



Table of Contents

Foreword	1
Executive Summary	5
MCC Member and Key Partner Organizations	9
MCC Member Satisfaction and Engagement	23
MCC Special Projects (2009-2011)	27
Breast Cancer	31
Cancer Genomics	43
Cancer Survivorship	55
Cervical Cancer	65
Tobacco Control/Lung Cancer	79
Appendices	95
Appendix A: MCC Goals, Special Projects, and Maintenance Projects	97
Appendix B: About the 2008-2009 Implementation Progress Report Survey Tools	101

Foreword



We are pleased to release this seventh *MCC Implementation Progress Report to the Membership*.

The Michigan Cancer Consortium (MCC) is an organization of organizations that are partnering to lead comprehensive control programs in Michigan. The MCC Strategic Plan addresses the full spectrum of cancer control services and strives to have appropriate care accessible to all residents of Michigan. The MCC is driven toward excellence through continuous improvement and monitoring for target achievement.

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, which 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 a two-year implementation progress reporting period.

We extend our sincere thanks to all of the organizations that took the time to complete the implementation survey and contribute information to this report. It is with organization-level data that we are able to compile an assessment of our overall progress toward achieving the goals of the MCC Strategic Plan. 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 position as a leader in the nation and will set us to enrich our resources and persist 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.

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.

Carolyn Johnston, MD

University of Michigan Comprehensive Cancer Center

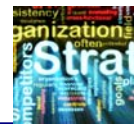
Charles H. Sherwin, MS, BSN, RN

Alpena Regional Medical Center

Co-Chairs

Michigan Cancer Consortium

Executive Summary



Michigan has continuously demonstrated leadership and a strong commitment to improving cancer outcomes for our state residents and to achieving equity in both cancer care provision and access to critical cancer prevention services. The Michigan Cancer Consortium (MCC) is a unique partnership that has recorded many accomplishments over its lifetime and continues to lead in state-of-the-art guidance to health professionals and intervention planning statewide. This report is a sample illustration of the volume of activities that have been implemented by the MCC member organizations over the January 2008-December 2009 reporting period.

The Implementation Progress Report (IPR) accompanies the strategic planning process of the Consortium and is tailored to the MCC strategic plan as a way of evaluating and monitoring progress toward achieving the objectives that the MCC sets forth for the selected cancer sites. This year's report is focused on the five Special Projects for 2009-2011 around which the MCC has elected to concert its efforts as a coalition. The Consortium set specific goals and recommended strategies for each of these five projects, and an online IPR survey that included questions around implementation and outcomes related to these recommendations was sent to all MCC members.

Data compiled in this *Implementation Progress Report to the Membership* portray the level of activity self-reported by member organizations in various areas of implementation relevant to the five Special Projects. The compiled data also show where implementation gaps exist, warranting increased effort by member organizations in order to achieve the stated objectives in due time as outlined in the *Comprehensive Cancer Control Plan for Michigan, 2009 – 2015*. Data are organized by each of the seven classifications of MCC member organizations to show where specific field action has been concentrated or is still needed.

Results of the most recent IPR survey demonstrate a remarkable dimension of collaborative activities that are taking place within the MCC membership and the clear progress that has occurred in each of the five Special Projects. However, because cancer control is multidimensional and demanding on so many levels, it is apparent that more work and heightened focus is needed in several areas of individual community interventions because only concerted efforts and universal participation by all MCC member organizations will lead to the achievement of the MCC strategic plan. Action needed by specific member organization categories is specified throughout the report where applicable.

When the data in this report are reviewed, several highlights become clear.

Overall trends point to activity in raising both public and professional awareness of the need to exchange family history information between patients and health care providers for assessing individual's risk for cancer in general and for breast and/or ovarian cancer in particular. More focus is still necessary on activities that educate the public about the need for individuals to actively seek and record their family health history information and also educate professionals about why and how to provide appropriate referrals to genetic counseling services based on patients' risk assessments. Statewide media campaigns that have been launched recently are bound to make an impact on Michigan's movement toward increased awareness and utilization of family health history information. State surveillance systems will soon provide a measure of whether these media initiatives have contributed to improving the status of this determinant.

Likewise, advancement toward achieving the Cervical Cancer Special Project is steady and clear. The *Comprehensive Cancer Control Plan for Michigan, 2009 – 2015* includes multiple interventions that require MCC member organizations in every classification to participate in their respective capacities. Gaps were indicated where applicable.



Executive Summary

It is clear that Michigan stakeholders have made significant strides in advancing the availability of information regarding cancer survivorship care and related resources to those who need it. Health care providers' provision of survivor care plans is essential to achievement of the goal to increase access cancer survivors' access to appropriate care. Currently, close to half of the general population of cancer survivors (48 percent) report having received such a care plan, a proportion that nearly fulfills the MCC goal of 50 percent. There is room for growth in the upcoming year in that regard and ultimately, of course, this modest target rate needs to improve until every cancer survivor receives the same level of follow-up instructions and continuous coordinated care throughout their life spectrum.

Concentrated efforts by MCC organizations and key players in boosting tobacco control are paying off noticeably. The number of professional trainings accomplished within the recent years related to tobacco cessation has exceeded expected levels, and outcome data indicate that the target objective set forth for adult smoking rates in the state has been met ahead of the goal year 2011.

Reducing disparities in cancer outcomes is a key underlying principle of the *Comprehensive Cancer Control Plan for Michigan, 2009 – 2015*. Special attention is needed to support interventions that focus on minorities and special populations because while we are approaching the goals the MCC has established for the state as a whole, most minority racial/ethnic sub populations are still behind in terms of reaching the stated target goals. The MCC strategic plan provides several recommendations and evidence-based strategies for member organizations to use in meeting this critical need.

Throughout this report, selected charts and success stories are presented as a representation of the remarkable commitment by many institutions and groups in Michigan to reduce the cancer burden in our state, promote health equity, and maintain a high quality of cancer care and ready access to cancer preventive services.

While we greatly appreciate that any survey takes a certain amount of time to complete and we are grateful to the MCC organizations that took the time to contribute to this report, we must also stress that it is imperative that all MCC members, with no exceptions, make an extra effort to complete the IPR survey at the end of each reporting period, since it is only with complete participation and sharing of information that we can provide an accurate representation of the exciting collective work that is taking place in Michigan at many levels and in all locations served by the membership. The IPR survey is an established mechanism that enables us to obtain a picture of the commitment made by MCC member organizations; it is the tool by which we can demonstrate to our funders and other stakeholders our effectiveness as a partnership in achieving the desired outcomes as set forth in our state's strategic plan.

One final note: It is worth mentioning that one barrier that several organizations specifically mentioned as having hindered their ability to implement many of the strategies during this survey period was that of a "lack of resources." The downturn in both the Michigan and national economies surely has had an impact on the ability of organizations to commit resources and re-allocate funds to support crucial cancer-related interventions. In light of this fact, our collaborative accomplishments on behalf of our state's citizens are even more impressive.

The full *2008-2009 MCC Implementation Progress Report to the Membership* can be found on the MCC Web site at www.michigancancer.org/WhatWeDo/MCCAnnualReports.cfm. Questions regarding the report or the IPR process in general may be directed to Michigan Evaluation Coordinator May Yassine, PhD, at 517-324-7308 (e-mail: myassine@mphi.org).

MCC Member and Key Partner Organizations



Since its inception, the MCC has continued to grow. By the end of 2009, a total of 113 organizations (Figure 1) had joined the MCC as member organizations; 65 of them (58 percent) responded to the 2008-2009 Implementation Progress Report survey, providing details on their implementation progress between Jan. 1, 2008 and Dec. 31, 2009 (Figure 2).

