

# Michigan Cancer Consortium

Implementation Progress Report to the Membership  
April 1, 2002 – December 31, 2003





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## A Letter from the Board Chairs

We are pleased to announce the release of the third MCC Implementation Progress Report to the Membership. This detailed report highlights the cancer-related activities, which MCC member and key partner organizations have implemented between April 1, 2002 and December 31, 2003.

The report's size is a reflection of the numerous interventions and activities occurring every day across our state in the name of comprehensive cancer control. It presents an in-depth analysis of implementation activities to date, including information specific to each MCC organization reporting, as well as aggregate analysis of data obtained from all organizations that submitted progress reports for the time period.

You will notice that there are several changes to the report this year. In addition to a new format, the content of the information is organized by priority to increase ease in locating information within the report.

This report would not have been possible without the continued cooperation of the organizations that completed the MCC Implementation Progress Reporting Forms and detailed the activities in which their staff and representatives have been involved as part of their commitment toward accomplishing the 10 priorities.

As you review this report, we believe you will join us in feeling pride in the continued dedication and energy of all MCC member and key partner organizations.

Thank you,

Vicki Rakowski, RN, ET and Max Wicha, MD  
Co-Chairs  
Michigan Cancer Consortium



# Overview of the MCC

## Who We Are

The Michigan Cancer Consortium (MCC) was established in 1987 as a statewide network of cancer experts to advise and assist the state health department in its cancer prevention and control efforts. Over the years, the MCC broadened its membership base, changing from a consortium of individual cancer control experts to a consortium of organizations dedicated to reducing the impact of cancer on Michigan citizens.

## MCC Priorities

The MCC priorities were established in 1998 and are based on the review of existing cancer literature, data, epidemiology, prevention, screening and early detection, diagnosis, treatment, post-treatment, quality of life, and economic issues.

All MCC member organizations have missions that are not in conflict with the MCC priorities and have made the commitment to implement one or more of the priorities.

### Breast Cancer:

By 2003, 80 percent of women will receive information on risk-appropriate preventive services and age-appropriate annual breast cancer screening with clinical breast examination and mammography, with appropriate treatment and follow-up of positive findings.

### Cervical Cancer:

By 2005, the proportion of Michigan women in high-risk populations who have Pap smears according to evidence-based guidelines and who received appropriate follow-up of abnormal screening results will be 90 percent.

### Colorectal Cancer:

By 2004, increase to 50 percent the proportion of average-risk people in Michigan who have received appropriate colorectal cancer screening and appropriate follow-up of abnormal screening results.



### **Lung Cancer:**

By 2010, reduce the overall Michigan adult (18+) smoking prevalence by 42 percent and adult per capita consumption by 25 percent.

By 2010, reduce the proportion of Michigan youth grades 9-12 who report smoking cigarettes during the past 30 days to 22 percent.

### **Prostate Cancer**

By 2002, prostate cancer patients will have their knowledge and understanding of prostate cancer, treatment options, side effects, and quality-of-life issues measured by patient surveys, with findings used to develop patient education activities.

### **Cancer Clinical Trials:**

By 2005, double the number and increase the diversity of participants enrolled in cancer clinical research.

### **Clinical and Cost Data:**

By 2005, develop the linked economic and clinical database infrastructure necessary to support data-driven decisions for control of breast, cervical, colorectal, lung, and prostate cancers within the state of Michigan.

### **End-of-Life:**

By 2005, increase the timeliness of referrals to end-of-life care for breast, cervical, colorectal, lung, and prostate cancer patients.

### **Standardized Lexicons:**

By 2005, develop and disseminate standardized pathology protocols and reporting formats for examination of cancerous tissue specimens and determine the need for similar surgical reporting formats that include data important in making breast, cervical, colorectal, lung, and prostate cancer treatment and prognostic decisions.

## **Mission**

The MCC is a statewide, inclusive, broad-based partnership of public and private organizations that provides a forum for collaboration (i.e., communication, coordination, and the sharing of resources) to reduce the burden of cancer among the citizens of Michigan by achieving the Consortium's research-based and result-oriented cancer prevention and control priorities.



## Vision

The MCC is a statewide cancer control leader, recognized for:

- A dynamic, timely, conscientious response to evolving scientific knowledge, and
- Achievement of, or exceeding, its established goals in cancer reduction and palliation through member synergy.



## Vision Milestones

To reach our vision, we will demonstrate the following:

1. We are effective in achieving the MCC priorities as evidenced by quantitative measures;
2. Our people/organizations are fully engaged, excited, collaborative, and responsive to MCC issues and priorities;
3. We have developed and implemented a dynamic process that is responsive to opportunities to improve cancer control;
4. We reassess our priorities as needed;
5. We have developed the infrastructure and methods to sustain the reduction of the cancer burden in priority areas;
6. We have grown and have more diverse member organizations.



## Guiding Principles

Essential to the MCC are fundamental principles that guide both the Consortium's decisions and the process it uses to periodically establish priorities. The following guiding principles are believed to be essential for an effective approach to cancer control.





**Principle 1:**

The MCC’s collective focus should be on cancers with a significant disease burden.

**Principle 2:**

Cancer control priorities should be established based upon:

- Opportunities and potential to significantly reduce cancer incidence, mortality, and morbidity through prevention, detection, treatment, rehabilitation, and/or palliation;
- Feasibility; and
- What needs to be done together/collaboratively.

**Principle 3:**

Decisions should be data-driven whenever feasible.

**Principle 4:**

Resources should be used efficiently.

**Principle 5:**

Collaboration is necessary to achieve statewide impact.

**Principle 6:**

Service quality should be maximized.

**Principle 7:**

All Michigan residents should have access to comprehensive cancer control services across the continuum of care.

**Principle 8:**

The process to identify, implement, and evaluate cancer control priorities should be sustainable.

**Principle 9:**

The strategies undertaken by MCC partners to address cancer control priorities should be sustained when appropriate.

**Principle 10:**

The MCC does not lobby in support of, or against, any pending federal or state legislation.



## MCC Membership

Member and Key Partner Organizations	Abbreviations
ACCESS Community Health Center*	ACCESS
Alpena General Hospital*	AGH
American Cancer Society, Great Lakes Division, Inc.*	ACS
American College of Surgeons	ACOS
Barbara Ann Karmanos Cancer Institute/Wayne State University	KCI/WSU
Barry-Eaton District Health Department	BEDHD
Battle Creek Health System	BCHS
Blue Cross Blue Shield of Michigan*	BCBSM
Calhoun County Health Department*	CACHD
Care Choices HMO*	CC HMO
Central Michigan District Health Department+	CMDHD
Chippewa County Health Department	CCHD
Coalition of Michigan Organizations of Nursing	COMON
District Health Department #2*	DHD2
District Health Department #10	DHD10
Faith Access to Community Economic Development*	FACED
Genesee County Health Department*	GCHD
Genesys Hurley Cancer Institute*	GHCI
Grand Rapids Community Clinical Oncology Program	GRCCOP
Grand Valley State University – Kirkhof School of Nursing*	GVSU/KSN
Great Lakes Cancer Institute at Michigan State University*	GLCI-MSU
Greater Detroit Area Health Council	GDAHC
Health Alliance Plan	HAP
HealthPlus of Michigan*	HPM
Healthy Asian Americans Project	HAAP

\* Denotes member and key partner organizations that contributed information to this report.

\*\* Denotes organizations that were members during the reporting period but have since discontinued their membership.

+ Denotes member organizations that have joined the MCC after the December 31, 2003 reporting deadline.



Member and Key Partner Organizations	Abbreviations
Henry Ford Health System	HFHS
Holland Community Hospital**	HCH
Hospice of Michigan	HOM
Huron County Health Department*	HUCHD
Ingham County Health Department	ICHD
Ingham Regional Medical Center*	IRMC
Institute for Strategic Analysis and Innovation**	ISAI
Inter-Tribal Council of Michigan, Inc.*	ITCM
Kalamazoo County Human Services Department*	KCHSD
Kent County Health Department*	KCHD
The Lacks Cancer Center at St. Mary's*	LCCSM
Luce-Mackinac-Alger-Schoolcraft District Health Department *	LMAS
MPRO*	MPRO
Macomb County Health Department*	MCHD
Marquette County Health Department*	MQCHD
Memorial Healthcare Cancer Center	MHCC
Metropolitan Hospital	MEH
Michigan Academy of Family Physicians*	MAFP
Michigan Association for Local Public Health*	MALPH
Michigan Association of Health Plans	MAHP
Michigan Cancer Genetics Alliance	MCGA
Michigan Cancer Pain Initiative**	MCPI
Michigan Cancer Research Consortium	MCRC
Michigan Department of Community Health*	MDCH
Michigan Dietetic Association*	MDA
Michigan Health & Hospital Association	MHHA
Michigan Health Council**	MHC

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Member and Key Partners Organizations	Abbreviations
Michigan Hospice & Palliative Care Organization*	MHPCO
Michigan Institute for Radiation Oncology	MIRO
Michigan Osteopathic Association	MOA
Michigan Primary Care Association*	MPCA
Michigan Public Health Association	MPHA
Michigan Public Health Institute*	MPHI
Michigan Radiological Society	MRS
Michigan Society of Hematology and Oncology*	MSHO
Michigan Society of Pathologists	MSP
Michigan State Medical Society	MSMS
Mount Clemens General Hospital*	MCGH
Muskegon County Health Department*	MUCHD
National Association of Hispanic Nurses, Michigan Chapter	NAHN
Northwest Michigan Community Health Agency*	NMCHA
Oakland County Health Division	OCHD
Oakwood Healthcare System, Inc., Cancer Center*	OHS-CC
Oncology Nursing Society	ONS
Providence Cancer Institute*	PCI
Saginaw County Department of Public Health	SPH
St. John Health System	SJHS
St. Joseph Mercy – Oakland	SJMO
Sanilac County Health Department	SCHD
Spectrum Health Cancer Program*	SHCP
Tobacco-Free Michigan	TFM
Tuscola County Health Department*	TCHD
University of Michigan Comprehensive Cancer Center	U of M-CCC

\* Denotes member and key partner organizations that contributed information to this report.

\*\* Denotes organizations that were members during the reporting period but have since discontinued their membership.

+ Denotes member organizations that have joined the MCC after the December 31, 2003 reporting deadline.



Member and Key Partner Organizations	Abbreviations
University of Michigan School of Public Health	U of M-SPH
Upper Peninsula Health Care Network, Inc.	UPHCN
Van Andel Research Institute*	VARI
West Michigan Cancer Center	WMCC
William Beaumont Hospital*	WBH

- \* Denotes member and key partner organizations that contributed information to this report.
- \*\* Denotes organizations that were members during the reporting period but have since discontinued their membership.
- + Denotes member organizations that have joined the MCC after the December 31, 2003 reporting deadline.

## New Member Organizations

The following new member organizations have joined the MCC during this reporting period:

New MCC Member Organizations	Membership Begin Dates
Calhoun County Health Department	04-22-2002
District Health Department #2	01-30-2003
Healthy Asian Americans Project	12-13-2002
Huron County Health Department	06-28-2002
Institute for Strategic Alliance and Innovation*	12-01-2002
Kalamazoo County Human Services Department	04-30-2002
Memorial Healthcare Cancer Center	01-22-2003
Michigan Association of Health Plans	06-07-2002
Michigan Cancer Genetics Alliance	10-27-2003
Michigan Cancer Pain Initiative*	09-23-2002
Michigan Cancer Research Consortium	02-12-2003
Michigan Health Council*	04-30-2002
Mount Clemens General Hospital	10-14-2003
Sanilac County Health Department	12-13-2002
Tobacco-Free Michigan	08-12-2003
Van Andel Research Institute	02-03-2003

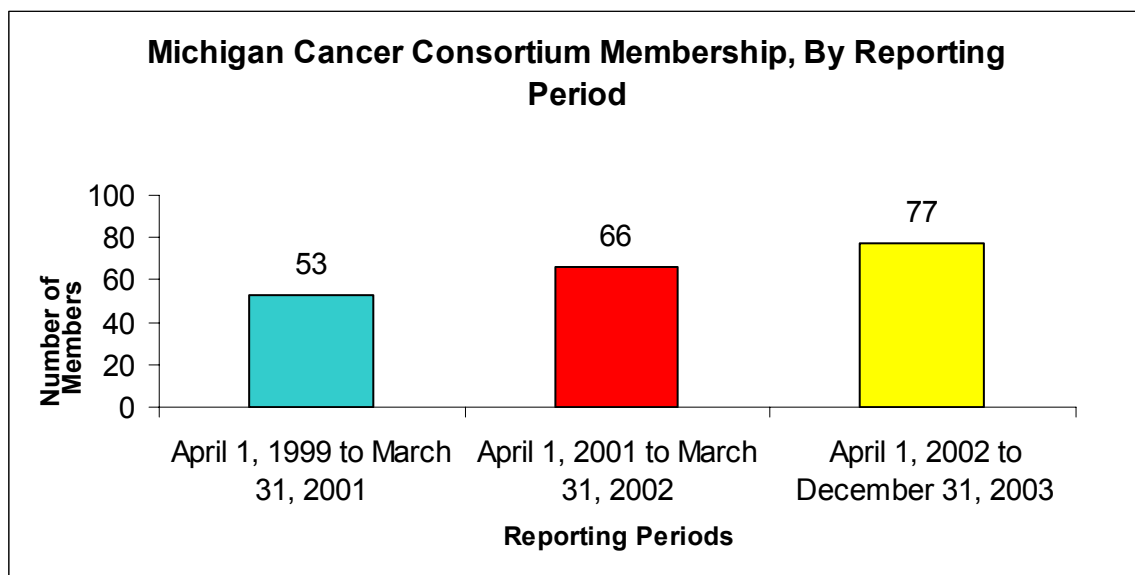
\* Denotes organizations that have since ended their membership with the MCC.



## Member Growth

The number of MCC member organizations continues to increase each reporting period. During the current reporting period, 16 new organizations joined the MCC (see page 13 for the list of new MCC member organizations), bringing the total number of MCC member organizations to 77.

Figure 1



# Accomplishments by Priority

## Implementation Interventions and Activities, By Priority and Organization Category

MCC member and key partner organizations represent seven different types of organizations. These include: 1) Health Care Delivery Systems with Cancer Programs; 2) Organizations Representing or Serving Hard to Reach Special Populations; 3) Health Care Insurance Plans; 4) Public Health Organizations; 5) Health Care / Primary Care Delivery Systems and Practices; 6) Health Education / Health Research and Evaluation Organizations; and 7) Trade / Professional Organizations.

The following charts illustrate the number of implementation interventions and activities by priority as reported by the different types of organizations.

