as a result. But these protections, which most Americans now take for granted, are less likely to cover the places where people of color live, learn, work, and play. This helps to explain why tobacco-related diseases now disproportionately affect Black, Hispanic, Asian American, and Native American communities.

▲ Please complete the following table – what data do you have to justify this objective as a priority?

Objective Example: By December 31, 2030, the number of Ohioans who consume five or more servings of fruits and vegetables per day will increase from 30% to 35%.

Where did the data come from?	List data source
What population(s) does this objective include?	Adults in Ohio (age > 18), Appalachian, Ohioans who are food insecure, etc.
Can the data be disaggregated?	Yes/no + information on how it is disaggregated
What is the level of the data?	e.g., individual, interpersonal, organizational, community (neighborhood), public policy, etc.
Rank the objective, if more than one is proposed (from 1 to 3, with 1 being the highest ranked)	1 2 3

13 | Page

Objective 1:

Where did the data come from?	
What population(s) does this objective include?	
Can the data be disaggregated?	
What is the level of the data?	
Rank the objective, if more than one is proposed (from 1 to 3, with 1 being the highest ranked)	

Objective 2:

Where did the data come from?	
What population(s) does this objective include?	
Can the data be disaggregated?	
What is the level of the data?	
Rank the objective, if more than one is proposed (from 1 to 3, with 1 being the highest ranked)	

Objective 3:

Where did the data come from?	
What population(s) does this objective include?	
Can the data be disaggregated?	
What is the level of the data?	
Rank the objective, if more than one is proposed (from 1 to 3, with 1 being the highest ranked)	

Resources

National

- National BRFSS website, https://www.cdc.gov/brfss/data_tools.htm
- United States Cancer Statistics <https://www.cdc.gov/cancer/uscs/index.htm>

State

- The Ohio Comprehensive Cancer Control Plan 2015-2020: Interim Assessment of Progress Made as of November 2019, available at <https://www.ohiocancerpartners.org/cancer-plan-library/>
- Annual "Cancer in Ohio" reports
 - Ohio Annual Cancer Report 2019 (plus cancer trends for 2007 – 2016), https://innovateohio.gov/vps/wcm/connect/gov/235721ef-d4d3-4595-b09e-ace0e40ebc93/Ohio-Cancer-Report-2019.pdf?MOD=AJPERES&CONVERT_TO=url&CACHEID=RO-OTWORKSPACE718.M1HGGIK0N0C000Q0DDDM3000-235721ef-d4d3-4595-b09e-ace0e40ebc93-m8ltw
 - Various OICSS reports, <https://odh.ohio.gov/vps/portal/gov/odh/known-our-programs/ohio-cancer-incidence-surveillance-system/Data-Statistics/>
 - County Cancer Data
 - Site-specific cancer profiles (bladder, brain, cervical, prostate...)
 - Ohio Public Health Data Warehouse
 - Ohio Cancer Atlas 2019, <https://odh.ohio.gov/vps/portal/gov/odh/known-our-programs/ohio-cancer-incidence-surveillance-system/resources/ohio-cancer-atlas-2019>
- ACS Cancer Statistics Center, <https://cancerstatisticscenter.cancer.org/#/>
- 2017 BRFSS Data Report <https://odh.ohio.gov/vps/portal/gov/odh/known-our-programs/chronic-disease/data-publications/ohio-2017-brfss-annual-report>
- National Cancer Institute, State Cancer Profile for Ohio, <https://statecancerprofiles.cancer.gov/quickscreen/index.php?state=ohio>
- Evaluation data
 - Ohio State Health Assessment (SHA) 2019, <https://odh.ohio.gov/vps/portal/gov/odh/explore-data-and-stats/interactive-applications/2019-Online-State-Health-Assessment>

Local

- Convergence analyses, etc.
- Qualitative data

A red exclamation point indicates a required task

Who do you see using the Plan?

- Advocacy organizations
- State and local public health organizations
- Health care organizations
- Community organizations
- Faith-based organizations
- Educational institutions
- Employers
- Legislators
- Statewide coalitions
- Citizens of Ohio

How do you see them using it?

- Understand goals of the Plan and support key issues and policies
- Implement evidence-based interventions/strategies in the Plan
- Substantiate community needs
- Support funding opportunities
- Justify the work they are doing
- Set and align strategies and programs with the state
- Obtain data on cancer-related indicators
- Educate others about the work

SMART Objectives...

Specific

Who? (Target population and persons doing the activity)
What? (action/activity)

Measurable

How much change is expected?

Achievable

Can be realistically accomplished given current resources and constraints

Realistic

Addresses the scope of the health program and proposes reasonable programmatic steps

Time-phased

Provides a timeline indicating when the objective will be met

OPCC Data Committee

Name	Organization
Elayna Freese, Committee Chair	Ohio Cancer Registrars Association
Lauren Bottoms	Cuyahoga County Board of Health
Emily Bunt*	Ohio Department of Health
John Kollman	Ohio Department of Health
Roberta Slocum	Ohio Department of Health
Holly Sobotka	Ohio Department of Health

*Contact Emily Bunt to request data technical assistance, Emily.Bunt@odh.ohio.gov

John Kollman

Epidemiologist,
Ohio Department of Health

Phase 3: Develop strategies

(July - September)





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Phase 3 principle

7. Develop evidence-based strategies

Evidence Based

“ A practice that is based on rigorous research that has demonstrated effectiveness and evidence in achieving the outcomes that it is designed to achieve.

