Notes from Ohio Partners for Cancer Control (OPCC) General Membership Meeting | July 9, 2020

Contents

Welcome and Overview 1
Opening Activity – Participant Introduction 2
Impromptu Networking Activity 2
Update on the Cancer Plan Revision Process 2
Phase I: Develop topical workgroups 3
Phase II rollout: Review final objectives 4
Workgroup presentations on new topics/objectives 6
Phase III kick-off: Incorporating health equity into strategies 9
Phase III: Develop strategies 14
Phase IV: Designing the Cancer Plan to Optimize Use 17
Planning for dissemination 20
Ways to get involved 21
Closing and next steps 22
General Questions: 23
Appendix: Links shared during the meeting 25

Welcome and Overview

(Lindsey Byrne, Licensed Genetic Counselor, Comprehensive Cancer Center, The Ohio State University Wexner Medical Center, OPCC Co-chair)

The Cancer Plan Revision Core Team is primarily responsible for coordinating the OPCC Quarterly meeting and the coordination of Topic Workgroups. The Core Team consists of Co-chairs and Ohio Department of Health (ODH) staff.

The Cancer Plan Revision Core Team members include:

- Angie Santangelo, Clinical Program Director, Cancer Support Community Central Ohio, OPCC Co-chair
- Lindsey Byrne, Licensed Genetic Counselor – Comprehensive Cancer Center Ohio State University, OPCC Co-chair
- Amy Bashforth, Chronic Disease Program Manager, ODH
- Emily Bunt, Researcher 3, ODH

- Jill Price, Public Health Consultant
- Debbie Wallace, Administrative Assistant

Facilitators from Professional Data Analysts (PDA) include:

- Melissa Chapman Haynes, Director of Evaluation, PDA
- Tia Bastian, Senior Evaluator, PDA
- Kate LaVelle, Senior Evaluator, PDA

Opening Activity – Participant Introduction

(Professional Data Analysts)

Goal: To provide participants an opportunity to share their name and organization and hear who else was joining the OPCC July meeting. In all, 79 individuals attend the virtual July 2020 OPCC meeting. Meeting participants represented a range of organizations as health systems, universities, public health departments, medical practitioners, foundation and non-profits.

Impromptu Networking Activity

(Professional Data Analysts)

Goal: To provide a chance for people to network virtually with other meeting participants in small groups. Networking is an important part of the OPCC. Participants in online breakout rooms discussed the question: **What do you hope to give and get from the OPCC/Ohio Cancer Plan?**

Update on the Cancer Plan Revision Process

(Lindsey Byrne, Licensed Genetic Counselor, Comprehensive Cancer Center, The Ohio State University Wexner Medical Center, OPCC Co-chair)

Goals of the meeting:

- Review this year and next steps
- Provide instructions and guidance for creating strategies
- Engage members in planning the Cancer Plan layout and design
- Share opportunities to get involved

Background on the New Plan for 2021-2030 (10-year plan)

The current plan ends in 2020, and there is a need to create a new plan for January 1, 2021. The next plan will go through 2030. Thank you to everyone on this call for all the hard work you have been doing!

- New Plan will be 2012-2030 (10-year plan): The 10-year span is more likely to see significant progress toward achieving some objectives than in a 5-year plan. The longer period of the Plan will allow an opportunity to evaluate incrementally and the flexibility to change the plan as needed.

- What is the Cancer Plan?
    - Strategic plan to reduce the cancer burden in Ohio.
    - Provide guidance to individuals and organizations that can play a role in controlling cancer.
    - Several aspects of the cancer continuum are addressed (e.g., primary prevention, early detection, patient-centered services).
    - Intended to direct collective efforts toward specific and measurable objectives.

- Timeline of revision process:
    - **What we have done:** The workgroups have been established, and the objectives have been submitted and reviewed. Most of the objectives are finalized and some are getting final edits.
    - **Where we are now:** We are moving into the next stage (July - August 2020) of drafting our strategies and determining the Plan layout. The current work will focus on OPCC members drafting strategies for each objective. We want to stress that the strategies should be evidence-based.
    - **When will OPCC see the final Plan?** The final plan will be presented at the OPCC membership meeting in November. We expect that the November meeting will be held virtually. During the meeting, OPCC will select priority objectives as was done in the past. Then new committees will develop to focus on those priority objectives.

Note: You may be on a workgroup(s) that does not get selected for the priority objectives. In that case, the workgroups can still continue their work. We will regroup workgroup members as needed, and you will have opportunities to work with other workgroups groups as well. That process will be clarified at the next meeting. Contact Lindsey or Angie at the OPCC email (info@ohiocancerpartners.com) with specific questions.

Phase I: Develop topical workgroups

(Professional Data Analysts)

Goal: To remind the membership to refer to the Guidebook for details on the phases and steps of the Cancer Plan revision process. Phase I was completed following the March membership meeting and workgroups have been developed around cancer "topics." PDA's role includes documenting who is part of these workgroups as well as the process of developing objectives and strategies; this will inform the future revisions.

Phase II rollout: Review final objectives

(Professional Data Analysts)

Goal: To review the Cancer Plan Revision Process so far and reflect on and discuss the final objectives developed for the new Plan.

Reminder: The Cancer Plan Revision Process is documented in the Guidebook accessible on the OPCC website in the library: https://www.ohiocancerpartners.org/wp-content/uploads/2020/07/Guidebook_Worksheets_and_Checklists_rev_July2020.pdf

- There are four parts to the Guidebook and the Cancer Plan revision process. We are going to go over what we have completed and where we are now.
    - **Phase I:** Develop topical workgroups, which is done. By the end of March these Topical workgroups were developed and they have a chair/co-chair. The workgroups cover a range of topics, such and genetics, tobacco, and radon. You can still join a topic workgroup if you are interested. There is additional work to do in developing strategies and pulling the Plan all together.
    - **Phase II:** Develop objectives, which is nearly complete. For the past couple of months, a lot of work has been done to develop objectives in the topical workgroups. The objectives were submitted and reviewed, and many were revised. Most of the objectives have been approved and are finalized.
- Now, you'll get a chance to see what those objectives are.

