

Notes from Ohio Partners for Cancer Control (OPCC) General Membership Meeting | February 4, 2021

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The February 4, 2021 OPCC general membership meeting was attended virtually by 77 individuals.

Meeting Opening

(Professional Data Analysts)

Goal: To welcome participants to the February 2021 OPCC general membership meeting and introduce them to the OPCC Cancer Plan Core Team and PDA facilitators. To thank everyone for joining the meeting and a special thanks to those who have been working in the community to combat COVID-19.

The Cancer Plan Revision Core Team members include:

- Angie Santangelo, Clinical Program Director, Cancer Support Community Central Ohio, OPCC Co-chair
- Ashley Ballard, Chief Quality Officer, Ohio Association of Community Health Centers
- Amy Bashforth, Chronic Disease Program Manager, Ohio Department of Health
- Emily Bunt, Researcher 3, Ohio Department of Health
- Jill Price, Ohio Department of Health
- Debbie Wallace, Administrative Assistant, Ohio Department of Health

Facilitators from Professional Data Analysts (PDA) include:

- Melissa Chapman Haynes, Director of Evaluation, PDA
- Kate LaVelle, Senior Evaluator, PDA
- Liz Willey, Associate Evaluator, PDA

Welcome and Overview

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

Angie shared that there is great value in this collective group of individuals and organizations working together on cancer. In this new Cancer Plan, health equity is a huge part of what we worked on, and we are here to help represent those that are underrepresented in this work. We all come from different parts of the state and have different backgrounds, and together we create a comprehensive team.

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.

Goals for today's meeting

- Review progress of the 2015 – 2020 Cancer Plan
- Introduce next steps, structure for implementing the 2021 – 2030 Cancer Plan
- Kick-off implementation with Goal Area chairs and topical workgroup leads

The value of being an OPCC member

At the March 2019 general membership meeting, participants shared what they thought represented the value of being an OPCC member. The following were responses to the question: *What can you do as a coalition that you can't do as individuals or individual organizations to reduce the burden of cancer in Ohio?*

- Power in numbers to influence policy
- Expand reach of cancer prevention and control in Ohio
- Provide a bridge to local cancer prevention and control efforts
- Collectively move toward specific change
- Put a face to the industry/organization
- Elevate voices of small, underrepresented patient groups
- Provide passion and power to fuel the work
- Advance health equity
- Pool resources for broader impact
- Comprehensive approach to cancer prevention and control (state plan)

OPCC vote for new Executive Committee member

During the meeting, all OPCC members were invited to vote on the Executive Committee member-at-large nomination of Amy Magorien using a virtual ballot. The term would start immediately and go through the end of 2023, a three-year term. If voted to this position, the OPCC Executive Committee has discussed nominating Amy to become the incoming OPCC Executive Chair, with a two-year term from January 1, 2021 – December 31, 2023.

The following information was shared about the candidate, Amy Magorien:

- Amy Magorien is a Strategic Partnerships Manager with the American Cancer Society (ACS) and has been with ACS for over 13 years.
- She graduated from The Ohio State University with a BS in Organizational Communication in 1988 and started her career teaching tobacco cessation and health education at the Noble County Health Department in Caldwell, Ohio.
- Amy has a passion for cancer research after losing her father to brain cancer and works hard to eliminate barriers to cancer care that many survivors experience.
- Amy lives in Baltimore, Ohio with her family.

Amy Magorien was voted into the position with all votes in favor. In all, 70% of OPCC members attending the meeting submitted votes.

Next, Amy shared her thoughts about what being OPCC means to her. She was grateful for the nomination and felt honored to be a member and thrilled to work with everyone. She read the OPCC mission statement: *To create... "A cancer-free future for all Ohioans."* She shared that her "why" is to find a cure for cancer, and that OPCC is the "one group that can reach the many."

Networking Activity – Participant Introduction and Group Reflection

(Professional Data Analysts)

Goal: To provide an opportunity for participants to network virtually with others in small groups and introduce themselves. To share with other participants what motivates them to be part of the OPCC and cancer work in Ohio.

After the small group discussions, participants were invited to share their name and organizations, if applicable, using the Mentimeter online program. Meeting participants represented a range of organizations and cancer stakeholder groups, such as health systems, universities, public health departments, medical practitioners, foundations, non-profits, and individuals affected by cancer.

