

Maryland Cancer Collaborative

Overview and Next Steps

Alva Hutchison, Chair

Overview of the Situation:

- We've got a big, complex problem = **CANCER**
- We've got many ways to address the problem = **MARYLAND'S CCC PLAN**
- We've got stakeholders and volunteers to help with the problem = **MARYLAND CANCER COLLABORATIVE**

- **HOW DO WE GET SOMETHING DONE** to address the burden of cancer in Maryland?

The Maryland Comprehensive Cancer Control Plan...what is it?

- A resource for all Marylanders
- A guide for health professionals
- Provides Goals/Objectives/Strategies to guide cancer control activities in Maryland
- Encourages collaboration and cohesiveness among stakeholders working to reduce the burden of cancer in Maryland

MCCCP Chapters

Chapter 1. Burden of Cancer in Maryland

Special Topics in Cancer Control

Chapter 2. Cancer Surveillance

Chapter 3. Cancer Disparities

Chapter 4. Patient Issues and Survivorship

Primary Prevention of Cancer

Chapter 5. Tobacco-Use Prevention/Cessation and Lung Cancer

Chapter 6. Nutrition, Physical Activity, and Healthy Weight

Chapter 7. Ultraviolet Radiation and Skin Cancer

Chapter 8. Environmental/Occupational Issues and Cancer

Site-Specific Prevention and Early Detection of Cancer

Chapter 9. Colorectal Cancer

Chapter 10. Breast Cancer

Chapter 11. Prostate Cancer

Chapter 12. Oral Cancer

Chapter 13. Cervical Cancer

Tertiary Cancer Control Topics

Chapter 14. Pain Management

Chapter 15. Palliative and Hospice Care

About the Plan

FIGURE 10.2 Female Breast Cancer Incidence and Mortality Rates by Year of Diagnosis or Death, Maryland and US, 1999-2006

Source: National Cancer Registry 1999-2006
NCCS Computed Mortality Rates to CDC WONDER

FIGURE 10.3 Female Breast Cancer Age-Specific Incidence Rates by Race, Maryland and US, 2002-2006

Source: National Cancer Registry 2002-2006
U.S. SEER 13-14 Year Age-Specific Rates

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The DSHHS for Advisory Committee titled "Minimal Ch Cancer Screening Elements provide programs that are Funding from Program has been Maryland Medical

ately 10,000 Maryland women with a history of breast cancer are alive in 2010. With advances in detection and treatment, the numbers of breast cancer survivors will continue to increase and their long-term medical needs will continue to be addressed.

Current/Ongoing Breast Cancer Control Efforts in Maryland

PROGRES IN BREAST CANCER CONTROL has been accomplished with the assistance of many individuals and organizations throughout Maryland. Some of these efforts are highlighted below:

The Maryland Department of Health and Mental Hygiene (DHMH) Breast and Cervical Cancer Program (BCCP) is a statewide program that provides breast and cervical cancer screening services to uninsured or underinsured, low-income (less than 200% of the federal poverty level) women 40 to 64 years of age. Across the state to which provide outreach and site and real its need provide to Maryland African or Latino services

GOALS · OBJECTIVES · STRATEGIES

GOAL 1
Reduce the incidence of breast cancer in Maryland.

TARGETS

| | |
|----------------------------------|--|
| OVERALL | From 112.8 per 100,000 (2006) to 96.5 per 100,000 (2015) |
| AFRICAN AMERICAN OR BLACK | From 149.7 per 100,000 (2006) to 97.7 per 100,000 (2015) |
| WHITE | From 115.0 per 100,000 (2006) to 97.7 per 100,000 (2015) |

Source: Cancer Facts

OBJECTIVE 1

By 2015, improve healthy behaviors of Marylanders including decreasing the number of women overweight or obese and increasing physical activity.

STRATEGIES

See the Nutrition, Physical Activity, and Healthy Weight chapter for specific objectives and strategies.

