



Southeast Florida Cancer Control Collaborative

Strategic Plan: 2006-2007

Mission: The SFCCC is dedicated to improve access to cancer care and to decrease the burden of cancer through a united effort by the promotion of education, advocacy, and research for the people of Southeast Florida.

Background: SFCCC's Strategic Planning Process

Much has changed since the Southeast Florida Regional Cancer Control Plan was developed under the Florida Comprehensive Cancer Control Initiative (FCCCI), which was funded by the Centers for Disease Control and Prevention (CDC) through a cooperative agreement with the University of Miami from 2000-2003. At the April 27, 2006 meeting, members of the Southeast Florida Cancer Control Collaborative (SFCCC) decided to develop a new strategic plan, and August 3, 2006 meeting was devoted to developing the plan.

Strategic Planning Committee

Pedro Diaz Pow Sang, MD (Co-Chair), *Broward General Medical Center*
Janine Domlesky, *National Cancer Institute's Cancer Information Service (CIS)*
Debra Eddington, *Aventura Hospital & Medical Center, Cancer Center*
Joanne Leahy, *UM/Sylvester, Deerfield Beach*
Nicole Kellier, *Caribbean Health Research Network*
Virginia Noy, PhD, *Liga Contra el Cancer*
Carthy Thomas, *University of Miami Sylvester Comprehensive Cancer Center*

Participants in Strategic Planning Session - August 3, 2006

Nasar Ahmed, PhD, *FIU School of Public Health*
Sheila Alderman, *Pfizer*
Glenn Allen, *UM/Sylvester*
Amparo Alvarez, *The Wellness Community of Greater Miami*
Pascale Auguste, *Haitian American Assn. Against Cancer*
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Virginia Noy, PhD, *Liga Contra el Cancer*
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Tamika Peay, *Richard David Kahn Melanoma Foundation*
Dorothy Parker, *UM/Sylvester*
Jennifer Prince, *Miami Dade County Health Dept./Project Screen*
Myra Rancy, *ACS, Broward*
Gabriel Suciú, PhD, *Nova Southeastern University, Public Health*
Phyllis Sullivan, *North Broward Medical Center*
Francisco Tejada, MD, *UM/Sylvester*
Carthy Thomas (Co-Chair), *UM/Sylvester*
Vanessa Vicente, *Lymphoma & Leukemia Society*
Alina Weiss, *Richard David Kann Melanoma Foundation*

Environmental Scan

As a first step, an Environmental Scan was developed using both email polling of SFCCC members and a focused discussion on August 3, 2006. The scan serves to identify issues in an ever-changing environment that impact the collaborative's planning and which the collaborative must take into account in order to be successful in its mission. The following issues were identified as a result of the Environmental Scan process:

Changes in priorities or processes in the past five years at national or state level governmental agencies that might affect cancer control:

- The Florida CCC program has grown in experience.
- Some of the CDC requirements are not realistic in relation to the funding provided.
- Focus is on using the existing infrastructure and avoiding duplication. Priorities and processes have not been changed but they have been reviewed.
- There has been a decrease in support for the 4 regional collaboratives over the past 5 years and consequently a decrease in their ability to support cancer control. The FCCCI had been very involved in development and support of the collaboratives for the first few years, but regional collaborative impact and activity has diminished without ongoing support for them.
- There has been increased collaboration of major CC organizations in FL.
- In the past 3 years, a national program of cancer registries has been developed.
- National and Florida Medicaid reform decreases services to low-income populations.
- NCI established the Center for Health Disparities.
- Collaborations of national organizations at the local level have increased.
- There has been increased collaboration of major CC organizations in FL.

Changes in priorities or processes in South Florida cancer control organizations that may affect cancer control in the region:

- A main focus is to use the existing infrastructure and to avoid duplication.
- Most organizations in cancer control would rate their organization's priorities number one and then their interest in cancer control. Most of the time, these go hand in hand.
- There are workforce shortages.

Significant shift in priorities, strategies, funding, target audience, etc. that affects how your organization operates in the community:

- In hospitals, there is a shift in funding and target audience, since another major focus is disparities and preparation for the increasing number of people uninsured.
- CIS is shifting to utilizing evidence based interventions, where our strategies will be based on models that have been proven effective.
- There is a decrease in general reimbursements, especially Medicare and Medicaid, and an increase in Medicare co-pay for patients.
- Medicare D is new.

Changes in funding agencies' priorities or processes:

- We are receiving less money for our project (in a County DOH). This will definitely have an impact on services.
- There is a decrease in funding for screening.
- There are more RFA's that target disparities.
- NCI is funding more things but at decreased funding levels.
- Health Foundation of South Florida increased funding for infrastructure.
- There is a need for advocacy around shift in funding.
- There is little reimbursement for people who are undocumented.
- Rules are changing for undocumented immigrants - have to have photo ID.