Figure 2

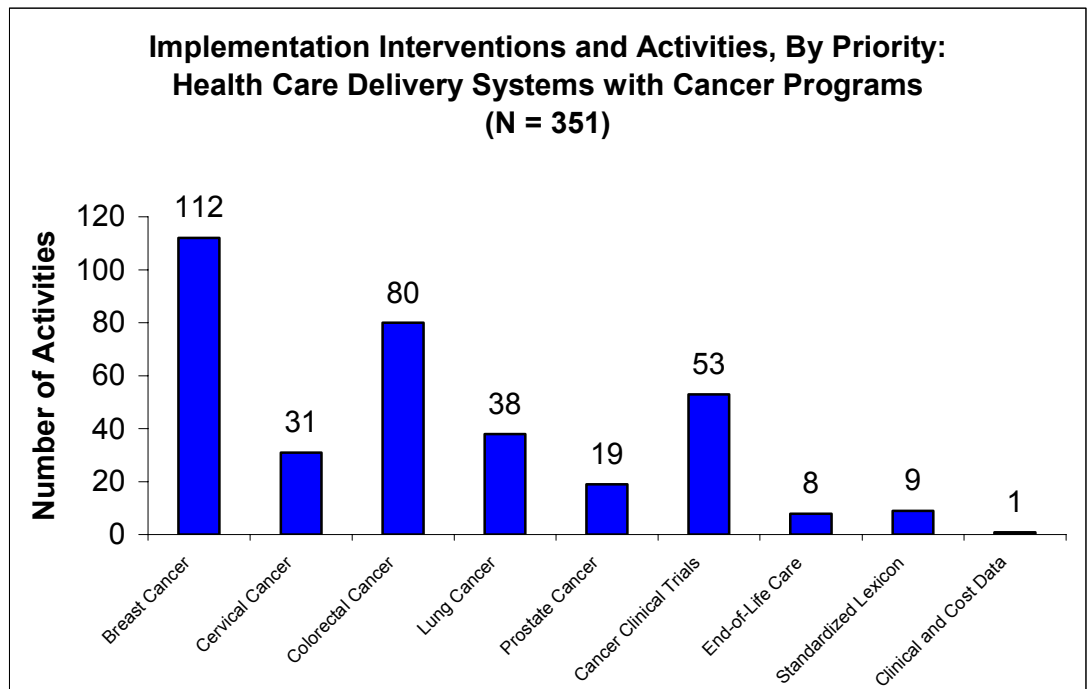




Figure 3

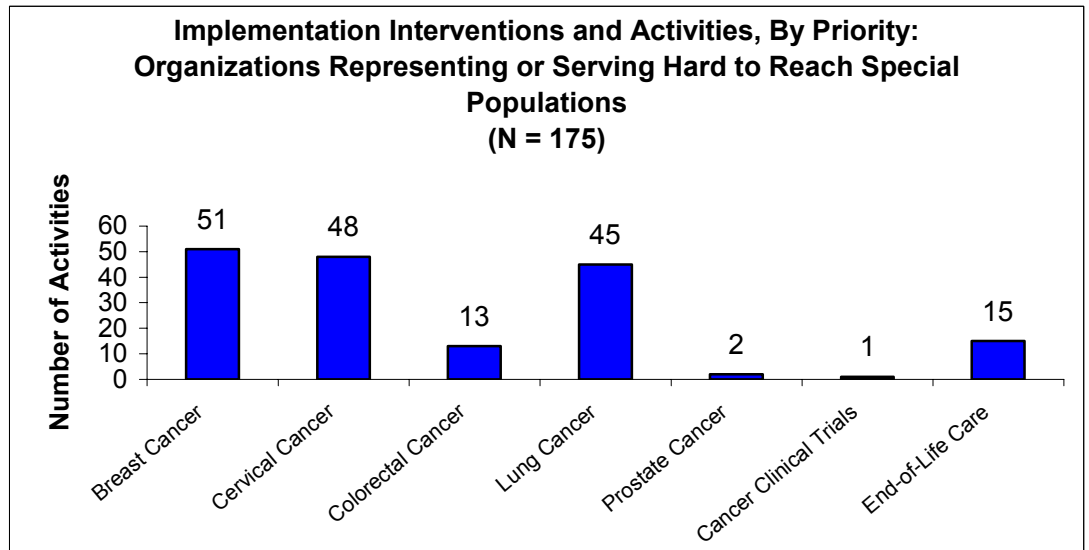


Figure 4

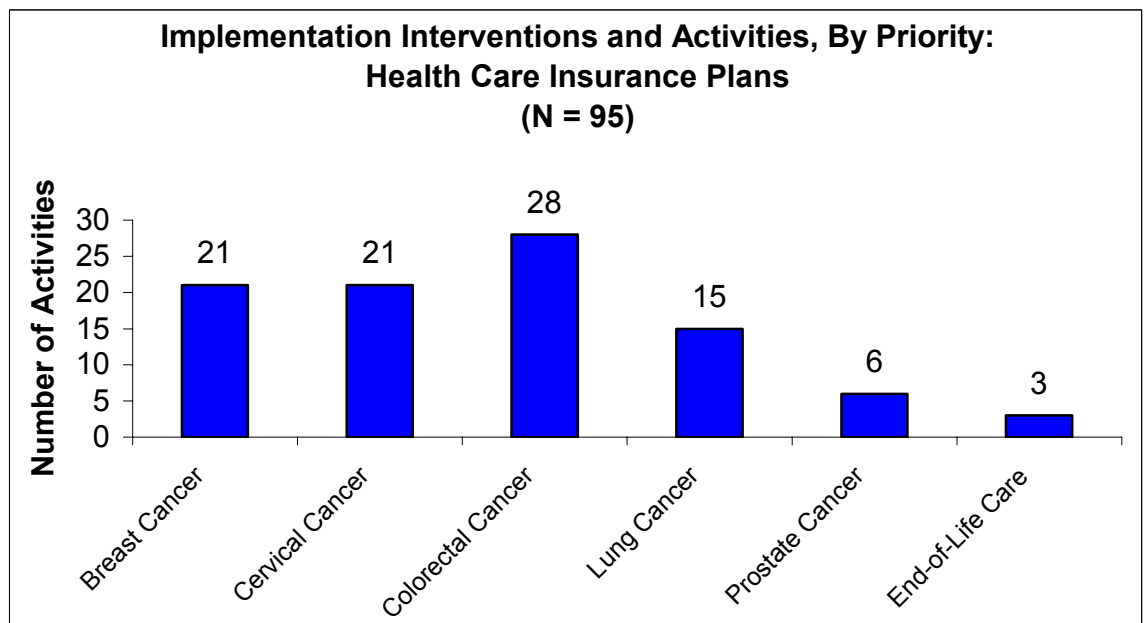




Figure 5

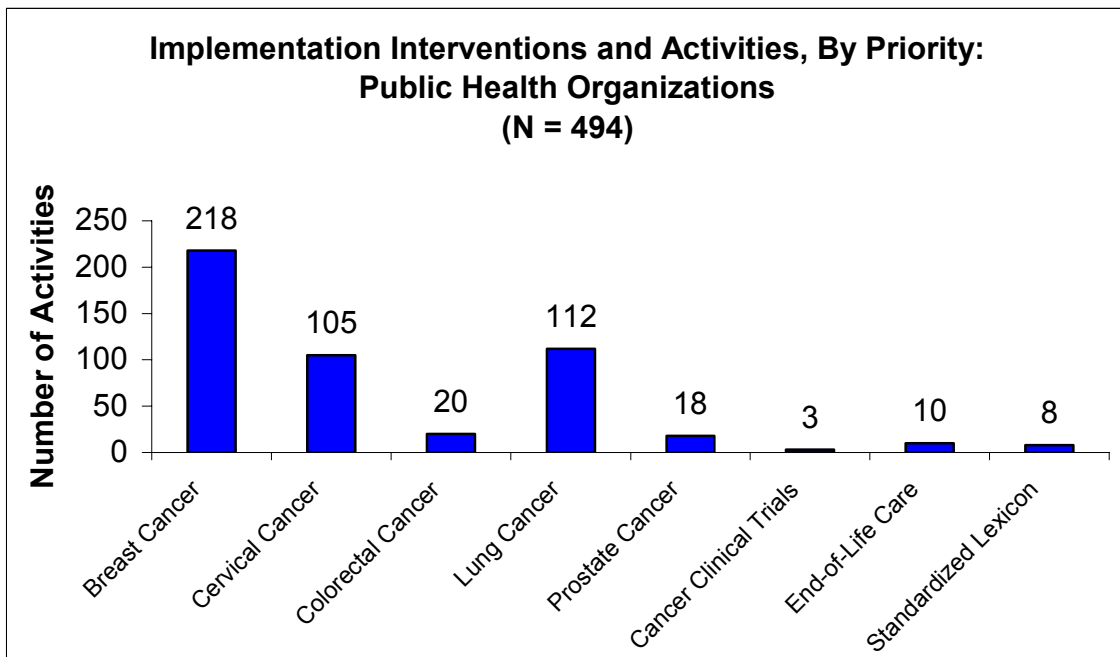


Figure 6

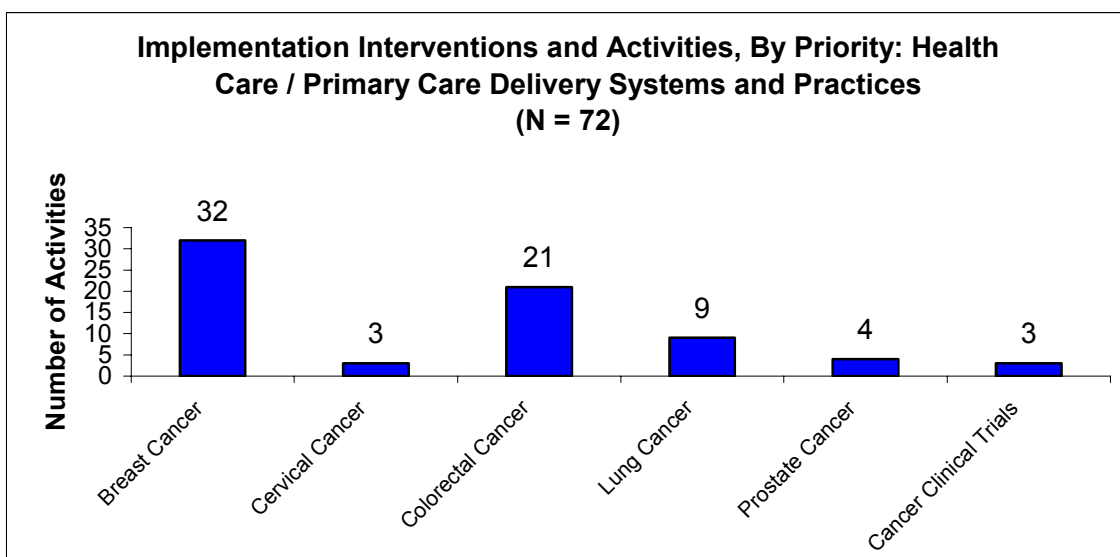




Figure 7

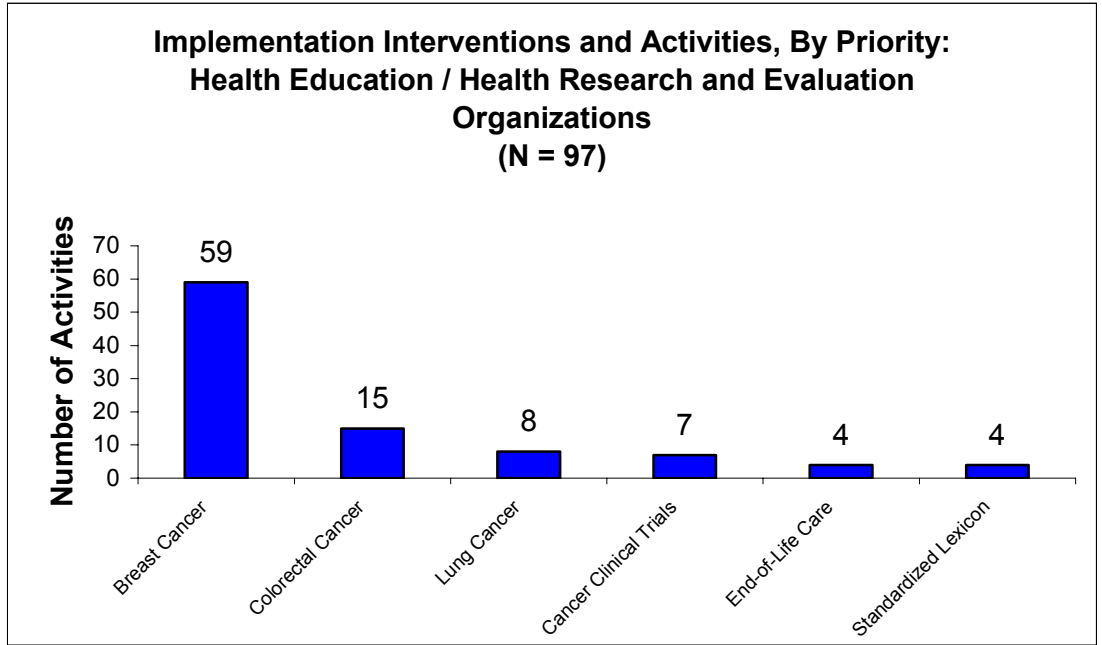
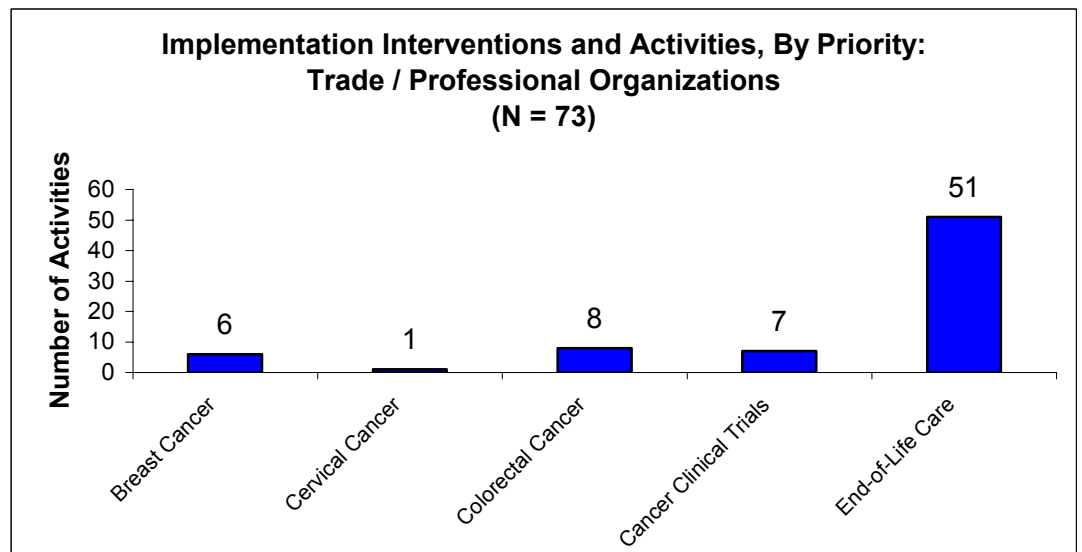


Figure 8

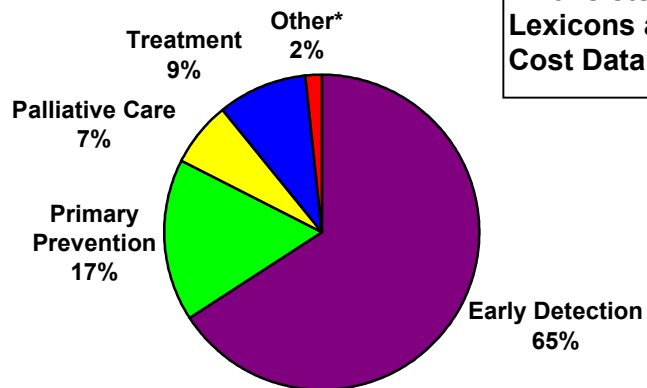


## Implementation Interventions and Activities, Relative to the Continuum of Cancer Care

The majority of interventions and activities (65%) reported by MCC member and key partner organizations were related to the early detection of cancer. Interventions related to primary prevention made up 17% of total activities, followed by treatment (9%) and palliative care (7%). Interventions and activities related to standardized lexicons and clinical and cost data were at 2%.

Figure 9

### Implementation Interventions and Activities, Relative to the Continuum of Cancer Care





# Breast Cancer

## Breast Cancer Reported Outputs, Products, and Outcomes

The following tables contain selected, major breast cancer reported outputs, products, and outcomes by strategy, main areas of intervention, and organization.