OBJECTIVE 2

By 2015, increase the proportion of Maryland women breastfeeding to reach the following targets:

- Increase the percentage ever breastfed from 79% (2006 birth) to 85%.
- Increase the percentage breastfeeding at six months from 46% (2006 birth) to 67%.
- Increase the percentage breastfeeding at 12 months from 24% (2006 birth) to 42%.

STRATEGIES

1. **IMPROVE WORKPLACE SETTINGS** to encourage continued breastfeeding after return to work.
2. **INCREASE AWARENESS** and support the implementation of legislation regarding employees with more than 50 employees to provide break time

and facilities (other than the bathroom) for breast pumping at work.

3. **ENHANCE THE ADOPTION** of the Ten Steps to Successful Breastfeeding (endorsed by UNICEF/WHO) by Maryland hospitals.

OBJECTIVE 3

By 2015, incorporate breast cancer risk assessment as a part of routine healthcare for all women and conduct appropriate risk-based counseling for breast cancer prevention and screening.

STRATEGIES

1. **ASSESS THE NUMBER** of women counseled regarding their risk of breast cancer through surveys such as the Behavioral Risk Factor Survey of Maryland Cancer Survey to establish a baseline and appropriate target goals.
2. **DEVELOP AVAILABLE TOOLS** for cancer risk assessment to primary healthcare providers to assist in determining who is at risk.
3. **INCREASE COVERAGE** for and increase awareness of individual counseling for risk reduction strategies (lifestyle factors such as weight management and exercise, genetic counseling and testing when appropriate, chemoprevention, smoking or reducing tobacco use, hormone therapy after menopause, risk-reducing surgery, minimizing radiation exposure, and other strategies as they develop).

GOAL 2
Reduce the morbidity and mortality from breast cancer in Maryland.

MORTALITY TARGETS

| | |
|----------------------------------|---|
| OVERALL | From 25.0 per 100,000 (2006) to 22.0 per 100,000 (2015) |
| AFRICAN AMERICAN OR BLACK | From 30.3 per 100,000 (2006) to 23.1 per 100,000 (2015) |
| WHITE | From 22.7 per 100,000 (2006) to 20.7 per 100,000 (2015) |

Source: CDC WONDER

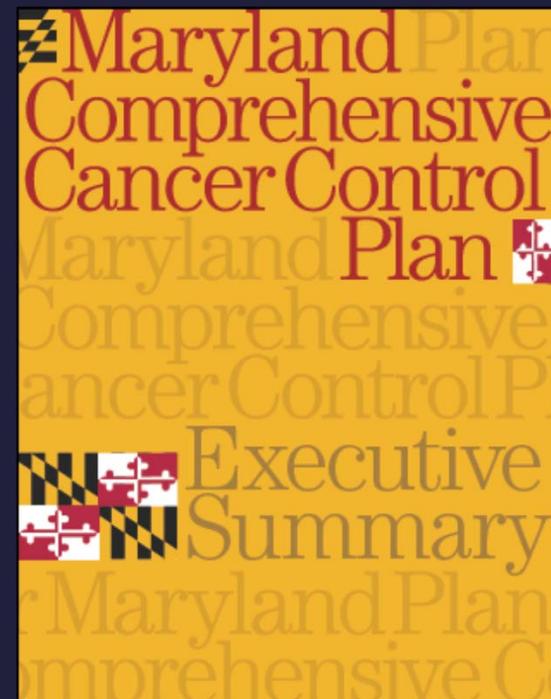
Includes for each chapter:

- Summary of latest data and information
- Goals/Objectives/Strategies
- SMART Objectives
- Links to more information to be housed at:

<http://fha.maryland.gov/cancer/cancerplan/>

Executive Summary

- Small document for easy reference
- Two page summary of each chapter including the **Goals/Objectives/Strategies**



How do we move from Plan.... to ACTION?

MCCC Plan has:

- 14 Chapters plus Burden of Cancer Chapter
- 23 Goals
- 76 OBJECTIVES
- Each with 2-3 Strategies

NEED TO PRIORITIZE!

