

# Oregon Partnership for Cancer Control



Comprehensive  
Cancer Control

*Collaborating to Conquer Cancer*



## **Progress Report 2008-09** **A Report to Our Members**



**August 2009**

# Oregon Partnership for Cancer Control



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*Collaborating to Conquer Cancer*



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June, 2009

To our OPCC Members,

Cancer is the leading cause of death in Oregon. The leading causes of preventable cancer are tobacco use, poor nutrition, and physical inactivity. In 2005 we completed Oregon's first Comprehensive Cancer Plan and now are implementing the priorities of that plan. That's comprehensive cancer control.

Over the coming two years, Oregon Partnership for Cancer Control will work with Asthma, Arthritis, Heart Disease and Stroke, Diabetes, Tobacco Prevention and Obesity Prevention Programs to create an integrated strategic plan. Working together will strengthen our voice and actions in Oregon. Working together, we will decrease the devastating impact chronic diseases have on our communities, our resources, and individual lives.

From the recent OPCC Member Satisfaction Survey we learned:

- The diversity of our Partnership is strong but could be even stronger in geographical representation from across Oregon
- Those who identify themselves as being more involved with the Partnership feel their participation is valued and their contributions have been recognized
- Members of the workgroups expressed high satisfaction with meetings because of relevance and leadership
- OPCC needs to strengthen our communication
- We need to gain clarity on the ongoing purpose of the Partnership

This is our report to you, our members. Thank you for the contributions you make to cancer control in your organization and community. With best regards and thanks,

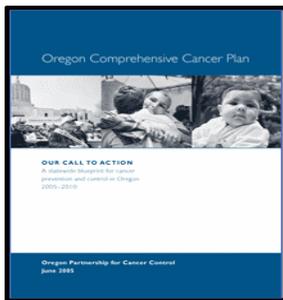
Sue Frymark, RN, BS  
OPCC Co-Chair 2007-2009

Willi Horner-Johnson, PhD  
OPCC Co-Chair 2008-2010

# Our Call to Action

Our second report to you, our members, covers activities over the past 2 years. Here's what we have done together:

- Grown to over 100 member organizations
- Shared resources, successes and challenges
- Begun to implement elements of the Cancer Plan
- Continued to collect & report data to influence policy change & guide planning
- Begun to integrate the work of Comprehensive Cancer with that of tobacco prevention, physical activity & nutrition promotion, asthma, arthritis, heart disease & stroke prevention, and diabetes programs



## OPCC Cancer Plan priorities are to:

1. Increase screening for colorectal cancer
2. Promote public policy to enhance cancer control
3. Promote tobacco cessation in health settings
4. Increase screening for breast and cervical cancer



OPCC Coordinating Committee

To do their work, OPCC members:

- Maintain a statewide listserv to address cancer control issues. About one-third of OPCC members are outside the Portland area
- Meet and plan collaborative education activities through workgroups and task forces
- Seek consultation from key stakeholders and leaders who are unable to attend meetings
- Create /distribute *Partners in Action* newsletters
- Update Oregon & National Cancer Resource Lists
- Maintain a website and conference call connection for all meetings



In the following pages, you'll find a page for each focus of OPCC. Each page includes a brief listing of accomplishments, challenges and opportunities noted by members. Some reflect achievements through specific OPCC action, and others are contributions to cancer control by our partners.

- Cancer Prevention & Risk Reduction .. page 4
- Early Detection through Screening..... page 5-6
- Survivorship & Self-Management..... page 7
- Public Policy..... page 8
- Using Data to Make a Difference ..... page 9
- Looking Toward the Future ..... page 10

# Cancer Prevention & Risk Reduction

"The Commission on Cancer is dedicated to working together to realize the ultimate goal of cancer prevention and cure."

- David W. Cook, MD, FACS

We want to prevent cancer whenever possible. By healthy eating, exercising, and avoiding tobacco we reduce the risk for some cancers (e.g. breast, colorectal, stomach, cervical, and prostate) and as well as other chronic diseases (e.g. diabetes, heart disease and stroke).

