

# Ohio Partners for Cancer Control



## Synergy

Winter 2011

Volume 1 Issue 2

Vision: A cancer free future for all Ohioans

### **A Message From the OPCC Co-Chairs and Acting Executive Director**

*Jeff Lycan, Frank Bright and Robert Indian*

Colleagues and Friends,

The Ohio Partners for Cancer Control (OPCC) has been invigorated with new administrative leadership and renewed commitment from its members to develop an Ohio Cancer Plan for 2011-2014.

OPCC currently has 64 member organizations and has had an average of 30 individuals in attendance at each meeting this past year. This year, the OPCC membership embraced the new operating structure that is designed to streamline the organization and maximize the effectiveness of the members' time and efforts. This new operating structure now includes the Executive Board, Guiding Committees, and Subcommittees.

In addition, OPCC leadership initiated a year of strategic planning which has included the revision and development of mission and vision statements. Progress toward writing a new Comprehensive Cancer Control Plan: OPCC Subcommittees began writing goals and objectives for the plan in October. The completion of Ohio Comprehensive Cancer Prevention and Control Plan 2011-2014 is projected for March 2011. The OPCC is working to develop a dynamic plan that is owned and implemented, not just read and placed on the shelf.

The website has been revitalized and an electronic newsletter has been developed to facilitate increased communication efforts. Members have noted the importance of good communication and the OPCC's new website, email and newsletter are designed to address this important need.

Members may ask:

What is my role as an OPCC member?

Two major roles:

- To promote the OPCC as a dynamic group whose vision is a cancer-free future for all Ohioans.
- To recruit new organizations involved in cancer prevention and control to join OPCC.



## OPCC Bids a Fond Farewell To One of Its Own

From Acting Executive Director, Robert Indian— A short time ago I learned that my friend and colleague, Frank Bright, was moving-on from his current post at the American Cancer Society. Frank and I have been involved in cancer prevention and control for many years. His strong support and wisdom will be missed. Frank has written a few departing remarks for all of us . I know I speak for all of us in wishing Frank the absolute best in his new endeavors. Frank’s remarks are presented below :

The philosopher Soren Kierkegaard is quoted, “Life is understood looking backwards, but... it must be lived forwards.” We often tend to reflect on things when one is moving on – but I’d like to change that to looking forward with a nod to the past. I’ll be moving on to the next phase of my public health career in February. Looking back on how far the Ohio Partners for Cancer Control (OPCC) have come is reassuring as we look forward to the future. The mere fact that the OPCC continues to exist and in fact has renewed vigor in its membership, structure, and meetings is a testament to the work and commitment that has gone on before, and the leadership and member involvement we currently enjoy. The actions to review our past efforts (e.g. Ohio Cancer Plan 2010), learn from those efforts, and work together to develop the next Ohio Cancer Plan reflect on the basic strength of the OPCC – its member organizations and their representatives.

With the number of new cases of cancer in the United States expected to exceed a million and a half in 2010, planning by organizations like a strong OPCC is critical in the efforts to eliminate cancer as a major health problem. By following national priorities that reflect Ohio’s such as emphasizing primary prevention of cancer, supporting early detection and treatment activities, addressing the needs of cancer survivors, implementing policy, systems, and environmental changes to guide sustainable cancer control, promoting health equity as it relates to cancer control, and demonstrating outcomes through evaluation, we stand at the cusp of a new day in Ohio’s state-wide effort to prevent and control cancer.

It’s been my privilege and honor to have served with you all in this great effort. I leave with satisfaction of what we’ve accomplished and great expectation of what will be a cancer-free future for all Ohioans.

Frank Bright, M.S., Co-Chair, OPCC  
January 07, 2011

## National Radon Action Month

January has been designated as Radon Action Month in an effort to increase awareness about radon and the health risk associated with exposure to elevated levels of indoor radon. The Indoor Radon Program at the Ohio Department of Health is participating in Radon Action Month by encouraging homeowners in Ohio to test their homes for radon and to fix their home if elevated levels are found.

