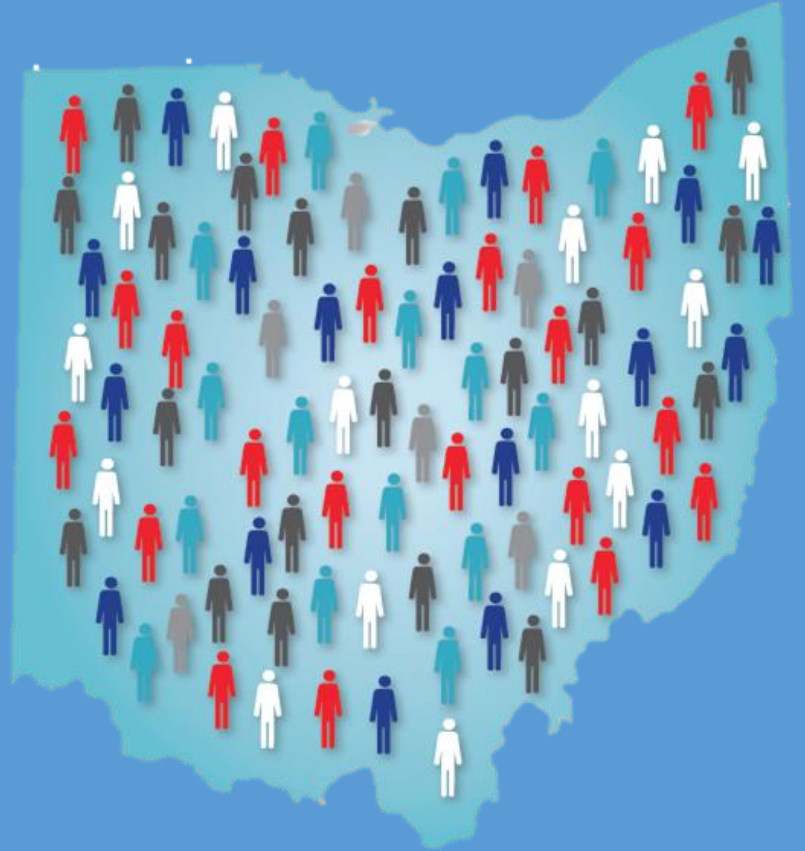


Welcome to the OPCC November membership meeting!

November 12, 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



Amy Bashforth



Emily Bunt



Jill Price



Debbie Wallace

Meet the facilitators from Professional Data Analysts (PDA)



Melissa Chapman Haynes



Kate LaVelle



Liz Willey

LIFE TIME
ACHIEVE



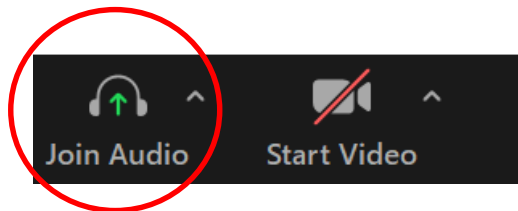
Zoom logistics

Enter your **participant code** if you called in

Choose ONE of the audio conference options

Phone Call

Computer Audio



Dial: +1 301 715 8592
+1 312 626 6799
+1 646 876 9923
+1 669 900 6833
+1 253 215 8782
+1 346 248 7799
+1 408 638 0968

Meeting ID: 243 945 6573

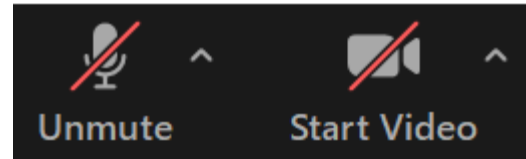
Participant ID: **141982**

Done

Zoom logistics

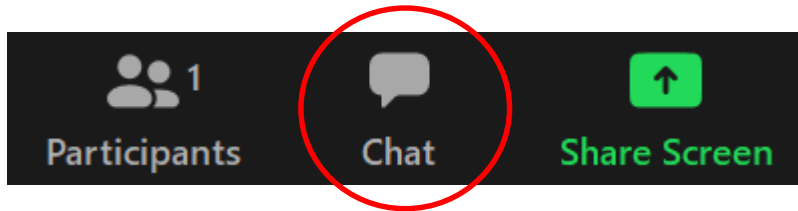
Please no video except in breakout groups

Please stay on mute



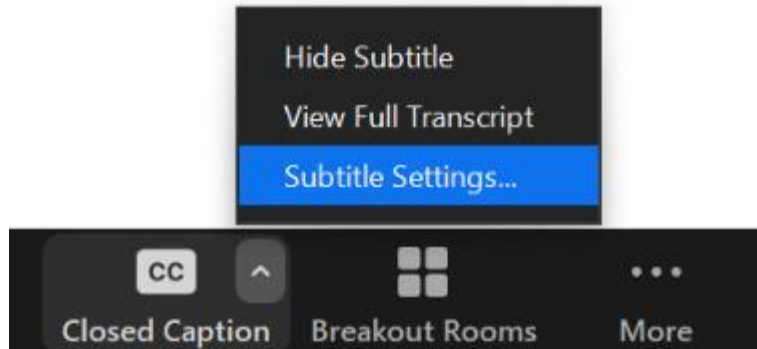
Zoom logistics

Check the chat box for web links



Accessibility features

- Captions provided



Meeting is now streaming live on
Zoom with Rev.com

Multiple ways to engage

Chat box

Breakout rooms

Verbally

Mentimeter



Be here

Mentimeter

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



Please enter the code

Submit

The code is found on the screen in front of you

Welcome and overview



Angie Santangelo

Clinical Program Director,
Cancer Support
Community
Central Ohio

LIVE

abc

**Reflection on
the 2020
Revision
Process**

**Hope for the
2021 Cancer Plan
Implementation**

Goals of today's meeting

- Celebrate the hard work that has gone into the Ohio Cancer Plan revision process
- Present the final objectives and strategies of the 2021 – 2030 Cancer Plan
- Shift from planning to implementation of the Plan
- Share opportunities for continued engagement in 2021 and beyond

What is the OPCC?

- OPCC is a coalition that was formed in the 1990s
- We are a volunteer-based organization responsible for creating and implementing a statewide, strategic Cancer Plan to reduce the cancer burden in Ohio.
- We are proud of our engaged membership and always looking to identify individuals and organizations that can strengthen our efforts.

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.

**Please take the Cancer Plan
Implementation Survey!**





**Celebration
of Progress**

**Reflect on
your role in
the revision
process**

Goals of Breakout Rooms

- Give an **introduction** (name, organization)
- Share **how you were involved**, if at all, in Ohio's Cancer Plan revision process
- Rooms will be open for **10 minutes**



Discussion (10 min)