Activity: Review the final Cancer Plan topics and objectives.

- Go to the OPCC website library to find the 2021-2030 Plan objectives: https://www.ohiocancerpartners.org/wp-content/uploads/2020/07/Objectives_in_Ohio_Cancer_Plan_2021-2030.pdf
- Individually, look through the objectives online. We indicated when the topic or objective is under revision or final.
- Then, answer reflection questions related to the objectives using an online Mentimeter poll.

Where you most excited? (n=48 responses)

Sample of the most common areas of excitement about the objectives shared by participants were:

- Primary prevention activities
- Early detection and screening
- Pediatric cancer
- Geriatric cancer
- Prostate cancer

- Clinical trials
- Patient-centered services

Where do you see areas of overlap, if at all? (n=23 responses)

- Prevention activities
- Health equity
- Breast cancer prevention
- Genetics
- HPV
- Cervical cancer
- Geriatric cancer
- Lung cancer and tobacco
- Nutrition, physical activity and obesity
- Clinical trials
- Financial impact and burdens
- Multiple cross-cutting areas of overlap
- None

As workgroups move forward with developing strategies for these objectives, are some strategies going to address multiple objectives? (n=19 responses)

- Yes!
- Yes, of course they will. There is natural overlap in cancer control and prevention.
- Yes, especially related to primary prevention
- Cancer health disparities and the need for equity should be cross cutting objectives or be present as an objective in each objective area.
- Yes, physical activity, diet, prevention
- Nutrition and Physical Activity strategies will also address obesity
- Nutrition and obesity will over- lap many diagnosis's, prevention etc.
- Tobacco cessation efforts and obesity control will impact on Lung cancer, breast cancer and (likely) other cancers objectives
- Yes- addressing financial burdens can address other health markers we are trying to achieve

Questions

- Question: Why are clinical trials not listed under objectives? I thought we were still using it and as a patient feel it is extremely important to include. There are large disparities in trials for AA population, rural patients and brain metastasis.

- Ans: Clinical Trials is under Patient Centered Services, the final goal was not approved until this morning, so it is not on there yet. Patient Centered Services Clinical Trial Objective: By December 31, 2030, increase the proportion of eligible adult cancer patients who enroll in clinical trials from 6% to 8%, focusing on survivors representing medically underserved populations.

- Question: We are missing the 2nd CRC Objective?
  - Ans: The CRC objective is: By December 31, 2030, Reduce the rate of invasive colorectal cancer for people of all ages. [Baseline: 39.5* Target: 32.9*]

Workgroup presentations on new topics/objectives

Goal: To hear from workgroups representing some of the new topics not included in last 2015-202 Cancer Plan about the objectives they developed for the new cancer Plan.

Pediatric Cancer Workgroup:

(Melissa James, Parent Consultant, Ohio Department of Health)

Pediatric cancer objectives for 2021-2030 Cancer Plan:

1. By 2030, implement three or more programs to better support pediatric cancer families medically and emotionally, as they transition from diagnosis, to treatment, to survivorship/palliative care.
2. By 2030, implement three or more programs and/or processes that will reduce the financial impact on families of children, teens, and young adults with cancer in Ohio.
3. By 2030, hold two or more annual events to increase awareness for pediatric cancer with a greater emphasis on research, clinical trials, and effective treatment options.

- Honored to share the pediatric cancer objectives with everyone. Much care and passion went into developing the objectives.
- The pediatric workgroup includes individuals from a variety of backgrounds, all bounded by the drive to get pediatric cancer families a voice in Ohio. The group includes individuals whose children are diagnosed with different forms of pediatric cancer. The inside knowledge and expertise of members brought this work to life, and I am grateful for all of them.
- Every two minutes a child is diagnosed with cancer. Pediatric cancer is the second leading cause of death among children ages 1-14 in the U.S., surpassed only by accidents.
- Regarding health equity, we know that pediatric cancer has no biases. It affects every race, every gender, every age. The causes of pediatric cancer are largely unknown. Certain chromosomes,

genetic syndromes, and ionizing radiation are risk factors, but they only explain a small percentage of cases.

- In Ohio and the U.S., the child and adolescent cancer incidence were greater for individuals that were male, Caucasian, or individuals aged 15-19 years old. In Ohio, cancer mortality rates were higher for individual who are male and African American, as well as individuals 15-19 years of age. The 5-year relative survival rate was 13% lower among African American children and adolescents. It is important to understand why this gap is occurring and stop it. We will work with state hospitals, state children's medical programs, and pediatric non-profits to identify families from underserved populations and serve that gap.
- Families of children with cancer have a lifetime, not just during their treatment, of doctor appointments, anxiety, medical bills, and a fear of the unknown.
- Every child diagnosed with cancer needs a lifetime of support. We must constantly be vigilant. Late effects of child, adolescent and young adult cancer can include secondary cancers, brain changes, bone loss, heart and lung problems, dental problems, digestive issues, hearing loss, vision and ear problems, lymphoedema, endocrine problems, peripherical neuropathy, fertility loss, emotional and psychological issues, and more.
- The proposed objectives aim to help alleviate the long-lasting problems by addressing the medical, emotional, and financial tolls that occur, while increasing awareness and targeting the major pain points, such as transitioning care or infertility. We want these children to grow up and thrive, to have normal lives with medical bankruptcy, depression, anxiety, broken families, endless days in the hospital, and no chance of having a family of their own.
- We have already begun searching for paths to launch us forward. We have found several existing programs, resources and initiatives such as:
    - **Passport for Care** - a transitioning help website, the Medical Home Portal an informative resource website for families to find state and local help based on their child's diagnosis. https://www.passportforcare.org/
    - A **family-to-family peer mentoring** program in Ohio that is underway.
    - **Children with Medical Handicaps (CMH) program** at ODH that links families of children with special health care needs to a network of quality providers and helps families obtain payment for the services their children need. https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/children-with-medical-handicaps/welcome-to
    - **Annual Ohio House legislative events** with legislators to increase awareness of the public, information folders filled with information on state and local support services.
- It is important that at the hospital at diagnosis families have a folder of with information about people, non-profits and state help them get started.
- We love to see some fertility programs to help hospitals and give families their options for the future. Often families go in and start treatment and later find out that they could have taken steps to help them have a family in the future.