The following organizations and stakeholder groups attended the meeting:

- American Lung Cancer Screening Initiative (ALCSI)
- Cancer survivors
- Cancer Support Community Central Ohio
- CareSource
- Columbus Cancer Clinic
- Cuyahoga County Board of Health
- Feel Better Foundation
- Health Equity Research Scholar
- Individual members
- Kent State University College of Public Health
- Mercy Health
- Ohio Association of Community Health Centers
- Ohio Department of Health (Breast and Cervical Cancer Program; Bureau of Maternal, Child and Family Health; Chronic Disease; Ohio Cancer Genetics Network; Oral Health Program; Ohio Cancer Incidence Surveillance System; Parent Consultant)
- Parent Advocate of a child with pediatric brain cancer
- Pfizer Oncology
- Susan G. Komen Foundation
- The Ohio State University Comprehensive Cancer Center – James (including Center for the Cancer Health and Equity)
- The Ohio State University Wexner Medical Center
- Young Survival Coalition

What motivates you to be involved in the OPCC and cancer control efforts in Ohio?

Next, in small breakout rooms participants discussed the question above. Then, during a large group share-out using the Mentimeter program, participants shared their responses, which included:

- Personal experience in pediatric cancer
- Saving young lives from colorectal cancer
- As a genetic counselor, I want to ensure access to genetic counseling/testing for all Ohioans at risk for hereditary cancer.
- Opportunity to network with people across the state and in other areas of expertise.
- I love working with a Team. $2+2=5$, right???
- The great impact on cancer through our collective efforts
- Health equity, patient advocacy, early detection, improving quality of life for cancer survivors

- My son who is a survivor and the many individuals that we have met as advocates across the nation.
- My sassy and sweet daughter (6 years old and in remission) and all her friends that have passed from pediatric cancer
- Takes a village to prevent cancer and detect early!!
- Saving lives and increasing HPV vaccination rates across Ohio
- I want all survivors to have the same access to services that I have.
- To be a part of a wonderful group of professionals.
- Unique group that brings together people from all aspects of the cancer spectrum and can impact how the state attacks it.
- Want to help encourage early identification of cancer and the importance of cancer screening. Want to help decrease health disparities in cancer.
- Driving health equity and delivering high-quality preventive and treatment services to traditionally medically underserved patients
- Network and develop new ideas for outreach
- Health equity researcher with a focus in cancer survivorship and personal experiences with family
- Wanting to make a broader impact beyond my role at OSU; advancing cancer health equity in Ohio
- I joined to make a difference in the bigger picture. I stay because we are making a difference and the people on OPCC are full of passion and commitment
- My father is recovery from prostate cancer surgery. I recently lost 2 friends to cancer.
- Opportunity to network within organizations in Ohio with work in lung cancer screening
- Must fight against it!
- I was diagnosed with breast cancer in 2010 and have been committed to helping others ever since.
- Encouraging behaviors to prevent cancer
- I have seen the benefits of screening and early detection!
- Networking opportunities!!
- Health equity, overall health of Ohioans, experiences with family and friends with cancer.
- Help improve cancer treatment/outcomes with improved data
- A desire to see cancer decrease in our state.
- Helping someone at a very vulnerable point and guiding them through the journey.
- Hoping to get information out to the public regarding cancer in Ohio.
- Improve health equity!
- Passion for care and cure of cancer patients
- I want to make more women aware [of] Mammogram screenings and how important it is.
- Helping reduce disparities in my community and other high-risk groups where inequity is present (women, LGBTQ+ BIPOC, etc.)
- Young Onset CRC on the increase. Way more needs to be done to educate primary care and young adults that this cancer occurs in ALL age groups.

- Do my part in reducing health disparities and ensuring health equity in the state.
- The opportunity to network with other organizations interested in the same topic area
- I am very encouraged to be involved in the pediatric cancer work plans. We serve many children with pediatric cancer through the ODH Children with Medical Handicaps program.
- Want to help the most vulnerable community.
- So many people are affected by cancer that I want to make a difference in someone else's life.

Progress Made Toward Objectives in the 2015-2020 Cancer Plan

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

Goal: To provide an update to OPCC members about the Cancer Plan dashboard which tracks progress toward goals and objectives.