### Health Care Services Delivery

Category of Activity or Intervention	Reported Outputs, Products, and Outcomes	Organizations Involved*
Advocate for access to screening	Recruited three new providers into the BCCCP with more planned Conducted breast cancer screening on 998 women at or below 250% of poverty, with half receiving mammograms	DHD2
	Added one additional screening provider in Saginaw, Bay, and St. Clair counties. Screened an additional 1299 women for breast cancer	HUCHD
	Added two local physicians to provider roster	LMAS
Partner with the Michigan Breast and Cervical Cancer Control Program (BCCCP)	Increased screening appointments for BCCCP eligible patients; BCCCP mobile detection clinic now active twice a week	ACCESS
	Special 6-month campaign generated 405 new enrollments into the BCCCP Connected 65,766 additional women, and current program now consists of 6,576 volunteers	ACS
	Recruited an additional 50 women into the BCCCP	FACED
	Served 1,493 women through the Southwest Michigan BCCCP	KCHSD
	Enrolled 404 new eligible patients into the BCCCP	MDCH
	Enrolled 29 additional patients into the BCCCP	PCI
Disseminate information through incentive-based patient recruitment activities	Completed 35 breast cancer risk assessments Increased screening and follow-up by incorporating a system to identify patients based on MCC criteria	IRMC
	Implemented Outpatient Rapid Assessment Programs in 13 additional offices and clinics	MPRO



### Health Care Services Delivery (continued)

Category of Activity or Intervention	Reported Outputs, Products, and Outcomes	Organizations Involved*
Provide free/low-cost cancer screening and follow-up as needed	Served a combined 3,155 patients through the “Reach to Recovery”, “Look Good Feel Better”, and “I Can Cope” projects	ACS
	2003 Health Plan Employer Data and Information Set rate of 86.9%	CC HMO
	2003 Health Plan Employer Data and Information Set rates: <ul style="list-style-type: none"> <li>• Commercial 85%</li> <li>• Medicaid 67%</li> </ul>	HPM
	Raised funds to provide mammograms and follow-up to low-income individuals	DHD2
	Clinics conducted a combined 40 breast cancer screenings and completed 44 referrals	MCHD
	Screened an additional 660 women for breast cancer	NMCHA
	Offered mammograms through the mobile mammography clinic at over 30 locations	LCCSM

### Provider Education (*all health care providers, including physicians and nurses*)

Category of Activity or Intervention	Reported Outputs, Products, and Outcomes	Organizations Involved*
Continuing medical education/continuing education offerings	Educated staff regarding screening programs and current BCCCP eligibility criteria	CACHD
Disseminate information to providers	Mailed 7,700 informative packets to primary care physicians, gynecologists, clinics, and hospitals Provided current mammography guide to providers via ACS area offices	ACS
	Provided over 7,000 packets to primary care physicians, hospitals, laboratories, medical centers, and clinics	MDCH
	Distributed 1,270 informative CDs to primary care physician offices	MPRO

\*See listing of MCC Member and Key Partner Organizations on pages 9-12 of this report for key to abbreviations used.



**Public Education**

Category of Activity or Intervention	Reported Outputs, Products, and Outcomes	Organizations Involved*
Disseminate information to public	Mailed over 775,000 Medicaid insured individuals on the BCCCP through the FREE2BE campaign	MDCH
	20,000 informative brochures have been requested for public dissemination Nearly 9,000 breast cancer patient education packets have been mailed out to interested callers	MPRO
	Distributed 76,200 direct mail post cards	OHS-CC
Disseminate information via community outreach efforts	Conducted outreach clinics to provide community breast cancer education 46 women received clinical breast exams	CACHD
Special awareness campaign/month	Conducted 262 presentations and health fairs involving 6,630 attendees	MPRO

\*See listing of MCC Member and Key Partner Organizations on pages 9-12 of this report for key to abbreviations used.



## New and Expanded Breast Cancer Activities and Interventions

### ACCESS Community Health Center

Activity/Intervention Description	Attributed to MCC Affiliation
Acquired grants to continue and increase activity of grants from Avon and Komen	✓
Increased BCCCP function to the latest clinical exams, Pap screening, and mammography	✓
Increased coverage area to include most of Wayne county, as well as other counties serving ethnic populations	✓
Hosted the 3 <sup>rd</sup> Biennial National Conference on Health issues in the Arab American Community	✓
Conducted presentations and health fairs at community centers, mosques, and churches	✓
Promoted "Race for the Cure" to increase awareness and education about breast cancer	✓
Collaborated with local media regarding public education campaigns	✓
Expanded activities in different strategic areas serving all ethnic groups	✓
Worked with ACS on the "Tell a Friend" Project	✓

### Alpena General Hospital

Activity/Intervention Description	Attributed to MCC Affiliation
Implemented Breast Cancer Screening Program for women within five county surrounding area	✓
Implemented programs for providing mammograms to women unable to pay within five county area	✓

### American Cancer Society, Great Lakes Division, Inc.

Activity/Intervention Description	Attributed to MCC Affiliation
Advocated for protection of state cancer program	
Conducted radio tour during Breast Cancer Awareness Month	
Informed providers about ACS programs and services available to all cancer patients	
Promoted the FREE2BE campaign in collaboration with BCCCP and Meridian Advertising	✓



### American Cancer Society, Great Lakes Division, Inc. (continued)

Activity/Intervention Description	Attributed to MCC Affiliation
Participated in "Tell a Friend" campaign to promote breast cancer screening	



### Calhoun County Health Department

Activity/Intervention Description	Attributed to MCC Affiliation
Implementation of several new off-site breast exam clinics	✓



### District Health Department #2

Activity/Intervention Description	Attributed to MCC Affiliation
Participated with the BCCCP to provide breast cancer screening for women 40-64 years of age and at or below 250% poverty	
Recruited additional area providers to participate in the BCCCP	
Conducted educational presentations on breast cancer screening guidelines	
Developed planning groups for continued expansion to new area providers	
Participated with Midland and Gladwin counties in planning groups to the number of providers and women in the BCCCP	✓
Postcards and newspaper articles were created to encourage increased annual breast cancer screening	✓



### Faith Access to Community Economic Development

Activity/Intervention Description	Attributed to MCC Affiliation
Educated the community about the BCCCP	✓
Promoted breast cancer screening through BCCCP in Flint and Genesee county	✓
Recruited additional women in the BCCCP	✓



### Genesys Hurley Cancer Institute

Activity/Intervention Description	Attributed to MCC Affiliation
Increased community screening for breast cancer during Breast Cancer Awareness Month	
Educated and increased enrollment into the Study of Tamoxifen And Raloxifene program	
Initiated a new minority breast cancer support group	
Participated in MPHI screening grant that allowed access to primary care provider groups for education and tracking of interventions into improved screening rates	✓

### Grand Valley State University - Kirkhof School of Nursing

Activity/Intervention Description	Attributed to MCC Affiliation
Involved in Avon grant related to access and cost of mammography services	✓
Received grant from Susan Komen Foundation to address Native American Women's Breast Health	✓
Conducted Breast Cancer Week to increase breast cancer screening awareness	✓
Provided students in nursing program with additional information on breast health and screening	✓

### HealthPlus of Michigan

Activity/Intervention Description	Attributed to MCC Affiliation
Sent reminder letters to members under primary care provider name as a pilot project for a large provider group	

### Ingham Regional Medical Center

Activity/Intervention Description	Attributed to MCC Affiliation
Conducted conferences on breast cancer awareness	✓
Obtained early detection grant to develop electronic auto tracking system	✓
Offered prevention programs through clinical trials office	✓



### Kent County Health Department

Activity/Intervention Description	Attributed to MCC Affiliation
Provided BCCCP services to eligible women	



### The Lacks Cancer Center at Saint Mary's

Activity/Intervention Description	Attributed to MCC Affiliation
Received the Susan G. Komen Grant	✓

### Luce-Mackinac-Alger-Schoolcraft District Health Department

Activity/Intervention Description	Attributed to MCC Affiliation
Implemented contracts for decreased rates with current BCCCP mammography providers	



### MPRO

Activity/Intervention Description	Attributed to MCC Affiliation
Obtained Governor's Award for Excellence for improving preventive care in the ambulatory care setting	✓
Partnered with Faith Access to Community Economic Development on project to improve cancer outcomes	✓
Created website that offers breast cancer educational materials free of charge	✓





### Michigan Department of Community Health

Activity/Intervention Description	Attributed to MCC Affiliation
Increased outreach and recruitment efforts in continued support of the Healthy Asian Americans Project	✓
Increased screening rates in the Wayne County BCCCP	✓
Raised public awareness regarding the availability of BCCCP services through FREE2BE	✓
Partnered with ACS to develop a direct mail campaign for Medicaid insured individuals	✓



### Mount Clemens General Hospital

Activity/Intervention Description	Attributed to MCC Affiliation
Distributed MCC breast screening guidelines and follow-up abnormal screening results to medical staff	✓
Recruited additional eligible women into the Macomb county BCCCP	✓



### Oakwood Healthcare System, Inc., Cancer Center

Activity/Intervention Description	Attributed to MCC Affiliation
Participated in breast cancer awareness campaign with Channel 7 News	
Participated in public awareness campaign on the minimally invasive breast biopsy process	



### Spectrum Health Cancer Program

Activity/Intervention Description	Attributed to MCC Affiliation
Co-sponsored “Friends for Life”, an initiative that reminds women to have regular breast screenings	



### Tuscola County Health Department

Activity/Intervention Description	Attributed to MCC Affiliation
Received grant to provide support to the WISEWOMAN Program	
Continue to provide BCCCP clinics once a month	



# Cervical Cancer

## Cervical Cancer Reported Outputs, Products, and Outcomes

The following tables contain selected, major cervical cancer reported outputs, products, and outcomes by strategy, main areas of intervention, and organization.

### Health Care Services Delivery

Category of Activity or Intervention	Reported Outputs, Products, and Outcomes	Organizations Involved*
Partner with the Michigan Breast and Cervical Cancer Control Program (BCCCP)	Enrolled 405 new individuals into the BCCCP	ACS
	Recruited 50 additional women into the BCCCP	FACED
Provide free/low-cost cancer screening and follow-up as needed	2003 cervical cancer Health Plan Employer Data and Information Set rate of 87.0%	CC HMO
	Conducted cervical cancer screening and follow-up on 998 women	DHD2
	2003 cervical cancer Health Plan Employer Data and Information Set rates: <ul style="list-style-type: none"> <li>• Commercial 89%</li> <li>• Medicaid 72%</li> <li>• Medicare 82%</li> </ul>	HPM
	Provided cervical cancer screening to 1299 women	HUCHD
	Provided cervical cancer screening to over 600 women	NMCHA
	Received 12 referrals, 9 of which received cervical cancer screening	MCHD
	Completed project to increase Pap testing in five communities in Michigan with higher mortality due to cervical cancer	MDCH, MPHI

\*See listing of MCC Member and Key Partner Organizations on pages 9-12 of this report for key to abbreviations used.



**Provider Education (all health care providers, including physicians and nurses)**

Category of Activity or Intervention	Reported Outputs, Products, and Outcomes	Organizations Involved*
Continuing medical education/continuing education offerings	Conducted conferences for approximately 100 physicians in order to increase awareness of the BCCCP	GCHD
	Designed a workshop for 20 participants of the BCCCP to increase awareness of the minimum program requirements	KCHSD
Disseminate information to providers	BCCCP cervical cancer guidelines were mailed to 3,000 primary care providers and gynecologists	ACS

**Public Education**

Category of Activity or Intervention	Reported Outputs, Products, and Outcomes	Organizations Involved*
Special awareness campaign/month	Conducted presentations for 4 out of 7 minority groups in the community, including African American and Hispanic populations	MCHD

**Research**

Category of Activity or Intervention	Reported Outputs, Products, and Outcomes	Organizations Involved*
Disseminate information through project-based reports	Conducted retrospective investigation and medical records' review of women diagnosed with or died of invasive cervical cancer in Michigan to identify characteristics of this population  Developed report on women diagnosed with or died of invasive cervical cancer in Michigan that identified characteristics of this population	MDCH, MPHI

\*See listing of MCC Member and Key Partner Organizations on pages 9-12 of this report for key to abbreviations used.



## New and Expanded Cervical Cancer Activities and Interventions

### Access Community Health Center

Activity/Intervention Description	Attributed to MCC Affiliation
Hired more cervical cancer advocates	✓
Increased BCCCP function to increase screening of qualified patients	✓
Collaborated with the “Tell a Friend” program	✓
Hosted the 3 <sup>rd</sup> Biennial National Conference on Health issues in the Arab American Community	✓
Introduced Eastern Habits, tradition, and sensitivity	✓
Developed new expanded facility at the heart of the Arabic community	✓
Implemented outreach grants to identify unscreened eligible women	✓
Utilized the BCCCP to measure the increase in enrollment of low-income women	✓
Increased seminars, workshops, and educational presentations throughout the community	✓

### Alpena General Hospital

Activity/Intervention Description	Attributed to MCC Affiliation
Implemented program to provide free Pap smears for women within five county surrounding area	
Implemented program to provide clinical pelvic exams for women within five county surrounding area	

### American Cancer Society, Great Lakes Division, Inc.

Activity/Intervention Description	Attributed to MCC Affiliation
Advocated for protection and expansion of state funding for the BCCCP	
Coordinated FREE2BE campaign kick off event at Lansing City Hall	
Informed providers about ACS programs and services available to all cancer patients	





### Calhoun County Health Department

Activity/Intervention Description	Attributed to MCC Affiliation
Educated and recruited additional clients through sexually transmitted disease clinics	✓
Coordinated monthly press releases to eight service area publications	✓



### District Health Department #2

Activity/Intervention Description	Attributed to MCC Affiliation
Participated with the BCCCP to provide breast cancer screening for women 40-64 years of age and at or below 250% poverty	
Increased presence at area family planning clinics	
Disseminated flyers, newspaper articles, and held forums at area hospitals	



### Faith Access to Community Economic Development

Activity/Intervention Description	Attributed to MCC Affiliation
Educated women on cervical cancer screening	✓
Promoted cervical cancer screening through BCCCP in Flint and Genesee County	✓
Recruited additional women in the BCCCP	✓



### HealthPlus of Michigan

Activity/Intervention Description	Attributed to MCC Affiliation
Sent reminder letters to members under primary care provider name as pilot project for a large provider group	



### Huron County Health Department

Activity/Intervention Description	Attributed to MCC Affiliation
Provided screening through the BCCCP in Huron, Sanilac, Tuscola, Bay, Saginaw, and St. Clair counties	
Recruited additional providers in BCCCP screening areas	



### Ingham Regional Medical Center

Activity/Intervention Description	Attributed to MCC Affiliation
Implemented cervical cancer screening at all practice sites	✓

### Kalamazoo County Human Services Department

Activity/Intervention Description	Attributed to MCC Affiliation?
Collaborated with outside organizations in attempts to increase enrollment within the BCCCP	✓



### Kent County Health Department

Activity/Intervention Description	Attributed to MCC Affiliation
Provided increased support to the BCCCP	

### Michigan Association for Local Public Health

Activity/Intervention Description	Attributed to MCC Affiliation
Encouraged adoption on MCC endorsed Pap screening protocols and periodicity	✓





### Michigan Department of Community Health

Activity/Intervention Description	Attributed to MCC Affiliation
Participated in Cervical Cancer Follow-Back Study	



### Mount Clemens General Hospital

Activity/Intervention Description	Attributed to MCC Affiliation
Distributed MCC Cervical Cancer Screening Guidelines to medical staff	

### Northwest Michigan Community Health Agency

Activity/Intervention Description	Attributed to MCC Affiliation
Provided follow-up referrals to women under 40 years of age	✓



### Spectrum Health Cancer Program

Activity/Intervention Description	Attributed to MCC Affiliation
Provided primary care providers with opportunity to receive a copy of the new cervical cancer screening guidelines	

### Tuscola County Health Department

Activity/Intervention Description	Attributed to MCC Affiliation
Continued to offer BCCCP clinics one day a month	





# MCC Special Report on Cervical Cancer

## A Follow Back Study of Invasive Cervical Cancer and Deaths Due to Cervical Cancer in Michigan

*Michigan Department of Community Health, Michigan Public Health Institute*

### Introduction

One objective of the Michigan Cancer Consortium comprehensive cancer plan is to address barriers to cervical cancer screening in Michigan. A cervical cancer follow-back study was initiated to investigate risk factors for late stage diagnosis and related deaths from cervical cancer, a cancer that is very much amenable to screening by the effective Pap smear test and highly curable when detected in its earliest stages.

