Welcome to the OPCC July membership meeting!

July 9, 2020





Meet the Cancer Plan Revision Core Team

OPCC Co-Chairs



Angie Santangelo Clinical Program Director, Cancer Support Community Central Ohio



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

Ohio Department of Health









Meet the facilitators from Professional Data Analysts (PDA)



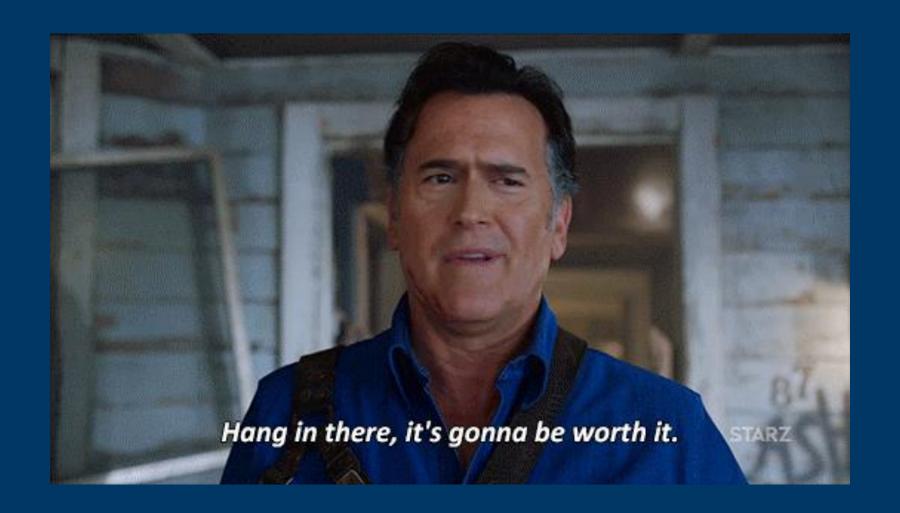
Tia Bastian
Senior Evaluator



Kate LaVelle
Senior Evaluator

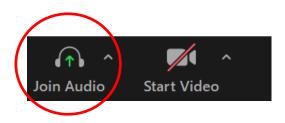


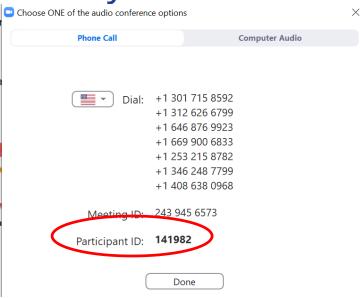
Melissa Chapman Haynes
Director of Evaluation



Zoom logistics

Enter your participant code if you called in

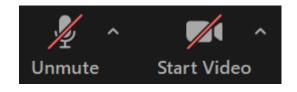




Zoom logistics

Please no video except in breakout groups

Please stay on mute



Zoom logistics

Check the chat box for web links



Multiple ways to engage

Chat box

Breakout rooms

Verbally



Mentimeter

Mentimeter

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



Please enter the code

123456

Submit

The code is found on the screen in front of you

Opening Activity

Participant Introductions

Go to www.menti.com

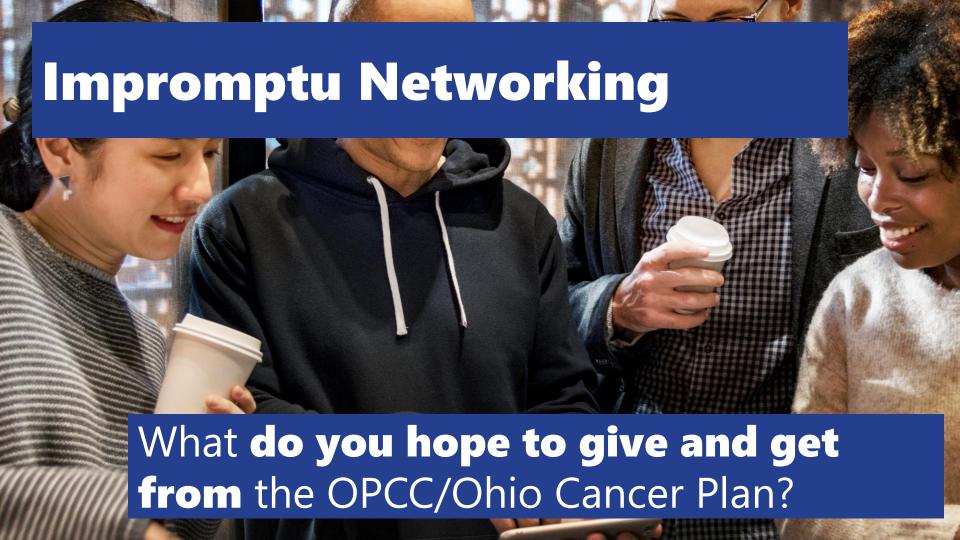
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Who is on this call?



www.menti.com Code: 12 83 29





Update on the Cancer Plan Revision Process



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

OPCC Cancer Plan Recap and Future

LINDSEY BYRNE, MS, CGC

Goals of Today's 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

New Plan is going to be 2021-2030

- ► Why a 10 year plan?
- Not likely to see significant progress towards achieving some objectives in a 5-year plan.
- Opportunity to evaluate incrementally and adjust course.