Cancer Plan 2015-2020 dashboard update

The Cancer Plan dashboard was previously shared at the November 2019 membership meeting. It will be updated to reflect progress on the 2015-2020 objectives once the most recent surveillance data is available. The most recent version of the Cancer Plan dashboard is available on the OPCC website:

https://ohiocancerpartners.org/wp-content/uploads/2020/03/Progress_toward_current_Cancer_Plan_targets_.pdf

Cancer Plan 2021-2030 dashboard

A dashboard to monitor progress toward the 2021-2030 Cancer Plan goals and objectives will be created and most likely shared at the final OPCC meeting of the calendar year (October). This dashboard will be updated throughout the 10 years of the new Cancer Plan.

Updates, Progress from 2015-2020 Priority Objectives Co-Chairs

Goal: To hear from the priority sub-committee leads for HPV, colorectal screening, and survivorship about the progress that their group has made toward the 2015-2020 Cancer Plan objectives.

Primary Prevention: HPV

(Darla Fickle, Program Director, The Ohio State University Medical Center)

HPV: 2015 Objective: Increase the percentage of adolescents 13-17 years who are up to date with human papillomavirus (HPV) vaccination.

- The HPV Vaccine Committee was a huge team effort of 18 members from 14 different associations across the state.

- The group started by prioritizing the strategies in the Cancer Plan and decided to focus first on educating stakeholder groups (e.g., providers, individuals) about HPV screening.
- They utilized 2014 data from National Immunization Survey – Teen to measure baseline rates and set targets for females and males. See table below.
- They set ambitious targets but knew that they had a wonderful group of people dedicated to this, and that there were a lot of organizations across the state that were also going to prioritize HPV vaccination for teens.
- They exceeded their targets for both boys and girls (see table below) and are thrilled with this progress.

	Baseline	Target	Progress
Females	35.0%	50.0%	52.4%
Males	14.7%	30.0%	46.8%

Success with “Someone You Love: The HPV Epidemic” Film

- One of the HPV Vaccine Committees’ big successes was expanding the reach of the film “Someone You Love: The HPV Epidemic” across the state. More information can be found on the OPCC website here: <https://ohiocancerpartners.org/prevention/hpv-priority-objective-2017/someone-love-hpv-epidemic/>.
- The group developed a step-by-step guide to assist in hosting an showing of the film, found here: <https://ohiocancerpartners.org/wp-content/uploads/2017/05/Someone-You-Love-The-Guide-latest-version-5.10.17-1.pdf>. The guide provides several resources tools, such as scripts, sample invitations and promotional materials. Also included in the guide are pre-post surveys to evaluate the impact of the film on viewers. The intent of the guide was to make it easy for people to use the DVD and spread the message about the importance of HPV vaccination in their community.
- To further the reach of the film, the group recruited 135 *Make a Pledge Partners* who were committed to showing the film in their community. Partners included: county health departments, school representatives, small colleges and universities, hospitals, and more.
- Overall, 35 events were held and over 1,000 participants participated. They felt that they achieved a great spread across the state. In fact, they had a call from The National Academy of Pediatrics who were interested in making a “mini-version” of the guide for their members and pediatric programs across the county.

What Worked Well for the HPV Workgroup

Aspects of the HPV workgroup’s efforts that were helpful included:

- Hold regular calls/meetings between OPCC Meetings
- Schedule calls/meetings for the calendar year

- Have members chose priority strategies and form workgroups
- Take meeting notes and distribute with committee list
- Share topic updates/upcoming webinars
- Welcome new members – provide member list, minutes, introduce at next meeting/call
- Provide time for member organizations roundtable/updates during meeting calls
- Ask members for help
- Be open to new projects

Ways the HPV Workgroup Brought Members to the Table

Strategies that the HPV workgroup used to build membership included:

- Recruit representation from partner organizations who are interested/involved in this topic
- Ask current members to recruit others
- Host a display at professional meetings
- See if topic could be included on future meeting agendas
- Ask professional organizations about opportunities to share work through emails, newsletters, etc.

Darla Fickle thanked everyone involved in this effort – the HPV vaccination workgroup, panel members, and organizations doing their own HPV vaccination work. Thanks also to The Crawford Crew Foundation and the Ohio Department of Health for their financial support.

