



MA & ME Cancer Advocacy Call July 22, 2020

AGENDA

- Welcome and Introductions
- Updates and Action Items
- Lights of Hope Update
- ACS CAN: Priorities and Health Equity
- New ACS & ACS CAN Volunteer Community



MIKALA:


Welcome everyone to the call.

REMIND Melissa to record the call and MUTE lines if she doesn't. 😊

Remind participants they can use the chat or they can unmute on the screen. If on the phone it's *6 to unmute their line.

Review the agenda

We had planned to split into state teams at the end of the call tonight, however, given that there is little to no state based work going on right now, we're going to provide a quick update and stay together as a group for this month. So you're stuck with us! LOL



The day has finally arrived !!! The men are off on day 1 of their journey 🏆🏆 #MenInBlades #BladeFerdaRona @AmericanCancer @UMassBeacons @UMBMENTHOCKEY

Updates & Action

- Diversity and Inclusion
- Ambassador Action Center
- August Meeting
- Federal Updates
- State Updates
- Story Collection



MIKALA:

Diversity & Inclusion:

- As you all know, we are working hard to ensure that our ACT! Teams reflect the demographics of the districts we live and volunteer. Based on the changes to our structure, and with Melissa becoming Maine’s as well as Massachusetts Grassroots Managers, our staff capacity is limited. We need you all now more than ever! We are going to revisit our Diversity and Inclusion plans to ensure that we have the capacity to complete the entire plan. If you are interested in helping us revisit these plans, please let me, Patti, or Melissa know. The more of you that are involved the more we can accomplish!

Ambassador Action Center:

- Shout out to Dan, Dana, Leanna, and Kate here in Massachusetts for logging actions in the Ambassador Action Center since our June call. One of our New England states is back on the leaderboard for the first time! Massachusetts 4th Congressional District is 8th nationally for actions logged, and Dana is 7th nationally for individual actions logged! AWESOME job! And a shout out to (me)

Mikala in Maine for logging actions since our June call.

- Don't have access to the Ambassador Action Center? Email Melissa (melissa.stacy@cancer.org) and she'll hook you up!

August Meeting Date and Topic: Our next volunteer meeting will be August 26 at 7pm. **ACTION:** Please let me, Melissa, and/or Patti know if there is a policy issue topic you'd like us to deep dive into. This can be one of the ACS CAN priority issues or a skills building training like utilizing social media, building a relationship with your lawmaker, fundraising, etc.

Federal Updates:

- Appropriations:
 - The full committee voted the Labor-H bill out earlier this week on a party line vote. It will likely go to the floor as part of a package of bills (it was marked up with the Energy & Water bill) the last week of the month. The bill reflects the House's desire to invest in medical research, but \$5 billion of the \$5.5 billion increase is designated as emergency funding, which doesn't provide the year-over-year sustainable increase we were asking for. Similar story at CDC, where \$9 billion was designated as emergency funding. Most everything else that CDC does was kept flat or cut.
 - The Henrietta Lacks bill was included in the House Labor-H report language, which was unexpected good news. We still need to find a Republican champion for the bill, and it can't be included in any end-of-year CR, but still a very hopeful sign.
 - We don't expect the Senate to take up their appropriations process until September, when they most likely will do a continuing resolution that will take us into the lame duck session.
 - FUN TACTIC IDEA: Dan and the MA CD5 had a fun way to engage with Rep Clark last week. Dan, do you want share what you and your team did? It's *6 to come off mute.
- Stimulus:
 - Senator Moran is championing that \$10 billion be allocated for restarting research in the next stimulus package. He is working to identify a Democratic co-lead to help circulate a Dear Colleague letter. Once a letter is available, I'll share it so that you can work with your volunteers to recruit Senate signers.
 - While we'll be encouraging ALL Senators in both Maine and Massachusetts to sign on to the Dear Colleague letter, Senator Collins in Maine is a target.
 - Additionally, we are asking for a boost to Medicaid funding in the next

Stimulus package. Today Maine volunteers received an email asking them to Tweet at Senator Collins about including additional language in the bill.