Group reflection, celebration of the revision

Go to: www.menti.com

Code: **68 73 29 8**

Phase II & III Rollout: Objectives, Strategies, and Stories

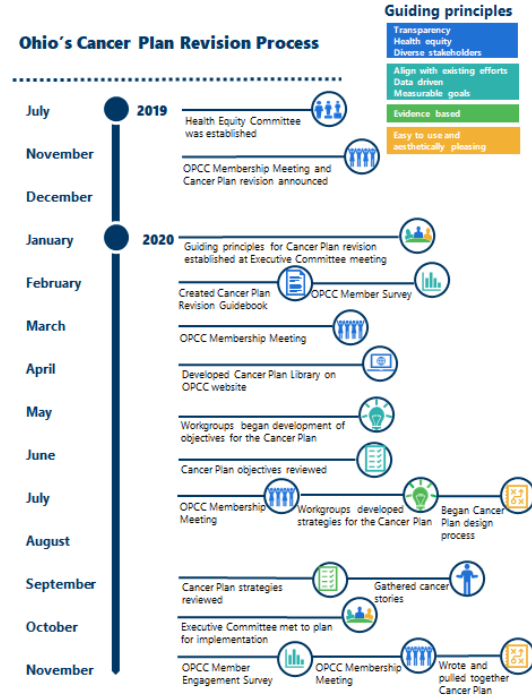


Emily Bunt

CCCP and BCCP
Ohio Department of
Health

Cancer Plan revision timeline

- Available on OPCC website in Cancer Plan library



Guiding principles

Transparency
Health equity
Diverse stakeholders

Align with existing efforts
Data driven
Measurable goals

Evidence based

Easy to use and
aesthetically pleasing

Established at the OPCC
Executive Committee
meeting in January 2020

Transparency

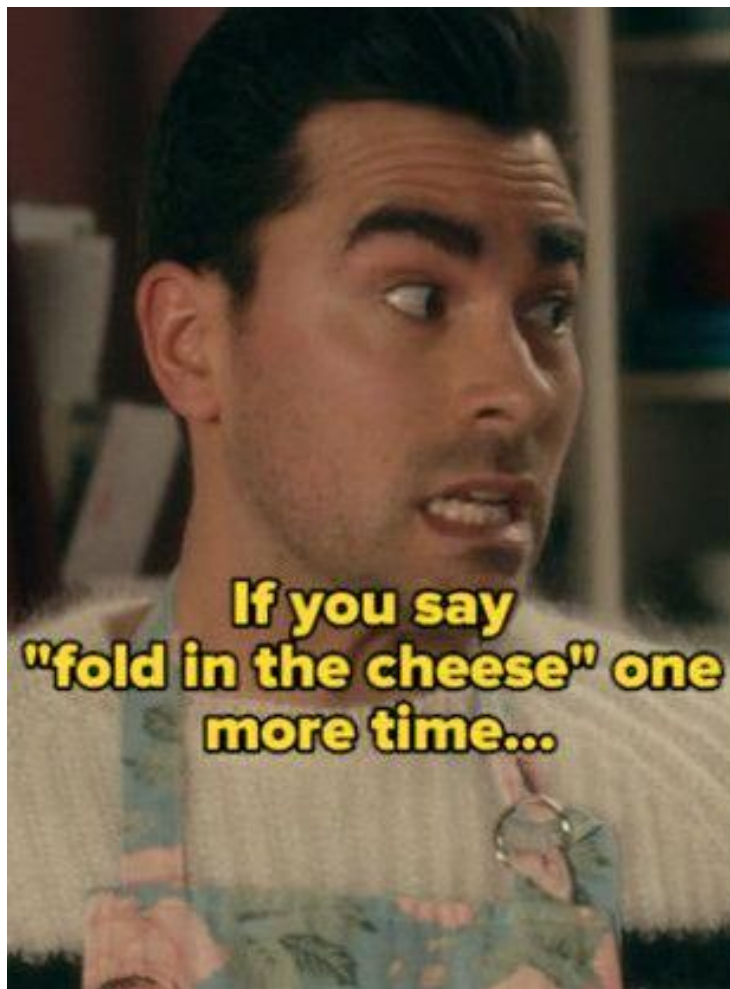
Transparency
Health equity
Diverse stakeholders

- OPCC membership meetings
- Created Cancer Plan Revision Guidebook
- Cancer Plan library on OPCC website

Health equity

Transparency
Health equity
Diverse stakeholders

- Health equity (HE) committee established (Nov 2019)
- Presentations at OPCC meetings
- HE Comm Member assigned to each topical workgroup
- One strategy/objective required to promote HE



Diverse stakeholders

Transparency
Health equity
Diverse stakeholders

- Formed topical workgroups to develop objectives/strategies
- Guide included worksheet for identifying key stakeholders who may be missing & guidance on how to engage new stakeholders

Align with existing efforts

Align with existing efforts
Data driven
Measurable goals

- Topical workgroups developed objectives (Mar-May 2020)
- Asked to identify existing local, statewide, and federal efforts with which to align objectives
 - SHIP, Ohio Tobacco Control Plan

Data driven

Align with existing efforts
Data driven
Measurable goals

- Objectives and targets were informed by data
- Technical Assistance from the OPCC Data Committee

Measurable goals

Align with existing efforts
Data driven
Measurable goals

- SMART objectives
- OPCC Cancer Plan Revision
Workgroup reviewed objectives

Evidence based

Evidence based

- Topical workgroups developed strategies (July-August 2020)
- Strategies needed to be evidence based or promising practice (or justification provided)

Easy to use & aesthetically pleasing

Easy to use and
aesthetically pleasing

- Gathered input from OPCC and interviews
- Review of other states' Plans
- Cancer stories

Cancer Plan revision overview

Available on
OPCC website
in Cancer Plan
Library

Highlights from the 2020 Evaluation of the Ohio Comprehensive Cancer Control Program

Reducing the cancer burden in Ohio is a **strategic** and **collaborative** statewide effort

There is a decades long history of collaboration to reduce Ohio's cancer burden among dedicated professionals and individuals across Ohio.

20+ years of funding from the Centers for Disease Control and Prevention to coordinate statewide, collaborative efforts to reduce Ohioans' cancer burden.

160+ volunteers contributed to Ohio's next Cancer Plan, including those directly impacted by cancer, researchers, local and state public health professionals, physicians and health care workers, nonprofit staff, epidemiologists, and other individual volunteers.

Engagement opportunities **expanded** in 2019-2020 through the Cancer Plan Revision Process



Professional Data Analysts | www.pdastats.com | Prepared November 2020 | Page 1

The Cancer Plan revision process successfully brought in **new voices** and **generated momentum** in new and current topic areas

Over half of the individuals involved in the Cancer Plan revision are new voices in the OPCC, and not currently members

The revision of the Cancer Plan provided multiple opportunities for individuals outside of the current OPCC membership to become involved. For example, individuals could join a topical workgroup to develop objectives and strategies or submit cancer survivor stories or pictures. In all, as many as 89 individuals became actively engaged with OPCC through the revision process.



New types of partners include:

- More diverse geographies across Ohio
- Physicians, including many oncologists, surgeons, and a urologist
- Parent advocates/parents of pediatric cancer patients
- Medical students, students in public health programs

17 Topical Workgroups developed Cancer Plan objectives and strategies

Workgroups were open to Ohioans who had interest and time to commit to meeting regularly. The workgroups developed **49 objectives** and **150+ strategies** for the next Cancer Plan.

- Breast cancer detection
- Cancer genetics
- Cervical cancer detection
- Colorectal cancer detection
- Delivery of patient centered services/Access to survivorship programs
- Environmental carcinogens
- Financial burden and barriers
- Cancer and Aging
- Hep B and C screening/detection/ management
- Lung cancer detection
- Palliative care/Hospice
- Pediatric cancer
- Physical activity, nutrition, obesity
- Prostate cancer/screening
- Tobacco use/Vaping
- UV exposure/Early detection of skin cancer
- Vaccines for cancer prevention/HPV associated cancers

A Focus on Health Equity continued to **evolve** and **expand** in 2020



Health equity was elevated and deepened this year through the continued development and expansion of the health equity committee, the integration of equity in the Cancer Plan 2021 – 2030 development, and presentations focused on equity during the March and July OPCC general membership meetings. In January, health equity was established by the OPCC Executive Committee as one of the eight guiding principles for the Cancer Plan revision process. In June 2019, the health equity committee was formed after the previous year's work and conversations on how to advance equity in CCPC activities. This group expanded during the Cancer Plan revision process to ensure each topical workgroup had a representative from the Health Equity Committee.