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

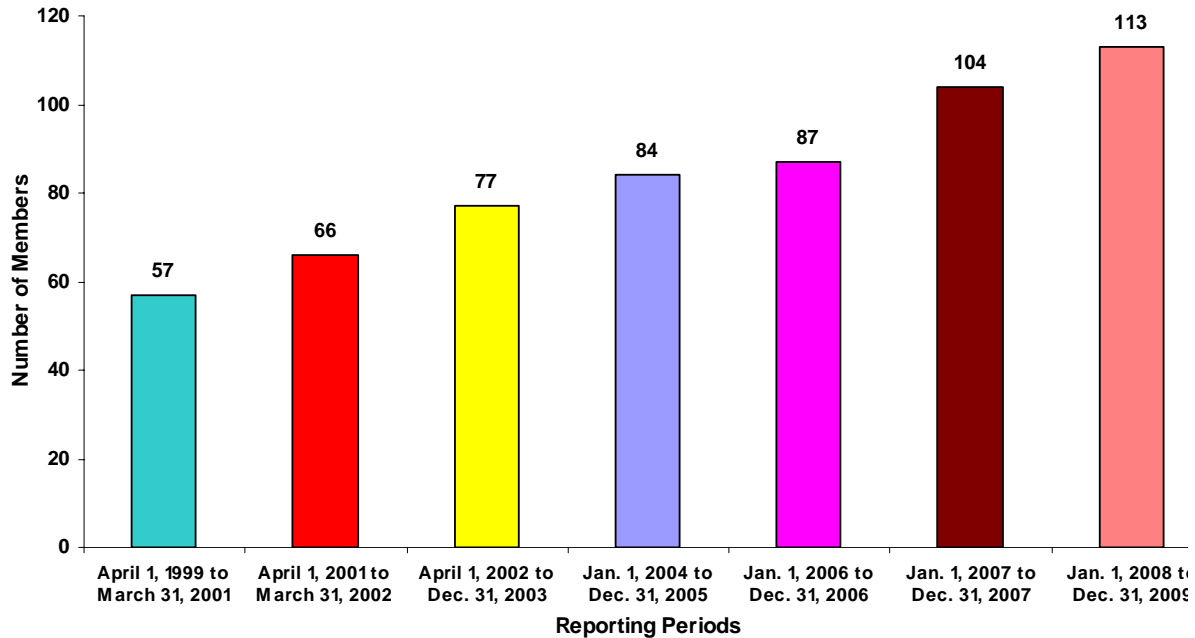
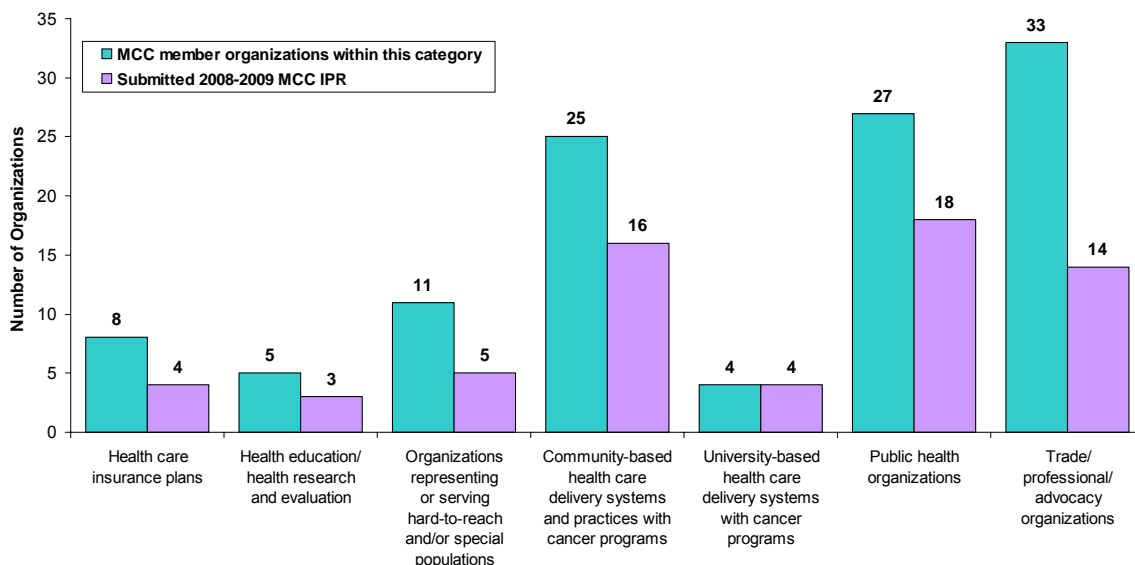


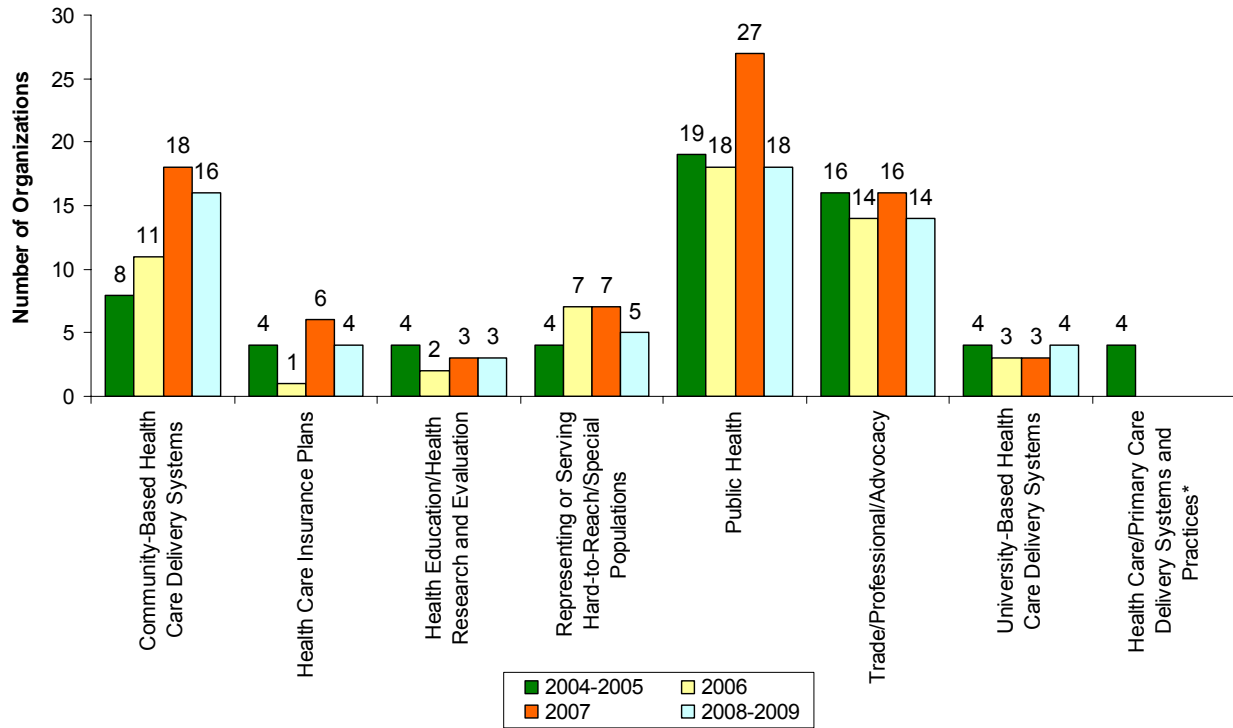
Figure 2
**Organizations Reporting Implementation Progress for 2008-2009,
 by Membership Type**





MCC Member and Key Partner Organizations

Figure 3
Organizations Reporting Implementation Progress,
by Membership Type (2004-2009)



* 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.

