



*Tracking MCC Members' Implementation
of Comprehensive Cancer Control
in Michigan*

2007 Implementation Progress Report to the Membership





Table of Contents

Letter from the MCC Co-Chairs	1
Executive Summary	3
MCC Member Assessment of Board of Directors	7
MCC Member and Key Partner Organizations	11
Early Detection (Breast, Cervical and Colorectal Cancers)	23
Lung Cancer/Tobacco	45
Prostate Cancer	57
End-of-Life Care	67
Clinical Cancer Trials.....	75
Appendices	83
Appendix A: About the 2007 Implementation Progress Report Survey Tools	85
Appendix B: Overview of the Michigan Cancer Consortium	87
Appendix C: 10 Priorities of the Michigan Cancer Consortium Initiative.....	91
Index.....	95



As this year marks the 10th anniversary of the Michigan Cancer Consortium in its current form, we take great pride in releasing this sixth *MCC Implementation Progress Report to the Membership*.

The Michigan Cancer Consortium is an organization of organizations that are partnering to lead comprehensive control programming in Michigan, and this report is a compilation of both individual and collaborative implementation efforts at the community level. These concerted efforts are championed by MCC member organizations who continue to be committed to the goals and priorities of the Consortium, as evidenced by the multiple interventions and strategies that have been accomplished within each one-year implementation progress reporting period.

We extend our sincere thanks to all of the organizations who contributed information to this report. It is crucial that 100 percent of MCC member organizations take the time to complete the implementation progress questionnaire each year, for it is only with organization-level data that we are able to compile a complete assessment of our overall collaborative progress toward implementing the goals of the MCC Initiative. The collective activities and successes of all individual MCC member organizations combine to impact cancer outcomes at the state level and help move us closer to achieving comprehensive cancer control within Michigan. At a time of limited resources and an abundance of needs in cancer control and equitable cancer care in our state, demonstrating our impact as a collaborative organization will help sustain our status as a leader in the nation and will position us to enrich our resources and persevere in our mission.

As you review this summary of our collaborative progress, we hope you will share our pride in being a part of this unique consortium and join us in applauding a decade of accomplishments in comprehensive cancer control in Michigan.

We look forward to working alongside each of you in the years to come and celebrating our continued progress and success on behalf of the residents of our great state.

Vicki Rakowski, RN, ET

American Cancer Society, Great Lakes Division, Inc.

Ray Demers, MD

Great Lakes Cancer Institute at Michigan State University

Co-Chairs

Michigan Cancer Consortium

RATING	
<input checked="" type="checkbox"/>	Exceptional
<input type="checkbox"/>	Exceeds requirements
<input type="checkbox"/>	Meets requirements
<input type="checkbox"/>	Does not meet requirements
<input type="checkbox"/>	Poor



Executive Summary



As in past years, this annual Progress Report includes a summative look at the implementation areas in which each responding MCC member organization has been involved during the reporting period. Members are hard at work addressing different levels of cancer control strategies, including: professional education; public education; improving access to cancer care; systems change; policy and advocacy; and research and evaluation. Each and every one of these activity areas is a necessary and vital component of efforts to advance Michigan's comprehensive cancer control goals.

Wherever possible, this year's report presents an update on the status of progress at the state level as it pertains to each of the cancer sites or cancer determinants addressed by the MCC priorities. It also lists selected members' contributions in each of these priority areas using the information on the numerous interventions and cancer control activities that have been reported by MCC members and key partner organizations for Jan. 1 – Dec. 31, 2007 reporting period.

Comparison of implementation from year to year should be interpreted with caution, given the fact that a different number of organizations responded each reporting year from within each category. For evaluating trends to be most revealing of the accurate status of implementation growth, it is imperative that all (100 percent) of membership organizations report their data each year of implementation. Members in the Public Health Organizations membership category already have achieved this goal, with 100 percent of them reporting their implementation progress activities for the year 2007.

Areas of progress can be seen throughout the spectrum of plan implementation. For instance:

- MCC Community-Based Health Care Delivery Systems have made increasing efforts to implement breast risk assessment programs and also have continued to improve access to cancer care services to all Michigan residents by expanding hours and sites of service and by making translators available to non-English-speaking patients.
- The majority of MCC member organizations of all types are active in executing public education and outreach programs; this area of implementation is clearly a strength of the Consortium's overall performance.
- Development can be seen in terms of the participation of MCC Community-Based Health Care Delivery Systems in clinical trials. Several member organizations of this type are active in educating their health care providers with regard to clinical trials that are available for patient enrollment.

An analysis of the 2007 reported data indicates several ongoing areas for improvement, including:

- More participation is needed in disseminating prostate cancer patient education materials that were developed by the MCC. These materials are readily available to members and have received national recognition for their comprehensiveness and scientific quality. They also have received positive reviews by patient users who say they have found them to be very helpful in guiding them through their decision-making surrounding treatment choices for prostate cancer.
- Concerted efforts are needed in the area of referring current smokers to tobacco cessation treatment services and encouraging them to take advantage of those services. In addition, health care systems can increase their efforts to make tobacco cessation kits and tools available to their providers.



- There is an outstanding need for educating health care providers in end of life care provision; patient and family education around palliative care and ensuring cancer patient receives adequate pain and symptom management

The pages of this report reflect a wealth of comprehensive cancer control implementation activities spread across a growing number of organizations. The energy of MCC-affiliated organizations continues to generate strong results and notable gains toward implementation of the *Michigan Cancer Consortium Strategic Plan*. These gains are all the more impressive in the face of current restrictions on public and private resources, and they speak highly of the level of inspiring dedication shown by MCC member and key partner organizations.



*MCC Member Assessment of
Board of Directors*



As part of the 2007 MCC Implementation Progress Reporting survey, MCC members had an opportunity to rate their satisfaction with selected aspects of performance by the MCC Board of Directors, the top leadership entity of the Consortium. The majority of MCC member representatives who responded to this portion of the survey rated the MCC Board of Directors highly in terms of their overall effectiveness. Specifically, members gave the Board high performance marks in the following areas:

- ensuring communication to membership is timely and relevant (91 percent);
- effectively and efficiently responding to the changing needs of the MCC membership and stakeholders (82 percent);
- representing the interests of the MCC membership as a whole (86 percent); and
- providing strong leadership for the MCC (89 percent).

Members of the MCC Board of Directors also recognize the benefits of working together in a collaboration-focused organization. When asked, 100 percent of the Board members affirmed that their MCC membership had influenced their home organization's priorities in implementing cancer control activities either "to some extent" or "to a great extent."

Members of the MCC Board of Directors work together on an ongoing basis to meet member expectations and seek ways in which to improve communications and sustain a viable, strong organizational leadership for the MCC. The Board values each and every member's contribution to the Consortium's success and takes pride in MCC member organization progress toward accomplishing effective and comprehensive cancer control in our state.

As part of its commitment to the strength of the organization, the MCC Board encourages representatives of all Consortium members to participate in the various MCC forums that offer learning and networking opportunities. These events require extensive preparation on behalf of MCC staff and leadership to provide members with quality exchanges. Examples of such "don't miss" opportunities include: attending the MCC annual meetings; watching and sharing the MCC informational video, both within the membership organization and with its external partners; participating in the periodic conference calls dealing with various topics of interest; creating a linkage, if appropriate, from member organization's Web sites to the MCC site (www.michigancancer.org); and attending meetings of the Board and/or various standing committees and task groups and offering support for those activities.

"Participation in the break-out sessions of the MCC Annual Meeting provides an opportunity to discuss model programs and how these programs might be utilized in other community settings. Another benefit is the statewide networking capacity of the Consortium," one MCC survey respondent wrote, adding, "We have shared information and explored potential collaborations, with organizations as far away as Marquette as a result of our involvement with the MCC."

Another MCC member agreed, saying the MCC offers "great networking opportunities" and an "awareness of who are the thought leaders and doers in the cancer community."



*MCC Member and
Key Partner Organizations*



The number of member organizations within the MCC increased from 87 in 2006 to 100 in 2007 (Figure 1), thanks to efforts by the MCC Membership Committee who set as their goal for Year 2007 to boost recruitment into the MCC and achieve a target of 100 members. A total of 80 of the 100 MCC member organizations eligible to submit data for the 2007 reporting period reported on their implementation progress, giving an overall response rate of 80 percent (Figure 2), an increase from 70 percent in Year 2006.

Figure 1
**Growth of MCC Membership,
 by Implementation Progress Reporting Period**

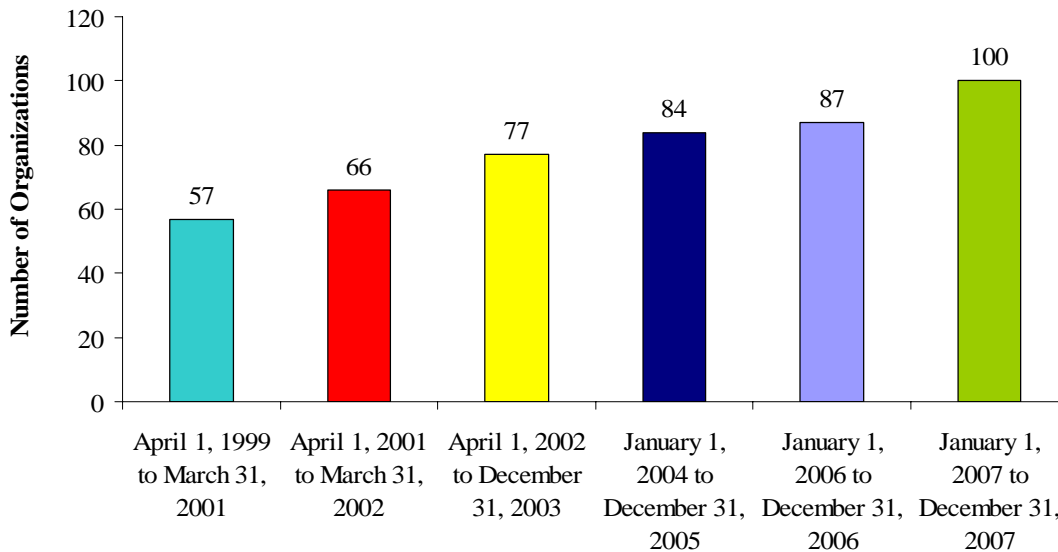


Figure 2
**Organizations Reporting Implementation Progress for 2007,
 by Membership Type**

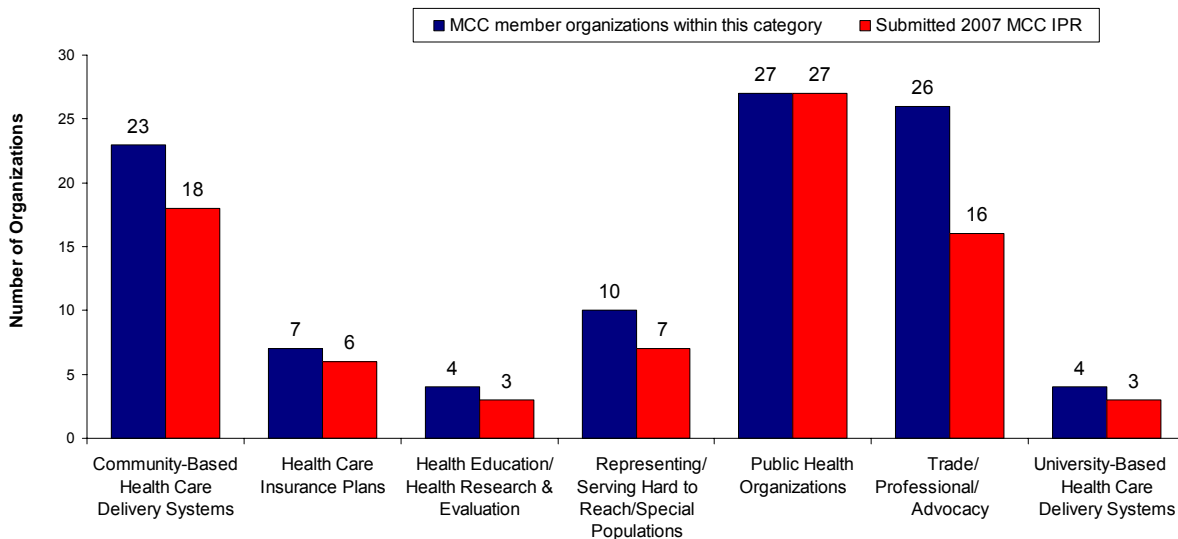
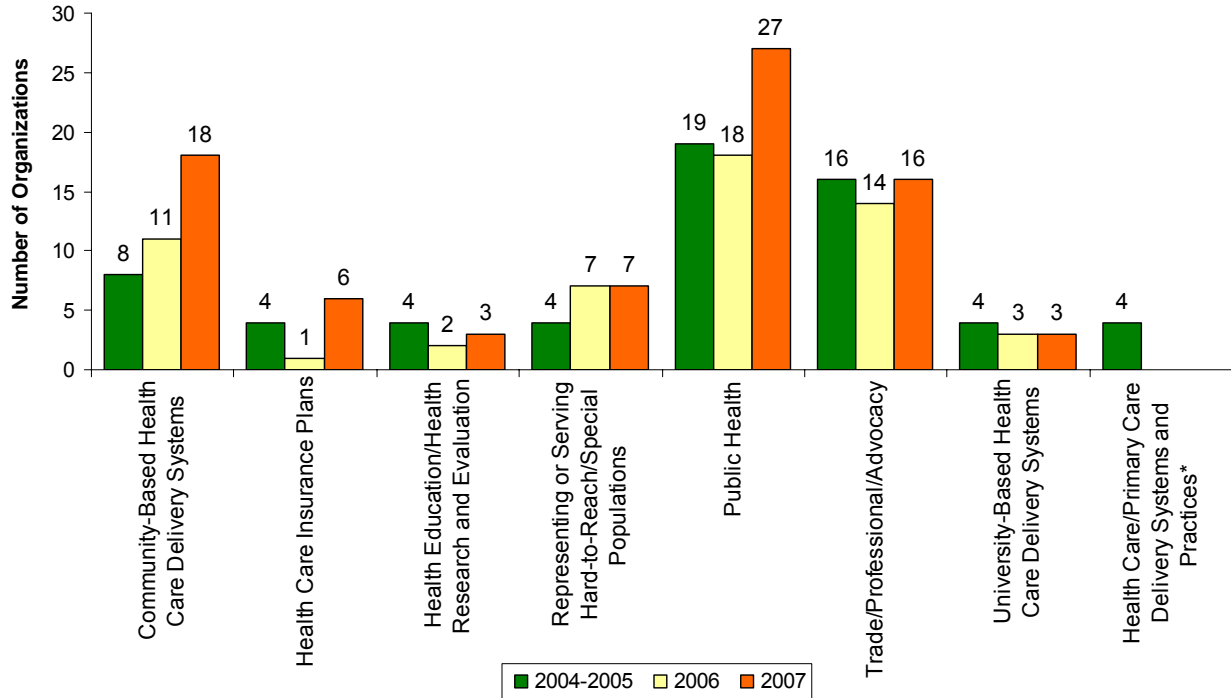




Figure 3
**Organizations Reporting Implementation Progress,
 by Membership Type (2004-2007)**



* In 2006, this category was eliminated. At that time, three of the member organizations from the former “Health Care/Primary Care Delivery Systems and Practices” category (Battle Creek Health System, Hospice of Lansing/Ionia Area Hospice, and Hospice of Michigan) were placed in the newly formed “Representing or Serving Hard-to-Reach and/or Special Populations” membership classification, and three other member organizations (Ingham Regional Medical Center, Kalamazoo Hematology & Oncology, and Mount Clemens General Hospital) were moved to the new “Community-Based Health Care Delivery Systems with Cancer Programs” classification.

“The MCC provides a roadmap for us to follow and to get information on what is important and relevant. It helps us set our priorities for our cancer program.”

— **Charles H. Sherwin, MS, CPHQ, BSN, RN**
*Program Administrator, Cancer Center
 Alpena Regional Medical Center*



Table 1

MCC Member and Key Partner Organizations, in Alphabetical Order
Jan. 1 – Dec. 31, 2007

Member Organization	Contributed to this report
ACCESS Community Health Center	•
Alpena Regional Medical Center – Alpena Cancer Center	•
American Cancer Society, Great Lakes Division, Inc.	•
American College of Surgeons	
American Lung Association of Michigan	•
Barbara Ann Karmanos Cancer Institute/Wayne State University	•
Barry-Eaton District Health Department	•
Battle Creek Health System	•
Bay Regional Medical Center	•
Blue Cross Blue Shield of Michigan	•
Branch-Hillsdale-St. Joseph Community Health Agency	•
Calhoun County Public Health Department	•
Central Michigan District Health Department	•
Chippewa County Health Department	•
Coalition of Michigan Organizations of Nursing	•
Dickinson-Iron District Health Department	•
District Health Department #2	•
District Health Department #4	•
District Health Department #10	•
Faith Access to Community Economic Development	•
Genesee County Health Department	•
Genesys Hurley Cancer Institute	•
Gilda’s Club Grand Rapids	•
Gilda’s Club Metro Detroit	•
Grand Rapids Clinical Oncology Program	•
Great Lakes Cancer Institute at Michigan State University	•
Great Lakes Health Plan of Michigan	•
Greater Detroit Area Health Council	•
Health Alliance Plan	•
Health Department of Northwest Michigan	•
HealthPlus of Michigan	



Member Organization	Contributed to this report
Healthy Asian Americans Project	●
Henry Ford Health System	●
Hospice of Lansing/Ionia Area Hospice	●
Hospice of Michigan	●
Huron County Health Department	●
Ingham County Health Department	●
Ingham Regional Medical Center	●
Inter-Tribal Council of Michigan, Inc.	
Kalamazoo County Health & Community Services Department	●
Kalamazoo Hematology & Oncology	
Kent County Health Department	●
Kirkhof College of Nursing	●
The Lacks Cancer Center at Saint Mary's Health Care	●
Lapeer County Health Department	●
Luce-Mackinac-Alger-Schoolcraft District Health Department	●
Macomb County Health Department	●
Marquette County Health Department	●
Marquette General Cancer Center	●
Memorial Healthcare Cancer Center	
Metropolitan Health Hospital	●
Michigan Academy of Family Physicians	
Michigan Association for Local Public Health	●
Michigan Association of Health Plans	
Michigan Cancer Genetics Alliance	●
Michigan Cancer Research Consortium	
Michigan Department of Community Health	●
Michigan Dietetic Association	
Michigan Health & Hospital Association	●
Michigan Hospice & Palliative Care Organization	●
Michigan Osteopathic Association	
Michigan Primary Care Association	●
Michigan Public Health Association	
Michigan Public Health Institute	●
Michigan Radiological Society	
Michigan Society of Hematology and Oncology	●
Michigan Society of Pathologists	●



Member Organization	Contributed to this report
Michigan State Medical Society	
Mid-Michigan District Health Department	•
MidMichigan Medical Center – Midland	•
Midwest Health Plan	•
Mount Clemens Regional Medical Center	•
MPRO	•
Muskegon County Health Department	•
National Association of Hispanic Nurses, Michigan Chapter	•
Oakwood Healthcare System, Inc., Cancer Center	
OmniCare Health Plan	•
Oncology Nursing Society	
Pfizer Inc.	•
Prostate Cancer Coalition of Michigan	•
Providence Cancer Institute	•
St. John Health System	•
St. Joseph Mercy / Oakland	•
St. Mary Mercy Hospital – Livonia	
Saginaw County Department of Public Health	•
Sanilac County Health Department	•
Sisters Network, Flint Affiliate Chapter	
Sparrow Regional Cancer Center	•
Spectrum Health Cancer Program	•
Susan G. Komen for the Cure, Greater Lansing Affiliate	
Tobacco-Free Michigan	•
Total Health Care, Inc.	•
Tuscola County Health Department	•
University of Michigan Comprehensive Cancer Center	
University of Michigan School of Public Health	•
Van Andel Research Institute	
Visiting Nurse Services of Michigan	•
West Michigan Cancer Center	•
Western Upper Peninsula District Health Department and Superior Home Nursing and Hospice	•
William Beaumont Hospital	•
Z.I.A.D. Healthcare for the Underserved, Inc.	



