Provincial Cancer Control Advisory Committee

Annual Performance Report

2011 - 2012

Chairperson's Message

I am pleased to provide the 2011-12 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, careful consideration was given to the strategic directions of government, as well as 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 and actual objectives were met during the first fiscal period covered by the 2011-14 Activity Plan. In the absence of a Committee Chair, my signature below is indicative of the entire Committee's accountability for the preparation of this report and for the achievement of the specific objectives and any variances contained therein.

Sincerely,

Bruce Cooper, Board Member

Provincial Cancer Control Advisory Committee

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1.0 Overview

In June 2011, the Minister of Health and Community Services established the 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 control in Newfoundland and Labrador. In this role, the CCAC will help foster a culture of enhanced understanding by the Provincial Government of cancer control issues.

To advise the Minister, the CCAC will review the policy directions in the Framework, analyze current reports and research findings on cancer issues, and collect and assess other relevant information from other jurisdictions and stakeholder groups in Newfoundland and Labrador and in Canada. The CCAC will strive to collect and review the best information available and to consider the information from various perspectives to provide the best advice to the Minister.

Membership

In 2011-12, the CCAC had 11 members. The membership consisted of a diverse cross-section of individuals who were familiar with cancer control issues, and included representatives from the four Regional Health Authorities, community organizations, Memorial University, cancer survivors, and the Department of Health and Community Services. All members and the Chairperson are appointed by the Minister of Health and Community Services (see Appendix A).

Meetings and Expenditures

In 2011-12 the committee met five times: June 30, November 8, November 23, December 15, 2011; and March 21, 2012. Meeting expenses totalled \$709, including: \$225 for travel, \$295 for teleconferencing services, and \$189 for refreshments.

Mandate

The role of the Provincial Cancer Control Advisory Committee is:

- 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, 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 has considered the departmental values and has adapted the values to better align with the role of the Committee:

Professionalism

Each member is qualified, competent and respectful in the discussions and decision-making processes undertaken when providing advice to the Minister.

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.

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.

Privacy

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

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 Framework.

Mission

The CCAC adopted the 2011-2017 mission of the Department of Health and Community Services as contained in the Department's 2011-2014 Strategic Plan 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 control efforts within the Province. The CCAC shared the same vision and supported the mission of the Department. The CCAC had 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 Faculty of Medicine, experts in the field, national organizations and working groups, the Regional Health Authorities, and Chronic Disease divisional staff.

3.0 Highlights and Accomplishments

The CCAC was established in June 2011 with the appointment of members by the Minister of Health and Community Services. During the 2011-12 fiscal year, the CCAC prepared an Activity Plan for 2011-14, which was tabled by the Minister of Health and Community Services in March 2012.

4.0 Report on Performance

Issue: Cancer Control

Cancer touches most people at some point in their lives, if not directly as a patient, then as a relative or friend of someone with cancer. The impacts of this disease are multiple and far reaching, affecting people of all ages. It is a major cause of concern to the public.

In 2012, it is estimated that there will be 3,150 new cases of cancer and 1,420 deaths from cancer in Newfoundland and Labrador. The province also has the highest incidence of colorectal cancer in Canada, and the highest mortality rates for breast and colorectal cancer. Newfoundland and Labrador, along with many other provinces and countries, is seeing an increase in the numbers of people who are developing cancer. There are a range of reasons for this increase such as the aging population, increased life expectancy, high rates of risk factors (e.g. obesity, inactivity, smoking and sun exposure) and some genetic factors.

Many are unaware of how much can be done to prevent, diagnose and treat cancer. One third of cancer can be prevented, and early detection and effective treatment of another third is also possible. Due to advances in cancer care, cancer is increasingly viewed as an illness from which people can survive. As is stated in the Canadian Strategy for Cancer Control (2006), it is recognized 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."

Great strides have been made in cancer control in Newfoundland and Labrador. However, it is recognized that in order to be more effective, a more concerted and coordinated, forward-looking approach to cancer control is needed in the province.

In 2011-12, the CCAC contributed to this forward-looking approach by advising the Minister of Health and Community Services on current issues in the cancer control environment. This advice helped foster a culture of understanding within the Provincial Government about cancer control issues. As actions for select cancer control initiatives are implemented in Newfoundland and Labrador, the CCAC will advise the Minister on the monitoring process and on the development of an evaluation plan.

The CCAC has reviewed and considered the strategic directions of the Provincial Government. Under the strategic direction for Population Health, the focus area of Cancer Care related to the work of the CCAC (see Appendix B).