- A pediatric cancer collaborative, like the existing non-profit united groups we have in Ohio, will work to bring all the non-profits in the areas, as well as state programs, together to surround these families.
- One child can make a difference in this world and they deserve a chance to grow old and have children of their own to fight for.

If you are interested in joining the Pediatric Cancer workgroup, contact the workgroup co-leads found on the Topic and Topic Leads document available on the OPCC website.
https://www.ohiocancerpartners.org/wp-content/uploads/2020/07/List_of_Topical_Workgroups_and_Leads_revJuly2020.pdf

Hep B and C Workgroup:

(Dr. Joe Hofmeister, Oncologist, Columbus Oncology and Hematology, Dr. Joe Explains)

Hep B and C objectives for 2021-2030 Cancer Plan:

1. Reduce the incidence rate of liver cancer from 7.2 (2017) to 6.5 (10% decrease) by 2025 (2022 data) and 5.76 (20% decrease) by 2030 (2027 data), for a total of 21.1% overall decrease.
2. Reduce the percentage of Ohioans diagnosed with late stage liver cancer from 40.3% (2017) to 36.8% in 2025 (2022 data) and 33.3% in 2030 (2027 data).
3. Increase the percent of adults screened for Hepatitis C from 0.87% in 2019 to 20% in 2025 and 40% in 2030.

- Thank you to everybody who has participated in the development of this cancer plan. It is of the utmost importance and creates great direction for Ohio and cancer patients. It speaks volumes to everybody's passion to improve patients' lives and outcomes. Also, want to thank the Ohio Department of Health (ODH) and everybody involved.
- The Hep B and C workgroup has morphed into hepatocellular cancer as a focus of our objectives, which is a downstream effect of Hep B and C and cirrhosis of any cause. hepatocellular cancer is a relatively rare cancer worldwide. The reason it is important to focus on this cancer is because of changes that have occurred over the last 5-10 years. There is a vaccine against Hep B, which can prevent this disease and subsequent development of cirrhosis that will ultimately hepatocellular cancer.
- Hepatitis C is new and has screening recommendations that every person should be screened at least once in their lifetime for this virus. Screening is recommended more often in high risk populations. The reason for this change is that Hep C can now be treated effectively with anti-virals for curative intent. If you treat the virus, you will prevent cirrhosis, which will then prevent hepatocellular cancers.

- The Hep B and C workgroup incudes Ohio Health, Ohio State University (OSU), ProMedica, and others. The initiation of the members was originally out of Ohio Health. We developed a Hep C guideline for the Oncology Clinical Guidance Council. In the workgroup, we have patient advocates, health equity representation and the teams at OSU and Ohio health represented. It was a great group to be able to put together and to learn from.
- Thanks to Emily Bunt for agreeing to initially be a co-lead with Dr. Hofmeister. It was great to see the volunteer time that all of these individuals put into this plan!
- We do not specifically call out health equity in our objectives but will be using health equity as a leverage in the strategies. It is of utmost importance, and we think there is health inequity in hepatocellular cancer as well as Hep B and C transmission and getting appropriate testing and treatment.
- The workgroup met three times virtually and had email communication, as well as follow up phone calls to finalize objectives. We incorporated feedback from the executive committee, which helped define our objectives into a clear mission.
- We feel that these Hep B and C objectives align with state and national guidelines as far as screening and vaccination. There is also screening that can be done for high risk individuals with ultrasound and protein testing, which will be brought out in our strategies, as well as prevention for alcohol abuse and cirrhosis.
- We obtained data in a slightly different way than most. One of our objectives includes surveying health systems. There is a powerful tool built into EPIC, called SlicerDicer, which can look at different populations, groups of patients. That is where our baseline evaluation for Hep B and C came from – a producible outcome/finding that we can expand to other health systems.
- If any other health systems would like to participate and give us their data, that would be great, and feel free to contact Dr. Hofmeister (Joe@drjoeexplains.com). We are also using OCISS data for monitoring and going forward.
- I think we were appropriately optimistic in our objectives and percentages. We can get to those levels, but it will take education, awareness and patient advocacy for requesting Hep C testing.
- Looking forward to developing the Hp B and C strategies!

Phase III kick-off: Incorporating health equity into strategies

(Johnnie (Chip) Allen, Director of Health Equity, Ohio Department of Health and Ron Wells, Exercise Physiologist, ProMedica Health System)

Goal: To learn about ways to incorporate health equity into strategies and criteria for meeting health equity requirements. To hear about how the Prostate Cancer Workgroup worked with Chip Allen to integrate health equity into their objectives.

Presentation by Chip Allen

- Aims of Chip's presentation:
  - Share information about applying the concepts of targeted universalism in terms of your goal setting.
  - Use geospatial tools and data to identify specific social determinants which drive poor health outcomes.
  - Incorporate different types of data to gain a comprehensive understanding of health outcomes and their underlying causes
- As difficult as it is to understand health equity, the target universalism approach helps to put these strategies into a larger perspective. I want you to think about health equity differently in terms of the target universalism approach.