Table 2
MCC Member and Key Partner Organizations, by Reporting Type
Jan. 1 – Dec. 31, 2007

Community-Based Health Care Delivery Systems and Practices with Cancer Programs	
Member Organization	Contributed to this report
Alpena Regional Medical Center – Alpena Cancer Center	•
Bay Regional Medical Center	•
Genesys Hurley Cancer Institute	•
Grand Rapids Clinical Oncology Program	•
Ingham Regional Medical Center	•
Kalamazoo Hematology & Oncology	
The Lacks Cancer Center at Saint Mary's Health Care	•
Marquette General Cancer Center	•
Memorial Healthcare Cancer Center	
Metropolitan Health Hospital	•
Michigan Cancer Research Consortium	
MidMichigan Medical Center – Midland	•
Mount Clemens Regional Medical Center	•
Oakwood Healthcare System, Inc., Cancer Center	
Providence Cancer Institute	•
St. John Health System	•
St. Joseph Mercy / Oakland	•
St. Mary Mercy Hospital – Livonia	
Sparrow Regional Cancer Center	•
Spectrum Health Cancer Program	•
Visiting Nurse Services of Michigan	•
West Michigan Cancer Center	•
William Beaumont Hospital	•

Health Care Insurance Plans	
Member Organization	Contributed to this report
Blue Cross Blue Shield of Michigan	•
Great Lakes Health Plan of Michigan	•
Health Alliance Plan	•
HealthPlus of Michigan	
Total Health Care, Inc.	•



Health Care Insurance Plans
(continued)

Member Organization	Contributed to this report
Midwest Health Plan	•
OmniCare Health Plan	•
Total Health Care, Inc.	•

Health Education/Health Research and Evaluation Organizations

Member Organization	Contributed to this report
Kirkhof College of Nursing	•
MPRO	•
University of Michigan School of Public Health	•
Van Andel Research Institute	

Organizations Serving and/or Representing Hard-to-Reach and/or Special Populations

Member Organization	Contributed to this report
ACCESS Community Health Center	•
Battle Creek Health System	•
Faith Access to Community Economic Development	•
Greater Detroit Area Health Council	•
Healthy Asian Americans Project	•
Hospice of Lansing/Ionia Area Hospice	•
Hospice of Michigan	•
Inter-Tribal Council of Michigan, Inc.	
Sisters Network, Flint Affiliate Chapter	
Z.I.A.D. Healthcare for the Underserved, Inc.	

Public Health Organizations

Member Organization	Contributed to this report
Barry-Eaton District Health Department	•
Branch-Hillsdale-St. Joseph Community Health Agency	•
Calhoun County Public Health Department	•



Public Health Organizations (continued)	
Member Organization	Contributed to this report
Central Michigan District Health Department	•
Chippewa County Health Department	•
Dickinson Iron District Health Department	•
District Health Department #2	•
District Health Department #4	•
District Health Department #10	•
Genesee County Health Department	•
Health Department of Northwest Michigan	•
Huron County Health Department	•
Ingham County Health Department	•
Kalamazoo County Health & Community Services Department	•
Kent County Health Department	•
Lapeer County Health Department	•
Luce-Mackinac-Alger-Schoolcraft District Health Department	•
Macomb County Health Department	•
Marquette County Health Department	•
Michigan Department of Community Health	•
Michigan Public Health Institute	•
Mid-Michigan District Health Department	•
Muskegon County Health Department	•
Saginaw County Department of Public Health	•
Sanilac County Health Department	•
Tuscola County Health Department	•
Western Upper Peninsula District Health Department and Superior Home Nursing and Hospice	•

Trade/Professional/Advocacy Organizations	
Member Organization	Contributed to this report
American Cancer Society, Great Lakes Division, Inc.	•
American College of Surgeons	
American Lung Association of Michigan	•



Trade/Professional/Advocacy Organizations (continued)	
Member Organization	Contributed to this report
Coalition of Michigan Organizations of Nursing	•
Gilda's Club Grand Rapids	•
Gilda's Club Metro Detroit	•
Michigan Academy of Family Physicians	
Michigan Association for Local Public Health	•
Michigan Association of Health Plans	
Michigan Cancer Genetics Alliance	•
Michigan Dietetic Association	
Michigan Health & Hospital Association	•
Michigan Hospice & Palliative Care Organization	•
Michigan Osteopathic Association	
Michigan Primary Care Association	•
Michigan Public Health Association	
Michigan Radiological Society	
Michigan Society of Hematology and Oncology	•
Michigan Society of Pathologists	•
Michigan State Medical Society	
National Association of Hispanic Nurses, Michigan Chapter	•
Oncology Nursing Society	
Pfizer Inc.	•
Prostate Cancer Coalition of Michigan	•
Susan G. Komen for the Cure, Greater Lansing Affiliate	
Tobacco-Free Michigan	•

University-Based Health Care Delivery Systems with Cancer Programs	
Member Organization	Contributed to this report
Barbara Ann Karmanos Cancer Institute/Wayne State University	•
Great Lakes Cancer Institute at Michigan State University	•
Henry Ford Health System	•
University of Michigan Comprehensive Cancer Center	



*Early Detection Priorities
(Breast, Cervical and Colorectal Cancers)*



MCC Early Detection Priorities

Breast Cancer

Priority approved by the MCC Board of Directors on Nov. 17, 2004:

By 2010, 80 percent of Michigan women will receive:

- Age- and risk-appropriate breast cancer screening with clinical breast examination and mammography
- Information/education on age- and risk-appropriate screening and preventive services for breast cancer.

Priority in place Jan. 1, 2004:

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

Priority approved by the MCC Board of Directors on Sept. 15, 2004:

By 2010, the incidence of invasive cervical cancer in Michigan women will be reduced by 50 percent.

- Ninety-seven percent of women over age 21, or 3 years after the onset of sexual activity, will have had a Pap test at least once in their lifetime.
- Ninety percent of women over age 21 will have had a Pap test within the last 2 years.

Priority in place Jan. 1, 2004:

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

Priority approved by the MCC Board of Directors on April 20, 2005:

By 2010, increase to 75 percent the proportion of average-risk people in Michigan who report having received appropriate colorectal cancer screening and follow-up of abnormal screening results.

Priority in place Jan. 1, 2004:

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.



2007 MCC Spirit of Collaboration Award — Honorable Mention Winner

Expanding Access to Breast and Cervical Cancer Screening in Northern Michigan

MCC priority objective addressed:

- Breast Cancer
- Cervical Cancer

Collaborative partners in the project:

- Grand Traverse Regional Health Care Coalition
- Health Department of Northwest Michigan
- Michigan Department of Community Health Breast and Cervical Cancer Control Program, Cancer Prevention and Control Section
- Northern Health Plan

Project description: Health Department of Northwest Michigan (HDNM), a four-county district health department serving Antrim, Charlevoix, Emmet, and Otsego counties, is a regional Breast and Cervical Cancer Control Program (BCCCP) coordinating agency and additionally serves Grand Traverse County Health Department and Benzie-Leelanau District Health Department.

In response to a 20-percent decrease in BCCCP funding for FY06 and FY07, HDNM partnered with the Northern Health Plan (NHP), the Grand Traverse Regional Health Care Coalition (GTRHCC), and the Michigan Department of Community Health (MDCH) to purchase additional caseload. In FY07, the partnership transitioned from the purchasing of caseload from MDCH to expanding coverage through NHP and GTRHCC.

This collaborative project resulted in a 30-percent increase in the number of women served through the HDNM BCCCP beyond MDCH-funded allocation in FY06.

There is expected to be a 30-percent or higher increase in the number of women served above BCCCP allocation for FY07. In addition, there is a projected 70-percent increase in the number of women served through BCCCP partnership in FY08.

Reviewer comments: “It is a nice example of the state health department, local health department, and county health plan working together to achieve a goal, and it is a good example of this year’s conference about cancer control on a bare bones budget.”

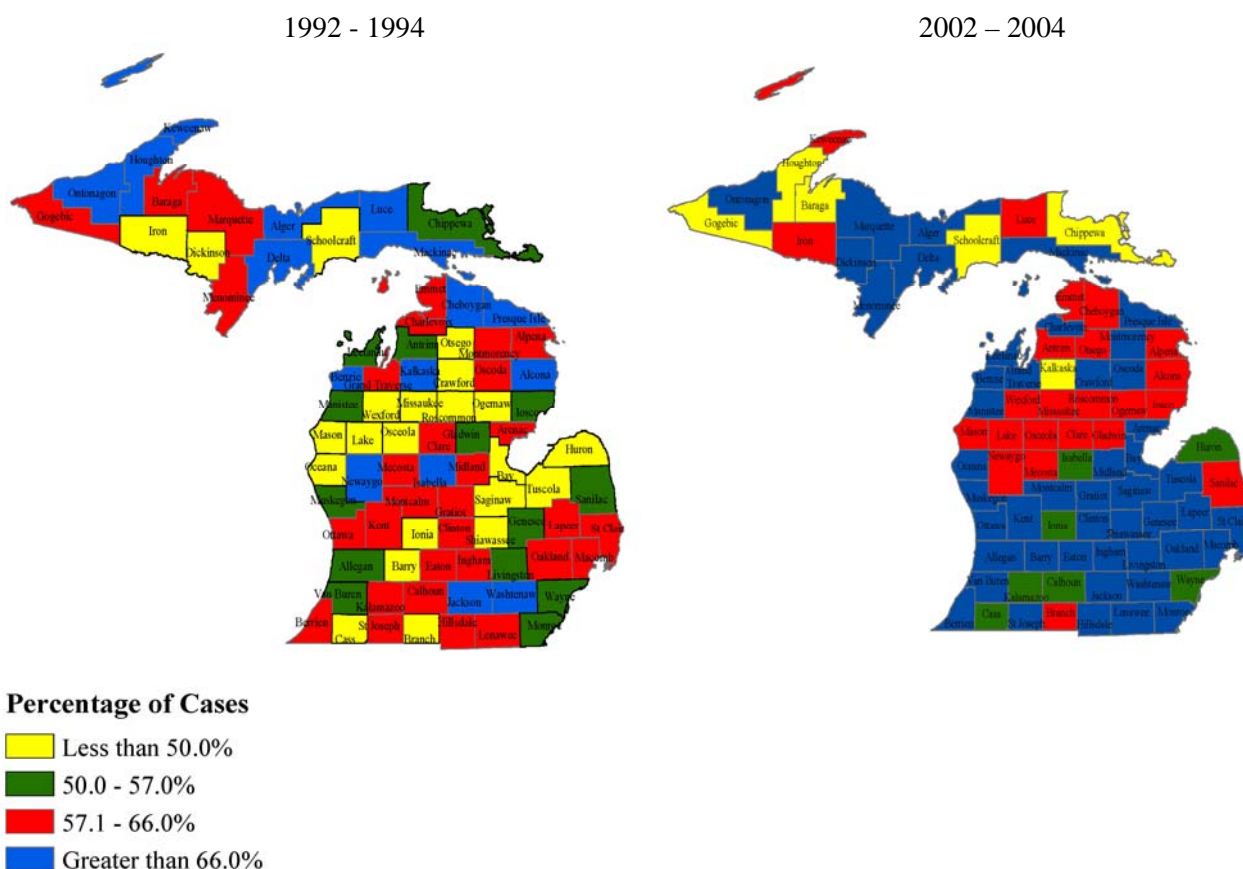


Selected state cancer surveillance findings are highlighted in this section, followed by a presentation of MCC member contributions in implementing interventions and activities that collectively, are bound to impact cancer control at the state level.

Breast Cancer

Cases of breast cancer are increasingly being diagnosed in Michigan at an earlier stage, greatly increasing patients' chances for survival. Figure 4 shows the remarkable shift in the proportion of breast cancer cases that were localized at the time of diagnosis on a county-by-county basis over two different time periods. As can be seen, for the most recent 2002-2004 time period, at least two-thirds of the newly diagnosed breast cancer cases reported in the majority of Michigan counties were localized at diagnosis.

Figure 4
Percentage of Breast Cancer Cases Localized at Diagnosis, by County



Source: Michigan Public Health Institute (in support of the Michigan Comprehensive Cancer Control Program). *The Cancer Burden in Michigan: Selected Statistics, 2008*.



2007 MCC Spirit of Collaboration Award — Honorable Mention Winner

Oakwood Healthcare System Family Health History Campaign

MCC priority objective addressed:

- Breast Cancer
- Colorectal Cancer

Collaborative partners in the project:

- Arbor Hospice and Home Care
- ASG Renaissance
- Baker College
- Bright Horizons Family Solutions – UAW Ford Wayne FSLC
- Center for Public Health and Community Genomics at University of Michigan
- Centers for Disease Control and Prevention (CDC)
- Cranbrook Schools
- Fidelity Bank (Formally Community Bank of Dearborn)
- Michigan Association of Genetic Counselors
- Michigan Department of Community Health
- Michigan Governor Jennifer Granholm
- Michigan Surgeon General Dr. Kimberlydawn Wisdom
- National Institutes of Health – National Human Genome Research Institute
- Oakwood Healthcare System Foundation
- Office of the U.S. Surgeon General
- St. Robert's Church
- Southeastern Michigan Community Alliance
- Wayne County Community College

Project description: Dr. Julie Zenger Hain, co-chair of the Michigan Cancer Genetics Alliance and director of Clinical Cytogenetics at Oakwood Healthcare System, initiated and led an intersectoral approach to promote the importance of family health history (including breast and colon cancer) for chronic disease prevention and health promotion. The program is funded by grants from the Oakwood Healthcare System Foundation. For Oakwood employees, the importance of family health history was promoted throughout the fall of 2006 via: employee benefit enrollment fairs; daily communications (i.e., system wide e-mail, trivia, departmental sessions); U.S. Surgeon General's My Family Health Portrait bookmarks included with personnel paychecks; a highly visible Michigan Department of Community Health family health history display with handouts in

— Continued —



— Continued from previous page —

the hospital’s lobby; and a Grand Rounds Presentation by the deputy director of CDC’s National Office of Public Health Genomics. Additionally, Oakwood employees were given several opportunities to meet with Oakwood genetic counselors to discuss concerns regarding family health history. Likewise, similar educational initiatives and genetic counseling opportunities were conducted at multiple organizations in the community.

As a result of Oakwood’s Family Health History Campaign, ongoing relationships have been established to promote family health history in this community.

The most significant achievements may very well not be able to be documented, but may likely be the number of families that were able to discuss important information regarding their health with family, collect and document their other family members’ health conditions, and share this information with their health care providers for risk assessment and recommendations, leading to a greater health for all.

Reviewer comments: “Impressive in how many organizations were involved and reaped the benefits of this collaboration.”

Highlights of MCC Success — 2007

Community-Based Health Care Delivery Systems and Practices with Cancer Programs

Breast Cancer

During Breast Cancer Awareness Month 2007, **St. Joseph Mercy/Oakland** implemented breast cancer public education programs, including a “first of its kind” event featuring a physician panel and nationally known speakers (and survivor) actress Jill Eikenberry and her husband actor Michael Tucker. The event reached approximately 250 community members with its educational message.

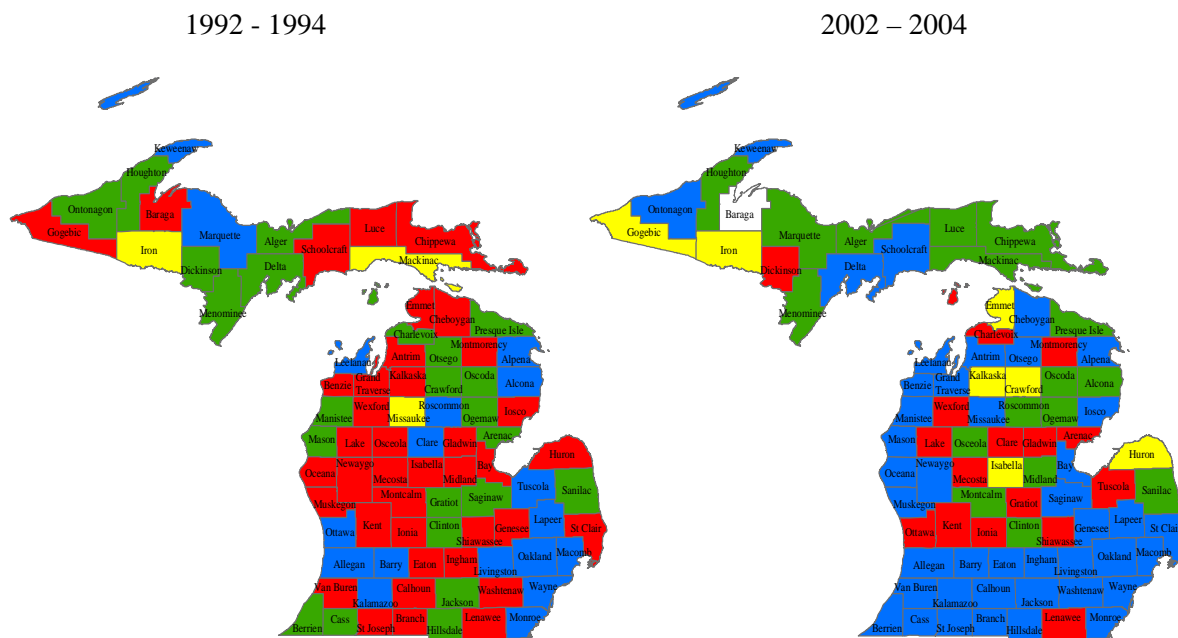
In 2007, St. Joseph Mercy/Oakland also hosted its first Pink Ribbon Trailblazers walk/run with proceeds going toward the cost of mammograms and other diagnostic services for uninsured and underinsured women. The health care delivery system provided media, education and awareness materials as part of the event.