NEED TO COLLABORATE!

Maryland Cancer Collaborative

GOALS

- Work with individuals and organizations throughout the state to implement the Maryland Comprehensive Cancer Control Plan
- Bring together existing groups and new partners from across the state to collaborate on a common goal: reduce the burden of cancer in Maryland

CDC Comprehensive Cancer National Program Priorities

- Emphasize Primary Prevention of Cancer
- Coordinate Early Detection and Treatment Activities
- Address Public Health Needs of Cancer Survivors
- Use Policy, Systems and Environmental Changes to Guide Sustainable Cancer Control
- Promote Health Equity as it Relations to Cancer Control
- Demonstrate Outcomes through Evaluation

Maryland Cancer Collaborative

Committees

- Primary Prevention
- Early Detection and Treatment
- Survivorship, Palliative Care, and Pain Management
- Cancer Disparities
- Policy
- Evaluation

MCC Steering Committee

Chair: **Alva Hutchison**, *Retired Executive, American Cancer Society, South Atlantic Division*

- **Cancer Council Liaison:** **Brian McCagh**, *Berman Cancer Institute, Greater Baltimore Medical Center*
- **Primary Prevention Co-Chairs**
 - **Alice Horowitz, PhD**, *University of Maryland School of Public Health*
 - **Elizabeth Platz, ScD, MPH**, *Johns Hopkins Bloomberg School of Public Health*
- **Early Detection and Treatment Co-Chairs**
 - **Christine Berg, MD**, *National Cancer Institute*
 - **Rebecca McCoy, MPH**, *Susan G. Komen for the Cure, Maryland Affiliate*
- **Survivorship/Palliative & Hospice Care/Pain Management Co-Chairs**
 - **Brock Yetso**, *Ulman Cancer Fund for Young Adults*
 - **Suman Rao, MD**, *Harry and Jeanette Weinberg Cancer Institute at Franklin Square*
- **Cancer Disparities Co-Chairs**
 - **Carlessia Hussein, DrPH, RN**, *DHMH, Office of Minority Health and Health Disparities*
 - **Marcos Pesquera, RPh, MPH**, *Center on Health Disparities, Adventist HealthCare*
- **Policy Co-Chairs**
 - **Kari Appler**, *individual*
 - **Kathleen Dachille, JD**, *University of Maryland School of Law, Center for Tobacco Regulation*
- **Evaluation Co-Chairs**
 - **Marie Deiner-West, PhD**, *Johns Hopkins Bloomberg School of Public Health*
 - **Kathy Helzlsouer, MD, MHS**, *Mercy Medical Center*

Maryland Cancer Collaborative Committees

- Each committee has co-chairs
- Committees:
 - reviewed relevant chapters in the Plan
 - will determine priorities to work toward in the next two years (2012-2014)
 - will create action plans for their selected priorities
- For the first year, each Committee will meet at least twice, maybe more often.

Maryland Cancer Collaborative Membership

■ OPEN MEMBERSHIP

■ Anyone interested can join: So far **220 members**

■ Members can join a Committee **(181)** OR

join as a Corresponding Member **(39)**

Maryland Cancer Collaborative Progress To Date

- **Steering Committee Meeting held - July 21st**
- **Steering Committee Training – Mid October**
- **Committee Meetings - October/November**
 - **Reviewed relevant chapters in the MCCC Plan to select PRIORITY OBJECTIVES to recommend to MCC participants**

How we will make a difference!

NEXT STEPS:

- Determine Priorities for 2012-2014
 - Address Gap in Cancer Control in Maryland
 - Best Achieved through Collaboration
- Full Collaborative Meeting – NOW!
 - Each Committee offers 2 OBJECTIVES from MCCC Plan
 - Participants accept and sign up to work on selected Objectives
- **IMPLEMENTATION of Action Plans!**
- **Evaluate and Report to the Community**

Questions?

<http://fha.maryland.gov/cancer/cancerplan/>

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