



February 1, 2011

Virginia General Assembly

On behalf of the Cancer Plan Action Coalition, it is our pleasure to submit the attached report to the Governor, the General Assembly, and the Joint Commission on Health Care as stated in House Joint Resolution No. 56.

We are very much aware that reducing the burden of cancer in our state is an important priority of our governor and elected officials, and we welcome any suggestions they might have on the goals we have established for the future.

We are happy to answer any questions or provide additional information.

Sincerely,

A handwritten signature in black ink that reads 'Diane Cole'.

Diane Cole, MPH
Co-Chair, Cancer Plan Action Coalition

A handwritten signature in black ink that reads 'Gordon Hay'.

Gordon Hay, MSW, MPH
Co-Chair, Cancer Plan Action Coalition

**Report to the Governor, the General Assembly, and the
Joint Commission on Health Care, 2011**

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Cancer Plan Action Coalition Mission

In 1998, the **Cancer Plan Action Coalition (CPAC)** was established with a mission to:

- Reduce the incidence and impact (financial, psychological, and spiritual) of cancer and improve the quality of life for cancer survivors
- Facilitate collaborative partnerships
- Develop, promote, and assist with implementation of the *Virginia Cancer Plan (VCP)*, the blueprint for cancer control in the Commonwealth

CPAC members consist of not-for-profit organizations, academic institutions, public health agencies, government offices, community-based organizations, individuals, private businesses, and health care organizations. The collaborative efforts of researchers, lay citizens, local and state public health professionals, and health care providers provide expertise in the identification of the burden of cancer in Virginia and strategies to reduce cancer risks, promote state-of-the art treatment, and enhance survivorship.

Virginia Cancer Plan Highlights

Two VCPs have been published, the first in 2004 and the second in 2008. Both were authored by CPAC members. The current plan is a working document that provides a framework with key goals and strategies to address the burden of cancer for all Virginians. Objectives highlight six goal areas, which include:

1. Prevention
 - Access to current information and opportunities to reduce risk:
 - Comprehensive Clean Indoor Air Act
 - Enhance insurance coverage to promote cancer prevention
 - Reduce tobacco use among adolescents and adults
 - Promote sun protection
 - Increase physical activity
 - Reduce obesity
 - HPV vaccination in adolescent girls
2. Early Detection
 - Increase awareness and knowledge of:
 - screening services
 - evidence-based screening guidelines
 - Screening guideline compliance among healthcare providers
 - Increase screening compliance rates; emphasis on underserved populations
3. Treatment
 - Access to appropriate and effective cancer treatment and care by increasing:
 - Number of hospitals with accreditation by the American College of Surgeons Commission on Cancer
 - Use of evidence-based guidelines for cancer care
 - Number of board-certified oncology providers; emphasis in reaching medically underserved populations
 - Use of technology by patients to improve decision-making

- Access to multidisciplinary care:
 - Increase use of e-Health in healthcare organizations
 - Access to patient navigation and support services
 - Increase number of patients receiving evidence-based, equitable, and integrated oncology care
- Access to innovative and effective treatment and clinical trials by increasing:
 - Number of patients participating in clinical trials
 - Awareness of clinical trials
 - Clinical and translational research
- 4. Palliative Care and Survivorship
 - Enhanced quality of life for cancer survivors:
 - Improve availability of information, resources, and services
 - Develop a clearinghouse for information and resources
 - Access to quality hospice and palliative care:
 - Accessible information for health care providers in advance care planning, palliative care services, and survivor needs
 - Improve pain management
 - Increase number of cancer survivors who have advance care plans and palliative care services
 - Increase integration of palliative / hospice care into clinical practices
 - Address financial barriers to these services
- 5. Surveillance
 - Comprehensive and responsive cancer information systems and cancer data:
 - Education on the availability and use of cancer data
 - Expand and enhance existing cancer data systems
 - Enhance capacity to produce and disseminate user-friendly data
 - Identify and address gaps in data systems
 - Promote policies that enhance collection and dissemination of timely and meaningful data
- 6. Health Equity and Equality
 - Establish equity and equality along the cancer care continuum:
 - Coordinated system to monitor and document health disparities
 - Increase capacity of health systems to provide culturally competent cancer care
 - Increase access to cancer related services

HJR 56 (page 7) requests that CPAC provide annual reports to the Governor, the General Assembly, and the Joint Commission on Health Care regarding changes to the VCP. This report provides accomplishments, outcomes, and future goals of the VCP.

Accomplishments and Outcomes of CPAC in 2010 include:

General CPAC accomplishments:

- CPAC membership now represents 56 organizations and 128 individuals.
- In 2009 and 2010, Cancer Forums were held in 6 Regions of the state (Big Stone Gap, Abingdon, Martinsville, New Canton, Fairfax, and Newport News). The goals of the forums were to raise awareness about the VCP, provide cancer data specific to the region, network, and identify priorities and needs for each region.
- CPAC leaders presented to the Joint Commission on Healthcare. As a result, the Cancer Caucus was formed with approximately 40 members of the General Assembly. CPAC representatives attend the weekly Caucus meetings during the General Assembly session.
- Reviewed roles, responsibilities, and membership of state-wide CPAC Advisory Board.
- Distribute via e-mail a weekly newsletter providing up to date information on cancer programs and resources.
- Held a weekend retreat to review the goals and accomplishments of the VCP and to establish priorities for the coming year.
- Six CPAC members attended the ACS and CDC's leadership conference on Cancer Control in Los Angeles, CA.
- Held a statewide Cancer Control conference in 2009 to highlight model programs across the state.