### Methods

The Michigan Cancer Surveillance System, the central statewide registry of cancer cases, was utilized to identify Michigan women who were diagnosed with invasive cervical cancer between 1998 and 2000. Cases included a group of women who had died from cervical cancer. Medical records from a random sample of the identified cases were tracked across the state's medical facilities and reviewed for screening, diagnostic, and treatment history. For all identified women, a standard abstraction/reporting form was used to collect information on basic demographic information (county of residence, age, race, smoking status, and insurance status), Pap smear history (date, adequacy of specimen, results), diagnostic information (cervical procedures performed for diagnosis, diagnosis date, final diagnosis, and tumor stage) and treatment history (date of treatment and treatments received). The final study population for whom full history was completed included 160 women.

### Results

Ninety-six of the 160 women (60.0%) did not have a Pap smear performed within 3 years prior to being diagnosed with invasive cervical cancer. Of the women who received a Pap test within the 3-year timeframe, 48.4% had a negative result, 20.3% had an abnormal result with adequate follow-up, and 12.5% had an abnormal result with inadequate follow up. Multivariate statistical analysis showed that age



and stage at diagnosis were significantly associated with timely Pap smear screening. Women 50 years of age or older were 3.5 times more likely than younger women to not have received a Pap smear within 3 years of diagnosis. Women who were diagnosed at more advanced stages of cancer were more than twice as likely as women who were diagnosed at an earlier stage to not have received a timely Pap test.

### Conclusion

Lack of appropriately timed cervical screening is an important factor in the diagnosis of invasive cervical cancer. More than half of women diagnosed with invasive cervical cancer did not have a Pap test within three years prior to diagnosis, which suggests a need for more effective interventions to increase regular cervical screening. The results of this study confirm that interventions specifically targeting women older than 50 years of age would impact detection of cervical cancer at an earlier and curable stage.

### Recommendations

- Findings from this study suggest a continuing need for effective interventions targeting both women and health care providers to improve utilization of regular cervical screening and adequate follow-up of abnormal findings.
- Through the state comprehensive Breast and Cervical Cancer Control Program (BCCCP), low-income women have access to free life-saving cancer screening services and follow-up care, including cancer treatment if that should be needed. Statewide efforts to recruit additional women into the BCCCP should be continued.
- A diagnosis of invasive cervical cancer should be considered as a criterion for automatic eligibility of women into the Medicaid program.
- Efforts should be strengthened to ensure that women who do have abnormal Pap smear results are notified in a timely manner, making further evaluation and treatment possible.
- Mandatory written notification of both normal and abnormal Pap test results may improve women's awareness of type of tests received and their compliance with timely screening and follow up. It would also help providers in documenting patients' screening history.
- Of the 64 women who had a Pap smear within 3 years prior to diagnosis of invasive cancer, 31 women had a normal Pap smear.



Aside from false negatives, one explanation that may account for this finding is “rapid onset cervical cancer, cancer that develops during the course of routine Pap smear screening. Known causes include immunosuppressive disease and other co-morbidities that increase the risk of women for aggressive cancers.” A reassessment of current screening guidelines may be needed for addressing these particular cases.

- Tobacco use has been associated with increased risk of both precancerous changes in the cervix and cervical cancer. Almost half of women in this study (44.0%) were current smokers. Assessing smoking status and counseling regarding smoking cessation may be of benefit for women when they present for screening and of particular benefit for those who present for evaluation of an abnormal Pap smear finding.

Pap smear screening history could not be determined from medical chart reviews for 53.7% of eligible cases. Abstracting archived data from paper records proved to be challenging. The move toward electronic medical record systems has significant advantages in making records more accessible, accurate, and complete. Providers who refer women to specialists should be encouraged to transfer the patient’s history to the treating facility to enhance completeness of records.

# Colorectal Cancer

## Colorectal Cancer Reported Outputs, Products, and Outcomes

The following tables contain selected, major colorectal cancer reported outputs, products, and outcomes by strategy, main areas of intervention, and organization.

### Health Care Services Delivery

Category of Activity or Intervention	Reported Outputs, Products, and Outcomes	Organizations Involved*
Provide free/low-cost cancer screening and follow-up as needed	Provided free screening to over 200 patients	AGH
	2003 colorectal cancer combined screening rate of 43.5%	CC HMO
	2002 colorectal cancer screening rate of 60.0%	HPM
	Tested 167 fecal-occult blood tests collected through a community mailing campaign	IRMC
	Increased colorectal cancer patient evaluation, distribution of screening kits, and completed sigmoidoscopies	SHCP

### Provider Education *(all health care providers, including physicians and nurses)*

Category of Activity or Intervention	Reported Outputs, Products, and Outcomes	Organizations Involved*
Continuing medical education/continuing education offerings	Conducted conference for over 300 nurses	ACS
	Held 18 colorectal cancer-related conferences with a total attendance of 313 providers	IRMC
	Conducted colorectal cancer professional education presentations at 7 health professional conferences	MDCH
Disseminate information to providers	Produced and mailed informational CD to over 500 medical educators and providers upon request to ACS headquarters	ACS
	Disseminated current screening guidelines to approximately 1,700 Beaumont physicians	WBH

\*See listing of MCC Member and Key Partner Organizations on pages 9-12 of this report for key to abbreviations used.



## Public Education

Category of Activity or Intervention	Reported Outputs, Products, and Outcomes	Organizations Involved*
Disseminate information to the public	Distributed approximately 500 brochures on colorectal screening to physician offices for public education purposes	MPRO
	Mailed 4,500 pamphlets to households of women over 50 years of age (women directed health care)	OHS-CC
Special awareness campaign	Distributed 2,236 EZ Detect kits to community members	OHS-CC

\*See listing of MCC Member and Key Partner Organizations on pages 9-12 of this report for key to abbreviations used.



## New and Expanded Colorectal Cancer Activities and Interventions

### ACCESS Community Health Center

Activity/Intervention Description	Attributed to MCC Affiliation
Increased colorectal cancer awareness	✓
Provided health information through public kiosks	✓

### American Cancer Society, Great Lakes Division, Inc.

Activity/Intervention Description	Attributed to MCC Affiliation
Collaborated on the Colorectal Cancer Awareness Network (CRAN)	
Advocated staff participation in <i>Dialogue for Action</i> Program	
Worked with ACS to develop CRAN activity flyer and press release	
Advocated for colorectal screening pilot study	
Reward Work Program and encouraged participating companies to provide insurance for colorectal cancer screening	
Participated in CRAN Annual Meeting	✓

### Care Choices HMO / Trinity Health Plans

Activity/Intervention Description	Attributed to MCC Affiliation
Participated in CRAN activities	✓
Distributed patient lists to physicians that included unscreened colorectal cancer patients	✓
Sent out reminder letters for colorectal screening	✓

### Faith Access to Community Economic Development

Activity/Intervention Description	Attributed to MCC Affiliation
Promoted awareness about colorectal screening	✓



### HealthPlus of Michigan

Activity/Intervention Description	Attributed to MCC Affiliation
Provided primary care providers with a list of members that required colorectal screening	
Mailed letters to all hospital education coordinators encouraging increased colorectal cancer screening	



### Ingham Regional Medical Center

Activity/Intervention Description	Attributed to MCC Affiliation
Hosted and participated in colon and colorectal conferences	✓

### The Lacks Cancer Center of Saint Mary's

Activity/Intervention Description	Attributed to MCC Affiliation
Participated in the <i>Dialogue for Action</i> meetings	



### Michigan Department of Community Health

Activity/Intervention Description	Attributed to MCC Affiliation
Distributed brochures to staff at 20 Michigan Hospices organizations	✓
Served as the funding source for the translation of the Centers for Disease Control and Prevention Screen for Life materials into the Arabic language	
Participated in colorectal awareness collaboration and networking activities	
Developed Colorectal Cancer Awareness Network of Michigan organizations	
Expanded delivery method of colorectal cancer materials	
Presented materials at a variety of health professional venues	
Provided colorectal cancer public education and awareness	
Produced and tested five colorectal cancer education programs	✓
Developed a colorectal cancer resources clearinghouse	





### Mount Clemens General Hospital

Activity/Intervention Description	Attributed to MCC Affiliation
Disseminated screening guidelines to medical providers	
Offered continued colorectal cancer education	
Provided community education for colorectal cancer risk, early detection, and prevention programs	

### Oakwood Healthcare System, Inc., Cancer Center

Activity/Intervention Description	Attributed to MCC Affiliation
Participated in parish nurse program for colorectal screening and education	✓

### Providence Cancer Institute

Activity/Intervention Description	Attributed to MCC Affiliation
Printed internal publication entitled “Who’s at Risk”	

### Spectrum Health Cancer Program

Activity/Intervention Description	Attributed to MCC Affiliation
Developed Colon Cancer Genetics Clinic for the evaluation of colon cancer risk based on family history	✓
Provided free fecal-occult blood test kits to West Michigan residents	✓

### William Beaumont Hospital

Activity/Intervention Description	Attributed to MCC Affiliation
Worked with ACS in developing colorectal cancer awareness events	
Educated physicians on colorectal screening guidelines	

# Lung Cancer

## Lung Cancer Reported Outputs, Products, and Outcomes

The following tables contain selected, major lung cancer reported outputs, products, and outcomes by strategy, main areas of intervention, and organization.

### Public Education

Category of Activity or Intervention	Reported Outputs, Products, and Outcomes	Organizations Involved*
School health education	Conducted a smoking awareness campaign that reached 162 6 <sup>th</sup> grade classes with a total of 51,464 students	ACS
	Smoking education programs were conducted in 10 area schools involving 156 students	MCHD
	Conducted education and awareness presentations throughout 27 schools including more than 3,300 students	
	Presented smoking education through 15 programs made to over 500 students from area schools	MQCHD
Community Health Education	Conducted 32 presentations to educate the community and increase awareness about smoking-related diabetes	ACCESS
	Conducted seven workshops throughout the community regarding harmful effects of smoking	
	Distributed 60,683 "First Hand Facts on Secondhand Smoke" booklets and 4,605 restaurant and business policy development kits	MDCH
	Distributed a publication on smoking cessation, lung cancer, and prevention entitled "In Touch" to 23,000 households throughout the community	MCGH
	Provided approximately 3,200 booklets to smokers in the inpatient units and ambulatory settings at each of the local hospitals	OHS-CC

\*See listing of MCC Member and Key Partner Organizations on pages 9-12 of this report for key to abbreviations used.



**Public Health (continued)**

Category of Activity or Intervention	Reported Outputs, Products, and Outcomes	Organizations Involved*
Community-Based Smoking Education Projects/Results	Enrolled 360 youths throughout the community into smoking education/cessation programs Issued approximately 100 Quit Kits throughout the community	ACCESS
	Smoking cessation program results indicated that 32% of the participants were tobacco free at 12 months post enrollment 34% indicated that they had not quit, but had reduced their consumption by more than 50% 2002 Health Plan Employer Data and Information Set Consumer Assessment of Health Plans Study survey: <ul style="list-style-type: none"> <li>• 78% of the members were advised by their provider to quit in the last 12 months</li> <li>• Referral source due to direct member promotion of 32%</li> </ul>	CC HMO
	2002 Health Plan Employer Data and Information Set Consumer Assessment of Health Plans Study survey: Advising smokers to quit <ul style="list-style-type: none"> <li>• Commercial 71%</li> <li>• Medicaid 69%</li> </ul>	HPM
	Due to the “Secondhand Youth For Truth” media campaign, tobacco use among Marquette and Alger county youth has decreased from 35% to 25% Media campaign also indicated that 96% of teens surveyed were aware of the campaign and 94% agreed that environmental tobacco smoke was harmful; 42% also indicated that they would like to work in a smoke-free workplace	MQCHD
	From Health Plan Employer Data and Information Set data, it was indicated that physicians screened for tobacco use at an increased rate for Commercial, Medicaid, and Medicare compared to baseline 2002 BRFSS results indicate that adult smoking rates in Michigan have recently decreased from 26.1% to 24.0%	MDCH

\*See listing of MCC Member and Key Partner Organizations on pages 9-12 of this report for key to abbreviations used.



## Policy/Advocacy

Category of Activity or Intervention	Reported Outputs, Products, and Outcomes	Organizations Involved*
Advocate for local Clean Indoor Air Policies	Met with 24 local businesses to explain the harmful effects of second-hand smoke	ACCESS
	Advocated for the implementation of clean indoor air ordinances in Washtenaw and Genesee counties	MALPH
Work to reduce youth access to tobacco products	Three major hospitals in Grand Rapids implemented smoke-free campus policies	MDCH
	Four regional tobacco coalitions provided assistance with the development and implementation of over 20 smoke-free policies for use in local municipal buildings and properties	
	Provided educational trainings for coalitions moving toward the implementation of smoke-free workplace ordinances	
	Assisted in an additional 800 Michigan restaurants becoming smoke-free facilities, bringing the total to 3,900 smoke-free restaurants operating within the state of Michigan	
Work to reduce youth access to tobacco products	Assisted in the development of a smoke-free worksite policy for the city of Detroit and Wayne County	ACCESS
	Created Smoke-Free Environments Law Project website to provide current information regarding legal issues associated with secondhand smoke	
	Followed up with 15 retailers on their actions to prevent underage access to tobacco products	

## Provider Education

Category of Activity or Intervention	Reported Outputs, Products, and Outcomes	Organizations Involved*
Disseminate information to providers	Toolkits including pharmacotherapy information, patient record labels, the 5A's guidelines, and covered cessation benefits per insurer were sent to approximately 10,000 family physicians, general practitioners, internal medicine practitioners, and OB/GYNs	MDCH

\*See listing of MCC Member and Key Partner Organizations on pages 9-12 of this report for key to abbreviations used.



## New and Expanded Lung Cancer Activities and Interventions

### ACCESS Community Health Center

Activity/Intervention Description	Attributed to MCC Affiliation
Provided community education regarding the importance of the smoke-free home pledge	
Explained the dangers of secondhand smoke to children and family members	
Developed prevention team to target substance abuse and smoking	
Implemented cessation classes through the Toward No Tobacco Program	
Collaborated with area businesses and event sponsors interested in smoke-free policies	
Provided bilingual educational materials at community health fairs and through ACCESS	
Implemented Say No To Tobacco surveys and follow-ups	
Conducted the Smoke-Free Places survey with the Michigan Department of Community Health	
Developed smoking related disease presentation to encourage individuals to quit smoking	
Submitted Smoke-Free Events Questionnaire along with the Michigan Department of Community Health	

### American Cancer Society, Great Lakes Division, Inc.

Activity/Intervention Description	Attributed to MCC Affiliation
Monitored and supported legislation to ban smoking in restaurants	
Encouraged and rewarded companies and institutions whose worksites are smoke-free	
Conducted anti-smoking campaigns in middle schools	

### Calhoun County Health Department

Activity/Intervention Description	Attributed to MCC Affiliation
Implemented the Calhoun County Tobacco Reduction Coalition	



### District Health Department #2

Activity/Intervention Description	Attributed to MCC Affiliation
Addressed smoking cessation through health department programs	
Increased awareness of smoking cessation in area schools and businesses	



### Grand Valley State University - Kirkhof School of Nursing

Activity/Intervention Description	Attributed to MCC Affiliation
Adopted major initiative to address the philosophy of campus wellness	✓
Encouraged students to utilize the counseling center for smoking cessation purposes	✓
Adopted smoke-free building policy at Grand Valley State University	✓



### HealthPlus of Michigan

Activity/Intervention Description	Attributed to MCC Affiliation
Developed a database to track members' progression/regression through stages of tobacco cessation	
Disseminated restaging survey to follow members' progress in smoking cessation	



### Inter-Tribal Council of Michigan

Activity/Intervention Description	Attributed to MCC Affiliation
Disseminated adult tobacco survey	
Promoted the Michigan Native American Tobacco Coalition	
Provided specific tobacco prevention and education	



### Macomb County Health Department

Activity/Intervention Description	Attributed to MCC Affiliation
Participated in the South East Michigan Clean Indoor Air Network and implemented joint projects	
Provided information and resources to organizations and communities working to enact clean air policies	



### Marquette County Health Department

Activity/Intervention Description	Attributed to MCC Affiliation
Developed a region wide website promoting clean indoor air and other tobacco issues	
Selected to serve as a pilot site for a new smoking cessation project	
Developed smoking cessation promotional materials	



### Michigan Association for Local Public Health

Activity/Intervention Description	Attributed to MCC Affiliation
Coordinated ongoing support for the development of clean indoor air ordinances	
Assessed the impact of including routine tobacco assessment as a vital sign in all primary care facilities	





### Michigan Department of Community Health

Activity/Intervention Description	Attributed to MCC Affiliation
Convened a tobacco use cessation workshop	
Received a grant from the Centers for Disease Control and Prevention and Legacy to start a proactive smoking cessation hotline	
Campaigned for the use of standard tobacco measurements to the Michigan Health Plan	
Developed the Adult Tobacco Survey	
Encouraged colleges to adopt smoke-free policies on their campuses	
Promoted Clean Indoor Air by implementing local clean indoor air ordinances	
Provided technical assistance to local tobacco coalitions	

### Mount Clemens General Hospital

Activity/Intervention Description	Attributed to MCC Affiliation
Provided smoking cessation-related community education	
Disseminated smoking cessation publications	

### Oakwood Healthcare System, Inc., Cancer Center

Activity/Intervention Description	Attributed to MCC Affiliation
Provided smoking cessation awareness through telephone consultation	

### Spectrum Health Cancer Program

Activity/Intervention Description	Attributed to MCC Affiliation
Participated in community wide “Tobacco Free for Good” program	
Provided opportunities for school lectures to discuss the hazards of smoking	



### Tuscola County Health Department

Activity/Intervention Description	Attributed to MCC Affiliation
Supported Tobacco Resources Community website that was linked to the health department website	



# Prostate Cancer

## Prostate Cancer Reported Outputs, Products, and Outcomes

The following table contains selected, major prostate cancer reported outputs, products, and outcomes by strategy, main areas of intervention, and organization.

