

**Provincial Cancer Control
Advisory Committee
Annual Performance Report
2019 - 2020**

Chairperson's Message

I am pleased to provide the 2019-20 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 Committee, as communicated by the Minister responsible for this entity.

This Annual Performance Report provides an overview of the activities of the Committee and the extent to which planned results were met during the final fiscal period covered by the 2017-20 Activity Plan. As Chairperson, my signature below is indicative of the entire Committee's accountability for the results reported.

I would like to take this opportunity to recognize the commitment and dedication of the Committee. I would also like to take this opportunity to acknowledge the unforeseen impact of the COVID-19 global pandemic on the Committee's activities. Without doubt, COVID-19 has led to significant changes to the personal and professional lives of committee members, and had impact throughout the health care system over these past months. In some cases, COVID-19 has driven rapid and substantial system change that is sure to be beneficial for those experiencing cancer, for example, the enhancements in access to virtual care. Simultaneously, COVID-19 has also necessitated re-organization of priorities and energies, with unavoidable intrusion on the Committee's objectives.

As we move onward in the presence of COVID-19 we look ahead with renewed energy to taking on the Provincial Cancer Control Advisory Committee's mandate for the people of Newfoundland and Labrador.

Sincerely,

A handwritten signature in black ink, appearing to read "Sharon Smith".

Sharon Smith, Chairperson

Provincial Cancer Control Advisory Committee

Table of Contents

Chairperson's Message.....	2
1.0 Overview	4
Membership	4
Meetings and Expenditures.....	5
Mandate	5
2.0 Highlights and Partnerships	6
3.0 Report on Performance	7
Issue: Cancer Control	7
Discussion of Results.....	11
4.0 Challenges and Opportunities	12
Appendix A: Committee Membership as of March 31, 2020	14

1.0 Overview

In June 2011, the Minister of Health and Community Services (HCS) established the Provincial Cancer Control Advisory Committee (the Committee). 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 on actions to advance and improve cancer prevention and control in Newfoundland and Labrador.

Since its establishment, the Committee has fulfilled its mandate by providing advice to the Minister on cancer prevention and control issues. As part of a broader initiative to redesign the health sector, the department released the **Chronic Disease Action Plan**. This renewed focus on chronic illness, including cancer, is critical to the realignment of health care services. Newfoundland and Labrador continues to have some of the highest rates of chronic disease in Canada. As the age of the province's population continues to climb, so will the prevalence of chronic diseases. Cancer registries, enhanced supports for smoking cessation, and cancer screening programs utilizing eHealth technology are all specific initiatives supporting health care providers in delivering high quality person-focused care, and empowering individuals in their personal efforts towards the prevention and treatment of cancer.

Membership

The Committee is led by an independent chairperson and has a membership of 12 to 15 people, at least one-third of which is to be stakeholder individuals and community-based organizations. All members, including the Chairperson, are appointed by the Minister of HCS. The membership includes representatives from the four Regional Health Authorities (RHAs), community organizations, Memorial University (MUN), volunteers, cancer survivors, and other stakeholder groups.

There are currently six vacancies on the Committee. The Independent Appointments Commission is recruiting individuals to fill these vacancies, with the aim to include a diverse cross-section of individuals with a broad range of expertise and qualifications to provide input on all aspects of cancer prevention and control. While there have been some applications, additional candidates are required given the Committee's size. When an adequate number of applications are received, a representative of HCS will meet with a representative from the Public Service Commission to screen applications, utilizing the merit-based process.

For a list of committee members, see Annex A.

Meetings and Expenditures

In the 2019-20 reporting period, the Committee was challenged by turnover in membership and vacant positions, which led to difficulties scheduling meetings with quorum; the situation was further exacerbated by the upheaval caused by COVID-19. Because of this, the Committee did not meet during 2019-20 reporting period and no expenses have been incurred. In general, all costs incurred by the Committee are administrative and covered by HCS.

Mandate

The role of the Committee is to:

- i. Advise the Minister of HCS on:
 - priorities for action;
 - monitoring progress; and,
 - the development of an evaluation plan for the Framework;
- ii. Liaise with the cancer control community nationally and provincially, including patients, survivors, advocates and community organizations; and,
- iii. 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.