- Massachusetts volunteers received a request today to Tweet at Senate President Mitch McConnell and Senator Grassley.
- If we get a strong bill out of the Senate, then we will need to go back to lobbying House members, who did not approve the funding level we need for NIH.
- Cancer Votes:
 - We will be providing Cancer Votes Lite opportunities to all volunteers across the country. While neither Maine or Massachusetts will be participating in Cancer Votes for state specific races this year, we want to give you an opportunity to reach out to your lawmakers if this is an activity that really speaks to you.
 - Materials and talking points will be aimed at the presidential candidates, but you are welcome to adapt for local, state, and other federal races as needed.
 - A menu of activities to include: online bird dogging (using questions we provide); reverse canvassing; and hosting an online watch party. More information about these types of engagement will coming in the next few weeks.
 - As we mentioned before, we have less staff ability to lead these efforts, so any Cancer Votes activities will need to be volunteer-led.

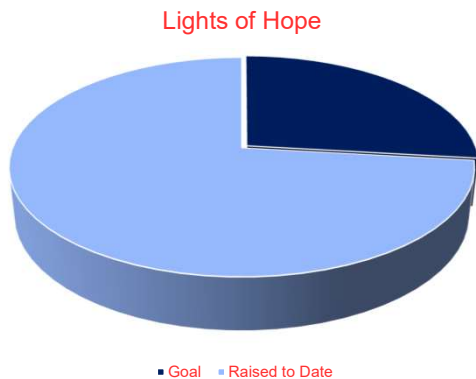
State Updates:

- **Maine:**
 - It sounds like the legislature will be reconvening in early August to focus on and finalize a budget for next year. As of right now it doesn't look like we'll have any ACS CAN priority issues moving, but we'll keep you posted as they come back together.
- **Massachusetts:**
 - With the final tax deadline being July 15th, tax revenue numbers should be available soon. It's possible we could have a full budget package by the end of September, but won't know yet for a while.
 - Formal session ends on July 31 and any after that, no legislation that requires a roll call vote can be taken up. The Legislature hasn't said if they are going to pass rule changes to extend formal session this year or not. If they do, it most likely will be with strict guidelines such as budget and COVID-19 related issues.
 - Lastly, the House released a Healthcare Bill on Monday. Marc is working with our sponsors to file amendments to add Fail First and Healthcare Plan Transparency to the bill. Watch for an Action Alert later this week!

Story Collection: Thanks to those of you that worked closely with Abby and Lauren to finalize your cancer story. If you were in the process of working with them, Melissa will be in touch over the next few weeks to finalize your story. If you are interested in helping grow, maintain, and manage our story back in either Massachusetts or Maine, please let Melissa know. A HUGE thank you to both Abby and Lauren. Combined, they saved 120 hours of staff time. If you haven't submitted your story yet, but would like to, there's not time like today. 😊 visit www.fightcancer.org/share-your-story or email ACSCANStories@gmail.com.

The story behind the picture: This picture is of two UMass Boston hockey players that are rollerblading from Boston to MI. They left last Monday morning and are finalizing their journey this week. The men chose to wear the ACS CAN shirts for their first and 7th days of skating, highlighting the work of ACS CAN as well as ACS. 😊 You can see their journey on Twitter by following them @MeninBlades.

2020 Massachusetts Lights of Hope



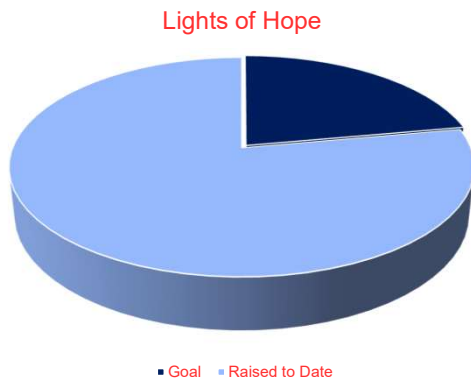
- **Goal: \$15,000**
- **Raised to date: \$10,975**



MIKALA:

- As promised, we'll update you each month on our progress to our Lights of Hope goal
- Our Massachusetts 2020 REVISED Lights of Hope Goal is \$15,000. We currently have raised \$10,975 to date. You all are rocking it!
- The overall revenue goal in Mass is \$19,000, so feel free to push above the \$15,000 if you'd like. Shout out to Dana for keeping her #1 spot in the country. With a shout out to Amber Herting and Alice Pomponio from Mass for being in the national top 10!
- Dana, do you want to share a bit about how you are raising the money?