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.

Thank you for all your hard work so far!!

Key tasks and proposed timeline

	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec
OPCC meetings												
Develop guidance document												
Draft goals and objectives						Finalize						
Draft strategies								Finalize				
Draft Plan layout								Finalize				
Write Cancer Plan										Finalize		
Obtain final approval of Plan										A	pproved	

Current Work

- ▶ Drafting strategies.
- OPCC members will draft a strategy/strategies for each objective.
- Evidence-based strategies.



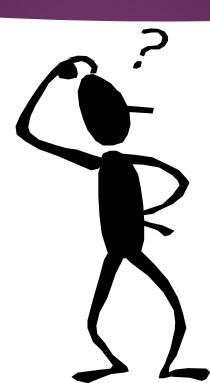
When will OPCC see the final plan?

 Final plan will be presented to OPCC membership at November meeting.

 OPCC will then select priority objectives at the November meeting.

 New committees will develop to focus on priority objectives

Thank you!



Reminder:

The Plan revision process is documented in the Guidebook!

Ohio Cancer Plan Revision 2021 – 2030

Guidebook for the Ohio Partners for Cancer Control (OPCC)



Created for:



Ohio Partners for Cancer Contro

Funded by



Department of Health

Created by



Professional Data Analyst

Phase I: **Develop Topical** Workgroups

Ohio Cancer Plan Revision 2021 - 2030

Guidebook for the Ohio Partners for Cancer Control (OPCC)







STATUS: COMPLETE!

Phase II: Develop Objectives

Ohio Cancer Plan Revision 2021 – 2030

Guidebook for the Ohio Partners for Cancer Control (OPCC)



STATUS: (NEARLY) COMPLETE!

Review final Cancer Plan objectives

- Go to:
 https://www.ohiocancerpartn
 ers.org/cancer-plan-library/
- 2 Review topics and objectives
- Answer reflection questions in menti.com

Reflection on objectives

1. Where are you most excited?

2. Where do you see areas of overlap, if at all?

3. As workgroups move forward with developing strategies for these objectives, are some strategies going to address multiple objectives?

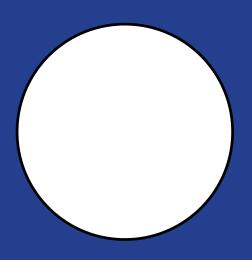
Review topics and objectives (15 min)

Access topics and objectives here: https://www.ohiocancerpartners.org/cancer-plan-library/

Respond to reflection questions here:

www.menti.com

Code: 12 83 29



Group reflection on topics and objectives

Go to: www.menti.com

Code: 12 83 29

Workgroup presentations: New Cancer Plan topics

Pediatric Cancer

Hepatitis B and C screening, detection, and management

Pediatric Cancer Workgroup

Melissa James

Parent Consultant
Ohio Department of Health

Pediatric Cancer Workgroup Members

Co-Leads

Melissa James Bobbi Krabill

Workgroup Members

Ann Ramer Megan Coburn

Holly Sobotka Patrick Londergan

John Kollman Stan Robbins

Kathy Derr Toyin Adeyanju

Kim Matthews

Pediatric Cancer Objectives

- 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.

Hep B and C Workgroup

Dr. Joe HofmeisterOncologist

Dr. Joe Explains

Hep B and C Workgroup Members

CU-	Lead	3

Joe Hofmeister Emily Bunt

Workgroup Members

Bruce Hennessy Lanla Conteh

Chasity Washington Lisa Smith

Chin-Yin Shih Mara Weber

Darla Fickle Ruchi Bhatia

Julie Stephens Sean Kelly

Kara Osborne Terry Tucker

Hep B and C Objectives

- 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.

Phase III: Develop Strategies

Ohio Cancer Plan Revision 2021 – 2030

Guidebook for the Ohio Partners for Cancer Control (OPCC)



STATUS: JUST STARTING...

