# 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

For questions about the content of this Guidebook, please contact info@ohiocancerpartners.org. This Guidebook was current as of **7/06/2020** and will be updated as needed throughout 2020.

# Table of Contents

# Orientation to the Ohio Cancer Plan Revision Process

## What is a State Cancer Plan?

The Centers for Disease Control and Prevention's National Comprehensive Cancer Control Program has supported states in addressing the burden of cancer since 1998. Ohio's Comprehensive Cancer Control Program at the Ohio Department of Health supports the state cancer coalition, Ohio Partners for Cancer Control (OPCC). The charge of the OPCC is to develop, promote, implement, and evaluate Ohio's Comprehensive Cancer Control Plan (Ohio Cancer Plan). The OPCC is a volunteer-led coalition that was initiated in the 1990s and has been continuously active since that time.

> "Comprehensive cancer control plans identify how an organization or coalition **addresses the burden of cancer in its geographic area**. The plans are specific to each region and based on data collected about people living there. They take the strategies that have worked, either in that region or a similar place, and make them into a blueprint for action."
>
> - Centers for Disease Control and Prevention, https://www.cdc.gov/cancer/ncccp/ccc_plans.htm

## Why are we revising the Cancer Plan?

Ohio's current Plan, The Ohio Comprehensive Cancer Control Plan 2015 – 2020 (referred to as the Ohio Cancer Plan from this point on) was created to guide Ohio's comprehensive cancer control work through December 31, 2020. A new Plan needs to be written, approved, and in place by January 1, 2021. Cancer Plans, no matter the duration, are reviewed annually and progress is reported to the Centers for Disease Control and Prevention (CDC).

The revised Ohio Cancer Plan must engage stakeholders in development, implementation, and evaluation. This guidance document includes multiple resources, checklists, and information that will ensure OPCC members and workgroups can revise the plan in a coordinated manner. The CDC and National Comprehensive Cancer Control Partnership (NCCCP) require the following priority areas are included:

1. Primary prevention of cancer
2. Early detection and treatment
3. Supporting cancer survivors and caregivers
4. Building healthy communities through Policy, Systems, and Environmental (PSE) change
5. Health equity
6. Demonstrating outcomes through evaluation

## What is the process for revising the Ohio Cancer Plan?

The OPCC Executive Committee developed two teams that are guiding this process, with support from an external contractor, Professional Data Analysts (PDA). The roles of the Executive Committee and each of the revision-specific groups are as follows:

**OPCC Executive Committee:** The Executive Committee established the principles and timeline governing the Cancer Planning process and will approve OPCC general membership meeting agendas.

**OPCC Cancer Plan Revision Workgroup**: This is a sub-set of the Executive Committee that volunteered to dedicate additional time and energy to the revision process. Members include, but are not limited to, the Executive co-chairs, Ohio Department of Health, American Cancer Society, leads from each of the priority sub-committees, and a member of each ad hoc committee (health equity, data). This group will review the submitted objectives and strategies and contribute to other sections of the Plan.

**OPCC Core Planning Team**: This group includes the OPCC Executive co-chairs and the ODH Comprehensive Cancer Control team. The responsibilities of this group include the sometimes-daily coordination and management of the revision process. Contacts are the OPCC Executive co-chairs, Lindsey Byrne and Angie Santangelo.

**PDA:** This team is facilitating the revision process in coordination with the OPCC Core Planning Team. They will guide, not drive, the process and the coordination of this effort. PDA will also document the revision process to facilitate and inform future revision efforts. Contacts are Tia Bastian, Melissa Chapman Haynes, and Renée Kidney.

The OPCC Executive Committee developed eight principles to guide the revision process, which serve as the framework for this Guidebook. Workgroups should use the principles to guide development of objectives and strategies.

The revision of the Ohio Cancer Plan will:

1. **Use transparent processes**
2. **Attend to health 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)**

The main sections of this Guidebook are organized around these principles.

## What's already happened?

The OPCC Executive Committee, OPCC Cancer Plan Revision Workgroup, and OPCC Core Revision Team have done some initial and preparatory work in January and February 2020. By the March 2020 OPCC general membership meeting the following key decisions have been made:

- ✓ **Ohio's next Cancer Plan will span 10 years** (2021 – 2030). The content of the Ohio Cancer Plan will be reviewed in five years, at the November 2025 OPCC general membership meeting. Updates can be made at that point in time.
- ✓ The Ohio Cancer Plan **will address CDC's six required areas**: These are listed on page 1.
- ✓ The **workgroups will be organized by topic area** (e.g., tobacco use, breast cancer, palliative care, etc.). Leads have been identified and will be responsible for convening each workgroup to develop objectives and strategies to submit to the OPCC Ohio Cancer Plan Revision Workgroup.
- ✓ The Ohio Cancer Plan 2021 – 2030 will need to be fully drafted and ready for final review by mid-October 2020. The final Ohio Cancer Plan **will be in place and effective as of January 1, 2021**.

## Roles and responsibilities of topical workgroups

Topics were determined in three ways. First, the topics from the Ohio Cancer Plan 2015-2020 were included. Second, suggestions from OPCC members were collected through a survey. Finally, topics may be generated at the March 2020 OPCC General Membership meeting. **Topics need to be finalized by March 31, 2020.** Each topical workgroup will be facilitated by 1-3 leads, listed in Appendix E. Workgroups will:

- Develop up to three **objectives by June 5, 2020.** Each objective should incorporate the revision principles, as detailed in the subsequent sections of this document. If the group submits more than one objective, the objectives should be ranked.
- Once objectives are approved by the OPCC Cancer Plan Revision Workgroup, develop strategies for each objective. **Strategies** will be developed in July and August 2020 and finalized by **August 28, 2020**.
- Coordinate with the OPCC Cancer Plan Revision Workgroup and the OPCC Data Committee, as needed.

See Appendix A for details on the Cancer Plan Revision decision-making roles and responsibilities, as well as guidance on group decision-making processes.

## Decision-making authority

The Cancer Plan Revision Workgroup will review the objectives and strategies proposed by the topical workgroups. The Revision Workgroup has the final decision-making authority of the content of the Cancer Plan. The Comprehensive Cancer Control Program at ODH will ensure that the Ohio Cancer Plan meets CDC guidelines.

## How can I play a role in the revision process?

There are various ways you can play a role in the revision process and the OPCC.

- ✓ Become an OPCC member, if you are not already a member!
- ✓ Attend the OPCC general member meetings in 2020, in person (in Columbus) or virtually: March 12, July 9, and November 12.
- ✓ Join a topical workgroup to develop objectives and strategies for the Ohio Cancer Plan 2021-2030. See Appendix E for a list of topic leads. These groups will be responsible for determining the objectives and strategies for consideration in the next Ohio Cancer Plan.

