

Provincial Cancer Control Advisory Committee

Annual Performance Report

2015 - 2016

Chairperson's Message

I am pleased to provide the 2015-16 Annual Performance Report for the Provincial Cancer Control Advisory Committee, in accordance with the requirements of the *Transparency and Accountability Act* for a Category 3 Government Entity. In the development of this report, consideration was given to the mandate and activities of the Advisory Committee, as communicated by the Minister responsible for this entity.

This Annual Performance Report provides an overview of the activities of the Provincial Cancer Control Advisory Committee and the extent to which planned results were met during the second fiscal period covered by the 2014-17 Activity Plan. As the Committee Chairperson, my signature below is indicative of the entire Committee's accountability for the results reported.

Sincerely,



Sharon Smith, Chairperson
Provincial Cancer Control Advisory Committee

Table of Contents

1.0 Overview.....	4
2.0 Shared Partnerships.....	7
3.0 Report on Performance	8
4.0 Challenges and Opportunities.....	12
Appendix A – Committee Membership as of March 2016.....	13

1.0 Overview

In June 2011, the Minister of Health and Community Services established the Provincial Cancer Control Advisory Committee (CCAC). The Minister appointed the membership from a broad representation of the cancer control community throughout Newfoundland and Labrador. The establishment of the Committee was an early action of *Gaining Ground: A Provincial Cancer Control Policy Framework for Newfoundland and Labrador* (“the Framework”) released in November 2010. Policy Direction 9 of the Framework: Accountability and Measuring Success, identified the creation of the committee. This policy direction committed the Provincial Government to establish a committee to advise the Minister of Health and Community Services on actions to advance and improve cancer prevention and control in Newfoundland and Labrador.

To advise the Minister on cancer control issues, the CCAC reviews current reports and research findings, receives presentations from content experts, and prepares recommendations on the issue. The CCAC strives to collect and review the best available data and to consider information from various perspectives to provide the best advice to the Minister.

Membership

In 2015-16, the CCAC had 13 members, including one vacant seat. The membership consisted of a diverse cross-section of individuals who were familiar with cancer prevention and control issues, and included representatives from the Regional Health Authorities, community organizations, Memorial University, cancer survivors, volunteers, the Department of Health and Community Services, and other stakeholders. All members and the Chairperson are appointed by the Minister of Health and Community Services (see Appendix A).

Meetings and Expenditures

In 2015-16 the committee met three times in St. John’s: June 17 and September 9, 2015; and February 17, 2016. Meeting expenses totalled \$66. Associated costs incurred by the CCAC are covered by the Department of Health and Community Services.

Mandate

The role of the Provincial Cancer Control Advisory Committee is:

- i. To advise the Minister on:
 - priorities for action;
 - monitoring progress;
 - the development of an evaluation plan for the Framework;
- ii. To liaise with the cancer control community nationally and provincially, including patients, survivors, advocates and community organizations; and
- iii. To identify for the Minister's consideration, additional evidence-based objectives or priority directions that have the potential to improve the control of cancer in Newfoundland and Labrador.

Primary Clients

The CCAC recognized the Minister of Health and Community Services, Government of Newfoundland and Labrador, as its primary client. By fostering an environment of understanding with the Provincial Government about cancer prevention and control, individuals living with or at risk of developing cancer were also served.

Values

The Department of Health and Community Services' values are reflected daily as employees fulfill their roles and responsibilities in serving their clients. The CCAC considered the departmental values for the 2014-2017 planning cycle and adapted the values to better align with the role of the Committee:

Transparency and Accountability

Each member takes their responsibilities seriously and contributes to a culture of openness in decision-making and reporting.

Collaboration

Each member engages others in the health and community services system and in the broader cancer control community, in a positive manner, respectful of others and their different perspectives.

Innovation

Each member actively considers current evidence and new approaches to inform the development of committee recommendations for improving cancer prevention and control efforts in this province.

Privacy

Each member manages and protects information related to persons/families/ organizations/communities and the Department of Health and Community Services appropriately.

Excellence

Each member brings an important perspective to the committee and from that perspective makes decisions based on the best evidence and information available to provide a high standard of advice to the Minister.

Vision

The CCAC supported the following vision of the Department of Health and Community Services:

The vision of the Department of Health and Community Services is for individuals, families and communities to achieve optimal health and well-being.

The CCAC contributed to achieving this vision by providing advice to the Minister on: priorities for action, monitoring progress, and the development of an evaluation plan for the Provincial Cancer Control Policy Framework.

