

Notes from OPCC General Membership Meeting | March 12, 2020

Contents

- Welcome and Introductions 1
- Opening Activity..... 1
- Orientation to the Cancer Plan Revision Process..... 2
- Phase I: Engage Stakeholders..... 4
- Phase II: Develop Objectives (April-June) 7
- Phase III: Develop Strategies (July – Sept)..... 9
- Phase IV: Putting it all Together (July – October) 9
- Review Topics and Topical Workgroups..... 10
- General Questions: 11
- Appendix: Links shared during the meeting..... 12

Welcome and Introductions

(Emily Bunt, Comprehensive Cancer Control Program and Breast and Cervical Cancer Project, Ohio Department of Health)

Meeting aims

- Share your ideas of what to incorporate into the new Ohio Cancer Plan
- Orient you to the revision process
- Provide instructions for using the Revision Guidebook and participating in the revision process
- Clarify roles and expectations of the revision process

Opening Activity

(Professional Data Analysts and Scale Strategic Solutions)

Rate the following statements (using a scale of 1-5, with 5 being very important)

How important is it that objectives in the next Cancer Plan:

	<u>Rating</u>
• Are supported by data	3.9
• Address health equity	3.7
• Engage multiple stakeholders	3.7
• Align with existing federal, state, and local initiatives and plans	3.4
• Address emerging topics*	3.3

**Responses had a broad range of opinions indicating less agreement on this.*

Discussion: What if anything surprised you about how others rated the importance of the criteria?

- Many were not very surprised.
- Thought everything would be a 4 – important.
- Less important focus on innovation in evidence-based care. There is consensus on being evidence-based, but less care about innovation.
- Disaggregated data and equity are so important!

Orientation to the Cancer Plan Revision Process

(Amy Bashforth, Chronic Disease Program Manager, Ohio Department of Health (ODH))

Background and context of the Ohio Comprehensive Cancer Plan/Overview of Cancer Planning process and timeline

Current plan runs through 2020, so need to create new plan for Jan 1, 2021. It will go through 2030.

- Who: Lots of people through Ohio Partners for Cancer Control (OPCC). Members of ODH, OPCC Executive committee leading, workgroups and you!
- What: Strategic plan to reduce cancer burden in Ohio. The plan will provide guidance. Not all objectives will have workgroups created to support them, but this lays out a road map for work.
- When: Work completed at quarterly OPCC General Membership meetings plus work outside meetings (workgroups, etc.).
- Why a 10-year plan:
 1. It is a big undertaking to revise the plan (resource intensive for OPCC and ODH);
 2. We are not likely to see important progress in 5 years, but we can evaluate incrementally and adjust course.

Steps in the revision process:

- Step 1 - Develop plan objectives (March-June 5)
 - Solicited input for topical groups from membership via survey.
 - Topic workgroups will form and these groups will draft objectives by June.
- Step 2 – Draft strategies to support objectives (July-August)
 - At least 1 evidence-based strategy per objective. Developed June – August.
- Step 3 – OPCC revises plan (August-November)
 - In November, the OPCC will prioritize objectives that they will work on together.

You can direct any questions to OPCC co-chairs, OPCC Exec Team, ODH staff and topic leads.

NOTE: You will start getting emails from the OPCC email address about this work. ODH is also posting resources and information on the Cancer Plan revision on the OPCC website. **Keep checking it!**

Data Walk Activity

(Professional Data Analysts)

Goals: To assess progress to date on Ohio Cancer Plan 2015-2020 and to look at responses from the survey of Cancer Plan topics.

Read through two documents (below) and participate in a group discussion.

- Progress toward Cancer Plan goals: https://www.ohiocancerpartners.org/wp-content/uploads/2020/03/Progress_toward_current_Cancer_Plan_targets_.pdf
- Survey Results-Cancer Plan Topics: https://www.ohiocancerpartners.org/wp-content/uploads/2020/03/Survey_results_Cancer_Plan_topics_.pdf

What excites or concerns you about the progress data?

- Lag in data
- Excited by progress on HPV, palliative care
- Concern about reliability of data
- Not meeting testing standards – are the people who most need it getting tested?
- Some numbers are going backwards.
- Hard work is starting to pay off.
- This is a marathon, not a sprint.
- Legislative mandates are important.
- Surprised by low consumption of fruits and vegetables.
- Some objectives did not have baseline data, so it is hard to assess progress.

What excited or concerned you about the proposed new Cancer Plan topics?