Target Universalism (TU)

- Health equity can be achieved by setting universal health equity goals. However, strategies to achieve those goals are targeted are based upon how different groups are situated within structures, culture, and across geographies. This approach is grounded in the framework of Targeted Universalism.
- TU is defined by the Hass Institute as " an alternative framework to design policies and implementation strategies to achieve policy goals. Targeted universalism is sensitive to structural and cultural dynamics in ways that often elude both targeted and universal strategies. As such, it is also a way of communicating, a vernacular to build support for inclusive policies."
- "Universal approaches are not defined by the problems they are attempting to solve, but by their scope of coverage or application, and by how they establish or provide broadly uniform minimums or protections." (HASS Institute)
- Cancer is a complex illness, some of it genetic and some of it environmental. As we have heard from the presentations today, there are many health disparities and inequities. To address health inequity, we have to be cognizant of the social, economic and political structures that impact hoe communities or individuals survive.
- There are five steps to Targeted Universalism:
  1. Establish a universal goal.
  2. Assess performance relative to a goal.
  3. Identification of different performance between goal and overall population.
  4. Assess and understand the structures.
  5. Develop and implement targeted strategies.

Note: See the July OPCC meeting recording in the Cancer Plan Library at the OPCC website (https://www.ohiocancerpartners.org/cancer-plan-library/) for Chip's examples of how to apply the five steps of Targeted Universalism and use data to formulate healthy equity goals.

Using Spatial Analysis to Understand Targeted Universalism & Health Equity

- The good way to understand where the burden of cancer is greater than others is to use maps. Not just mapping cancer burden but being able to map the structures and the social determinants that many people have to exist in, in addition to having a serious illness like cancer.
- Step 3 of Targeted Universalism states "Identification of different performance between goal and overall population." In order to do this, we need data. Using different types of data that are spatially enabled it is possible to:
    - Visualize where different health disparities simultaneously exist at their worst levels in the same census geographies using ***Convergence Analysis***. This will help understand the intersectionality of different types of health disparities.
    - Connect disparate health outcomes (convergence) to overall opportunity using the ***USR Opportunity Index*** to understand the role of social determinants.
    - Understand convergence and overall opportunity based the overall opportunity of residents to achieve optimal health using the ***Health Opportunity Index***. This will help you understand health inequities. [Note: We are currently looking into a link to the HOI.]
- During step 3 of Target Universalism, it is helpful to use the **CDC's 500 Cities Project** map: https://www.cdc.gov/500cities/index.htm, which is free and easy to use.
    - Using the 500 Cities mapping tool, you can select a city in Ohio and look at cancer burden by census track. You can create a map that shows where cancer burden is in terms of highest prevalence rate. It can show you how cancer burden may not be evenly distributed in a city.
    - Then, by having information on different cancer burdens by location, you can start to think about what structures in some neighborhoods that make prevalence rates higher or lower in comparison.
    - When you think about these health equity issues, then you can begin think about what you might need to do differently in term of strategies or interventions in a census track that has a lower versus higher prevalence rate.
- For every intervention you have, you have to think about how you are going to evaluate it in terms of intended impact, also evaluate in terms of who you are going to reach. You need to ask -- Did you give them the intervention they need based on how they are situated in terms of their cancer burden?
- ODH provides partners and local communities with a **Health Opportunity and Convergence Analysis Report**, which shows within any census tract the overall health opportunity and what the

most serious health issues are in that neighborhood. This information can help you consider cancer intervention in light of the other health issues occurring in a community.

- Encourage you to look through the resources shared and this presentation, which will be available in the OPCC's Cancer Plan Library (https://www.ohiocancerpartners.org/cancer-plan-library/) because these concepts are not easy to grasp.

Note: Resources from Chip's presentation are included in the list of resources at the end of this document.

Presentation by Ron Wells

Note: The Prostate Workgroup objectives that were presented at the July OPCC Meeting are listed first below and included in the meeting presentation. However, the Prostate objectives were subsequently updated, and the revised version is listed second below.

Prostate objectives for 2021-2030 Cancer Plan (presented at the July meeting):

1. By December 31, 2030, reduce prostate cancer mortality rate from 19.5/100,000 (2017) to 17/1000,000 for all Ohio men.
2. By December 31, 2030, increase the percentage of males 40 years of age and older who have had a discussion with their healthcare provider on the advantages and disadvantages of the PSA test.

Prostate objectives for 2021-2030 Cancer Plan (updated after July meeting presentation):

1. Prostate update: Objective #1: By December 31, 2030, achieve a prostate cancer mortality rate of 17/100,000 for all Ohio men in each racial/ethnic group.
2. Prostate update: Objective #2: By December 31, 2030, increase the percentage of males 40 years of age and older who have had a discussion with their healthcare provider on the advantages and disadvantages of the PSA test from 15.8% to 25.28%.

- Will be discussing how the Prostate Cancer Workgroup developed their plan objectives goals, and why we choose this direction of incorporating health equity and Targeted Universalism.

Objective 1 development example

- The first objective is related to mortality, and it made sense to start here by looking at the high disparities in African American men both nationally and in Ohio. Given that the mortality rate for African American men at about twice that of White men, we thought our focus should be to focus on that disparity.
- While disparity reduction is an important tool, we were advised by working with Chip to go beyond the disparity mindset, and how Targeted Universalism can help.

- With the help of data support at ODH, we looked at 10-year trends in mortality and the latest (2017) mortality rates for different racial/ethnic backgrounds. We asked ourselves what a realistic goal that would benefit more than only African American men. We decided on the rate of 17/100,000 men as the goal. This is a bold goal for African American men, and a lot of work will have to be done, but also gives White men a chance to improve as well.
- We conducted a threshold analysis to further contextualize the objective. We determined that we would need to impact annually about 1100 African American men and 620 White men to achieve the desired rate of 17,1000. We looked at the current rate and the reduction rate to come up with those numbers.
- We borrowed concepts from the **HOPE initiative** (https://www.nationalcollaborative.org/our-programs/hope-initiative-project/), which is lead by the **National Collaborative for Health Equity** (https://www.nationalcollaborative.org/). They track indicators of social determinants of health and set universal goals.
- For Objective 1, we created a graph to visualize where each racial/ethnic group is in relation to the desired goal of 17/100,000 mortality rate for men, not necessarily in relation to other groups. This is an example of using the Targeted Universalism can be used as a tool, instead of disparity reduction.
- The next phase of Targeted Universalism is to assess structures or systems that impede progress toward the goal for particular groups. This phase relates to #6 (include explicit equity strategies and goals into work plans and goal setting) and #10 (Disaggregate surveillance data by social determinants of health) in the **CCCP Equity Checklist**. https://www.ohiocancerpartners.org/wp-content/uploads/2020/03/Equity_checklist_Program_Plan_Partnership_FINAL.pdf
- The primary strengths of Targeted Universalism include setting a clear goal and where different groups are in relation to the goal, the use of disaggregated data to develop targeted strategies, and the focus on fixing systems and not people.