”

Promising Practice

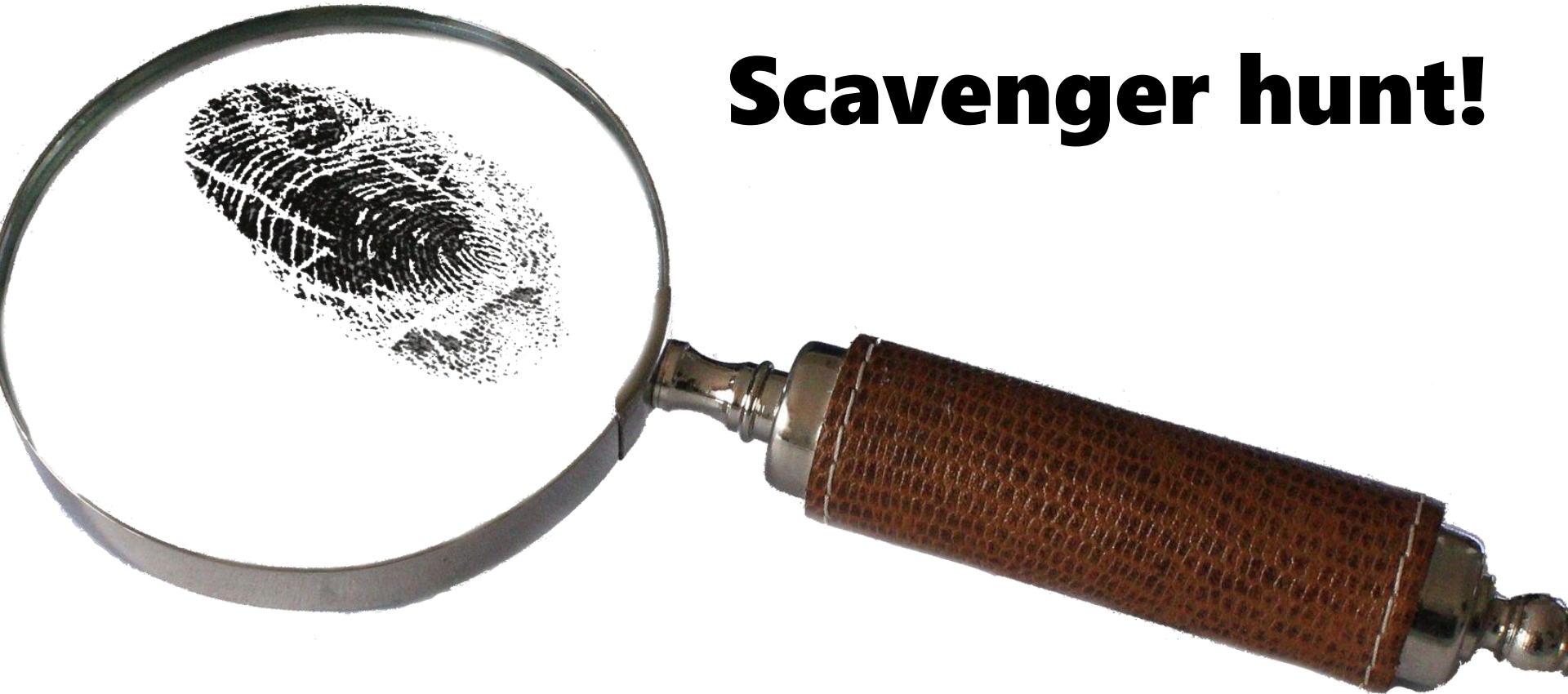
Promising practices are strategies that have **measurable results and positive outcomes**, but there is not yet enough evidence to be considered an evidence-based practice. Often, promising practices are important to consider when working with populations **disproportionately affected by cancer**.

Phase 4: Putting it all together

(July - October)



Scavenger hunt!



Instructions

- Go to CDC website to access other state cancer plans ([Link](#))
- Review *at least* two plans (one from List A and one from List B)

List A

Pennsylvania

Alaska

Minnesota

Delaware

List B

Michigan

Vermont

Hawai'i

South Carolina

Instructions

- If your last name starts with **A-L** look for evidence of...
 - Includes perspectives of diverse stakeholders
 - Attends to health equity
- If your last name starts with **M-Z** look for evidence of...
 - Aligns with existing local, state, federal efforts
 - Data driven and measurable
 - Strategies are evidence-based

Instructions

- Click on link in chat box to review reflection questions ([Link](#))
- Take 10 minutes to review plans (and take a break if needed)
- Come back for group discussion

Review other state cancer plans



https://www.cdc.gov/cancer/ncccp/ccc_plans.htm

Scavenger hunt

Discussion questions

Go to: www.menti.com

Code: 55 10 3

How to join a topical workgroup



Instructions

- Click on link in chat box to open list of current topic leads ([Link](#))
- Take 5 minutes to review the list
- Sign up to lead a new topic if interested

How to join a workgroup!

1. Review the list of proposed workgroup topics on the OPCC website
2. Select a topical workgroup(s) that you want to join
3. Email the topic lead or co-leads to let them know that you are interested in participating in their workgroup.

What if you want to propose a new topic?

1. Send an email to the OPCC email address with your proposed topic and rationale for including it in the Cancer Plan (info@ohiocancerpartners.org)
2. All new topics must be proposed by **March 31, 2020.**



Thank you from the OPCC Executive Co-Chairs



Angie Santangelo

Clinical Program Director, Cancer Support Community Central Ohio



Lindsey Byrne

Licensed Genetic Counselor, Comprehensive Cancer Center, The Ohio State University Wexner Medical Center



**Ohio Partners
for Cancer Control**

Meeting Evaluation

<http://my.evalsurvey.com/opcceval>

PASSION LED US HERE

