

Comprehensive Cancer Control in Maryland: Priorities and Implementation

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Outline

- What is comprehensive cancer control?
 - What are the goals of comprehensive cancer control?
 - Who conducts and supports comprehensive cancer control?
 - What are comprehensive cancer control plans?
 - Who participates in comprehensive cancer control coalitions?
- Who organizes and facilitates comprehensive cancer control in Maryland?
- What is the Maryland Comprehensive Cancer Control Plan?
 - How was the Maryland Comprehensive Cancer Control Plan developed?
- What does the Maryland Cancer Collaborative do?
 - How does the MCC choose and implement priorities?

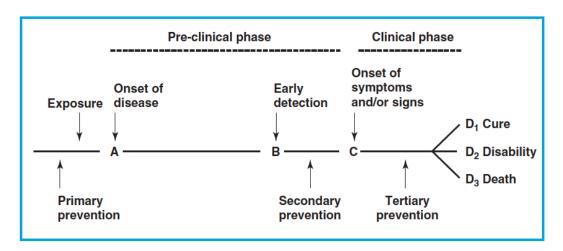
What is comprehensive cancer control?

- Per the Centers for Disease Control and Prevention, comprehensive cancer control is a strategic approach
 - to prevent or minimize the impact of cancer <u>in</u>
 <u>communities</u>
 - that brings together key partners and organizations to develop a plan to reduce the number of <u>community members</u> who get or die from cancer

What are the goals of comprehensive cancer control?

- Reduce cancer risk (primary prevention)
- Detect cancers early (secondary prevention)
- Improve treatment (tertiary prevention)
- Enhance survivorship (tertiary prevention)

http://phpa.dhmh.maryland.gov/cancer/cancerplan/Pages/about_mcccp.aspx



https://www.iarc.fr/en/publications/pdfs-online/epi/cancerepi/CancerEpi-16.pdf

Who conducts comprehensive cancer control?

Comprehensive cancer control

... involves state and local health departments, state, local and community organizations, researchers, health care providers, decision makers, cancer survivors and their families, and many others all coming together to find and agree upon ways to address cancer concerns in their communities.

Who supports comprehensive cancer control?



- Since 1998: CDC's National Comprehensive Cancer Control Program
 - Provides <u>funding and technical advice</u> to US states N=50), territories and jurisdictions (N=7), and tribes and tribal organizations (N=7) to:
 - Create coalitions (e.g., Maryland Cancer Collaborative)
 - Assess the cancer burden
 - Prioritize evidence-based strategies for cancer control
 - Develop, implement, and evaluate comprehensive cancer control plans (e.g., Maryland Comprehensive Cancer Control Plan)

https://www.cdc.gov/cancer/ncccp/about.htm; https://www.cdc.gov/cancer/ncccp/

Who supports comprehensive cancer control?

- Comprehensive Cancer Control National Partnership
 - Collaborating to Conquer Cancer
 - 18 national organizations (includes CDC)
 - http://www.cccnationalpartners.org/
 - Two goals:
 - Facilitate and provide support to comprehensive cancer control coalitions
 - Coordinate national comprehensive cancer control efforts

Who supports comprehensive cancer control?

- Comprehensive Cancer Control National Partnership activities
 - Sponsor trainings for cancer control coalitions that offer opportunities to learn, share, and expand CCC efforts.
 - Provide technical assistance visits to cancer coalitions across the country.
 - Maintain the <u>Cancer Control P.L.A.N.E.T.</u> website
 - Provide tools for CCC planners, including state cancer profiles and links to all CCC plans.
 - Organize and share resources developed by its member organizations.



https://cancercontrolplanet.ca ncer.gov/index.html

What are comprehensive cancer control plans?

- Per CDC Cancer Plans:
 - Identify how an organization or coalition addresses the burden of cancer in its geographic area
 - Are specific to each region and based on data collected about people living there
 - Focus on cancers that cause the most burden in the community
 - Take the strategies that have worked, either in that region or in a similar place, and make them into a blueprint for action
- Cancer plans are updated every 5 years.

Who participates in comprehensive cancer control coalitions?

- Groups of diverse partners that work together to address cancer in their community.
- Each partner commits time and other resources (such as a set of skills, money, and knowledge of the community) to the coalition.
- A well-rounded coalition has partners from all areas of the community, such as—
 - Academic and medical institutions: Community cancer centers,
 Federally Qualified Health Centers, hospice organizations, physicians,
 medical schools, cancer centers, primary health care facilities, and
 schools of public health.
 - Business and industry: Health plan and insurance groups, fitness clubs, pharmacies, recreational facilities, and restaurants.