Cervical Cancer

Improvement in timely cervical screening at the state level has probably led to higher rates of detecting cases at the *in-situ* stage, the earliest and most curable stage of cervical cancer lesions, thus increasing rates of survival for Michigan women who are affected by this highly preventable cancer. Continued surveillance is needed in this area to determine whether part of the increase that is observed in *in-situ* cervical cancer is a result of an increase in cancer incidence.

Figure 5
Percentage of Cervical Cancer Cases *In-Situ* at Diagnosis, by County



Percentage of Cases

- Less than 50.0%
- 50.0 - 67.0%
- 67.1 - 84.0%
- Greater than 84.0%
- No cases reported

Source: Michigan Public Health Institute (in support of the Michigan Comprehensive Cancer Control Program). *The Cancer Burden in Michigan: Selected Statistics, 2008*.

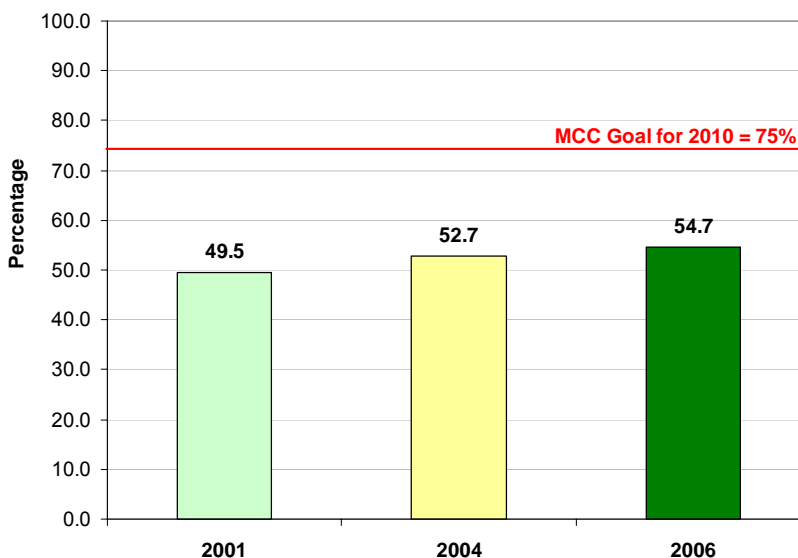


Colorectal Cancer

In Michigan, the number of men and women receiving appropriately timed, life-saving colorectal cancer screening has slowly but steadily increased since 2001. In 2004, the screening rates in the state were near the target level (50 percent) that MCC had set to reach by Year 2004. Having achieved that goal, the MCC raised the bar in 2005 to increasing appropriate colorectal screening for Michigan men and women to 75 percent by Year 2010.

The progress in regular and timely screening at both the individual and community levels has begun to reflect itself in a modest stage shift in which the proportion of colorectal cancer cases registered for a number of Michigan counties are increasingly being detected at the more curable localized stage (Figure 7).

Figure 6
Percentage of Michigan Adults Aged 50 Years and Older Who Had Any Timely Colorectal Cancer Screening Test



Source: Michigan Public Health Institute and Michigan Department of Community Health. *Special Cancer Behavioral Risk Factor Survey, 2008*

“[Among the benefits of belonging to the MCC is] the statewide networking capacity of the Consortium. We have shared information and explored potential collaborations with organizations as far away as Marquette as a result of our involvement with the MCC.”

— **Manuel Valdivieso, MD**
Chief Medical Officer and Associate Director of Clinical Affairs
Barbara Ann Karmanos Cancer Institute



2007 MCC Spirit of Collaboration Award — Honorable Mention Winner

Gift of Life Walk

MCC priority objective addressed: Breast Cancer

Collaborative partners in the project:

- American Cancer Society
- Be Fit, Inc.
- Breast and Cervical Cancer Control Program
- Faith Access to Community and Economic Development
- Barbara Ann Karmanos Cancer Institute
- Sisters Network – Greater Metropolitan Detroit Chapter

Project description: The Gift of Life Walk is an outreach educational intervention focused on the minority community. Committed volunteers and organizations agree to collaborate with Sisters Network to coordinate the promotion of breast health services in the African-American community. This collaboration allows breast cancer survivors to partner with volunteers and canvas a specific geographic area to: conduct face-to-face interviews; distribute breast health education brochures, a resource list, and pink ribbons; and administer a survey with questions geared toward promoting breast screening engagement. The community has an opportunity to meet survivors, hear their stories, and experience their triumph over breast cancer.

The goal of the project is to empower women to take control of their health care, expecting that the information provided will encourage them to be vigilant about breast cancer screening and not fearful of the process. Women not receiving mammograms due to a lack of insurance are being referred to the Breast and Cervical Cancer Control Program.

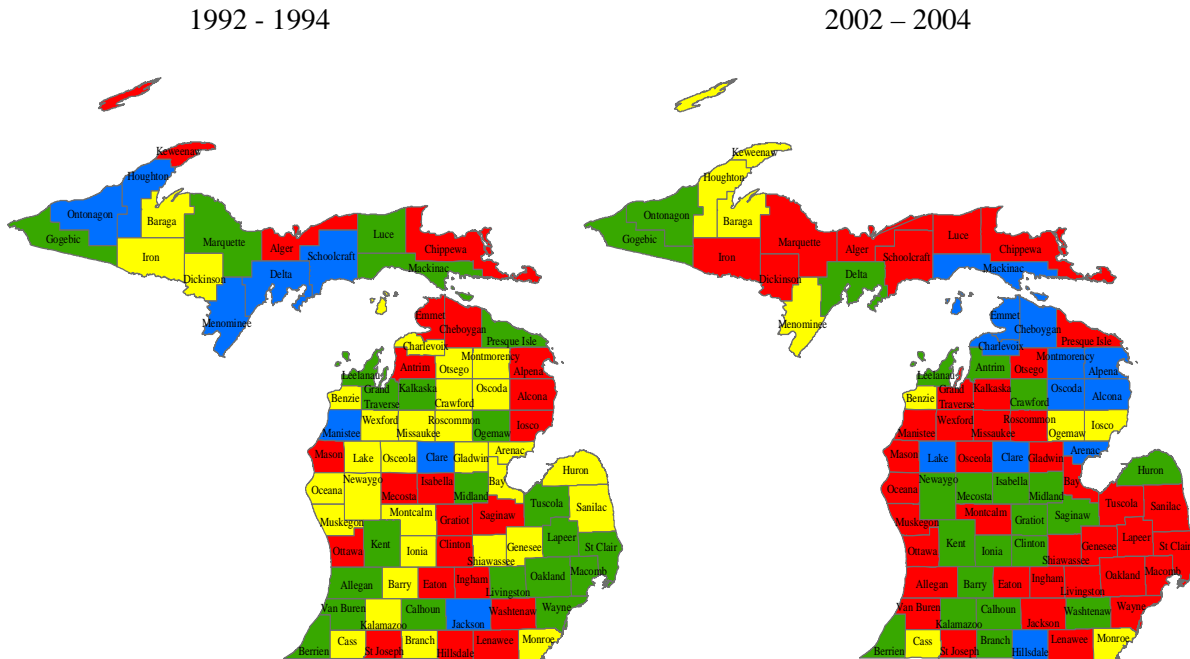
Reviewer comments: “I’m in awe of such a powerful program. Great things can happen when we think outside the box.”

“The MCC provides helpful literature and references to current trends in cancer prevention.”

— *Mary Thompson*
District Health Department #4



Figure 7
Percentage of Colorectal Cancer Cases Localized at Diagnosis, by County



Percentage of Cases

- Less than 30.0%
- 30.0 - 37.2%
- 37.3 - 46.8%
- Greater than 46.8%

Source: Michigan Public Health Institute (in support of the Michigan Comprehensive Cancer Control Program). *The Cancer Burden in Michigan: Selected Statistics, 2008.*

“It is important for our organization to be consistent with other ‘like’ organizations and have the ability to benchmark best practices, as well as improve the cancer care that we deliver.”

— Survey respondent
St. Joseph Mercy/Oakland



2007 MCC Spirit of Collaboration Award Winner

Pamper Party for Breast Health

MCC priority objective addressed: Breast Cancer

Collaborative partners in the project:

- Barbara Ann Karmanos Cancer Institute Mobile Mammography Unit
- Molina Healthcare of Michigan
- The Wellness Plans Clinics

Project description: In an effort to reduce any perceived barriers to breast cancer screening, Molina Healthcare of Michigan developed and implemented — in collaboration with Karmanos Cancer Institute Mobile Mammography Unit and the Wellness Plan Clinics — the “Pamper Party for Breast Health” in April 2006.

The goals of this project were to: 1) identify women missing mammogram screening and improve the rate of Molina members screened; 2) reduce the barrier of access to service by bringing the mammography unit to the health center where primary health services are received; 3) continually educate members on the importance of self care as it relates to the three keys of early detection; and 4) educate members on activities of daily living that will lead to an improved sense of well-being and improved health.

The target population for the project was women 40 to 69 years old who had not had a mammogram screening during the years 2005 and 2006.

On the day of the event, each member was registered and seen by a physician who performed a clinical breast exam. The member was then escorted to the mobile mammography van for a mammogram. After the mammogram, each participant received individualized pampering — including a mini massage, nail painting, nutritious foods, and a gift bag — as well as health information.

The most significant achievement of this event was the number of first timers who received a mammogram. Thirty-two (32) percent of women ages 55-58 screened had never had a mammogram performed. In addition, 13 percent of the participants had an abnormal screen that required additional follow up care.

Reviewer comments: “I love this one. This is a great example of collaboration addressing the MCC Breast Cancer Priority.”



Member Accomplishments

Most MCC member organizations have reported implementing successful public education programs to promote cancer early detection. There is a continuing effort by health care delivery systems to improve access to cancer care to all Michigan residents by expanding hours and sites of service and by making translator services available to non-English-speaking clients.

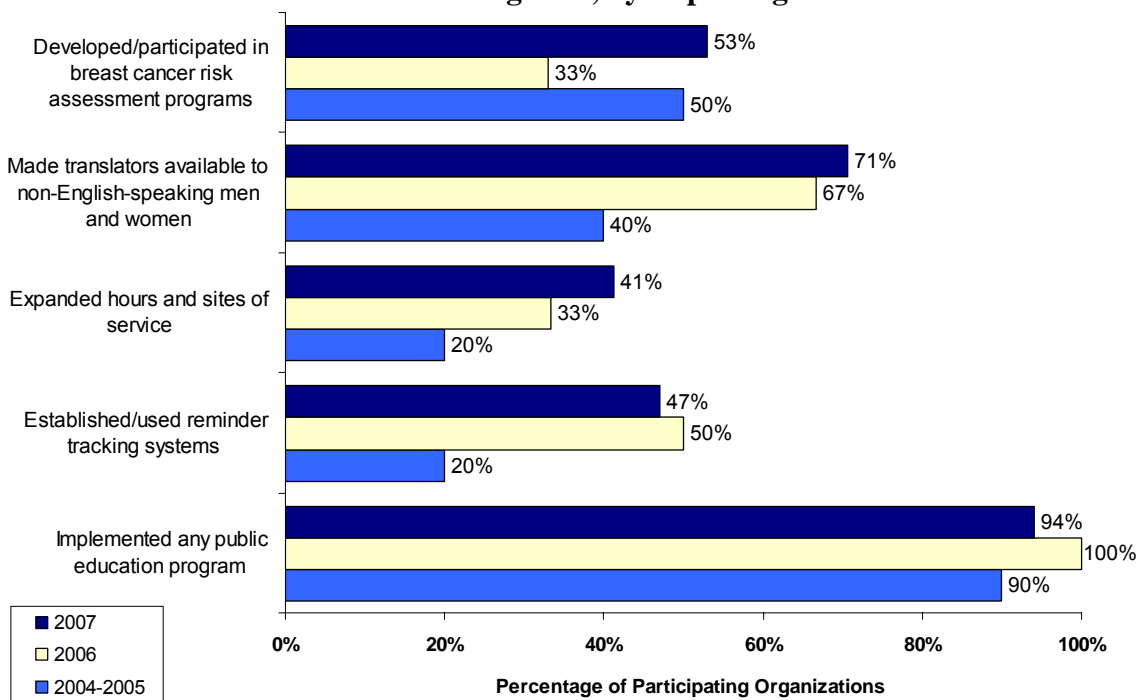
Evidence exists that establishing and using reminder and tracking systems to support timely screening services is an effective strategy for bettering compliance to regular and timely screening in several areas of cancer early detection. MCC organizations are encouraged to heighten their efforts in establishing and using such systems as appropriate.

This year's data reveal increased activity in the area of cancer risk assessment programs, an important component of cancer management.

(Please Note: Throughout this section, the percentage of organizations shown as participating in a given activity is based upon the number of respondents to that question within that membership category for that particular year. [See Figure 3.]

Figure 8

Activities Accomplished by Community-Based Health Care Delivery Systems and Practices with Cancer Programs, by Reporting Year





2007 MCC Spirit of Collaboration Award Winner

Latina Breast Health Project

MCC priority objective addressed: Breast Cancer

Collaborative partners in the project:

- Barbara Ann Karmanos Cancer Institute
- Breast and Cervical Cancer Control Program (Wayne County)
- Bridging Communities, Inc.
- CHASS
- Credit Union ONE
- Detroit Health Care for the Homeless
- Detroit Hispanic Development Coalition
- Detroit Public Television
- E&L Supermercado
- Holy Redeemer Church
- La Sed
- Latino Media Press
- MetroMatrix Covenant Community Care
- Midwest Health Center
- National Association of Hispanic Nurses – Detroit Chapter
- REACH Detroit Partnership
- Ryan's Foods
- Southwest Aging
- Southwest Business Association
- Southwest Counseling and Development Solutions
- Southwest Solutions
- Susan G. Komen Detroit Race for the Cure

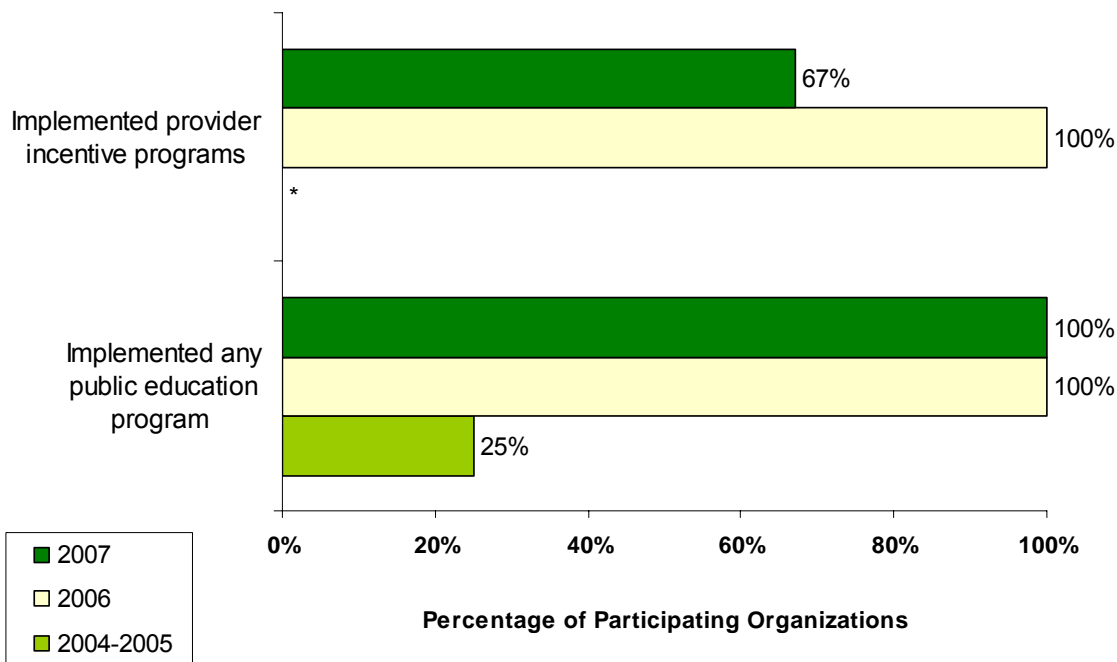
Project description: To address the disparity in breast cancer knowledge and access to appropriate resources for breast cancer screening, the Department of Community Education at the Barbara Ann Karmanos Cancer Institute proposed to expand the current Southwest Detroit Latina Breast Cancer Project to Downriver Wayne County and Oakland County (Pontiac). The goals of the project were to:

- establish a Latina Breast Cancer Support Group in Southwest Detroit;
- continue Spanish and English breast health education and Breast and Cervical Cancer Control Program recruitment and enrollment in Southwest Detroit;
- identify potential partners in the expansion communities;
- develop the partnership and an in-reach plan tailored to the expansion communities; and
- prepare lay health advisors to become patient navigators.

— *Continued* —



Figure 9
Activities Accomplished by Health Care Insurance Plans, by Reporting Year



* Data not available

— Continued from previous page —

The Latina Breast Health Project resulted in many successful outcomes. Among them:

- six lay health advisors were trained;
- a Breast Cancer Awareness Event, which was attended by 80 people, was held;
- more than 800 Latinos were reached through education and outreach programs;
- a Spanish pre/post test was created and tested for the breast cancer presentation; and
- the project has been expanded to Downriver Wayne County and Pontiac and organizers are establishing a Latina Breast Cancer Support Group because one does not exist in Metro Detroit.

Reviewer comments: “Excellent example of outreach that works!”



2007 MCC Spirit of Collaboration Award Winner

Montcalm County Breast Health Project

MCC priority objective addressed: Breast Cancer

Collaborative partners in the project:

- Mid-Michigan District Health Department
- Montcalm Community College Nursing Program
- Spectrum Health
- United Lifestyles

Project description: The Montcalm County Breast Health Project was established after a local factory was scheduled to close, thereby resulting in a loss of approximately 3,000 jobs that increased the number of uninsured low-income women in the community.

To address this large increase in the number of uninsured women, the Mid-Michigan District Health Department — in collaboration with the Montcalm Community College Nursing Program — developed a community outreach plan to reach the underserved and uninsured women of rural Montcalm County. The plan provided community outreach educational presentations to at-risk women by the nursing students.

Five free breast screening clinics, funded by Susan G. Komen for the Cure — Grand Rapids Affiliate, were established at various physician offices in the county. Spectrum Health donated 40 mammograms and the radiological interpretation for the women seen in the clinics. United Lifestyles received funding for a breast cancer support group, and referrals and health information were provided to patients seen in the clinics.