- Exciting:
 - Health equity rises to the top.
 - Adding vaping as a topic.
 - Glad to look at all HPV-associated cancers (not just cervical).
 - Like the distinction between hospice and palliative care.
 - Like the inclusion of equity and advanced malignancy.
- Disappointing:
 - Interest in pediatric cancer given adult burden and limited progress for adults, where as progress is being made for kids.
 - Wanted more attention on prostate cancer.
 - Would like to see education of PCP on genetic testing; wanted more attention on prostate cancer.
 - Hoped for broader interest in new topics. Some of the ideas are topics we are already working on.

Phase I: Engage Stakeholders

(Professional Data Analysts)

Phase 1 Guiding Principles:

1. Use transparent processes
 - This is a priority and is why we have the Guidebook. People who want to know who made decisions, when they were made, and why can find out if you follow steps in the guidebook.
2. Attend to health equity
3. Include perspectives of diverse stakeholders

The Revision Guidebook

- It is a step-by-step guide to take you through the Cancer Plan Revision Process.
- It will be revised over time and the most current version will always live on the OPCC website.

Using the Guidebook

- Partners ideas will move through 8 principles used across 4 timed phases of the work.
- The 8 principles are like a compass helping people to think through the process.



- The principles do overlap some
- Using a transparent process and attending to health equity run through the entire process

Topical workgroup leaders will:

- 1) Engage diverse stakeholders;
- 2) Convene and coordinate the group;
- 3) Develop 1-3 objectives;
- 4) (Pending approval of objectives) Develop strategies in July and August.

Workgroups will:

- 1) participate in meetings and carry out tasks volunteered for;
- 2) build connections between the workgroup and other stakeholders.

Key Dates for Workgroups:

Mar 31, 2020 All topics approved by this date.

Jun 5, 2020 Submit 1-3 objectives per topical area (Submission Form 1, Appendix C)

Aug 28, 2020 Submit strategies for approved objectives (Submission Form 2, Appendix C)

Nov 12, 2020 Select priorities areas for 2021 at the OPCC General Membership Meeting.

This work is led by the OPCC Cancer Plan Revision Workgroup, a subset of OPCC Exec that agreed to work at a higher-level and to identify the objectives that will anchor the new Cancer Plan.

Creating the Cancer Plan through a Health Equity Lens

(Chip Allen, Director of Health Equity, ODH)

Wants to provide recommendations for how to transition from addressing disparities to pursuing health equity in cancer.

- Defined health equity because some people use the term as a synonym for health disparities.
- Equity = everyone in society has the same opportunity to achieve and sustain optimal health.
- Disparities = measurable differences in incidence and prevalence of health conditions, health status and outcomes between groups.

Need to create a definition for what this looks like for cancer.

Targeted Universalism

- Develop a universal health equity goal for cancer then visualize where cancer exists at its worst levels. Understand where cancer disparities simultaneously exist at their worst levels with other disparities.
- Consider process objectives and not impact and outcome.
- Develop a universal goal for cancer; Need to think about where other groups are. Cannot have one health equity goal- need to have a number of equity goals incorporated through the document. Consider health equity provisions in each components of the plan (prevention; early detection treatment and survivorship).

Resources/Examples

- **Hope Initiative** provides a model for doing this.
- Need to understand how different groups are situated in relations to the health equity goal. Often, we look at goals relative to who is doing the best. (e.g. relative to Caucasians) This view leaves out other groups like poor Caucasians. Look at data in each group. This sets you up for thinking about strategies focused on particular groups.
- **Health Opportunity Index** – allows you to understand opportunities by census tract across the state. (New tool ODH is developing using PCA).
- Need to understand the social determinants that drive the HOI. Visualize cancer burden by census tract. The question is what would you do differently for cancer tracts with higher burden vs. tracts with lower burdens?

- **Convergence analysis** – look at how cancer data overlay on other health conditions. Where do they exist at the worst levels? Where do we find neighborhoods where multiple health conditions are also high along with cancer?
- **Kirwan Institute for the Study of Race and Ethnicity** – can use the tool to consider and address the social determinants of health. Can now look at opportunities for groups.

Want to applaud the OPCC for considering equity/disparities. You were ahead of the curve when you put together the plan. Since then, we have better tools to make the transition from disparities to equity. You need to have a universal goal in mind and to consider how different groups in Ohio are situated so you can get to this goal.

Questions

- Is the health opportunity and convergence report available?
 - No. However, if this is something you are interested in, contact Chip Allen at Chip.Allen@odh.ohio.gov and he can work with you to obtain datasets and help interpret what they mean.

Stakeholder Engagement

(Professional Data Analysts)

- Chip talked about disaggregating data and seeing where social determinants converge.
- Another way to embrace equity is to think about who we have in our workgroups. Whose voices do we need to include in this process.
- Online, we have a list of stakeholders for OPCC generated by OPCC membership in March 2019. We compiled the list and put it on the OPCC website. https://www.ohiocancerpartners.org/wp-content/uploads/2020/03/OPCC_Stakeholders_by_Topic.pdf
- Please think about who you include in your workgroups.
- What ideas do you have for engaging new stakeholders? How do you use each other to engage new stakeholders?
- Use the workbook in the Guidebook to think about new stakeholders and what their roles in the workgroup would be.