Radon is a radioactive gas that comes from the decay of uranium found in the soil and rocks in Ohio. Exposure to elevated levels of indoor gas can cause an increased risk of lung cancer. Radon is the second leading cause of lung cancer in the U.S.

Ohio residents can purchase an inexpensive test kit from the following web site [www.ohio.radon.com](http://www.ohio.radon.com) or by calling 1-800-247-2435 and mention the Ohio Department of Health.

Additional information can be found on the Indoor Radon web site at [www.odh.ohio.gov](http://www.odh.ohio.gov) or by calling 1-800-523-4439.

## Statewide Middle School Radon Poster Contest

The Indoor Radon Program at the Ohio Department of Health (ODH) sponsored a radon poster contest for children ages nine through 14 years old. Employees at ODH were given the opportunity to vote for their favorite poster and selected a poster created by a nine year old, fourth grade student from Poland, Ohio. The Indoor Radon Program recognized the winner of the contest with an award ceremony held at her school on December 16, 2010.



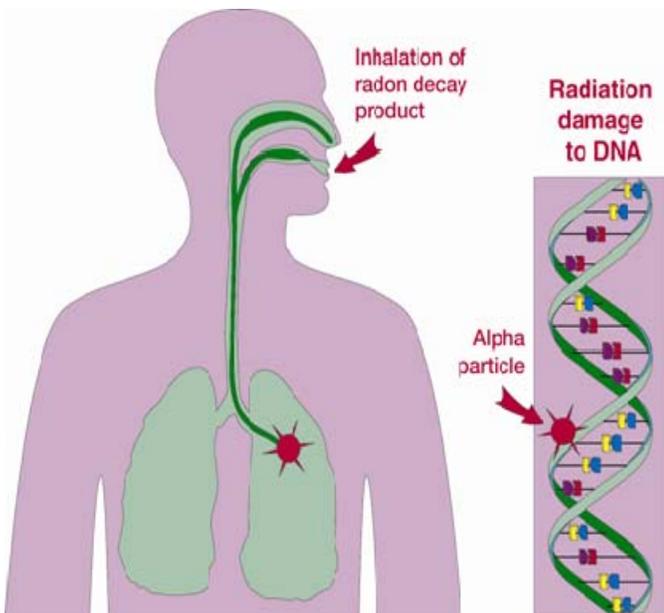
**Poster Winner:  
Maggie—9yrs old  
Poland, Ohio**

## In the Minutes...

OPCC General Member Meeting October 27, 2010

This summary of the meeting minutes reflects those that were reviewed and approved by the General Membership at the Dec. 16, 2010 meeting.

- Robert Indian introduced the Executive Board Members who have agreed to serve on the two board level guiding committees; the Technical Guiding Committee and the Outreach and Engagement Committee. Members on these committees will function as liaisons and facilitators to the four Subcommittees.
- Stephani Francis presented an overview of how to write goals and S.M.A.R.T. objectives.
- Members presented information on what cancer prevention and control initiatives their organization is involved in and what each can contribute to OPCC.
- All General Members that had not declared a Subcommittee were given an opportunity to choose one, start discussing goals and objectives and participate in the selection of a Subcommittee chairperson.
- Gabrielle Brett made a motion for a three year Ohio Cancer Prevention and Control Plan with one year accountability. Rocky Haddix 2nd the motion and it was approved unanimously.





## In the Minutes...

OPCC General Member Meeting October 27, 2010 (continued)

### General Member Comments:

- OPCC should seek additional sources of funding.
- OPCC can write letters of support for Partner initiatives.
- Make our case to the Ohio Legislature. Look at OPCC as a mosaic. Many stakeholders coming together. When we have all the pieces to make a complete picture (of cancer prevention and control efforts in Ohio), present this to the legislature. (Each member should periodically ask) "What part is my organization playing?"
- Find out how other states get funding.
- Partner with cancer registrars to get data.
- Continue to be evidence based and data driven.
- Develop "toolkits" and/or look at what "toolkits" are already out there.
- Need to add *Data* back into the Surveillance Subcommittee title.
- While we are developing the plan we can identify where we are lacking resources, i.e., partner organizations.
- The Plan will be a living document. We will be able to add/change objectives as needed.

