

WI Cancer Plan 2020-2030 Webinar



August 22, 2019

Webinar Objectives

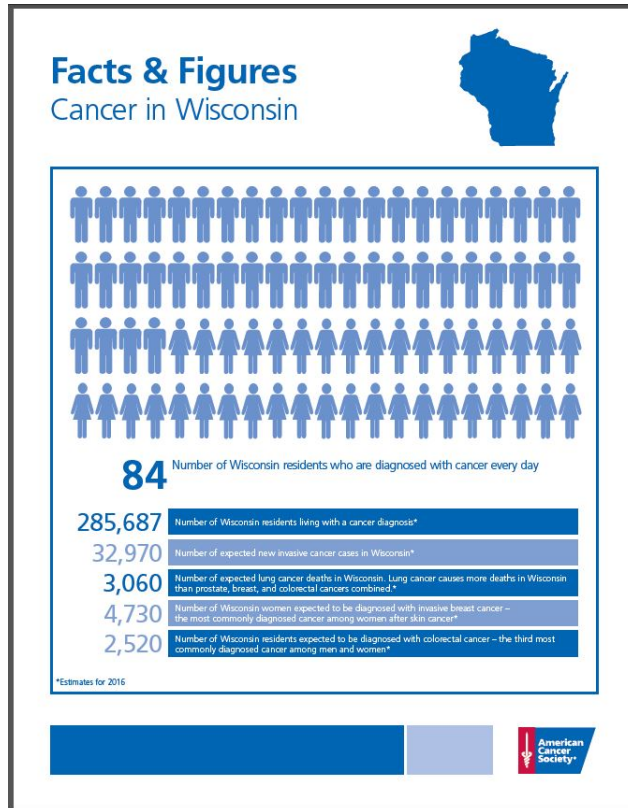
- ▶ Review process and progress for revising the WI Cancer Plan
- ▶ Share WI Cancer Plan 2020-2030 Framework
- ▶ Obtain your feedback on pressing questions
- ▶ Highlight next steps, including ways to get involved

CDC & Cancer Control Plans

- ▶ Comprehensive cancer control (CCC) plans identify how an organization or coalition addresses the burden of cancer in its geographic area.
- ▶ Specific to each region and based on data collected about people living there.
- ▶ Blueprint for action.

Cancer Control Plans in WI

Burden of Cancer in WI



WI Cancer Council



WI Cancer Plans



WI Cancer Plan Revision Process

Completed Activities

- ▶ September 2018:
 - ▶ Steering Committee decides ten-year WI CCC Plan (2020-2030)
- ▶ December 2018 - April 2019:
 - ▶ WI CCC Plan survey
- ▶ February 2019:
 - ▶ Steering Committee works through Forces of Change to explore framework ideas
- ▶ April 2019:
 - ▶ DHS expert meetings with tobacco, healthy active lifestyles, immunization, radon
- ▶ May 2019:
 - ▶ Steering Committee provides input on framework recommendations
- ▶ June 2019:
 - ▶ WI Cancer Council member and stakeholder input to develop strategies and potential action steps
- ▶ July & August 2019:
 - ▶ Input gathered in June is reviewed and summarized by WI CCC Program staff
 - ▶ Report back to WI Cancer Council members on August 22nd from 10 - 12 PM webinar

WI Cancer Plan Revision Process

Activities to Complete Yet

- ▶ August 2019:
 - ▶ Data baseline and target exploration (underway)
 - ▶ Draft of Chapters → Priorities → Strategies → Action Steps (underway)
- ▶ September 2019:
 - ▶ Chapter experts review respective drafts and provide input
 - ▶ Steering Committee reviews WI Cancer Plan development progress and provides input
- ▶ October 16, 2019:
 - ▶ WI Cancer Council members and stakeholders gather to share input on:
 - ▶ Equity chapter
 - ▶ Draft data targets
- ▶ November 2019 - February 2020:
 - ▶ WI Cancer Plan 2020-2030 reviewed, designed, finalized
- ▶ Spring 2020:
 - ▶ WI Cancer Plan 2020-2030 unveiled at TBD Regional Meetings

WI Cancer Plan 2020-2030 Framework

- ▶ **Vision:** A healthier Wisconsin by reducing the burden of cancer for everyone
- ▶ **Mission:** To engage diverse partners to develop, promote, and implement a statewide comprehensive approach to cancer control
- ▶ **Our Approach:** Use and establish evidence-based, sustainable solutions to reduce the burden of cancer in Wisconsin through policy and systems-level change.