2.0 Highlights and Partnerships

Though the Committee did not meet in the 2019-20 reporting period, the membership has valued the support of HCS in striving to fulfil its mandate.

Committee members appreciate the input of key stakeholders, including, but not limited to:

- The Canadian Cancer Society
- Young Adult Cancer Canada
- The Canadian Partnership Against Cancer (CPAC)
- MUN and its Translational and Personalized Medicine and Quality of Care Programs
- The Department of Children, Seniors, and Social Development
- The RHAs
- The Provincial Cancer Care Program
- Community Volunteers
- Cancer Survivors
- HCS Departmental Staff

The Committee is also engaged with similar entities and initiatives with a focus on cancer control and prevention, including, but are not limited to:

- Provincial Cancer Screening Advisory Committee
- Cancer Services Quality Committee
- Provincial Oncology Drug Committee
- Patient and Family Advisory Committee
- Pathology/Oncology Committee
- Rural Education Committee
- BETTER implementation
- The Journey Across the Island
- Ottawa Model Smoking Cessation Steering Committee
- Electronic Medical Record Clinical Advisory Committee
- Provincial Chronic Disease Prevention and Management Working Group
- Provincial Vulnerable Populations Working Group and Primary Health Care Sub-Committee

In 2019-20, the Committee engaged with its partners in the following ways:

- Members of the Committee and its member organizations engaged in dialogue and activities supporting cancer prevention and control. This involved participation and engagement with stakeholders and community entities such as

the Cancer Screening Advisory Committee and its work to design and implement a new cancer screening registry; the provincial implementation of the Building on Existing Tools to Improve Chronic Disease Prevention (BETTER) program; the Journey Across the Island; and, in activities to advance virtual access to cancer care and resources. HCS officials shared information and sought feedback from members of the Committee and cancer community stakeholders on priority cancer prevention and control actions.

- Members of the Committee reported on cancer prevention and control efforts within their own organizations and provided expert advice and status reports on relevant initiatives, including the establishment of a patient panel, smoking cessation initiatives, the development of a provincial cancer registry, the Journey Across the Island, and incorporation of cancer prevention and control resources into the provincial electronic medical record (EMR).

3.0 Report on Performance

Issue: Cancer Control

The first priority of the **Canadian Strategy for Cancer Control** is to, “Decrease the risk of people getting cancer.” It is known that up to 4 in 10 cancer cases can be prevented, highlighting the important work of cancer control leadership nationally, and within our province.

Cancer continues to be the leading cause of death in Canada. The Canadian Cancer Society (CCS) estimates that half of Canadians are expected to develop cancer during their lifetimes, and that one in four Canadians will die of cancer. These statistics, from the [2019 Canadian Cancer Statistics report](#) 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 30 years, which has driven a decline in the overall cancer death rate.

For 2019, CCS estimates that Newfoundland and Labrador will have the highest incidence of cancer in Canada (with an estimated 3,800 new cases of cancer in the province). The report predicts the highest cancer mortality rate in Newfoundland and Labrador, with 1,600 cancer-related deaths expected. This province is seeing an increase in the numbers of people who are developing cancer. There are a range of possible reasons for this increase such as the aging population, increased life expectancy, high rates of risk factors (e.g., inactivity, unhealthy eating, smoking and overuse of alcohol) and some genetic factors.

In 2019-20, members of the Committee contributed to cancer prevention and control efforts in this province by advising HCS on current issues in the cancer prevention and control environment. While the Committee did not formally meet, multiple members regularly worked together as they also serve on, and/or contribute to a suite of provincial cancer committees and initiatives. It is acknowledged that shared or overlapping objectives provide enhanced opportunity for ensuring the mandate of this Committee is addressed. For example, multiple representatives on this Committee are simultaneously engaged in the Journey Across the Island; provincial strategy sessions hosted by CPAC to renew the Canadian Strategy for Cancer Control; initiatives to equip the provincial EMR with cancer prevention and control tools; and, provincial advancement of the Ottawa Model of Smoking Cessation. This engagement and participation helped inform departmental decision-making, respecting cancer prevention and control 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 Committee has addressed or contributed towards government's strategic direction to strengthen population health.