### Public Education

Category of Activity or Intervention	Reported Outputs, Products, and Outcomes	Organizations Involved*
Disseminate information to the public	Begun to disseminate prostate cancer brochures and audio tapes to the male community Created web versions of the prostate cancer brochure	GLCI-MSU
	Conducted prostate cancer informational direct mail program that reached 13,700 households in the community	OHS-CC
Special awareness campaign/month	Provided free prostate cancer screening	AGH
	Conducted prostate cancer screening event targeting high risk populations	MCGH

\*See listing of MCC Member and Key Partner Organizations on pages 9-12 of this report for key to abbreviations used.



## New and Expanded Prostate Cancer Activities and Interventions

### Genesys Hurley Cancer Institute

Activity/Intervention Description	Attributed to MCC Affiliation
Increased community education and screening	
Participated in Us Too Prostate Cancer Support Group	
Provided prevention and risk education for access to prevention trials	✓

### Great Lakes Cancer Institute at Michigan State University

Activity/Intervention Description	Attributed to MCC Affiliation
Refined and validated prostate cancer education materials	

### Michigan Department of Community Health

Activity/Intervention Description	Attributed to MCC Affiliation
Designed interactive web-based prostate cancer booklet	
Developed a marketing plan for future dissemination of prostate cancer education materials	
Produced resources for prostate cancer storage clearinghouse	
Developed patient decision support materials related to prostate cancer	✓

### Mount Clemens General Hospital

Activity/Intervention Description	Attributed to MCC Affiliation
Provided increased community education of prostate cancer	✓
Developed prostate cancer early detection program	
Targeted community education and early detection programs toward high-risk populations	
Implemented prostate cancer provider education program	



### Oakwood Healthcare System, Inc., Cancer Center

Activity/Intervention Description	Attributed to MCC Affiliation
Participated in “Project Healthy Living” and Hindu temple events to provide prostate cancer screening	

# Cancer Clinical Trials

## Cancer Clinical Trials Reported Outputs, Products, and Outcomes

The following tables contain selected, major cancer clinical trials reported outputs, products, and outcomes by strategy, main areas of intervention, and organization.

### Planning

Category of Activity or Intervention	Reported Outputs, Products, and Outcomes	Organizations Involved*
Gained funding for the further advancement of clinical trials	Gained \$120,000 of the \$150,000 needed to complete proposed projects	MSHO

### Provider Education *(all health care providers, including physicians, and nurses)*

Category of Activity or Intervention	Reported Outputs, Products, and Outcomes	Organizations Involved*
Continuing medical education/continuing education offerings	77 physicians were made aware of the current clinical trials being completed and the outcomes that have been reported	MSHO

### Public Education

Category of Activity or Intervention	Reported Outputs, Products, and Outcomes	Organizations Involved*
Disseminate information to the public	Participated in clinical trials that offered prostate cancer treatment options and information on quality of life issues to over 600 men annually.	WBH

\*See listing of MCC Member and Key Partner Organizations on pages 9-12 of this report for key to abbreviations used.



## New and Expanded Cancer Clinical Trials Activities and Interventions

### Alpena General Hospital

Activity/Intervention Description	Attributed to MCC Affiliation
Became a member of Southwest Oncology Group	
Implemented a clinical trials program for cancer patients in Alpena General Hospital	

### American Cancer Society, Great Lakes Division, Inc.

Activity/Intervention Description	Attributed to MCC Affiliation
Launched the “Emerging Med” clinical trials matching website	✓
Worked with hospitals to encourage participation in clinical trials	✓
Served as liaison for the Consensus Forum of Payers, Insurers, and Providers	✓
Presented results of the National Lung Screening Trial	✓

### Genesys Hurley Cancer Institute

Activity/Intervention Description	Attributed to MCC Affiliation
Participated in select community screening	✓
Coordinated community health fairs to increase awareness	

### Great Lakes Cancer Institute at Michigan State University

Activity/Intervention Description	Attributed to MCC Affiliation
Reported on community-based knowledge and attitudes of African American women regarding the advantages of joining a Community Clinical Oncology Program	✓



### Kent County Health Department

Activity/Intervention Description	Attributed to MCC Affiliation
Collaborated with the Grand Rapids Clinical Oncology Program	



### Michigan Society of Hematology and Oncology

Activity/Intervention Description	Attributed to MCC Affiliation
Planned a baseline data collection	✓
Hosted a clinical trials workshop for nurses and clinical research assistants new to research	
Raised funds to build on the findings of a 2002 pilot study	✓

### Mount Clemens General Hospital

Activity/Intervention Description	Attributed to MCC Affiliation
Increased awareness of clinical trials	
Provided access to clinical trials and new accruals within the MCGH Cancer Program	



### Oakwood Healthcare System, Inc., Cancer Center

Activity/Intervention Description	Attributed to MCC Affiliation
Conducted campaign to educate employees on cancer prevention trials	

### Spectrum Health Cancer Program

Activity/Intervention Description	Attributed to MCC Affiliation
Screened all new cancer patients for eligibility for cancer clinical trials	





### Van Andel Research Institute

Activity/Intervention Description	Attributed to MCC Affiliation
Became a member of the Grand Rapids Clinical Oncology Program	
Maintained a cancer issues-related hotline	
Co-sponsored cancer clinical trials with the Grand Rapids Clinical Oncology Program	



# Clinical and Cost Data

## Clinical and Cost Data Reported Outputs, Products, and Outcomes

The following table contains selected, major clinical and cost data reported outputs, products, and outcomes by strategy, main areas of intervention, and organization.

### Development

Category of Activity or Intervention	Reported Outputs, Products, and Outcomes	Organizations Involved*
Development of linkages between databases	Linked tumor diagnosis and Medicaid databases in order to study health disparities	GLCI-MSU

\*See listing of MCC Member and Key Partner Organizations on pages 9-12 of this report for key to abbreviations used.



## New and Expanded Clinical and Cost Data Activities and Interventions

### Great Lakes Cancer Institute at Michigan State University

Activity/Intervention Description	Attributed to MCC Affiliation
Implemented a Medicaid Linked Database Project	✓





## End-Of-Life Care

### End-Of-Life Care Reported Outputs, Products, and Outcomes

The following table contains selected, major end-of-life care reported outputs, products, and outcomes by strategy, main areas of intervention, and organization.

#### Policy/Advocacy

Category of Activity or Intervention	Reported Outputs, Products, and Outcomes	Organizations Involved*
Provide oversight for End-Of-Life Care for cancer patients in Michigan	Distributed over 10,000 guides to hospice care Provided end-of-life consultation through hospice hotline Educated over 3,000 nurses in End-Of-Life Care Reported an increase in individuals served through End-Of-Life Care facilities	MHPCO

\*See listing of MCC Member and Key Partner Organizations on pages 9-12 of this report for key to abbreviations used.



## New and Expanded End-Of-Life Care Activities and Interventions

### ACCESS Community Health Center

Activity/Intervention Description	Attributed to MCC Affiliation
Disseminated End-Of-Life-related information	✓
Conducted End-Of-Life ad campaigns in newspapers	✓
Developed an End-Of-Life press release	✓
Implemented public service announcements on TV and radio	✓

### District Health Department #2

Activity/Intervention Description	Attributed to MCC Affiliation
Implemented Home Health Program	

### Grand Valley State University – Kirkof School of Nursing

Activity/Intervention Description	Attributed to MCC Affiliation
Developed nursing education course in End-Of-Life Care	✓

### The Lacks Cancer Center at Saint Mary's

Activity/Intervention Description	Attributed to MCC Affiliation
Developed new palliative care program with Saint Mary's	

### Macomb County Health Department

Activity/Intervention Description	Attributed to MCC Affiliation
Developed End-Of-Life goals and objectives for 2004	
Disseminated media article entitled "Health Needs Grow as Macomb County Ages"	



### Michigan Department of Community Health

Activity/Intervention Description	Attributed to MCC Affiliation
Became a member of the Michigan Partnership for Advancement of End-Of-Life Care Advisory Committee	
Acted as funding source for translation of “Caring Choice” booklet into the Arabic language	



### Michigan Hospice & Palliative Care Organization

Activity/Intervention Description	Attributed to MCC Affiliation
Made End-Of-Life recommendations through the Pediatric Palliative Care Coalition	
Surveyed all hospice programs to determine the type of services provided	
Developed physical therapy competencies for End-Of-Life Care	
Developed Consumer Section on the Michigan Hospice & Palliative Care Organization website	
Created End-Of-Life Referral Guideline Quick Tool	
Distributed Hospice hotline and consumer guides	✓
Distributed Hospice Month public service announcements on Hospice services	
Conducted Medicaid Hospice Utilization Survey	
Implemented Pediatric Palliative Care Needs Assessment	
Provided training to End-of-Life Nursing Education Consortium nurse educators	



### Michigan Society of Hematology and Oncology

Activity/Intervention Description	Attributed to MCC Affiliation
Conducted Palliative Care Presentation at the 2003 American Society of Clinical Oncology Conference	



## Standardized Lexicons

### Standardized Lexicons Reported Outputs, Products, and Outcomes

The following table contains selected, major standardized lexicons reported outputs, products, and outcomes by strategy, main areas of intervention, and organization.

#### Implementation

Category of Activity or Intervention	Reported Outputs, Products, and Outcomes	Organizations Involved*
Lexicon development	Conducted a project in which 37 facilities participated in the formation of a draft consensus lexicon for use in further refinement and dissemination	GLCI-MSU

\*See listing of MCC Member and Key Partner Organizations on pages 9-12 of this report for key to abbreviations used.



## New and Expanded Standardized Lexicons Activities and Interventions

### Great Lakes Cancer Institute at Michigan State University

Activity/Intervention Description	Attributed to MCC Affiliation
Developed and piloted multiple methods of dissemination and implementation of templates	



### Michigan Department of Community Health

Activity/Intervention Description	Attributed to MCC Affiliation
Compiled data from formats and essential reporting elements for breast, cervical, and colorectal cancer	
Developed a matrix to display common data elements used by various lab facilities in Michigan	
Developed PowerPoint presentation of the draft product of the Lexicon matrix presented to the MCC	
Convened expert Lexicon panel	✓



### Van Andel Research Institute

Activity/Intervention Description	Attributed to MCC Affiliation
Became active member of the steering committee for the Michigan Common Pathology Lexicon Project	✓
Developed human tissue research database	✓
Worked with other MCC members toward developing ways to incorporate the results of gene expression and molecular imaging analysis into pathological descriptions of surgical specimens	



# Accomplishments by Organization

MCC member and key partner organizations have engaged in an impressive number of cancer control interventions and activities. The following pages provide an organization-by-organization breakdown of those interventions and activities that occurred during this reporting period, as reported by the Consortium by MCC member and key partner organizations.





### ACCESS Community Health Center

Priority	Strategy Area					
	Provider Education	Public Education	Patient Education	Planning	Research	Health Care Services
Breast	✓	✓	✓			✓
Cervical	✓	✓	✓			✓
Colorectal		✓				✓
Lung	✓	✓	✓		✓	
Prostate		✓				
Clinical Trials						
Clinical & Cost Data						
End-Of-Life		✓				
Lexicon						

### Alpena General Hospital

Priority	Strategy Area					
	Provider Education	Public Education	Patient Education	Planning	Research	Health Care Services
Breast		✓	✓			✓
Cervical		✓				✓
Colorectal		✓				✓
Lung						
Prostate			✓			✓
Clinical Trials		✓			✓	
Clinical & Cost Data						
End-Of-Life						
Lexicon						



**American Cancer Society, Great Lakes Division, Inc.**

Priority	Strategy Area					
	Provider Education	Public Education	Patient Education	Planning	Research	Health Care Services
Breast	✓	✓	✓			✓
Cervical	✓	✓	✓			✓
Colorectal	✓	✓				✓
Lung	✓	✓				
Prostate						
Clinical Trials	✓	✓	✓			
Clinical & Cost Data						
End-Of-Life						
Lexicon						



**Blue Cross Blue Shield of Michigan**

Priority	Strategy Area					
	Provider Education	Public Education	Patient Education	Planning	Research	Health Care Services
Breast						✓
Cervical						✓
Colorectal						✓
Lung			✓			
Prostate			✓			
Clinical Trials						
Clinical & Cost Data				✓		
End-Of-Life		✓				
Lexicon						



### Calhoun County Health Department

Priority	Strategy Area					
	Provider Education	Public Education	Patient Education	Planning	Research	Health Care Services
Breast	✓	✓	✓			✓
Cervical	✓	✓	✓			✓
Colorectal						
Lung		✓		✓		
Prostate						
Clinical Trials						
Clinical & Cost Data						
End-Of-Life						
Lexicon						

### Care Choices HMO/Trinity Health Plans

Priority	Strategy Area					
	Provider Education	Public Education	Patient Education	Planning	Research	Health Care Services
Breast	✓	✓				✓
Cervical	✓	✓				✓
Colorectal	✓	✓				✓
Lung	✓	✓				
Prostate	✓					
Clinical Trials						
Clinical & Cost Data						
End-Of-Life		✓				
Lexicon						



### District Health Department #2

Priority	Strategy Area					
	Provider Education	Public Education	Patient Education	Planning	Research	Health Care Services
Breast	✓	✓	✓			✓
Cervical	✓	✓	✓			✓
Colorectal						
Lung		✓	✓			
Prostate						
Clinical Trials						
Clinical & Cost Data						
End-Of-Life		✓				
Lexicon						



### Faith Access to Community Economic Development

Priority	Strategy Area					
	Provider Education	Public Education	Patient Education	Planning	Research	Health Care Services
Breast		✓	✓			✓
Cervical		✓	✓			✓
Colorectal		✓	✓			✓
Lung						
Prostate						
Clinical Trials		✓				
Clinical & Cost Data						
End-Of-Life						
Lexicon						



### Genesee County Health Department

Priority	Strategy Area					
	Provider Education	Public Education	Patient Education	Planning	Research	Health Care Services
Breast	✓	✓	✓	✓		✓
Cervical	✓	✓	✓	✓		✓
Colorectal						
Lung						
Prostate						
Clinical Trials						
Clinical & Cost Data						
End-Of-Life						
Lexicon						

### Genesys Hurley Cancer Institute

Priority	Strategy Area					
	Provider Education	Public Education	Patient Education	Planning	Research	Health Care Services
Breast		✓	✓	✓		✓
Cervical		✓		✓		✓
Colorectal						
Lung						
Prostate	✓	✓	✓	✓		
Clinical Trials	✓	✓	✓			✓
Clinical & Cost Data						
End-Of-Life	✓					
Lexicon	✓					