## Accomplishments:

- OPCC Colorectal Health and Breast Health Task Forces developed prevention and education messages for the public and providers
- A National Education Campaign, *Screen for Life*, was used in Oregon and strengthened through media outreach efforts. This campaign included TV, radio, and newspaper spots on colorectal cancer
- In May, 2008, OPCC held a media advocacy training for members to strengthen their media skills
- In June, 2008, OPCC held an African American Community meeting to sponsor a dialogue among providers and community members
- In November 2008, OPCC held a Disparities Summit focused on exploring and addressing cancer disparities in prevention and early detection
- Oregon's Smoke-Free Workplace law, now covering nearly all workers, is the result of strong advocacy efforts by the American Cancer Society and American Lung Association and community partners



**NO SMOKING**



OREGON'S SMOKEFREE WORKPLACE LAW  
ORS 312.010 - 312.015 Effective January 1, 2008

## Challenges:

- 6% of 11<sup>th</sup> graders smoked in the past 30 days [2008 Oregon Healthy Teen (OHT)]
- 9% of 11<sup>th</sup> graders had smoked a whole cigarette before the age of 13 [2008 OHT]
- 17% of adults smoke [2007 Behavioral Risk Factor Surveillance System (BRFSS)]
- Oregon has currently allocated only 15% of the funds needed to adequately support a state-wide tobacco control effort
- 40% of 11<sup>th</sup> graders went to physical education classes on 1 or more days in a week [2008 OHT]
- 22% of 11<sup>th</sup> graders watched 3 or more hours of television per day [2008 OHT]
- Just over half of adults get moderate exercise
- 10% of 11<sup>th</sup> graders were obese and 13% were overweight [2008 OHT]
- 1 in 4 adults (27%) eat 5 or more servings of fruits and veggies each day [2007 BRFSS].
- Between 1990 and 2007, the prevalence of adult obesity increased 140%, from 11% to 26% [BRFSS]

## Opportunities:

- Continued use of National Education Campaigns
- OPCC Colorectal Health Task Force promotes *Screen for Life* ad campaigns for TV, radio, and newspaper
- House Bill 2122, introduced by Governor Kulongoski, proposed a \$0.60 increase in tobacco tax in the 2009 Legislative Session
- Incorporate healthy behavior and cancer risk reduction messages into all cancer education messages
- Work with other chronic disease programs to address shared risk factors and promote self management

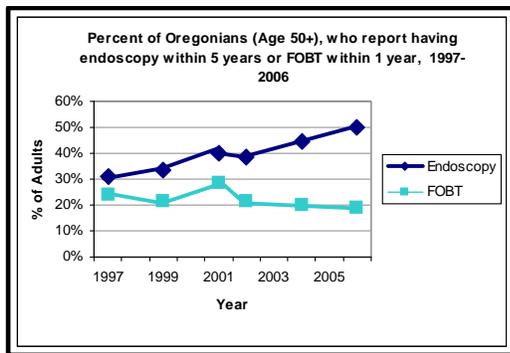


# Early Detection through Screening

Many cancers can be treated effectively if found at an early stage. Screening tests are available that can find cancers of the breast, cervix, and colon before they cause symptoms. The Breast Health Task Force and the Colorectal Health Task Force both focus in this area.

## Accomplishments

- In 2008, DHS, in conjunction with the OPCC, launched an educational outreach campaign dubbed Got Polyps? to raise the public profile of colorectal cancer and increase awareness of screening options



- In 2009, the Prevent Cancer Foundation traveled across America with its Super Colon™. The display made its stop in Portland at Legacy Good Samaritan Hospital. Various media outlets covered this exhibit including AM Northwest, Good Day Oregon and The Oregonian



Pictured: Joe V from Good Day Oregon and Dr. Kate Moris

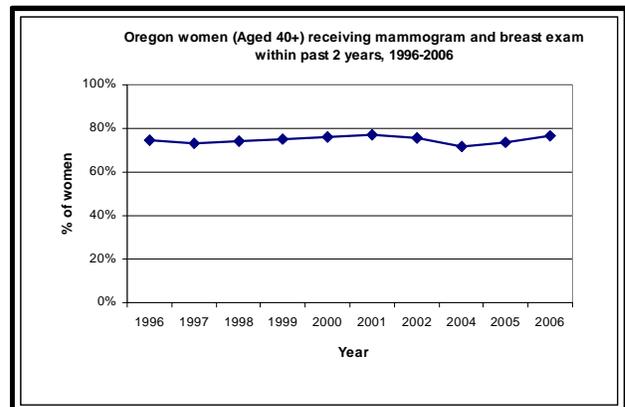
- The Colorectal Health Task Force hosted continuing summits in Astoria and Portland's African American Communities. These summits seek community solutions to improving screening rates

- The Colorectal Health Task Force created community and provider education presentations to increase colorectal screening awareness
- The Colorectal Health Task Force received \$123,410 in earned and donated media from January-April, 2009 alone



Pictured: Mike Lukens, Colorectal Health Task Force Co-Chair & Colorectal Cancer Survivor