Objective 2 development example

- For Objective 2 we focused on increasing the percentage of men having conversations with health care providers about screening. Screening is a very important tool, and we want to be clear that we support that practice.
- We know from the literature that African Americans in general do not have as positive a patient-provider relationship, and especially for cancer care. Perhaps a strategy could focus on cultural competency or EMR and a process for providers to ensure they are having these patient conversations.
- Another example is the saliency of masculine identities, and how that affects health seeking behavior. A prostate cancer survivor shared that, in his experience, men have difficulty with the

sexual implications and potential impotence issues. For example, if one group is having trouble with the sexual implications, then that could be a focus for community groups.

Note: Resources from Ron's presentation are included in the list of resources at the end of this document.

Questions

- Question: Is there a way to also see disparity data in the LGBT population? Does that exist?
    - Ans: One resource that could have this data, at least locally, is Equitas Health.
- Question: I am still a little bit lost, when assigned workgroup as we consider strategies, if there are statewide strategies, what website to look at to find out if the strategies we choose are appropriate for that group?
    - Ans: Go to the CDC and look at rates for Ohio to get sense. Look at the Healthcare Disparities Report: https://www.ahrq.gov/research/findings/nhqrdr/index.html. If talking about breast cancer, look at epidemiology reports to see burden of disease (deaths in Ohio) to know overall burden and how does that burden differ in terms of race/ethnicity and then figure out targets.
    - Ans: Data available on the ODH website: https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/ohio-cancer-incidence-surveillance-system/data-statistics
- Question: Can you talk about how Health Equity Committee will help working with us and are all websites available or only the CDC website index?
    - Ans: Use the 500 CDC project data (https://www.cdc.gov/500cities/index.htm**)** to think about where to target. The first step is to set a goal you're comfortable with then figure out where are those groups. Then work with Emily/OHD to figure out how many people you need to reach and how many people to reach each year.

Phase III: Develop strategies

(Emily Bunt, Researcher 3, Ohio Department of Health)

Once a workgroup's objectives are approved, the next step is to draft strategies to meet each objective. In developing the Plan strategies, keep in mind the following requirements:

- ✓ Each objective should have at least *one* strategy.
- ✓ The strategies need to be evidence-based or a promising practice.
- ✓ At least one strategy needs to promote health equity.

Consider strategies in the current Cancer Plan for objectives that remained the same or similar.

- You can find the 2015-2020 Cancer Plan is available on the OPCC library of resources online. https://www.ohiocancerpartners.org/wp-content/uploads/2017/06/TheComprehensiveCancerControlPlan-2015-2020.pdf

The Guidebook contains several resources on page 23 to identify **evidence-based** strategies for the objectives.

- **Other state cancer plans:** https://www.cdc.gov/cancer/ncccp/ccc_plans.htm. This CDC website has a great search tool that allows you to enter a keyword and it will pull up all the state plans that included the key word. You can also use the keyword search to see exactly which pages of other state plans address the keyword you are interested.
- **The Community Guide:** https://www.thecommunityguide.org/. This guide provides a collection of evidence-based findings. You can search different topics and it will pull up all the recommended evidence-based interventions. You can also get a summary table to see the levels of evidence for different interventions and strategies.
- **Research-tested Intervention Programs (RTIPs):** https://rtips.cancer.gov/rtips/index.do. On the National Cancer Institute's website there is a searchable database of evidence-based cancer control. It is particularly helpful because you can search for specific programs, or you can select a category (e.g., topical area, setting, age, race/ethnicity), and it will pull up the research-tested interventions related to the selected category.

As you think about strategies, you will need to determine whether each strategy is evidence-based or a promising practice.

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

Completing the strategy submission form

After determining your strategies, you will need to complete the Submission Form #2 for Strategies on page 33 of the Guidebook.

- **Reminder:** Make sure to use the updated Guidebook on the OPCC website for developing 2021-2030 Cancer Plan strategies. The new instructions and an updated strategy submission form can be found on page 20. https://www.ohiocancerpartners.org/wp-content/uploads/2020/07/Guidebook_Worksheets_and_Checklists_rev_July2020.pdf

On the submission form you will need list the workgroup members. Be sure to list only the workgroup members who participated in developing strategies. For each workgroup members, please include their name, organization and email address.

- Check out the list of **current Topics and Topic Leads** is available on the OPCC website. https://www.ohiocancerpartners.org/wp-content/uploads/2020/07/List_of_Topical_Workgroups_and_Leads_revJuly2020.pdf
- The OPCC website has a **list of key stakeholders** for reference. https://www.ohiocancerpartners.org/wp-content/uploads/2020/03/OPCC_Stakeholders_by_Topic.pdf

Additionally, the submission form asks that you fill out a table with the following information:

- The topical workgroup objective(s) and their related strategies. Remember to list at least one strategy for each objective.
- For each strategy, you will need to indicate the following:
    - Whether the strategy is an **evidenced-based or promising practice**. If it is neither, then explain why the strategy is thought to be effective and should be implemented.
    - How the strategy **promotes health equity**, as well as explain and identify the prioritized group(s). Remember that each objective must have at least strategy that promotes health equity.
    - **Identify stakeholders** (e.g., higher education or local public health) who could help implement the strategy. Look on the OPCC website for a list of key stakeholders who could be potential partners. https://www.ohiocancerpartners.org/wp-content/uploads/2020/03/OPCC_Stakeholders_by_Topic.pdf

The submission form has questions to complete about alignment with the Ohio Cancer Plan Revision Principles, including the principles related to:

- Includes perspectives of diverse stakeholders.
- Attends to health equity.
- Is evidence-based or a promising practice (include policy, systems, and environmental change).
- Aligns with existing statewide and federal efforts (objectives/data/existing programs).