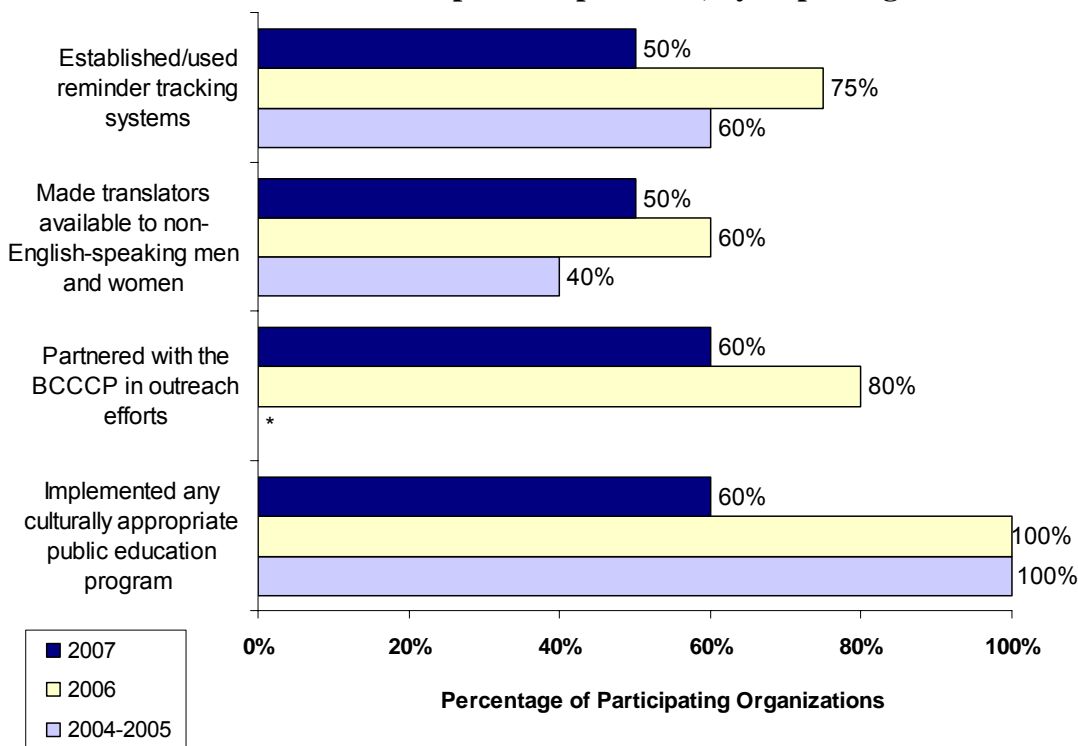
The project had many accomplishments, including providing community outreach education to more than 300 women. Also, 44 women were seen in the five breast screening clinics, and more than 20 additional women were referred into existing breast and cervical cancer screening programs.

As a result of this successful collaboration, the project has received continuation funding to expand the clinics to 12 per year. Spectrum Health has donated 50 mammograms and with the additional funding, the project was able to purchase an additional 50 mammograms.

Reviewer comments: “One of our all time best examples.”



Figure 10
Activities Accomplished by Organizations Representing or Serving Hard-To-Reach and/or Special Populations, by Reporting Year



* Data not available

Highlights of MCC Success — 2007

Health Care Insurance Plans

Early Detection of Breast and Cervical Cancers

Total Health Care, Inc. has been working on provider incentives with relation to early detection of breast and cervical cancers. In March 2007, Total Health Care implemented a pay-for-performance program for providers in which it provides a financial incentive to participating practitioners who submit claims for breast cancer and cervical cancer screenings. The success of this intervention will be measured in 2008.



2007 MCC Spirit of Collaboration Award — Honorable Mention Winner

Lake/Osceola Cancer Screening Project

MCC priority objective addressed:

- Breast Cancer
- Cervical Cancer
- Colorectal Cancer

Collaborative partners in the project:

- American Cancer Society
- District Health Department #10
- Spectrum Health – Reed City

Project description: On April 12, 2007, the Lake/Osceola Cancer Screening Project offered a free cancer screening event for the rarely and never screened population from Lake and Osceola Counties ages 64 and under who are uninsured or underinsured.

The event resulted in 19 people receiving cancer screening services who otherwise may not have because they lacked health insurance to cover the services or the resources to pay for these screenings themselves.

An important lesson learned from this collaboration is that a single agency or group could not solely orchestrate such an event. Each agency or partner had specific roles, and each collaborating group graciously volunteered the necessary time and resources to make this event a success.

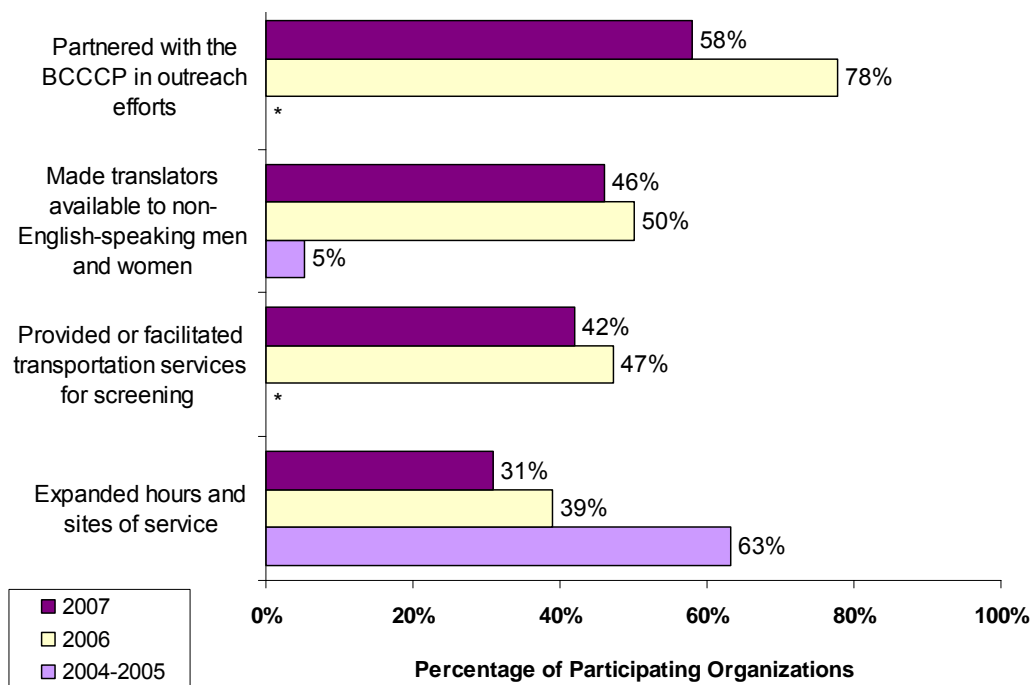
Reviewer comments: “I think it’s great that they addressed the uninsured and underinsured populations.”

“The MCC Web site has numerous resources that we use in preparing press releases and newsletters. The site is an excellent resource.”

— **John Robertson, BAA**
Health Education & Promotion
Branch-Hillsdale-St. Joseph Community Health Agency



Figure 11
Activities Accomplished by Public Health Organizations, by Reporting Year



* Data not available

Highlights of MCC Success — 2007

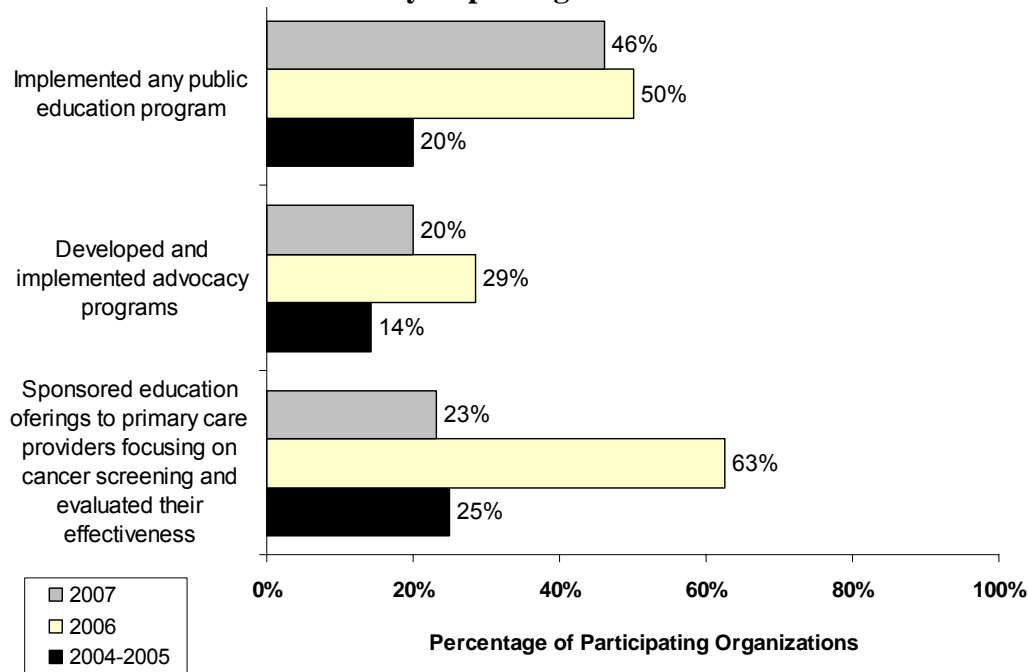
*Community-Based Health Care Delivery
 Systems and Practices with Cancer Programs*

Early Detection of Colorectal Cancer

In March 2007, as part of a West Michigan Colon Cancer Consortium collaborative effort, **The Lacks Cancer Center at Saint Mary's Health Care** and the **Grand Rapids Clinical Oncology Program** joined to host the Super Colon exhibit in Grand Rapids, enabling members of the public to tour a model colon, discuss risk factors with medical experts, and make colorectal cancer screening appointments on site.



Figure 12
Activities Accomplished by Trade/Professional/Advocacy Organizations,
by Reporting Year



Highlights of MCC Success — 2007

Health Care Insurance Plans

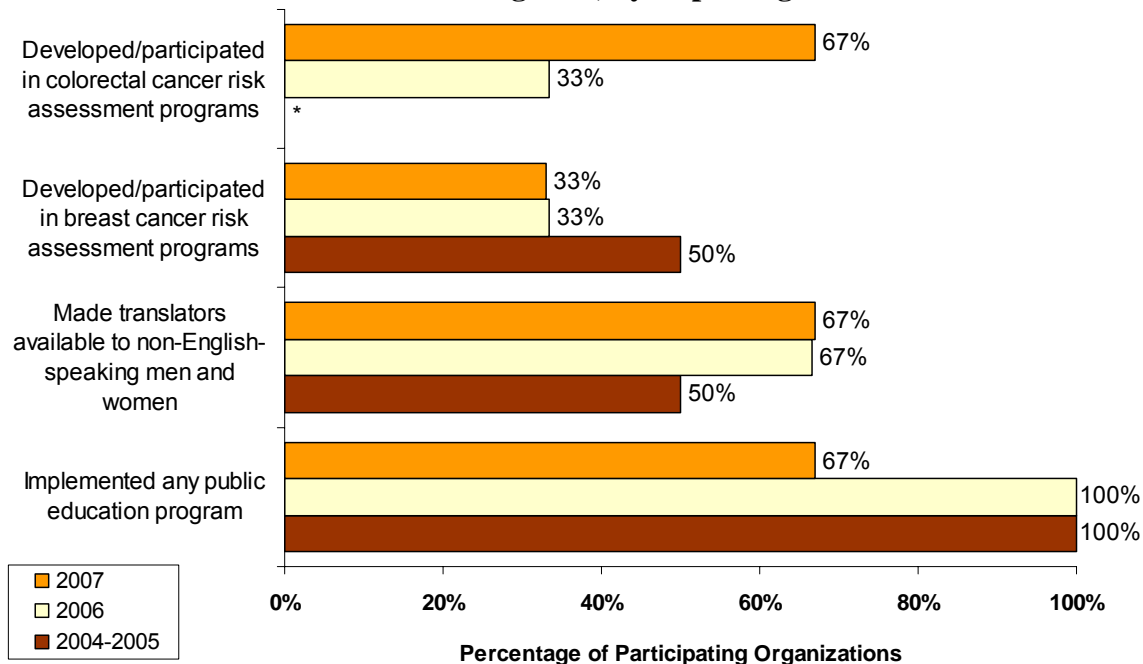
Early Detection of Breast, Cervical and Colorectal Cancers

Health Alliance Plan (HAP) offered incentives for improvement in breast, cervical and colorectal cancer screening rates, targeting those members that were overdue for screenings. Throughout the course of 2007, every time a targeted member received a cancer screening, their name was placed into a drawing pool, making them eligible to win one of six \$1,000 gift cards.

In addition, HAP undertook an initiative in which 10,830 HAP HMO members affiliated with the PPN, Botsford, DMC, UOP, Providence, and St. John networks were encouraged to be screened for colorectal cancer. The targeted members fell into two groups: Those turning 51 years old in 2007 (a total of 1,730 members) were sent a Fecal Occult Blood Test (FOBT) home kit and instructions for using it. Those turning 52 to 80 years old in 2007 (a total of 9,100 members) were sent a request form to obtain an FOBT home kit. The results of the initiative demonstrated a 14 percent increase in colorectal cancer screening among the group.



Figure 13
Activities Accomplished by University-Based Health Care Delivery Systems with Cancer Programs, by Reporting Year



* Data not available

Highlights of MCC Success — 2007

Public Health Organizations

Breast and Cervical Cancers

Despite the fact that it lacks the resources to implement any activities to reach out to rarely or never screened women, **Marquette County Health Department** has established a working Women’s Health Advisory Board. The Board is partnering with other community organizations to raise the necessary funds for: outreach; payment for diagnostic services not covered by its program; and payment for screening services for women outside the Breast and Cervical Cancer Control Program (BCCCP) age parameters (i.e., 35-year-old woman who needs a diagnostic mammogram, ultrasound or other diagnostic procedure that she would not be eligible for through the BCCCP because of her age.



Lung Cancer/Tobacco Priorities



MCC Lung Cancer/Tobacco Priorities

Priorities approved by the MCC Board of Directors on June 15, 2005:

- By 2010, reduce the overall Michigan adult (18 years +) cigarette smoking prevalence from the 2003 level of 25.8 percent to 15 percent.
- By 2010, reduce the proportion of Michigan youth (grades 9-12) who report smoking cigarettes during the past 30 days from the 2003 level of 22.6 percent to 16 percent.

Priorities in place Jan. 1, 2004:

- 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.

Highlights of MCC Success — 2007

Health Care Insurance Plans

Lung Cancer/Tobacco

Blue Cross Blue Shield of Michigan initiated a comprehensive campaign for the 2007-2008 school year designed to reduce smoking rates among Michigan youth. The campaign, which targets 16,000 Michigan high school students, enabling them to participate in awareness programs and engage in peer advocacy, is based upon Centers for Disease Control and Prevention-recommended strategies for reducing youth smoking rates. The program employed a survey to measure student behavior, attitude and knowledge regarding smoking. High schools participating in the Blues program have chosen from a variety of activities to promote smoke-free environments. Throughout the 2007 school year, 12 grant recipients managed the 27-school campaign with Blues grants ranging from \$30,000 to \$50,000, plus required matching funds. For more information, visit www.bcbsm.com/pr/pr_11-14-2007_62719.shtml.



2007 MCC Spirit of Collaboration Award Winner

The MCC Lung Cancer Early Detection Workgroup

MCC priority objective addressed: Lung Cancer - Adult Smoking

Collaborative partners in the project:

- John C. Ruckdeschel, MD (Co-Chair), Barbara Ann Karmanos Cancer Institute/Wayne State University
- Gregory P. Kalemkerian, MD (Co-Chair), University of Michigan Comprehensive Cancer Center
- Kevin Berger, MD, Michigan State University Radiology Department
- William C. Granger, MD, MS, Blue Care Network
- Timothy Tobolic, MD, Michigan Academy of Family Physicians
- Teri Scorcio-Wilson, MPH, Tobacco Section, Michigan Department of Community Health
- May Yassine, PhD, cancer epidemiologist, Michigan Public Health Institute
- Carol Garlinghouse, MSN, RN, Michigan Public Health Institute
- Debra Kimball, MSN, RN, Cancer Prevention and Control Section, Michigan Department of Community Health

Project description: In December 2006, the MCC Board of Directors approved appointment of an Ad-Hoc Lung Cancer Early Detection Workgroup to review the current science regarding early detection of lung cancer using CT (computer tomography) scans. An internationally recognized lung cancer expert, who is a member of the MCC Board, volunteered to co-chair the committee.

The MCC Lung Cancer Early Detection Workgroup convened statewide experts from radiology, medical oncology, the Michigan Association of Health Plans, epidemiology, the Michigan Academy of Family Practice, nursing, and public health to discuss the current science and consider the development of position statements for health care providers and consumers.

This collaboration resulted in the development of two evidence-based position statements — one for health care providers and one for consumers. The position statements provide a reliable and evidence-based resource to address questions and concerns resulting from the ELCAP (Early Lung Cancer Action Project) research publication. These position statements are posted on the MCC Web site (www.michigancancer.org/WhatWeDo/positionstatements-lungcancerscrng.cfm) and available to the public as free downloads 24 hours a day, seven days a week.

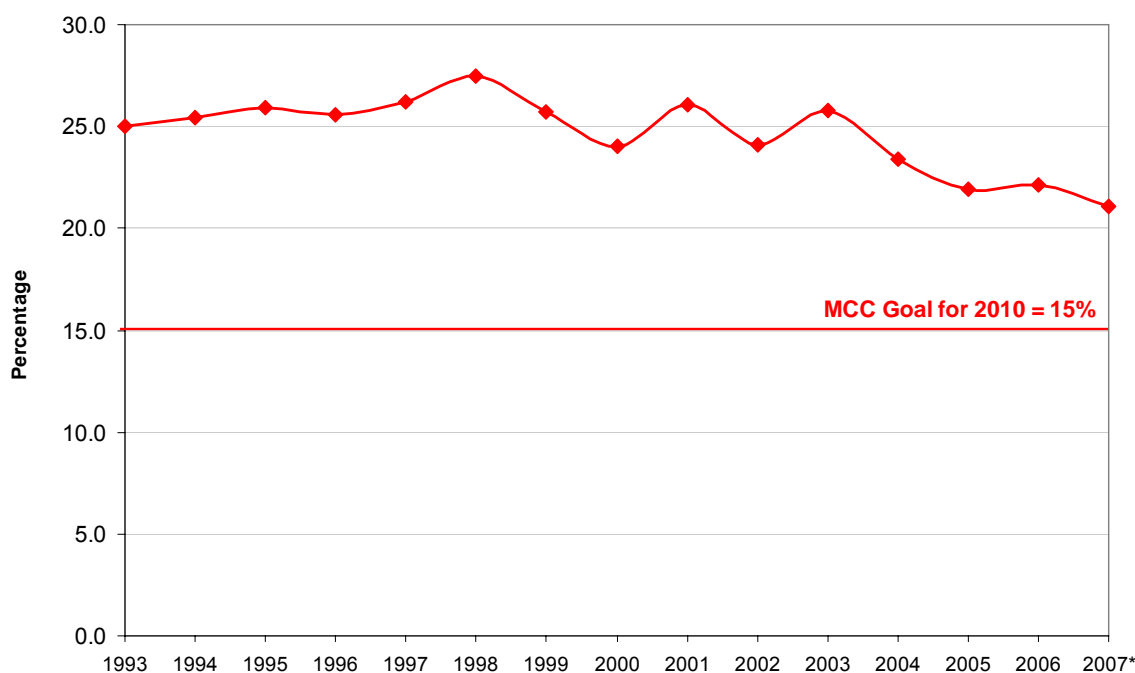
Reviewer comments: “Perfect example of organizations working together.”