Objective: By March 31, 2012 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	
2011-12	Actual Performance for 2011-12
Provided advice on select priority actions of the Cancer Control Policy Framework	Many of the select priority actions of the Cancer Control Policy Framework were already underway when the CCAC was established in June 2011, including the development of a social media campaign by the Alliance for the Control of Tobacco, the development of the Provincial Cancer Prevention and Awareness Grants Program, and the enhancement and expansion of palliative care and end-of-life services. Therefore, there was no opportunity to provide advice on those particular actions.
	However, the CCAC prepared a Cancer Control Year 2 Action Plan for the Minister's consideration. The proposed actions, which are consistent with the policy directions in the Framework, included the continuation of the Provincial Cancer Prevention and Awareness Grants Program, the evaluation of Provincial Cancer Screening Programs, and the support to the Canadian Cancer Society to carry out cancer education programs for residents.
Provided advice on identified	The CCAC provided advice to the Minister regarding the minimum age of eligibility for the Provincial Breast Screening Program.
emerging cancer control issues and interests	The CCAC began discussions to identify additional emerging cancer control issues and interests, including tanning bed use and smoking cessation. These items will be prioritized and included as part of the committee's work to review issues and provide advice to the Minister in 2012-13.
Provided advice on the monitoring of progress of select cancer control	The CCAC provided advice to inform monitoring and evaluation of the Provincial Cancer Prevention and Awareness Grants program, which supports community groups and health care providers in developing and implementing cancer prevention and awareness initiatives.
initiatives	The CCAC began discussions to identify additional cancer control issues requiring progress monitoring such as the new Colorectal Cancer Screening Program, the regional Cancer Navigator positions, and the Provincial Cancer Prevention and Awareness Grants Program. These items will be prioritized and included as part of the committee's work to review issues and provide advice to the Minister in 2012-13.

Discussion of Results

The CCAC was established in June 2011. Within the remainder of the 2011-12 fiscal year, the Committee developed and approved Terms of Reference and a three year activity plan, considered and submitted advice to the Minister on the minimum age of eligibility for the Provincial Breast Screening Program, recommended the continuation of the Provincial Cancer Prevention and Awareness Grants Program, discussed future priorities for cancer control in this province, and prepared a Cancer Control Year 2 Action Plan for the Minister's consideration. With the identification of priority issues for 2012-13 already started, the CCAC anticipates being able to meet its objectives 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.

The objectives and indicators for 2012-13 are provided in the Activity Plan 2011-14, which is available on the Department of Health and Community Services website at: http://www.health.gov.nl.ca/health/publications/CCAC_final-tabled_Mar1_12.pdf

Objective for 2012-13: By March 31, 2013 the Cancer Control Advisory Committee will have provided advice to advance and improve cancer control efforts in Newfoundland and Labrador.

Measure for 2012-13: Provided advice

Indicators for 2012-13:

- Provided advice on select priority actions of the Cancer Control Policy Framework.
- Provided advice on identified emerging cancer control issues and interests.
- Provided advice on the monitoring of progress of select cancer control initiatives.

5.0 Challenges and Opportunities

The CCAC expects to fulfil its mandate in 2012-13, given the Minister's support for the Committee's work.

There are a number of partnership opportunities and initiatives which may support and/or direct the CCAC's work in the coming year, including:

- Monitoring the implementation of recommendations regarding the Provincial Breast Screening Program;
- Exploring possible linkages with the First Nations Inuit and Métis Action Plan on Cancer Control, and with the Aboriginal Health Liaison Division;
- Supporting the actions, such as smoking cessation support for clients, in the next Provincial Tobacco Reduction Strategy, being developed by the Alliance for the Control of Tobacco; and,
- Providing advice to the Minister on possible regulation of the tanning bed industry with the aim of reducing exposures to ultraviolet radiation.

Appendix A - Committee Membership as of March 2012

Members:

Department of Health and Community Services - Mr. Bruce Cooper Eastern Health - Ms. Katherine Chubbs
Central Health - Dr. Michael Zuckerman
Western Health - Dr. Susan Gillam
Labrador-Grenfell Health - Mr. Boyd Rowe or designate
Memorial University Faculty of Medicine - Dr. James Rourke or designate
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. Thomas G. Costello

Appendix B – Strategic Directions

Strategic directions are the articulation of desired physical, social, or economic outcomes and normally require action by or involvement of, more than one government entity. They summarize the outcomes desired for the health sector and are communicated to entities that plan and report in collaboration with the Department.

Strategic Direction 1: Population Health Outcome: Improved Population Health

To achieve "improved population health", focusing efforts on public health interventions that will: promote healthy lifestyles and reduce health inequalities, prevent acute and chronic illness and injury, and protect people from health hazards, are necessary.

An integrated and collaborative approach, which preserves and promotes health and prevents and controls disease, is needed to:

- reduce the incidence of many of the illnesses that currently contribute to the burden of illness in Newfoundland and Labrador; and
- prepare the health system for illnesses and threats to health that are expected to emerge as society and the physical environment change.

Activities in these areas will decrease the burden of illness and associated health care and treatment costs, and contribute significantly to a sustainable health system. Focus areas for 2011-17 are found on the next page. Some are population specific and others are related to health initiatives or programs to improve population health.

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Contact Information

Chronic Disease Division

Department of Health and Community Services

3rd Floor, Confederation Building, West Block

P.O. Box 8700

St. John's, NL A1B 4J6

Inquiries Telephone: (709) 729-2557 or (709) 729-3117

Fax: (709) 729-7778 or Email: healthinfo@gov.nl.ca http://www.health.gov.nl.ca/health/