MCC Member and Key Partner Organizations



Table 1
MCC Member and Key Partner Organizations, in Alphabetical Order
(as of Dec. 31, 2009)

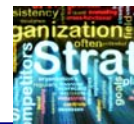
Member Organization	Contributed to this report
ACCESS Community Health Center	•
Alpena Regional Medical Center-Alpena Cancer Center	•
American Cancer Society, Great Lakes Division, Inc.	•
American College of Surgeons	
American Lung Association of Michigan	
Barbara Ann Karmanos Cancer Institute / Wayne 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	•
Cancer Information Service of NCI, Midwest Region	
Catherine's Care Center	•
Central Michigan District Health Department	•
Chippewa County Health Department	
Coalition of Michigan Organizations of Nursing	•
Detroit Area Agency on Aging	
Detroit Department of Wellness and Health Promotion	
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	•



MCC Member and Key Partner Organizations

Member Organization	Contributed to this report
Great Lakes Health Plan of Michigan	●
Greater Detroit Area Health Council	
Health Alliance Plan	
Health Department of Northwest Michigan	●
HealthPlus of Michigan	
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 and Community Services Department	●
Kent County Health Department	●
Kirkhof College of Nursing	
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	
Mercy Cancer Network	
Metropolitan Health Hospital	
Michigan Academy of Family Physicians	
Michigan Association for Local Public Health	
Michigan Association of Health Plans	
Michigan Breast Cancer Coalition	
Michigan Cancer Genetics Alliance	●
Michigan Cancer Research Consortium	
Michigan Department of Community Health	●
Michigan Dietetic Association	
Michigan Health & Hospital Association	●

MCC Member and Key Partner Organizations



Member Organization	Contributed to this report
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	•
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	
National Association of Social Workers-Michigan Chapter	
Oakwood Healthcare System, Inc., Cancer Center	•
OmniCare Health Plan	
Oncology Nursing Society-Ann Arbor Chapter	•
Pfizer Inc	•
Priority Health	
Prostate Cancer Coalition of Michigan	•
Providence Cancer Institute	•
Saginaw County Department of Public Health	
Saint Mary's Health Care Palliative Care	
Sanilac County Health Department	
Sisters Network, Flint Affiliate Chapter	
Sparrow Regional Cancer Center	•
Spectrum Health Cancer Program	•
St. John Health System	
St. Joseph Mercy / Oakland	•
St. Mary Mercy Hospital - Livonia	



MCC Member and Key Partner Organizations

Member Organization	Contributed to this report
Susan G Komen for the Cure, Detroit Affiliate	•
Susan G Komen for the Cure, Grand Rapids Affiliate	•
Susan G Komen for the Cure, Mid-Michigan Affiliate	
Susan G. Komen for the Cure, Southwest Michigan Affiliate	
The Center for Social Gerontology, Inc	
The Lacks Cancer Center at Saint Mary's Health Care	
The Wellness Community of Southeast Michigan	•
Tobacco-Free Michigan	
Total Health Care, Inc	•
Tuscola County Health Department	•
University of Detroit Mercy School of Dentistry	•
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	

“During my tenure on the MCC Board of Directors, I have had the privilege and opportunity to participate in several MCC strategic projects that I thought were worthwhile endeavors and time well spent. I have also seen continued growth in enrollment and diversity of MCC member organizations. Speaking for both my organization and myself, I think this is where the true strength of the MCC lies — its diverse membership network and the opportunities for collaboration with colleagues from other organizations to share ideas, best practices, offer support to others, as well as voice problems and concerns.”

— *Lori Pearl-Kraus, PhD, FNP-C, CS*
Grand Rapids Clinical Oncology Program

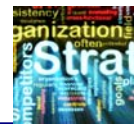


Table 2
MCC Member and Key Partner Organizations, by Reporting Type
Jan. 1, 2008 – Dec. 31, 2009

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	●
Catherine's Care Center	●
Genesys Hurley Cancer Institute	●
Grand Rapids Clinical Oncology Program	●
Ingham Regional Medical Center	●
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	●
Saint Mary's Health Care Palliative Care	
Sparrow Regional Cancer Center	●
Spectrum Health Cancer Program	●
St. John Health System	
St. Joseph Mercy / Oakland	●
St. Mary Mercy Hospital - Livonia	
The Lacks Cancer Center at Saint Mary's Health Care	
The Wellness Community of Southeast Michigan	●
Visiting Nurse Services of Michigan	
West Michigan Cancer Center	
William Beaumont Hospital	●

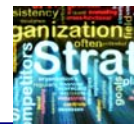


MCC Member and Key Partner Organizations

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	
Midwest Health Plan	•
OmniCare Health Plan	
Priority Health	
Total Health Care, Inc	•

Health Education/Health Research and Evaluation	
Member Organization	Contributed to this report
Kirkhof College of Nursing	
MPRO	
University of Detroit Mercy School of Dentistry	•
University of Michigan School of Public Health	•
Van Andel Research Institute	•

Organizations Representing or Serving Hard-to-Reach and/or Special Populations	
Member Organization	Contributed to this report
ACCESS Community Health Center	•
Battle Creek Health System	•
Detroit Area Agency on Aging	
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	•
Cancer Information Service of NCI, Midwest Region	
Central Michigan District Health Department	•
Chippewa County Health Department	
Detroit Department of Wellness and Health Promotion	
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 and 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	•



MCC Member and Key Partner Organizations

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	
Coalition of Michigan Organizations of Nursing	●
Gilda's Club Grand Rapids	●
Gilda's Club Metro Detroit	
Mercy Cancer Network	
Michigan Academy of Family Physicians	
Michigan Association for Local Public Health	
Michigan Association of Health Plans	
Michigan Breast Cancer Coalition	
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	
National Association of Social Workers-Michigan Chapter	
Oncology Nursing Society-Ann Arbor Chapter	●
Pfizer Inc	●
Prostate Cancer Coalition of Michigan	●
Susan G Komen for the Cure, Detroit Affiliate	●
Susan G Komen for the Cure, Grand Rapids Affiliate	●
Susan G Komen for the Cure, Mid-Michigan Affiliate	
Susan G. Komen for the Cure, Southwest Michigan Affiliate	



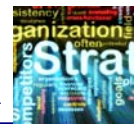
Trade/Professional/Advocacy Organizations
(continued)

Member Organization	Contributed to this report
The Center for Social Gerontology, Inc	
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	●

MCC Member Satisfaction and Engagement



A portion of the 2008-2009 MCC Implementation Progress Reporting survey was devoted to the MCC Membership Committee survey, which polled MCC members on their experiences since they had joined the MCC, the extent to which they are involved in Consortium activities, and the satisfaction with the Consortium overall.

The great majority of respondents said they were “very satisfied” with the organization as a whole, including: the process used to formulate the *Comprehensive Cancer Control Plan for Michigan, 2009 – 2015* (86 percent); the clarity of the MCC vision and goals (97 percent) and the progress toward achieving those goals (87 percent); the opportunities for members to participate in the development of the MCC (89 percent) and/or take leadership roles in the Consortium (86 percent); and the diversity of individuals and organizations participating in the MCC (90 percent).

In addition, nearly three-fourths of respondents said they were “very satisfied” with: the level of members’ involvement and engagement in the work of the MCC (73 percent); the level of communication among MCC members (74 percent); and the ability of individuals and organizations to work together as part of the Consortium (78 percent).

Overall, 96 percent of those representatives who responded said their affiliation with the MCC had influenced their organization’s priorities in implementing cancer control activities, and one-fourth of them said they believed their involvement with the MCC had influenced their organization’s cancer control activities “to a great extent.”

When asked to identify the major benefits their organizations had experienced from being associated with the MCC, 79 percent of respondents chose “opportunities to see the larger picture — how programs and organizations work together to enhance the mission across the state.” Other self-reported benefits associated with being a member of the MCC included having:

- information about available cancer-related resources, initiatives, and programs (73 percent), as well as new technological advances (42 percent);
- access to current guidelines, recommendations, and other resource materials for providers (70 percent) and patient education materials (60 percent);
- opportunities to attend the annual meeting and hear educational presentations (69 percent)
- chances to network with other professionals and leaders in cancer care (66 percent), cancer experts (61 percent), and representatives of similar organizations (52 percent)

Membership Gives Board High Marks

MCC member organizations gave the MCC Board of Directors consistently high marks for overall effectiveness and performance. When asked, more than four-fifths of the survey respondents said they “completely agreed” that the Consortium’s Board:

- provides strong leadership for the MCC (86 percent);
- represents the interests of the membership as a whole (83 percent);
- responds to the changing needs of the membership and stakeholders (88 percent);
- ensures that communication to the MCC membership is timely and relevant (85 percent); and
- provides members with opportunities to be involved with MCC activities (91 percent).



MCC Member Satisfaction and Engagement

and to learn how other organizations tackle similar issues in cancer control and prevention (48 percent);

- an awareness of who the leaders and doers are in the cancer community (63 percent);
- opportunities to learn from exchanges of information and resources provided to members (57 percent) and to engage in cutting-edge discussions about topics such as clinical advances, research initiatives, and/or program effectiveness (39 percent);
- a roadmap to what is important and relevant in cancer care and prevention (57 percent); and
- increased credibility in the field (34 percent).