Consider these definitions of **PSE changes** as you develop and describe the strategies that you propose for each objective.

- **Policy change** = A law, ordinance, resolution, mandate, regulation or rule (formal or informal). For example, smoke-free policies.
- **Systems change** = Changes that impact all elements of an organization, institution or system. For example, client reminders.

- **Environmental change** = Physical or material changes to the economic, social, or physical environment. For example, bike-friendly streets.

If you need help, you can contact Emily Bunt (Emily.Bunt@odh.ohio.gov) at ODH. Emily Bunt or Elayna Freese will connect you with a Data Committee member to assist you.

Reminder: Strategy submissions are **due August 28, 2020**. Submit strategies submitted to the OPCC email address (info@ohiocancerpartners.org).

If you are interested in joining a workgroup to develop strategies, you can:

1. Review the list of topical workgroups on the OPCC website. https://www.ohiocancerpartners.org/wp-content/uploads/2020/07/List_of_Topical_Workgroups_and_Leads_revJuly2020.pdf
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 developing strategies for the objectives that the workgroup has proposed. You can also reach out to the Health Equity contact person for the workgroup you're interested in.

Phase IV: Designing the Cancer Plan to Optimize Use

(Professional Data Analysts)

Use of the Cancer Plan

Goal: To review some of the uses of the and how you do or plan to use the cancer plan in the future.

- One of the guiding principles for developing the Cancer Plan is that the Plan is "aesthetically pleasing and easy to understand." The reason for making the plan aesthetically pleasing and easy to understand is to inspire people to use it.
- Through the current Comp Cancer evaluation work, some OPCC members and other Ohio cancer control stakeholders have shared ways they have used the Plan in the past.
- Some uses of the Plan in the past have been:
    - **To Educate** Ohioans on key cancer control issues
        - Educate policy makers so they can support key policies and issues in the Legislature
        - Educate the general public about the Cancer Prevention and control issues and activities
        - Educating students of health professions (e.g., medical and nursing students) about public health and prevention.

- To **implement strategies** in the Plan
    - Generate ideas of new strategies to implement in your own organization
- To apply for **funding** or justify the work you are doing
    - Substantiate community needs
- **Align** strategies and programs **with the state**
- **Obtain data** on cancer-related indicators
    - Identify potential new at-risk populations; state trends
- **Identify new partners** to collaborate with

Activity: What do you use the Cancer Plan for most?

(Vote for Plan uses; n=38 votes)

To get a sense of how OPCC members use the Cancer Plan, we asked participants to select one of the uses from the list provided. Common uses of the Plan were implementing strategies from the plan, educating others, and obtaining data.

	Number of votes
• Educate Ohioans on cancer control issues	8
• Implement strategies in the Plan	12
• Apply for funding or justify the work done	5
• Align strategies and programs with the state	5
• Obtain data on cancer-related indicators	7
• Identify new partners to collaborate	1

**Votes were collected using a Mentimeter poll.*

A few participants shared In the Zoom chat box ways they would use the plan, including:

- Hope to use to further public and patient education
- To promote health equity and mediating health disparities
- To highlight high level changes for legislators

Cancer Plan Layout and Design

Goal: To engage individuals in a small group discussion to help design the Plan in a way that make it easy to use. It is beneficial to have potential/intended users of the Ohio Cancer Plan help generate ideas for how the Plan could be organized or designed to best support its use.

Discussion: What are your ideas for how to organize/design the Ohio Cancer Plan to support specific uses?

- For inspiration, you can refer to other Cancer Plans at this link: https://www.cdc.gov/cancer/ncccp/ccc_plans.htm
- Or, look at the Ohio SHIP 2020-2022 at this link: https://odh.ohio.gov/wps/portal/gov/odh/about-us/sha-ship

Participants' ideas for organization/design of Cancer Plan

Graphics/visuals

- Increase visuals
- Include local pictures, graphs and charts
- Graphics with data for quick evaluation
- Heat maps to monitor the state
- Graphics with demographics/percentages displaying data rather than discussing it
- A 1-pager with infographics for each topic area to distribute easily

Organization

- Break out by cancer type
- Internal links to navigate through plan & resources
- Fact sheets for each strategy
- Access to references
- Organization throughout all objectives
- Links for electronic version
- Workflows, logic models, and timelines
- Consistency between each subject in format, lay out, and links
- Availability of references for the data included
- List specific roles versus just identifying institution
- Include a "How to Use This Plan" section broken up by sectors (Utah Plan)

Readability

- Readable and easy to follow. Bullet points and not full paragraphs. White space for readability.
- No acronyms
- Less acronyms/more common terms
- Keep in mind WHO is our Audience. Have it look uncluttered and clear.
- Increasing reach by having it electronically on the OPCC website and links to plan from other websites. OPCC site could have electronic search to have folks find the pieces they want to find.
- Online/Digitally visible plan for easy access
- Sections dedicated to adolescent/young adult cancer with appropriate language for health literacy-level for patients and families (similar to Florida and Idaho plans)

Patient stories

- Colorful, personal stories and pictures
- A section for families/caregivers
- Links in plans to patient stories

- Add patient stories to the plan. The plan should not just be about data and objectives, but the people behind those numbers. Make sure the plan is helpful to patients as well.