## How to use this Guidebook

This document is designed to provide guidance to the topical workgroups developing objectives and strategies for the Ohio Cancer Plan 2021-2030. It should be used as a tool to help workgroups ensure that proposed objectives and strategies align with the guiding principles. Refer to the multiple resources throughout the Guidebook and in the appendices for additional information, support, and guidance throughout the revision process. Several documents are available online, including this Guidebook, a cancer health equity checklist, a stakeholder analysis, and more. Please go to this URL to access these documents: https://www.ohiocancerpartners.org/cancer-plan-library/.

## Steps for developing Ohio Cancer Plan 2021 – 2030 objectives and strategies

1. **Phase 1, Develop topical workgroups.** Join a topical workgroup (see Appendix E for list of topics and topic leads) & ensure stakeholder representation (page 6). Topics to be set by March 31, 2020.

2. **Phase 2, Develop objectives.** Topical workgroups will meet to develop and submit up to three objectives to the OPCC Cancer Plan Revision Workgroup by June 5, 2020 for consideration to the Ohio Cancer Plan.

3. **Phase 3, Develop strategies.** Topical workgroups will develop evidence-based strategies (or promising practices) for each of the final objectives by August 28, 2020.

4. **Phase 4, Pulling it all together.** Write the Ohio Cancer Plan and use the November 12, 2020 OPCC general membership meeting to decide on priority workgroups for 2021.

Please submit all submission forms, in Appendix C, to info@ohiocancerpartners.org. The subsequent sections include both optional questions/worksheets as well as required components, indicated with the symbol ⚠.

# Phase 1. Develop Topical Workgroups

This phase includes attending to three principles. The goal of this phase is to have topical workgroups that:

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

Each of these principles is defined in this section, and instructions are provided for the topical workgroups. Aspects of health equity and transparency are integrated throughout this document. They are introduced here because each should be centered by the workgroups as the revision process is started, and then maintained throughout the process. **All topics must be proposed by March 31, 2020.**

**The key tasks of the topical workgroups are:**

- ☐ Have topics in place by March 31, 2020. Contact info@ohiocancerpartners.org to propose a new topic. If you propose a new topic after the March OPCC meeting, assume that you will lead or co-lead the topical workgroup.
- ☐ Propose up to three objectives per topic by June 5, 2020. Complete Submission Form #1 (in Appendix C and available as a Word document on the OPCC website).
- ☐ Propose strategies for objectives that are finalized by the OPCC 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.

## 1. Use transparent processes

Transparency is important because it improves buy-in, facilitates communication, and will help with the revision of future plans (because the process will be documented).

One purpose of this Guidebook is to encourage workgroups to systematically think through the rationale for including proposed objectives and strategies in the Ohio Cancer Plan. Having documentation of this process supports effective communication and may help to prioritize efforts when faced with limited time and resources.

Workgroups are encouraged to foster an environment of dialogue. Some suggested guidance for facilitating group decision-making is available in this guidebook, in Appendix A. Decision-Making. Please contact info@ohiocancerpartners.org as you have questions or suggestions for revision of this Guidebook.

## 2. Include perspectives of diverse stakeholders

Cancer control is complex and necessitates pooling the expertise, skills, and preferences of diverse group members. Involving key stakeholders early in the process increases buy-in to the Ohio Cancer Plan and will better support implementation of the objectives and strategies.

### *Instructions*

- ✓ The chair(s) of each topical workgroup should review the list of topical workgroup members provided to them by ODH in mid-March 2020. Consider the following questions for discussion within workgroups:
  - What organizations and perspectives are represented? Which organizations and perspectives are missing?
  - Who are stakeholders currently working in your topic area that are not currently involved? What would their potential role be in the OPCC?
- ✓ Complete the worksheet below to identify key stakeholders you may want to invite to your workgroup to fill gaps in membership. Refer to the resources in the worksheet and online, (https://www.ohiocancerpartners.org/cancer-plan-library/) to help you identify who some of your key stakeholders may be.
- ✓ Reach out to key stakeholders, as appropriate, to invite them to be part of the workgroup.

### *Worksheet*

Be sure to identify potential roles and reasons for reaching out to specific stakeholders! In March 2019, OPCC members provided the following examples of how they contribute to the OPCC. Consider how the stakeholder you reach out to might fill or add to some of these roles.

- Implement strategies in the Ohio Cancer Plan
- Provide expertise (e.g., topical, research, evaluation, policy, etc.)
- Influence policy and systems change
- Act as a thought partner
- Expand reach to target populations
- Provide unique perspectives (e.g., youth, survivors, in-patient, etc.)
- Provide organizational backing, influence, credibility
- Facilitate convening and coordination
- Connect members to resources (data, funding, training, human resource support, etc.)
- Provide programmatic and legislative updates
- Connect to organizations that can implement strategies
- Can give passion, time, and commitment

**Please complete the following table:**

⚠ (this information needs to be summarized in the submission form)

| **Stakeholders currently involved in this workgroup** | **Role(s) in supporting work on this topic** (implement strategies, expand reach, provide expertise, etc.) |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| **Stakeholders not currently involved** | **Potential role(s) they could play in this work** |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

## *Resources*

- Results from the 2019 OPCC stakeholder analysis are online at https://www.ohiocancerpartners.org/cancer-plan-library/. Resources include key stakeholders by topic area and objective of the 2015-2020 Ohio Cancer Plan and a 1-page summary of the value of the OPCC.
- Guidance on how to engage new partners from *Bridging the Gap – 10 tips to engage stakeholders*, https://www.bridging-the-gap.com/engage-stakeholders/

## 3. Attend to health equity

Ohio's next Cancer Plan will be most useful to the extent that the Ohio context is prioritized. In Ohio, factors including race, gender, sexual identity, socioeconomic status, and geographic location are associated with increased cancer incidence and mortality.

### *Instructions*

- ✓ Reference data and reports to identify Ohioans who are disproportionately affected by cancer. Refer to resources listed in the worksheet and reach out to the OPCC data committee, as useful (contact Emily Bunt, Emily.Bunt@odh.ohio.gov).
- ✓ If your workgroup does not include representation from members of these populations, refer back to principle 2 and invite them to participate in the workgroup.
- ✓ Document populations experiencing a disproportionate burden of cancer in the worksheet.
- ✓ After developing objectives and strategies, review with an eye toward health equity. Each objective should include at least one strategy to reach those disproportionately affected by cancer.