Professional Data Analysts | www.pdastats.com | Prepared November 2020 | Page 2

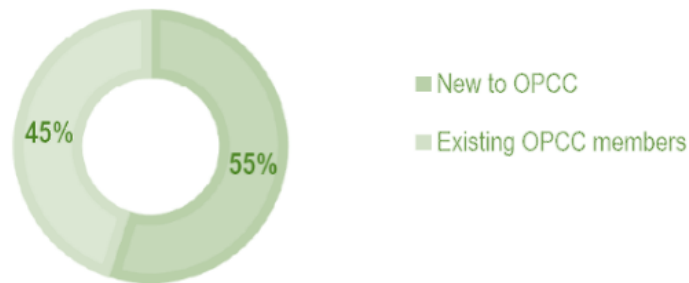
Engagement opportunities expanded in 2019-2020 through the Cancer Plan Revision Process

- Join a topical/review workgroup
- Give input via survey or OPCC membership
- Stay informed through OPCC emails, Cancer Plan library
- Share a presentation at OPCC meetings
- Build partnerships and expand professional networks
- Join the virtual OPCC membership meetings

Key finding from 2020...

- New types of partners in the Cancer Plan revision process include:
 - More diverse **geographies** across Ohio
 - **Physicians**, including many oncologists, surgeons, and a urologist
 - **Parent advocates** / parents of pediatric patients
 - Medical **students**, students in public health programs

Over half of the individuals involved in the Cancer Plan revision are **new voices / not currently OPCC members**



New Stakeholders Involved

Why is engagement so high?

*The revision process followed **principles** of being transparent, attending to health equity, and intentionally including diverse stakeholders.*

Use transparent processes

- Attend to health equity
- Include perspectives of diverse stakeholders

Align with statewide & federal efforts

- Be data driven
- Include measurable goals

Be evidence-based

Be easy to use and aesthetically pleasing

Phase 1 (March)

Phase 2 (March – June)

Phase 3 (July – August)

Phase 4 (Sept – Nov)

17 Topical Workgroups developed Cancer Plan objectives and strategies

- 49 objectives
- 150+ strategies
- 3 "buckets"

Primary Prevention (22 objs)

- Cancer genetics
- Environmental carcinogens
- **Hep B and C screening/detection/management**
- Physical activity, nutrition, obesity
- Tobacco use/**Vaping**
- UV exposure/**Early detection of skin cancer**
- Vaccines for cancer prevention/**HPV associated cancers**

Early Detection (13 objs)

- Breast cancer detection
- Cervical cancer detection
- Colorectal cancer detection
- Lung cancer detection
- **Prostate cancer/screening**

Quality of Life for Persons Affected by Cancer (14 objs)

- Delivery of patient-centered services/Access to survivorship programs
- **Financial burden and barriers**
- **Cancer and aging**
- Palliative care and hospice care
- **Pediatric cancer**

Final objectives

UV exposure/Early detection of skin cancer (Primary Prevention)

- Improve reporting of melanoma cases from 3,343 cases to 3,510 cases by 2026 and 3,677 cases by 2030.
- By 2030, increase education of Ohio youth about skin cancer prevention (and/or reducing UV exposure) through partnerships with three organizations that serve youth.
- By 2030, restrict the use of tanning devices for those under the age of 18, with no exemptions, by supporting statewide and/or federal legislation as measured by passage of a law that meets model language.

Lung cancer detection (Early detection)

- Increase the percent of individuals who have had a lung cancer screening in eligible risk-adjusted, age-appropriate individuals from 5.2% to 15% by 2025 and 25% by 2030.
- By 2030, increase the percent of Ohioans diagnosed with lung cancer at the local stage from 26% to 35%.
- By 2030, increase the overall survival for individuals diagnosed with lung cancer in Ohio from 19% to 26.5%.

Cancer and aging (QOL for Persons Affected by Cancer)

- By 2030, conduct two statewide assessments among cancer specialists to determine rates of geriatric assessment, or components thereof (e.g., frailty and/or functional stratification) according to national guidelines.
- By 2025, conduct two statewide assessments of cancer screening rates and guideline consistency for older adults with cancer (specifically cancer screening when \geq 65 years of age and/or diagnosed with malignancy).

Final strategies

UV exposure/Early detection of skin cancer (Primary Prevention)

By 2030, increase education of Ohio youth about skin cancer prevention (and/or reducing UV exposure) through partnerships with three organizations that serve youth.

- Contact youth organizations (e.g., school districts, 4-H, scouts) to urge development of UV safety policies (e.g., sunscreen, hats, sun covering clothing).
- Produce and disseminate videos about sun/UV avoidance.
- Provide education about melanoma in individuals with darker skin tones.

Lung cancer detection (Early detection)

By 2030, increase the percent of Ohioans diagnosed with lung cancer at the local stage from 26% to 35%.

- Establish through the ODH a lung cancer project with specific attention and tactics to increase screening accessibility and participation in disparate populations.
- Increase the number of lung cancer screening sites; increase mobile access via mobile computerized tomography, especially in southern Ohio Appalachian regions with limited access to screening sites; and streamline the process from approval by insurers and providers to completion.
- Recruit health systems to promote and increase lung cancer screening, public awareness, and utilization of EMR and patient portals to trigger screening recommendations.

Cancer and aging (QOL for Persons Affected by Cancer)

By 2025, conduct two statewide assessments of cancer screening rates and guideline consistency for older adults with cancer (specifically cancer screening when > or equal to 65 years of age and/or diagnosed with malignancy).

- Develop an assessment tool to determine if healthcare providers are following older adult cancer screening recommendations.
- Analyze data collected from the statewide assessment to identify barriers and over or under screening among older adults with cancer.
- Conduct healthcare provider education events with targeted physician specialist groups regarding established cancer screening guidelines (e.g., National Comprehensive Cancer Network, Centers for Disease Control and Prevention, American Society of Clinical Oncology, American Society of Prevention, American Society of Clinical Oncology, American Society of Preventive Oncology).
- Develop and disseminate promotional materials to increase awareness about cancer screening services including methods to locate local programs.

Cancer Stories

Angie Crawford



Donn Young



Scarlett James & Jilly Ripley



Up next

- Cancer burden in Ohio, John Kollman
- Health equity and the Cancer Plan, Kate Tullio
- Break



Cancer burden in Ohio

John Kollman

Epidemiologist

Ohio Department of Health

Cancer Burden in Ohio: 2017 Baseline Data

This presentation is based on the report titled *Ohio Annual Cancer Report 2020*, Ohio Cancer Incidence Surveillance System, Ohio Department of Health, 2020.