Early Detection: Colorectal Cancer Screening

(Leigh Anne Hehr, Cancer Control Strategic Partnerships Manager, American Cancer Society)

CRC: 2015 - 2020 Objectives:

- 1) Increase the percentage of adults aged 50-75 years who receive a colorectal cancer screening
 - 2) Reduce the rate of invasive colorectal cancer
- The Colorectal Committee shared their progress on the two Cancer Plan goals above.
 - For the first CRC objective to increase CRC screening rates, the group determined a baseline of 63.5% using 2012 BRFSS data. The target was 80% for individuals 50 years of age or older. The 80% target is aggressive and based on a campaign that was started by the National Colorectal Roundtable (<https://nccrt.org/>) in 2014.
 - There was significant progress toward the goal. As of 2018, they had reached 67.2%, and while that was considerable short of the 80% goal, it represented a large number of Ohioan aged 50-75 that had been screened. To move that rate 4% was thousands of people who received their CRC screening.

- The second CRC objective was to reduce the rates of invasive colorectal cancer. We know that if you find CRC early, very often you can find it in a treatable stage which means your life expectancy is better and your outcomes are better, and sometimes your treatments are less aggressive.
- This objective's baseline started at 39.8% in 2012. We fell a little short of that. In 2017 we did see some progress and dropped the rate to 39.6%.
- We were pleased with our progress. Now we have some pretty stiff goals ahead of us, and we are excited for this new Cancer Plan to build upon the good work we have already done.
- A big success was doing Ohio's first Colorectal Cancer Roundtable in October 2015. People from OPCC, who were not part of the CRC workgroup but passionate about this work, stepped in to help.

Leigh Anne Hehr thanked the many people who rallied to help us to reach these goals to meet the strategies that were laid out in the former Cancer Plan. They had a vast array of people from across the spectrum, from doctors and healthcare providers to concerned citizens and people who have lost loved ones to colorectal cancer. They took up the fight, did what they could do in their space, and made a huge difference.

What Worked Well for the CRC Workgroup

Aspects of the CRC Committee that worked well were:

- Each person was dedicated to do what they could do in their space. Empowering these people to do that makes a difference.
- Be flexible as the CRC landscape changes. For instance, during the last Cancer Plan there was greater CRC screening because of Medicaid expansion in Ohio. There have been steps back, and we don't know yet the impact of COVID on cancer screenings. We need to be flexible and do what we can do to keep the fight going for those people who are dying from colorectal cancer, who are suffering from it, and those family members who are working so hard to see an end to this cancer.

Leigh Anne Hehr thanked the CRC team for all the support and help that they have provided to help make progress toward our goals.

Early Detection: Colorectal Cancer Screening

(Linda Scovern, Fitness instructor, retired Cancer Program Manager, individual member)

Survivorship: 2015 – 2020 Objective: Increase access to survivorship programs and community resources by all persons diagnosed with cancer and their support teams.

- Linda joined the Patient-centered Services Survivorship Committee at the end of the Cancer Plan

- There were challenges for the group with the objectives related to assessing survivorship programs throughout the state, especially those which were Commission on Cancer (CoC) or cancer accredited hospitals.
- They were able to conduct statewide assessments to determine the rates in terms of delivery of care services. However, they ran into issues doing a second survey to find out how many of the CoC hospitals were actually doing all of the standards of care, and in particular if they were doing care plans. Then, the CoC changed their requirements for care plans, which made it very difficult to find out what was going on.
- Then the group decided to work on other objectives that they had some data points on and started working on objective 3 -- Increase access to survivorship programs and community resources by all persons diagnosed with cancer and their support teams.
- The workgroup encountered challenges with doing a second assessment to see whether hospitals were doing standards of care and care plans. Instead, they decided to focus their efforts on increasing access to survivorship programs and community resources. They held a series of webinars with nurses and distributed cancer resources for cancer survivors on the website.
- The group decided to use the 2021-2030 Cancer Plan as a way to continue working on objectives that they were not able to do from the previous Plan, such as hospice admission rates and increasing awareness of and participation in clinical trials.

Next Steps for Implementation of the 2021 – 2030 Cancer Plan

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

Goal: To introduce the next steps for implementation of the 2021-2030 Cancer Plan and describe the structure and role of Goal Areas and Topical Workgroups.