### Grand Valley State University – Kirkhof School of Nursing

Priority	Strategy Area					
	Provider Education	Public Education	Patient Education	Planning	Research	Health Care Services
Breast		✓	✓			✓
Cervical						✓
Colorectal						
Lung		✓		✓		
Prostate						
Clinical Trials						
Clinical & Cost Data						
End-Of-Life	✓	✓				
Lexicon						



### Great Lakes Cancer Institute at Michigan State University

Priority	Strategy Area					
	Provider Education	Public Education	Patient Education	Planning	Research	Health Care Services
Breast						
Cervical						
Colorectal						
Lung						
Prostate				✓		
Clinical Trials	✓	✓	✓			
Clinical & Cost Data				✓		
End-Of-Life						
Lexicon				✓	✓	



### HealthPlus of Michigan

Priority	Strategy Area					
	Provider Education	Public Education	Patient Education	Planning	Research	Health Care Services
Breast	✓	✓			✓	✓
Cervical	✓	✓				✓
Colorectal	✓	✓				✓
Lung		✓	✓		✓	
Prostate	✓		✓			
Clinical Trials						
Clinical & Cost Data						
End-Of-Life						
Lexicon						

### Huron County Health Department

Priority	Strategy Area					
	Provider Education	Public Education	Patient Education	Planning	Research	Health Care Services
Breast	✓	✓		✓		✓
Cervical		✓				✓
Colorectal						
Lung		✓				
Prostate						
Clinical Trials						
Clinical & Cost Data						
End-Of-Life						
Lexicon						



### Ingham Regional Medical Center

Priority	Strategy Area					
	Provider Education	Public Education	Patient Education	Planning	Research	Health Care Services
Breast	✓	✓	✓	✓	✓	✓
Cervical	✓	✓				✓
Colorectal	✓	✓	✓	✓		✓
Lung						
Prostate						
Clinical Trials						
Clinical & Cost Data						
End-Of-Life						
Lexicon						



### Inter-Tribal Council of Michigan, Inc.

Priority	Strategy Area					
	Provider Education	Public Education	Patient Education	Planning	Research	Health Care Services
Breast		✓	✓			✓
Cervical		✓	✓			✓
Colorectal						
Lung	✓	✓			✓	
Prostate						
Clinical Trials						
Clinical & Cost Data						
End-Of-Life						
Lexicon						



### Kalamazoo County Human Services Department

Priority	Strategy Area					
	Provider Education	Public Education	Patient Education	Planning	Research	Health Care Services
Breast	✓	✓	✓	✓	✓	✓
Cervical	✓	✓	✓	✓	✓	✓
Colorectal						
Lung						
Prostate						
Clinical Trials						
Clinical & Cost Data						
End-Of-Life						
Lexicon						

### Kent County Health Department

Priority	Strategy Area					
	Provider Education	Public Education	Patient Education	Planning	Research	Health Care Services
Breast		✓	✓			✓
Cervical		✓	✓			✓
Colorectal						
Lung						
Prostate						
Clinical Trials	✓	✓	✓			✓
Clinical & Cost Data						
End-Of-Life						
Lexicon						





### The Lacks Cancer Center at St. Mary's

Priority	Strategy Area					
	Provider Education	Public Education	Patient Education	Planning	Research	Health Care Services
Breast		✓	✓			✓
Cervical		✓	✓		✓	✓
Colorectal		✓		✓		
Lung		✓				
Prostate			✓			
Clinical Trials						
Clinical & Cost Data						
End-Of-Life	✓					
Lexicon						

### Luce-Mackinac-Alger-Schoolcraft District Health Department

Priority	Strategy Area					
	Provider Education	Public Education	Patient Education	Planning	Research	Health Care Services
Breast	✓	✓	✓			✓
Cervical	✓	✓	✓			✓
Colorectal						
Lung						
Prostate						
Clinical Trials						
Clinical & Cost Data						
End-Of-Life						
Lexicon						





### MPRO

Priority	Strategy Area					
	Provider Education	Public Education	Patient Education	Planning	Research	Health Care Services
Breast	✓	✓	✓	✓		✓
Cervical						
Colorectal	✓	✓	✓	✓		
Lung						
Prostate						
Clinical Trials						
Clinical & Cost Data						
End-Of-Life						
Lexicon						

### Macomb County Health Department

Priority	Strategy Area					
	Provider Education	Public Education	Patient Education	Planning	Research	Health Care Services
Breast		✓	✓			✓
Cervical		✓	✓			✓
Colorectal						
Lung		✓				
Prostate						
Clinical Trials						
Clinical & Cost Data						
End-Of-Life	✓	✓				
Lexicon						



### Marquette County Health Department

Priority	Strategy Area					
	Provider Education	Public Education	Patient Education	Planning	Research	Health Care Services
Breast						
Cervical						
Colorectal						
Lung	✓	✓	✓	✓	✓	✓
Prostate						
Clinical Trials						
Clinical & Cost Data						
End-of-Life						
Lexicon						

### Michigan Academy of Family Physicians

Priority	Strategy Area					
	Provider Education	Public Education	Patient Education	Planning	Research	Health Care Services
Breast	✓	✓	✓			✓
Cervical	✓	✓	✓			✓
Colorectal	✓	✓	✓			
Lung						
Prostate						
Clinical Trials						
Clinical & Cost Data						
End-Of-Life						
Lexicon						





### Michigan Association for Local Public Health

Priority	Strategy Area					
	Provider Education	Public Education	Patient Education	Planning	Research	Health Care Services
Breast	✓	✓	✓	✓		✓
Cervical		✓	✓			✓
Colorectal						
Lung		✓				✓
Prostate						
Clinical Trials						
Clinical & Cost Data						
End-Of-Life						
Lexicon						

### Michigan Department of Community Health

Priority	Strategy Area					
	Provider Education	Public Education	Patient Education	Planning	Research	Health Care Services
Breast	✓	✓	✓	✓	✓	✓
Cervical	✓	✓	✓	✓	✓	✓
Colorectal	✓	✓	✓	✓		✓
Lung	✓	✓			✓	
Prostate			✓	✓	✓	
Clinical Trials						
Clinical & Cost Data						
End-Of-Life		✓		✓		
Lexicon				✓	✓	



### Michigan Dietetic Association

Priority	Strategy Area					
	Provider Education	Public Education	Patient Education	Planning	Research	Health Care Services
Breast	✓	✓				
Cervical						
Colorectal	✓	✓				
Lung						
Prostate						
Clinical Trials						
Clinical & Cost Data						
End-Of-Life	✓					
Lexicon						

### Michigan Hospice and Palliative Care Organization

Priority	Strategy Area					
	Provider Education	Public Education	Patient Education	Planning	Research	Health Care Services
Breast						
Cervical						
Colorectal						
Lung						
Prostate						
Clinical Trials						
Clinical & Cost Data						
End-Of-Life	✓	✓		✓	✓	✓
Lexicon						





### Michigan Primary Care Association

Priority	Strategy Area					
	Provider Education	Public Education	Patient Education	Planning	Research	Health Care Services
Breast						
Cervical						
Colorectal	✓	✓				
Lung						
Prostate						
Clinical Trials						
Clinical & Cost Data						
End-Of-Life						
Lexicon						

### Michigan Public Health Institute

Priority	Strategy Area					
	Provider Education	Public Education	Patient Education	Planning	Research	Health Care Services
Breast	✓	✓	✓	✓	✓	✓
Cervical	✓	✓	✓	✓	✓	✓
Colorectal	✓	✓	✓	✓		✓
Lung	✓	✓			✓	
Prostate			✓	✓	✓	
Clinical Trials						
Clinical & Cost Data						
End-Of-Life		✓		✓		
Lexicon				✓	✓	



### Michigan Society of Hematology and Oncology

Priority	Strategy Area					
	Provider Education	Public Education	Patient Education	Planning	Research	Health Care Services
Breast						
Cervical						
Colorectal						
Lung						
Prostate						
Clinical Trials	✓					
Clinical & Cost Data					✓	
End-Of-Life	✓					
Lexicon						

### Mount Clemens General Hospital

Priority	Strategy Area					
	Provider Education	Public Education	Patient Education	Planning	Research	Health Care Services
Breast	✓	✓	✓	✓		✓
Cervical	✓	✓	✓	✓		✓
Colorectal		✓				✓
Lung		✓				
Prostate	✓		✓			
Clinical Trials	✓	✓	✓			
Clinical & Cost Data						
End-Of-Life						
Lexicon						





### Muskegon County Health Department

Priority	Strategy Area					
	Provider Education	Public Education	Patient Education	Planning	Research	Health Care Services
Breast		✓	✓			✓
Cervical	✓	✓	✓			✓
Colorectal						
Lung						
Prostate						
Clinical Trials						
Clinical & Cost Data						
End-Of-Life						
Lexicon						

### Northwest Michigan Community Health Agency

Priority	Strategy Area					
	Provider Education	Public Education	Patient Education	Planning	Research	Health Care Services
Breast	✓	✓	✓	✓		✓
Cervical	✓	✓	✓	✓		✓
Colorectal						
Lung						
Prostate						
Clinical Trials						
Clinical & Cost Data						
End-Of-Life						
Lexicon						



### Oakwood Healthcare System, Inc. – Cancer Center

Priority	Strategy Area					
	Provider Education	Public Education	Patient Education	Planning	Research	Health Care Services
Breast	✓	✓	✓			✓
Cervical						
Colorectal	✓	✓	✓	✓		✓
Lung		✓		✓		
Prostate			✓			
Clinical Trials	✓	✓	✓			✓
Clinical & Cost Data						
End-Of-Life						
Lexicon						



### Providence Cancer Institute

Priority	Strategy Area					
	Provider Education	Public Education	Patient Education	Planning	Research	Health Care Services
Breast		✓	✓			✓
Cervical						
Colorectal		✓	✓			✓
Lung		✓				
Prostate						
Clinical Trials	✓	✓				
Clinical & Cost Data						
End-Of-Life						
Lexicon						



### Spectrum Health Cancer Program

Priority	Strategy Area					
	Provider Education	Public Education	Patient Education	Planning	Research	Health Care Services
Breast		✓		✓		
Cervical		✓				
Colorectal		✓	✓	✓		✓
Lung		✓				
Prostate		✓				
Clinical Trials		✓				
Clinical & Cost Data				✓		
End-Of-Life						
Lexicon						

### Tuscola County Health Department

Priority	Strategy Area					
	Provider Education	Public Education	Patient Education	Planning	Research	Health Care Services
Breast	✓	✓	✓	✓		✓
Cervical	✓	✓	✓	✓		✓
Colorectal						
Lung		✓		✓		
Prostate						
Clinical Trials						
Clinical & Cost Data						
End-Of-Life						
Lexicon						





### Van Andel Research Institute

Priority	Strategy Area					
	Provider Education	Public Education	Patient Education	Planning	Research	Health Care Services
Breast						
Cervical						
Colorectal						
Lung						
Prostate						
Clinical Trials	✓	✓	✓			
Clinical & Cost Data						
End-Of-Life						
Lexicon				✓	✓	



### William Beaumont Hospital

Priority	Strategy Area					
	Provider Education	Public Education	Patient Education	Planning	Research	Health Care Services
Breast	✓	✓	✓			✓
Cervical						✓
Colorectal	✓	✓				
Lung	✓	✓				
Prostate			✓			
Clinical Trials	✓	✓	✓			
Clinical & Cost Data						
End-Of-Life	✓		✓			
Lexicon						



# Collaboration Highlights and Accomplishments

## Reported Collaborations

Thirty-nine member organizations completed the MCC Implementation Progress Report for this reporting period. Of the thirty-nine MCC member organizations reporting, twenty-seven indicated their participation in collaborative efforts during this reporting period. The table below indicates the level of and percent allocated to the reported collaborations.

Level of Collaboration*	Total % of Organizations who Reported Collaborative Efforts	% of Collaborations Attributed to MCC Affiliation
Exchanging Information	81.5 (22 of 27)	68.1 (15 of 22)
Coordinating Activities	81.5 (22 of 27)	68.1 (15 of 22)
Sharing of Resources	66.7 (18 of 27)	66.6 (12 of 18)
<b>Total</b>	<b>69.2 (27 of 39)</b>	<b>70.3 (19 of 27)</b>

\*Note: One organization can be involved in more than one level of collaboration.



## Examples of How Member Representatives Promote the MCC and Its Initiative within Their Organizations

- 1) Conduct presentations to increase awareness into the actions of the MCC.
- 2) Hold monthly cancer staff meetings to share and disseminate MCC-related information and promote the utilization of the MCC website.
- 3) Share listserv and MCC information with collaborating organizations in attempt to promote further MCC partnership and growth.
- 4) Gain funding sources to provide for projects that are geared toward studying one or several of the MCC priorities.
- 5) Fund media campaigns, screening events, clinical trials, and community education classes to promote the goals of the MCC.
- 6) Allocate additional staff to provide further support to the numerous MCC affiliated projects and events.



## Examples of Ongoing Collaboration within the MCC

### Breast, Cervical, and Colorectal Cancer

**Alpena Cancer Center, Alpena General Hospital, Michigan Department of Community Health, American Cancer Society, Great Lakes Division, Inc., District Health Department #4, Alcona Health Centers, Thunder Bay Community Health Centers, Women's Health Center of Alpena, and the Fraternal Order of Eagles**

In attempt to meet the priorities for breast, cervical and colorectal cancers, this collaborative effort, known as the Northeast Michigan Cancer Coalition Free Cervical and Breast Screening Project, brought together resources from a variety of public health organizations.

This collaborative effort was initiated by the completion of a MCC funded project, the Community Collaboration on Cervical Cancer, in which Cheboygan County was awarded funding to understand the need and provide education for women regarding cervical screenings and Pap smears. The Alpena Cancer Center, being a representative of this project, deemed it necessary to carry on this project south of Cheboygan. As a result, the Alpena Cancer Center discussed the project with District Health Department #4, the American Cancer Society, Great Lakes Division, Inc., Alpena General Hospital, and the local Breast and Cervical Cancer Control Program (BCCCP) coordinator to brainstorm how they would initiate this project. It was quickly recognized that if the project was to provide cervical screenings and Pap smears, clinical breast exams and mammography should be offered as well. This program worked with the local community health centers and the Women's Health Center of Alpena to identify practitioners willing to volunteer their services and provide the screenings free of charge. This project also worked with local service groups that provided financial backing to cover the cost of the screenings and contacted hospital vendors to obtain the supplies at a reduced cost.

Overall, eight screening days were conducted in a five county area. These screening days reached 188 women, 61 of which were enrolled into the BCCCP through District Health Department #4. These free screenings also resulted in the completion of over 200 colorectal screens. Three breast cancers and 2 cervical cancers were detected throughout the screening process.

The Northeast Michigan Cancer Coalition took a bold step when they



decided that they would attempt to offer free breast, cervical, and colorectal screenings. With a hard working group of concerned citizens and a community that is committed to the health of their citizens, this objective was a success.





## Colorectal Cancer

**The Lacks Cancer Center at Saint Mary's, Grand Rapids Clinical Oncology Program, Spectrum Health, American Cancer Society, Great Lakes Division, Inc., Metropolitan Hospital, JS Blanchard and Associates, The Cancer Research and Prevention Foundation, University of Michigan Department of Gastroenterology, Oncology Care Associates, Grand River Gastroenterology Saint Mary's, Michigan Public Health Institute, Michigan Department of Community Health, MPRO, Michigan Association of Health Plans Foundation, Michigan Rural Health Association, Baldwin Family Health Care, AARP-Michigan, Michigan State University, and Faith Access to Community Economic Development**

The purpose of the collaboration was to bring together leaders from around the state to participate in the *Dialogue for Action* Program that is based on the Cancer Research and Prevention Foundation's (CRPF) highly successful colorectal cancer campaign and conferences. CRPF's meetings are innovative, creative forums for initiating both local and national change to increase the country's colorectal cancer screening rates. The *Dialogue for Action* Program is a highly interactive process that brings together state leaders to further the colorectal priority within a state's cancer control plan.