Significant medical breakthroughs that will affect how we address cancer control:

- There is an increase in knowledge of risk factors (tobacco, alcohol, diet, physical activity) and the need for intervention by the general public.
- There is early identification of high risk for certain cancers in individuals - risk assessment.
- The HPV vaccine gives us a more powerful tool and concrete information about cervical cancer.
- Genetic/hereditary research and application is detecting cancer earlier.
- Molecular imaging (PET scan) for diagnosis is less expensive now.
- There are technological advances and new tools for diagnosis:

- Brachytherapy.
- Digital Mammography and MRI.
- Stereotactic radiosurgery.
- Proton beam therapy.
- Making new treatments (targeted therapies, gene therapies) widely available will be a challenge.
- IGRT machines are highly focused and decrease the number of days in treatment.
- We need to define "medical breakthroughs" in terms of progress measured in "small steps" over 5 or 10 years.

Events that have made or will make a significant financial impact on cancer control:

- With increasing numbers of uninsured people and more expensive treatments, we will need to focus on prevention.
- Events such as the war in Iraq, Katrina and other disasters seem to affect the flow of charitable contributions that would go towards cancer services on a community based level. Research money may not be as affected.
- There are quality controls on screening tools.
- Better treatment increases survivorship; living with cancer longer may increase medical debt in old age.
- There has been a decrease in general reimbursements from Medicare.
- There has been a decrease in Medicaid funding.
- There has been an increase in Medicare co-payments for patients.

Economic trends that would affect cancer control:

- The demand for services continues to increase without funding increases.
- There is a "one size fits all" approach by funders, when needs are different in South Florida than in other parts of the state.
- Cultural issues are attached to the economic and financial issues.
- Economic trends such as increased prices in housing, a slowing housing market, and increased homeowner's and windstorm insurance rates have caused workers to spend most of their income on housing. This leaves less income for preventive screening such as mammography.
- There have been hikes in health insurance rates, which may result in an increase in the number of the uninsured or underinsured.

Legislation at the local, state or national level that has or will have an effect on cancer control:

- The CDC's Comprehensive Cancer Control Program at the national level has had an effect at the state level.
- There is a campaign to increase funding for tobacco control at the state level. Amendment 4 was approved for inclusion in the ballot, which would mean increased funding for youth tobacco prevention.
- There is a movement in Congress to extend the BCCEDP to women aged 40-49 and, if it is approved, states would follow suit by advocating for state implementation.
- There is a Florida bill that would establish a drug repository within DOH to receive donations of unused cancer drugs that could be available for those in need.
- FIU has a new school of medicine.
- Florida legislature approved \$9M for research but \$0 for CCC.
- The Florida legislature has created more cancer organizations, i.e. the Florida Cancer Council.

Significant changes in demand for services or needs:

- There are increasing numbers of uninsured people in Florida.
- Treatments are more expensive.
- An increase in cancer awareness in the community through media and celebrities being frank about having cancer has increased the demand for services such as screening.
- There is an increase of awareness of survivorship issues.
- There is more need for translators, and more awareness of this need.

Demographic shifts that affect cancer control:

- There is an influx of immigration from Latin and Caribbean countries to US.
- There is a migration of population from Dade County to Broward County.
- More people are living longer.
- There is a large influx of people into Florida.
- There are more diverse populations that have come into Florida, especially South Florida.
- The Asian population growing.

Mission Statement: A new mission statement was developed at the August 3 meeting. An internal assessment of the organization was also developed during the discussion of the mission statement. The following summarizes the internal assessment of the SFCCC during the development of the mission statement:

What does SFCCC want to do?

Education/Proactive education
Access to funding
Advocacy
Increased awareness
Service delivery via collaboration and referral
Dissemination of information
Research
United effort

Who are SFCCC's customers?

Underserved populations
Undocumented
Every person in SE Florida

What are SFCCC's strengths?

Diversity of members
Expertise/resources
Collaboration effort
Connection to State
Dedication/motivation
Communication/the ListServ

What are SFCCC's weaknesses?

More effective collaboration
Research database – more research
Areas of influence
Need for expansion of areas – geographically, institutions, community
Need for structure; guidelines
Lack of funding for staff support

Data

Demographic and cancer data for the eight counties in the southeast region, and for the State of Florida, by gender, race and Hispanic origin, was compiled by the Population Research Core, UM/Sylvester Division of Cancer Prevention and Control. This information was emailed to members prior to the meeting and is also posted on the SFCCC web page (<http://sfccc.med.miami.edu>).

Concept Mapping

Collaborative members participated in a concept mapping exercise in which they were asked to write their ideas relating to the following six questions on “hexagons” which were placed on large sheets of paper on the wall.

The hexagons addressed the following questions:

1. How can we best increase healthy behaviors associated with cancer prevention in Florida?
2. How can we best increase communication and collaboration among cancer control stakeholders in Florida?
3. How can we best reduce disparities in Florida's cancer burden?
4. How can we best enhance quality of life for patients, their families and friends in Florida?
5. How can we best increase prompt, accurate diagnosis of cancer and appropriate referral to treatment?
6. How can we best increase the percentage of Floridians who are screened appropriately for cancer per recommended guidelines?