Phase II: Develop Objectives (April-June)

(Professional Data Analysts)

Phase II guiding principles:

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

May need to review current workplan and assess current objectives. New objectives may need to start at a different point.

- Each objective has:
 - Instructions for the work (timeline, minimum activities that the group should engage in);
 - Worksheet containing guidance questions (if there is a red exclamation point, the workgroup will need to submit this information with objectives).
- We will finalize Appendix C, the submission form for objectives. This will be finalized by the end of March and posted as a Word doc so you can edit).

As you think about objectives, consider how the Cancer Plan will be used.

- PDA will be evaluating how people use the Cancer Plan and we will share data as it comes in. Right now, we have information about who might use the plan and how from the OPCC Exec Committee.

Want SMART Objectives – defined in the guidebook.

OPCC Data Committee

- Elayna Freese is Data Committee Chair
- Committee formed about a year ago and is just starting. Elayna is from the Ohio Cancer Registrars Association.
- Data committee will serve as a resource to the topical groups creating objectives.
- If you need help finding resources, setting targets, or writing objectives, contact Emily Bunt (Emily.Bunt@odh.ohio.gov). Emily and Elayna will match you with people who can help you.

OCISS Data Demonstration

(John Kollman, Epidemiologist, Ohio Department of Health)

- Will be posting the annual cancer report soon. Today he provided highlights from the data.
- Note: Looking at new (invasive) cancer cases.
- Note: There is typically a 24 month lag between cancer diagnosis and data becoming available for analysis. So the 2020 report has data through 2017 on new cancers.
 - Breast cancer, lung/bronchus, prostate and make up 50% of new cancers.
 - Mortality – Lung and bronchus is the leading cancer

- Overall good news – cancer incidence and mortality is going down. 2018 has the greatest drop that we've seen in the last 10 years.
- Male trends in incidence – decreases in colorectal, see decrease in prostate (different use of diagnostic test)
- Females – increase in thyroid (overdiagnosis- detecting smaller nodules)
- Mortality also decreased in women.
- Most breast cancers are diagnosed at the local or in situ level (5 year survival is nearly 100% at these stages).

Questions

- Q: Do you have colorectal cancer rates in individuals under 50?
 - Ans: You can go to Ohio Data Warehouse to create that report.
- Q: Do you have any predictions about cancer mortality in the next 10 years?
 - Ans: Hard to say, based on current trends – expect an overall decrease, but some cancers appear to be on the rise.
- Q: Do data include secondary cases?
 - Ans: For the most part, data are for invasive cancers only (no carcinoma in-situ except for bladder cancer). Do have some data for non-malignant data like brain cancers.

Resources

- **ODH website** – select data tab. Go to Cancer Data and view data in different subheadings.
<https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/ohio-cancer-incidence-surveillance-system/data-statistics/data-statistics>
- **Ohio Cancer Profiles** – includes Ohio Annual Cancer Report, Cancer Atlas with info on social determinants of health.
- **County Cancer Profiles**
- **Data Warehouse:** <https://odh.ohio.gov/wps/portal/gov/odh/explore-data-and-stats/interactive-applications/ohio-public-health-data-warehouse1>
- Can use canned reports or the report builder to create custom reports.

Phase III: Develop Strategies (July – Sept)

(Professional Data Analysts)

Objectives will be finalized in July! Do not start developing strategies now.

Phase III guiding principle:

7. Develop evidence-based strategies (or a promising practice). This will be a focus of the July OPCC meeting.

Phase IV: Putting it all Together (July – October)

(Professional Data Analysts)

Phase IV guiding principle:

8. Be easy to use and aesthetically pleasing.
- Scavenger Hunt - look through other state cancer plans and determine how they integrated guiding principles into their plans. (https://www.cdc.gov/cancer/ncccp/ccc_plans.htm)
 - Review at least 2 plans, one from each list:

List A

Pennsylvania

Alaska

Minnesota

Delaware

List B

Michigan

Vermont

Hawai'i

South Carolina

- For group discussion, look through plans to see how they:
 - ✓ Include perspectives of diverse stakeholders
 - ✓ Attend to health equity
 - ✓ Align with existing local, state, federal efforts
 - ✓ Are data driven and measurable
 - ✓ Include evidence-based strategies

Discussion: How easy or difficult was it to find evidence of each of the principles?