WI Cancer Plan 2020-2030 Framework

Overarching Goals:

1. Increase equity related to cancer
2. Reduce the risk of developing cancer
3. Detect cancer at the earliest stage possible
4. Reduce death and suffering from cancer
5. Improve the quality of life for cancer survivors
6. Improve the quality and use of cancer-related data

WI Cancer Plan 2020-2030 Framework

Chapters:

1. Equity
2. Prevention
3. Early Detection & Screening
4. Treatment
5. Survivorship
6. End of Life
7. Data

WI Cancer Plan 2020-2030 Framework

Chapters:

1. **Equity**
2. Prevention
3. Early Detection & Screening
4. Treatment
5. Survivorship
6. End of Life
7. Data

Include activities to address equity that fall outside of the cancer care continuum

Preliminary discussion/brainstorm during lunch on June 20th

To be discussed at greater length on October 16th

WI Cancer Plan 2020-2030 Framework

Chapters:

1. Equity
- 2. Prevention**
3. Early Detection & Screening
4. Treatment
5. Survivorship
6. End of Life
7. Data

Tobacco

Nutrition & Physical Activity

Alcohol

Cancer Vaccines (HPV, Hep B)

UV Radiation

Radon

WI Cancer Plan 2020-2030 Framework

Chapters:

1. Equity
2. Prevention
- 3. Early Detection & Screening**
4. Treatment
5. Survivorship
6. End of Life
7. Data

Viral Hepatitis Testing

Screening

Genetic Risk Assessments

WI Cancer Plan 2020-2030 Framework

Chapters:

1. Equity
2. Prevention
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- 4. Treatment**
5. Survivorship
6. End of Life
7. Data

Quality Cancer Care

Clinical Trials

Palliative Care

Advance Care Planning

WI Cancer Plan 2020-2030 Framework

Chapters:

1. Equity
2. Prevention
3. Early Detection & Screening
4. Treatment
- 5. Survivorship**
6. End of Life
7. Data

Awareness

Secondary Prevention & Early
Detection/Screening

WI Cancer Plan 2020-2030 Framework

Chapters:

1. Equity
2. Prevention
3. Early Detection & Screening
4. Treatment
5. Survivorship
- 6. End of Life**
7. Data

Palliative Care

Advance Care Planning

Hospice Care

WI Cancer Plan 2020-2030 Framework

Chapters:

1. Equity
2. Prevention
3. Early Detection & Screening
4. Treatment
5. Survivorship
6. End of Life
7. **Data**

Include activities to enhance data that fall outside of the cancer care continuum

June 20th Recap

- ▶ Nearly 90 people attended - THANK YOU!
- ▶ Three rounds of discussion sessions occurred, with three feedback discussions occurring at once:

Round 1:
High Risk Alcohol Use

Radon and UV Radiation

End of Life

Round 2:
Nutrition & Physical Activity

Cancer Vaccines

Cancer Treatment

Round 3:
Tobacco

Cancer Screening & Early Detection

Survivorship

- ▶ During all sessions the following questions were addressed:



- ▶ During lunch colleagues brainstormed equity considerations the WI Cancer Plan 2020-2030 should include that do not necessarily fall within the cancer care continuum

What is missing?

What needs to be
changed/removed?

How should equity be addressed?

What are the data needs?

How will we know we are
successful?

June 20th Recap

- ▶ Each session was provided a feedback sheet which listed:
 - ▶ Past WI Cancer Plan strategies and action steps
 - ▶ Considerations from other state's Cancer Plans
 - ▶ USPSTF Graded Areas
 - ▶ CDC Community Guidelines
- ▶ Responses were recorded by participants on these sheets
 - ▶ Supplemental note takers
 - ▶ Facilitators recording on large post-it notes
- ▶ Measures Midpoint Review

WI CCC Plan Feedback: High Risk Alcohol Use

Past WI CCC Plan 2015-2020

Refer to back side.