Process for Determining Cancer Plan Implementation

- The OPCC leadership committees have had discussions and collected data on the best way to implement this Cancer Plan. And we have received some great feedback.
- In our previous Cancer Plan, we selected priority committees. They allowed for concentrated work in these priority areas but there were also some limitations.
- This year we have many more objectives and strategies, and we have decided to take a little bit of a different approach this year. We have talked to many of you about this.
- The data showed that over half of the people who helped in the Cancer Plan revision were new voices, which was super exciting, and were not current members of OPCC. But we would love those who helped with planning to become a part of OPCC, though it is not necessary. We are going to be having many people from across the state who are not OPCC members helping with the implementation.

- There were 55 people who responded to the Cancer Implementation Survey that we did in November. Thirty-four of the people who responded were current members. Nearly everyone was involved in the revision process. The feedback gathered was that most people were interested in going on to the implementation phase.
- We also did individual check-ins with the topical workgroup leads to see if they wanted to see if they wanted to stay on as leads. That included all of our topical workgroup leads as well as our ad hoc committees for Health Equity and Data. The majority were interested in moving toward implementing the objectives. So, we have confirmed topical workgroup leads moving forward.
- Through all of this discussion and research, we know that momentum remains high and everyone is excited about moving forward.
- A few things that were highlighted are that we want to keep the momentum going and more players will need to be brought in to help implement this plan because it is a big plan and there is a lot of work to be done. We also recognize that we need to move beyond individual involvement and engage more with organizations. Those are two of our goals to making this Cancer Plan more comprehensive and successful this year.

The **OPCC Principles** created to guide the Cancer Plan revision will continue to be elevated moving forward. Those principles are:

1. Use transparent processes
2. Attend to health equity
3. Include perspectives of diverse stakeholders
4. Align with statewide & federal efforts
5. Be data driven
6. Include measurable goals
7. Be evidence-based
8. Be easy to use and aesthetically pleasing

More information about the Stakeholder Analysis and Equity Checklist can be found in the following documents:

- 2019 Stakeholder Analysis: https://ohiocancerpartners.org/wp-content/uploads/2020/03/Value_of_OPCC_FINAL.pdf
- CCC Equity Checklist: https://ohiocancerpartners.org/wp-content/uploads/2020/03/Equity_checklist_Program_Plan_Partnership_FINAL.pdf

Cancer Plan Goal Areas and Topics

During the revision process, 17 topical workgroups developed objectives and strategies. The result was 3 goal areas, 49 objectives, and over 150 strategies. Each goal area will be chaired by at least two co-chairs, who will be responsible for working with the active topical workgroups in their goal area. The three main goals areas are Primary Prevention, Early Detection, and Quality of Life. All of the topical workgroups and objectives fit within a goal area. The two ad hoc committees, which will be embedded

across all areas, are the Health Equity and Data Committees. The committees will be supporting areas throughout implementation to make sure we have the best data and are meeting our goal of being equitable.

Primary Prevention

Goal: To prevent cancer from occurring

Topics:

- Cancer Genetics
- Exposure to Environmental Carcinogens
- Liver Cancer
- Physical Activity, Nutrition, Obesity
- Tobacco Use
- Skin Cancer and Ultraviolet (UV) Exposure
- Vaccines for Cancer Prevention/HPV

Early Detection

Goal: Detect cancer at its earliest stage

Topics:

- Breast cancer
- Cervical cancer
- Colorectal cancer
- Lung cancer
- Prostate cancer

Quality of Life for Persons Affected by Cancer

Goal: Optimize the wellbeing of every person impacted by cancer

Topics:

- Cancer and aging
- Financial burden and barriers
- Palliative care and hospice care
- Delivery of patient-centered services
- Pediatric cancer

The list of the 2021-2030 Cancer Plan objectives and strategies can be found on the OPCC website here:

<https://ohiocancerpartners.org/wp-content/uploads/2020/11/Objectives-and-Strategies.pdf>

Expectations for Goal Area Co-Chairs

Goal Area co-chairs will serve in the position for two years. They will be OPCC members as well as part of the OPCC Executive Committee. The specific expectations for the position include:

- Ensure at least **one** topical workgroup is actively working on implementing the Cancer Plan's strategies; there is no maximum.
- Convene topical workgroups at the OPCC general membership meetings .

- Check-in at least three times a year with the active topical workgroups.
- Support topical leads/co-leads, as needed, to provide support and assistance around management of the topical workgroups.
- Liaison, as needed, between the topical workgroups and the Health Equity and Data Committees.