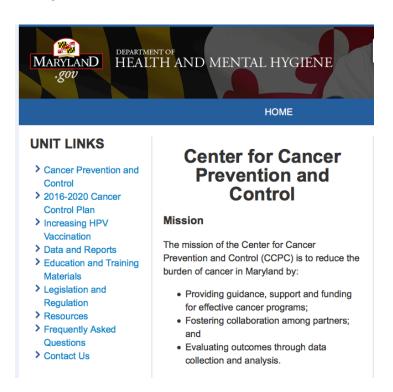
Who participates in comprehensive cancer control coalitions?

- <u>Community-based organizations</u>: Faith-based organizations, parentteacher-student associations, survivor support groups, and local chapters or non-profit organizations.
- Government agencies: City planners, Indian Health Service, and the school board.
- Non-profit organizations.
- Political leaders: City council members, county commissioners,
 Congressional representatives, mayor, school board, and tribal leaders.
- Professional associations for community health workers, hospices, hospitals, patient navigators, nurses, oncologists, physicians, and radiologists.
- Public health programs: Cancer registries, cancer screening programs, environmental health, local or tribal health departments, nutrition programs, physical activity programs, tobacco control programs, and health centers.

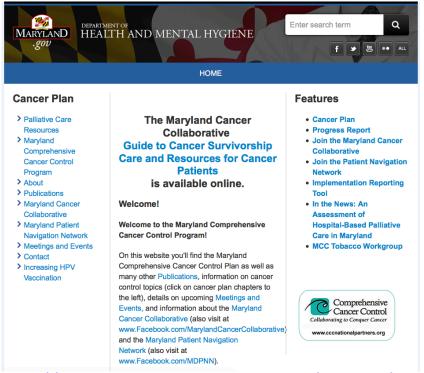
https://www.cdc.gov/cancer/ncccp/what is cccp.htm

Who organizes and facilitates comprehensive cancer control in Maryland?

Maryland Department of Health and Mental Hygiene,
 Center for Cancer Prevention and Control, Maryland
 Comprehensive Cancer Control Program with CDC funding



http://phpa.dhmh.maryland.gov/cancer/pages/Home.aspx



http://phpa.dhmh.maryland.gov/cancer/cancerplan/Pages/Home.aspx

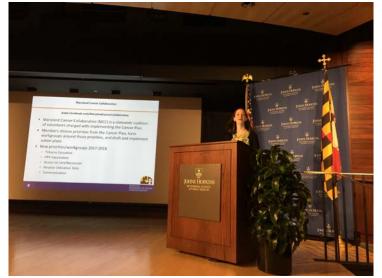
Recognition

Meredith Truss, MPP

- Center for Cancer Prevention and Control
 - Program Manager for the Maryland Comprehensive Cancer Control Program
- Moving to the Maternal and Child Health Bureau, DHMH



2016 Annual Meeting of the Maryland Cancer Collaborative



"2016-2020 Maryland Comprehensive Cancer Control Plan: Development Objectives, and Implementation", Johns Hopkins Bloomberg School of Public Health

What are some of the requirements of CDC funding for Comprehensive Cancer Control?

- Comprehensive Cancer Plan
 - Maryland Comprehensive Cancer Control Plan ("Cancer Plan")

- Coalition to prioritize and implement the Cancer Plan
 - Maryland Cancer Collaborative (MCC)

What is the Maryland Comprehensive Cancer Control Plan?

- This plan serves as a guide for health professionals, who are involved in <u>planning</u>, <u>directing</u>, <u>implementing</u>, <u>evaluating</u>, <u>or performing research on cancer control</u> in Maryland.
- It is also a resource for all Marylanders (individuals, healthcare providers, communities and organizations) on cancer control topics.
- The updated plan has a focus on goals, objectives and strategies, and consolidates content into cross-cutting sections and topics.

What is the Maryland Comprehensive Cancer Control Plan?

- The plan's goal is to encourage collaboration and cohesiveness among stakeholders as they work towards reducing the burden of cancer in Maryland.
- Collectively, the goals, objectives, and strategies are farreaching and complex, and no one organization can carry out all of these activities.
 - Rather, the plan is a call to action to encourage <u>any individual</u>
 or <u>organization</u> involved in any aspect of cancer control to
 address one or more of the objectives, and to apply the
 appropriate strategies and resources as opportunities arise.

How was the Maryland Comprehensive Cancer Control Plan developed?

• Fall 2014:

- DHMH staff reviewed the 2011-2015 Cancer Plan and consulted with national experts on format
- Decisions and changes from 2011-2015 Cancer Plan:
 - 1. Content: streamline 2016-2020 Cancer Plan (shorter, focus on cross-cutting content and objectives/strategies, less data)
 - 2. Focus: goals, objectives, and strategies vs. background information
 - 3. Process: streamline writing process; DHMH update the Cancer Plan and presented draft to partners for feedback

How was the Maryland Comprehensive Cancer Control Plan developed?