(Rate on scale of 1-5 where 1 = very difficult/5 = very easy)

(There was a lot of variability in responses)

- Has data-driven and measurable objectives -2.8
- Attends to health equity – 2.5
- Uses evidence-based strategies – 2.4
- Includes perspectives of diverse stakeholders – 2.3
- Aligns with existing local, state, and or Federal efforts – 2 (with a few ranked 4 or 5)

Which of the principles should be explicit in the Ohio Cancer Plan?

(Vote for principles that should be transparent)

n=33 people voted

- Has data-driven, measurable objectives, n=29
- Attends to health equity, n=27
- Uses evidence-based strategies, n=25
- Aligns with existing local, state or Federal efforts, n=19
- Includes perspective of diverse stakeholders, n=18

One comment that it important to have patients involved in the process of developing the plans.

Why should certain principles be (more) explicit?

(Open-ended response)

- Transparency – what we did, why
- Show evidence behind picking the priorities.
- Make it measurable; objectives supported by data
- Provides justification for putting funds/efforts into certain areas
- Know how SDOH impact health.
- Document alignment or support for certain needs being highlighted.

Review Topics and Topical Workgroups

(Professional Data Analysts)

Review topics that will become Topical Workgroups in a Google Document.

- 1) Sign-up to be a workgroup lead if you'd like.
- 2) If you don't see a topic that you are interested in working on, propose it and sign-up for it.
- 3) Look at other groups to see if there is alignment across your topic and theirs and you should coordinate.

A list of workgroups and leads will be shared after the meeting along with instructions for signing up to be members of workgroups.

- 1) Read the list
- 2) Send an email to the lead/co-leads expressing your interest in the workgroup.
 - Patient-Centered Services Workgroup sign-up
<https://docs.google.com/forms/d/e/1FAIpQLSdP4lpVI7cE8DATO-6aE9wdOBuVtE2ytu78i-Wld6rGdgJvNQ/viewform>
- 3) If you want to create a new topic, send an email to sign-up to the OPCC email address (info@ohiocancerpartners.org) by March 31, 2020.

General Questions:

Q: What is the difference between a topic area vs. an objective

- Each topic area can propose 1-3 objectives describing how you will address issues within your topic area.
- The topics will be reviewed by the OPCC Cancer Plan Revision Workgroup for approval. There may be back and forth about certain proposed objectives before the final objectives are determined.

Q: What should we be still doing in regards to our current Cancer Plan and work relating to it?

- Existing subcommittees are encouraged to continue working on current Cancer Plan goals.

Thank you to everyone and PDA for flexibility with the change of meeting format and making all of this work!

Reminders

- Reach out to Emily Bunt if you have questions for the data committee or need data-related support.
- Reach out to info@ohiocancerpartners.org if you have questions about the Cancer Plan revision process.
- Check the OPCC website often for updated resources, the submission forms, and other updates. <https://www.ohiocancerpartners.org/cancer-plan-library/>
- Become a member of OPCC (if you are not already)! Membership application: <https://www.ohiocancerpartners.org/membership-form/>

Appendix: Links shared during the meeting

Progress toward Cancer Plan goals:

[https://www.ohiocancerpartners.org/wp-content/uploads/2020/03/Progress toward current Cancer Plan targets .pdf](https://www.ohiocancerpartners.org/wp-content/uploads/2020/03/Progress_toward_current_Cancer_Plan_targets_.pdf)

Survey Results-Cancer Plan Topics:

[https://www.ohiocancerpartners.org/wp-content/uploads/2020/03/Survey - results Cancer Plan topics .pdf](https://www.ohiocancerpartners.org/wp-content/uploads/2020/03/Survey_results_Cancer_Plan_topics_.pdf)

Key Stakeholders by Topic:

[https://www.ohiocancerpartners.org/wp-content/uploads/2020/03/OPCC Stakeholders by Topic.pdf](https://www.ohiocancerpartners.org/wp-content/uploads/2020/03/OPCC_Stakeholders_by_Topic.pdf)

OPCC website w/ resources:

<https://www.ohiocancerpartners.org/cancer-plan-library/>

Ohio Public Health Data Warehouse:

<https://odh.ohio.gov/wps/portal/gov/odh/explore-data-and-stats/interactive-applications/ohio-public-health-data-warehouse1>

ODH Cancer Data and Statistic page:

<https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/ohio-cancer-incidence-surveillance-system/data-statistics/data-statistics>

CDC website with list of all state cancer plans:

https://www.cdc.gov/cancer/ncccp/ccc_plans.htm

List of Proposed Cancer Plan Topics and Topic Leads/Co-Leads

<https://docs.google.com/document/d/1cWfH2uS969JkMWOAX90AH2w-9X1jXAJrJ8Gvm9WBhU/edit?usp=sharing>

Patient Centered Services Committee Membership Survey:

<https://forms.gle/28nP2abvscNbiLsz9>