Expectations for Topical Workgroup Leads

Workgroup leads will serve in the role for two years and are expected to be an OPCC member. The specific expectations for the position include:

- Convene a workgroup of volunteers who are committed to implementing at least **one** strategy in the Cancer Plan.
- Communicate, at minimum, with the workgroup members quarterly.
- Encourage topical workgroup members to become an OPCC member and attend meetings, as they are able.
- Provide progress updates to the Goal Area group at least three times a year, during the OPCC General Membership Meetings.
- Attend, as often as able, the OPCC General Membership Meetings.

Expectations for Topical Workgroup Members

The following are expectation for those serving as members of a topical workgroup:

- Commit to receiving and engaging with at least **one** communication from the topic lead quarterly.
- Participate in workgroup meetings outside of the OPCC General Membership Meetings.
- Consider becoming an OPCC member and attending OPCC General Membership Meetings.
- Stay in communication with the topical workgroup lead/s about your availability to contribute to implementing the strategies.
- Take an active role in implementing strategies, understanding there will be some level of work involved outside of meetings.

Cancer Legislative Update from ACS-CAN

(Bryan Hannon, Government Relations, American Cancer Society, Cancer Action Network)

Goal: To provide a legislative update to OPCC members and how current legislative actions could impact statewide cancer efforts.

- The 134th Ohio General Assembly is starting this month and will end in December of 2022. Anything that gets introduced now has the possibility of getting passed over the next couple of years.
- The General Assembly is focusing largely on the new state budget that needs to get passed over the next few months. Typically the new budget has to be finalized by June 30th.

- There are COVID-19 related pressures on the state budget. It is no surprise that state budgets have been impacted during the pandemic. So, this requires us to be on alert for any potential funding cuts, especially to public health. They are hoping to see public health funding be maintained or increased.
- There is some concern whether the legislature has “public health fatigue,” as some might not be as supportive of the public health orders put in place at the local level. We will see if this impacts any attempt to curtail the power of some public health officials and how that could affect public health debates and issues throughout the session.
- The legislature will need to spend a lot of energy on redistricting, which may take the spotlight away from other topics.

ACS-CAN’s 2020-2021 priorities

Appropriations

- It is important to protect funding for the Breast and Cervical Cancer Project administered through ODH. This program receives about a million dollars in funding annually, as a draw-down program from federal funds. The program serves low-income women who need breast and cervical screenings across the state. The program is critical, especially since we have seen mammography and cervical screening decline 90% during the pandemic. We know there will continue to be a need for these services that allow people to get a free mammogram or pap smear.
- It is also important to protect funding for the tobacco prevention program. Ohio has one of highest smoking rates in country, and the e-cigarette use is very high. The tobacco program is critical to education and prevention efforts in local communities, to local policy change efforts, to cessation services. These are evidence-based programs, and it is critical that we continue to fund them.
- Consumption rates appear to have gone up during the pandemic. Tobacco tax revenue has ticked up and we are seeing more tobacco products. This is not surprising given the pandemic has been very stressful and we know that tobacco use can go up during stressful events. And people are in their homes more now, and may not be in smoke-free environments, such as smoke-free workplaces and social settings, as often.
- Since we are seeing tobacco rates tick up, it is even more important to be invested in these tobacco programs. However, I should note that Governor DeWine’s budget, which was released this week, did include an increase for tobacco prevention programs, about a 2.5-million-dollar increase, or 21%. That is welcome news and ACS-CAN is going to make it a priority to protect that funding throughout legislative process.

Policy

- Another focus will be on prescription affordability. Representative Manchester and Representation West co-authored a bill last year and plan to re-file the bill this year. The bill

would allow patients who use a manufacturer's coupon to afford their medication at the pharmacy. It would ensure that when they use those coupons, or third-party discounts, that they would apply. Sometimes insurance does not count the value of those coupons toward a patient's deductible. So, when the patient exhausts the value of their drug coupon, they think they have probably surpassed their out-of-pocket limit or co-pay and they go to the pharmacy and realize the coupon has not been counted for the deductible. This bill would allow people to use a coupon (3rd party discounts) to pay for important life-saving medications.

- Telehealth expansion will continue to be a topic of interest. During the pandemic, Ohio and other states expanded telehealth and loosened restriction around telehealth.
- We have survey data from cancer patients through the American Cancer Society that shows cancer patients like using telehealth. It allowed them to access their providers and not have delays for care. An overwhelming number of patients who used telehealth want to continue using it.
- There will be efforts to make sure that those regulatory expansions that were put in place during the pandemic, like telehealth, will continue to exist moving forward.