Department
of Health

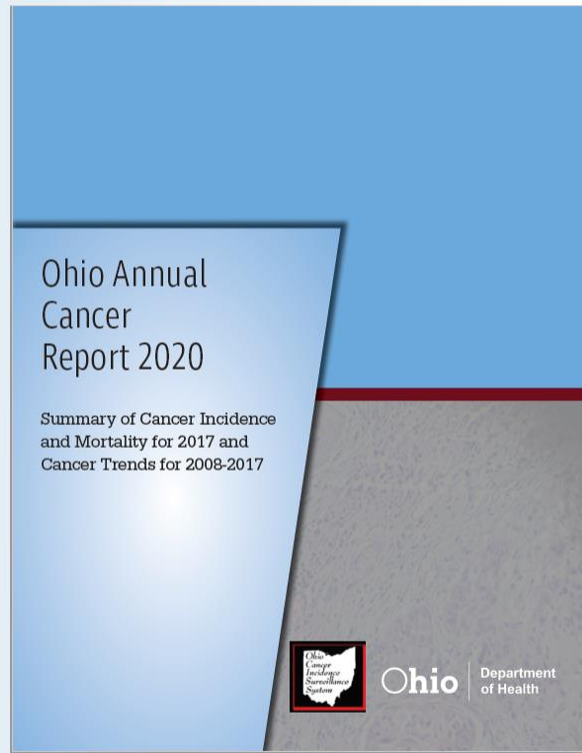
Ohio Annual Cancer Report 2020

In Ohio in 2017, there were:

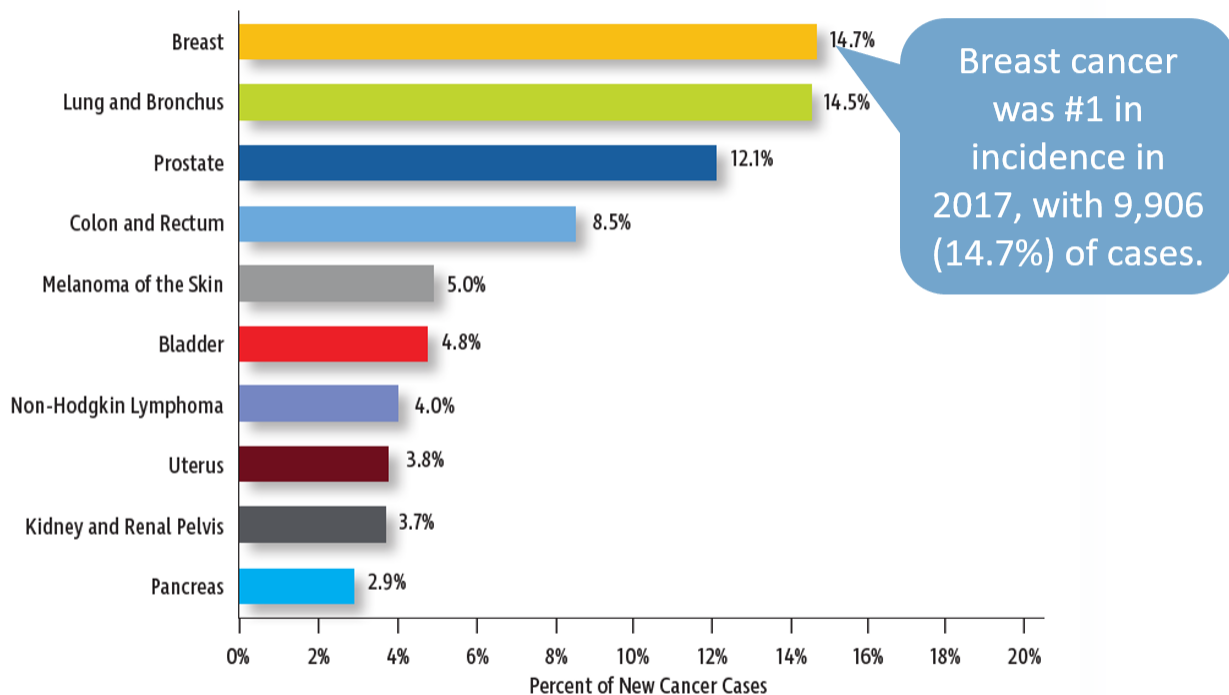
67,268 new cancer cases
(Invasive)

25,647 cancer deaths

Sources: Ohio Cancer Incidence Surveillance System (OCISS) and the Bureau of Vital Statistics, Ohio Department of Health.

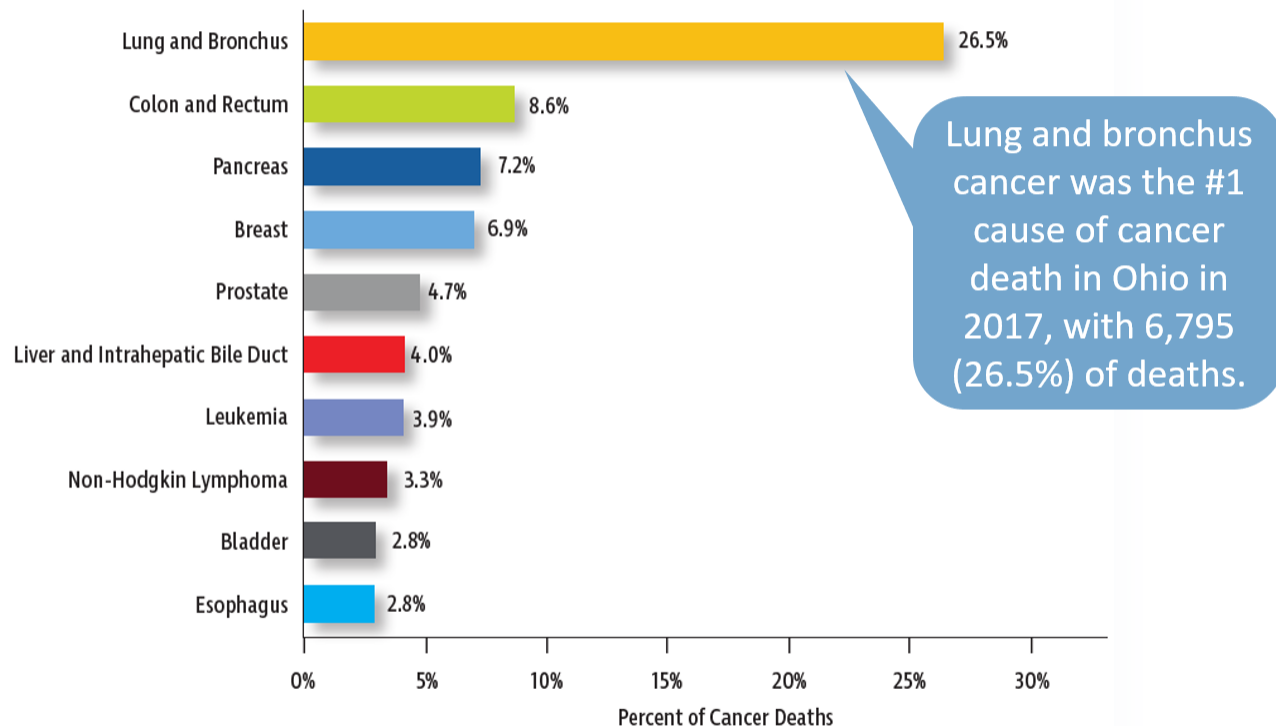


Ohio Cancer Incidence, 2017



Source: Ohio Cancer Incidence Surveillance System, Ohio Department of Health, 2020.