Other States CCC Plans

Points from other states that differ from WI:

- Promote the use of electronic screening and brief intervention (e-SBI) to facilitate delivery of personalized feedback about risks and consequences of excessive drinking. (CO)
- Strengthen accountability in Colorado by holding social hosts liable for alcohol attributable harm. (CO)
- Many states included alcohol consumption as a subgroup of the nutrition and healthy lifestyle section.

USPSTF Graded Areas

Grade B:

Screening for unhealthy alcohol use or alcohol misuse in primary care settings in adults 18+ including pregnant women, and providing persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce unhealthy alcohol use or alcohol misuse.

CDC Community Guidelines

Evidence based actions not in current Plan:

- Increase knowledge of dram shop liability laws to decrease alcohol consumption.
- Specifically promoting e-SBI as an alcohol consumption screening resource.
- Supporting laws and policies that limit the days and hours when alcohol can be sold.
- Enhanced enforcement programs for laws prohibiting sales to minors.

Questions & Ideas to Consider

What is missing?

Any changes?

What equity considerations?

Data needs?

What does success look like?

Priority 3: Decrease high risk alcohol consumption

Strategy A: Increase awareness of the connection between alcohol consumption and cancer risk

- Develop educational materials that define high risk alcohol consumption and its link to cancer.
- Support the implementation of media campaigns to increase public awareness of the link between alcohol use and cancer.
- Promote healthcare provider education and training on alcohol use as a risk factor for cancer.

Strategy B: Create environments that discourage excessive use of alcohol

- Increase the alcohol tax.
- Explore state and local policies that limit availability of alcohol in public spaces.
- Explore state and local policies that discourage high risk alcohol consumption.

Strategy C: Increase screening and treatment for high risk alcohol consumption

- Train healthcare providers on how to screen and treat patients for high risk alcohol consumption.
- Promote existing community resources that address high risk alcohol consumption.
- Promote reimbursement for high risk alcohol screening and treatment.
- Educate consumers about the availability of alcohol treatment insurance benefits.

Action Steps

WI CCC Plan 2015-2010 Measures Midpoint Review

From the WI Cancer Council

| Priority 1: Decrease tobacco use and exposure to tobacco | Baseline | Target | Midpoint | Status |
|---|----------|--------|----------|--------|
| Percentage of adults who are currently smoking | 18% | 15% | 15% | |
| Percentage of high school students who are using tobacco (not including e-cigarettes) | 20% | 10% | 11% | |
| Percentage of middle school students who are using tobacco (not including e-cigarettes) | 3% | 2% | 2% | |
| Percentage of high school students who are using e-cigarettes | 8% | 3% | 20% | |

| Priority 2: Increase healthy, active lifestyles | Baseline | Target | Midpoint | Status |
|--|----------|--------|----------|--------|
| Percentage of adults who are at a healthy weight | 34% | 40% | 30% | |
| Percentage of high school students who are at a healthy weight | 75% | 77% | 71% | |
| Percentage of adults who participated in 150 minutes or more of aerobic physical activity per week in the past month | 53% | 63% | 59% | |
| Percentage of high school students who were physically active for a total of at least sixty minutes every day in the past seven days | 24% | 29% | 25% | |
| Percentage of adults who consumed at least five servings of fruits or vegetables a day in the past month | 14% | 25% | 18% | |
| Percentage of high school students who consumed at least five servings of fruits or vegetables a day in the past month | 20% | 22% | NA | |

Compiling Feedback from June 20th

- ▶ All suggested revisions were compiled into an electronic document
- ▶ Summary reviews were created by staff for each discussion
- ▶ Common themes from equity consideration lunch forms developed into list