The workgroups discussed the hexagon ideas related to their focus issues during the afternoon. Each of four workgroups developed a plan which is the crux of the strategic plan. These four work groups were:

1. Disparities and Synergy (2 groups combined) led by Martha Oliveros and Carty Thomas
2. Palliative Care/Quality of Life led by Phil Fusca and Joanne Leahy
3. Risk Reduction led by Pedro Diaz Pow-Sang
4. Screening/Diagnosis/Treatment (a new group) led by Dorothy Parker

The tables will be completed in more detail at future meetings. Conference calls will be scheduled for each group to follow up on specific activities.

Disparities Workgroup and Synergy Workgroups (Combined)

Goal 1: Encourage community/educators to actively participate in cultural diversity training and awareness				
Strategy	Activity	Champion	Measure of Success	Progress/Status
1. Involve community in research and finding solutions				
2. Encourage community/educators to actively participate in cultural diversity training and awareness	Cultural diversity workshop training – identify resources - focus session - train the trainer			

Goal 2: Increase communication and collaboration among cancer control stakeholders in Southeast Florida				
Strategy	Activity	Champion	Measure of Success	Progress/Status
1. Develop a mechanism to have a formal relation with traditional and non-traditional organizations that relate to our mission	1. Identify what stakeholders are not at the table 2. Organize that focus on non-traditional organizations 3. Define stakeholder 4. Define a formal relationship			

Type of data/information needed	Purpose or issue the data address	By when	Who is assigned to get data	Possible sources
Information on cultural competency	encourage community/educators to actively participate in cultural diversity training			AMA
Data on cancer disparities, e.g., incidence, mortality, late stage				
Census data				

Risk Reduction Workgroup

Goal 1: Promote culturally sensitive education on cancer prevention				
Strategy	Activity	Champion	Measure of Success	Progress/Status
1. Organize culturally oriented workshops in smoking cessation, sun protection, and healthy lifestyles at different levels	Workshops School level Physical level (?) University/community level	Virginia Noy Pedro Diaz Pow Sang Gabriel Suci	workshop done survey of # of attendants	
2. Distribution of a list of all available programs in SE Florida for smoking cessation, sun protection, nutrition, healthy lifestyles	compile information on all programs available, e.g., from ACS, CIS and all SFCCC members		completed list and distribution	
3. Advocate on tobacco dollars to come back to community programs	1. promote voting on amendment #4 through volunteering with ACS campaign		passage of the amendment	

Type of data/information needed	Purpose or issue the data address	By when	Who is assigned to get data	Possible sources
Information on available programs 1. smoking cessation 2. sun protection 3. nutrition & cancer 4. exercise programs (healthy lifestyles)	list of resources for distribution	Oct. 06	Pedro Diaz Pow Sang	ACS, CIS

Quality of Life and Palliative Care Workgroup

Goal 1: Educate caregivers on the value of palliative care and quality of life				
Strategy	Activity	Champion	Measure of Success	Progress/Status
1. Change attitudes and perceptions of palliative care and quality of life	Create a caregivers workshop	Phil Fusca	pre and post test	

Type of data/information needed	Purpose or issue the data address	By when	Who is assigned to get data	Possible sources
not completed yet				AMA

Screening, Diagnosis & Treatment Workgroup

Goal 1: Increase awareness of resources for universal cancer screening				
Strategy	Activity	Champion	Measure of Success	Progress/Status
Lobby local and state legislators for increased resources and increased regulation	Work with other regional collaboratives and cancer CBOs in Florida Develop talking point to take to legislators			
Promote existing resources	Create and maintain a list of services for each county, e.g., on SFCCC web page, with links to the websites where services are offered (rather than include details)			
Identify gaps in services	Find out what type of gaps analysis has been done already by SFCCC members, and see if they are willing to share.			

Goal 2: Promote compliance with screening, diagnosis and treatment guidelines				
Strategy	Activity	Champion	Measure of Success	Progress/Status
Lobby and advocate with other organizations (e.g., ACS, FMA – of FLASCO, FNA – or ONS) for increased compliance with cancer screening, diagnosis and treatment guidelines	1. Work with other regional collaboratives and local medical societies for guideline implementation 2. Find out what Department of Professional Regulations (licenses health care professionals) and Agency for Health Care Administration do – and can do – regarding compliance with screening, dx and tx guidelines.			

Data Needed

Type of data/information needed	Purpose or issue the data address	By when	Who is assigned to get data	Possible sources
Cancer screening guidelines Source for Dx and Tx guidelines DOH cancer budget Cancer data (inc, mort, %LS) – already have	list of resources for distribution	Oct. 06	Pedro DBS	ACS, CIS