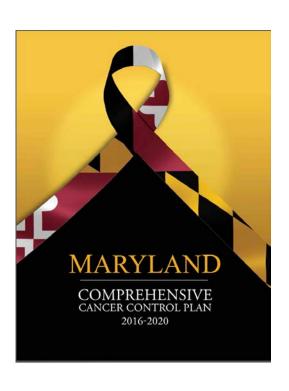
- Winter 2014/2015:
 - DHMH staff drafted 2016-2020 Cancer Plan
- May- June 2015:
 - Collected partner feedback and revised Cancer Plan draft
 - Templates were provided to collect specific feedback on objectives/targets, strategies, and content
 - Facilitators guided groups to consensus on suggested revisions
- July November 2015:
 - Cancer Plan draft finalized, reviewed/approved by DHMH leadership
 - Graphic design plans initiated

How was the Maryland Comprehensive Cancer Control Plan developed?

- January-May 2016
 - Graphic design and editing
 - Printing
- June 2016
 - 2016-2020 Cancer Plan finalized
- September 2016
 - Cancer Plan released during a press conference held by Governor Hogan



Press release





Obtain a copy of the Cancer Plan:

http://phpa.dhmh.maryland.gov/cancer/cancerplan/SiteAssets/Pages/publications/MD% 20Cancer%20Program 508C%20with%20cover.pdf

How were the Cancer Plan objectives developed?

- Repeated or adapted from 2011-2015 Cancer Plan
- Focused on measurable objectives with available data
- Consolidated similar/repetitive goals and objectives
- Drafted in consultation with DHMH subject matter experts and external partners, based on significant need or burden in Maryland
- Goals for repeat and new objectives:
 - SMART*; data can be easily tracked to measure progress
 - Cross-cutting vs. site-specific; apply to many cancer sites

^{*}SMART = Specific, measureable, achievable, realistic, time-bound

What were the data sources used?

- Maryland Cancer Registry (incidence)
- CDC WONDER (mortality)
- Maryland Behavioral Risk Factor Surveillance System
- Maryland Youth Tobacco and Risk Behavior Survey
- National Immunization Survey
- Others

How were objective targets set?

- Behavioral and risk factor targets: generally set based on Healthy People 2020 objectives, goals/targets of DHMH programs, and/or HP 2020 target-setting method of adjusting the baseline by 10%.
- Incidence and mortality targets: generally projected using linear forecasting. Maryland data values were used to predict a future value for the year 2020 using linear regression. Incidence and mortality projections are based on Maryland age-adjusted rates for the 10-year period from 2002-2012.

How were strategies developed?

- Repeated or adapted from 2011-2015 Cancer Plan
- Suggested by DHMH subject matter experts and external partners
- Evidence-based (taken from The Community Guide, USPSTF recommendations, etc.)
- Cross-cutting vs. site-specific (to the extent possible)
- Focus on policy, systems, and environmental (PSE) strategies

Which overarching themes were defined?

- Cancer disparities
- Healthcare reform & opportunities
- Data-driven objectives that can be evaluated
- Policy, systems, and environment strategies

 Discussed in the introduction, and/or are mentioned throughout the Cancer Plan

What does the Maryland Cancer Collaborative do?

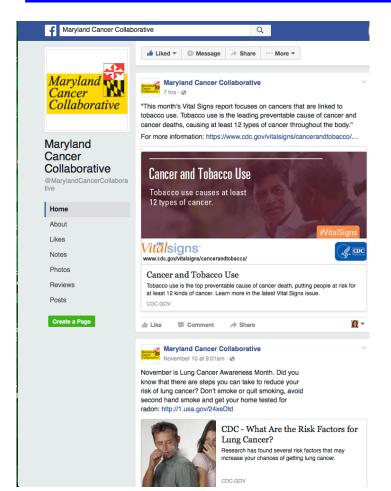
- Statewide coalition of volunteers who implement the Maryland Comprehensive Control Plan.
 - Maryland Cancer Collaborative
 - Works with individuals and organizations throughout the state to implement the Maryland Comprehensive Cancer Control Plan.
 - Brings together existing groups and new partners from across the state to collaborate on a common goal: reducing the burden of cancer in Maryland.

Who can join the Maryland Cancer Collaborative?

- Membership is open to <u>individuals and</u>
 <u>organizations</u> who are interested in taking action
 to reduce the burden of cancer in Maryland.
- Benefits include:
 - Collaboration to increase impact and maximize resources
 - Regular updates on cancer control activities
 - Access to educational resources, training opportunities,
 job openings, and grant opportunities
 - Opportunities to shape Maryland Cancer Collaborative activities

How does the Maryland Cancer Collaborative communicate with members?

www.Facebook.com/MarylandCancerCollaborative





Greetings!