| CANCER SC | Cancer Vacc | END OF LIFE | NUTRITION | RADON | Survivorsh | TOBACCO |
|---|--|---|--|---|---|---|
| GENETIC TESTING | TO DEFINE | TO DEFINE | TO DEFINE | TO DEFINE | TO DEFINE | TO DEFINE |
| <ul style="list-style-type: none"> -Should be kept separate treatment because it is necessary for some cat a. List cancers -Revitalize name -Importance in support who are uninsured and overall cost of the test -Implement new tech safely and with extensive communication (and di) -Culturally appropriate messaging around genetic testing -May be considered diagnostic not screening -Include separate from screening treatment as out box or page | <ul style="list-style-type: none"> -Link of HPV and HBV to cancer | <ul style="list-style-type: none"> -Palliative Care -Hospice -Advanced Care Planning | <ul style="list-style-type: none"> -What is Healthy <ul style="list-style-type: none"> a. Weight b. Nutrition c. Link to cancer -Food Desert <p>Action Plan Ideas for WDC Members:</p> <ul style="list-style-type: none"> - Create a ranking system "Healthy WI" where areas in Wisconsin are ranked by green spaces, disastive deserts, use of local food systems, etc. -Compose a central data the initiatives already in evidence based sources to refer or replicate it. | <ul style="list-style-type: none"> -Radon <ul style="list-style-type: none"> a. what it is b. causes c. threats d. effects -What is mitigation -What are the safe levels of radon | <ul style="list-style-type: none"> - Survivorship - Caregiver - Survivorship Care Plan | <ul style="list-style-type: none"> - Outdoor spaces in Clean Air Law Section a. Include festivals, farming land, etc. - E-cigs and Electronic Nicotine Delivery Systems (ENDS) <ul style="list-style-type: none"> a. Juuls and Vapes - Smoking <ul style="list-style-type: none"> a. Includes non-tobacco products |
| | | | | | | <p>GENERAL CHANGES</p> <ul style="list-style-type: none"> - Increase knowledge of cessation resources such as 1-800-QUIT-NOW <ul style="list-style-type: none"> a. Support an increase in funding to offer 8 week cessation support and expand reach to rural WI - Increase emphasis of danger in using e-cigs and ENDS in youth population - Educate parents on how to spot smoking (tobacco and non-tobacco) in children - Support 21+ age restriction and restricting smoking marketing x distance from schools - More specific in general: <ul style="list-style-type: none"> a. What cessation resources available and recommended b. In clean air laws what to expand actual space or # of spaces c. List populations with disparities - Make sure all correlates with the other tobacco plans - Educate population on the connection of tobacco and non-tobacco products connection to cancer <p>EQUITY DISPARITIES with SOLUTIONS</p> <ul style="list-style-type: none"> - Behavioral - LGBTQ <ul style="list-style-type: none"> a. Need an LGBTQ network - SES <ul style="list-style-type: none"> a. Low income tenants might not have power to make landlords enact clean air law. - Lower Education Levels - Veterans - Specific Menthol marketing in Black communities - Replace the income loss by a decrease tobacco sales in Native American Tribes <p>DATA NEEDS</p> <ul style="list-style-type: none"> - Building a WI map to show where specific working policy and programs are in place and how to replicate it. - Accurate numbers on those smoking, especially kids using e-cig products. - Increase surveying in school. - Women data on where smokeless use is highest |

ALCOHOL

TO DEFINE

- Binge drinking
 - a. Drinks per day
 - b. Drinks per week
- What is a drink

GENERAL CHANGES

- Advertise a different norm for Wisconsin drinking
- Replace alcohol and advertisements for alcohol from vulnerable populations in order to provide alternate coping strategies
- Provide early alcohol education to youth population to positively impact their adult drinking
- Emphasize the link between alcohol and cancer
- Increase partnerships outside of healthcare.
 - a. Ex. Faith based orgs, barber shops, etc.
- Support an increase in alcohol tax
- Eliminate and reduce alcohol consumption at family friendly events
- Encourage collaboration with other chronic disease programs
- Direct path from screening to treatment that is culturally competent and humility practiced.

EQUITY DISPARITIES with SOLUTIONS

- Uninsured/vulnerable WI residents
 - a. Communication on screening and treatment
 - b. Work with employee wellness programs
- Vulnerable populations
 - a. Native Americans
 - b. LGBTQ
 - c. People of Color
 - d. Low SES
- WI sports and Athletics
 - a. Eliminate beer cam from Bucks games
- Mental health providers

DATA NEEDS

- Alcohol rates in WI and cancer rates
- Economic impact of alcohol
- Quality measures: screening and TX
- Local level data and local constituents
- Insurance coverage for TX
- # of Tx facilities, beds, and where they are located
- # of chips/CHAs with alcohol as priority

June 20th feedback: A few notes

- ▶ Feedback is representative of only those that attended June 20th
 - ▶ Not comprehensive
 - ▶ Recommendations will be reviewed before being integrated into the plan
 - ▶ Not repetitive of things already accomplished or currently underway ✓
 - ▶ Evidence-based ✓

- ▶ For example:

