# Maryland Comprehensive Cancer Control Plan

*Chairs Meeting*

# Committee Process Reminders & Tips

## Chapter Draft

- Reduce length by 1/3
- Use the website for additional information
  - i.e. Ideal Model, Links to Screening Recommendations, Diagrams, Data, etc.
- Use plain language (audience is ALL Marylanders)

## Goals/Objectives/Strategies

- No more than 2 Goals, 3 Objectives per Goal, 3 Strategies per Objective
- Prioritize Objectives within each Goal
- Use SMART Objectives

***(Specific, Measurable, Attainable, Realistic, Time-Phased)***

# SMART Objectives

**SMART OBJECTIVES:**
**(*Specific, Measurable, Attainable, Realistic, Time-Phased)***

**Samples**

By 2015, increase the proportion of Maryland adults age 50+ who are up to date with screening (per ACS guidelines) from X% to Y% (Source: Maryland BRFSS).

By 2015, publish a database accessible to patients, family, and survivors, which include best practices and end-of-life empowerment resources.

# SMART Objectives - Measurement

- If not measurable (no baseline), include strategy/strategies to develop measure

Example from CRC Committee

**Objective:** By 2015, increase the percent of Marylanders receiving site- and stage-appropriate treatment for CRC. [Source: Maryland Cancer Registry]

**Strategy:** Analyze existing MCR data and present findings to the DHMH CRC Medical Advisory Committee to arrive at a consensus definition of "site and stage appropriate treatment."

**Strategy:** Develop methods to measure "site- and stage-appropriate treatment."

## SMART Objectives – Projections

- DHMH will project incidence & mortality targets for all applicable chapters using trend data
- Committees should project realistic targets for behavioral and other data (DHMH will review)

DHMH will project for:

Reduce Oral Cancer incidence from 8.9 per 100,000 (2006) to TARGET (2015). [Maryland Cancer Registry]

Committee should project for:

By 2015, increase the percent of females in Maryland age 40 and above that have received a mammogram in the past two years to 85% (2008 baseline: 77%). [Maryland BRFSS]

## SMART Objectives - Prioritizing

- Prioritize objectives based on importance
- Committees will look at cost, feasibility in the implementation phase

## SMART Objectives

## Questions/ Discussion?

## Progress Reports

- Provide bullets - *Progress Highlights* and *Challenges*
- Connect to Objectives and Strategies from 04-08 Plan

Example of *Progress Highlight* from Skin Cancer Committee

- A statewide tanning bed law was passed and went into effect October 1, 2008 requiring on site parental consent for minors. Since that time, Howard County has passed an even more restrictive law including a total ban on minors using tanning beds, licensing and regulation of sanitation and warning signs. *(Objective 5, Strategy 1)*

## Progress Reports *continued*

- Include highlights of progress throughout the state – as much as is known by committee members
- Stand alone document
- Statement in the Cancer Plan re: Progress Report document

## Executive Summary

- Stand Alone Document
- Two pages for each chapter
- Include bulleted summary points from chapter and the Goals, Objectives, Strategies
- See handout with sample from Oral Cancer Committee

QUESTIONS?

# Committee Progress, Successes and Challenges

## Cross-Cutting Issues

- Diet
- Physical Activity
- Tobacco Use
- HPV
- Others

## Cross-Cutting Issues: Objectives and Strategies

Example from Colorectal Cancer Committee:

Objective: By 2015, decrease the prevalence of risk factors for cancer, including CRC, such as smoking, obesity, low physical activity, and diets low in vegetables and fruits.

See *Diet and Physical Activity* and *Tobacco Prevention and Cessation & Cancer* chapters for specific objectives and strategies.

## Cross-Cutting Issues: Chapter Text

- Case by case
- Share drafts with other chairs
- Meet/discuss further if necessary

## DISCUSSION

# Editing and Approval

## Editing Process

- An outside editor will edit all the chapters into one consistent document
- After editing, we will give chapter back to chair for review
- Note: deadlines for editing will be tight (based on contract)

## DHMH Approval Process

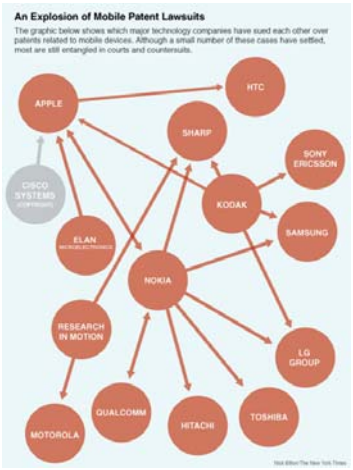
- Entire document will go through approval process at DHMH
- If changes are made, they will be sent back to chair (for informational purposes)

# Next Steps

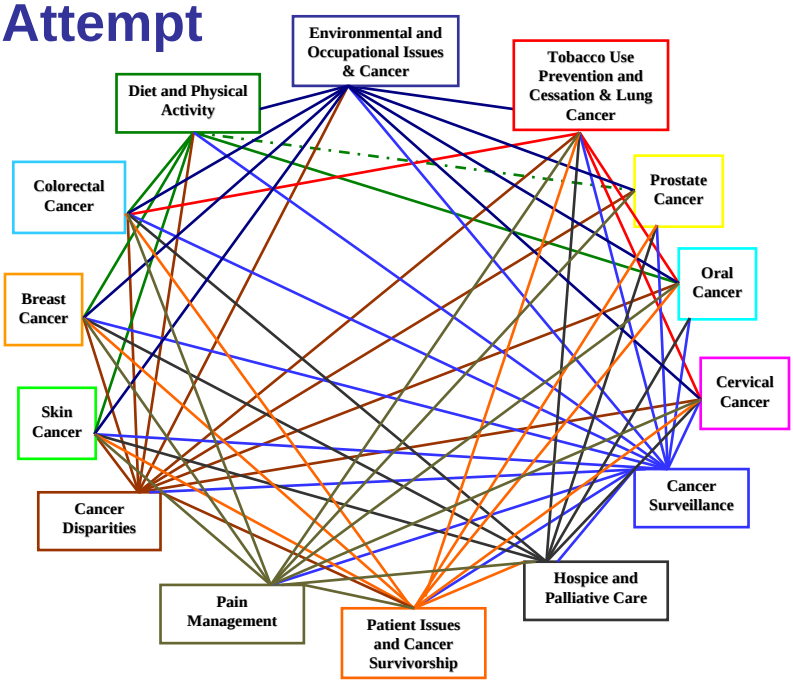
# Website

- Complete revision to launch with release of new plan
- Individual page(s) for each committee
- Illustrating connections between chapters
  - Ideas?

# Inspiration



# First Attempt




# Marketing the Plan

- Communications Committee
  - Small group to work on marketing the printed Plan and website
  - Volunteers with PR/marketing/communications background

# Implementation Phase

- Committees remain intact
- May need to recruit additional members
- Meet regularly (2 – 4 times per year)
- Work on creating a work plan and implementing chapter strategies
- Begin implementation phase as soon as complete chapter draft (no need to wait until published)