Incorporating health equity into strategies

Chip Allen Director of Health Equity Ohio Department of Health

Prostate Cancer Workgroup

Ron Wells

Clinical Exercise Physiologist, ProMedica Health System

Prostate Cancer Workgroup Members

Co-Leads

Ronald Wells Robin Charney

Workgroup Members

Ana Fetzer Dimitrious Stanley

Becca Potts Emily Bunt

Brian Byrd Johnnie (Chip) Allen

Chip Lash Timothy Schuster

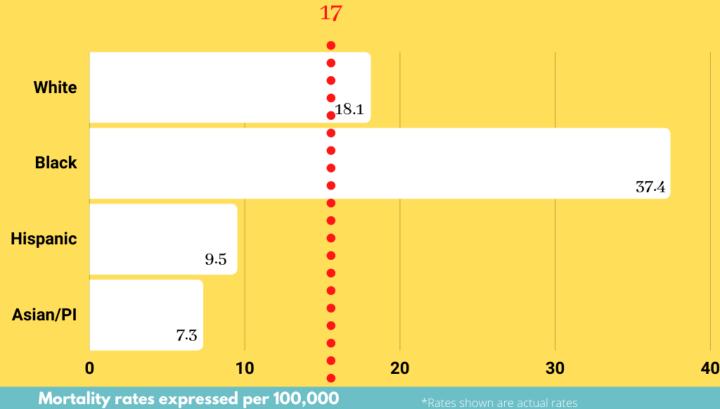
Prostate Cancer Objectives

- 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.

2030 PROSTATE CANCER HEALTH EQUITY GOAL

Rates shown from 2017

To reach a mortality rate of 17/100,00 for all men*



Developing strategies



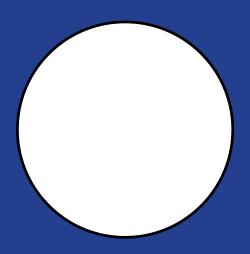
Emily BuntResearcher 3, Ohio Department of Health

How to join a workgroup!

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

Q&A Any questions about developing strategies?

Break (15 min)



Phase IV: Putting it all together to enhance use

Ohio Cancer Plan Revision 2021 - 2030

Guidebook for the Ohio Partners for Cancer Control (OPCC)

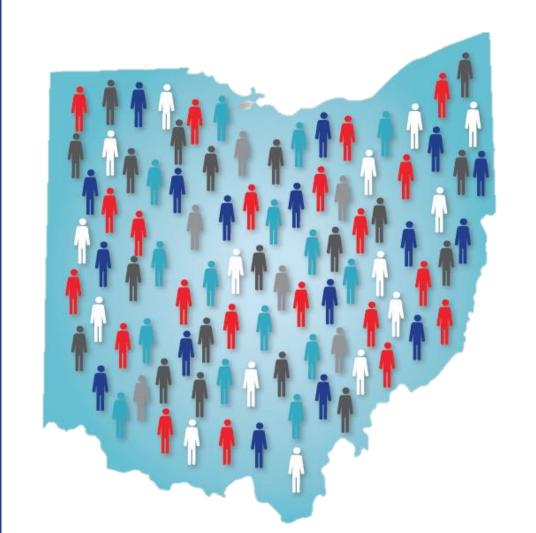






STATUS: JUST STARTING...

Designing the Cancer Plan to optimize use







Review uses

- To Educate Ohioans on key cancer control issues
- To implement strategies in the Plan
- To apply for funding or justify the work you are doing
- Align strategies and programs with the state
- Obtain data on cancer-related indicators
- Identify new partners to collaborate with

Activity instructions

- Select one person to be the notetaker
- Generate ideas for how to organize/design the Ohio Cancer Plan to support specific uses.
- Select 1 or 2 ideas to share back with the large group through Mentimeter.

Example

Use: Implement strategies

Idea: Include a "Call to Action" to let stakeholders know how they can get involved in implementing the Plan.

Pennsylvania

What you can do

Everyone in Pennsylvania has a role to play in preventing and controlling cancer and in supporting Pennsylvania's cancer survivors. Together, we can make a difference.

- Prevention
- Early detection
- Diagnosis and treatment
- Survivorship

Any Pennsylvanian can...

Maintain healthy weight by eating well and exercising.	• • •
Use sun protection and refrain from indoor tanning.	• 0 0 0
Get vaccinations that prevent cancer, such as HPV.	• 0 0 0
Be screened for cancer according to national guidelines.	0 • 0 •
Get tested for high-risk infections.	0 • 0 0
Support smoke-free workplaces, schools and parks, and quit smoking.	• 0 0 •
Get homes and other buildings tested for radon.	• 0 0 •
Participate in cancer research through surveys, trials and/or other methodologies.	• • • •
Volunteer to help those whose lives are affected by cancer.	0 0 •

Local public health agencies and community organizations can...

Collaborate to remove parriers to cancer prevention, screening, treatment and support.	•	•			
Provide or host cancer survivor support groups.	0	0	0		
Promote the use of community health workers to improve access to health care.					
Provide cancer information that is culturally and linguistically appropriate to those you serve.	•	•	•	•	
Help those you serve find cancer screenings and immunizations covered by their insurance.	•	•	0	0	

Texas

CALL to ACTION

What can **YOU** do?