Include vaccination programs in Special and Supplemental Nutrition Program for Women Infants and Children (WIC) settings

Cancer Vaccines

| GENERAL CHANGES | |
|-----------------------------------|--|
| TO DEFINE | <ul style="list-style-type: none">- Promote vaccination requirements in schools and organized child care center during enrollment. (Government mandated focus on HPV and HBV)- Target College age students that were "missed" and can make the vaccination decision for themselves.- Destigmatize HPV<ul style="list-style-type: none">a. Emphasize to providers that they are cancer prevention vaccines and not STD.b. Take advantage of media opportunities: (1) cervical cancer awareness month (2) HPV awareness day- Provide incentives for new mothers around HBV<ul style="list-style-type: none">a. Ex. WI Well Women- Encourage the use of personal stories and community voices to educate populations and create community partnerships.- Include Dentists and Pharma in screening and implementation process- Create public awareness content that is accessible and relevant - for the public to use and share. |
| TO DEFINE | <ul style="list-style-type: none">- Link of HPV and HBV to cancer |
| EQUITY DISPARITIES with SOLUTIONS | |
| | <ul style="list-style-type: none">- Address misinformation of LGBTQ- Create campaigns that reflect and address the needs of different cultures<ul style="list-style-type: none">a. Information in different languages than English- Rural and low-income communities<ul style="list-style-type: none">a. Mobile units that can provide vaccinationsb. Make sure clinics have adequate resources and support- Engaging organizations that represent people of color and providers of color. |
| | <ul style="list-style-type: none">- Include vaccination programs in Special and Supplemental Nutrition Program for Women, Infants, and Children (WIC) settings.- Uninsured populations and populations over 45 years of age |
| DATA NEEDS | |
| | <ul style="list-style-type: none">- Quality Measures Beyond 1st Dose- Show increased HPV vaccine rates lower health care-related costs- Data on HBV- mortality rates in places that have mandates HPV vaccine. |



June 20th feedback: A few notes

- ▶ Process to incorporate June 20th feedback
 - ▶ Staff reviewing feedback alongside evidence-base, previous WI Cancer Plans, other state cancer plans
 - ▶ Draft Chapters → Priorities → Strategies → Action Steps underway
 - ▶ Chapter Experts & Steering and Policy Committees to review draft in September

Interested in serving as a reviewer? Stay tuned to the end!

Equity

- ▶ Each session had specific equity consideration section
- ▶ Overarching inequities were further explored during lunch break
- ▶ A large list was constructed from all equity responses

Inequities in cancer outcomes will continue to exist if we do not address:

- Financial support
- Racism and discrimination
- Mental health
- Environmental injustices
- Lack of marketing cancer risks
- Differences in cultural practices
- Specific disparities and needs
- Lack of providers
- Distance of Care
- Social determinants of health
- Historical trauma from health programs
- Policies that drive disparities
- Access
- Education
- Gain trust with communities

**Equity Priorities to be determined on
October 16th**

Decisions Made from June 20th Feedback

- ▶ **Include definitions for commonly used terms**
- ▶ Provide brief scope and context with each chapter
- ▶ Limit WI Cancer Plan page length
- ▶ Create figure to help show the cancer care continuum and sub-continuums related to treatment, survivorship, end of life
- ▶ Include photos

Glossary

Risk Reduction:

- ▶ Binge Drinking
- ▶ Caregiver
- ▶ E-cigarette
- ▶ Food Desert
- ▶ Healthy Diet
- ▶ Healthy Weight
- ▶ Hepatitis B Virus (HBV)
- ▶ Human Papilloma Virus (HPV)
- ▶ Radon

Screening:

- ▶ Genetic Testing

Treatment:

- ▶ Advanced care planning
- ▶ Caregiver
- ▶ Quality of Life

Survivorship:

- ▶ Caregiver
- ▶ Survivorship
- ▶ Survivorship Care Plan

End of Life:

- ▶ Hospice
- ▶ Palliative Care

What terms do you think are missing?

Decisions Made from June 20th Feedback

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Add Scope & Context

The Prevention Chapter includes activities designed to reduce the development of cancer in the population.