Three-fifths of those member organization representatives that responded said they had attended at least one of the last two annual meetings of the Consortium (61 percent had attended the 2009 annual meeting, and 58 percent had attended the 2008 annual meeting) and had also participated in one or more of the MCC Web and/or audio conference calls (61 percent).

MCC Special Projects (2009-2011)



The charts shown on the following pages represent aggregate proportions of MCC member and key partner organizations that reported they had worked on implementation of one or more of the five MCC Special Projects for 2009-2011 (Appendix A) and had executed the referenced strategic activities from the Michigan *Comprehensive Cancer Control Plan* during the January 2008-December 2009 reporting period.

Each section of this chapter begins with a “Progress vs. 2011 Target Markers” table. These tables originally appeared in the *Comprehensive Cancer Control Plan for Michigan, 2009 – 2015*. During the planning phase for the 2009 – 2015 implementation timeframe, each MCC expert workgroup considered ways of measuring progress toward their overall Special Project goal and then outlined data sources that were available to gauge the Consortium’s progress toward that goal. Indicators were matched with baseline levels near the time of strategic plan revision in 2008, and target levels were set based upon feasibility and relevance to the overall goal of each special project. Since then, an interim update has been added to each table to help determine whether progress is being made toward achieving the Special Project goals.

Each section of this chapter also includes horizontal charts depicting the sum percentage of all responding MCC member organizations that reported they were participating in a given strategic activity (i.e., the level of community involvement in a particular strategy). Composite bar graphs indicate the proportion of responding organizations within each MCC membership classification that participated in the activity. These composite activity bar graphs help illustrate gaps in implementation participation where they exist. (*Note: Data included in these charts only include those responding organizations that appropriately could be involved in implementation of the proposed activities; member organizations that indicated their organizational missions were not consistent with the proposed strategy were excluded from the analyses.*)

“As an organization, Catherine’s Care Center has always had a strong focus on cancer risk education, identification and screening services for the low-income, uninsured population we serve. Our affiliation with the MCC helps us to partner with other like-minded organizations to increase the scope of our services. It helps us to stay in touch with current topics, new developments, and other organizations who share our mission.”

— **Karen Kaashoek, RN, BA**
Executive Director
Catherine’s Care Center

MCC Special Projects (2009-2011)

Breast Cancer



MCC Special Projects (2009-2011)
Breast Cancer

By 2011, 90 percent of women will report being offered age-appropriate breast cancer risk information, education, and suitable services.



2008 MCC Spirit of Collaboration Award — Honorable Mention Winner

Grand Rapids Coalition for Breast Health

Addressing:

- Breast Cancer

Collaborative partners in the project:

- American Cancer Society, Great Lakes Division, Inc.
- Gerber Memorial Health Services
- Gilda's Club Grand Rapids
- Grand Rapids Clinical Oncology Program
- Kent County Health Department
- The Lacks Cancer Center at Saint Mary's
- Metropolitan Health Hospital
- Planned Parenthood of West and Northern Michigan
- Sister-to-Sister Support Group
- Spectrum Health
- Spectrum Health – Betty Ford Breast Care
- Susan G. Komen for the Cure Grand Rapids
- Women's Health Boutique

Project description: The Grand Rapids Coalition for Breast Health aims to increase awareness of breast health and to promote involvement of the community regarding local, state, and national breast cancer issues as well as to educate women of West Michigan about the importance of early detection.

The Grand Rapids Coalition for Breast Health member organizations meet on a monthly basis for the purposes of networking, educational updates, agency updates, advocacy updates, and planning an annual educational event attended by nearly 200 persons each year. Previous educational events addressed:

- Cutting Edge Advances in Breast Cancer (2003)
- Fad Diets and Supplements for Breast Health (2004)
- Breast Health: The Year in Medicine from Atkins to Zinc (2005)
- Living Well Before and After Breast Health (2006)
- What's New and What's Changing in Breast Health Care (2007)

The Grand Rapids Coalition for Breast Health has hosted both national and local speakers at their annual educational events and considers them highly successful in that they:

- facilitate identification and linkage of community resources;
- bring a primary educational event to this community on an annual basis; and
- increase community awareness in regard to the ongoing needs of good breast health.



Overall Progress

Data presented in Table 3 suggest that we are moving in the right direction in terms of ensuring that providers will offer all women age-appropriate breast cancer risk information, education, and suitable services. Still, disparities remain within the area of assessing family history status in minority sub-populations within the health care setting, and increased efforts are indicated to close gaps in the rates shown.

Table 3

Progress vs. 2011 Target Markers for Breast Cancer (Michigan)

Available Data Markers	Data Source	Baseline (2006)	Interim Update (2008)	Target (2011)
Percent of all women aged 40 years or older who ever discussed family history of breast cancer with a health care provider	SCBRFS*	87.9%	89.3% <ul style="list-style-type: none"> • 80.6% Hispanics • 72.8% Asian Americans • 70.1% Arab Americans 	90%
Percent of all women aged 40 years or older who ever discussed family history of ovarian cancer with a provider <i>(new)</i>	SCBRFS*	Not Available	75.5% <ul style="list-style-type: none"> • 69.2% Asian Americans • 47.4% Arab Americans 	80%
Percent of all women aged 40 years or older reporting family history <i>or</i> heredity that would increase a woman’s risk for breast cancer <i>(new)</i>	SCBRFS*	Not available	46.3%	50%

*Special Cancer Behavioral Risk Factor Survey

“The MCC is a valuable resource and affiliation which helps to focus hospital, system, regional, and state-wide efforts in the most efficient and effective manners.”

— *Allen Silbergleit, MD*
St. Joseph Mercy — Oakland



Member Participation

The following set of questions focused on activities that MCC member organizations have been engaged in during the reporting period relevant to **promoting breast cancer risk assessment**. Results from selected areas of implementation are presented below.

Plan Strategy: Provided training opportunities for health care providers to build competency in breast cancer risk assessment