- In 2008, the Breast Health Task Force created and distributed the Breast Health in Oregon: A Provider's Guide, and distributed it to over 70 rural health care providers



- The Breast Health Task Force updated the Breast Health Basics community health education PowerPoint presentation
- The Breast Health Task Force performed a needs assessment to determine the needs of health care providers in the area of breast health
- The Breast Health Task Force shared organizational resources from member organizations (e.g. American Cancer Society, Komen for the Cure, Komen Community grantee organizations, National Cancer Institute's Cancer Information Service, OHSU's Breast Health Education Program)

# Early Detection Through Screening

## Challenges

*I encourage **everyone**, even if you have no history, to do the right thing and get tested.*

- Mike Lukens, Daily Colon Cancer Survivor and member of the OPCC Colorectal Health Task Force

- Oregon has consistently ranked in the top 5 states in the country for incidence rate for breast cancer



Dr Derek Taylor, left, consults with patient in the ambulatory procedure center before his colonoscopy at Legacy Good Sam Hospital.

- Fewer than one half of Oregonians age 50 years and older receive recommended colorectal cancer screening
- Medically underserved populations, including rural and minority populations, remain difficult to reach with early detection information for multiple reasons, including financial, cultural, language, and transportation barriers



- Lack of adequate funding to do outreach and provide screenings for breast cancer
- Breast cancer remains the most common cancer for all women in Oregon regardless of race or ethnicity, despite effective detection options
- The National Cancer Institute (NCI) will discontinue the Cancer Information Service Partnership Program, effective January 2010. The decision results in implications for OPCC as they provide key technical assistance to help plan, implement, and evaluation effective and sustainable cancer control strategies

## Opportunities

- Promoting collaboration among community organizations, clinics, and hospitals and working with key decision makers representing diverse communities to reduce health disparities in early detection of cancer
- Assessing screening rates and capacity at the county level through Healthy Communities Grantees
- Hosting additional Colorectal Community Summits lead by the American Cancer Society in communities with low screening rates
- Continuing media work to promote colorectal screening
- Increasing focus on data collection and feedback to Medicare and Medicaid to increase screening rates particularly for colorectal cancer
- Focusing Breast Health Task Force on training program planners and implementers to increase cultural competency and to use proven practices
- Participating in CDC's Right to Know mammogram campaign for women with physical disabilities
- Promoting breast health education and screening in Oregon's rural communities
- Promoting breast health information and resources to Oregon's primary care provider network
- Organizing and implementing four trainings to improve outreach to women in rural areas and women of color
- Tapping into member organizations for expertise on doing outreach to hard-to-reach populations
- Seeking funding for programs due to recession and fundraising challenges



# Treatment and Survivorship

Survivorship begins at the time of diagnosis and includes the individual with cancer as well as family and support persons. The Treatment and Survivorship Workgroup focuses in this area.

*"Your active treatment is finished. You have come through an incredible journey and you're ready to embrace life as a cancer survivor. You may look at things differently now and feel more grateful than ever for your life and health, but you are also deeply concerned about what comes next. The transition can be made easier if you know what to expect."*  
- Caring4/Cancer 2009

## Accomplishments

- OPCC March 14, 2008 Colorectal Call to Action: Dr. Randall Lee spoke about the National Comprehensive Cancer Network (NCCN) guidelines regarding lymph node dissection data, exploring both sides of the controversy
- Oregon State Cancer Registry (OSCaR)/ Oregon Cancer Registrars Association (OCRA) Annual Conference: Presentation to registrars showcased examples of successful quality improvement projects that use cancer registry data
- Komen Breast Cancer Issues Conference sold out due to extensive media coverage by the Oregonian
- The NW Cancer Survivor Summit occurred July 28-29, 2008 for survivors, health care providers, insurance providers, human resource experts and other professionals with focus on the issues and barriers brought about due to a cancer diagnosis



## Challenges

- Expanding committee representation to rural providers/survivors
- Acquiring and utilizing survivor data
- Finding funding for initiatives
- The closure of Cancer Care Resources— a community-based program

## Opportunities

- Oregon's extensive hospice network helps lessen suffering and loss of control at the end of life. Increase education and awareness of these resources to promote timely referrals
- Survivorship plans embraced by American Society of Clinical Oncology (ASCO)
- In 2010, the Behavioral Risk Factor Surveillance Survey will, for the first time, ask about Cancer Survivorship
- The Oregon Living Well program is growing throughout the state. This six-week program helps people living with chronic conditions and those who support them gain skills in finding practical ways to deal with pain and fatigue, in discovering better nutrition and exercise choices, in understanding new treatment choices, and in learning better ways to talk with doctors and family about health