Mission

The CCAC adopted the 2011-2017 mission of the Department of Health and Community Services as follows:

By March 31, 2017 the Department of Health and Community Services will have provided leadership to support an enhanced health care system that effectively serves the people of the province and helps them achieve optimal health and well-being.

The CCAC contributed to the above mission statement through its mandate, identified actions and the collaborative efforts of the members and member organizations to further cancer prevention and control efforts within the Province. The CCAC shared the same vision and supported the mission of the Department. The CCAC provided leadership through an advisory capacity to the Minister and this role was reflected in the Committee's indicators and actions.

2.0 Shared Partnerships

The CCAC valued the support of the Department of Health and Community Services in fulfilling its mandate.

The achievement of the CCAC's primary objective would not be possible without the valuable input of many key stakeholders including, but not limited to: the Canadian Cancer Society, Young Adult Cancer Canada, Memorial University, experts in the field, national organizations and working groups, the Regional Health Authorities, the Provincial Cancer Care Program, community volunteers, cancer survivors, and Departmental staff.

In 2015-16, the CCAC worked with its partners in the following ways:

- Department officials updated the CCAC on cancer prevention and control priority actions;
- Members of the CCAC reported on cancer prevention and control efforts within their own organizations; and,
- Members of the cancer prevention and control community provided the CCAC with current information, expert advice, and status reports on various initiatives.

3.0 Report on Performance

Issue: Cancer Control

The Canadian Strategy for Cancer Control (2006) recognizes that true cancer control “aspires to prevent cancer, to detect cancer at an early stage, and to treat and hopefully cure the disease in those who are diagnosed, and to increase the survival and the quality of life in those who develop it.”

Cancer continues to be the leading cause of death in Canada. The Canadian Cancer Society (CCS) estimates that two out of five Canadians (45 percent of men and 41 percent of women) are expected to develop cancer during their lifetimes, and that one out of four Canadians will die of cancer. These statistics highlight the far-reaching impacts of cancer, as it touches most people either directly or indirectly at some point in their lives.

More than half of new cancer cases (51%) will be lung, breast, colorectal and prostate cancer. Lung cancer is the leading cause of cancer death, causing more cancer deaths among Canadians than the other three major cancer types combined. Despite this large impact, there has been a substantial drop in the lung cancer death rate (especially for men) over the past 25 years, which has driven a decline in the overall cancer death rate.

The CCS also estimates that there will be 3,500 new cases of cancer and 1,510 deaths from cancer in Newfoundland and Labrador in 2015. Newfoundland and Labrador, along with the rest of Canada, is expected to see an increase in the number of new cases of cancer, largely because of the aging population. However, high rates of cancer risk factors, such as smoking, inactivity, unhealthy eating, alcohol consumption, and sun exposure, are also to blame for this rising trend. The World Health Organization states that interventions are available which permit the early detection and effective treatment for approximately one third of cancer cases. Preventive interventions to reduce these risk factors have the potential to influence future incidence rates for certain cancer types, such as lung and colorectal cancer.

Due to advances in cancer care, cancer is increasingly viewed as an illness from which people can survive. The Canadian Partnership Against Cancer’s 2015 Cancer System Performance Report highlighted the results of Newfoundland and Labrador’s efforts to improve cancer prevention and treatment, as follows:

- NL has the highest rate of HPV vaccination in Canada for grade six girls, as well as high rates of cervical cancer screening among women aged 18 to 69 years, which will help to further reduce the rates of cervical cancer;
- NL exceeded the national target of 70% for breast cancer screening among women aged 50 to 69 years;

- While screening for colon cancer remains low in NL, the colon cancer screening program expanded in July 2015 to include all regions of the province;
- NL met the national targets for wait times for resolution of abnormal breast screens with and without tissue biopsy; and,
- NL also met the national target for wait times for radiation therapy for all cancers.

In 2015-16, the CCAC contributed to cancer prevention and control efforts in the province by advising the Minister of Health and Community Services on current issues in the cancer prevention and control environment. This advice helped to inform the decision making process respecting policies and programs that directly benefit the people of Newfoundland and Labrador.

Through the provision of advice to advance and improve cancer control efforts, the CCAC has addressed or made contributions towards Government's strategic direction to strengthen population health and healthy living.

Objective: By March 31, 2016 the Cancer Control Advisory Committee will have provided advice to advance and improve cancer control efforts in Newfoundland and Labrador.