Overview

Tobacco has been forever synonymous with lung cancer, the number one cause of cancer deaths. (More than 80 percent of lung cancer cases can be attributed to exposure to tobacco.) There has been an encouraging downward trend in tobacco use rates among Michigan adults in the past 10 years. However, more resources and hard work are still needed to move these rates closer to the MCC target of 15 percent prevalence in adults for Year 2010. This will require an array of interventions in a variety of implementation areas, including: education; policy; access to tobacco addiction treatment services; and health care provider participation. Current smoking rates among Michigan youth have decreased dramatically in the past decade and have nearly reached the MCC Year 2010 target of 16 percent.

Figure 14
Percentage of Residents Aged 18 or Older Who Are Current Smokers, Michigan (1993-2007)

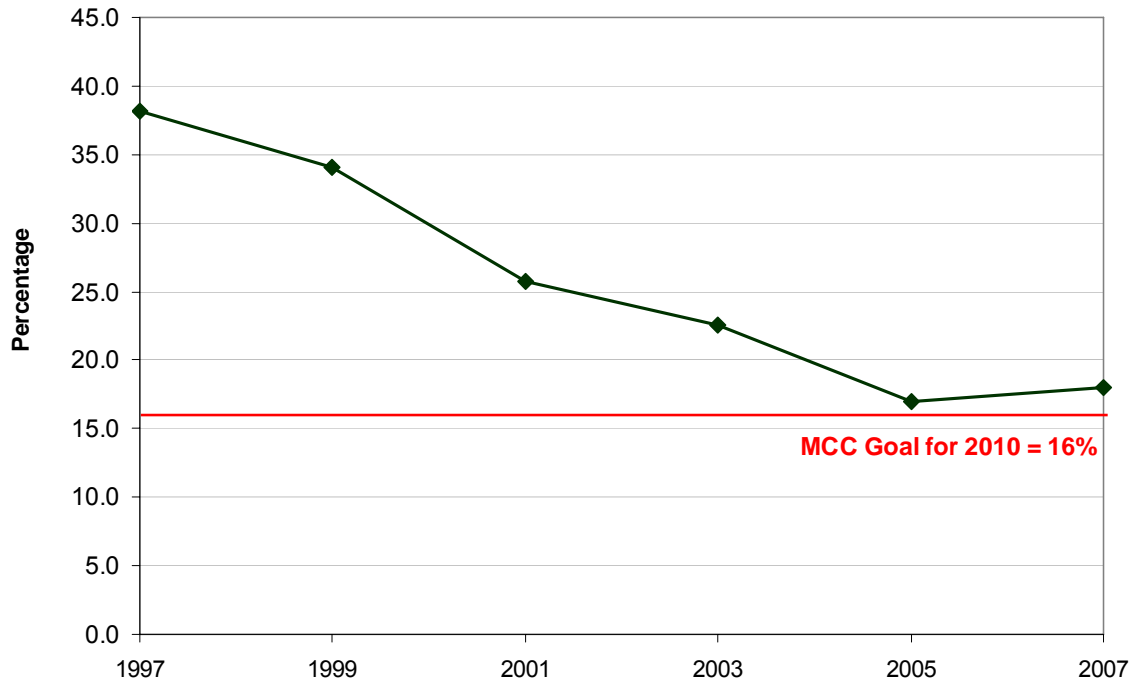


* 2007 data is preliminary

Source: Michigan Department of Community Health. *Michigan Behavioral Risk Factor Survey System*.



Figure 15
Percentage of Youth Grades 9-12 Who Are Current Smokers,
Michigan (1997-2007)



Source: Michigan State Board of Education. *Youth Risk Behavior Survey*.

Highlights of MCC Success — 2007

Trade/Professional/Advocacy Organizations

Public Health Organizations

Lung Cancer/Tobacco

Two organizations reported that they had developed or improved a tobacco cessation directory: the **American Cancer Society, Great Lakes Division, Inc. (ACS)** and the **Michigan Department of Community Health (MDCH)**.

The ACS maintains and annually updates a database that encompasses information on cessation resources by community.

MDCH posts a directory on its Web site and also includes it the Resource Notebook it provides at the Integrating Tobacco Cessation into Your Community Health Center.

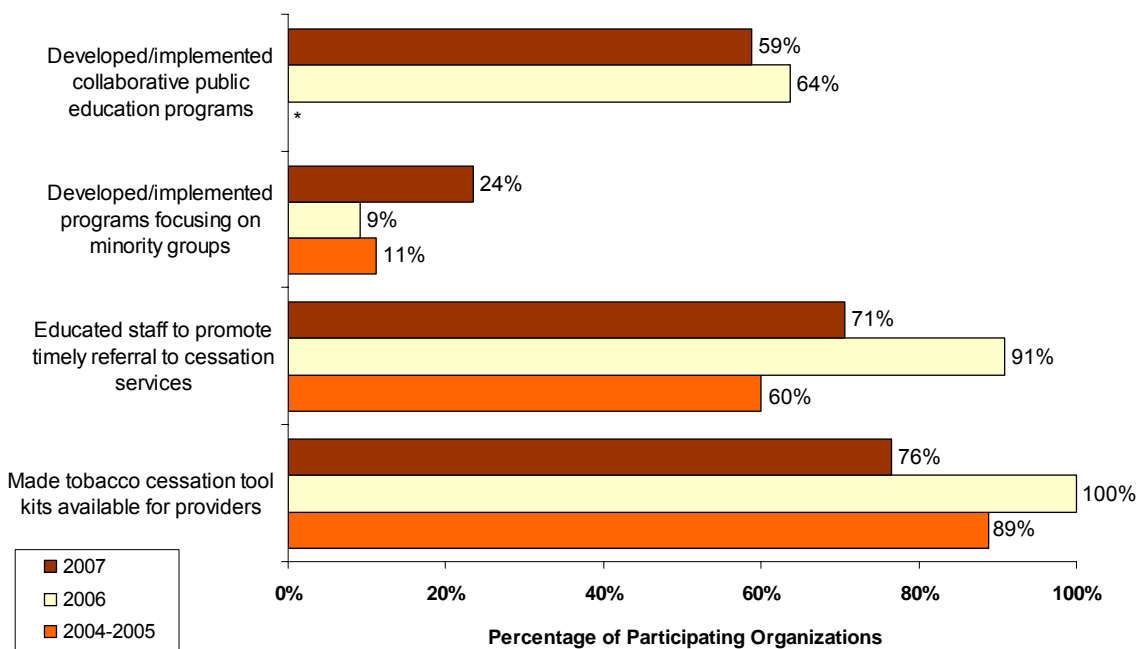


Member Accomplishments

Although activity occurred during the year within a variety of implementation areas to address the problem of tobacco use, public education and advocacy efforts were the most prominent in the reporting period. These programs, particularly media campaigns, might have combined both adults and youth as their target audience. There is clear need to heighten efforts to support cessation treatment via provider education, making quitting resources available to both consumer and provider, and conducting more research into effective addiction treatment and relapse prevention. Tobacco use is a more severe problem among Michigan minority and special populations, and when designing programs, MCC members should not lose sight of the significant disparities and unique cultural issues that influence the problem of tobacco use. *(Please Note: Throughout this section, the percentage of organizations shown as participating in a given activity is based upon the number of respondents to that question within that membership category for that particular year. [See Figure 3.]*

Figure 16

Activities Accomplished by Community-Based Health Care Delivery Systems and Practices with Cancer Programs, by Reporting Year



* Data not available



Highlights of MCC Success — 2007

Public Health Organizations

Lung Cancer/Tobacco

Western Upper Peninsula District Health Department chairs the Copper Country Tobacco Coalition, a group of community health and human services agencies with a particular interest in tobacco use prevention and control. The Coalition supports three main goals: 1) to prevent young people from beginning to use tobacco; 2) to promote cessation among tobacco users; and 3) to protect the right to breathe clean indoor air. One of the agencies involved in the tobacco coalition, Dial HELP, provides the TAR WARS program to all local 5th grade students. The Life Skills Program, a middle school substance abuse prevention curriculum that spends two class periods on tobacco, is available in all five counties of the western Upper Peninsula.

Western Upper Peninsula District Health Department also joined with its fellow U.P. tobacco coordinators to sponsor a visit from Dr. Richard Sargent in February 2007. Dr. Sargent was the lead researcher in the Helena, MT, study that clearly linked smoking regulation to a significant drop in heart attacks. During his U.P. visit, Dr. Sargent hosted a free public forum at Portage Health, spoke to a group of senior citizens, was a guest on two radio shows, and did a presentation to all 8th grade students in Baraga about the dangers of secondhand smoke. His presentations were well-received and effective in educating the public about the health hazards of exposure to second-hand smoke.

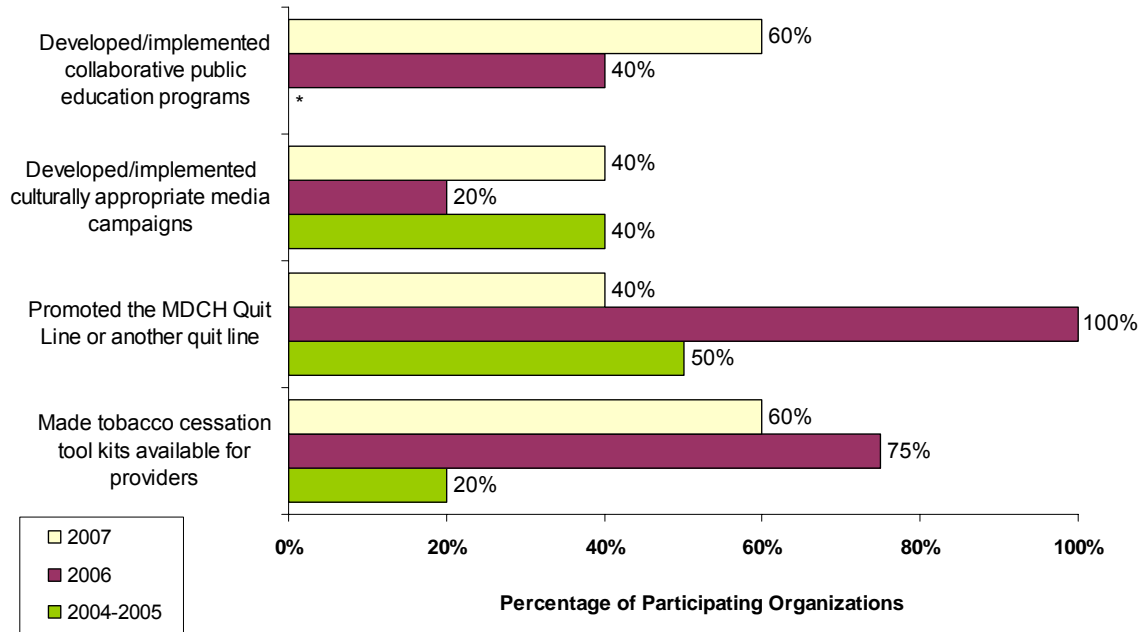
“The MCC provides opportunities to network with other professionals and leaders in cancer care for expert information, problem solving, collaboration, and new service implementation...”

“Being a member of the MCC has been greatly appreciated. The opportunities to engage in cutting-edge discussions — whether they are clinical advances, research initiatives, or program effectiveness — have been valuable and motivating. I appreciate working with the staff and leaders throughout Michigan to evaluate and plan the optimal cancer control activities resources will allow.”

— **Constance J. Conger, MBA, RN**
Administrative Director, Cancer Services
Mount Clemens Regional Medical Center

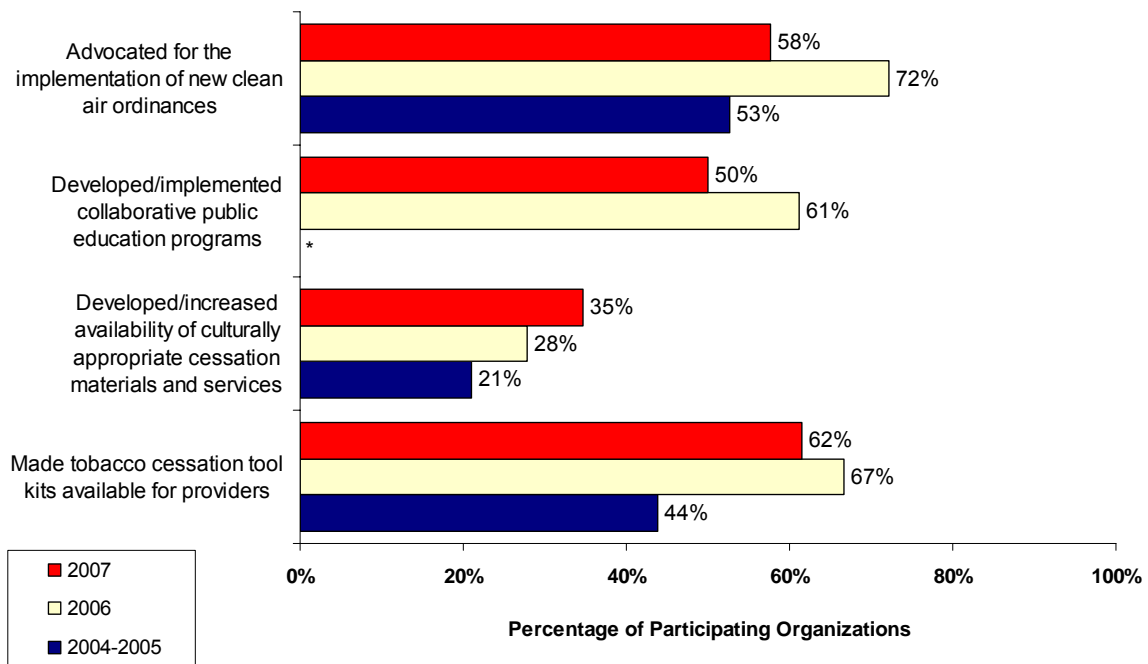


Figure 17
Activities Accomplished by Organizations Representing or Serving Hard-To-Reach and/or Special Populations, by Reporting Year



* Data not available

Figure 18
Activities Accomplished by Public Health Organizations, by Reporting Year



* Data not available



Highlights of MCC Success — 2007

University-Based Health Care Delivery Systems with Cancer Programs

Lung Cancer/Tobacco

During the 2007 reporting year, the **Barbara Ann Karmanos Cancer Institute** undertook a number of anti-tobacco activities. Among them:

- providing a smoking cessation clinic free of charge;
- creating a tobacco presentation to increase awareness of the harms of tobacco use and increase knowledge of the resources that are available to help smokers quit.
- creating a smoking cessation Web page;
- holding two events in recognition of World No Tobacco Day and The Great American Smokeout and providing resources, incentives, and brief counseling for smoking cessation to staff, patients, and the public within the hospital.

In addition, Karmanos included smokefree worksites as a major component of its public policy agenda. Together with the American Lung Association, Karmanos also cosponsored a lung cancer conference called BREATHE in November 2007 as a medical and advocacy event. BREATHE received extensive media coverage. More than 11,500 Web sites posted the related news release, Fox 2 television did a story on the conference, the *Detroit News* and Channel 4 interviewed the keynote speaker, Dr. Deborah Morosini; and the *Detroit Free Press* ran an op/ed by Karmanos President and CEO John C. Ruckdeschel, MD.

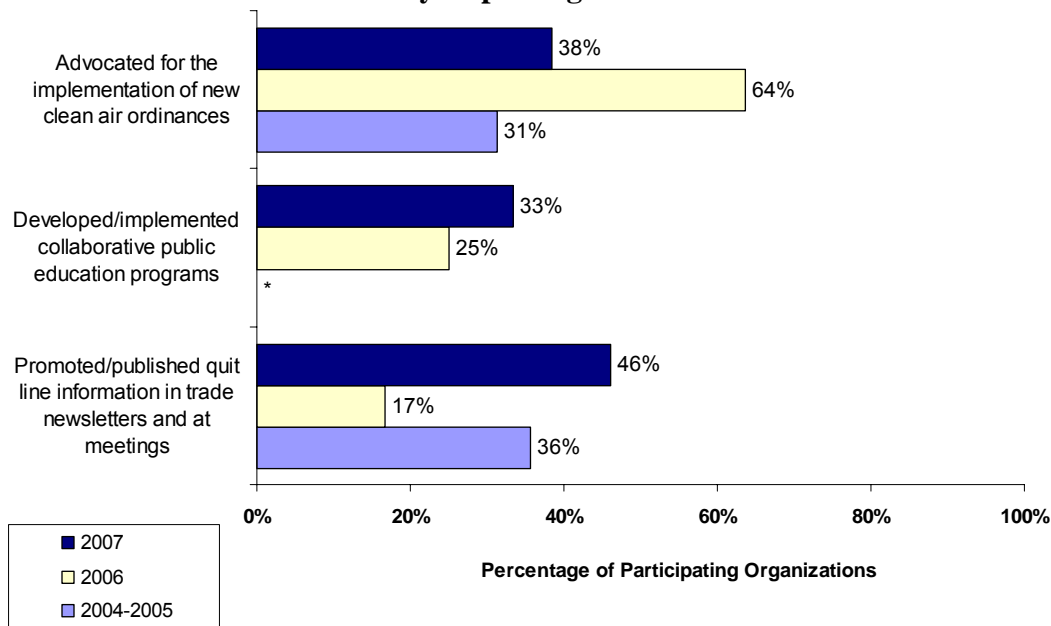
“Participation in the MCC has allowed FACED to network and expand our awareness and understanding of tobacco issues. FACED has also been able to participate in ongoing discussions and programs that better engage community residents. The information made available through the MCC has been important to our ability to better educate the community, thereby gaining an understanding of the issues and concerns that community members face and being able to share those perspectives with the health care and research community to increase the voice and visibility of community members. MCC participation has also assisted in establishing our credibility in the field.”