2020 Maine Lights of Hope

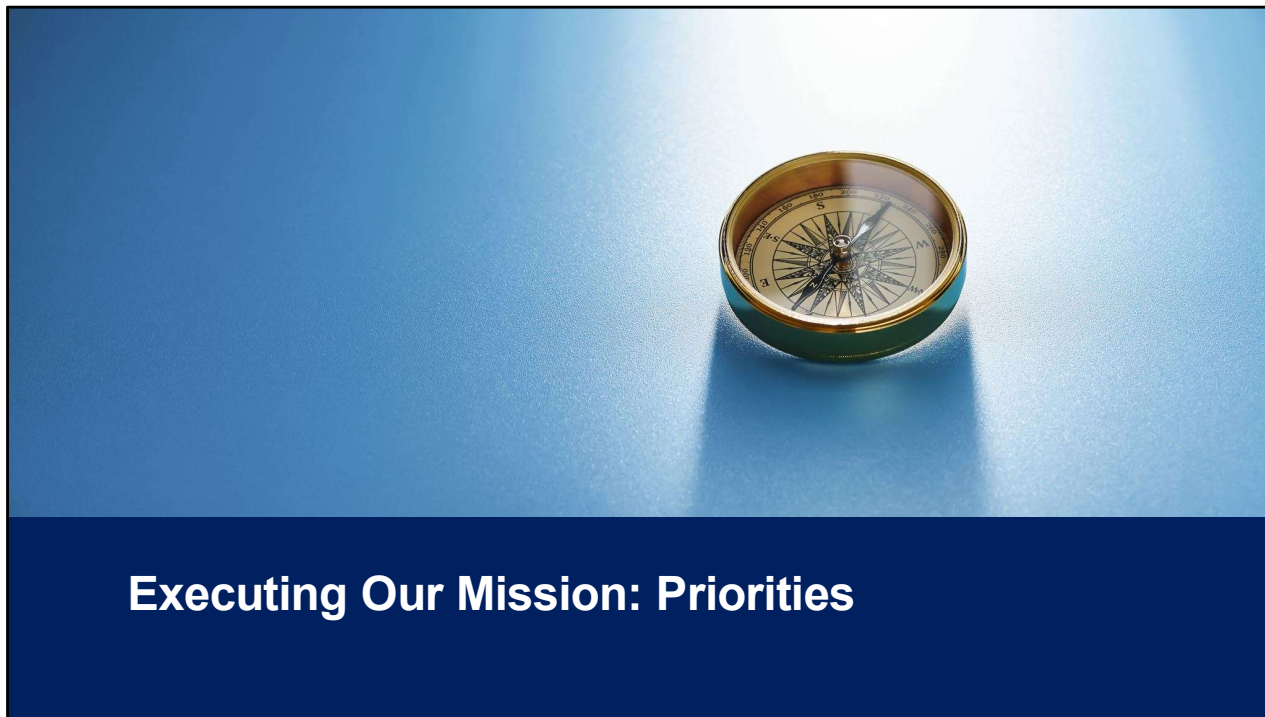


- **Goal: \$3,500**
- **Raised to date: \$2,725**



MIKALA:

- Not be out done, our Maine peeps are killing it! As you can see, our goal is \$3,500 and we're only \$775 away from that.
- Our overall 2020 Maine fundraising goal is \$7,900 so again, don't get complacent. Let's blow our Maine goal as far out of the water as possible. As an FYI, Maine staff and volunteers have gotten 5 Lights of Hope sponsors totaling making up \$2,400 of the money raised so far!
- Bethany: do you want to come off mute and share your fun idea for engaging your town and community in Lights of Hope?



MELISSA:

As you all know, there has been a reduction of staff at both ACS and ACS CAN due to COVID-19s impact on fundraising. With that, we've adjusted our mission priorities to ensure that we can remain impactful and relevant. We've updated our national priorities into 3 buckets.



While we will continue to monitor and take action on any policies that can impact the day to day lives of cancer patients, the buckets will be our top priorities. Additionally, we will continue to focus all work we do through the Health Equity Lens.

What is health equity?

“Health equity is the ethical and human rights principle that motivates us to eliminate health disparities.” For the American Cancer Society (ACS) and American Cancer Society Cancer Action NetworkSM (ACS CAN), health equity means everyone has a fair and just opportunity to prevent, find, treat, and survive cancer. It is not the same as equality. Equality is providing everyone with the same tools and resources. Equity is providing tools and resources based on needs that allow everyone the opportunity to be as healthy as possible.