Prevention

- Partnered with Women's Health Virginia to conduct parent trainings about HPV prevention.
- Presented to approximately 100 people at the 2010 Weight of the State Conference to raise awareness about CPAC and the obesity-cancer connection.

Early Detection

- Established partnership with Anthem Blue Cross Blue Shield to incorporate CPAC's Colon Cancer Free Zone (CCFZ) project into workplace wellness programs.
- Developed CCFZ program and materials.
- Participated in the American Cancer Society's (ACS) African-American Women's and Men's Health Forums.
- Established partnership with the State of Virginia's Department of Human Resources to promote CCFZ.
- Implementation for the CCFZ will be in Feb. – Apr., 2011 in the Chesapeake area.

Treatment

- Partnering with the Education Network to Advance Clinical Trials (ENACCT) to develop a Clinical Trials Education Program in Virginia.
- ENACCT conducted interviews with CPAC members to customize content of training.
- Clinical Trials training will be held on March 10, 2011.
- Developing a patient navigation directory

Survivorship and Palliative Care

- Updated CPAC web site to include palliative care resources available in Virginia.
- Upcoming Project: Conference targeting survivorship in underserved populations.

Future Goals

A task force of Virginia Cancer Plan Action Coalition (CPAC) partners to begin the process of developing a Sustainability Guide and Budget Addendum for the Virginia Cancer Plan 2008 – 2012. Patti Kiger, M.Ed., Ph.D. candidate, of Eastern Virginia Medical School, consultant to the project, facilitated the meetings. The goals below summarize that meeting and will serve as the foundation of priorities for the Cancer Plan in the next 3-5 years.

Cancer Plan Priorities

- I.I.5.7. Provide free or low-cost sunscreen (at least SPF 15 or higher) in state parks.
- II.I.1.3. Review utilization gaps and unmet need for screening and early detection services and make recommendations to improve capacity.
- II.I.4. 7. Develop a business case to highlight costs and benefits of cancer early detection and screening that can be distributed to CEOs, health insurers, legislators, and decision-makers who oversee benefit packages for large groups.
- III.II.1.1. Establish baseline data by surveying hospital and health care organizations to determine e-Health utilization.
- III.I.2. 2. Identify gaps and needs for patient navigation programs.
- III.3.1. 3. Support ongoing efforts to document the experiences of providers and patients regarding cancer treatment cancer trials (e.g., a periodic statewide survey).
- III.3.1. 4. Identify barriers to participation in cancer treatment clinical trials.
- III.3.1. 5. Determine the geographic distribution of cancer treatment clinical trial participants from American college of Surgeon CoC-approved hospitals to focus efforts.
- III.3.1. 6. Establish a cancer clinical trials awareness day, week, or month to promote enrollment in clinical trials.
- IV.I.2.4. Create and maintain a multicultural database that includes therapy and rehabilitation services, support and education groups, and other cancer care resources at local, state, and national sources.
- IV.I.2.5. Assist survivors to access information relevant to all stages of survivorship.
- IV.I.2.6. Develop tools for survivors to help them communicate needs and expectations to health care providers and family, including pain and symptoms management and advance care planning.
- IV.I.2.7. Identify methods to reach diverse audiences with appropriate survivorship messages, especially hard-to-reach populations.
- VI.I.2 5. Identify ways to increase the continuing education opportunities for providers in HPSA's through video conferencing and online courses.
- IV.II.3.5. 5. Provide continuing education about survivorship issues for patient navigators.

2010 SESSION

ENROLLED

HOUSE JOINT RESOLUTION NO. 56

Requesting the Virginia Cancer Plan Action Coalition to report annually on changes to the Virginia Cancer Plan to the Governor, the General Assembly, and the Joint Commission on Health Care. Report.

Agreed to by the House of Delegates, February 8, 2010

Agreed to by the Senate, March 2, 2010

WHEREAS, cancer is the leading cause of death for people under age 65 in Virginia; and
WHEREAS, between 2001 and 2005, over 154,000 cases of cancer were diagnosed and over 67,000 people died from cancer in Virginia; and
WHEREAS, the Virginia Department of Health identified the need to address cancer as a public health issue and established the Cancer Control Project in January of 1998; and
WHEREAS, as part of the Cancer Control Project, the Virginia Department of Health initiated development of the Virginia Cancer Plan, a state cancer plan for the prevention and control of cancer, and established the Cancer Plan Action Coalition to create the plan; and
WHEREAS, the Virginia Cancer Plan sets forth the state's goals and strategies for all areas of comprehensive cancer control, and includes baseline data, measurable objectives, guidance for design, implementation, surveillance, and evaluation of cancer-related actions and issues for the general public, people with cancer and their families, health care providers, policy makers, and the broader health care system; and
WHEREAS, the Virginia Cancer Plan is regularly updated; now, therefore, be it
RESOLVED by the House of Delegates, the Senate concurring, That the Virginia Cancer Plan Action Coalition be requested to report annually on changes to the Virginia Cancer Plan to the Governor, the General Assembly, and the Joint Commission on Health Care. The Virginia Cancer Plan Action Coalition shall submit to the Division of Legislative Automated Systems an executive summary and report of its progress in meeting the request of this resolution no later than the first day of the 2011 Regular Session of the General Assembly. The executive summary and report shall be submitted for publication as a report document as provided in the procedures of the Division of Legislative Automated Systems for the processing of legislative documents and reports and shall be posted on the General Assembly's website.