Monitoring

- The Senate Bill 17 has been filed recently around changes to the Medicaid program. It proposes changes to SNAP, TNF, and Medicaid.
- We are focused on the proposed changes to Medicaid, which would require Ohio to seek a federal waiver, would put in place some work requirements for certain Medicaid enrollees, and would increase reporting requirements for Medicaid enrollees. This is concerning, and when this happens there tends to be a proportionate decrease in the number of people who are able to keep their coverage. We are concerned about these efforts to put in place barriers to access to care or greater administrative burdens for the populations served by Medicaid.
- Deductibles will be raised during session as these bills are developed. It is challenge when high deductibles get shifted to patients because it can have an impact on their care and the decisions they make about their care.
- We are also seeing emerging issues around patient access to new diagnostic tests and biomarkers that we will be monitoring. These issues may have legislation introduced. We are going to be talking to lawmakers this year about this because these are new technologies that can help clinicians with their work and we want patients to have access to these, especially if they are FDA approved.
- We will continue to monitor any weakening of local control over public health measures, such as healthy eating, smoke-free laws. We want to make sure that these local measures are protected if there are efforts at state level to change them.

Everyone is welcome to join the **ACS-CAN Virtual Cancer Action Day on April 22nd**. Register at www.fightcancer.org/OH.

Feel free to reach out to Bryan Hannon (Bryan.Hannon@cancer.org) if you have any questions, want to bring attention to a topic that needs addressing, or want to partner with ACS-CAN.

Questions:

- Question: Do you know if Senate Bill 121 is guaranteeing insurance coverage for 3-D mammography? I haven't heard any updates in a while. (Steve Kalister)
 - Answer: I don't know. If it didn't pass last year, it might come back this year. We can reach out to the author to figure out what the game plan is for the bill for 2021. (Bryan Hannon)

2021-2030 Cancer Plan Implementation

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

Goal: To provide a grounding on past implementation efforts and kick off the 2021-2030 Cancer Plan.

Current Timeline

- February 2021: Begin implementation.
- May 2021: Begin gathering Goal Area groups at the OPCC meeting and have topical workgroups report on their activities.
- October 2021: Final distribution of the Cancer Plan (if possible). We hope the October meeting will be in-person.

The Cancer Plan objectives and strategies are complete and on the OPCC website here:

<https://ohiocancerpartners.org/wp-content/uploads/2020/11/Objectives-and-Strategies.pdf>

Introducing the Goal Area Chairs

Primary Prevention

- Darla Fickle, Program Director, The Ohio State University Medical Center
- Emily Bunt, CCCP and BCCP, Ohio Department of Health

Early Detection

- Leigh Anne Hehr, Cancer Control Strategic Partnerships Manager, American Cancer Society
- Diane Crawford, Founder and Board Member, The Crawford Crew

Quality of Life

- Angie Santangelo, Clinical Program Director, Cancer Support Community Central Ohio
- Tori Geib, Metastatic Breast Cancer Patient Advocate

- Melissa James, Parent Consultant, ODH

If you are interested in joining a 2021-2030 Cancer Plan topical workgroup, you can contact one of the Goal Areas Co-chairs below:

Primary Prevention: Darla Fickle, Darla.Fickle@osumc.edu

Early Detection: Leigh Anne Hehr, leighanne.hehr@cancer.org

Quality of Life: Angie Santangelo, asantangelo@cancersupportohio.org

Small Group Discussion: Implementation of Topics in Each Goal Area

(Professional Data Analysts)

Goal: To give participants an opportunity to meet the Goal Area chairs and begin discussions about implementation of Cancer Plan strategies within each goal area.

After the small group discussion, participants were invited to share their thoughts with the larger group using the Mentimeter program.

What stood out to you in your group's discussion?