Ohio Cancer Deaths, 2017

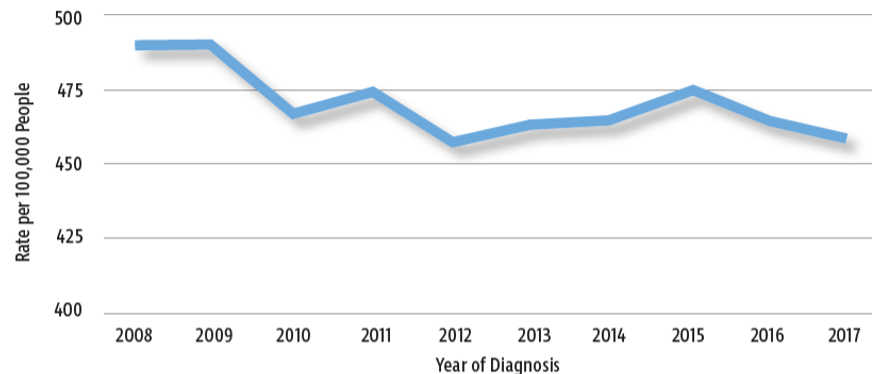


Source: Bureau of Vital Statistics, Ohio Department of Health, 2019.

Cancer Trends in Ohio

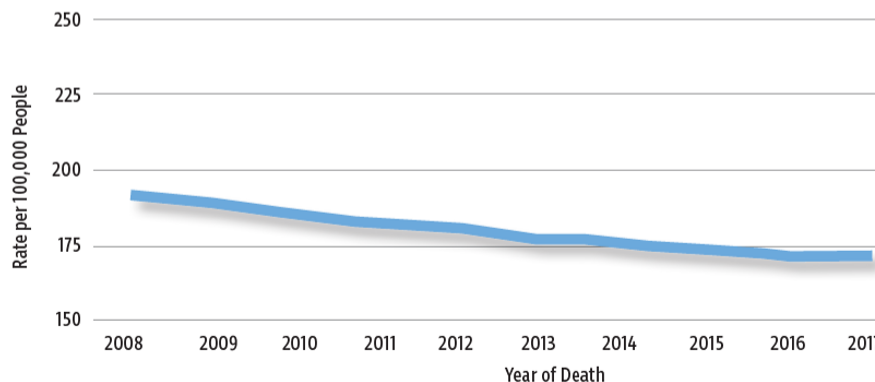
Incidence

decreased 6% from 2008 to 2017 for all cancers combined.



Mortality

decreased 11% from 2008 to 2017 for all cancers combined.



Disparities



Males had a **14%** higher cancer incidence rate than **females**.



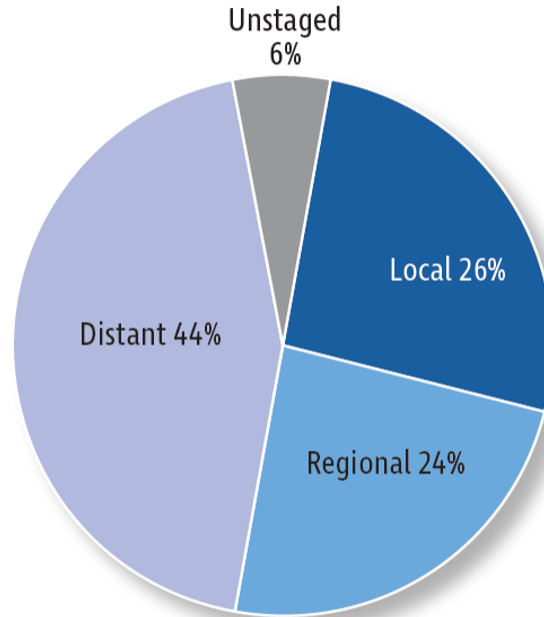
Blacks had a **15%** higher cancer mortality rate than **whites**.



Stage at Diagnosis

Objective for Lung Cancer Early Detection: Increase the percentage of patients diagnosed with localized lung cancer from 26% to 35% by 2030.

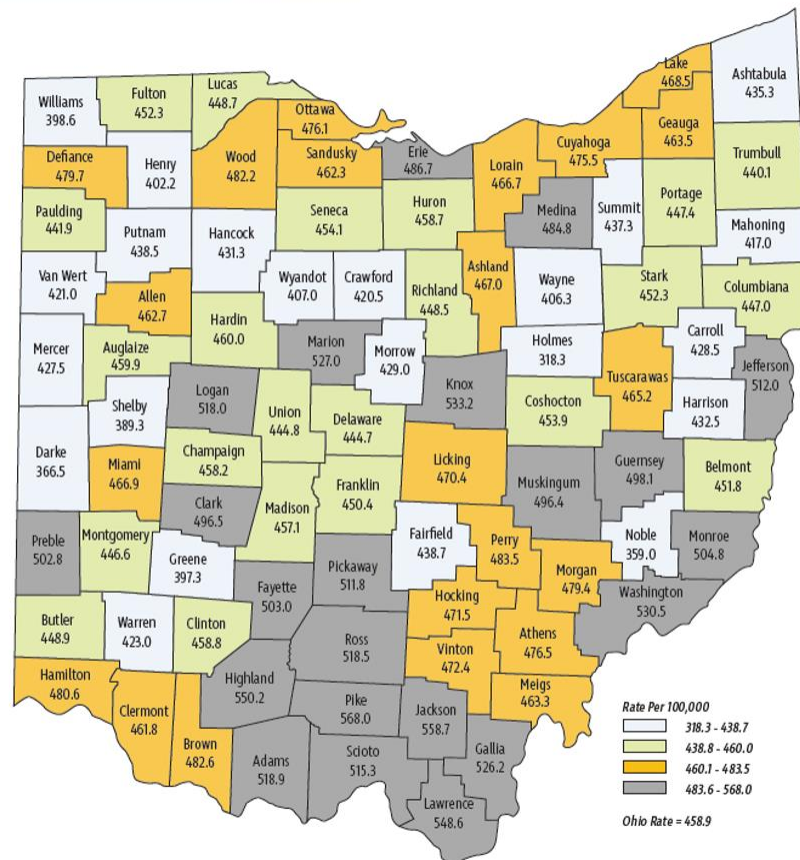
Lung and Bronchus Cancer by Stage at Diagnosis, Ohio, 2017



Source: Ohio Cancer Incidence Surveillance System, Ohio Department of Health, 2020.

Cancer by County

Ohio's **southern and southeastern** counties had higher age-adjusted incidence rates for all cancers combined in 2017.



Risk Factors

A cancer risk factor is anything that increases a person's risk of developing cancer. Cancer risk factors include:

- Age.
- Sex.
- Race.
- Ethnicity.
- Genetics (e.g., genetic mutations, family history).
- Health behaviors and lifestyle factors (e.g., tobacco and alcohol use, obesity).
- Socioeconomic status.
- Environmental factors (e.g., radiation, infectious agents, workplace exposures).

Risk Factors

AGE



56% of all cancer cases were diagnosed in people **age 65 and older** in 2017.

POVERTY

An estimated **1,583,000** Ohioans — **14.0%** of the population — were **poor** in 2017, compared with 13.4% in the United States.



SMOKING

20.5% of Ohio adults were current cigarette smokers in 2018, compared with 16.1% in the United States.



PHYSICAL INACTIVITY

1 out of 4 Ohio adults reported no physical activity in the past month in 2018.



Risk Factors continued

ALCOHOL USE

In Ohio, **21.9%** of men and **12.4%** of women were excessive drinkers in 2018.



OBESITY

34% of Ohio men and women were obese in 2018.



Excessive drinking is heavy drinking and/or binge drinking.

Sources: Ohio Cancer Incidence Surveillance System and Behavioral Risk Factor Surveillance System, Ohio Department of Health 2020; Ohio Development Services Agency Research Office, 2019.

Where to Find ODH Cancer Reports

<https://odh.ohio.gov>

Quick Links to Resources

A graphic at the top of the card featuring a laptop with a line graph, a bar chart, a pie chart, and a line graph with an arrow, all in various colors (teal, orange, blue, green).