## Oregon Living Well Success Stories

### From Participants

A 65-year-old woman said, *"I have changed so many things in my life since I started the workshop 6 weeks ago. I am more positive and will continue with my goals I made for the rest of my life."*

*"One woman, the last day of class, divulged that she has begun a manuscript, which she hadn't told her family or friends yet. This was a big step forward!"*

*"As I was encouraged to set manageable goals each week, I found benefit in the positive sense of accomplishment/empowerment that resulted from accomplishing the plan. I also appreciated the resulting notion that positive, forward progress in easing my condition was possible."*

### From Oregon Organizations and Communities

*"Loaves and Fishes is very pleased to be expanding Living Well in Multnomah County. The response from our seniors and community has been very positive and we're looking forward to jump-starting the program in our area to positively impact the health and well-being of anyone wanting to self-manage."*

### From Oregon Leaders and Master Trainers

*"Wonderful support for each other within our first group! Very positive results were evident by the end of the 6 weeks."*

# Public Policy Change

*"Public policy and advocacy are as important to controlling cancer as are scientific advances. Research, advocacy, education and service delivery are all needed to get us to our ultimate goal of a cancer free world. This is comprehensive cancer control. We're reaching across disciplines, uniting to conquer cancer."*

- John Seffrin, PhD  
Chief Executive Officer, American Cancer Society

In Oregon, grass roots advocacy gives a voice to health related legislation by key partners such as:



## Legislative Sessions

### 2007 Oregon Legislative Session Accomplishments

- The Clean Indoor Air Act was expanded to include smoke free work places in bars, bingo halls, bowling alleys, and break rooms. Additionally, businesses are required to maintain a 10 foot smoke free zone outside of all doors, windows that open, and air intake vents. Nearly all worksites and public places are now covered by this law
- Funding to the Tobacco Prevention and Education Program was restored. This funding, originally approved by Oregon voters through Measure 44 in 1996, provides 10% of the tobacco tax revenue directed toward tobacco prevention



### 2009 Oregon Legislative Session Accomplishments

#### ***Policies that support the healthy choice being the easy choice***

- Landlord disclosure of smoking status -- HB 2135 -- passed. Requires all landlords, entering into rental agreements after January 1, 2010 to disclose the smoking status of rental housing property
- Menu labeling -- HB 2726 -- passed with substantive amendments. Requires chain restaurants, with 15 or more outlets nationally, to provide certain nutritional information starting in 2010 and to post nutritional information on menu boards starting in 2011. Preempts local jurisdictions from enforcing or passing local nutrition labeling requirements
- Tobacco cessation coverage -- SB 734 -- passed. Requires health benefit plans to provide payment, coverage, or reimbursement of at least \$500 for tobacco use cessation programs for a person age 15 or older



#### ***Policies that protect people from unhealthy influences***

- Tobacco Vending Machines -- HB 2136 -- Bans the distribution of tobacco products except in establishments where the premises are posted as permanently and entirely off-limits to minors

#### ***Unsuccessful attempts to protect kids from tobacco***

- The tobacco sampling ban bill -- HB 2358 -- originally put forward by DHS, passed the House with a vote of 49 to 11 but died in committee in the Senate
- The Governor's proposed increase in tobacco tax -- HB 2122 -- received several public hearings but did not pass

#### ***Of interest***

- A Governor's Proclamation designates April as Colorectal Cancer Screening Month
- Health benefits plans will be required to provide coverage of routine costs of care in qualifying clinical trials subject to co-payment and other cost sharing requirements

# Using Data to Make a Difference

*What gets measured gets done.* Tracking rates of cancer screening over time or the fraction of Oregonians with cancer who receive state-of-the-art treatment gives us a better picture of cancer services in Oregon. We can use this information to improve the quality of cancer-related services. The Cancer Surveillance Advisory Workgroup focuses in this area.