### *Definitions:*

**Health disparities**

Differences in health outcomes that are closely linked with social, economic, and environmental disadvantage.[1] It is how we measure progress toward health equity.[2]

**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.[2]

**Race**

A socially constructed system of categorizing humans largely based on observable physical features (phenotypes) such as skin color and on ancestry. There is no scientific basis for or discernible distinction between racial categories. The ideology of race has become embedded in our identities, institutions and culture and is used as a basis for discrimination and domination.[3]

**Institutional racism**

Differential access to the goods, services, and opportunities of society by race. It is normative, sometimes legalized, and often manifests as inherited disadvantage. It is structural, having been codified in our institutions of custom, practice, and law, so there need not be an identifiable perpetrator. Often evident as inaction in the face of need.[4]

[1] Braveman P, Arkin E, Orleans T, Proctor D, and Plough A. What Is Health Equity? And What Difference Does a Definition Make? Princeton, NJ: Robert Wood Johnson Foundation, 2017.
[2]2 Department of Health and Human Services (2011). HHS Action Plan to Reduce Racial and Ethnic Health Disparities. https://minorityhealth.hhs.gov/npa/files/Plans/HHS/HHS_Plan_complete.pdf (Accessed January, 2019)
[3] Annie E Casey Foundation. Race Equity and Inclusion Action Guide, January 8, 2015. https://www.aecf.org/resources/race-equity-and-inclusion-action-guide/
[4] Jones, C. P. (2000). Levels of racism: a theoretic framework and a gardener's tale. American journal of public health, 90(8), 1212.

## *Worksheet*

In 2019, PDA created a Health Equity Checklist to help the Ohio Comprehensive Cancer Program and the OPCC generate ideas for how to integrate health equity into their work. You can find a copy of the Health Equity Checklist online, https://www.ohiocancerpartners.org/cancer-plan-library/.

Reflect on the following questions informed by the Health Equity Checklist to get a sense for how your objectives and strategies are attending to health equity:

**How have you considered social determinants of health in conceptualizing this topic?**

**To what extent are you able to disaggregate data on your topic (refer to glossary in Appendix D for a definition)? By what population groups?** ⚠

**How have you included the voices and experiences of Ohioans who experience a disproportionate burden of cancer in developing your objectives?**

## *Resources*

Health Equity Checklist for Ohio Comprehensive Cancer Control, https://www.ohiocancerpartners.org/cancer-plan-library/

Ohio Cancer Atlas, https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/ohio-cancer-incidence-surveillance-system/resources/ohio-cancer-atlas-2019

The Ohio Poverty Report, https://development.ohio.gov/files/research/P7005.pdf

Poverty and Cancer in Ohio 2010-2014, https://www.cdc.gov/cancer/uscs/index.htm

Robert Wood Johnson Foundation. What is Health Equity? And What Difference Does a Definition Make? https://www.rwjf.org/content/dam/farm/reports/issue_briefs/2017/rwjf437393

Ohio Annual Cancer Report 2019 (plus cancer trends for 2007 – 2016), https://innovateohio.gov/wps/wcm/connect/gov/235721ef-d4d3-4595-b9ae-ace0e40ebc93/Ohio+Annual+Cancer+Report+2019.pdf?MOD=AJPERES&CONVERT_TO=url&CACHEID=ROOTWORKSPACE.Z18_M1HGGIK0N0JO00QO9DDDDM3000-235721ef-d4d3-4595-b9ae-ace0e40ebc93-mBjtTwl

OICSS reports, https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/ohio-cancer-incidence-surveillance-system/Data-Statistics/

# Phase 2. Develop Objectives

This phase includes attending to three principles:

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

**Objectives will be written between March and June.** Workgroups should submit their final objectives (no more than three) to the OPCC Cancer Plan Revision Workgroup by emailing the Submission Form #1 to info@ohiocancerpartners.org. This Workgroup will select the final objectives for the Ohio Cancer Plan 2021 – 2030, based on the extent that each objective aligns with the criteria in the Submission Form #1.

Please keep in mind that the process of reviewing, revising, and/or writing objectives is **iterative**. The steps in this section will need to be revisited, as needed. The order of the principles and steps in this section may vary by workgroup. Please review principles 4-6 before beginning the worksheets.

## 4. Align with existing local, statewide, and federal efforts

It is efficient and fruitful to ensure that Ohio's Cancer Plan is aligned with existing local, state, and federal efforts. This alignment should complement but not overlap other plans, programs, and initiatives. For some topic areas, it may be important to align with local or regional plans.

### *Instructions*

- ✓ Review other relevant local, statewide, and federal efforts related to your workgroup topic. This may include the Ohio Statewide Improvement Plan and Cancer Plans from other states. There may be topic-specific efforts that are important to consider (which are not listed here).
- ✓ Complete the worksheet below to identify existing local, statewide, and federal efforts with which to align Ohio Cancer Plan objectives.

### *Worksheet*

Once your topical workgroup has reviewed relevant plans, please reflect on the following questions and then complete the table.

**What are the priority issues in Ohio related to your topic?**

**What geographic, socioeconomic, racial, or other barriers have contributed to these issues?**

**What are the gaps in policy, systems, and/or environmental services that contribute to these issues?** ⚠

| Plan, program, or other effort | Is the plan or effort local, regional, state, or federal? | Where does it make sense to align efforts relevant to your topical workgroup (e.g. align priorities, goals, measures, strategies, etc.)? |
|---|---|---|
| e.g., Ohio's State Health Improvement Plan | State plan | Chronic disease is a priority in the SHIP and Cancer objectives should align with these priorities. |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

## *Resources*

**Local Efforts**

- Community Health Improvement Plans (contact local health departments)
- Ohio County Profiles, 2019, https://www.development.ohio.gov/reports/reports_countytrends_map.htm

**State Efforts**

- Statewide Health Improvement Plan (under review), https://odh.ohio.gov/wps/portal/gov/odh/about-us/sha-ship
- Ohio Commission on Minority Health, https://mih.ohio.gov/

**Federal Efforts**

- National CCCP Keyword Search Tool, https://nccd.cdc.gov/CCCSearch/Default/Default.aspx
- National CCCP Map, https://www.cdc.gov/cancer/ncccp/ccc_plans.htm

## 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, interview data, or other evaluation data. Data may be quantitative or qualitative.

### *Instructions*

- ✓ Review progress toward the goals of the Ohio Cancer Plan 2015 – 2020. Available online at https://www.ohiocancerpartners.org/cancer-plan-library/. The Ohio Cancer Plan is evaluated in multiple ways – please see Appendix B for a summary.
    - Review the resources, as needed, to identify federal, state, regional, or local data that can inform your topic area. What are the priorities for your topic, based on available data? This might include incidence, mortality, rates of early detection, disparities, etc.
    - Consult with the OPCC Data Committee, as needed (contact Emily Bunt, Emily.Bunt@odh.ohio.gov).
- ✓ Describe the issue using public health data, peer reviewed research, or other evidence (table below). What factors contributed to this issue? What racial, economic, geographic, and other barriers contributed to this issue?
- ✓ Set baseline and targets for each objective (or revise for existing objectives)
    - 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, at the November 2024 meeting. Consider setting 10-year goals, with mid-point five-year goals.