By combining relevant topics and key decision makers in active dialogue, a *Dialogue for Action* program tailored to the specific goals of a state or organization is an important step in furthering a working agenda for change in the health of a community, state, and the country. A tailored *Dialogue for Action* Program identifies collaborative solutions for an audience, provides the audience with the tools needed to take action for positive change, and serves as a stimulus for building local coalitions.

The most important lesson learned or emphasized through this collaborative work involves the value of working with a combination of national, state, and local leaders directed toward reaching the same goal. *Dialogue for Action* emphasizes the importance of developing relationships, acknowledging the efforts undertaken by others, and modeling a collaborative group within a highly competitive environment with limited health care dollars. The *Dialogue for Action* Program was possible because the collaborators never lost sight of the mutual goal; addressing issues associated with colorectal cancer screening.



## Colorectal Cancer

### **Michigan Association of Health Plans Foundation, Michigan Department of Community Health, and Michigan Public Health Institute**

In attempts to meet the priority that calls for the increase in the proportion of average-risk people in Michigan who have received appropriate colorectal cancer screening and appropriate follow-up of abnormal screening results to 50% by 2004, the Michigan Association of Health Plans Foundation implemented collaborative projects with the Michigan Department of Community Health and the Michigan Public Health Institute.

This collaboration called for the development of a series of chronic disease initiatives to improve care outcomes through the implementation of consistent, agreed upon “core measures” of critical indicators. In order to measure the effect of interventions created through this collaboration, it was first necessary to establish a baseline of screening rates. This collaborative team then implemented a series of targeted interventions to be tested against the baseline data which consisted of, but was not limited to, the dissemination of informative tools to both providers and the community, as well as postcards to remind average-risk community members to get screened for colorectal cancer.

Within this current reporting year, the following results have been obtained: five of the eleven health plans’ screening rates have increased from 2001-2002, colonoscopy screening rates increased by 7% from baseline, and twelve percent of enrollees that received a reminder postcard were screened during this reporting year.

Overall, the project successfully administered Michigan’s first single audit methodology among multiple health plans, fostered collaboration among the health plans to work as partners to achieve a common goal of improved colorectal cancer screening rates in Michigan, improved administrative efficiencies among health plans, and provided a mechanism by which interventions were evaluated for effectiveness.



## Prostate Cancer

**Prostate Cancer Action Committee, American Cancer Society, Great Lakes Division, Inc., Michigan State University Department of Medicine and Institute for Public Policy & Social Sciences, University of Michigan Departments of Urology and Medicine, Prostate Cancer Coalition of Michigan, Great Lakes Cancer Institute, and the Ingham Regional Medical Center**

This collaborative effort was developed to address the year 2006 prostate cancer priority which states that prostate cancer patients will have their knowledge and understanding of prostate cancer, treatment options, side effects, and quality-of-life issues measured by patient surveys, with findings used to develop, disseminate, and evaluate new patient education materials.

The MCC Prostate Cancer Action Committee (PCAC) in collaboration with the University of Michigan, Michigan State University, the American Cancer Society, Great Lakes Division, Inc., the Prostate Cancer Coalition of Michigan, and other stakeholder organizations and individuals has developed and is currently disseminating and evaluating a patient Decision Aid, *Making the Choice: Deciding What to Do about Early Stage Prostate Cancer* for men diagnosed with early prostate cancer. In addition to giving unbiased, complete information on the treatment options at a low literacy level, associated side effects are described objectively as these complications may affect the quality of life for many years in men who will join the estimated 1,666,000 prostate cancer survivors in the United States.

The patient Decision Aid, *Making the Choice: Deciding What to Do About Early Stage Prostate Cancer*, is available free of charge in booklet, audio (CD and cassette), and online formats. In addition, at [www.prostatecancerdecision.org](http://www.prostatecancerdecision.org) there is an interactive web-based decision aid that enables men to determine 5-year survival rates using their prostate specific antigen results, and tumor stage and grade. The electronic version (PDF format) of the booklet and the audio format can be downloaded from the website. Free copies of the booklet and audio formats are available via an 800 number or an order form that can be downloaded from the website or filled out and submitted online.

The collaboration of the PCAC with other stakeholder organizations and individuals has produced the first patient decision aid to facilitate an informed and shared decision with their physician about treatment



for men diagnosed with early prostate cancer. This model can be applied to creating patient decision aids for informed and shared decision making for other cancers and other diseases, especially those in which the balance of benefits and harms is uncertain or will vary significantly from individual to individual based on personal values and beliefs.



## Cancer Clinical Trials

### **William Beaumont Hospital, University of Michigan, and Michigan State University**

To strive toward fulfilling the cancer clinical trials priority calling for increased enrollment and ethnic diversity of participants, William Beaumont Hospital, in collaboration with University of Michigan and Michigan State University, implemented two separate projects in attempts to meet this priority by the year 2006. The first study, “Prostate Cancer: Family Care for Patients and Spouses” was developed by an interdisciplinary team of researchers from the University of Michigan. The second pair of studies, “Family Home Care for Cancer - A Community Based Model” and the “Automated Telephone Monitoring for Symptom Management” Project, was developed by researchers at Michigan State University.

The collaboration between the Cancer Clinical Trials Office at Beaumont Hospital and the universities provides each university with the opportunity to offer their research studies to a larger population than their base institution. The highly experienced research assistants are now able to recruit potential participants through private physician offices. Such patients may offer a different population in terms of education, medical insurance, and socio-economic status than patients in the clinics.

These studies have added to the body of knowledge concerning quality of life in patients with prostate cancer as well as their spouses. The second series of studies has provided a notebook of information to help patients with cancer manage their own fatigue. This information serves as an excellent resource, which may be published to benefit a wider audience.

A lesson learned from this collaboration is that even experienced nurses often remark that working with patients on clinical studies is a new learning experience. Each patient with a diagnosis of cancer is still an individual who must be approached with respect and with regard to his or her individual concerns. Too often, people stay within their safe, known boundaries. In this case, a community hospital and two universities have expanded their boundaries for the benefit of patients with cancer.



## End-Of-Life Care

### St Joseph Mercy Oakland Hospital

This collaborative effort was constructed in attempt to meet the end-of-life care priority that calls for the increase the timeliness of referrals to end-of-life care for breast, cervical, colorectal, lung, and prostate cancer patients by 2005. This collaboration initiated the Mercy Supportive Care Services program at St Joseph Mercy Oakland Hospital.

This collaborative effort grew from a commitment by the organization in 2000 to create a culture where suffering is not acceptable (in patients, families, and staff members) and where comfort is achieved for mind, body, and spirit. The goal of the program was to change the hospital culture and to provide good care everywhere.

Supportive Care began as a scatter-bed consult service, blending palliative care and pain management for patients with and without life-limiting illness. Because an interdisciplinary holistic approach was the goal from the beginning, professionals from multiple departments were recruited to participate on the interdisciplinary team. Core team members were drawn from medicine, nursing, discharge planning, social work, nutrition, pastoral care, pharmacy, hospice, and home care. Specialties of physician team members included oncology, psychiatry/rehab, pulmonology, anesthesia, urology, internal medicine, hospice and palliative medicine, neuropsychiatry, and neurosurgery.

The results of this ongoing collaborative effort have indicated that inpatient supportive care consult requests have increased from 200 in 2000 to over 700 in 2003. This program has also gained a broad-base of referrals and great physician support. Other significant outcomes of this program are as follows: inpatient consult requests are coming earlier in the course of illness, the majority of patients are being transitioned to hospice care, inpatient pain management has improved, hospital staff members have gained skills in end-of-life care, and most importantly, supportive care patients die more peacefully with fewer aggressive interventions.

Overall, this program has achieved and sustained a high level of internal collaboration across departments in the hospital as well as expanding activities with community partners. Program outcomes are solidly positive, patient and staff satisfaction are high, and corporate

# Collaboration Highlights and Accomplishments

## Examples of Ongoing Collaboration within the MCC

### End-Of-Life Care



supporters walk the talk with budgetary and infrastructure support. Together, this team demonstrated that it is possible to provide the compassionate, competent health care that we all want for our families and for ourselves.





## Standardized Lexicons

**Michigan State University Department of Medicine, Michigan Department of Community Health, Michigan Society of Tumor Registrars, Michigan Society of Pathologists, Marquette General Hospital, Bell Memorial Hospital, War Memorial Hospital, Grandview Health System, Munson Medical Center, Northern Michigan Hospital, Mercy Hospital, and Paul Oliver Memorial Hospital**

In work toward the completion of the standardized lexicons priority that calls for the development and dissemination of standardized pathology protocols and reporting formats for examination of cancerous tissue specimens and determine the need for similar surgical reporting formats that include data important in making breast, cervical, colorectal, lung, and prostate cancer treatment and prognostic decisions, the above organizations came together in a collaborative project.

This collaboration project entitled “A Basic Pathology Lexicon For Breast, Prostate, and Colorectal Cancers” was developed by the Michigan State University Department of Medicine, whose staff first began the implementation of the MCC Standardized Lexicons objective through the development of a concordance of key elements currently in use for gross, microscopic, and biochemical reporting of pathology exams on breast, colorectal, and prostate cancers throughout the state of Michigan. Initially, the purpose of the collaboration process was to facilitate the adoption of the Lexicon synoptic templates that would hopefully be used by pathology laboratories and cancer treatment facilities statewide.

This collaborative event has been able to identify and invite participation and input from pathologists, clinicians, tumor registrars and administrators from cancer facilities around the state of Michigan. The development of the Lexicon Steering Committee and their advice and contacts at the first meeting, was invaluable in providing direction in naming of the Expert Panel that provided additional input in the final development of the Lexicon. From information obtained by the Michigan Department of Community Health, the state office for CLIA laboratory certification and telephoning each laboratory that reported more than 250 cancer cases per year, this project obtained the names of laboratory directors to request the elements they typically report on the anatomical pathology reports on breast, prostate, and

# Collaboration Highlights and Accomplishments

## Examples of Ongoing Collaboration within the MCC

### Standardized Lexicons



colorectal cancers. In addition, this program has received endorsements from the Michigan Cancer Registrars Association and the Michigan Society of Hematology-Oncology.



By utilizing videoconferencing services, this collaboration has demonstrated that it was a much more cost-effective and time saving way to involve health professionals (especially in smaller facilities) in this project in low-density areas with more widely dispersed communities.





## Future Directions

During this reporting period, the MCC has experienced an increase in membership, exciting collaborative efforts, and many significant accomplishments by member organizations and their partners. We have much to celebrate but so much more to do.

The MCC has many exciting plans for the future. Most notably, the 10 priorities will now undergo a biennial (unless the science necessitates otherwise) review process by the respective advisory committee members and revised if appropriate. The priority review schedule is as follows:

Priority	MCC Board Meeting Review Date
Prostate	February 2004
Clinical Trials	April 2004
Lexicon	June 2004
Cervical Cancer	September 2004
Breast Cancer	November 2004
Colorectal Cancer	February 2005
Tobacco	April 2005
End of Life	June 2005
Cost Database	September 2005

The priority review process will facilitate strategic planning activities that will continue to focus MCC efforts and engage MCC members in enhanced implementation activities.

In addition, we continue to update and improve the MCC website to advance usability and navigation within the site. Improvements include organizing the website by priority and adding a keyword search feature.

# Appendices





**Attention MCC Member Representatives:**

Because collaboration is a major guiding principle of the MCC, we ask that you answer the following questions about collaboration with other organizations as it pertains to the MCC activities your organization collaborated on during this reporting period.

<b>Collaboration</b>
1a). Have you, as an organization, collaborated with others in implementing MCC related activities during the reporting period? <input type="checkbox"/> Yes <input type="checkbox"/> No
1b). If yes, specify the level or type of collaboration: <input type="checkbox"/> Sharing Resources <input type="checkbox"/> Exchanging Information/Networking <input type="checkbox"/> Coordinating Activities <input type="checkbox"/> No Collaboration
1c). Role of your organization in collaboration: <input type="checkbox"/> Leadership Role <input type="checkbox"/> Partner Role <input type="checkbox"/> Not applicable
1d). Please list collaborating organizations, if applicable:
1e). Describe collaboration, if applicable
1f). Has your organization's affiliation with the MCC encouraged/led to collaboration? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
1g). If YES, please explain
1h). Please describe how you promote the MCC and the MCC Initiative within your organization (if applicable):
Please describe how your organization has re-allocated resources or acquired new funding to support MCC priorities during this reporting period (if applicable):

**Please return the completed form(s) no later than January 20, 2004**

**Email to: [databasehelp@michigancancer.org](mailto:databasehelp@michigancancer.org) Fax to: c/o Cancer Technical Services: (517) 324-7364**

**Mail to: c/o Cancer Technical Services, 2438 Woodlake Circle, Suite 240, Okemos, MI 48864**



# Blank Forms

Please use the blank forms provided to report implementation activities that were not included in the pre-filled forms.



**Implementation Progress Report**

Reporting Period: April 1<sup>st</sup>-December 31<sup>st</sup> 2003

Recorder's Name: ; Today's Date: / /

**Org Name:**

MCC Priority Objective Area: <b>Breast Cancer</b>		
<b>2a). Project Description</b>		
2b). Describe activities implemented during this reporting period	2c). Status of activity for this reporting period (check all that apply)	2d). Products, outcomes, accomplishments for this reporting period (if applicable):
1.	Activity 1: <input type="checkbox"/> Complete <input type="checkbox"/> Ongoing <input type="checkbox"/> New	Activity 1:
2.	Activity 2: <input type="checkbox"/> Complete <input type="checkbox"/> Ongoing <input type="checkbox"/> New	Activity 2:
3.	Activity 3: <input type="checkbox"/> Complete <input type="checkbox"/> Ongoing <input type="checkbox"/> New	Activity 3:
4.	Activity 4: <input type="checkbox"/> Complete <input type="checkbox"/> Ongoing <input type="checkbox"/> New	Activity 4:
3a). Have any activities described above expanded or grown in scope compared to the previous reporting period? <input type="checkbox"/> Yes <input type="checkbox"/> No		
3b). If yes, please describe expansion/growth		
3c). Has your organization's affiliation with MCC contributed to the growth of these activities? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable		
3d). If YES, please explain how affiliation with the MCC has contributed to the growth of the described activities:		
<b>MCC Call to Action Strategy List for Breast Cancer<sup>1</sup></b>		
<b>Do the above activities address any of the following (check all that apply):</b>		
4a). Disseminate resource materials to encourage regular breast cancer screening <input type="checkbox"/> Yes <input type="checkbox"/> No		
4b). Participate in regional recruitment and planning groups to ensure linkage and coordination between all MCC organizations to increase the number of women and providers in the BCCCP <input type="checkbox"/> Yes <input type="checkbox"/> No		
4c). Recruit additional eligible women in each county into the BCCCP <input type="checkbox"/> Yes <input type="checkbox"/> No		
4d). Recruit additional providers in each region of the BCCCP <input type="checkbox"/> Yes <input type="checkbox"/> No		
4e). Increase the number of direct service providers affiliated with their organization that have client reminder and tracking systems in place for cancer screening and follow-up of all adults served in their practice <input type="checkbox"/> Yes <input type="checkbox"/> No		
4f). Participate in a task force to develop action plans that speak to system-wide change and promotion of cancer control in primary care (and other) practices <input type="checkbox"/> Yes <input type="checkbox"/> No		

THANK YOU!<sup>2</sup>

<sup>1</sup>Issued at the 2002 MCC Annual Meeting; for more information on the Call to Action go to [www.michigancancer.org](http://www.michigancancer.org)

<sup>2</sup>Please return the completed form(s) no later than May 3, 2004

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**Implementation Progress Report**