Introduction:

Researchers estimate that between 50-75% of cancer deaths in the United States are caused by human behaviors.¹ Based on this information, simple changes in individual lifestyles can reduce the number of new cancer cases, and many cancer deaths can be prevented. The majority of cancer risk can be reduced by decreasing tobacco use and exposure, decreasing obesity, decreasing high risk alcohol consumption, increasing protective behaviors from sun and UV exposure, and increasing human papillomavirus (HPV) vaccine utilization.

Smoking is responsible for an estimated 30% of all cancer deaths and an estimated 87% of lung cancer cases.² In addition to lung cancer, smoking causes cancers of the larynx, mouth, esophagus, pharynx, and bladder, and contributes to cancers of the pancreas, kidney, and cervix.² There is a disparate burden of tobacco use by age, race, income and education. 55% of high school students reported trying a cigarette at least one time in their life.³ American Indians have the highest smoking rates (56%) of all racial/ethnic groups in Wisconsin, followed by Black/African Americans (29%), Whites (20%), Hispanic/Latinos (19%), and Asian/Pacific Islanders (13%).⁴ Persons with an average household income of less than \$25,000 per year have a smoking prevalence rate (34%) more than double the rate of persons with a household income over \$75,000 (13%).⁴

Chapter 1: Prevention

Goal: Reduce the risk of developing cancer

Parameter for the WI CCC Plan 2010-2015:

The Prevention Chapter includes activities designed to reduce the development of cancer in the population.

Definitions for this Chapter:

Binge drinking is defined as five or more drinks on one occasion for men and four or more drinks on one occasion for women, one or more times in the past 30 days.

Built environment includes all the building spaces and products created by people that provide the setting for human activity. It includes homes, the workplace, neighborhoods, and methods of transportation.

CDC: Centers for Disease Control and Prevention

Heavy drinking is an average consumption of two or more drinks per day or 60 or more alcoholic drinks a month for men and one or more drinks per day or 30 or more drinks a month for women.

HPV: Human Papillomavirus

Overweight adults and high school students include those individuals at or above the 85th percentile but below the 95th percentile for body mass index.

Obese adults and high school students include those individuals at or above the 95th percentile for body mass index.

Children (ages 2-4 years old) at risk of overweight include those individuals with a body mass index in the 85th to 94th percentile of children.

Overweight children (ages 2-4 years old) include those individuals with a body mass index at or above the 95th percentile of children.

Tobacco use includes the smoking, chewing, or snuffing of commercial tobacco or commercial tobacco-related products.

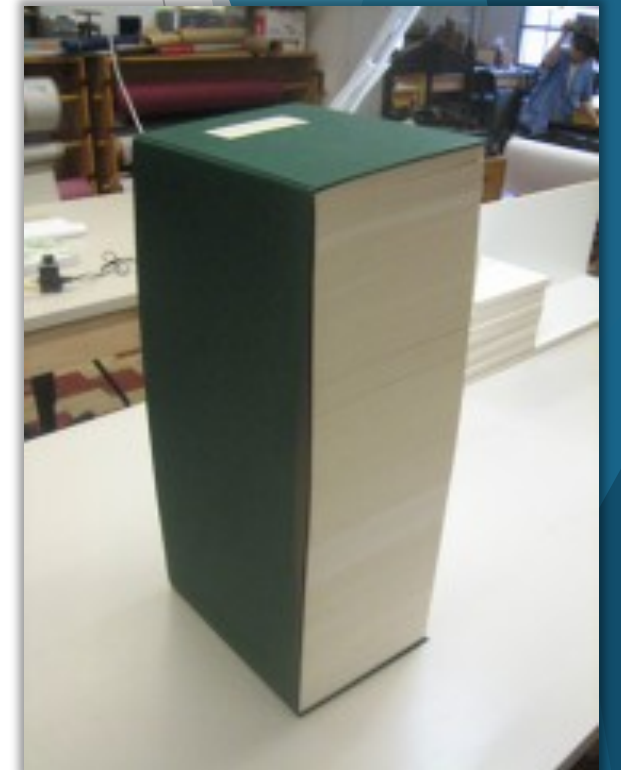
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Smoking is responsible for an estimated 30% of all cancer deaths and an estimated 87% of lung cancer cases.² In addition to lung cancer, smoking causes cancers of the larynx, mouth, esophagus, pharynx, and bladder, and contributes to cancers of the pancreas, kidney, and cervix.² There is a disparate burden of tobacco use by age, race, income and education. 55% of high school students reported trying a cigarette at least one time in their life.³ American Indians have the highest smoking rates (56%) of all racial/ethnic groups in Wisconsin, followed by Black/African Americans (29%), Whites (20%), Hispanic/Latinos (19%), and Asian/Pacific Islanders (13%).⁴ Persons with an average household income of less than \$25,000 per year have a smoking prevalence rate (34%) more than double the rate of persons with a household income over \$75,000 (13%).⁴