## *Worksheet*

The Tobacco Field Guides Toolkit, from Frameworks Institute, 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 ✗ | Try 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. | 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 xx% to xx%. | |
| 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 (neighborhoods), 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 |

| 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) | 1 2 3 |

| 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) | 1 2 3 |

| 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) | 1 2 3 |

## *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/wps/wcm/connect/gov/235721ef-d4d3-4595-b9ae-ace0e40ebc93/Ohio+Annual+Cancer+Report+2019.pdf?MOD=AJPERES&CONVERT_TO=url&CACHEID=ROOTWORKSPACE.Z18_M1HGGIK0N0JO00QO9DDDDM3000-235721ef-d4d3-4595-b9ae-ace0e40ebc93-mBjtTwl
    - Various OICSS reports, https://odh.ohio.gov/wps/portal/gov/odh/know-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/wps/portal/gov/odh/know-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/wps/portal/gov/odh/know-our-programs/chronic-disease/data-publications/ohio-2017-brfss-annual-report
- National Cancer Institute, State Cancer Profile for Ohio, https://statecancerprofiles.cancer.gov/quick-profiles/index.php?statename=ohio
- Evaluation data
    - Ohio State Health Assessment (SHA) 2019, https://odh.ohio.gov/wps/portal/gov/odh/explore-data-and-stats/interactive-applications/2019-Online-State-Health-Assessment

### Local

- Convergence analyses, etc.
- Qualitative data

## 6. Ensure objectives are measurable

Comprehensive Cancer Control Plans must be evaluated, and the objectives included in each state's Plan must be measurable. Objectives should be SMART – Specific, Measurable, Achievable, Realistic, and Time- Phased. A SMART objective is more likely to be successful because it provides clear understanding on what needs to happen, how it will be measured, and is realistic in terms of time and resources available.

### *Instructions*

- ✓ Review the 2015 – 2020 Ohio Cancer Plan objectives for your relevant topic. Identify progress, gaps, and challenges. What does this mean for your topic in the next Ohio Cancer Plan?
- ✓ Determine which of the Ohio Cancer Plan 2015-2020 objectives under your topical area should remain in the Ohio Cancer Plan 2021-2030, which should be revised, and which should be removed. In the worksheet below you will list:
    - Objectives that should stay the same (no change)
    - Objectives that should stay, but the wording needs to be revised
    - Objectives that should be removed
- ✓ For new objectives, write SMART objectives following the guidance and resources in this section. In the worksheet you will list objectives that are new and should be added.
- ✓ Remember that the process of reviewing, revising, and/or writing objectives is iterative!

### *Worksheet*

After reviewing progress toward goals of the current Ohio Cancer Plan 2015-2020, available at https://www.ohiocancerpartners.org/cancer-plan-library/, please reflect on the following questions:

**Where have we made progress over the past 3 years? Do we know why?**

**Where has there been a lack of progress? Do we know why?**

A successful Ohio Cancer Plan is one that will be used by diverse stakeholders for purposes that reduce the burden of Cancer among Ohioans. The OPCC Executive Committee helped to create the following list of potential users and uses of the Ohio Cancer Plan 2021 – 2030.

| Who do you see using the Ohio Cancer Plan? | How do you see them using it? |
|---|---|
| • Advocacy organizations<br>• State and local public health organizations<br>• Health care organizations<br>• Community organizations<br>• Faith-based organizations<br>• Educational institutions<br>• Employers<br>• Legislators<br>• Statewide coalitions<br>• Citizens of Ohio | • Understand goals of the Ohio Cancer Plan and support key issues and policies<br>• Implement evidence-based interventions/strategies in the Plan<br>• Substantiate community needs<br>• Support funding opportunities<br>• Justify the work they are doing<br>• Set and align strategies and programs with the state<br>• Obtain data on cancer-related indicators<br>• Educate others about the work |

Keeping the potential intended use of the Ohio Cancer Plan 2021– 2030 in mind, please use the following tables to identify objectives that should be kept, revised, added, or deleted. Each objective should be Specific, Measurable, Achievable, Realistic, and Time-phased (SMART). Please use the following criteria to assess objectives (from the CDC):

**Specific**: Who? (Target population and persons doing the activity) and 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.

Objectives from the Ohio Cancer Plan 2015-2020 that should **stay the same**:

| **Objective** | **Reason to keep** |
|---|---|
| Write the exact language of the objective here | Ex., target has not been met, activities got started later than intended, etc. |
| | |
| | |
| | |

Objectives from the Ohio Cancer Plan 2015-2020 that should be **revised**:

| **Suggested revision** | **Rationale for revising** |
|---|---|
| Write the suggested revision of the objective here | |
| | |
| | |
| | |

Objectives from the Ohio Cancer Plan 2015-2020 that should be **deleted**:

| **Objective** | **Rationale for deleting** |
|---|---|
| Write the exact language of the objective here | e.g., target has been met, new data indicate this should no longer be a priority, etc. |
| | |
| | |
| | |

Objectives that should be **added**:

| **Objective** | **Rationale for adding** |
|---|---|
| Write the exact language of the objective here | e.g., data indicate this is a priority, there is momentum around this objective, etc. |
| | |

| | |
|---|---|
| | |

## *Resources*

- Writing SMART Objectives, https://www.cdc.gov/healthyyouth/evaluation/pdf/brief3b.pdf
- Video to aid the writing of SMART goals and objectives, https://www.health.state.mn.us/communities/practice/resources/training/1601-objectives.html
- SMART Goals: How to make your goals achievable, https://www.mindtools.com/pages/article/smart-goals.htm

# Phase 3. Develop Strategies

**NOTE: This phase will not begin until the OPCC Cancer Plan Revision Workgroup reviews and finalizes the objectives in June 2020.** For the final objectives, workgroups will develop strategies based on the following principle:

### 7. Be evidence-based (or a promising practice)

Evidence-based public health includes the following characteristics (from https://www.annualreviews.org/doi/full/10.1146/annurev.publhealth.031308.100134):

- Making decisions using the best available peer-reviewed evidence (quantitative and qualitative research);
- Using data and information systems systematically;
- Applying program-planning frameworks;
- Engaging the community in decision-making;
- Conducting sound evaluation; and
- Disseminating what is learned to key stakeholders and decision makers.