Cancer Data & Reports - Ohio Cancer Incidence Surveillance

The data and statistics page for OCISS contains various reports and publications relevant to the collection and analyses of Ohio cancer incidence data.

OCISS DATA & STATISTICS PAGE SHARE



Ohio Cancer Incidence Surveillance System (OCISS)

WELCOME

REPORTING OF OHIO CANCER
INCIDENCE DATA

CANCER CASE REPORTING
THROUGH ELECTRONIC
HEALTH RECORD SYSTEMS

DATA AND STATISTICS

ACCESS TO OHIO CANCER
INCIDENCE DATA

CANCER PROGRAMS AT ODH

COMMUNITY CANCER

Data and Statistics

July 28, 2020 | [ODH](#)

This page contains links to publications by the Ohio Cancer Incidence Surveillance System (OCISS) that are relevant to the collection and analyses of Ohio cancer incidence data.

Cancer Stats & Facts for Ohio ^

Click [here](#) for more information.

Ohio Cancer Profiles v

County Cancer Profiles v

Site-Specific Cancer Profiles v

Ohio Public Health Data Warehouse v

National Cancer Data v



Cancer STATS & FACTS for Ohio LUNG & BRONCHUS CANCER

November 2020

Who Gets Lung & Bronchus Cancer?

More than **10,000** Ohioans will be diagnosed with lung and bronchus cancer in 2020.



Lung and bronchus cancer is diagnosed in **both men and women** in Ohio.



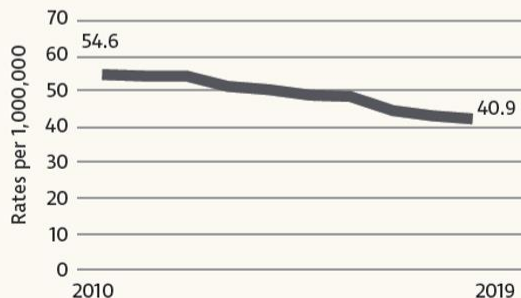
The incidence rate is **36%** higher among **men**.

Lung & Bronchus Cancer Deaths

Lung and bronchus cancer is the **#1** cause of cancer-related death.

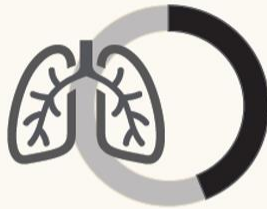
In the past **10** years, an average of **7,000** people in Ohio have died each year from lung and bronchus cancer.

Lung and bronchus cancer death rates have **decreased 25%** in Ohio from 2010 to 2019.



Finding Lung & Bronchus Cancer Early is Important

About, **44%** of lung and bronchus cancer cases in Ohio were diagnosed at the latest (distant) stage in 2017.



56% of people diagnosed with **local stage** lung and bronchus cancer that has not spread **SURVIVE 5 YEARS.**

5% of people diagnosed with **distant stage** lung and bronchus cancer that has spread to other parts of the body **SURVIVE 5 YEARS.**

More Screening is Needed

The U.S. Preventive Services Task Force (USPSTF) recommends annual screening for lung cancer with low-dose computed tomography (CT) in adults aged **55-80 years** who have a 30 pack-year smoking history* and:

- Currently smoke, or
- Have quit within the past **15 years.**

*USPSTF is proposing annual screening in adults ages **50-80 years** who have a **20 pack-year** smoking history. A pack year is the number of packs of cigarettes smoked per day times the number of years smoked.



Only **1 out of 8 adults** who met screening criteria reported a lung cancer screening exam in the past 12 months.

Cancer reports are available on the [Cancer Data and Statistics](#) webpage.

Sources: Ohio Cancer Incidence Surveillance System (2017) and Bureau of Vital Statistics (2010-2019), Ohio Department of Health; American Cancer Society; U.S. Preventive Services Task Force.

Ohio

Department
of Health

Where to Find Ohio Cancer Data

<https://odh.ohio.gov>

🌐 Language Translation

Ohio | Department
of Health

WHO WE ARE
ABOUT US

KNOW OUR
PROGRAMS

HEALTH RULES
LAWS & FORMS

EXPLORE
DATA & STATS

FIND LOCAL
HEALTH DISTRICTS

Interactive Applications



Ohio Public Health Data Warehouse

The Ohio Public Health Data Warehouse is a self-service online tool where anyone can obtain the most recent public health data available about Ohio.

OHIO PUBLIC HEALTH DATA WA...

SHARE



Cancer Incidence Data (1996-2017)

Description ...

Last Updated: 02/07/2020



Mortality

Description ...

Last Updated: 11/02/2020

Cancer Incidence Data (1996-2017)

Description: Official end of year file

Category: Cancer Data

Last Updated: 2/7/2020

Details
Reports

Report List

- Cancer (Invasive): All Sites/Types, Age Group by Sex
- Cancer (Invasive): All Site/Types, Race by Sex
- Cancer (Invasive): Site/Type by Age Group
- Cancer (Invasive): Site/Type by Appalachian Region
- Cancer (Invasive): Site/Type by County
- Cancer (Invasive): Site/Type by Ethnicity
- Cancer (Invasive): Site/Type by Race
- Cancer (Invasive): Site/Type by Sex
- Cancer (Invasive): Site/Type by Year
- Cancer (Staged): Site/Type by Stage at Diagnosis
- Cancer (Staged): Site/Type by Stage Group at Diagnosis
- Cancer (Invasive): Report Builder
- Cancer (Staged): Report Builder
- Cancer (Invasive): Zip Code Report Builder

Cancer (Invasive): Report Builder

Filter Variables

Category	Variable	Values
All	Year	2017

+

Select Row and Column Variables

Rows

Category	Variable
All	Site/Type

+

Columns

Category	Variable
All	Sex

+

Select Measures

Report Options

Show ReportExport Data

Direct Link:

<https://publicapps.odh.ohio.gov/EDW/DataBrowser/Browse/StateLayoutLockdownCancers>

Questions?

Contact Information

John Kollman
Epidemiology Investigator
Ohio Department of Health

Email: john.kollman@odh.ohio.gov

Cancer health equity in Ohio

Kate Tullio, MPH, MS
Co-Chair, Health Equity
Committee

Health Equity Committee- Cancer Plan Revision

Process Overview

- Instead of working on one dedicated health equity section for the Cancer Plan, it was decided that the best format to ensure health equity was to work across committees and support health equity within their objectives and strategies.
- Members of health equity committee volunteered to work with each committee to review objectives and strategies for health equity, and suggest opportunities for health equity representation.
- Many health equity committee members were already working within other committees, making integration and subject-matter knowledge easier.
- Before working with committees, Chip Allen (Director, Health Equity at ODH) provided framework and theory around health equity for group members, as well as potential tools that could be used to assess and measure health equity.

Health Equity Committee- Cancer Plan Revision

Process Overview

- Variety of ways in which Health Equity committee members worked within the other committees.
 - **Cervical Cancer Work Group**- utilized data from BRFSS and OCISS to identify gaps in health equity (higher rates in Appalachian, Hispanic women; AA Women with more late stage diagnosis). Group set baseline objectives based on the data identified, paying particular importance to groups where equity is not well represented.
 - **Skin Cancer Work Group**- group worked to set their objectives, then sent to Health Equity committee member for review and additional health equity considerations.
 - **Genetics Work Group**- combination of 'in-person' and email communication throughout the objective development process, with health equity committee member advising on considerations throughout.
 - **Tobacco Work Group**- Health Equity committee member gave presentation to entire work group, providing guiding documents for incorporation of health equity principles.

