**Florida Cancer Plan 2030 Planning Meeting
Subgroup on Diagnosis/Treatment, QOL/Survivorship, Childhood Cancers
July 22, 2025 at 12:30 PM**

**Quick recap**

The group discussed equity and disparities content placement in the cancer plan, debating whether to create a dedicated section or embed it throughout the document. They reviewed and refined several objectives related to healthcare access, childhood cancer survival, and ASCO quality programs, with discussions around measurable outcomes and data tracking requirements. The team also addressed challenges in defining palliative care and cancer survivorship, with plans to develop new language for survivorship objectives and explore training needs for mental health providers.

## **Summary**

## **Equity Content in Cancer Plan**

The group opened with a discussion about where to place equity and disparities content within the cancer plan. Bill and Luis advocated for a single dedicated equity section to maintain document clarity and avoid unnecessary length, while Leah cautioned that too many specific objectives might dilute the plan’s focus. This sparked dialog about how best to highlight health disparities versus embedding those discussions throughout all goal areas. The team also explored the important distinction between all-cause mortality and cancer-related mortality—particularly for issues like late effects of treatment—an aspect underscored by Dr. Armstrong.

## **Reducing Florida's Uninsured Children**

Focus turned to goal 18: decreasing the percentage of Florida children without health insurance from 7.6% to 5.2%. Luis shared in chat the precise objective language and the 2018 US Census Bureau’s American Community Survey baseline. Nicole agreed to review elements of the strategy, considering the removal of less measurable approaches (like public education and transportation options), while also suggesting an addition on drug repurposing for compassionate use. Bill asked in chat about optimal measures for childhood cancer progress; the group agreed to clarify and simplify the goal, with Nicole taking the lead on tracking data and DCF engagement.

## **Childhood Cancer Access Strategy Review**

On childhood cancer survivors, Nicole reiterated the objective (chat) to “assure survivors of childhood cancer have access to support services across their lifespan,” supporting a proposed revision in focus for objective 19. She and Autumn suggested renaming it to center on access to resources, moving away from less measurable language (“long and prosperous lives”). Strategies included promoting the Passport for Care® program (discussed also in chat)—with mention of efforts to boost its use and mobile app deployment. Discussions acknowledged funding challenges but highlighted building on programs like the Comprehensive Childhood Cancer Network. Seth, via chat, suggested considering pediatric screening trial objectives for future inclusion, with Nicole in support.

## **Fellowship Data Exploration and Tracking**

Objectives 15.2–15.4 were reviewed, centering on ASCO quality programs and workforce data for oncology. Alfredo requested updating the wording from "find" to "explore" regarding fellowship numbers for flexibility and realism. Luis pointed out Florida’s critical shortage of cancer residencies and fellowships. The group agreed on a “deep dive” into fellowship data—including direct contact with hospital deans and directors—while Seth linked to a certification verification tool for oncology social workers (see References/Resources). Tracking the number of oncology specialty certified social workers was noted as a possible addition.

## **Objective Review for Cancer Care**

The conversation moved to the role of certifications across healthcare roles (e.g., oncology nurses, social workers). There was debate about whether to combine tracking into one objective or keep roles separate, with Bobbie emphasizing the need for clear, measurable objectives and cautioning that excessive complexity would make progress tracking difficult. Consensus was to create a new objective for social work or other roles only if robust tracking is feasible over five years; otherwise, objectives would stay separate for clarity. Luis indicated that Clement would consult further on potential removal of objective 15.1 (insurance coverage), given possible unreliable BRFSS data.

## **Certification Tracking for Healthcare Roles**

The team, echoed by chat comments from Bill and Luis, supported measuring certifications for each distinct profession—oncology nurses, social workers—separately, as this allows clearer assessment along the continuum of cancer care. Paul suggested any new standardized definitions or minimum standards for such certifications should be finalized with input from a broader group. Bobbie advised tackling standardization issues in the strategies section, reaffirming the importance of well-defined objectives for reducing cancer mortality.

## **Universal Definition of Palliative Care**

Palliative care presented definitional challenges. As Paul explained, definitions evolve according to context, patient condition, and care approach. Jose, in chat, provided a comprehensive suggested definition emphasizing patient/family-centered care, quality of life, integration with disease-directed therapy, and adaptability for different stages of illness. Luis and Bobbie recapped prior attempts to codify palliative care in Florida statutes and medical circles, agreeing with Paul on the need for language that is as universal as possible—Paul volunteered to help draft this section.

## **Cancer Survivorship Prehabilitative Focus**

The group examined survivorship goals and objectives. Bill advocated a focus on prehabilitative care—interventions before, during, and after treatment, to optimize survivorship outcomes. Daniel recommended anchoring strategies in the capabilities of NCI-designated centers, while Bill, Seth, and Paul committed to developing new language for survivorship objectives. The team reached consensus to focus upcoming language on survivorship reporting requirements for Florida Centers of Excellence and training needs for community-based mental health providers. Bill questioned the absence of a consensus definition of “cancer survivorship,” noting from chat that this remains a challenge due to heterogeneous survivorship experiences.

## **Next Steps**

* Nicole, Autumn, Seth, and Brian to meet and work on objectives for 19.1 and related strategies, and prepare recommendations for the next call.
* Paul to rewrite objective 16.1 to clarify and standardize the definition of palliative care services.
* All members are to consider and bring forward proposals for improved objectives—especially for goal 17 (cancer survivorship)—with a focus on better measurement of success and survival.
* Bill and Paul Ledford to meet prior to the next session to draft new survivorship objective language.
* Seth is to join Bill and Paul in developing survivorship section language with an emphasis on mental health integration.
* Dr. Armstrong and Clement to discuss reconvening the Joint Committee for Cancer Centers of Excellence to consider adding survivorship reporting as a requirement for Cancer Centers of Excellence.
* Bobbie to circulate the updated document and notes, and schedule the next meeting in two weeks.

## **References / Resources**

* Oncology Social Work Certification:
<https://oswcert.org/verify/?name_search=&state_search=FL&city_search=>