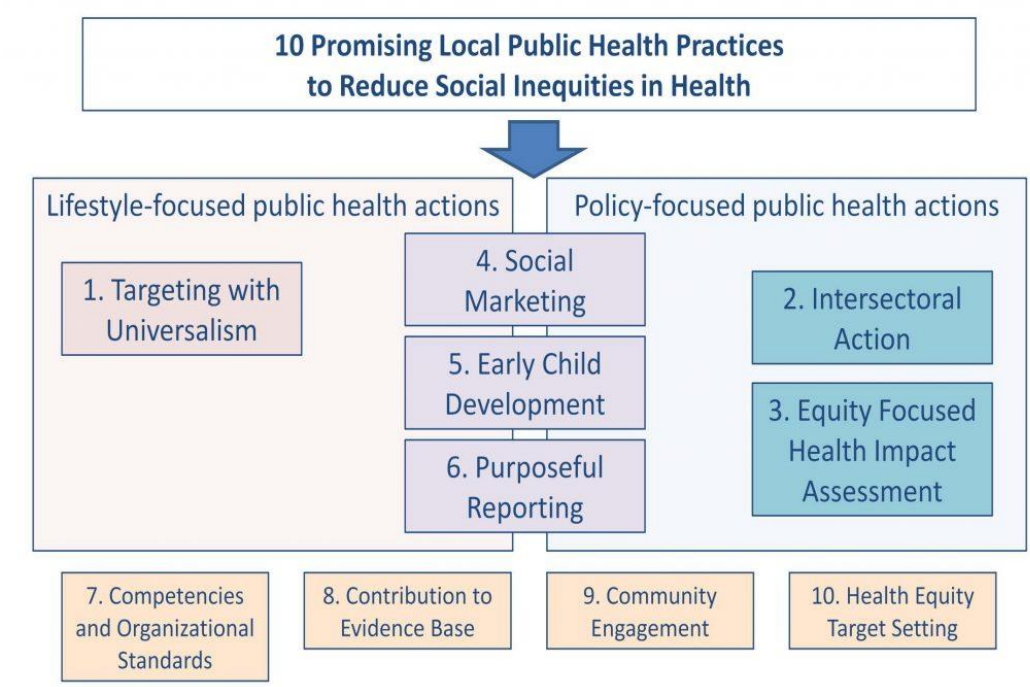
### *Instructions*

- ✓ Once objectives are written and are approved by the OPCC Cancer Revision Workgroup (by the end of June), draft strategies to meet each objective. Each objective should have at least one strategy.
- ✓ Consider strategies in the current Ohio Cancer Plan 2015-2020 for objectives that remained the same or similar.
- ✓ Determine whether each strategy is evidence-based, using the resources below, or a promising practice.
- ✓ Are there gaps in the programs, cancer care services, and or policies that currently exist in this area?

### *Worksheet*

For each selected strategy please indicate whether it is evidence-based or a 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.

The following visual summarizes findings from a literature review conducted in Canada to demonstrate how promising practices can impact health equity:




*Adapted from:* Sudbury & District Health Unit. (2010, May). Implementing local public health practices to reduce social inequities in health. EXTRA (Executive Training for Research Application) Intervention Project: Final report.

⚠ **Please complete the following table for each of the final objectives.** Each objective may be associated with one or more strategies. This worksheet is provided as a separate Word document (Appendix C - Submission Form #2) and you may add additional rows to capture more strategies.

| **Objective #1** | | | |
|---|---|---|---|
| **Strategy**<br>[Include at least one strategy for each objective.<br>Strategies should be specific (e.g., identify the populations and setting)] | Is this an **evidence-based or promising practice**? Please describe.<br>[If not, please explain why the strategy is thought to be effective and should be implemented]. | Does this strategy **promote health equity**? If yes, please explain and identify the prioritized group(s).<br>[At least one strategy should reach populations disproportionately affected by cancer.] | Identify **stakeholders who could implement** the strategy? (May name broad sectors for e.g., health systems, higher education, local public health.) |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| **Objective #2** | | | |
|---|---|---|---|
| **Strategy**<br>[Include at least one strategy for each objective.<br>Strategies should be specific (e.g., identify the populations and setting)] | Is this an **evidence-based or promising practice**? Please describe.<br>[If not, please explain why the strategy is thought to be effective and should be implemented]. | Does this strategy **promote health equity**? If yes, please explain and identify the prioritized group(s).<br>[At least one strategy should reach populations disproportionately affected by cancer.] | Identify **stakeholders who could implement** the strategy? (May name broad sectors for e.g., health systems, higher education, local public health.) |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| **Objective #3** | | | |
|---|---|---|---|
| **Strategy**<br>[Include at least one strategy for each objective.<br>Strategies should be specific (e.g., identify the populations and setting)] | Is this an **evidence-based or promising practice**? Please describe.<br>[If not, please explain why the strategy is thought to be effective and should be implemented]. | Does this strategy **promote health equity**? If yes, please explain and identify the prioritized group(s).<br>[At least one strategy should reach populations disproportionately affected by cancer.] | Identify **stakeholders who could implement** the strategy? (May name broad sectors for e.g., health systems, higher education, local public health.) |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

## *Resources*

The following are potential sources for identifying evidence-based strategies.

Evidence-based Guidelines/Recommendations:

a. United States Preventive Services Task Force (USPSTF) http://www.ahrq.gov/clinic/uspstfix.htm
b. National Guideline Clearinghouse (AHRQ) http://www.guideline.gov/
c. Guide to Community Preventive Services (The Community Guide) http://www.thecommunityguide.org/
d. MMWR Recommendations http://www.cdc.gov/mmwr/
e. Best Practices for Comprehensive Tobacco Control Program, http://www.cdc.gov/tobacco/stateandcommunity/best_practices/index.htm
f. American Cancer Society http://www.cancer.org/Research/index
g. NCCN guidelines National Comprehensive Cancer Network guidelines- These are used for cancer screening, and prevention as well as genetic testing as standard of care.

Systematic Reviews:

a. Research-tested Intervention Programs (RTIPs): http://rtips.cancer.gov/rtips/index.do
b. Individual peer reviewed published intervention study (e.g. may be found in PubMed but not listed with RTIPs)

Evidence-informed program/program evaluation/practice-based evidence:

a. Evidence-informed program (based on elements from systematic reviews of interventions or a single peer reviewed published intervention study)
b. Model Practice Database – NACCHO http://naccho.org/topics/modelpractices/database/
c. AHRQ Innovations Exchange http://www.innovations.ahrq.gov/
d. Promising Practices – Partnership to Fight Chronic Disease http://promisingpractices.fightchronicdisease.org/
e. Individual program evaluation results

## Phase 4. Putting It All Together to Enhance Use

This phase will begin as the OPCC Cancer Plan Revision Workgroup finalizes objectives and strategies and starts the process of designing and writing the Cancer Plan.

### 8. Be easy to use and aesthetically pleasing

Data visualization (data viz) goes beyond making something look "pretty." Using data viz and principles of use helps our brains understand, and helps us to make sense of trends, patterns, and outliers. It is also important to be mindful of using plain language and trying to steer clear from using jargon.

## Resources

### *Writing / reading level*

Check the reading level of content that is generated, https://www.seerinteractive.com/blog/how-to-check-your-contents-reading-level-in-word-for-pc-and-mac/

Strategies to simplify your writing and improve readability, https://readable.com/blog/7-strategies-to-simplify-your-writing-and-improve-readability/

Everyday words for public health communication, https://www.cdc.gov/other/pdf/EverydayWordsForPublicHealthCommunication.pdf

Plain English Foundation: https://www.plainenglishfoundation.com/free-writing-tools

### *Layout/format/etc.*

Other state cancer plans https://www.cdc.gov/cancer/ncccp/ccc_plans.htm

# Appendix A. Decision-Making

Revising a cancer plan is a complex process. There are multiple groups working toward a common goal – a revised cancer plan. It is important to understand "who has the D," the decision, in these groups.