### 2011-Proposed OPCC General Member Meeting Dates

All general member meetings will be held on the second Thursday of every other month from 10 am to 3 p.m.

Check OPCC website for updates:

[www.ohiocancercontrol.org](http://www.ohiocancercontrol.org)

- February 10, 2011
- April 14, 2011
- June 9, 2011
- August 11, 2011
- October 13, 2011
- December 8, 2011 – Annual Meeting

Please note, meetings are held frequently in order to maintain momentum with writing the Ohio Cancer Prevention and Control Plan 2011-2014.

## Comprehensive Cancer Control and Prevention Plan 2011-2014

*Selected From October 27, 2010 Member Meeting Minutes—As approved at Dec. 16, 2010 meeting.*

### Subcommittee Updates

#### Data and Surveillance Subcommittee—

- **Chair:** Holly Sobotka
- The data and surveillance objectives in *The Ohio Cancer Plan 2010* focused primarily on improving the quality and completeness of cancer data. The committee agreed that the new plan should include objectives related to:
  - Data quality and completeness
  - Data dissemination
  - Data use
- The Surveillance Subcommittee plans to work with the other subcommittees to identify data needs for program planning and evaluation.

#### Patient Focused Subcommittee—

- **Chair:** Val Moysaenko
- Spent time defining what is a "survivor"
- Discussed focusing goals and objectives on reaching the patient or the provider. Provider seems to be the direction in which the group will go.
- Discussed—What is a patient advocate

#### Consumer Focused Subcommittee—

- **Co-Chairs:** Melissa Thomas and Gabrielle Brett
- Encourage use of electronic health record to assess tobacco use, and encourage cessation and referrals to quit line.
- Identify employers providing no cost or low cost cessation services
- Increase number of employers providing cessation services
- Schedule meeting or phone interviews with stakeholders not currently involved with OPCC, to identify related objectives to support.

#### Advocacy and Communications Subcommittee—

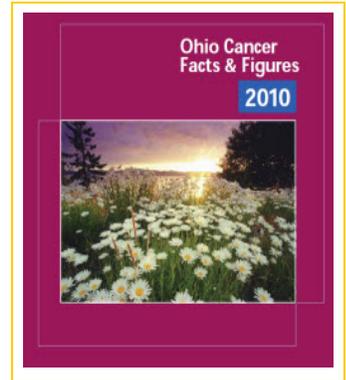
- **Chair:** Jennifer Carlson
- The group discussed the overarching goals:
- Establish effective and timely communication method (s) to the whole membership of OPCC.
  - Support legislative activities that align with the goal of creating "A Cancer-free Future for all Ohioans".
  - Financially support cancer control activities in Ohio to the greatest degree possible.



## Ohio Cancer Facts and Figures

Ohio Cancer Facts and Figures 2010 answers the most common questions asked about the status of cancer in Ohio including cancer incidence and mortality rates, cancer trends, and cancer staging data, information on cancer disparities, and site-specific cancer data. The report includes cancer data at the county, state, and national level.

It is our hope that the information contained in this publication will assist our partners in efforts to reduce the cancer burden in Ohio. The goals of this report are to provide accurate information about cancer in Ohio that can help direct programs and services to Ohioans, promote behavior change toward healthier lifestyles, and support effective advocacy for cancer-related issues.



To receive the *Ohio Cancer Facts & Figures 2010* booklet, call the American Cancer Society toll free at 1-800-227-2345 or email your request, including name and address, to [OhioACS@cancer.org](mailto:OhioACS@cancer.org). To download an electronic copy, go to the OPCC Web site [www.ohiocancercontrol.org](http://www.ohiocancercontrol.org) or click the link here: [Ohio Cancer Facts & Figures 2010](#) [PDF version, 1.39 MB]

American Cancer Society East Central Division, Ohio Department of Health, The Ohio State University. Ohio Cancer Facts and Figures 2010. Columbus, Ohio: American Cancer Society, 2010.