Figure 4

Percentage of MCC Membership Reporting Participation in This Strategy

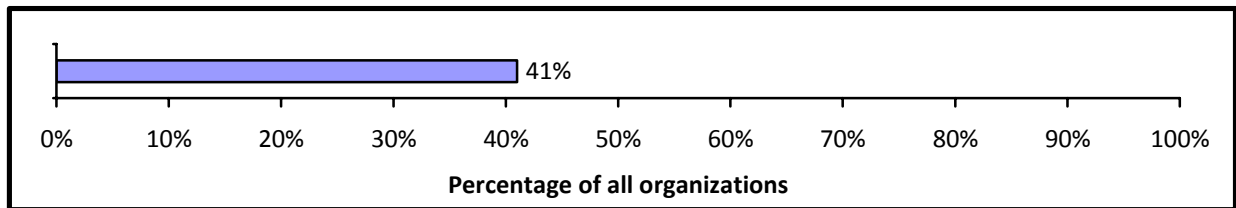
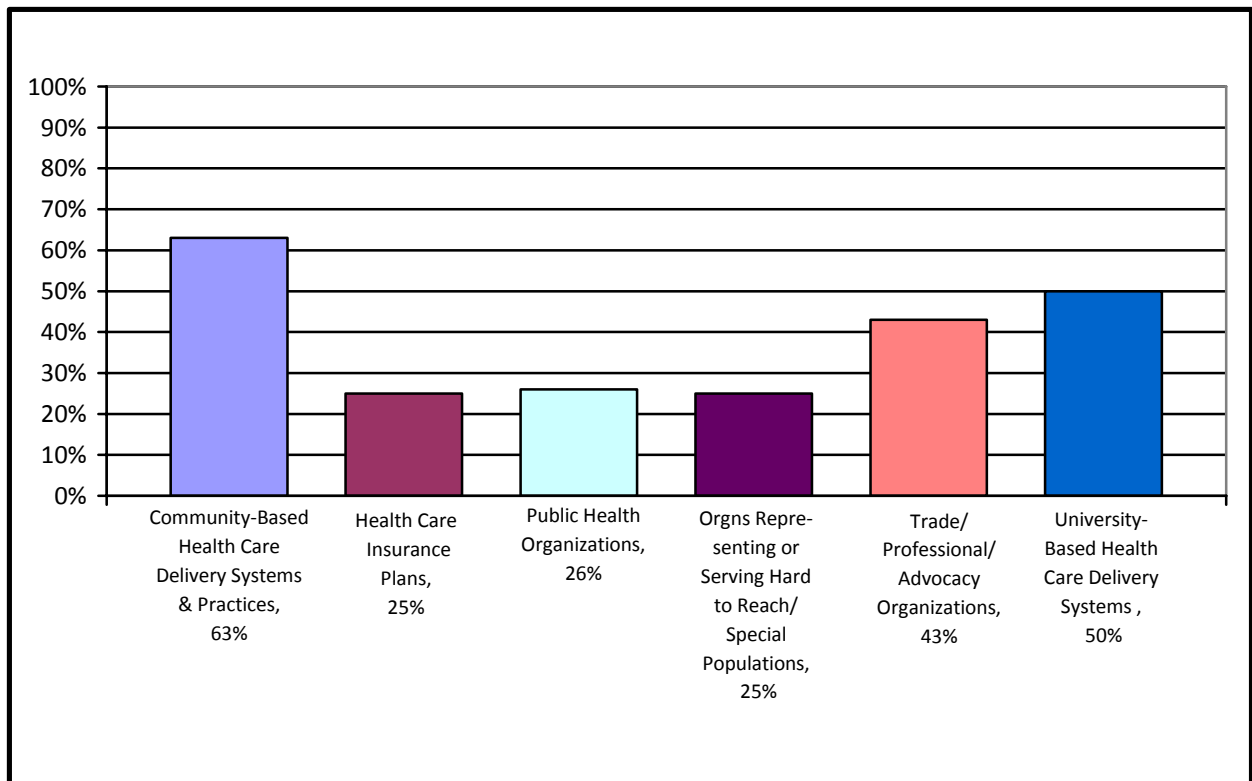
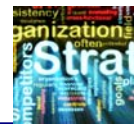


Figure 5

Self-Reported Participation in This Strategy, by MCC Membership Classification





Action Needed:

- Health care insurance plans
- Organizations representing or serving hard-to-reach and/or special populations
- Public health organizations
- Trade/professional/advocacy organizations
- University-based health care delivery systems with cancer programs

2009 MCC Spirit of Collaboration Award — Honorable Mention Winner

Hats & High Tea for Breast Cancer Awareness

Addressing:

- Breast Cancer

Collaborative partners in the project:

- The Links Inc. — Ann Arbor Chapter
- University of Michigan Comprehensive Cancer Center

Project description: The University of Michigan Comprehensive Cancer Center's (UMCCC) Community Outreach Program and the Ann Arbor Chapter of The Links Inc. partnered to host Hats and High Tea for Breast Cancer Awareness. The event took place on Sunday, Oct. 26, 2008 to honor Breast Cancer Awareness Month. The objectives of the event were to:

- raise awareness about breast cancer in African American women;
- empower women to be proactive about breast health; and
- provide an opportunity for community members to ask questions about breast cancer.

The day opened with common “high tea” refreshments, including scones, cheeses, finger sandwiches, tea, and desserts. The first portion of the program was an etiquette workshop presented by Links members. The second portion of the program consisted of a breast cancer education panel with a UMCCC oncologist and certified genetic counselor. The program ended with an interactive question-and-answer period. Approximately 90 women attended, and survey results indicated that the event increased participants' knowledge and attitudes about their breast health.



2008 MCC Spirit of Collaboration Award Winner

Pink Saturdays

Addressing:

- Breast Cancer

Collaborative partners in the project:

- Advanced Radiology Services PC – Kalamazoo Division
- Allegan General Hospital
- Borgess Health
- Bronson Center for Women
- Bronson Vicksburg Hospital
- Community Hospital – Watervliet
- Kalamazoo County Health and Community Services Department - Breast and Cervical Cancer Control Program
- Lakeview Community Hospital – Paw Paw
- Michigan State University/Kalamazoo Center for Medical Studies
- Premier Radiology
- Southwest Michigan Radiology
- Susan G. Komen for the Cure – Southwest Michigan Affiliate
- West Michigan Cancer Center

Project description: “Pink Saturdays” is a dynamic initiative that offered free mammograms to uninsured or underinsured women in eight Southwest Michigan counties during the month of October 2007. The West Michigan Cancer Center and the Southwest Michigan Affiliate of Susan G. Komen for the Cure partnered with community health care providers, including Kalamazoo County Health and Community Services’ Breast and Cervical Cancer Control Program, and exceeded its goal of providing 600 free mammograms during Breast Cancer Awareness Month when a total of 699 area women scheduled appointments at participating area health care facilities.

Nine area healthcare providers participated in the 2007 initiative. The 2008 goal is to partner with all twenty-seven facilities in the region’s eight counties to provide 2,000 women with mammograms. The organizations behind Pink Saturdays are also looking into ways to provide diagnostic mammograms for women who already have breast cancer symptoms. The Pink Saturdays committee credits volunteers — including many radiologists — for making the event possible. More than 100 volunteers donated approximately 2,000 hours in October to ensure the success of the Pink Saturdays program.

The energy of this project was so infectious that the number of collaborating health care partners will double for 2008! In addition, a cancer center in Iowa is planning to implement its own version of Pink Saturdays this fall using the Southwest Michigan program as a model.



Plan Strategy: Implemented breast cancer public education programs.

Figure 6

Percentage of MCC Membership Reporting Participation in This Strategy

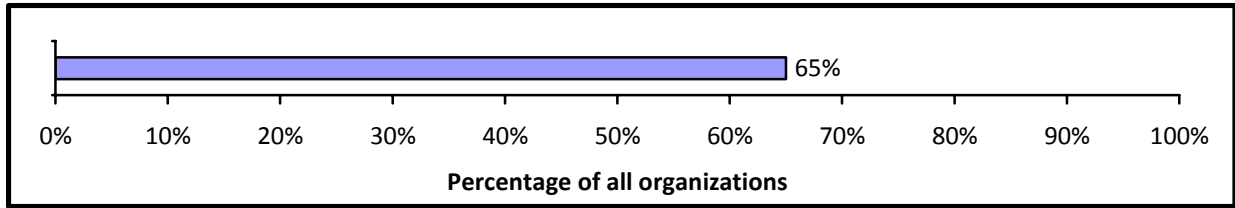
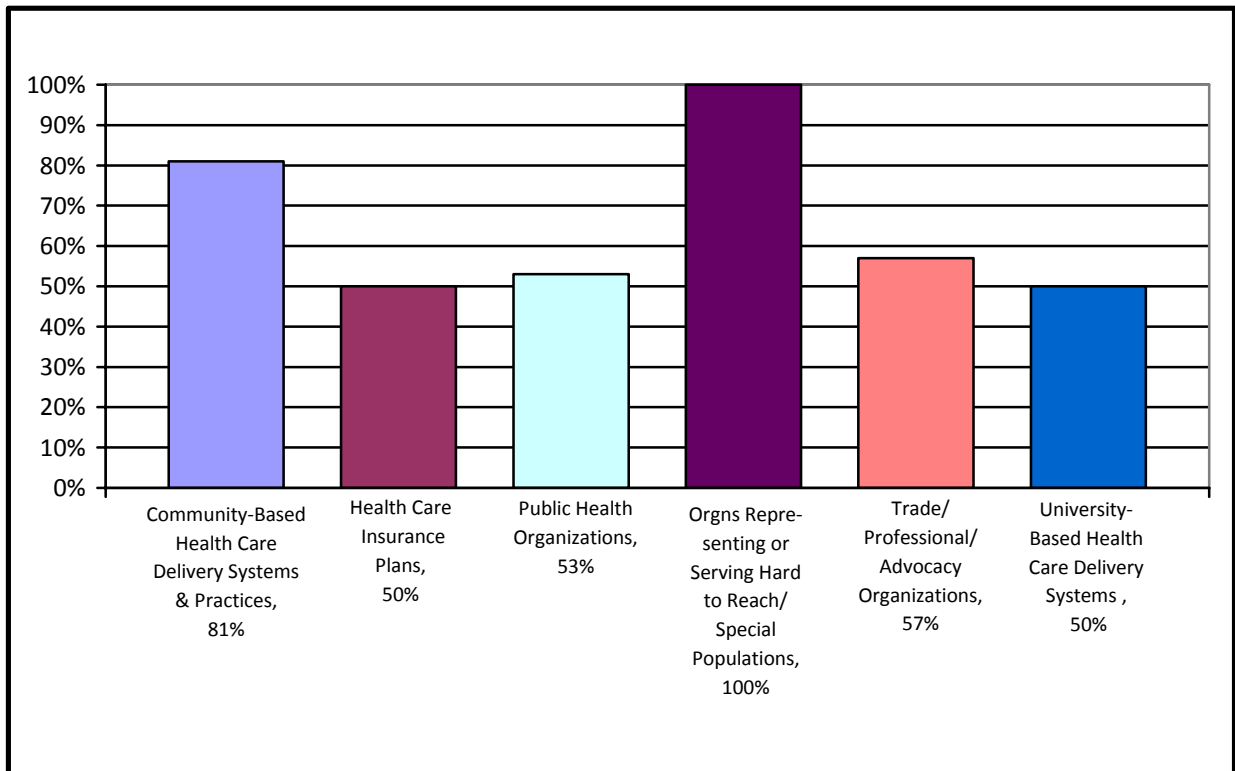