The OPCC is a coalition guided by by-laws. For votes that are conducted by the **full OPCC membership**, please keep in mind the following definitions:

| | | |
|---|---|---|
| Organization | A unified body of individuals committed to specific purposes, such as a university or a non-profit entity | 1 vote per organization |
| Distinct Program | A group of individuals that are a subset of a larger organization and are charged and funded to complete distinctive tasks that contribute to the goals of the larger entity. | 1 vote per program |
| Individual Member | A person with interest in cancer prevention and control but does not represent a specific organization or distinct program. | 1 vote per individual |

OPCC individual members, or one representative from an organization or a program who are OPCC members have a right to case one vote. Please reference the by-laws for additional information, available at https://www.ohiocancerpartners.org/cancer-plan-library/.

## Who Makes Decisions in the Ohio Cancer Plan Revision Process

The OPCC Cancer Plan Revision Workgroup has the decision-making authority for the topics, objectives, and final strategies in the Ohio Cancer Plan 2021-2030. Other responsibilities are as follows:

**The OPCC Cancer Plan Revision Core Team** includes the OPCC executive co-chairs, the ODH comprehensive cancer control program, and PDA. This team is responsible for:

- Facilitating the details and organization of the Ohio Cancer Plan revision process.
- Documenting the Ohio Cancer Plan revision process, including decisions made and decision-makers.
- Facilitating meetings of the OPCC general membership.
- Coordinating the workgroups

**The OPCC Cancer Plan Revision Workgroup** includes the OPCC executive co-chairs, the ODH comprehensive cancer control program, and chairs from each of the OPCC subcommittees. This workgroup is responsible for:

- Reviewing submitted objectives in June 2020 and determining final objectives for the 2021-2030 plan, based on the information included in the Submission Form #1.
- Reviewing submitted strategies in September 2020 and determining the final strategies for the 2021-2030 plan, based on information included in Submission Form #2.
- Serving as a resource for questions about the process of writing objectives and strategies.

**Topical workgroup leads** are responsible for:

- Ensuring that stakeholders from priority groups are part of the workgroup.
- Convening and communicating with the workgroup, as needed, to develop no more than three objectives for consideration by June 5, 2020. Those objectives and worksheets are to be submitted to the OPCC Cancer Plan Revision Workgroup, info@ohiocancerpartners.org.
- Developing strategies for the final objectives in July and August 2020. Submitting strategies and worksheets to the OPCC Cancer Plan Revision Workgroup by August 28, 2020, info@ohiocancerpartners.org.

**Topical workgroup members** are responsible for:

- Actively participating in the workgroup for the calendar year 2020, including attending workgroup meetings, calls, etc.
- Carrying out the tasks that you volunteer for, in coordination with the workgroup lead.
- Serving as a conduit between the workgroup and other constituencies, such as the workgroup member's organization or professional associations. This will improve the coordination of the Ohio Cancer Plan work with other local, state, and federal activities and plans.

**OPCC membership** is responsible for:

- Selecting priorities for Cancer Plan implementation once the Ohio Cancer Plan 2021 – 2030 is final. This will occur at the November 2020 OPCC general membership meeting.
- Participating in at least one priority subcommittee (these will be selected at the November 2020 OPCC general membership meeting and are reviewed annually).

## Guidance for facilitating discussions within workgroups

### *Ensure Clarity in Decision Making*

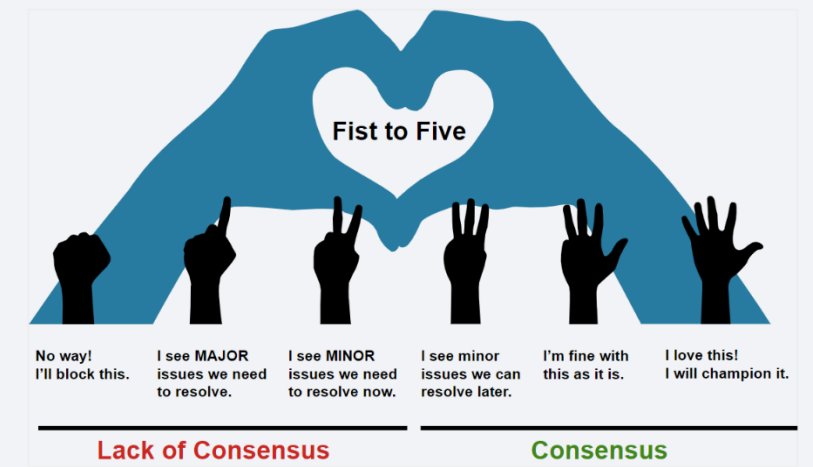
There are numerous ways to guide a discussion prior to making a decision, and various ways of making a decision. Some ways of making a decision include:

a) *One person* makes the decision, either on their own or after consultation with others. The decision making responsibility lies with one individual.

b) *Counting votes* from a group, where each individual gets one vote. A decision is made based on the highest number of votes.

c) *Consensus*, where a group discusses and decides together. A decision is made by the group agreeing on a decision that the entire group can live with (even if it's not their preferred decision).

In your workgroups, you may want to consider using consensus when making complex decisions. To the right is a visual to guide a consensus process. Using a scale like this, the person running the group can see where the group stands on a particular issue or potential decision. Based on how people respond a decision can be made about whether consensus has been reached.




### *Communication is Key*

It is common to assume that everyone in a group has clarity that a decision has been made, but keep in mind that a decision has not been made until people know (adapted from Peter F Drucker):

- The name of the person accountable for carrying it out;
- The deadline;
- The names of the people who have to be informed by the decision; and
- The names of people who have to know about, understand, and approve (or not be against) the decision.

## Resources

- A Process for Accessing the Wisdom of Your Group, Paul Axtell
  For when you have to own the decision but need outside perspective to get there.
- Reaching Alignment with Your Team, Paul Axtell
  For when you've made a decision, but need your team's buy in and you're willing to be persuaded in the details.
- Using the Group to Consult to the Final Decision Maker, by Rick Lent
  For when you want to generate input that can be provided to a decision maker in another part of the organization.
- Gathering Productive Feedback to Build Alignment on a Proposal or Plan, by Rick Lent
  For when you want input on finalizing a proposal before detailed planning begins, but aren't trying to revisit the initial decision.