## January is Cervical Cancer Awareness Month

### New Cases in Ohio

- There was an average of 487 new cases of invasive cervical cancer diagnosed among Ohio females for the years 2003-2007, for an average annual incidence rate of 8.0 per 100,000 females.
- In Ohio for the years 2003-2007, the average invasive cervical cancer incidence rate was 9.0 per 100,000 for African American women, which is 14 percent higher than the rate of 7.9 percent per 100,000 for white women.
- In Ohio, about 66 percent of women diagnosed with invasive cervical cancer were age 30 to 59 years during the years 2003-2007.
- In 2008 the average annual age-adjusted cervical cancer incidence rate for Ohio Appalachian females was 8.7 per 100,000, which is about 12 percent higher than the rate of 7.8 per 100,000 for Non-Appalachian females.

### Risk Factors

- Risk factors for cervical cancer include, multiple sex partners, infection with the Human Papilloma Virus (HPV), and cigarette smoking.

### Early Detection

- Screening tests offer a powerful opportunity for the prevention, early detection and treatment of cervical cancer. Early detection of precancerous lesions through Pap Tests increases survival probability to near 100 percent.
- According to the 2008 Ohio Behavioral Risk Factor Survey, 82 percent of Ohio females age 18 and older reported having a Pap Test within the previous three years.

### Survival

- Cervical cancer is one of the most successfully treated cancers if diagnosed at an early stage.
- Patients with local stage diagnosis have a 92 percent five to seven year survival after diagnosis.
- Overall, about 71 percent of females diagnosed with invasive cervical cancer survive five or more years.
- In Ohio, during 2003-2007, 46 percent of invasive cervical cancers were diagnosed at late stage.

### Deaths

- In Ohio, during 2003-2007 there was an average of 159 cervical cancer deaths each year. Each of these deaths could have been prevented by prevention interventions, appropriate screening and prompt appropriate treatment.

### Sources:

American Cancer Society Ohio Division; Ohio Department of Health; The Ohio State University. Ohio Cancer Facts & Figures 2010. Columbus, Ohio: American Cancer Society; 2010.

Appalachian Community Cancer Network. *The Cancer Burden in Appalachia, 2009*.



## In the News...

### 2010 U.S. Surgeon General's Report on How Tobacco Causes Disease

On December 9, 2010, the U.S. Surgeon General released a report that contains the latest information on how tobacco smoke causes disease and why it is critical to stop smoking and avoid second hand (environmental) smoke. The report and supporting material are described below. The Office on Smoking and Health at the Centers for Disease Control and Prevention (CDC) is making these materials available to the public health and medical community as well as the general public:

#### Products

Full report: **How Tobacco Smoke Causes Disease: The Biology and Behavioral Basis for Smoking - Attributable Disease: A Report the Surgeon General.** This is a 700+ page scientific report that reviews the evidence on the mechanisms by which smoking causes disease.

Executive Summary: **How Tobacco Smoke Causes Disease: The Biology and Behavioral Basis for Smoking – Attributable Disease: A Report of the Surgeon General – Executive Summary.** This is a 20 – page scientific document that summarizes the major conclusions in the full report.

Consumer Summary: **A Report of the Surgeon General: How Tobacco Smoke Causes Disease: What It Means to You.** This is an easy-to-read, 20 page booklet that summarizes the full report in plain language.

Clinician's Piece: **What to Tell Your Patients about Smoking.** This is a one-page fact sheet that provides simple talking points and key information to help medical care providers talk to their patients about quitting tobacco use. This one-page fact sheet is packaged in lots of 25 sheets.

#### To Order from the CDC Office on Smoking and Health

**Print Copies:** Visit [www.cdc.gov/tobacco](http://www.cdc.gov/tobacco) and click on "Publications Catalog" or call toll free 1.800.CDC.INFO (1.800.232.4636).

**Electronic Copies:** All four products are now available on line. To download them, visit [www.cdc.gov/tobacco](http://www.cdc.gov/tobacco) and click on "Surgeon General's Reports."