— **E. Yvonne Lewis, BS**
Executive Director

Faith Access to Community Economic Development

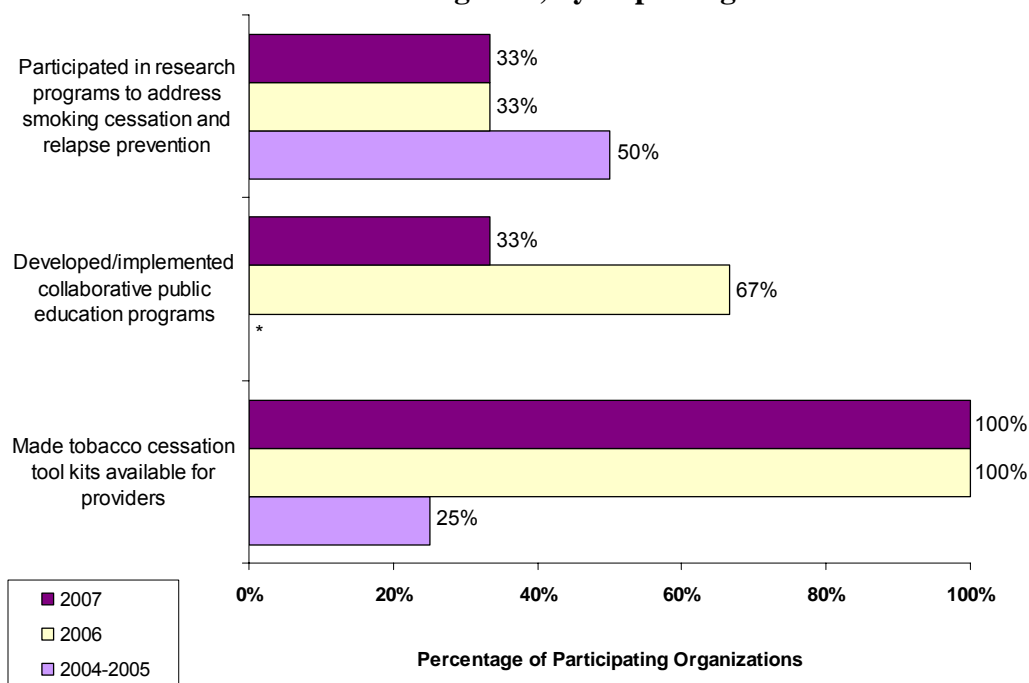


Figure 19
Activities Accomplished by Trade/Professional/Advocacy Organizations, by Reporting Year



* Data not available

Figure 20
Activities Accomplished by University-Based Health Care Delivery Systems with Cancer Programs, by Reporting Year



* Data not available



Prostate Cancer Priority



MCC Prostate Cancer Priority

Priority approved by the MCC Board of Directors on Feb. 15, 2006:

By 2010, practice guidelines and educational materials will be available for professionals and survivors/families that address prostate cancer symptom management across the survivor continuum to decrease morbidity.

Priority approved by the MCC Board of Directors on Feb. 18, 2004:

By 2006, 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.

Highlights of MCC Success — 2007

Organizations Serving and/or Representing Hard-to-Reach and/or Special Populations

Prostate Cancer

Faith Access to Community Economic Development (FACED) developed a three-week series on The Stewardship of Health at the request of a pastor. The men's health series included information about prostate health and prostate cancer screening. Men were provided with the *African American Men's Health Guide*. Each Wednesday for three weeks, FACED hosted two sessions (one at 9:00 a.m. and one at 6:00 p.m.) An average of 70 persons attended the sessions each week.

Also as part of its cancer-related educational efforts, FACED arranged and hosted a cancer education forum at North Star Baptist church for community members. The forum provided information about multiple types of cancers, including prostate cancer, as well as information regarding clinical trials and the need for African American participation in them. There was also a panel discussion and question-and-answer session led by doctors, survivors, and a member of the pharmaceutical research industry.

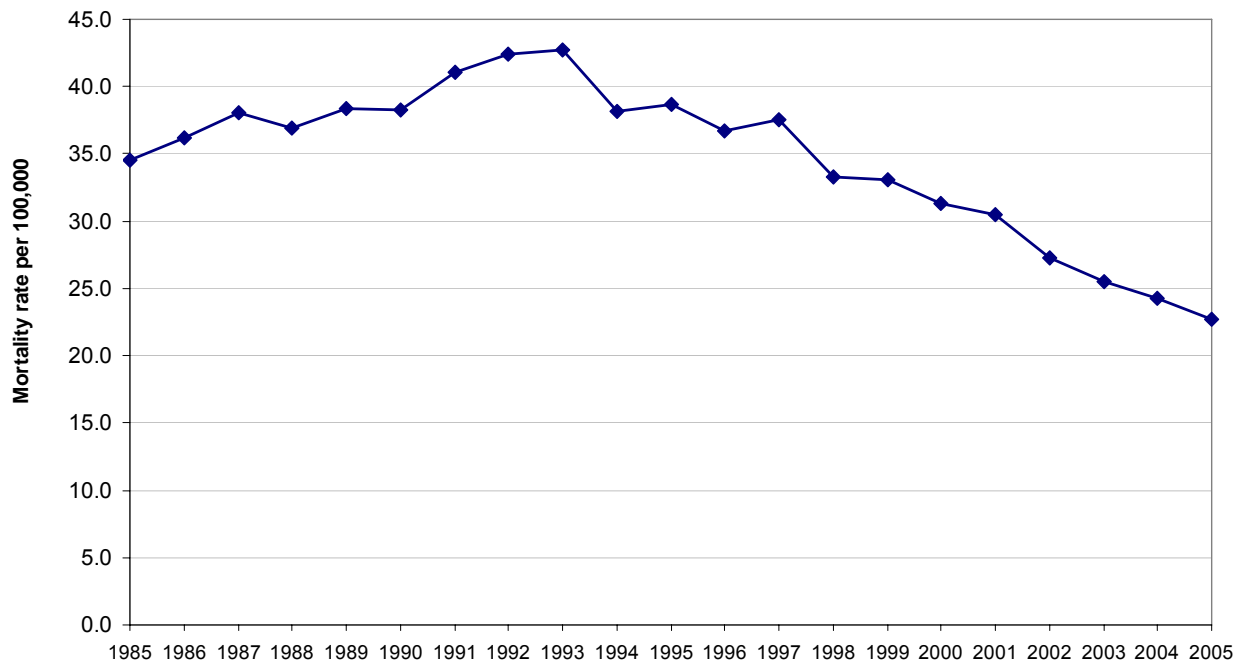
FACED continues to provide information on prostate cancer and educational materials through its 80-church health team network.



Overview

There currently is a lack of consensus on a standardized approach for prostate cancer screening among average-risk men due to a lack of evidence associating screening with a reduction of mortality. Nevertheless, state surveillance reports show that nearly 60 percent of Michigan men 40 years of age or older are receiving annual prostate cancer screening by PSA testing. Examining trends in prostate cancer death rates at the state level show a decline of almost 50 percent in mortality rates over the past decade (Figure 21). A remarkable stage shift can be observed throughout Michigan counties in the diagnosis of prostate cancer at the localized stage (Figure 22).

Figure 21
Prostate Cancer Mortality Rate, Michigan (1985-2005)



Source: Michigan Public Health Institute (in support of the Michigan Comprehensive Cancer Control Program). *The Cancer Burden in Michigan: Selected Statistics, 2008*.



2007 MCC Spirit of Collaboration Award Winner

Beaumont Cancer Institute's Minority Outreach Program

MCC priority objective addressed:

- Breast Cancer
- Cervical Cancer
- Clinical Trials
- Colorectal Cancer
- Lung Cancer – Adult Smoking
- Prostate Cancer

Collaborative partners in the project:

- American Indian and Family Health Association
- Arab American & Chaldean Council
- Beaumont Cancer Institute Minority Outreach Committee
- Native American Indian Association of Detroit

Project description: Beaumont Cancer Institute's Minority Outreach Program — in conjunction with several community organizations — created an innovative initiative for the metropolitan Detroit area's large ethnic/minority populations (African American, Arab/Chaldean, Hispanic/Latino, Native American, and Asian American) with the goal of providing culturally specific/bilingual cancer education forums in an effort to decrease racial/ethnic health disparities.

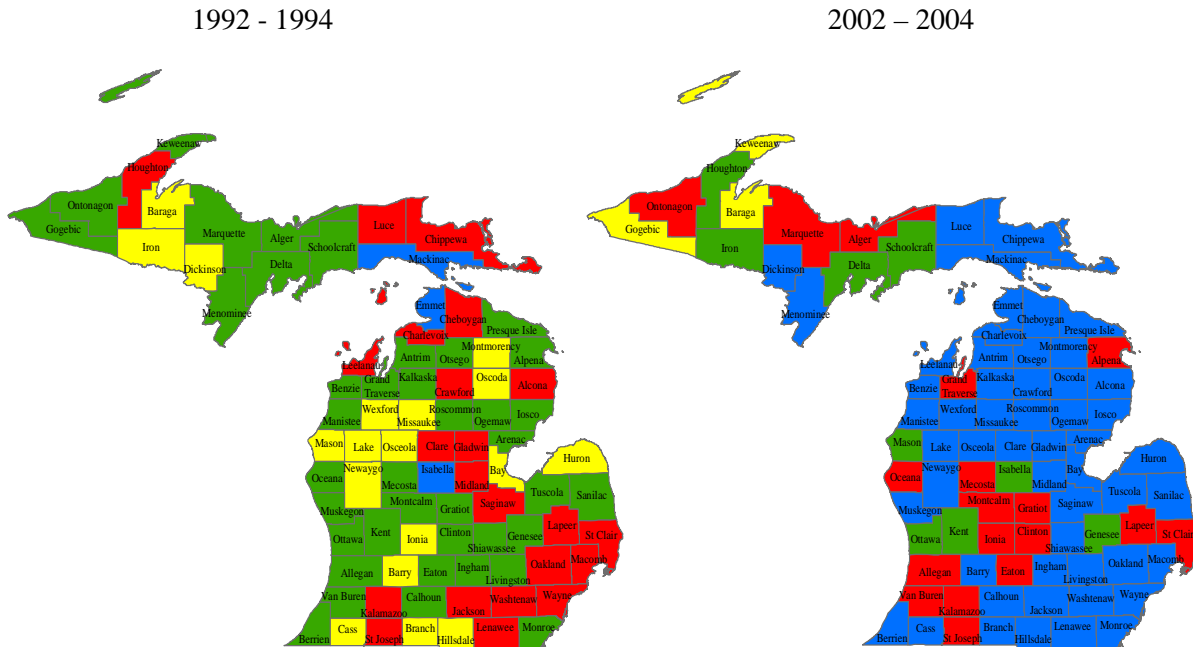
In September of 2003, the 1st Annual Minority Outreach Cancer Prevention Forum was held. The initial forum addressed prevention, treatment and detection of prostate cancer in African Americans. During the next six months, requests were received from the community to provide additional information on prevention, detection and treatment on other cancers (breast, lung, colorectal, and cervical cancers) to this community. In an effort to begin to address these disparities, the 2nd Annual African-American Symposium was held in March of 2005, followed by the 1st Arab-American and Chaldean Symposium in October of 2005.

As of November of 2006, one-third of attendees from the five symposiums had undergone some type of cancer screening.

Reviewer comments: "I think this project is a great example of multiple partners working together toward providing culturally appropriate information."



Figure 22
Percentage of Prostate Cancer Cases Localized at Diagnosis, by County



Percentage of Cases

- Less than 46.0%
- 46.0 - 61.2%
- 61.3 - 77.0%
- Greater than 77.0%

Source: Michigan Public Health Institute (in support of the Michigan Comprehensive Cancer Control Program). *The Cancer Burden in Michigan: Selected Statistics, 2008.*

“I appreciate the work of the MCC and the lobbying efforts to maintain funding from the Healthy Michigan Fund.”

— Survey respondent
Ingham County Health Department



2007 MCC Spirit of Collaboration Award — Honorable Mention Winner

Crawford/Roscommon Cancer Screening Project

MCC priority objective addressed:

- Breast Cancer
- Cervical Cancer
- Colorectal Cancer
- Prostate Cancer

Collaborative partners in the project:

- American Cancer Society
- District Health Department #10
- Mercy Family Care – Grayling
- Mercy Hospital – Grayling

Project description: On April 12, 2007, the Crawford/Roscommon Cancer Screening Project offered a free cancer screening event for the rarely and never screened population ages 35-64 from Crawford and Roscommon counties who were uninsured or underinsured. During the event, women were scheduled for free mammography at Mercy Hospital – Grayling. District Health Department #10 also enrolled eligible people from Crawford County into the Michigan Colorectal Cancer Screening Program.

The Crawford/Roscommon Cancer Screening Project provided free cancer screening to 25 people who otherwise may not have received these services.

Reviewer comments: “Good job at bringing in unscreened, uninsured individuals.”

Highlights of MCC Success — 2007

University-Based Health Care Delivery Systems with Cancer Programs

Prostate Cancer

Each year, the **Barbara Ann Karmanos Cancer Institute** targets men 30 and older who live/work in southeastern Michigan with a prostate cancer awareness presentation and materials. In 2007, Karmanos reached 19,712 people in this way.

During the reporting year, Karmanos also held a Men and Cancer seminar to address advances in prostate cancer treatment and the importance of making an informed decision regarding prostate cancer treatment.



Member Accomplishments

The MCC expert committee on prostate cancer has produced and kept up to date patient education materials to help guide Michigan men who are diagnosed with early stage prostate cancer through the menu of treatment choices available to them. These materials have gained national attention as being comprehensive and scientifically vigorous and have also been rated highly by their patient users. It is important for all MCC members to participate in disseminating these resources using their Web sites or clinics as appropriate to ensure that men in the entire state have access to the information they need for making informed decisions. *(Please Note: Throughout this section, the percentage of organizations shown as participating in a given activity is based upon the number of respondents to that question within that membership category for that particular year. [See Figure 3.]*

Figure 23

MCC Member Organizations That Have a Link from Their Web Site to the MCC “Making the Choice” Patient Education Materials Web Site, by Organization Type (2007)

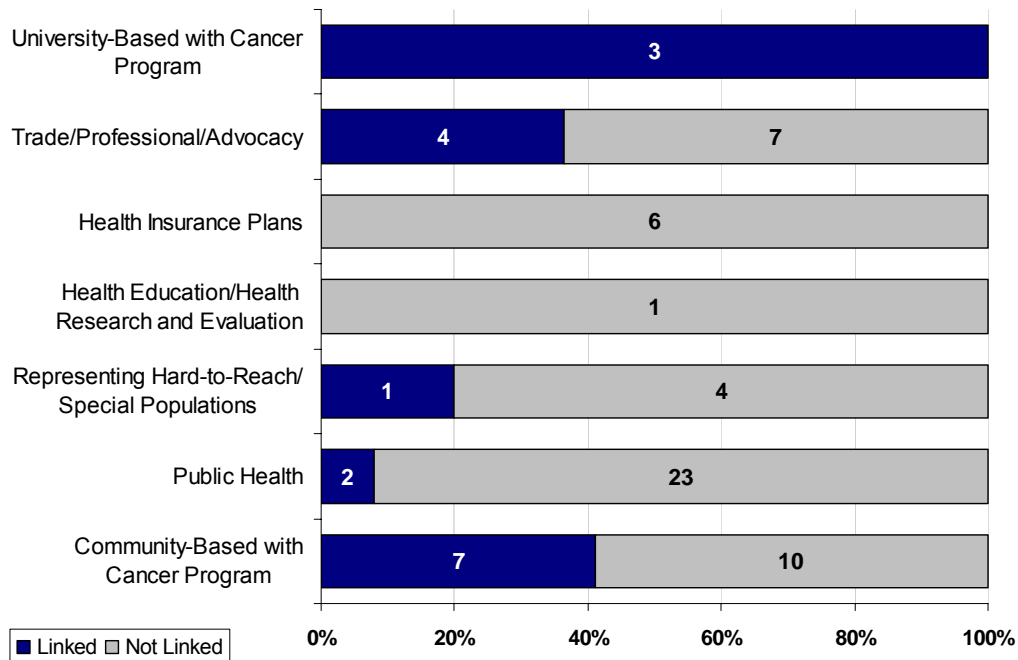
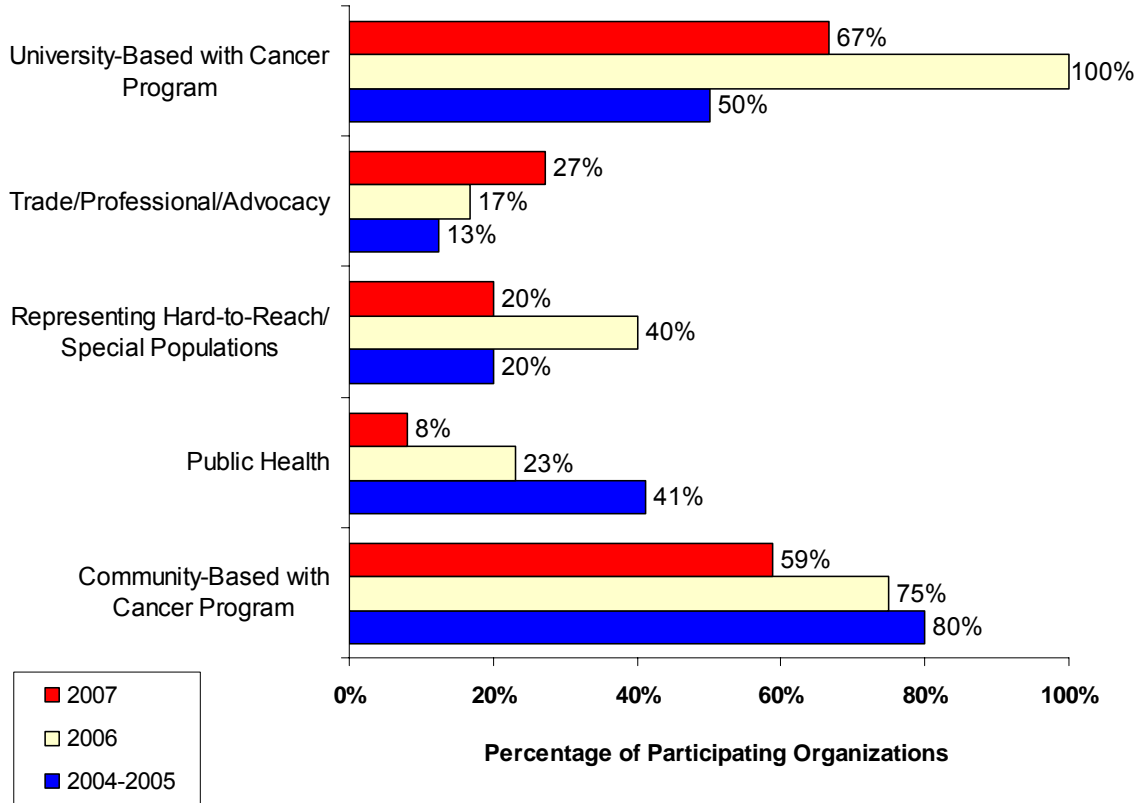




Figure 24
**Distributed the “Making the Choice” Patient Education Materials,
 by Organization Type and Reporting Year**



Highlights of MCC Success — 2007

*Organizations Serving and/or Representing
 Hard-to-Reach and/or Special Populations*

Prostate Cancer

As part of a Blue Cross Blue Shield program with **ACCESS Community Health Center** and the Wayne State University Nursing Department to train trainers, 150 males from the Arab American community were trained to educate five families each. The program promoted prostate cancer screening through the design and implementation of a media campaign in the Arab community via local television and radio stations.

ACCESS also is a participant and organizer of the Biennial National Conference on Health Issues in the Arab American Community.



End-of-Life Care Priority



MCC End-of-Life Care Priority

Priority approved by the MCC Board of Directors on Sept. 21, 2005:

By 2010, prevent and reduce avoidable suffering up to and during the last phase of life for persons with cancer as measured by specific data markers.