The continued expansion of the BETTER program is an example of how the Committee's advice and input has shaped government's policy directions. The department recognizes the priority placed upon prevention and screening of cancer, and the role this plays in reducing negative health outcomes and lowering the burden of chronic disease. As a result, HCS is supporting measures to address lifestyle behaviors associated with cancer, including diet, exercise, smoking and alcohol use. The BETTER program is an evidence-based initiative supported by CPAC that enables individuals to work one-on-one with a prevention practitioner to develop a personalized prevention prescription. HCS is supporting the implementation of BETTER in all four RHAs. Early experience using BETTER in the Corner Brook Wellness Collaborative has been extremely favourable and the program is being scaled and spread rapidly within Western Health, using Telehealth to reach isolated communities, such as Burgeo and Ramea. BETTER is also being implemented in Labrador Grenfell, Central, and Eastern Health. In 2019-20 BETTER was expanded to sites in each of the RHAs and work was completed to utilize the EMR to document and share clinical information collected during BETTER interviews more effectively within the circle of care.

The advice of the Committee has informed the design and build of a comprehensive, population-based screening model by the provincial cancer care program, operated by Eastern Health. The screening model links to the provincial EMR, and flows data to a provincial Cancer Care Registry. The model also leverages the provincial EMR using clinical decision support triggers to notify providers of the need for a particular screening test, such as cervical screening or mammography. This comprehensive approach, in combination with a robust set of eHealth tools, will enable timely preventative cancer screening and follow-up, and supports seamless care as people age and transition along the health care continuum. A future step for the Committee in this area is to explore the integration of genetic and genomic data into the provincial Cancer Registry and linked entities such as the electronic health and medical records.

The advice of the Committee has reinforced HCS' commitment to smoking cessation. This is an area where HCS and CSSD have partnered in cancer control. The Committee's input is an important mechanism for strategizing with clinical and health system experts, and people with lived experience to determine effective approaches to smoking cessation. Support was leveraged to continue expansion of a smoking cessation program based on the Ottawa model, and to support access to nicotine replacement therapy within the province. Work has also been ongoing to develop resources and support mechanisms in relation to vaping, cannabis and tobacco control.

Objective: By March 31, 2020, the Cancer Control Advisory Committee will have provided advice to advance and improve cancer control efforts in Newfoundland and Labrador.

Planned for 2019-20	Actual Performance for 2019-20
<p>Provided advice on select priority actions of the Cancer Control Policy Framework</p>	<ul style="list-style-type: none"> • Contributed towards establishing a provincial approach to oversee population-based screening programs and ongoing evaluation. • Worked with the provincial EMR program to provide resources for primary health care providers to enable appropriate screening and prevention activities.
<p>Provided advice on identified emerging cancer control issues and interests</p>	<p>Members of the Committee and member organizations engaged in select cancer control initiatives, including:</p> <ul style="list-style-type: none"> • Design of a provincial population-based screening registry, • Activities of a Patient and Family Cancer Advisory Council, • Smoking cessation initiatives, based on Ottawa model, • Reviewed and provided feedback on the renewed Cancer Control Strategy (released June, 2019), • Participated in jurisdictional discussions on the launch of the updated Cancer Control Strategy, • Reviewed and provided feedback on the implementation

	<p>and evaluation of the BETTER program, and</p> <ul style="list-style-type: none"> • Provided input on the enhancement of virtual care infrastructure and processes to enable cancer prevention and control activities while maintaining safe social distancing during COVID-19.
<p>Provided advice on the monitoring or progress of select cancer control initiatives</p>	<p>Members of the Committee worked with the Newfoundland and Labrador Centre for Health Information to:</p> <ul style="list-style-type: none"> • Develop a Community Health Assessment process, including developing indicators and metrics addressing risk factors for cancer, • Develop a primary health care evaluation framework, which will include key cancer prevention and management outcome indicators, and • Evaluate the implementation of the BETTER program.