Figure 7

Self-Reported Participation in This Strategy, by MCC Membership Classification



Action Needed:

- Health care insurance plans
- University-based health care delivery systems with cancer programs



2009 MCC Spirit of Collaboration Award Winner

The Power of Collaboration: Enhancing Existing Infrastructures to Bring Breast Health Awareness and Screening to Underserved Women

Addressing:

- Breast Cancer

Collaborative partners in the project:

- Adult Well Being Services
- Detroit Area Agency on Aging A1
- Neighborhood Services Organization
- Barbara Ann Karmanos Cancer Institute/Detroit Community Network Program
- National Cancer Institute’s Cancer Information Service — Midwest Region

Project description: The Community Network Collaborative Breast Cancer Screening Project is a Detroit Community Network Program that brought together five organizations to provide breast health awareness, mammography screening, and system navigation to underserved African American women in the City of Detroit and the surrounding area.

Funded by the Komen Detroit Race for the Cure, the collaboration is comprised of a network of organizations serving special populations including the homebound, developmentally disabled, blind/visually impaired, deaf/hearing impaired, homeless, nursing home residents, grandparents raising grandchildren, and others. Partner organizations provide breast education to women from these special populations with case managers following up to facilitate mammography transportation and provide navigation for further diagnostic work when needed.

Of the over 300 women who have participated in breast health education interventions to date, 53 have since had screening mammography, 51 were negative for breast cancer, and one was positive and is receiving follow-up. One participant was ultimately diagnosed with lung cancer and is in treatment. An additional 35 women have scheduled mammograms, and 21 women refused to schedule mammograms and requested not to be contacted again. The remaining women (over 200) were either compliant or still being contacted to encourage screening.

This project demonstrates that repeated “high touch” contact is required for many of the women served by these organizations.



The following set of questions focused on activities that MCC member organizations have been engaged in during the reporting period relevant to supporting appropriate referrals to **breast cancer genetic counseling**. Results from selected areas of implementation are presented below.

Plan Strategy: Developed, implemented and/or promoted referral guidelines for breast cancer genetic counseling services

Figure 8

Percentage of MCC Membership Reporting Participation in This Strategy

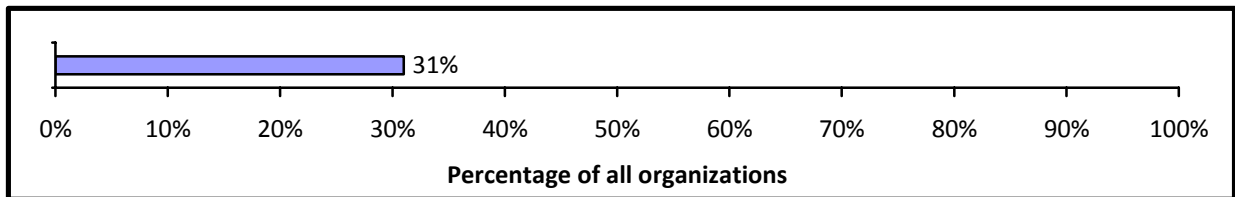
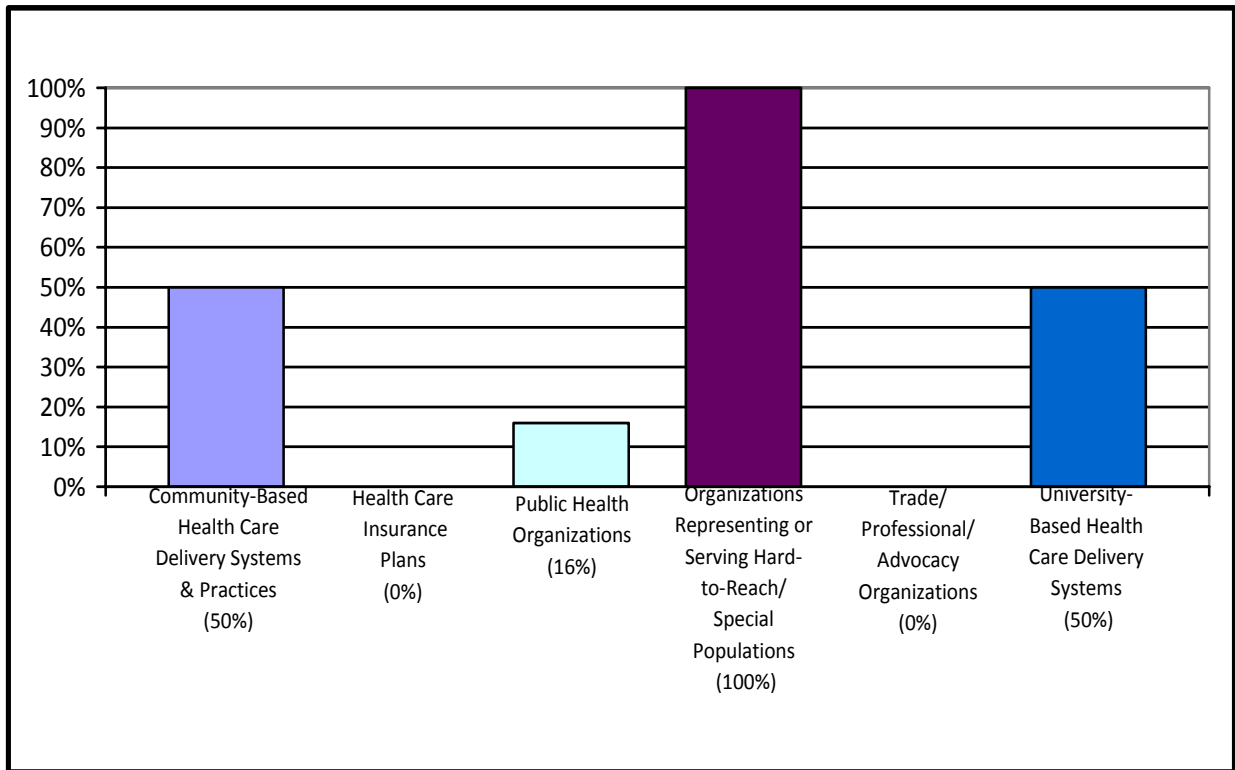


Figure 9

Self-Reported Participation in This Strategy, by MCC Membership Classification



Action Needed:

- Community-based health care delivery systems and practices with cancer programs
- Health care insurance plans
- Public health organizations
- Trade/professional/advocacy organizations
- University-based health care delivery systems with cancer programs



Highlights of MCC Success — 2008-2009

Public Health Organizations

Colorectal Cancer

Tuscola County Health Department employed a mass media approach to promote universal awareness of colorectal cancer, its impact, and the importance of early detection, targeting selected groups of age 50-74 for males and females of all races and ethnicities who reside in Huron, Sanilac, and Tuscola Counties, as well as the sub-group of women who utilize the Breast and Cervical Cancer Control Program in any of the three counties. The two evidenced-based interventions used the American Cancer Society's Colorectal Cancer Campaign to reach the targeted populations through DVDs running in physician waiting rooms and printed communications, such as letters, brochures, leaflets, pamphlets, flyers, and newsletters. In addition, the department used mass media tools, including radio, newspaper, magazines, and billboards, to communicate educational and motivational information in a community-wide campaign.