Priority in place Jan. 1, 2004:

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

Highlights of MCC Success — 2007

Organizations Serving and/or Representing Hard-to-Reach and/or Special Populations

End-of-Life Care

Hospice of Michigan (HOM) initiated a number of end-of-life care activities during 2007. Among its highlighted activities:

- a collaboration with CAPE Wayne on the 1st Annual Regional Palliative Care Conference;
- initiation of Detroit 2012, an outreach program designed to appeal to African American, Hispanic, Muslim, and other ethnic groups in greater Detroit;
- sponsorship of the second HOM postdoctoral fellow in palliative medicine in 2007, with plans to sponsor another in 2008; and
- the beginning of development for future programs in home health aide hospice certification and a second degree RN program.

In addition, during 2007, the Maggie Allesee Center for Quality of Life (the endowed education and research center of Hospice of Michigan), continued in its support of applied palliative care research by participating in Phase I of the Support Tech project of the PoPCORN research consortium of Colorado Springs, CO.

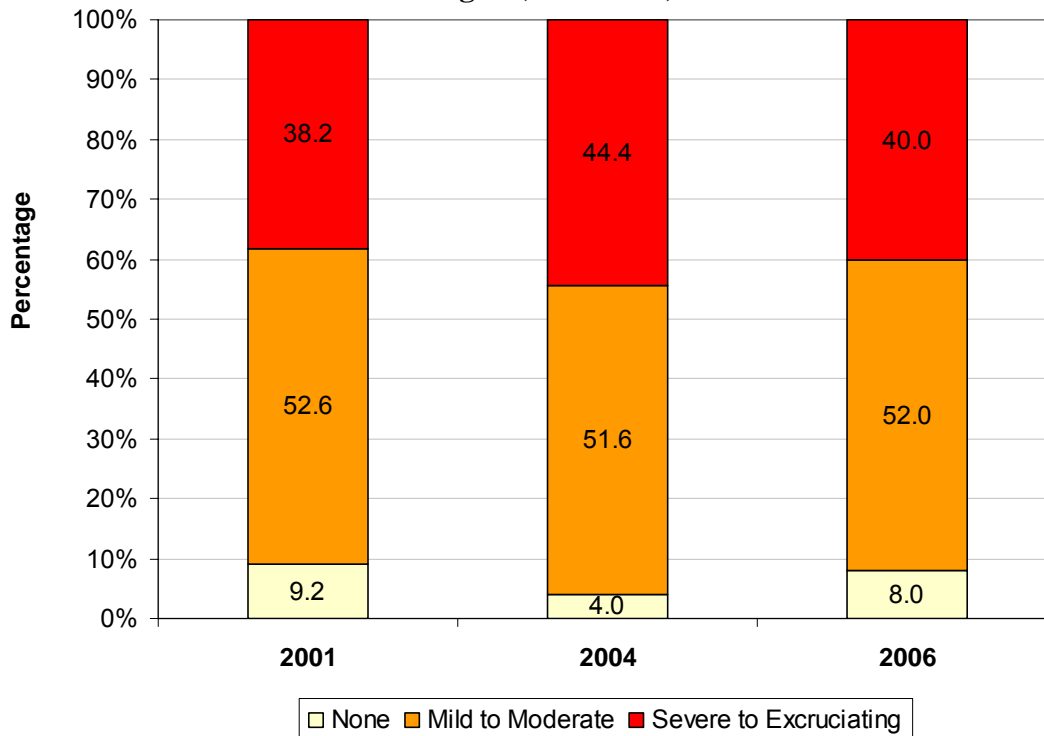
Michigan Hospice and Palliative Care Association posted educational materials on its Web site, offering the public access to the English, Arabic and Spanish versions of *Caring Choices: A Guide to End-of-Life Decisions and Care*.



Overview

The average pain level that terminally ill patients had experienced during the final three months of life was rated by their caregivers as “severe to excruciating pain” in 40 percent of cases in the general population and “mild to moderate pain” in 52 percent of cases. Only small changes have occurred in these ratings since the 2001 reports.

Figure 25
**Pain Experienced in Last Three Months of Life,
Michigan (2001-2006)**



Source: Michigan Public Health Institute and Michigan Department of Community Health. *Special Cancer Behavioral Risk Factor Survey, 2008*

Highlights of MCC Success — 2007

Health Care Insurance Plans

End-of-Life Care

Health Alliance Plan (HAP) implemented a home-based end-of-life care program in conjunction with several health systems. HAP is working to educate both patients and health care providers about the benefits of end-of-life care services with the aim of increasing the average length of stay for patients who choose end-of-life care services.

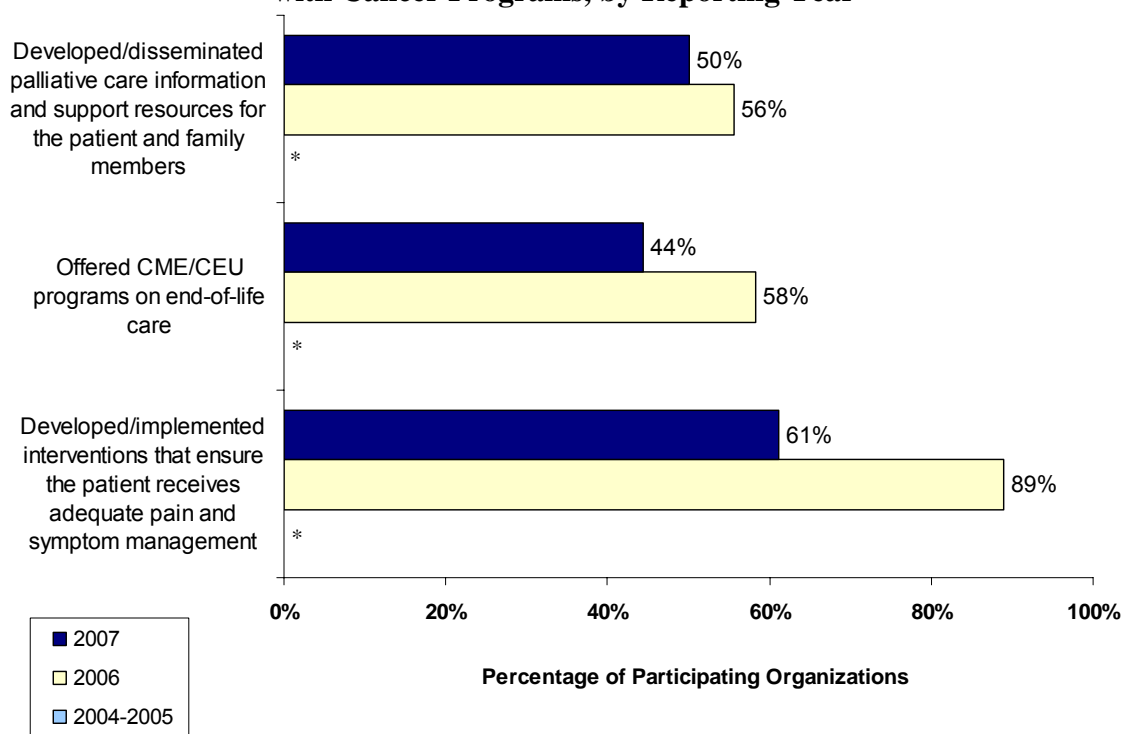


Member Accomplishments

In addition to management of pain and other symptoms, palliative care includes providing support at the community level to mobilize local resources; establishing links to treatment centers; and offering additional emotional, social and spiritual support to terminally ill patients and their caregivers. Several MCC member organizations have reported implementing programs to support access to information and palliative care services by cancer patients and their families. This area of cancer care requires special collaborative efforts by multiple disciplines to achieve the ultimate MCC goal — reducing avoidable suffering up to, and during, the last phase of life for persons with cancer. *(Please Note: Throughout this section, the percentage of organizations shown as participating in a given activity is based upon the number of respondents to that question within that membership category for that particular year. [See Figure 3.]*

Figure 26

Activities Accomplished by Community-Based Health Care Delivery Systems and Practices with Cancer Programs, by Reporting Year

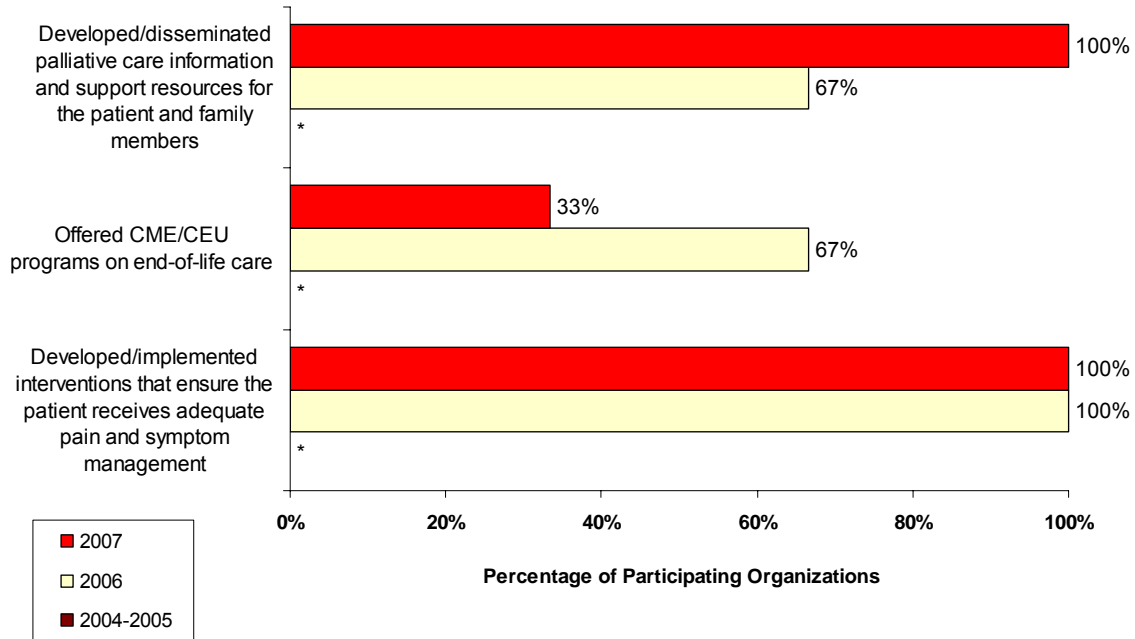


* Data not available



Figure 27

Activities Accomplished by University-Based Health Care Delivery Systems with Cancer Programs, by Reporting Year



* Data not available

Highlights of MCC Success

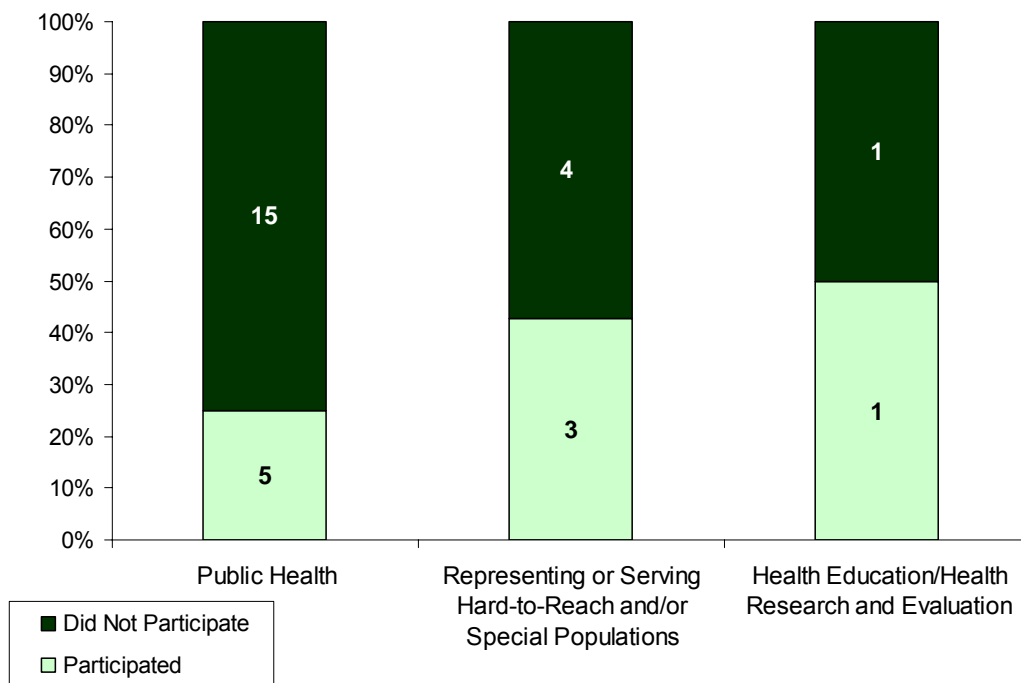
Community-Based Health Care Delivery Systems and Practices with Cancer Programs

End-of-Life Care

St. Joseph Mercy's end-of-life/palliative care program received the National Circle of Life award in 2006, one of only three programs to receive the distinction, which honors innovation in palliative and end-of-life care.



Figure 28
**Developed Seminars and/or Educational Offerings on End-of-Life Care,
 by Organization Type (2007)**



“Our MCC influence re-connects the value of cancer control activities and provides educational information, resources, and interactive dialogue...

“[Among the benefits of MCC membership include] the ability to attend the MCC Board of Directors meeting to hear MCC initiatives being discussed, as well as happenings at other institutions throughout the state; having access to educational information and what resources are available; and being able to attend the annual meeting and hear educational presentations and network.”

— **Robert F. Giffel**
 Executive Director
 Genesys Hurley Cancer Institute



Clinical Cancer Trials Priority



MCC Clinical Cancer Trials Priority

Priority approved by the MCC Board of Directors on April 21, 2004:

By 2006, double the number and increase the diversity of participants enrolled in clinical cancer research.

Priority in place Jan. 1, 2004:

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

Highlights of MCC Success — 2007

*Organizations Serving and/or Representing
Hard-to-Reach and/or Special Populations*

Clinical Cancer Trials

Faith Access to Community Economic Development (FACED) hosted two forums during 2007 as part of its efforts to provide information regarding clinical trials. Both forums highlighted the importance of African Americans participating in clinical trials. To maximize outreach efforts, one of the forums was held at a local church and the other was held at McLaren Regional Medical Center in partnership with Great Lakes Cancer Center.

“[Belonging to the MCC helps us] see the bigger picture. It has been helpful as a new member to see how programs are working together to enhance the mission across the state. I have become more aware of resources and programs that are available.”

— *Survey respondent*
Mid-Michigan District Health Department

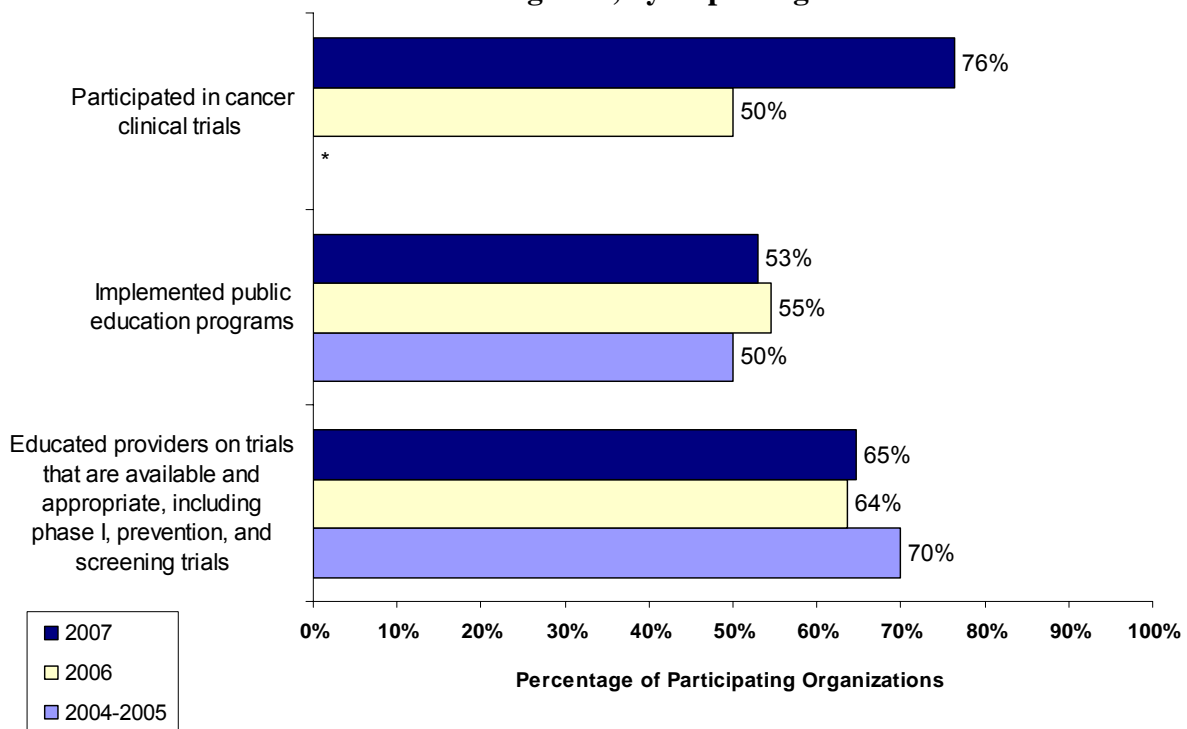


Member Accomplishments

MCC health care delivery systems and university-based comprehensive cancer centers are similarly active in participation in clinical research, where appropriate. Growth is seen in activity around both public and provider education regarding the importance of eligible patient enrollment in clinical trials. Measuring level of growth in actual accruals in trials and particularly examining diversity of enrollees in order to gauge progress toward the MCC priority is not possible from these reports. Special studies are needed to evaluate this particular aspect of implementation. *(Please Note: Throughout this section, the percentage of organizations shown as participating in a given activity is based upon the number of respondents to that question within that membership category for that particular year. [See Figure 3.]*

Figure 29

Activities Accomplished by Community-Based Health Care Delivery Systems and Practices with Cancer Programs, by Reporting Year



* Data not available



Highlights of MCC Success — 2007

*Community-Based Health Care Delivery
Systems and Practices with Cancer Program*

Clinical Cancer Trials

St. Joseph Mercy Health System recently became a National Cancer Institute-designated Community Clinical Oncology Program (CCOP), meaning it is now able to offer its cancer patients access to clinical trials of experimental cancer treatments normally only offered at major cancer centers, such as Mayo Clinic and MD Anderson. The new designation gives the health system access to a wide range of resources and has enabled it to enter into a CCOP clinical trial relationship with eight other Michigan hospitals and the Mayo Clinic, giving its staff and patients access to more than 150 clinical trials.

In preparation for these new affiliations and the opportunities they provide, St. Joseph Mercy disseminated information through both print and radio venues targeting providers and also spread the word at multi-disciplinary tumor conferences, medical staff quarterly meetings, and other open forums.

William Beaumont Hospital is also a National Cancer Institute-designated CCOP, enabling it to offer patients the opportunity to participate in national studies while remaining in their home environment. Cancer clinical trials are offered to a number of Beaumont's patients, including those who come into contact with the Beaumont Cancer Institute Minority Outreach Program to African American, Arab American and Chaldeans, and Native Americans.