Health Equity Committee- Cancer Plan Revision

Process Overview

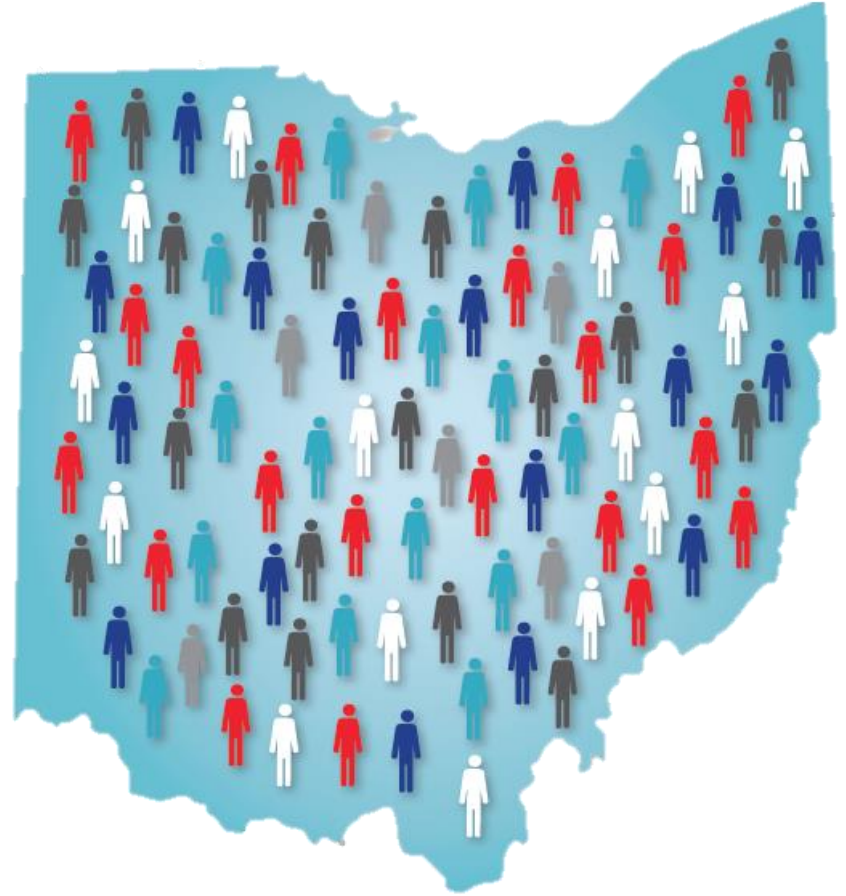
- Feedback elicited from committee members around health equity integration
 - **Health Equity committee members:** felt included, felt like their suggestions were taken seriously, felt everyone was receptive to new ideas and how to incorporate health equity.
 - **Partner committee members:** general positive feedback that the partnership was beneficial, felt supported to include health equity.
- Questions for discussion and growth:
 - **Is the varied approach to committee work effective? Should we standardize our approach/support in the future?**
 - **Do partner committees have any comments or thoughts about ways Health Equity committee might be more supportive or helpful?**
 - **How does Health Equity committee continue to partner to support reaching our objectives?**

Break (15 min)



Shifting our thinking to Implementation of the Plan

STATUS: JUST STARTING...



History of Cancer Plan Implementation, 2011 - 2014

- No priorities or focus areas selected
- It was reported that OPCC membership somewhat waned due to a lack of common understanding of priorities and direction of comprehensive cancer in Ohio



History of Cancer Plan Implementation, 2011 - 2014

"...we had, like, 116 objectives...an outrageous number of objectives, we've tried to cull that down and get more focused...we can't do everything...so let's focus on the things we can do and let's see where we get the most bang for the effort..."



History of Cancer Plan Implementation, 2015 - 2020

- OPCC Executive Committee selected potential priority objectives to bring to the **November 2015** OPCC general membership meeting
- OPCC membership then voted to select **three priorities** (HPV, Colorectal Cancer, Survivorship)

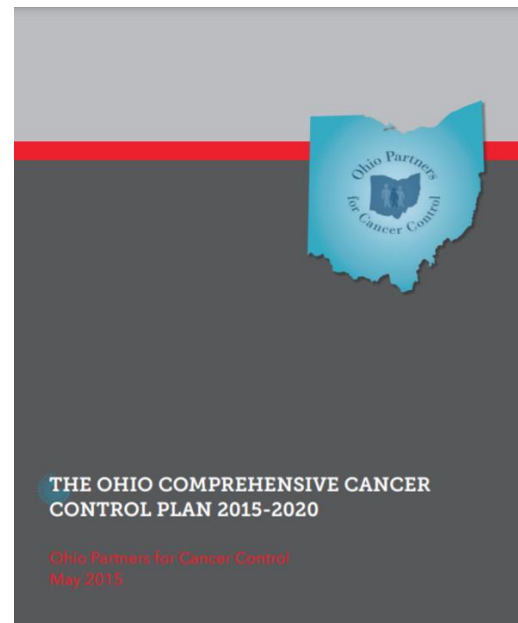


History of Cancer Plan Implementation, 2015 - 2020

Annually the membership voted to continue, change, or add a priority area...

HPV, Colorectal Cancer Screening, and Survivorship were all maintained as priorities

One additional area (Breast Cancer) was a priority for a couple years



History of Cancer Plan Implementation, 2015 - 2020

Positive result: It was reported that many OPCC members thought having priority areas helped to focus efforts, feel as if progress is being made

Challenging result: members outside of the priority areas were unsure of how to best contribute



History of Cancer Plan Implementation, 2015 - 2020

"One of the greatest successes of the OPCC [with this Plan] has been the progress toward meeting our objectives towards our whole Cancer Plan. And the continued work of the OPCC members to meet the non-priority objectives. I think that's something we can really hang our hats on...

...making our members who have a vested interest in our non-priority objectives still feel like our coalition has helped the success of the OPCC."



Cancer Plan topics, 2021 - 2030

- Cancer and Aging
- Breast cancer detection
- Cancer genetics
- Cervical cancer
- Colorectal cancer
- Environmental carcinogens
- Financial burden and barriers
- Hep B and C
- Lung cancer detection
- Palliative care/hospice
- Physical activity, nutrition, and obesity
- Patient centered services
- Pediatric cancer
- Prostate cancer
- Tobacco use
- UV exposure
- Vaccines for cancer prevention/HPV associated cancers



Purposes of breakout rooms

1. Dive deeper into the final objectives and strategies for a topic
2. Begin discussions about how to implement these strategies

Activity instructions

- Join a small group based on your interest
- Introductions + what you want to get out of this
- Have 20 minutes in small group before switching to next small group

Round 1

(Breakouts)

Cancer and aging

Breast cancer detection

Cancer genetics

Cervical cancer

Colorectal cancer

Environmental carcinogens

Financial burden and barriers

Hep B and C

Reflection on Plan revision process

1. Introduce yourself
2. Why did you opt to attend this breakout room?
What do you want to learn or get out of the small group conversation?

A facilitator in the room will guide the conversation and take notes



20 Minutes!

Menti.com questions

1. Which topic did you discuss?
2. What stood out to you in your group's discussion?
3. What ideas were shared about implementation?

Small group share out (group 1)

- Go to: www.menti.com
- Code: 68 73 29 8

Round 2 (Breakouts)

Lung cancer detection

Palliative care/hospice

Physical activity, nutrition, & obesity

Patient centered services

Pediatric cancer

Prostate cancer

Tobacco use

UV exposure

Vaccines for cancer prevention/
HPV associated cancers



20 Minutes!



Menti.com questions

1. Which topic did you discuss?
2. What stood out to you in your group's discussion?
3. What ideas were shared about implementation?