Accessibility and Awareness of Plan for stakeholder groups

- Make more accessible
- Easy jargon for families
- We need to work to make more oncologists aware of the plan.
- We liked the idea of providing suggestions for various stakeholders.
- We talked about identifying Ohio departments, agencies and legislative committees that should know about the plan (like the health and human services committee, dept of aging, etc.)
- Disperse in Pediatric Cancer support groups, nonprofits, social media groups, and utilize the media to announce the inclusion of pediatric cancer for the first time.
- NPR - affiliated stations
- Twitter

Call to Action

- Call to Action
- Tear-out "call to action"
- Utilize a call to action framing. Whether sectionally in the document and or/ through identifying sectors and partners that are doing the work and create strategies that "speak to" those groups.
- Concrete calls to action

Planning for dissemination

(Professional Data Analysts)

Goal: To brainstorm some ideas for how to disseminate the next Cancer Plan to **r**each stakeholders around the state who can help implement the Plan. The intention is to start planning now and thinking about ways to share the Plan and get it in the hands of folks who can use it for all the reasons just discussed.

Discussion: Where do you typically go to find information about what's happening around the state related to cancer prevention and control?

Examples:

- Websites
- Newsletters
- Professional organizations
- Conferences

Participants' ideas for disseminating the Cancer Plan

- OPCC meetings
- Send info and link to health care professional boards
- State Department of Health

Discussion: What ideas do you have for disseminating the next Cancer Plan to ensure it reaches key cancer control stakeholders in the state?

Participants' ideas for disseminating the Cancer Plan

- Targeted social media contacts
- Any organization, site, community group, event that is health related. Particularly those that target certain groups, for example Transforming Care Conference--for lgbtq+ health equity
- Getting the word out to oncologists
- We should invite legislative aides and someone from the gov's office to meetings or a launch. We should have some kind of press release sharing this, associated with the cancer burden in our state, to try and establish it as a state priority.
- Each local health department has a group that works on their CHA/CHIP, target those coalitions.
- Utilize Patient Advocates and Influencers. Patient Voices in the media have become increasingly important.
- Social media, non-profits media drives, non-profits events, ONS, Nurse navigators.
- College classrooms for upcoming new grads to learn about its existence.
- Tiktok
- Get to educational institutions, colleges, even high schools.
- Press release is a good one!
- Challenge each member to promote the Plan to at least X number of partners/organization/relationships/conferences
- We need a publications group. Can we work with communications teams at our respective workplaces?
- A copy should be given to all primary care practices. Or a letter sent to all practices as to how to access the plan and give key points from the plan so it will be viewed as a valuable resource in the clinical setting for treatment and diagnosis

Ways to get involved

(Emily Bunt, Researcher 3, Ohio Department of Health)

- There are several ways to get involved in Ohio Cancer Plan work.
  - ✓ Develop strategies with a Workgroups
  - ✓ Join a Topical Workgroup
  - ✓ Submit cancer survivor stories (from families, caregivers, survivors, etc.)
  - ✓ Submit pictures (details to be worked out)

- Reach out to topical workgroup leads to get involved in developing strategies to achieve the Plan objectives. The names and contact information for topical workgroup leads is available on the OPCC website. You can email leads directly to join a workgroup. https://www.ohiocancerpartners.org/wp-content/uploads/2020/07/List_of_Topical_Workgroups_and_Leads_revJuly2020.pdf
- Some other state plans (for example, Minnesota) have a personal touch and include pictures of survivors and health care professionals with their story. Some OPCC members have voiced the desire to have personal stories in the Plan, and ODH's Communications Department would like to see that as well.
    - If you would like your story included in the Ohio Cancer Plan, or if you know someone you think should be included, let us know by contacting OPCC.
- Submit any questions or ideas to the OPCC email at info@ohiocancerpartners.org.

Closing and next steps

(Angie Santangelo, Clinical Program Director, Cancer Support Community Central Ohio)

What to expect in the coming months

- Our next step is to work on the strategies. If you are not on a workgroup yet, then we really encourage to look at the topical workgroup list. See where your interest lies and where you could be involved in developing strategies for the objectives.
- Encourage workgroups to get their Doodle polls out as soon as possible so your group can start meeting again and working on the strategies.
- **Reminder:** The strategies submissions are due by **August 28th.**
- If you have a creative or design bent, another way to help out is with designing the Plan layout.
- By end of October the final cancer plan will be written. The Plan will include the objectives and strategies, and information on have who are as a stat, how we incorporated health equity, and other aspects like how to get involved or other elements.
- The final Plan will be approved by the end of **November**. The Plan will be presented at the next OPCC meeting in November. The priority objectives will be selected.
- The 2021-2030 Plan will be printed and distributed in **January** as a hard copy and electronically.
- We have committees with our current Cancer Plan and workgroups. Once the new Plan starts, we will develop new committees and look to perhaps new workgroup chairs. It will be a time to refresh and reset.

Thank you all for the work you have done so far!

This presentation will be on OPCC website, so I encourage you to go back over the information, resources from this presentation. We will post the meeting notes with links and resources on the OPCC website: https://www.ohiocancerpartners.org/cancer-plan-library/

Questions

- Question: Who can submit stories for the new Cancer Plan?
    - Ans: Stories can be submitted by survivors, family members, or caregiver.
- Question: What part of the website we go to join a workgroup?
    - Ans: Go to the Cancer Plan library on the OPCC website https://www.ohiocancerpartners.org/cancer-plan-library/ Then click on the list of Topics and Topic Leads document to find a list of leads to email to join a workgroup. content/uploads/2020/07/List_of_Topical_Workgroups_and_Leads_revJuly2020.pdf

General Questions:

- Question: I would like to ask if the objectives related to tobacco cessation will also address **vaping tobacco derivatives**?
    - Ans: The tobacco objective for youth (Objective 2) was directed at tobacco/nicotine use, but if you look at the associated table, you'll see that all major forms of tobacco are broken out (including e-cigarettes). We're proposing the table be listed under the objective as partners may choose to address different types of tobacco use in their work.
- Question: I believe **something we have not addressed** is the issue of identifying patients who are **living with metastatic cancer**. I would like to see us push for a requirement at a national and state level to identify patients who are metastatic. It is not easy AT ALL to do this with coding and we need to gather stats on the people who are living with metastatic cancer. Perhaps we could formulate some type of objective.
    - Ans: The specific populations will be fleshed out with strategies. Definitely think about which objectives need to focus on populations of concern.
- Question: Have objectives already been **approved**?
    - Ans: Many have, but some are still being revised (one was just approved this morning).