Below you will find the November Maryland Cancer Collaborative E-Update.

This update includes information about Maryland Cancer Collaborative (MCC) meetings, progress, and other pertinent information. Please read through the entire e-mail because there are lots of updates. Please forward to your partners and local cancer coalitions!

Reminder: The MCC is on Facebook!

Don't forget to follow our page for more frequent updates on cancer prevention and control- you don't have to have a Facebook account to view the page! However if you are on Facebook and "like" the MCC, you can post updates to the page and share information with other followers.

November is Pancreatic Cancer Awareness Month

How did the MCC choose its current priorities?

- Held an annual meeting in April 2016
- Members used a collaborative group process to select 5 new priority strategies from the 2016-2020 Cancer Plan.

How will the MCC and implement the selected priorities?

- Members will form workgroups around the selected priorities, and draft and implement action plans,
- Selected priorities/workgroups 2017-2018
 - Tobacco Cessation
 - HPV Vaccination
 - Access to Care/Resources
 - Hospice Utilization Data
 - Communication

How will the MCC and implement the selected priorities?

- The MCC Steering Committee and DHMH staff have been identifying co-leaders for workgroups around each of the new priorities.
 - Will have all leaders in place by the end of 2016.
- Now recruiting MCC members to the new workgroups.
- Workgroup members will begin meeting in early 2017 to draft specific action plans and volunteer to implement activities to move their priorities forward.
 - Teleconferencing will be available for most meetings, so we welcome and encourage participation from across Maryland.

How can you or your organization help implement the Maryland Comprehensive Cancer Control Plan

- Review the goals, objectives, and strategies in the updated Cancer Plan and incorporate into your work and/or research.
- As an individual or organization, join the Maryland Cancer Collaborative and partner with other cancer control stakeholders to choose and implement priorities from the Cancer Plan.
- Don't forget to report your implementation efforts!

How do I join the MCC?

Go to this website:

http://phpa.dhmh.maryland.gov/cancer/cancerpl an/Pages/collaborative.aspx

Join Us!

You can help control cancer in Maryland! Complete the *Join Us* Member Agreement Form to help with implementation of the Maryland Comprehensive Cancer Control Plan.

Individual Membership Agreement Form
Organization Membership Agreement Form

New Member Orientation

The Maryland Cancer Collaborative has created an orientation presentation for new members and others who may be interested in learning more about the development and activities of the Collaborative. You may access the new member orientation presentation here.

How do I report implementation of the Cancer Plan?

Report your efforts to implement the Cancer Plan:

http://phpa.dhmh.maryland.gov/cancer/cancerplan/Pages/
http://phpa.dhmh.maryland.gov/cancer/cancerplan/Pages/

Implementation Reporting Tools are considered for:

- Success story publication in annual Cancer Plan Progress Report
- Maryland Cancer Collaborative Implementation Awards

Who do I contact for information about the cancer plan or the MCC?

Brian Mattingly

Director of Comprehensive Cancer Control Programs

> brian.mattingly@maryland.gov 410-767-2037

http://phpa.dhmh.maryland.gov/cancer/cancer plan/Pages/Home.aspx

 Thanks to the members of the Maryland Cancer Collaborative for their efforts to reduce the burden of cancer in Maryland!

 We look forward to working with you and your organization on implementing the updated Cancer Plan to reduce the cancer burden in Maryland!

Examples of Maryland Cancer Plan implementation

- Tobacco Use Policies on Maryland College and University Campuses
 - Krystle Pierce, MPP, Project Director, MDQuit
 Resource Center, UMBC

- Implementation of a Hospital-Based Lung Cancer Screening Program
 - Stephen Cattaneo, MD, Medical Director, Thoracic
 Oncology, Anne Arundel Medical Center

MCC selected priorities from the 2016-2020 Maryland Comprehensive Cancer Control Plan

- *Tobacco Workgroup*: Joanne Ebner, Anne Arundel Medical Center, and Krystle Pierce, MDQuit
- Hospice Utilization Workgroup: Elizabeth Platz, Maryland Cancer Collaborative
- Access Workgroup: Patsy Astarita, University of Maryland Upper Chesapeake Health, and Stephanie Slowly, DHMH Office of Minority Health and Health Disparities
- Communication Workgroup: Karen Warmkessel, University of Maryland Medical System, and Vanessa Wasta, Sidney Kimmel Comprehensive Cancer Center at Johns Hopkins
- HPV Vaccination Workgroup: Ahmed Elmi, Global Vision Community Health and 3P Strategies