Why is health equity important?

ACS and ACS CAN are on a journey toward achieving health equity. To save more lives from cancer, we must strengthen our organizational commitment to health equity and increase our understanding of the social determinants that drive disparities in the cancer burden. Cancer is a disease that affects everyone, but it is a disease that does not affect everyone equally. [Healthy People 2020](#) defines a health disparity as “a particular type of health difference that is closely linked with economic, social, or environmental disadvantage.

Health disparities adversely affect groups of people who have systematically experienced greater social or economic obstacles to health based on their racial or ethnic group, religion, socioeconomic status, gender, age, or mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.” Changes in health disparities help us measure progress toward health equity.

Examples of cancer-related health disparities include:

- People with lower socioeconomic status (SES), which is measured by a person’s social, economic, and work status, have higher cancer death rates than those with higher SES. The largest gaps are for the most preventable cancers. [Socioeconomic inequalities in cancer mortality widened over the past three decades.](#)
- Racial and ethnic minorities tend to receive lower-quality health care than non-Hispanic whites. [For most cancers, African Americans have the highest death rate and shortest survival of any racial/ethnic group in the US.](#) Thirty-two percent of African Americans surveyed said they have experienced racial discrimination at a health care provider visit.
- Despite historically lower incidence rates, African American women are 39% more likely to die of breast cancer than white women.
- Hispanic/Latina women have the highest rate of cervical cancer compared to other races/ethnicities, nearly 40% higher than non-Hispanic whites.
- A systematic review of the literature found that residential segregation contributed to cancer and cancer-related racial disparities in 70% of analyses. Furthermore, living in segregated African American areas was associated with increased chances of later-stage diagnosis of breast and lung cancers, higher mortality rates, and lower rates of survival from breast and lung cancers.
- In a study looking at patients with colon cancer, a subset of patients without private insurance (i.e., uninsured, Medicaid, or Medicare) who lived in areas with low oncologist density were less likely to receive adjuvant chemotherapy at all.
- While HPV vaccination initiation and completion rates are climbing, disparities among adolescents in rural and urban areas persist with an 11-percentage point gap in initiation rates alone.
- Research confirms that the LGBTQ community has a disproportionate burden of cancer, has distinctive risk factors, and faces additional barriers to accessing health care. Therefore, they have both greater cancer incidence and later-stage diagnosis.

For more information on how ACS CAN is addressing health disparities, check out our new website at <https://www.fightcancer.org/healthdisparities>.

Access to Care

- Protecting and expanding access to and eligibility for Medicaid
- Affordability of cancer care in both public and private insurance
- Financial toxicity

Accelerating Cures

- Sustained funding for cancer research and prevention
- Diversifying patient participation in cancer clinical trials

Tobacco Control

- Leveraging opportunities for tobacco tax campaigns

Executing Our Mission: Priorities

MELISSA:

On this slide is some examples of what types of state and federal policies would fall under these buckets. Reminder that these are not comprehensive, just a few examples of items that would fall into this work.

Executing Our Mission: Priorities *Each with a Health Equity Lens*



Access to Care

- Preserving key provisions of the ACA
- Increasing funding for patient navigation programs



Accelerating Cures

- Increasing collection of demographic data
- Expanding clinical trial navigation services for underserved groups



Tobacco Control

- Expanding Medicaid coverage of tobacco cessation services

Executing Our Mission: Priorities

MELISSA:

As with the previous slide these are SOME examples of what the work in the buckets would be, looking through the Health Equity Lens. The intent is to continue to focus on our work through the Health Equity lens, regardless of what bucket it falls into.



MELISSA:

New Volunteer Community is a place to look for and find new volunteer opportunities, and will be a great place to take volunteer focused trainings on our priority issues in the months to come. Please check out the community through the link above, sign up for it, and if you happen to meet new people that want to volunteer as well, please encourage them to sign up through this link as well.

WRAPPING IT UP

- Questions?
- Next Call: August 26 at 7pm



MIKALA:

Our next call is August 26 at 7pm. We look forward to talking with you all then.

Thanks for joining us tonight and don't hesitate to reach out if you have any questions.