Participants shared the following responses:

- The variety of agencies present.
- Such a wide mix of individuals with a vast amount of knowledge and experience
- Passion
- Passion about the topic and active involvement
- Collaborative opportunities between topic areas
- Collaboration and support were very present and encouraging
- The passion and things in the works
- High level of interest
- Continued need for collaboration
- There was a lot of discussion on who needs to be added to the workgroup.
- The diversity of the members of the group but the shared commitment to cancer prevention and control
- Everyone was involved
- Overlapping passions
- The plethora of ways we can collaborate with each other.
- Great opportunities to collaborate!!
- Additional opportunities to work together on topic areas

- The amount of knowledge amongst the group members
- Willingness to work together
- Outstanding experience of members and the chance to affect so many Ohioans
- Mix of individuals sharing and coming together
- The large number of individuals from multiple areas that can contribute to reaching the new goals.
- The diversity among participants, both their work setting and geographically around the state.
- Diverse topic groups and approaches
- How can we get our groups together
- Impressive conviction!
- The wonderful different leads groups
- We talked about how virtual sessions are doing good and some areas will probably keep them that way even after we can meet in person.

How do you see yourself contributing to implementing the Ohio Cancer Plan?

Participants shared the following responses:

- Providing TA to our FQHC's
- Working on objectives and strategies
- Working with our professional stakeholders to advance the work
- Sharing resources and volunteers.
- I will share my experiences and also bring in others to help us move the plan forward
- Connecting people with same or similar work
- Sharing my ideas and experiences.
- Pediatric cancer workgroups as well as collaborating on other areas within the quality of life workgroup
- Resource distribution and bringing health center perspective back
- Collaboration with many people
- Providing data to the workgroup leads.
- Inviting new partners to help
- Pushing forward high potential tactics across community orgs
- Leading the work and pushing things forward
- Working with the topic area group to find ways to connect.
- Providing organizational support
- Serving on workgroups, helping to connect agencies to the plan
- Proving expertise in the areas I am familiar with

- As a parent advocate I have experience in dealing with issues from pediatric cancer diagnosis through transitioning my survivor child into adulthood.
- Connecting experts across the state
- Continuing to advocate for young onset colorectal cancer with the plan as a tool in the fight.
- Working on the pediatric cancer summit planning; Using direct experience to guide planning; Joining the palliative care group
- Contribute to raising awareness about BCCP as an option for patients. Intentionally look for potential barriers to care and assist in breaking down those barriers.

Closing and Next Steps

(Ashley Ballard, Chief Quality Officer, Ohio Association of Community Health Centers)

Goal: To share ways to get involved in Cancer Plan Implementation and communicate the value of being an OPCC member.

Ashley Ballard thanked everyone for participating and being present at this meeting. She expressed that we are in a good place with Cancer Plan goals and objectives moving forward.

Reminder: Save the date for the next OPCC meetings on **May 6th and October 7th**. The May meeting will be virtual and hopefully the October meeting will be in-person. All meetings start at 9:00 AM.

Ways to get involved in implementation of the 2021-2030 Cancer Plan

- Continue to actively participate in OPCC meetings in 2021
- Join a workgroup to help implement Cancer Plan strategies
- Stay informed through OPCC emails and the Cancer Plan Library

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

Additional Reminders:

- ✓ Complete the survey at the end of the meeting if you want to join a topical workgroup.
- ✓ Become a member of OPCC (if you are not already)! Membership application: <https://www.ohiocancerpartners.org/membership-form/>
- ✓ A recording of the meeting and meeting notes will be available shortly after the meeting on the OPCC website: <https://www.ohiocancerpartners.org/cancer-plan-library/>
- ✓ Reach out to info@ohiocancerpartners.org if you have questions about the Cancer Plan.

Appendix: Links Shared During the Meeting

National Colorectal Roundtable: <https://ncrt.org/>

Ohio Cancer Plan 2021-2030 Topics & Objectives: <https://ohiocancerpartners.org/wp-content/uploads/2021/02/Objectives and Strategies Goals Final 2.1.21.pdf>

Ohio Cancer Plan Dashboard: <https://ohiocancerpartners.org/wp-content/uploads/2020/03/Progress toward current Cancer Plan targets .pdf>

OPCC Cancer Plan Library with multiple resources: <https://www.ohiocancerpartners.org/cancer-plan-library/>

OPCC Membership Application: <https://www.ohiocancerpartners.org/membership-form/>

Someone You Love: The HPV Epidemic: <https://ohiocancerpartners.org/prevention/hpv-priority-objective-2017/someone-love-hpv-epidemic/>

Someone You Love: The HPV Epidemic – A Guide to Hosting a Film Viewing:
<https://ohiocancerpartners.org/wp-content/uploads/2017/05/Someone-You-Love-The-Guide-latest-version-5.10.17-1.pdf>.