Measure: Provided advice

Planned for 2015-16	Actual Performance for 2015-16
<p>Provided advice on select priority actions of the Cancer Control Policy Framework</p>	<p>The CCAC provided advice on priority actions of the Cancer Control Policy Framework by monitoring progress towards the achievement of the stated goals of the Framework. For example, the CCAC:</p> <ul style="list-style-type: none"> • Received regular reports from Eastern Health’s Cancer Services Quality Committee for the purposes of informing advice provided to the Department on priorities and operational issues that may support or hinder the achievement of Framework goals; and, • Invited representatives from the Department of Seniors, Wellness and Social Development to attend regular meetings, in order to provide updates on provincial initiatives related to health promotion and cancer prevention, in support of Policy Direction 1 of the Framework. These updates helped to inform advice provided to the Minister on the issue of Tobacco Control.
<p>Provided advice on identified emerging cancer control issues and interests</p>	<p>The CCAC provided advice and recommendations, at the request of the Minister, regarding cancer prevention efforts. The committee’s advice was informed by presentations from the Canadian Cancer Society and the Chair of the Provincial Wellness Advisory Council regarding their health promotion efforts to prevent cancer and other chronic diseases.</p> <p>In addition, the CCAC provided advice to the Minister on the issue of smoking on Regional Health Authority properties, and requested that the recommendations be forwarded to the Minister of Seniors, Wellness and Social Development, as the Minister responsible for Tobacco Control legislation.</p>
<p>Provided advice on the monitoring of progress of select cancer control initiatives</p>	<p>The CCAC participated in the planned evaluation of the Cancer Control Policy Framework conducted by the NL Centre for Health Information. The committee anticipates receiving a full report regarding this evaluation in the coming year.</p>

Discussion of Results

In the 2015-16 fiscal year, the Committee considered the issues of cancer prevention initiatives, including public education messages, for the purpose of developing recommendations for the Minister; examined the latest cancer statistics and projections from the Canadian Cancer Society's 2015 Canadian Cancer Statistics report, as well as the 2015 Cancer System Performance Report from the Canadian Partnership Against Cancer; discussed the latest evidence related to mammography screening effectiveness; and discussed future priorities for cancer control in this province. Therefore, the CCAC met its objective by providing advice to the Minister on priority actions of the Policy Framework, emerging issues and interests, and on monitoring progress of select cancer control issues in the coming year.

As communicated in the Committee's 2014-17 Activity Plan, work for 2016-17 will be based on the same objectives, measures and indicators as noted above for 2015-16. The activity plan can be found on the Department of Health and Community Services website at: www.health.gov.nl.ca/health/publications.

4.0 Challenges and Opportunities

The CCAC expects to fulfil its mandate in 2016-17, given the Minister's support for the Committee's work. In addition, following a recruitment process, the committee expects to have a full membership which will provide a comprehensive view of issues and topics in cancer prevention and control.

There are a number of partnership opportunities and initiatives which may support and/or direct the CCAC's work in the coming year. The CCAC has identified the following:

- Monitoring and advising on drug sustainability work ongoing in the cancer care system;
- Advising on the potential restructuring of the population-based cervical, breast, and colorectal cancer screening programs, and the potential development of a risk-based lung cancer screening program; and,
- Advising on provincial radiation therapy services.

Finally, the CCAC may be challenged in 2016-17 to identify its role in addressing the recommendations of the Cancer Control Policy Framework Review, once released.

Appendix A – Committee Membership as of March 2016

Members:

Chairperson – Ms. Sharon Smith

Department of Health and Community Services – Ms. Beverley Clarke

Eastern Health – Representative appointed by the CEO: Ms. Katherine Chubbs

Central Health – Representative appointed by the CEO: VACANT

Western Health – Dr. Susan Gillam

Labrador-Grenfell Health – Representative appointed by the CEO: Ms. Delia Connell

Memorial University Faculty of Medicine – Dr. James Rourke or designate (Dr. Kara Laing)

Canadian Cancer Society - NL Division – Mr. Matthew Piercey

Young Adult Cancer Canada – Mr. Geoff Eaton

Representative for Cancer Survivors – Mrs. Rosemary Hedderson

Representative for Community Volunteers – Mrs. Margot Reid

Representative for Family Physicians – Dr. Elizabeth Bautista

Stakeholder Representative – Dr. Anne Kearney

Contact Information

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