## Accomplishments

- In part through efforts of OPCC's Cancer Surveillance Advisory Workgroup (CSAW), information on cancer screening rates is now available for Oregon counties
- The Oregon Center for Health Statistics has established a system to review and clarify causes of death incorrectly or incompletely coded on death certificates, resulting in more accurate tracking of rates for cancer death
- CSAW created a template that identifies and tracks data sources for cancer plan objectives

## Challenges

- Systems to track quality of life among cancer survivors and quality of cancer treatment have not been developed
- Because of limited resources, surveys to assess use of cancer screening services aren't asked of enough people to recognize differences in screening rates between racial or ethnic groups from year to year

## Opportunities

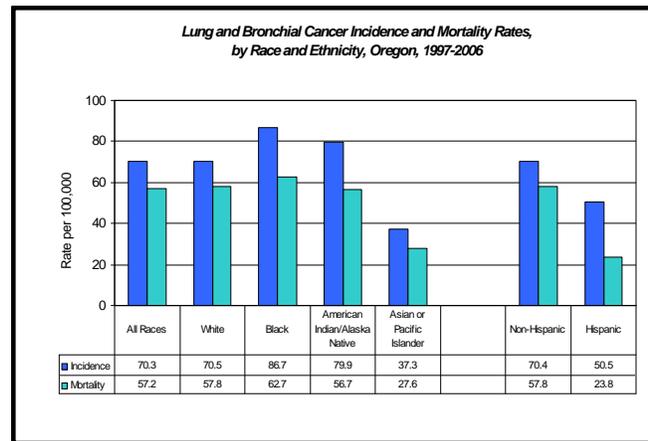
- Electronic health records can be a powerful, efficient way to collect information on patterns of cancer care. This information can be used in quality improvement efforts and to improve quality of care
- The Oregon State Cancer Registry data lets us identify emerging cancer disparities and determine if efforts to address existing ones are working
- CSAW assists OPCC workgroups to identify and monitor data to measure progress toward objectives in the cancer plan

*"A stakeholder and data-driven comprehensive cancer control plan is the pivotal platform from which a wide range of cancer issues can be systematically addressed."*

- Gary L. Gurian, Director, C-Change

## Statewide resources for cancer-related data

- Health behaviors and screening percentages
  - Behavioral Risk Factor Surveillance System
  - Oregon Health Teen Survey
- New cancer cases, stage at diagnosis, trends
  - Oregon State Cancer Registry
- Deaths
  - Oregon Vital Statistics



## Quality Improvement through Partnerships

The Northwest Tribal Registry (NTR), housed at the Northwest Portland Area Indian Health Board, has partnered with the Oregon State Cancer Registry to improve American Indian/Alaska Native (AI/AN) cancer data and provide data assistance to Northwest Tribes for program planning and grant support since 1999. Research indicates that as many as 40 percent of American Indians/Alaska Natives (AI/AN) who are diagnosed with cancer are misclassified with respect to race in central cancer registries. Over the years of this project cancer rates for American Indians/Alaska Natives in Oregon have nearly doubled as a result of improved racial classification. This, and similar cooperative efforts are promoted by the increased communication among OPCC Members.

# Looking Toward the Future - Together

*It takes all people and all sectors working together for any community to effectively address cancer control.* - Micheal C. Caldwell, MD, MPH  
Immediate Past President, National Association of County & City Health Officials

Many organizations contribute to comprehensive cancer control activities. OPCC provides a forum for organizations to share resources and work toward common goals.

## **Together, OPCC members can:**

- Seek grant funds for collaborative activities to support cancer plan priorities
- Address cancer educational needs of the public, health care providers and patients
- Increase organizational awareness and endorsement of the cancer plan
- Identify the role and contribution of individuals, organizations and communities in cancer risk reduction, early detection, treatment and survivorship

## **OPCC Priorities for 2008-09**

- Promote best practice and evidence-based interventions to increase screening
- Maintain an emphasis on increasing screening for colorectal cancer
- Improve coordination with other health promotion programs carrying out activities that contribute to cancer prevention and self-management
- OPCC participate in and contribute to the integration of the Health Promotion and Chronic Disease Prevention program. This includes Comprehensive Cancer, Asthma, Diabetes, Heart Disease and Stroke, Arthritis, Tobacco Prevention and Obesity Prevention



**We're seeking organizations to endorse the cancer plan** - At this time, we have endorsement of the cancer plan from OPCC Coordinating committee member organizations. If you'd like your organization to be added to this list, just send us a letter from your organization. It's as simple as that!

- ✓ American Cancer Society
- ✓ Bay Area Hospital
- ✓ Cancer Care Resources
- ✓ Legacy Health System
- ✓ Merle West Cancer Center
- ✓ NCI's Cancer Information Service
- ✓ Oregon Health & Sciences University: Cancer Institute
- ✓ Oregon Health & Sciences University, Center on Community Accessibility
- ✓ Oregon Public Health Division
- ✓ Providence Health System
- ✓ Regence BlueCross / BlueShield of Oregon

## **How to contact us:**

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