# Appendix B. How the Cancer Plan is Evaluated

Evaluation of the Cancer Plan is a responsibility of both the OPCC as well as various partners and stakeholders. The responsibilities of evaluative components include:

| High-Level Outcome | Data Source | Lead Group |
|---|---|---|
| **Improvements in cancer incidence and stage at diagnosis** | Data from OCISS | ODH, OCISS |
| **Reductions in cancer mortality** | Data from the Office of Vital Statistics (VS) | ODH, VS |
| **Progress related to cancer risk factors and screening** | Ohio Behavioral Risk Factor Surveillance System (BRFSS) | ODH |
| **Description and evaluation of processes and activities of the OPCC** | Wilder survey (slightly modified for Ohio context), key informant interviews, stakeholder analysis | ODH and PDA |
| **Measurable objectives in the Cancer Plan** | Various sources, primary and secondary data collection | OPCC chairs and ODH |
| **Overall process and outcomes evaluation of Ohio CCCP** | Review of quantitative and qualitative data sources; report to the Centers for Disease Control and Prevention | PDA and ODH |

# Appendix C. Submission Forms

There are two sets of submission forms in this section – one for objectives and one for strategies. Each form should be completed and submitted by each workgroup to the OPCC Cancer Plan Revision Workgroup, info@ohiocancerpartners.org. These are available as Word documents on the OPCC webpage, https://www.ohiocancerpartners.org/cancer-plan-library/.

## Submission Form #1 for Objectives

There are two sets of submission forms provided in Appendix C of the Guidebook – one for objectives and one for strategies. Each form should be completed and submitted by each workgroup to the OPCC Cancer Plan Revision Workgroup, info@ohiocancerpartners.org. See the OPCC webpage for a copy of the Cancer Plan Revision Guidebook https://www.ohiocancerpartners.org/cancer-plan-library/.

**Topical Workgroup Name:** _____

**Name/organization of lead/co-lead #1:** _____

**Name/organization of lead/co-lead #2:** _____

**Name/organization of lead/co-lead #3:** _____

**List of workgroup members**

| Name | Organization/Affiliation if applicable |
|---|---|
| 1. | |
| 2. | |
| 3. | |
| 4. | |
| 5. | |
| 6. | |
| 7. | |
| 8. | |
| 9. | |
| 10. | |
| 11. | |
| 12. | |
| 13. | |

## Proposed Objective(s)

No more than **three** objectives should be submitted. Please complete the following table(s) and then answer the questions regarding alignment with the Cancer Plan Revision Principles on the next page.

***EXAMPLE***

| 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 xx% to xx%. | |
|---|---|
| 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 (neighborhoods), public policy, etc. |
| Rank the objective, if more than one is proposed (from 1 to 3, with 1 being the <u>most</u> important) | 1 2 3 |

| **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 <u>most</u> important) | 1 2 3 |

| **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 most important) | 1 2 3 |

| **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 most important) | 1 2 3 |

### *Alignment with Ohio Cancer Plan Revision Principles*

**Includes perspectives of diverse stakeholders**

- ☐ Diverse stakeholders were included in identifying this objective.
    - What stakeholders were involved in identifying this objective?
    - Please describe how they were engaged in the process.

**Attends to health equity**

- ☐ The voices of priority populations (those disproportionately burdened by cancer) were included in identifying this objective.
    - Who are populations at highest risk for cancer or cancer mortality?
    - How are voices of priority populations included in identifying this objective?
- ☐ Are data disaggregated to identify inequities (e.g. by race and/or ethnicity, income, disability, LGBTQ, Appalachian, etc.)?

**Uses transparent processes**

- ☐ The process for identifying objectives was documented for and communicated with workgroup members.
    - What criteria did you use to prioritize this objective? (Identified gap, momentum, identified stakeholders to work on it, etc.)

**Aligns with existing statewide and federal efforts**

- ☐ The objective aligns with existing local, state, or federal plans or initiatives.
    - With what initiative does this objective align? How does it align?
    - If the objective does not align with existing plans for efforts, please explain.
- ☐ The objective includes input from existing state programs.
    - Which program(s)?

**Data driven**

- ☐ There is data to support the inclusion of this objective.
    - What data do you have to support this objective?
    - At what level is the data? (e.g. individual, interpersonal, organizational, community, policy)

**Includes measurable objectives**

- ☐ The objective is specific, measurable, achievable, realistic, and timely (SMART)
    - How will you measure this objective?
    - What data were used to determine the baseline?
    - How were the targets determined?

## Submission Form #2 for Strategies

There are two sets of submission forms provided in Appendix C of the Guidebook – one for objectives and one for strategies. Each form should be completed and submitted by each workgroup to the OPCC Cancer Plan Revision Workgroup, info@ohiocancerpartners.org. See the OPCC webpage for a copy of the Cancer Plan Revision Guidebook https://www.ohiocancerpartners.org/cancer-plan-library/.

**This form should be completed only after the objectives have been finalized**. Workgroups will develop strategies for the final objectives in July and August 2020. This worksheet should be completed by each workgroup and submitted to the OPCC Cancer Plan Revision Workgroup, info@ohiocancerpartners.org, by **August 28, 2020**.

**Topical Workgroup Name:** _____

| | | |
|---|---|---|
| **Lead/co-lead #1** | Name: | |
| | Organization: | |
| | Email: | |
| **Lead/co-lead #2** | Name: | |
| | Organization: | |
| | Email: | |
| **Lead/co-lead #3** | Name: | |
| | Organization: | |
| | Email: | |

## List of workgroup members

**Note: Only include names of individuals who were directly involved in creating these strategies.

| **Name** | **Organization/Affiliation** (if applicable) | **Email** |
|---|---|---|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |
| 7. | | |
| 8. | | |
| 9. | | |
| 10. | | |
| 11. | | |
| 12. | | |
| 13. | | |

Please complete the following table(s) and then answer the questions regarding alignment with the Ohio Cancer Plan Revision Principles on the next page.

## *Final Objective(s) and Proposed Strategies:*

| **Objective #1**: | | | |
|---|---|---|---|
| **Strategy**<br>[Include at least one strategy for each objective.<br>Strategies should be specific (e.g., identify the populations and setting)] | Is this an **evidence-based or promising practice**? Please describe.<br>[If not, please explain why the strategy is thought to be effective and should be implemented]. | Does this strategy **promote health equity**? If yes, please explain and identify the prioritized group(s).<br>[At least one strategy should reach populations disproportionately affected by cancer.] | Identify **stakeholders who could implement** the strategy? (May name broad sectors for e.g., health systems, higher education, local public health.) |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| **Objective #2**: | | | |
|---|---|---|---|
| **Strategy**<br>[Include at least one strategy for each objective.<br>Strategies should be specific (e.g., identify the populations and setting)] | Is this an **evidence-based or promising practice**? Please describe.<br>[If not, please explain why the strategy is thought to be effective and should be implemented]. | Does this strategy **promote health equity**? If yes, please explain and identify the prioritized group(s).<br>[At least one strategy should reach populations disproportionately affected by cancer.] | Identify **stakeholders who could implement** the strategy? (May name broad sectors for e.g., health systems, higher education, local public health.) |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| **Objective #3**: | | | |
|---|---|---|---|
| **Strategy**<br>[Include at least one strategy for each objective.<br>Strategies should be specific (e.g., identify the populations and setting)] | Is this an **evidence-based or promising practice**? Please describe.<br>[If not, please explain why the strategy is thought to be effective and should be implemented]. | Does this strategy **promote health equity**? If yes, please explain and identify the prioritized group(s).<br>[At least one strategy should reach populations disproportionately affected by cancer.] | Identify **stakeholders who could implement** the strategy? (May name broad sectors for e.g., health systems, higher education, local public health.) |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

### *Alignment with Ohio Cancer Plan Revision Principles*

**Includes perspectives of diverse stakeholders**

- ☐ Diverse stakeholders were included in identifying this strategy.
    - What other stakeholders are working on this strategy?
    - Which of these stakeholders are currently involved? What are their roles?
    - What stakeholders are not currently involved?