Discussion of Results

In the 2019-20 fiscal year, members of the Committee addressed smoking cessation as part of the **Chronic Disease Action Plan** and the draft **Health Home Model of Team-Based Care**, and provided insight and advice relating to healthy lifestyle initiatives. The Committee and its members also examined the latest cancer statistics and other cancer-related documents, such as the renewed national strategy. In doing so, the Committee met its objective by providing advice and direction on priority actions of the Policy Framework, emerging issues and interests, and by acting as an entity that monitors commitment and progress towards cancer control in Newfoundland and Labrador.

2019-20 was a challenging year for the Committee. A high number of vacancies significantly affected the Committee’s ability to obtain the quorum needed to meet. For this reason, it was more feasible for members of the Committee to focus efforts towards work in other capacities and with other cancer control bodies and initiatives to ensure

the province's cancer control needs remained a high priority. Some of the work achieved by other cancer control bodies, in collaboration with the Committee, during 2019-20 include:

- Expansion of the BETTER program within the 4 RHAs,
- Design and development of the provincial cancer screening registry, and
- Renewal of the Canadian Cancer Strategy and development of an implementation plan for Newfoundland and Labrador.

4.0 Challenges and Opportunities

A review of the Committee's activities and impacts was conducted in 2018-19. During the review, it was found that significant overlap existed between the mandates of this Committee and the Cancer Services Quality Committee (an Eastern Health committee). Discussions are ongoing with the Committee, Eastern Health, and HCS to determine the most efficient and effective way to utilize the committees and to ensure time and resources are utilized most effectively. Preliminary discussions have taken place, and the Committee is supportive of further exploration to determine whether there may be opportunity to streamline and enhance cancer control in Newfoundland and Labrador by combining both groups.

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

- Monitoring and advising on drug sustainability work in the cancer care system,
- Providing input on smoking cessation activities relating to implementation of the newly funded smoking cessation program based on the Ottawa model,
- Providing input on emerging cancer-related issues including vaping and cannabis,
- Advising on implementation 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 further implementation of the BETTER program as it is scaled and spread throughout the province, and particularly on use of the EMR to support collaboration within the circle of care.

As previously mentioned, vacancies on the Committee have created significant challenge in the Committee's ability to schedule meetings and meet quorum. This is a major contributing factor to the variances being reported this year and the difficulty the Committee experienced in planning meetings. The Committee looks forward to working with HCS to recruit new members and fill the vacancies; and, in exploration of opportunities to streamline the efforts and mandate of this and other bodies and initiatives that may allow the Committee to reach its maximum impact on cancer control in Newfoundland and Labrador.

Appendix A: Committee Membership as of March 31, 2020

Representation	Full Name	Position
Chairperson	Ms. Sharon Smith	Volunteer
Member: Central Health	Vacant	
Member: Eastern Health	Vacant	
Member: Labrador-Grenfell Health	Ms. Donnie Sampson	Vice President of Labrador-Grenfell Health
Member: Western Health	Vacant	
Delegate: Faculty of Medicine, Memorial	Dr. Kara Laing	Associate Professor and Chair, Oncology
Member: Faculty of Medicine, Memorial	Vacant	
Member: School of Nursing, Memorial	Dr. Anne Kearney	Associate Professor
Member: Stakeholder Representative	Vacant	
Member: Stakeholder Representative	Mr. Geoff Eaton	Executive Director
Member: Stakeholder Representative	Mrs. Rosemary Hedderson	Volunteer
Member: Stakeholder Representative	Mrs. Margot Reid	Volunteer
Member: Health and Community Services	Ms. Cassie Chisholm	Director, Information Management and e-Health
Member: Health Care Provider Representative	Vacant	

Contact Information

Population Health Branch
Department of Health and Community Services
1st Floor, Confederation Building, West Block
P.O. Box 8700
St. John's, NL A1B 4J6

Inquiries Telephone: (709) 729-4984 or (709) 729-6212

Fax: (709) 729-3416

Email: healthinfo@gov.nl.ca

www.gov.nl.ca/hcs