Decisions Made from June 20th Feedback

- ▶ Include definitions for commonly used terms
- ▶ Provide brief scope and context with each chapter
- ▶ **Limit WI Cancer Plan page length**
- ▶ Create figure to help show the cancer care continuum and sub-continuums related to treatment, survivorship, end of life
- ▶ Include photos



Decisions Made from June 20th Feedback

- ▶ Include definitions for commonly used terms
- ▶ Provide brief scope and context with each chapter
- ▶ Limit WI Cancer Plan page length
- ▶ **Include language and/or create figure to help show the interrelationships within the cancer care continuum**
- ▶ Include photos

Decisions Made from June 20th Feedback

- ▶ Include definitions for commonly used terms
- ▶ Provide brief scope and context with each chapter
- ▶ Limit WI Cancer Plan page length
- ▶ Create figure to help show the cancer care continuum and sub-continuums related to treatment, survivorship, end of life
- ▶ Include photos



Questions Remain - Help!

- ▶ Prevention or Risk Reduction:
 - ▶ Currently Chapter 2 is titled “Prevention” but may mislead people into thinking they can truly prevent cancer
 - ▶ Question: Is there a better title to the Prevention chapter?

Questions Remain - Help!

- ▶ Data & Targets:

- ▶ What are your thoughts about including data and the targets for the WI Cancer Plan 2020-2030 online only? What considerations need to be made?
- ▶ What data sources do you regularly use and suggest incorporating?

Questions Remain - Help!

► Equity:

- Tailoring activities was a theme on June 20th. Should an emphasis on tailoring and prioritizing activities by need be included in the Equity Chapter or embedded throughout?
- What discussion points do you want to discuss related to equity on October 16th?

Themes from June 20th
brainstorm:

Inequities in cancer outcomes will continue to exist if we do not address:

- Financial support
- Racism and discrimination
- Mental health
- Environmental injustices
- Lack of marketing cancer risks
- Differences in cultural practices
- Specific disparities and needs
- Lack of providers
- Distance of Care
- Social determinants of health
- Historical trauma from health programs
- Policies that drive disparities
- Access
- Education
- Gain trust with communities

Questions Remain - Help!

- ▶ Online only
 - ▶ What are your thoughts about including the **action steps** for the WI Cancer Plan 2020-2030 online only? What considerations need to be made?
 - ▶ What are your thoughts about including the **measures and targets** for the WI Cancer Plan 2020-2030 online only? What considerations need to be made?

Questions Remain - Help!

- ▶ Reviewing WI Cancer Plan 2020-2030
 - ▶ Would you like to be included in a review of the WI Cancer Plan 2020-2030?
 - ▶ Add your name and email to the chat so we can follow up with you.

Questions or Suggestions?

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Next Steps in WI Cancer Plan 2020-2030

- ▶ August 2019:
 - ▶ Data baseline and target exploration (underway)
 - ▶ Draft of Chapters → Priorities → Strategies → Action Steps (underway)
- ▶ September 2019:
 - ▶ Chapter experts review respective drafts and provide input
 - ▶ Steering Committee reviews WI Cancer Plan development progress and provides input
- ▶ October 16, 2019 from 1:30-5 PM (evening before WI Cancer Summit):
 - ▶ WI Cancer Council members and stakeholders gather to share input on:
 - ▶ Equity chapter
 - ▶ Draft data targets
- ▶ November 2019 - February 2020:
 - ▶ WI Cancer Plan 2020-2030 reviewed, designed, finalized
- ▶ Spring 2020:
 - ▶ WI Cancer Plan 2020-2030 unveiled at TBD Regional Meetings

Registration Open - Register Today!



WI Cancer Council

2019 WI Cancer Summit

Cancer Survivorship

LESSONS FROM THE FRONT LINES

Oct. 16-17, 2019
Wisconsin Dells, WI

Learn more: www.wicancer.org/2019Summit