Highlights of MCC Success — 2008-2009

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

**Breast Cancer, Cervical Cancer, and
Tobacco Control/Lung Cancer**

The Grand Rapids Clinical Oncology Program (GRCOP) partnered with the Grand Rapids Coalition for Breast Health on Oct. 15, 2008 and again on Oct. 15, 2009 to present a 3½ -hour dinner symposium event for the general public and health care professionals.

During these two annual health awareness events, GRCOP collaborated with 11 other community, non-profit organizations (including the **American Cancer Society**) to educate the public and health professionals about breast health, as well as efforts to prevent cervical cancer and all other cancers and to encourage smoking cessation. Screening guidelines and informational brochures about prevention of breast, cervical, and other cancers were offered to symposium attendees. CEUs were offered to health care professionals. In 2008, 220 guests attended the symposium to hear guest speaker Susan Bowman, RN, BS, OCN, MSW, a breast cancer survivor.

In 2009, Dr. Victor Vogel, national vice president for research for the American Cancer Society, was the guest speaker. Combined attendance for the 2009 event was 165 patients, members of the public, and health care professionals.

MCC Special Projects (2009-2011)

Cancer Genomics



MCC Special Projects (2009-2011)
Cancer Genomics

By 2011, expand public knowledge about the impact of genetics on cancer risk and management (breast, ovarian, and colorectal cancers).



Overall Progress

Data presented in Table 4 (see following page) suggest that the Michigan public is fairly sensitized to the influence genetics can exert on one's personal health. However, increased promotional efforts are needed to urge people to collect their family history information and share it with their health care provider. Providers in turn have a crucial role to play in seeking this information from their patients and discussing a necessary follow-up course of action if needed. Data in Table 4 reveal that although Michigan providers are indeed playing this role to a fair degree in general, they are fulfilling it to a lesser degree with their patients of specific racial and ethnic backgrounds.

Highlights of MCC Success — 2008-2009

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

Cervical Cancer

During the 2008-2009 reporting period, **ACCESS Community Health Center** conducted a total of 1,947 educational home visits regarding cervical cancer disease risk and the importance of regularly scheduled Pap smear screening for early detection, distributing bilingual educational brochures and flyers at each visit.

ACCESS took advantage of media sources for health promotion related to key issues that affect the health of women aged 40 and older, airing 60 public service announcements on MBN Radio station every year and 45 public service announcements on the MBN local Arab television station each year.

ACCESS project staff contacted 30 local health care providers to announce their services and also mailed a promotional announcement to more than 22 local religious community organizations and cultural centers. Since these initial contacts, project staffers have visited a number of these institutions and have posted the promotional announcements in the respective buildings, including more than 20 local businesses. Throughout the reporting period, ACCESS also ensured that organizations' needs for cancer educational materials were met.



Table 4
Progress vs. 2011 Target Markers for Cancer Genomics (Michigan)

Available Data Markers	Data Source	Baseline (2005)	2008	2010	Target (2011)
Percent of all adults (age 18+) who think family health history is “very important” to their personal health --New	MiBRFS*	66.4%	Not available	Survey in progress	70%
Percent of all adults (age 18+) who have actively collected health information from their relatives on their family health history --New	MiBRFS*	37%	Not available	Survey in progress	50%
Percent of all adults (age 18+) who were asked by their health care provider about their family history of cancer in general (including times they filled out a form)	MiBRFS*	NA	Not available	83.9%‡	85%
Percent of all adults (age 40+) who have discussed with their provider their family history of specific cancers	SCBRFS†	NA	Breast - 79.2% <ul style="list-style-type: none"> • 10% lower in African, Native and Hispanic American • 20% lower in Arab and Asian American Ovarian - 75.5% (♀ only) <ul style="list-style-type: none"> • 69.2% Asian American • 47.4% Arab American 	NA	80%

*Michigan Behavioral Risk Factor Survey

†Special Cancer Behavioral Risk Factor Survey

‡This estimate is based on unweighted data from only half of the survey year 2010.



Member Participation

The following set of questions focused on activities that MCC member organizations have been engaged in during the reporting period relevant to **Cancer Genomics**. Results from selected areas of implementation are presented below.

Plan Strategy: Created and/or implemented public awareness campaigns on the role of family history as a cancer risk factor

Figure 10

Percentage of MCC Membership Reporting Participation in This Strategy

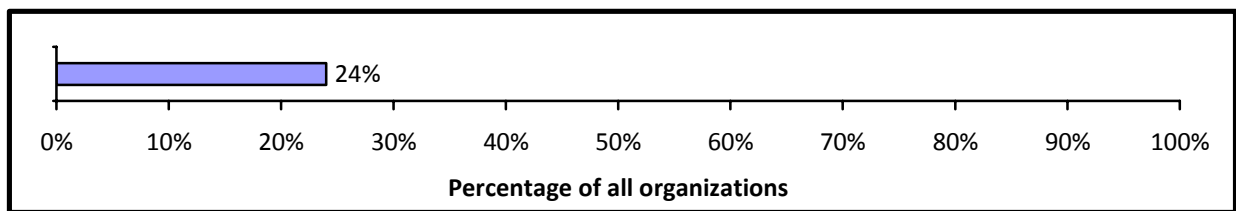
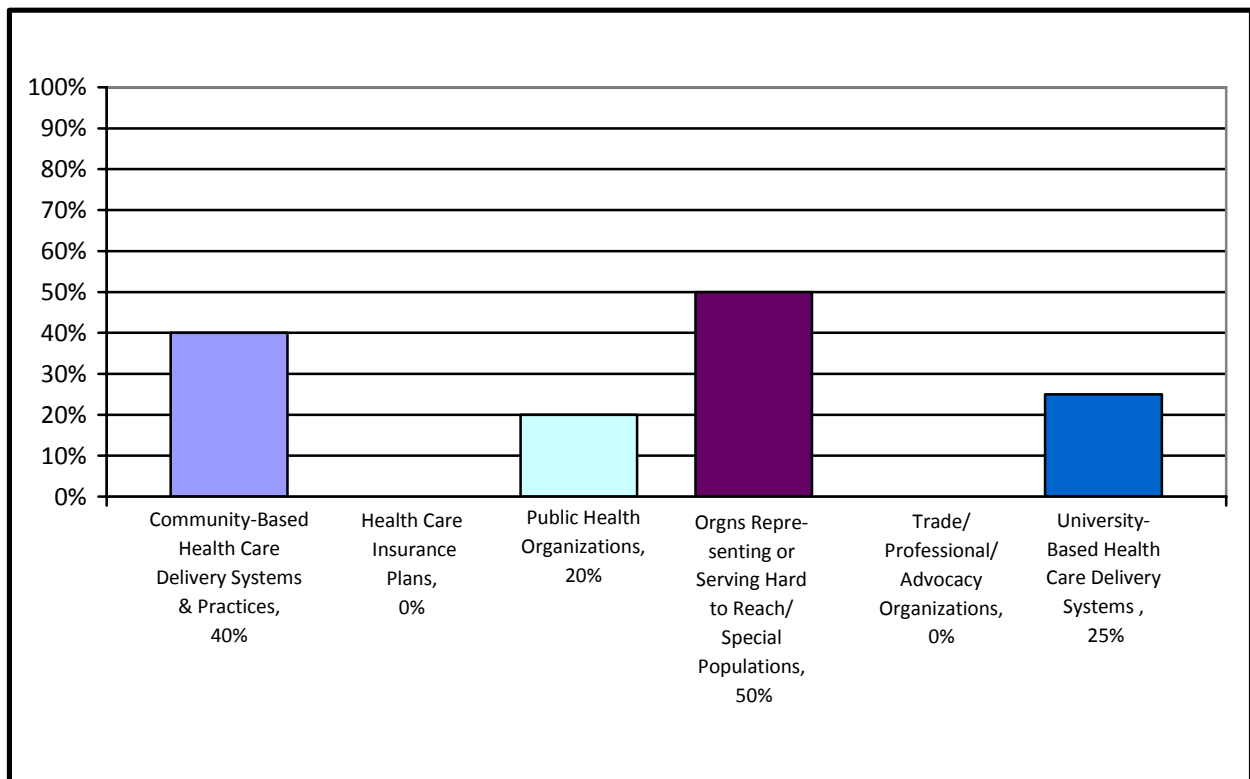