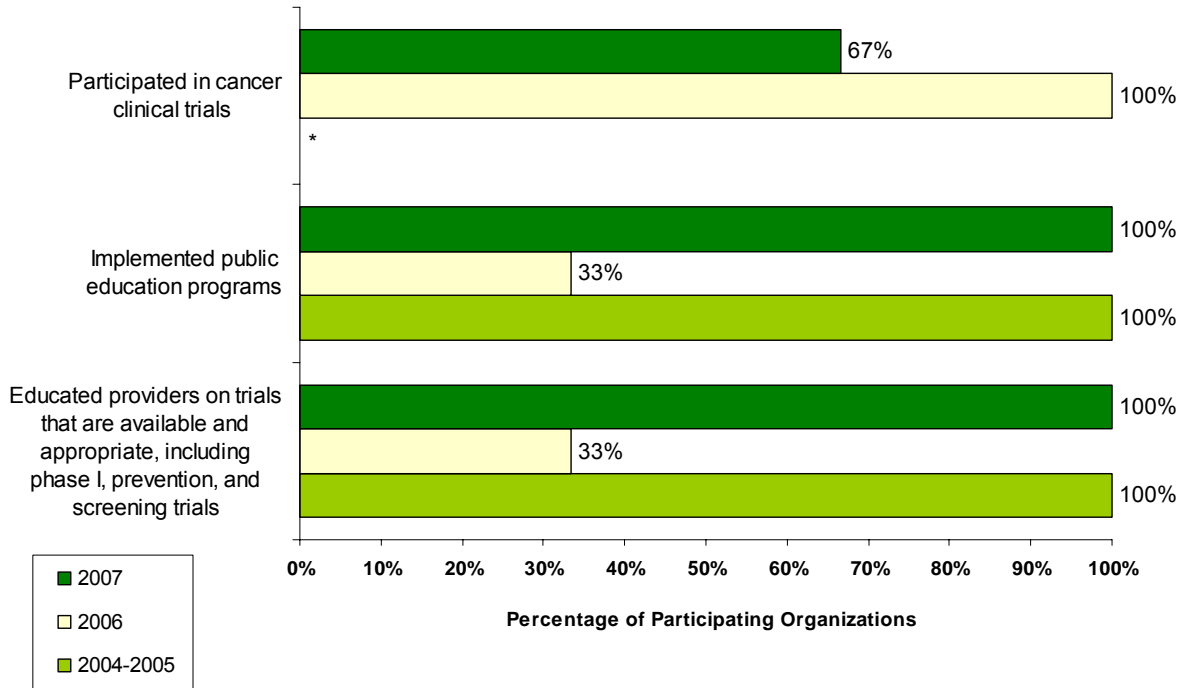
“Information obtained at MCC meeting helps our organization to remain informed of the initiative, new technological advances, problems, and obstacles confronting providers, and funding for cancer care.”

— *Survey respondent*
Total Health Care



Figure 30

Activities Accomplished by University-Based Health Care Delivery Systems with Cancer Programs, by Reporting Year



* Data not available

Highlights of MCC Success — 2007

Health Care Insurance Plans

Clinical Cancer Trials

Blue Cross Blue Shield of Michigan (BCBSM) developed and implemented a “Centers for Excellence” program for cancer clinical trials during 2007. BCBSM worked with the Blue Cross Blue Shield Association to identify Blue Distinction Centers for Complex and Rare Cancers. Both the University of Michigan Comprehensive Cancer Center and William Beaumont Hospital, Royal Oak were identified as Blue Distinction Centers.”

RATING	
<input checked="" type="checkbox"/>	Exceptional
<input type="checkbox"/>	Exceeds requirements
<input type="checkbox"/>	Meets requirements
<input type="checkbox"/>	Does not meet requirements
<input type="checkbox"/>	Poor



Appendices



Appendix A:

About the 2007 Implementation Progress Report Survey Tools

Implementation Progress Reporting forms for the 2007 implementation period were tailored for the separate types of MCC member organizations. One reporting form was developed for each of the seven membership classifications currently active in the Consortium, and all forms were made available online for download by member organizations. These individualized forms for the 2007 reporting year are available through the MCC Web site at the following locations:

- **Community-based health care delivery systems and practices with cancer programs**
(www.michigancancer.org/PDFs/AnnualReports/2007/OnlineSurveyOriginals/Community-Based.pdf);
- **Health care insurance plans**
(www.michigancancer.org/PDFs/AnnualReports/2007/OnlineSurveyOriginals/HealthCareInsurancePlans.pdf);
- **Health education/health research and evaluation organizations**
(www.michigancancer.org/PDFs/AnnualReports/2007/OnlineSurveyOriginals/HealthEducation_HealthResearchEvaluation.pdf);
- **Organizations representing or serving hard-to-reach and/or special populations**
(www.michigancancer.org/PDFs/AnnualReports/2007/OnlineSurveyOriginals/HardToReach_SpecialPopulations.pdf);
- **Public health organizations**
(www.michigancancer.org/PDFs/AnnualReports/2007/OnlineSurveyOriginals/PublicHealth.pdf);
- **Trade/professional/advocacy organizations**
(www.michigancancer.org/PDFs/AnnualReports/2007/OnlineSurveyOriginals/Trade_Professional_Advocacy.pdf); and
- **University-based health care delivery systems with cancer programs**
(www.michigancancer.org/PDFs/AnnualReports/2007/OnlineSurveyOriginals/University-Based.pdf).



Appendix B:

Overview of the Michigan Cancer Consortium

Who We Are

The Michigan Cancer Consortium 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. Since that time, the MCC has broadened its membership base, changing from a consortium of individual cancer control experts to a consortium of public, private, and voluntary organizations committed to reducing the human and economic impact of cancer in Michigan.

What We Believe

- We believe that a focused, coordinated initiative will produce synergy and an impact far greater than the sum of its parts.
- We believe that the burden of cancer will be reduced substantially by partners working together toward common goals.
- We believe that when organizations work together, they can maximize the potential of limited health care resources and minimize duplication of efforts.
- We believe that all residents are entitled to quality cancer prevention, screening, diagnosis, treatment, and end-of-life information, as well as culturally acceptable services.

What We're Doing

MCC member and partner organizations have agreed to focus their comprehensive cancer control efforts on the MCC Initiative, a unique project in which public, private and voluntary organizations across Michigan are working together to achieve specific cancer control priorities. MCC member and key partner organizations are:

- Looking for new ways to make a difference and significantly reduce the cancer burden in our state.
- Taking steps to improve the quality of cancer care that Michigan residents receive.
- Focusing on their current cancer control activities and exploring ways to enhance these efforts.
- Learning what other organizations are doing and looking for new ways to work together to address the 10 MCC priorities:
 - Increase rates of screening and follow-up care for Michigan residents in relation to breast, cervical and colorectal cancers.
 - Reduce smoking rates among Michigan adults and teens.
 - Increase prostate cancer patients' understanding of prostate cancer, treatment options, side effects, and quality-of-life issues.
 - Increase cancer patients' awareness and participation in clinical trials.
 - Develop/promote standardized reporting lexicons for pathologists (and subsequently, for surgeons and radiologists).
 - Increase timeliness of referrals to end-of-life care.
 - Develop a centralized database that links clinical and cost data to enable research and to support data-driven decision-making for cancer control.



MCC Mission Statement

The MCC is a statewide, broad-based partnership that strives to include all interested public and private organizations and provides a forum for collaboration (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 results-oriented cancer prevention and control priorities.

MCC Vision Statement

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.

MCC Vision Milestones

Vision Milestone 1:

The MCC is effective in achieving the MCC priorities as evidenced by quantitative and qualitative measures.

Vision Milestone 2:

The MCC has developed and implemented a dynamic process that is responsive to opportunities to improve cancer control.

Vision Milestone 3:

The MCC reassesses our priorities as needed.

Vision Milestone 4:

The MCC people/organizations are fully engaged, committed, collaborative and responsive to MCC issues and priorities.

Vision Milestone 5:

The MCC continues to grow in membership and maintain our commitment to diversity.

Vision Milestone 6:

The MCC has developed the infrastructure, funding and methods to sustain the MCC and the implementation of the MCC priorities.

Vision Milestone 7:

The MCC member organizations will adopt the MCC established goals by incorporating them into standard practice.



MCC Cancer Control Guiding Principles

The purpose of a cancer control initiative is to reduce cancer incidence, mortality and morbidity. These goals are being accomplished through the Michigan Cancer Consortium (MCC), which is the central forum for leadership in cancer control in Michigan. Essential to such an initiative 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 when feasible.

Principle 4

Resources should be efficiently used.

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.



Appendix C:

10 Priorities of the Michigan Cancer Consortium Initiative

The MCC priorities are based upon 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.

Basic Lexicon *(approved by the MCC Board of Directors on Sept. 15, 2004)*

By 2006, finalize, disseminate, and evaluate basic pathology lexicons for breast, prostate, colorectal, cervix, and lung cancers to include information for making prognostic and treatment decisions. Further expand the number of pathology lexicons to include all common cancer types to enhance their adoption as a reporting system.

Breast Cancer *(approved by the MCC Board of Directors on Nov. 17, 2004)*

By 2010, 80 percent of Michigan women will receive:

- Age- and risk-appropriate breast cancer screening with clinical breast examination and mammography
- Information/education on age- and risk-appropriate screening and preventive services for breast cancer.

Cervical Cancer *(approved by the MCC Board of Directors on Sept. 15, 2004)*

By 2010, the incidence of invasive cervical cancer in Michigan women will be reduced by 50 percent.

- Ninety-seven percent of women over age 21, or 3 years after the onset of sexual activity, will have had a Pap test at least once in their lifetime.
- Ninety percent of women over age 21 will have had a Pap test within the last 2 years.

Clinical and Cost Database Infrastructure *(approved by the MCC Board of Directors on April 19, 2006)*

By 2008, develop the linked economic and clinical database and infrastructure necessary to support data-driven decisions for control of breast, cervical, colorectal, lung, prostate, and other cancers within the state of Michigan.

Clinical Cancer Trials *(approved by the MCC Board of Directors on April 21, 2004)*

By 2006, double the number and increase the diversity of participants enrolled in clinical cancer research.

Colorectal Cancer *(approved by the MCC Board of Directors on April 20, 2005)*

By 2010, increase to 75 percent the proportion of average-risk people in Michigan who report having received appropriate colorectal cancer screening and follow-up of abnormal screening results.



End-of-Life Care *(approved by the MCC Board of Directors on Sept. 21, 2005)*

By 2010, prevent and reduce avoidable suffering up to and during the last phase of life for persons with cancer as measured by specific data markers.

Lung Cancer/Tobacco *(approved by the MCC Board of Directors on June 15, 2005)*

- By 2010, reduce the overall Michigan adult (18 years +) cigarette smoking prevalence from the 2003 level of 25.8 percent to 15 percent.
- By 2010, reduce the proportion of Michigan youth (grades 9-12) who report smoking cigarettes during the past 30 days from the 2003 level of 22.6 percent to 16 percent.

Prostate Cancer *(approved by the MCC Board of Directors on Feb. 15, 2006)*

By 2010, practice guidelines and educational materials will be available for professionals and survivors/families that address prostate cancer symptom management across the survivor continuum to decrease morbidity.

RATING	
<input checked="" type="checkbox"/>	Exceptional
<input type="checkbox"/>	Exceeds requirements
<input type="checkbox"/>	Meets requirements
<input type="checkbox"/>	Does not meet requirements
<input type="checkbox"/>	Poor



Index



A

- ACCESS Community Health Center 15, 19, 65
 Alpena Regional Medical Center –
 Alpena Cancer Center 15, 18
 American Cancer Society, Great Lakes
 Division, Inc..... 1, 15, 20, 32, 50, 63
 American College of Surgeons 15, 20
 American Lung Association of
 Michigan 15, 20

B

- Barbara Ann Karmanos Cancer Institute/
 Wayne State University 15, 21, 31, 32,
 34, 36, 48, 54, 63
 Barry-Eaton District Health
 Department..... 15, 19
 Basic lexicon..... 87, 91
 Battle Creek Health System 14, 15, 19
 Bay Regional Medical Center 15, 18
 Blue Cross Blue Shield of Michigan . 15, 18,
 47, 48, 65, 80
 Branch-Hillsdale-St. Joseph Community
 Health Agency 15, 19
 Breast cancer5, 25-29, 32, 34, 36-39,
 42, 43, 61, 63, 87, 91

C

- Calhoun County Public Health
 Department..... 15, 19
 Central Michigan District Health
 Department..... 15, 20
 Cervical cancer..... 25, 26, 30, 39, 42, 43,
 61, 63, 87, 91
 Chippewa County Health
 Department..... 15, 20
 Clinical and cost database infrastructure .. 91
 Clinical cancer trials 5, 61, 75-80, 87, 91
 Coalition of Michigan Organizations of
 Nursing..... 15, 21
 Colorectal cancer 25, 28, 31, 33, 41, 42,
 61, 63, 87, 91

- Community-based health care delivery
 systems and practices with cancer
 programs 13, 14, 18, 29, 35, 41, 51,
 71, 72, 78, 79, 85

D

- Dickinson-Iron District Health
 Department..... 15
 District Health Department #10 15, 20, 63
 District Health Department #2 15, 20
 District Health Department #4 15, 20, 32

E

- End-of-life care 6, 67-73, 87, 92

F

- Faith Access to Community Economic
 Development 15, 19, 32, 54, 59, 77

G

- Genesee County Health Department... 15, 20
 Genesys Hurley Cancer Institute .. 15, 18, 73
 Gilda's Club Grand Rapids 15, 21
 Gilda's Club Metro Detroit 15, 21
 Grand Rapids Clinical Oncology
 Program..... 15, 18, 41
 Great Lakes Cancer Institute at Michigan
 State University..... 1, 15, 21
 Great Lakes Health Plan of
 Michigan 15, 18
 Greater Detroit Area Health Council .. 15, 19

H

- Health Alliance Plan 15, 18, 42, 70
 Health care insurance plans 13, 14, 18,
 19, 37, 39, 42, 47, 70, 80, 85
 Health Department of Northwest
 Michigan 15, 20, 26
 Health education/health research and
 evaluation organizations 13, 14, 19, 85



HealthPlus of Michigan 15, 18
 Healthy Asian Americans Project..... 16, 19
 Henry Ford Health System..... 16, 21
 Hospice of Lansing/Ionia Area Hospice .. 14, 16, 19
 Hospice of Michigan..... 14, 16, 19, 69
 Huron County Health Department 16, 20

I

Ingham County Health Department 16, 20, 62
 Ingham Regional Medical Center . 14, 16, 18
 Inter-Tribal Council of Michigan, Inc. 16, 19

K

Kalamazoo County Health & Community Services Department 16, 20
 Kalamazoo Hematology & Oncology..... 14, 16, 18
 Kent County Health Department 16, 20
 Kirkhof College of Nursing 16, 19

L

The Lacks Cancer Center at Saint Mary’s Health Care 16, 18, 41
 Lapeer County Health Department 16, 20
 Luce-Mackinac-Alger-Schoolcraft District Health Department 16, 20
 Lung cancer/tobacco 5, 15, 17, 20, 21, 45-55, 61, 91, 92

M

Macomb County Health Department .. 16, 20
 Marquette County Health Department..... 16, 20, 43
 Marquette General Cancer Center 16, 18
 Memorial Healthcare Cancer Center .. 16, 18
 Metropolitan Health Hospital 16, 18
 Michigan Academy of Family Physicians 16, 21, 48
 Michigan Association for Local Public Health..... 16, 21

Michigan Association of Health Plans..... 16, 21
 Michigan Breast and Cervical Cancer Control Program..... 26, 32, 36, 43
 Michigan Cancer Genetics Alliance 16, 21, 28
 Michigan Cancer Research Consortium..... 16, 18
 Michigan Department of Community Health..... 16, 20, 26, 28, 31, 48-50, 70, 87
 Michigan Dietetic Association..... 16, 21
 Michigan Health & Hospital Association..... 16, 21
 Michigan Hospice & Palliative Care Organization..... 16, 21, 69
 Michigan Osteopathic Association 16, 21
 Michigan Primary Care Association... 16, 21
 Michigan Public Health Association .. 16, 21
 Michigan Public Health Institute 16, 20, 27, 30, 31, 33, 48, 60, 62, 70
 Michigan Radiological Society..... 16, 21
 Michigan Society of Hematology and Oncology..... 16, 21
 Michigan Society of Pathologists 16, 21
 Michigan State Medical Society 17, 21
 Mid-Michigan District Health Department..... 17, 20, 38, 77
 MidMichigan Medical Center..... 17, 18
 Midwest Health Plan..... 17, 19
 Mount Clemens Regional Medical Center..... 14, 17, 18, 52
 MPRO 17, 19
 Muskegon County Health Department..... 17, 20

N

National Association of Hispanic Nurses, Michigan Chapter..... 17, 21, 36

O

Oakwood Healthcare System, Inc., Cancer Center..... 17, 18, 28
 OmniCare Health Plan 17, 19
 Oncology Nursing Society 17, 21



Organizations representing or serving hard-to-reach and/or special populations 13, 14, 59, 65, 69, 77, 85

P

Pfizer, Inc..... 17, 21
 Prostate cancer 5, 17, 21, 57-65, 87, 91, 92
 Prostate Cancer Coalition of Michigan 17, 21
 Providence Cancer Institute 17, 18
 Public health organizations 5, 13, 14, 19, 20, 41, 43, 50, 52, 53, 85

S

St. John Health System 17, 18
 St. Joseph Mercy/Oakland 15, 17-19, 29, 33, 72, 79
 St. Mary Mercy Hospital – Livonia 17, 18
 Saginaw County Department of Public Health..... 17, 20
 Sanilac County Health Department 17, 20
 Sisters Network, Flint Affiliate Chapter..... 17, 19
 Sparrow Regional Cancer Center..... 17, 18
 Spectrum Health Cancer Program 17, 18, 43
 Susan G. Komen for the Cure, Greater Lansing Affiliate 17, 21

T

Tobacco.. 5, 15, 17, 20, 21, 45-55, 61, 91, 92
 Tobacco-Free Michigan 17, 21

Total Health Care, Inc..... 17-19, 39, 79
 Trade/professional/advocacy organizations 13, 14, 20, 21, 42,50, 55
 Tuscola County Health Department.... 17, 20

U

University of Michigan Comprehensive Cancer Center..... 17, 21, 48, 80
 University of Michigan School of Public Health..... 17, 19
 University-based health care delivery systems with cancer programs 13, 14, 21, 85, 54, 63

V

Van Andel Research Institute 17, 19
 Visiting Nurse Services of Michigan.. 17, 18

W

West Michigan Cancer Center 17, 18
 Western Upper Peninsula District Health Department & Superior Home Nursing and Hospice..... 17, 20, 52
 William Beaumont Hospital 17, 18, 61, 79, 80

Z

Z.I.A.D. Healthcare for the Underserved, Inc. 17, 19



Washington Square Building, 5th Floor
109 Michigan Ave.
Lansing, MI 48913
877-588-6224 (toll-free)
www.michigancancer.org

September 2008