

Provincial Cancer Control Advisory Committee

Annual Performance Report

2013 - 2014

September 19, 2014

Chairperson's Message

I am pleased to provide the 2013-14 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 strategic directions of the Provincial 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 results were met during the third fiscal period covered by the 2011-14 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

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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 information available and to consider the information from various perspectives to provide the best advice to the Minister.

Membership

In 2013-14, the CCAC had 13 members. 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 2013-14 the committee met twice in St. John’s: January 20, and March 12, 2014. Meeting expenses totalled \$112.

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 2011-2014 planning cycle and 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 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 Faculty of Medicine, 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 2013-14, 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 Highlights and Accomplishments

During the 2013-14 fiscal year, the CCAC received an update on the ongoing review of the Provincial Cancer Screening Programs, fulfilling the commitment made when the Cancer Control Policy Framework was released. Eastern Health's Research Division provided the committee with an overview of the review, including the purpose, the scope, and the progress to date. Committee members were given the opportunity to ask questions and provide feedback on the process, direction, and preliminary results of the review. The committee noted that the focus of the review was to assess the potential integration of various operational components of the programs. The committee agreed that further review may be required of screening program activities on the basis of current research evidence or clinical practice guidelines for screening.

A highlight for 2013-14 was the Minister's request for the committee to consider the issue of flavored tobacco and electronic cigarettes, as they relate to cancer prevention. The Alliance for the Control of Tobacco met with the committee to outline these two issues, and to provide the committee with background information and the

latest evidence on the issue. The information presented on these two issues will help inform the development of recommendations to the Minister.

The Federal Government currently regulates the use of flavourings in certain tobacco products, however, a number of gaps exist in the legislation which allow flavoured tobacco to continue to be sold. These flavoured products may appeal to youth and lure them into an addiction to smoking. Increased efforts to strengthen the legislation will assist in smoking prevention and cessation efforts.

Electronic cigarettes are sold in retail locations and over the internet. These devices simulate a smoking experience for their users, either with or without nicotine. Currently, there is limited evidence regarding the potential harms of these products or their potential benefits for quitting smoking. There is also some concern that the use of these devices could undermine public health efforts to reduce smoking.

4.0 Report on Performance

Issue: Cancer Control

The impacts of cancer are multiple and far reaching, as it touches most people either directly or indirectly at some point in their lives. People of all ages may be diagnosed with cancer, or they may have a relative or friend with cancer.

The Canadian Cancer Society (CCS) estimated that there will be 3,350 new cases of cancer and 1,520 deaths from cancer in Newfoundland and Labrador in 2014. Lung cancer continues to top the list with respect to deaths due to cancer. The province also has the highest incidence and mortality of colorectal cancer in Canada. Newfoundland and Labrador is seeing an increase in the incidence and prevalence of cancer. This is largely due to our aging population, but also related to increased life expectancy, high rates of risk factors (e.g. smoking, inactivity, unhealthy eating, alcohol consumption, and sun exposure) and some genetic factors.

The CCS notes that it is estimated that smoking is responsible for 30% of all cancer deaths and that one third of cancers can be linked to diet, obesity and lack of exercise. The World Health Organization also states that interventions are available which permit the early detection and effective treatment for approximately one third of cancer cases. 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.”

In 2013-14, 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 foster a culture of understanding within the Provincial Government about cancer prevention and control issues.

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

Objective: By March 31, 2014 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 2013-14	Actual Performance for 2013-14
<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"> • Advised the Department of their support of the recommendations and current actions resulting from the completed evaluation of the Cancer Patient Navigator Program, as they related to the Framework goal of “improving coordination of services along the cancer control continuum;” • Monitored the public dialogue and current actions regarding access to radiation therapy and PET/CT services, as they relate to the Framework goal of “increasing the ability for cancer patients to access services along the cancer control continuum;” and, • 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.
<p>Provided advice on identified emerging cancer control issues and interests</p>	<p>The CCAC acted on the Minister’s request for recommendations regarding the issue of flavoured tobacco and electronic cigarettes by inviting the Alliance for the Control of Tobacco to meet with committee members to discuss the issues. Information provided during this meeting helped to inform the development of recommendations for the Minister to be tabled Spring 2014.</p> <p>Members of the CCAC brought forward emerging cancer control issues and interests for discussion, including: the thoracic triage process, advanced care planning, and access to cancer drugs. These and other emerging issues will be prioritized and included as part of the committee’s work to review and provide advice to the Minister in 2014-15.</p>
<p>Provided advice on the monitoring of progress of select cancer control initiatives</p>	<p>The CCAC provided feedback on the process of reviewing the Provincial Cancer Screening Programs. The review is expected to be completed in 2015.</p>

Discussion of Results

In the 2013-14 fiscal year, the Committee considered the issue of flavoured tobacco and electronic cigarettes for the purpose of developing recommendations for the Minister, discussed future priorities for cancer control in this province, and provided feedback on the process of reviewing the Provincial Cancer Screening Programs. With the identification of priority issues for 2014-15 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 2014-15 are provided in the Activity Plan 2014-17, which are available on the Department of Health and Community Services website at: www.health.gov.nl.ca/health/publications.

5.0 Challenges and Opportunities

The CCAC expects to fulfil its mandate in 2014-15, given the Minister's support for the Committee's work. In addition, following a recruitment process, there is a full committee membership which provides 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 the issue of access to radiation therapy and PET/CT services;
- Monitoring the First Nations Inuit Métis cancer control initiative; and,
- Advising on an audit of supportive care programs.

In addition, the Minister of Health and Community Services has identified tobacco control as an area of interest and has asked the CCAC for advice on the issue. The CCAC will complete the recommendations during 2014-15.

Appendix A – Committee Membership as of March 2014

Members:

Chairperson – Ms. Sharon Smith
Department of Health and Community Services – Mr. Bruce Cooper
Eastern Health – Representative appointed by the CEO: Ms. Katherine Chubbs
Central Health – Representative appointed by the CEO: Dr. Richard Lush
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
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

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 of the Strategic Direction 2011-2017	The Population Health Strategic Direction is Addressed by the Provincial Cancer Control Advisory Committee's		
	Activity Plan	Operational Plan	Work Plan
	Cancer Care	✓	

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