Reminders

- The Plan revision process and updated strategy submission form are in the Guidebook! https://www.ohiocancerpartners.org/wp-content/uploads/2020/07/Guidebook_Worksheets_and_Checklists_rev_July2020.pdf
- Reach out to info@ohiocancerpartners.org if you have questions about the Cancer Plan revision process.
- Contact the Topical Workgroup lead or co-leads if you want to join a workgroup and help with developing strategies for the new Cancer Plan objectives.

https://www.ohiocancerpartners.org/wp-content/uploads/2020/07/List_of_Topical_Workgroups_and_Leads_revJuly2020.pdf

- Contact Emily Bunt (Emily.Bunt@odh.ohio.gov) if you have questions for the Data Committee or need data-related support.
- Check out the OPCC website often for updated resources, the submission forms, and other updates. https://www.ohiocancerpartners.org/cancer-plan-library/.
- Become a member of OPCC (if you are not already)! Membership application: https://www.ohiocancerpartners.org/membership-form/

Appendix: Links shared during the meeting

Agency for Healthcare Research and Quality's Health Disparities Report: https://www.ahrq.gov/research/findings/nhqrdr/index.html

Cancer Network: https://www.cancernetwork.com/view/strategies-for-overcoming-disparities-for-patients-with-hematologic-malignancies-and-for

CCCP Health Equity Checklist: https://www.ohiocancerpartners.org/wp-content/uploads/2020/03/Equity_checklist_Program_Plan_Partnership_FINAL.pdf

CDC 500 Cities Project: https://www.cdc.gov/500cities/index.htm

CDC Vulnerability Index: (To understand social determinants at census track level) https://svi.cdc.gov/

CDC website with list of all state cancer plans: https://www.cdc.gov/cancer/ncccp/ccc_plans.htm

Hass Institute: https://haasinstitute.berkeley.edu/sites/default/files/targeted_universalism_primer.pdf

Health Opportunity Index (HOI): [Note: We are currently looking into a link to the HOI.]

John A. Powell video on Targeted Universalism: https://www.youtube.com/watch?v=a0At2xbQB7w

Key Stakeholders by Topic: https://www.ohiocancerpartners.org/wp-content/uploads/2020/03/OPCC_Stakeholders_by_Topic.pdf

Kirwan Institute Opportunity Map: http://kirwaninstitute.osu.edu/researchandstrategicinitiatives/opportunity-communities/mapping/understanding-opportunity-mapping/

List of Proposed Cancer Plan Topics and Topic Leads/Co-Leads https://docs.google.com/document/d/1cWfH2uS969JkMWoAX90AH2w-9X1jXAJrJj8Gvm9WBhU/edit?usp=sharing

List of Topical Workgroups and Leads: https://www.ohiocancerpartners.org/wp-content/uploads/2020/07/List_of_Topical_Workgroups_and_Leads_revJuly2020.pdf

Medical Home Portal: https://www.medicalhomeportal.org/guide-to-the-portal

National Cancer Institute: https://www.cancer.gov/research/areas/disparities/health-disparity-studies

National Collaborative for Health Equity: https://www.nationalcollaborative.org/

ODH Cancer Data and Statistic page: https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/ohio-cancer-incidence-surveillance-system/data-statistics/data-statistics

Ohio Cancer Plan Guidebook: https://www.ohiocancerpartners.org/wp-content/uploads/2020/07/Guidebook_Worksheets_and_Checklists_rev_July2020.pdf

Ohio Cancer Plan Revision Overview: https://www.ohiocancerpartners.org/wp-content/uploads/2020/03/Overview_of_Ohio_Cancer_Plan_Revision_.pdf

Ohio Cancer Plan 2021-2030 Topics & Objectives: https://www.ohiocancerpartners.org/wp-content/uploads/2020/07/Objectives_in_Ohio_Cancer_Plan_2021-2030.pdf

Ohio Cancer Atlas 2019: (County-level maps) https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/ohio-cancer-incidence-surveillance-system/resources/ohio-cancer-atlas-2019

Ohio Cancer Report 2020: https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/ohio-cancer-incidence-surveillance-system/resources/ohio-annual-cancer-report-2020

Ohio Department of Health's Children with Medical Handicaps (CMH) program: https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/children-with-medical-handicaps/welcome-to

Ohio Public Health Data Warehouse: https://odh.ohio.gov/wps/portal/gov/odh/explore-data-and-stats/interactive-applications/ohio-public-health-data-warehouse1

Ohio State Health Improvement Plan 2020-2022: https://odh.ohio.gov/static/SHIP/2020-2022/2020-2022-SHIP.pdf

OPCC Website w/ resources: https://www.ohiocancerpartners.org/cancer-plan-library/

Othering & Belonging Institute: https://belonging.berkeley.edu/video-john-powell-collective-impact-forum (Advance video to the 41minute mark)

Passport for Care: https://www.passportforcare.org/

Progress toward Ohio Cancer Plan 2015-2020 goals: https://www.ohiocancerpartners.org/wp-content/uploads/2020/03/Progress_toward_current_Cancer_Plan_targets_.pdf

Research-tested Intervention Programs (RTIPs): https://rtips.cancer.gov/rtips/index.do

The Community Guide: https://www.thecommunityguide.org/

UC Berkeley News: https://news.berkeley.edu/2019/05/29/berkeley-talks-john-powell-on-targeted-universalism/