**Attends to health equity**

- ☐ For each objective, at least one strategy reaches those disproportionately affected by cancer.
    - If any of the proposed strategies do not prioritize high risk groups, what is rationale for not including a strategy addressing health equity?

**Is evidence-based or a promising practice**

- ☐ Selected strategies are evidence-based or are promising practices.
    - Do your strategies include policy, systems, and environmental (PSE) change (defined in call-out box below)?

> **Policy change**: A law, ordinance, resolution, mandate, regulation, or rule (formal or informal)
>
> **Systems change**: Changes that impact all elements of an organization, institution, or system. Systems might be schools, transportation, etc.
>
> **Environmental** Change: Physical or material changes to the economic, social, or physical environment.

**Alignment**

- ☐ The strategies are aligned with the objectives.
    - How does this strategy logically relate to the objective?

- ☐ The process for selecting the strategies were aligned with data or available information about local needs and interests.
    - What criteria were used to select the strategy? (e.g., burden, environmental scan, stakeholder interests, available resources).

- ☐ If strategy aligns with existing programs or initiatives, please describe.

## Appendix D. Glossary

| | |
|---|---|
| Disaggregated data | Disaggregating data "involves delving more deeply into a set of results to highlight issues that pertain to individual subsets of results and/or outcomes of aggregated data." (https://www.nccih.ca/docs/context/FS-ImportanceDisaggregatedData-EN.pdf) Examples include looking at data by gender, income, age, or geography. |
| Evidence-based practice | "A practice that is based on rigorous research that has demonstrated effectiveness and evidence in achieving the outcomes that it is designed to achieve." (From SAMHSA's National Registry for Evidence-based programs.) |
| Goals, objectives, and strategies | The goals, objectives, and strategies should be aligned.<br><br>Goals: The major change that is desired through comprehensive cancer control efforts (e.g., reduce the incidence of preventable cancers)<br><br>Objectives: What must be achieved to achieve each goal? For example, reducing the smoking prevalence from x% to y% by the end of 2025.<br><br>Strategies: What activities should occur to meet each objective? There may be multiple strategies for each objective. |
| Health equity | Health equity is achieved when every person has the opportunity to "attain his or her full health potential" and no one is "disadvantaged from achieving this potential because of social position or other socially determined circumstances." (From the Centers for Disease Control and Prevention.) |
| Policy, systems, and environmental change | Policy: A law, ordinance, resolution, mandate, regulation, or rule (formal or informal)<br><br>Systems: Changes that impact all elements of an organization, institution, or system. Systems might be schools, transportation, etc.<br><br>Environmental Change: Physical or material changes to the economic, social, or physical environment. |
| S.M.A.R.T. Objectives | Each objective should meet each of the following criteria:<br><br>Specific – How much of what is to be achieved? And by when?<br><br>Measurable – Information can be collected or extracted from existing data sources.<br><br>Achievable - Is it likely that the objective will be achieved?<br><br>Relevant – Objectives should be linked to the goal.<br><br>Time-Phased – A timeline to achieve the objective is provided. |

# Appendix E. Topical Workgroup Leads

Updated July 7, 2020

| Topic | Name of lead/co-lead |
|---|---|
| **Tobacco Use (includes cessation, policy, and SHS)/Vaping** | Mandy Burkett, ODH<br>Matthew Kretovics<br>*Kate Mahler - Health Equity* |
| **Environmental carcinogens** | Chris Alexander, ODH<br>Lisa Salyers, ODH<br>*Robin Charney - Health Equity* |
| **Vaccines for cancer prevention/HPV associated cancers (all)** | Darla Fickle, OSU<br>Antoinette Yuhas<br>*Toyin Adeyanju - Health Equity* |
| **UV exposure/Early detection of skin cancer** | Amy Bashforth, ODH<br>Amy Magorien, ACS<br>*Kate Tullio - Health Equity* |
| **Physical activity, nutrition, obesity** | Sarah Ginnetti, ODH<br>Laura Leach, Ohio Health<br>*Reina Sims - Health Equity* |
| **Cancer genetics** | Lindsey Byrne, OSH<br>Boriana Zaharieva, ODH<br>*Zoe Freggens - Health Equity* |
| **Breast cancer detection** | Julie McMahon, Komen<br>Dawn Ingles, ODH<br>Shilpa Padia, MD, Mount Carmel<br>*No health equity representative* |
| **Cervical cancer detection** | Kellie Rath, Ohio Health<br>Electra Paskett, OSU<br>*No health equity representative* |
| **Colorectal cancer detection** | Leigh Anne Hehr, ACS<br>Ashley Ballard, OACHC<br>*Kate Mahler, Health Equity* |
| **Lung cancer detection** | Jeff Brock, Gala of Hope<br>Joe Hofmeister, Dr. Joe Explains<br>*Darla Fickle - Health Equity* |

| | |
|---|---|
| **Delivery of patient-centered services/Access to survivorship programs/community resources/Improving patient comprehension** | Linda Scovern, Individual<br>Tori Geib, Individual<br>Melissa Richardson, Cancer Support Community<br>*Liz Arthur, Shannon Nicks - Health Equity* |
| **Palliative care/Hospice** | Gayle Greenhagen<br>Tori Geib, Individual<br>*No health equity representative* |
| **Clinical trials and research** | Cross-cutting topic |
| **Pediatric cancer** | Bobbi Krabill, ODH<br>Melissa James, ODH- Parent Consultant<br>*Shelby Dawkins, Toyin Adeyanju - Health Equity* |
| **Health equity** | Chip Allen, ODH<br>Kate Tullio, Cleveland Clinic<br>Robin Charney, ProMedica |
| **Data and evaluation** | Elayna Freese, Ohio Cancer Registrars Association<br>Zoe Freggens |
| **New topics** | **Name of lead/co-lead** |
| **Socioeconomic status** | Cross-cutting topic |
| **Geriatric oncology** | Ashley Rosko<br>*Emily Bunt - Health Equity* |
| **Financial burden and barriers** | Tori Geib<br>Zoe Fawcett Freggens<br>*Zoe Fawcett - Health Equity* |
| **Prostate cancer / screening** | Robin Charney<br>Ronald Wells<br>*Robin Charney - Health Equity* |
| **Hep B and C screening / detection / management** | Dr Joe Hofmeister<br>*Chastity Washington - Health Equity* |