The overall success of the *Plan* depends on the cooperation, collaboration and resources of many stakeholders across the state.

Below are a few examples of what you can do to work toward the goals presented in the *Plan*. Use these examples and think of other actions you can take to reduce the burden of cancer in your community and throughout Texas.

If you are a health system

- . Ensure that your cancer cases are reported in a timely way
- Provide meeting space to host community cancer support groups
- Collaborate to sponsor evidence-based community screening programs
- Acquire or maintain American College of Surgeons (ACoS) Commission on Cancer (CoC) accreditation
- Educate health care professionals and the public about genetics and cancer risk

If you are a local health department

- Promote effective cancer prevention policy, systems and environmental changes
- Implement and enforce a tobacco-free campus
- Provide cancer prevention and healthy lifestyle education
- Collaborate with communities to support changes in the built environment, including walkability
- Support evidence-based cancer screening and early detection efforts
- Encourage HPV vaccination among adolescents and young adults
- Educate health care professionals and the public about genetics and cancer risk
- Provide meeting space to host community survivor support groups

Use: Find partners

5 year SMART objective I: in from 73.4% to 80% by 2021	ncrease the n	umber of N	ebrasl	kans who consider write	tten h	ealth information	n always or	nearly always ea	sy to understand	
What will be measured: percentincrease Baseline:			73.49	% of Nebraskans	Data source: Nebraska BRFS			Timeframe: by2021		
Continuum of care: Primary prevention Screening/early detection Diagnoses Treatment Palliation End of life care Survivorship				501 c 3 organizations, and Federally Qualified He						
Evidence base: National Action Plan to Improve Health Literacy, CDC Learn About Health Literacy Lead organization: Nebraska Comprehensive Cancer Control Program, Nebraska Association of Local Health Directors, Nebraska Cancer Coalition, Office of Health Disparities and Health Equity and environmental changes										
action plans, buy in from upper level administration,				Intermediate indicators (3rd to 4th year). number of plans in implementation, broad support across organization				Long-term indicators (4th to 5th year): improvement in selected BRFSS indicators		
Evaluation methods: action plan evaluation reports, key info signatures of administration on all plans				mant interviews, Lead evaluating organization: Nebraska Com Cancer Control Program				1: Nebraska Comp	orehensive	
Estimated budget: \$60,000 Other resources needed: technical ex							tise			

Activity instructions

In your small groups,

- Generate ideas for how to organize/design the Ohio Cancer Plan to support specific uses.
- Have 10 minutes to work in small groups

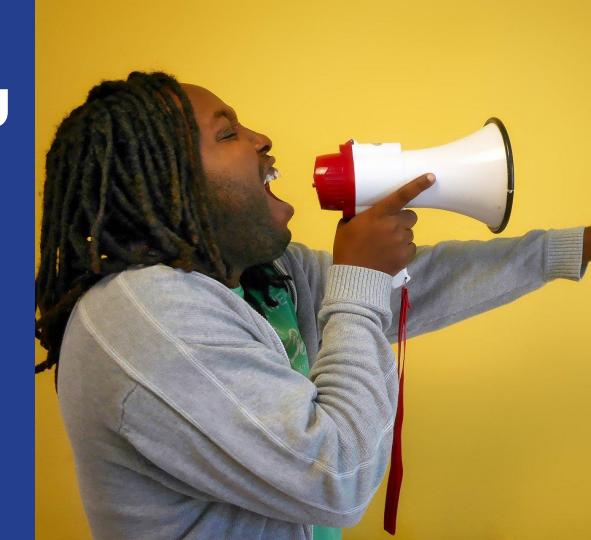
Small group share out

Go to: www.menti.com

Code: 12 83 29

• 1-2 ideas for how to design the next Cancer Plan to support specific uses. Include web links where appropriate.

Disseminating the Cancer Plan to reach key stakeholders



What ideas do you have for how and where to disseminate the Cancer Plan?

Go to: www.menti.com

Code: 12 83 29

Ways to get involved



Jill Price
Public Health
Consultant,
Ohio Department of
Health

Closing and next steps



Angie Santangelo
Clinical Program Director,
Cancer Support
Community
Central Ohio

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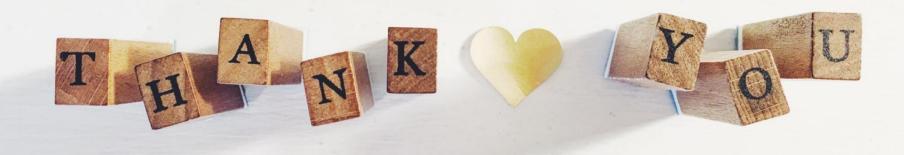
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Meeting Evaluation

http://my.evalsurvey.com/opcceval

PASSION LED US HERE