Reporting Period: April 1<sup>st</sup>-December 31<sup>st</sup> 2003

Recorder's Name: ; Today's Date: / /

**Org Name:**

MCC Priority Objective Area: <b>Cervical Cancer</b>		
<b>2a). Project Description</b>		
2b). Describe activities implemented during this reporting period	2c). Status of activity for this reporting period (check all that apply)	2d). Products, outcomes, accomplishments for this reporting period (if applicable):
1.	Activity 1: <input type="checkbox"/> Complete <input type="checkbox"/> Ongoing <input type="checkbox"/> New	Activity 1:
2.	Activity 2: <input type="checkbox"/> Complete <input type="checkbox"/> Ongoing <input type="checkbox"/> New	Activity 2:
3.	Activity 3: <input type="checkbox"/> Complete <input type="checkbox"/> Ongoing <input type="checkbox"/> New	Activity 3:
4.	Activity 4: <input type="checkbox"/> Complete <input type="checkbox"/> Ongoing <input type="checkbox"/> New	Activity 4:
3a). Have any activities described above expanded or grown in scope compared to the previous reporting period? <input type="checkbox"/> Yes <input type="checkbox"/> No		
3b). If yes, please describe expansion/growth		
3c). Has your organization's affiliation with MCC contributed to the growth of these activities? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable		
3d). If YES, please explain how affiliation with the MCC has contributed to the growth of the described activities:		
<b>MCC Call to Action Strategy List for Cervical Cancer<sup>1</sup></b>		
<b>Do the above activities address any of the following (check all that apply):</b>		
4a). Disseminate resource materials to encourage cervical cancer screening and follow-up <input type="checkbox"/> Yes <input type="checkbox"/> No		
4b). Participate in community based approach to improve cervical cancer early detection in communities with high cervical cancer mortality rates <input type="checkbox"/> Yes <input type="checkbox"/> No		
4c). Increase the number of direct service providers affiliated with their organization that have client reminder and tracking systems in place for cancer screening and follow-up of all adults served in their practice <input type="checkbox"/> Yes <input type="checkbox"/> No		
4d). Participate in a task force to develop action plans that speak to system-wide change and promotion of cancer control in primary care (and other) practices <input type="checkbox"/> Yes <input type="checkbox"/> No		

THANK YOU!<sup>2</sup>

<sup>1</sup>Issued at the 2002 MCC Annual Meeting; for more information on the Call to Action go to [www.michigancancer.org](http://www.michigancancer.org)

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**Implementation Progress Report**

Reporting Period: April 1<sup>st</sup>-December 31<sup>st</sup> 2003

Recorder's Name: ; Today's Date: / /

**Org Name:**

MCC Priority Objective Area: <b>Colorectal Cancer</b>		
<b>2a). Project Description</b>		
2b). Describe activities implemented during this reporting period	2c). Status of activity for this reporting period (check all that apply)	2d). Products, outcomes, accomplishments for this reporting period (if applicable):
1.	Activity 1: <input type="checkbox"/> Complete <input type="checkbox"/> Ongoing <input type="checkbox"/> New	Activity 1:
2.	Activity 2: <input type="checkbox"/> Complete <input type="checkbox"/> Ongoing <input type="checkbox"/> New	Activity 2:
3.	Activity 3: <input type="checkbox"/> Complete <input type="checkbox"/> Ongoing <input type="checkbox"/> New	Activity 3:
4.	Activity 4: <input type="checkbox"/> Complete <input type="checkbox"/> Ongoing <input type="checkbox"/> New	Activity 4:
3a). Have any activities described above expanded or grown in scope compared to the previous reporting period? <input type="checkbox"/> Yes <input type="checkbox"/> No 3b). If yes, please describe expansion/growth  3c). Has your organization's affiliation with MCC contributed to the growth of these activities? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable 3d). If YES, please explain how affiliation with the MCC has contributed to the growth of the described activities:		
<b>MCC Call to Action Strategy List for Colorectal Cancer<sup>1</sup></b> <b>Do the above activities address any of the following (check all that apply):</b> 4a). Participate in a statewide colorectal cancer awareness network (CRAN) <input type="checkbox"/> Yes <input type="checkbox"/> No 4b). Offer and promote attendance at professional education seminars/conferences focused on colorectal cancer-related topics including liability issues <input type="checkbox"/> Yes <input type="checkbox"/> No 4c). Disseminate resource materials to encourage regular colorectal cancer screening and follow-up <input type="checkbox"/> Yes <input type="checkbox"/> No 4d). Recruit additional providers in each region of the BCCCP <input type="checkbox"/> Yes <input type="checkbox"/> No 4e). Increase the number of direct service providers affiliated with their organization that have client reminder and tracking systems in place for cancer screening and follow-up of all adults served in their practice <input type="checkbox"/> Yes <input type="checkbox"/> No 4f). Participate in a task force to develop action plans that speak to system-wide change and promotion of cancer control in primary care (and other) practices <input type="checkbox"/> Yes <input type="checkbox"/> No		

THANK YOU!<sup>2</sup>

<sup>1</sup>Issued at the 2002 MCC Annual Meeting; for more information on the Call to Action go to [www.michigancancer.org](http://www.michigancancer.org)

<sup>2</sup>Please return the completed form(s) no later than May 3, 2004



**Implementation Progress Report**

Reporting Period: April 1<sup>st</sup>-December 31<sup>st</sup> 2003

Recorder's Name: ; Today's Date: / /

**Org Name:**

MCC Priority Objective Area: <b>Lung Cancer</b>		
<b>2a). Project Description</b>		
2b). Describe activities implemented during this reporting period	2c). Status of activity for this reporting period (check all that apply)	2d). Products, outcomes, accomplishments for this reporting period (if applicable):
1.	Activity 1: <input type="checkbox"/> Complete <input type="checkbox"/> Ongoing <input type="checkbox"/> New	Activity 1:
2.	Activity 2: <input type="checkbox"/> Complete <input type="checkbox"/> Ongoing <input type="checkbox"/> New	Activity 2:
3.	Activity 3: <input type="checkbox"/> Complete <input type="checkbox"/> Ongoing <input type="checkbox"/> New	Activity 3:
4.	Activity 4: <input type="checkbox"/> Complete <input type="checkbox"/> Ongoing <input type="checkbox"/> New	Activity 4:
3a). Have any activities described above expanded or grown in scope compared to the previous reporting period? <input type="checkbox"/> Yes <input type="checkbox"/> No		
3b). If yes, please describe expansion/growth		
3c). Has your organization's affiliation with MCC contributed to the growth of these activities? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable		
3d). If YES, please explain how affiliation with the MCC has contributed to the growth of the described activities:		
<b>MCC Call to Action Strategy List for Lung Cancer<sup>1</sup></b>		
<b>Do the above activities address any of the following (check all that apply):</b>		
<b>4a). Disseminate relevant information to promote tobacco cessation</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		

THANK YOU!<sup>2</sup>

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Fax to: c/o Cancer Technical Services, 2438 Woodlake Circle, Suite 240, Okemos, MI 48864



**Implementation Progress Report**

Reporting Period: April 1<sup>st</sup>-December 31<sup>st</sup> 2003

Recorder's Name: ; Today's Date: / /

**Org Name:**

MCC Priority Objective Area: <b>Prostate Cancer</b>		
<b>2a). Project Description</b>		
2b). Describe activities implemented during this reporting period	2c). Status of activity for this reporting period (check all that apply)	2d). Products, outcomes, accomplishments for this reporting period (if applicable):
1.	Activity 1: <input type="checkbox"/> Complete <input type="checkbox"/> Ongoing <input type="checkbox"/> New	Activity 1:
2.	Activity 2: <input type="checkbox"/> Complete <input type="checkbox"/> Ongoing <input type="checkbox"/> New	Activity 2:
3.	Activity 3: <input type="checkbox"/> Complete <input type="checkbox"/> Ongoing <input type="checkbox"/> New	Activity 3:
4.	Activity 4: <input type="checkbox"/> Complete <input type="checkbox"/> Ongoing <input type="checkbox"/> New	Activity 4:
3a). Have any activities described above expanded or grown in scope compared to the previous reporting period? <input type="checkbox"/> Yes <input type="checkbox"/> No 3b). If yes, please describe expansion/growth  3c). Has your organization's affiliation with MCC contributed to the growth of these activities? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable 3d). If YES, please explain how affiliation with the MCC has contributed to the growth of the described activities:		
<b>MCC Call to Action Strategy List for Prostate Cancer<sup>1</sup></b> <b>Do the above activities address any of the following (check all that apply):</b> 4a). Participate in the evaluation of MCC-approved education materials that have been developed for newly diagnosed prostate cancer patients <input type="checkbox"/> Yes <input type="checkbox"/> No 4b). Develop effective methods to disseminate MCC-approved education materials to newly diagnosed patients <input type="checkbox"/> Yes <input type="checkbox"/> No		

THANK YOU!<sup>2</sup>

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**Implementation Progress Report**

Reporting Period: April 1<sup>st</sup>-December 31<sup>st</sup> 2003

Recorder's Name: ; Today's Date: / /

**Org Name:**

MCC Priority Objective Area: <b>End of Life Services</b>		
<b>2a). Project Description</b>		
2b). Describe activities implemented during this reporting period	2c). Status of activity for this reporting period (check all that apply)	2d). Products, outcomes, accomplishments for this reporting period (if applicable):
1.	Activity 1: <input type="checkbox"/> Complete <input type="checkbox"/> Ongoing <input type="checkbox"/> New	Activity 1:
2.	Activity 2: <input type="checkbox"/> Complete <input type="checkbox"/> Ongoing <input type="checkbox"/> New	Activity 2:
3.	Activity 3: <input type="checkbox"/> Complete <input type="checkbox"/> Ongoing <input type="checkbox"/> New	Activity 3:
4.	Activity 4: <input type="checkbox"/> Complete <input type="checkbox"/> Ongoing <input type="checkbox"/> New	Activity 4:
3a). Have any activities described above expanded or grown in scope compared to the previous reporting period? <input type="checkbox"/> Yes <input type="checkbox"/> No		
3b). If yes, please describe expansion/growth		
3c). Has your organization's affiliation with MCC contributed to the growth of these activities? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable		
3d). If YES, please explain how affiliation with the MCC has contributed to the growth of the described activities:		
<b>MCC Call to Action Strategy List for End of Life Services</b>		
<b>Do the above activities address any of the following (check all that apply):</b>		
<b>4a). Disseminate information about end of life care and resources</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
4b). Educate policymakers about issues including access to and quality of life care and palliative care services <input type="checkbox"/> Yes <input type="checkbox"/> No		
4c). Improve professional preparatory education regarding end of life care <input type="checkbox"/> Yes <input type="checkbox"/> No		
4d). Participate in a process to improve utilization of advanced directives and planning <input type="checkbox"/> Yes <input type="checkbox"/> No		

THANK YOU!<sup>2</sup>

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**Implementation Progress Report**

Reporting Period: April 1<sup>st</sup>-December 31<sup>st</sup> 2003

Recorder's Name: ; Today's Date: / /

**Org Name:**

MCC Priority Objective Area: <b>Cancer Clinical Trials</b>		
<b>2a). Project Description</b>		
2b). Describe activities implemented during this reporting period	2c). Status of activity for this reporting period (check all that apply)	2d). Products, outcomes, accomplishments for this reporting period (if applicable):
1.	Activity 1: <input type="checkbox"/> Complete <input type="checkbox"/> Ongoing <input type="checkbox"/> New	Activity 1:
2.	Activity 2: <input type="checkbox"/> Complete <input type="checkbox"/> Ongoing <input type="checkbox"/> New	Activity 2:
3.	Activity 3: <input type="checkbox"/> Complete <input type="checkbox"/> Ongoing <input type="checkbox"/> New	Activity 3:
4.	Activity 4: <input type="checkbox"/> Complete <input type="checkbox"/> Ongoing <input type="checkbox"/> New	Activity 4:
3a). Have any activities described above expanded or grown in scope compared to the previous reporting period? <input type="checkbox"/> Yes <input type="checkbox"/> No 3b). If yes, please describe expansion/growth  3c). Has your organization's affiliation with MCC contributed to the growth of these activities? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable 3d). If YES, please explain how affiliation with the MCC has contributed to the growth of the described activities:		
<b>MCC Call to Action Strategy List for Cancer Clinical Trials</b>		
Do the above activities address any of the following (check all that apply):		
4a). Disseminate information about the importance of cancer clinical trials <input type="checkbox"/> Yes <input type="checkbox"/> No		
4b). Track numbers of new entrants to clinical trials, including number of minorities <input type="checkbox"/> Yes <input type="checkbox"/> No		

THANK YOU!<sup>2</sup>

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**Implementation Progress Report**

Reporting Period: April 1<sup>st</sup>-December 31<sup>st</sup> 2003

Recorder's Name: ; Today's Date: / /

**Org Name:**

MCC Priority Objective Area: <b>Clinical and Cost Data</b>		
<b>2a). Project Description</b>		
2b). Describe activities implemented during this reporting period	2c). Status of activity for this reporting period (check all that apply)	2d). Products, outcomes, accomplishments for this reporting period (if applicable):
1.	Activity 1: <input type="checkbox"/> Complete <input type="checkbox"/> Ongoing <input type="checkbox"/> New	Activity 1:
2.	Activity 2: <input type="checkbox"/> Complete <input type="checkbox"/> Ongoing <input type="checkbox"/> New	Activity 2:
3.	Activity 3: <input type="checkbox"/> Complete <input type="checkbox"/> Ongoing <input type="checkbox"/> New	Activity 3:
4.	Activity 4: <input type="checkbox"/> Complete <input type="checkbox"/> Ongoing <input type="checkbox"/> New	Activity 4:
3a). Have any activities described above expanded or grown in scope compared to the previous reporting period? <input type="checkbox"/> Yes <input type="checkbox"/> No 3b). If yes, please describe expansion/growth  3c). Has your organization's affiliation with MCC contributed to the growth of these activities? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable 3d). If YES, please explain how affiliation with the MCC has contributed to the growth of the described activities:		
<b>MCC Call to Action Strategy List for Clinical and Cost Data</b> Do the above activities address any of the following (check all that apply): <b>4a). Develop the linked economic and clinical database infrastructure necessary to support data- driven decisions for control of breast, cervical, colorectal, lung and prostate cancer within Michigan</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		

THANK YOU!<sup>2</sup>

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**Implementation Progress Report**

Reporting Period: April 1<sup>st</sup>-December 31<sup>st</sup> 2003

Recorder's Name: ; Today's Date: / /

**Org Name:**

MCC Priority Objective Area: <b>Standardized Lexicons</b>		
<b>2a). Project Description</b>		
2b). Describe activities implemented during this reporting period	2c). Status of activity for this reporting period (check all that apply)	2d). Products, outcomes, accomplishments for this reporting period (if applicable):
1.	Activity 1: <input type="checkbox"/> Complete <input type="checkbox"/> Ongoing <input type="checkbox"/> New	Activity 1:
2.	Activity 2: <input type="checkbox"/> Complete <input type="checkbox"/> Ongoing <input type="checkbox"/> New	Activity 2:
3.	Activity 3: <input type="checkbox"/> Complete <input type="checkbox"/> Ongoing <input type="checkbox"/> New	Activity 3:
4.	Activity 4: <input type="checkbox"/> Complete <input type="checkbox"/> Ongoing <input type="checkbox"/> New	Activity 4:
3a). Have any activities described above expanded or grown in scope compared to the previous reporting period? <input type="checkbox"/> Yes <input type="checkbox"/> No		
3b). If yes, please describe expansion/growth		
3c). Has your organization's affiliation with MCC contributed to the growth of these activities? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable		
3d). If YES, please explain how affiliation with the MCC has contributed to the growth of the described activities:		
<b>MCC Call to Action Strategy List for Standardized Lexicons<sup>1</sup></b>		
Do the above activities address any of the following (check all that apply):		
4a). Develop and disseminate standardized pathology protocols and reporting formats for examination of cancerous tissue specimens and determine the need for similar surgical reporting formats that include data important in making breast, cervical, colorectal, lung, and prostate cancer treatment and prognostic decisions <input type="checkbox"/> Yes <input type="checkbox"/> No		

THANK YOU!<sup>2</sup>

<sup>1</sup>Issued at the 2002 MCC Annual Meeting; for more information on the Call to Action go to [www.michigancancer.org](http://www.michigancancer.org)

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