Small group share out (group 1)

- Go to: www.menti.com
- Code: 68 73 29 8

2021-2030 Cancer Plan Implementation



Amy Bashforth

Chronic Disease
Program Manager,
Ohio Department of
Health

Value of the OPCC coalition

- ODH's role in coordinating cancer control work throughout the state
- Coalition partners bring a diversity of perspectives, resources, and experience
- We can do more **together** through this strategic collaboration to reduce the burden of cancer in Ohio

Ways to be involved



- Continue to actively participate in OPCC meetings in 2021



- Give your input on the Cancer Plan Implementation Survey (in your inbox now)



- Work as part of a group to help implement Cancer Plan strategies



- Stay informed through OPCC emails and the Cancer Plan Library

OPCC membership



What being an OPCC member means....

- Learning and knowledge exchange
- Opportunities for networking
- Access to resources
- Coordination, streamlined efforts, and shared goals
- New and fresh ideas
- Camaraderie and support
- Recognition
- Dedicated time to reflect on cancer work
- Cancer advocacy
- Social equity
- Advance organizational goals
- Opportunity to share talents and resources
- Organizational representation/voice in statewide cancer efforts

OPCC membership



Become a member by completing an application online: <https://www.ohiocancerpartners.org/membership-form/>



**Ohio Partners
for Cancer Control**

[HOME](#)

[CANCER PLAN](#)

[MEMBER DIRECTORY](#)

[PROMOTIONAL TOOLKIT](#)

[MEMBERSHIP FORM](#)

[CONTACT US](#)

Membership Application

**Banding Together for a Cancer-Free Future for All
Ohioans**

OPCC membership

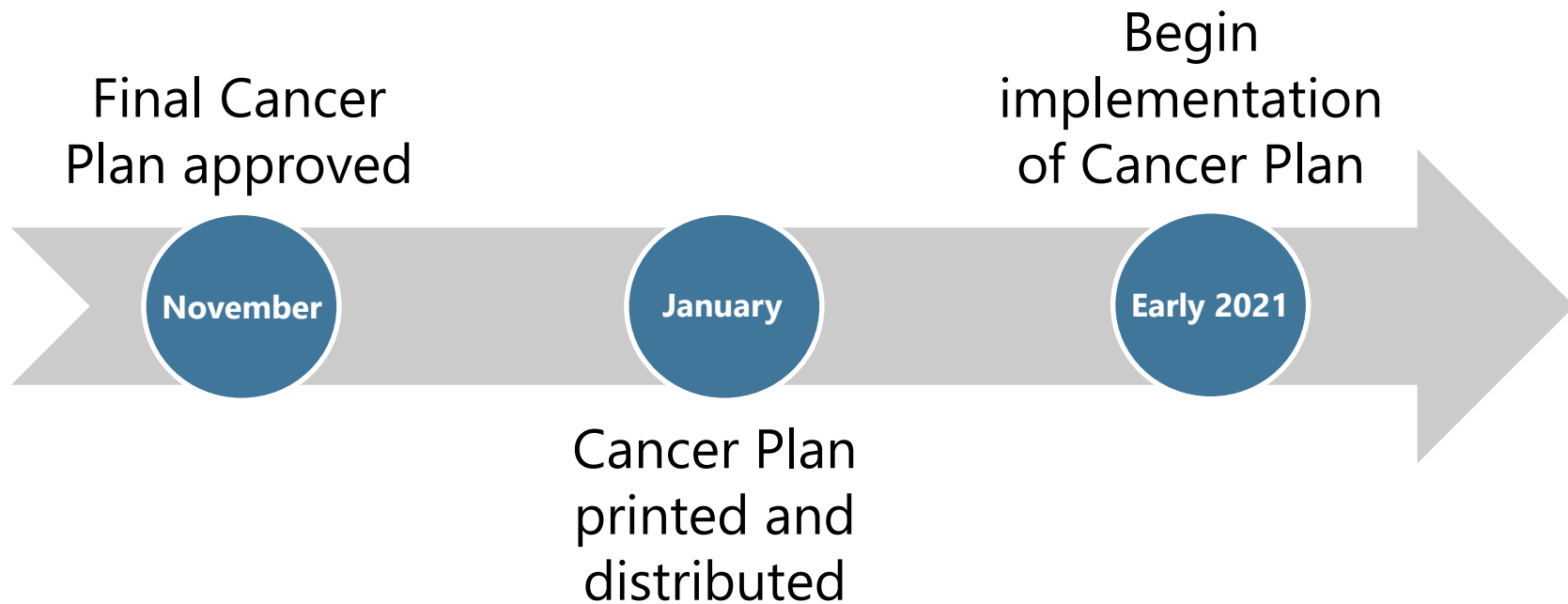


Any questions about
membership, reach
out to

info@ohiocancerpartners.org



Timeline



OPCC 2021 meeting dates

Months of meetings have slightly shifted

February 4th (virtual)

May 6th

October 7th



**Please take the Cancer Plan
Implementation Survey!**



Closing and next steps



Lindsey Byrne

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

THANK
YOU ★

**Reflection on
2020
Revision
Process**

**Hope for 2021
Cancer Plan
Implementation**

NOVEMBER 12, 2020

GENETIC COUNSELOR AWARENESS DAY



OHIO ASSOCIATION OF GENETIC COUNSELORS

In 2019, founding members worked together to formally create OAGC. It serves to connect and advocate for genetic professionals across the state.

TOP 5 LARGEST WORKFORCE

According to the National Society of Genetic Counselors 2020 Professional Status Survey (NSGC 2020 PSS), Ohio has the fifth largest genetic counselor workforce in the country.



THREE GRADUATE PROGRAMS

Genetic counselors obtain a Master's degree in Genetic Counseling (or an equivalent degree). Ohio is helping shape and grow the GC workforce with three accredited genetic counseling training programs: Case Western Reserve University, Ohio State University, and University of Cincinnati.



THREE METROPOLITAN HUBS

According to the NSGC 2020 PSS, Cincinnati, Columbus, and Cleveland collectively make up 4.3% of US respondents. That's 100 genetic counselors!



A VARIETY OF SETTINGS

Ohio GCs work in many different settings including academic medical centers, private/public hospitals, laboratories, and in public health. There is an increasing demand for genetic expertise in many fields.

MULTIPLE SPECIALTIES

Genetic counselors work in and specialize in multiple areas of practice including prenatal, cardiology, cancer, metabolic disease, neurology, pediatrics, infertility, pharmacogenetics, genomic medicine, and others.



SHARE YOUR OWN GC AWARENESS POST USING
#OHIOGENETICS #OHIOPROUD
& BE SURE TO TAG US @OHIOGENETICS



CHECK US OUT AT [OHIOGENETICS.ORG](https://ohioGenetics.org)

Welcome, Ashley!



**Ashley Ballard,
RN, BSN**

Director of Clinical Quality

Ohio Association of
Community Health
Centers

**Please take the Cancer Plan
Implementation Survey!**



PASSION LED US HERE





**Ohio Partners
for Cancer Control**

Meeting Evaluation

**[https://pda.evalsurvey.com/index.php?
r=survey/index&sid=825167&newtest=
Y&lang=en](https://pda.evalsurvey.com/index.php?r=survey/index&sid=825167&newtest=Y&lang=en)**