Figure 11

Self-Reported Participation in This Strategy, by MCC Membership Classification





Action Needed:

- Community-based health care delivery systems and practices with cancer programs
- Health care insurance plans
- Organizations representing or serving hard-to-reach and/or special populations
- Public health organizations
- Trade/professional/advocacy organizations
- University-based health care delivery systems with cancer programs

2009 MCC Spirit of Collaboration Award Winner

Body & Soul

Addressing:

- Healthy Lifestyles

Collaborative partners in the project:

- Jena Baker-Calloway
National Cancer Institute's Cancer Information Service – Midwest Region
- Janice Fitzhugh
ACS Metro Detroit Service Center
- Renee Kuiper
Omni Faith Health
- Dick Ramsdell
Flint Farmers' Market
- Shuntai Beaugard
ACS East Michigan Service Center
- Nancy Goodwin
National Kidney Foundation
- Aisha Langford
University of Michigan Comprehensive Cancer Center Community Outreach
- Erin Reese-Burks
St. Joseph Mercy – Oakland
- Kendra Brown
ACS Metro Detroit Service Center
- Robbya Green Weir
Ford Hospital Your Journey to Wellness
- Elaine Lee
National Progressive Baptist Churches of Detroit

— Continued —

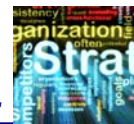


— Continued from previous page —

- R.U.T.H. Inc.
- Emily Coyle
ACS East Michigan Service Center
- Hamilton Community Health Network
- Crystal Parish
ACS West Michigan Service Center
- Angela Williams
HUGGS Black Nurses of Saginaw
- Shelley L. DuFort
Blue Cross Blue Shield of Michigan
- Cle J. Jackson
Blue Cross Blue Shield of Michigan
- Robin Parks
Spectrum Health Healthier Communities

Project description: Body & Soul is a nationwide, evidence-based health and wellness program tailored for African American churches. The program works with church leaders to provide educational materials and resources for encouraging members to eat more fruits and vegetables and to be more active.

- In partnership with the University of Michigan Comprehensive Cancer Community Outreach, 11 churches in Ann Arbor and Ypsilanti conducted Breast Cancer and Men’s Health Forums.
- Approximately 10 Detroit churches received support from both the American Cancer Society (ACS) and Ford Hospital Your Journey to Wellness to establish a health ministry focusing on awareness of heart disease, cancer, stress reduction, and physical activity.
- This past year, all 11 of the National Progressive Baptist Churches in Michigan were trained on Body & Soul.
- There are now 22 churches in Flint that fully implement Body & Soul.
- With the help of HUGG Black Nurses of Saginaw, two churches in Saginaw have been trained on Body & Soul.
- Spectrum Health, Omni Health, and ACS formed a grassroots initiative in Grand Rapids to reach the underserved.
- Because there are 21 trained churches in Grand Rapids, the Body & Soul program was identified as the best vehicle to share the initiative’s programs and resources with the African American community and the underserved.
- Blue Cross Blue Shield of Michigan, in collaboration with Body & Soul of Flint and Grand Rapids, partnered to increase physical activity and health awareness via a shared walking program, general health screening, and MI Child training.



Plan Strategy: Developed and/or provided other educational materials and other public education activities on the underlying genetic causes of common cancers

Figure 12

Percentage of MCC Membership Reporting Participation in This Strategy

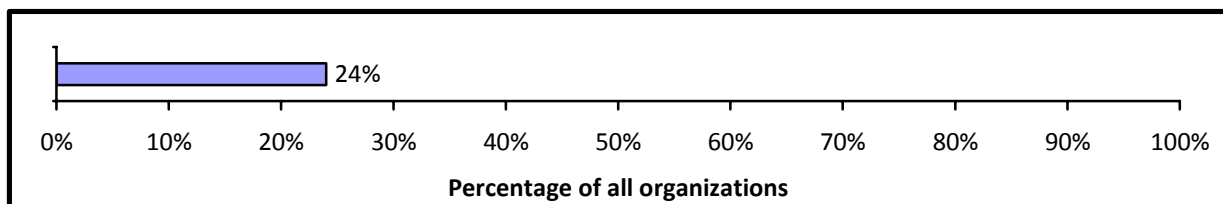
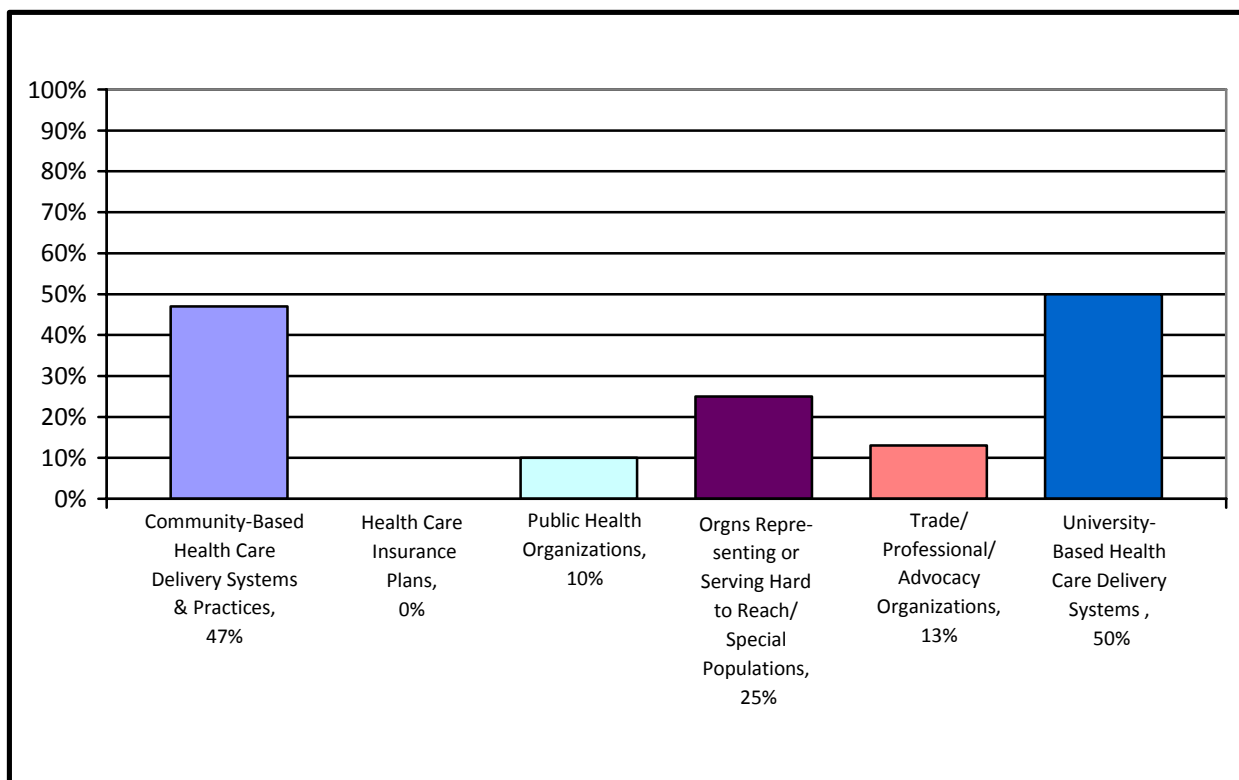


Figure 13

Self-Reported Participation in This Strategy, by MCC Membership Classification



Action Needed:

- Community-based health care delivery systems and practices with cancer programs
- Health care insurance plans
- Organizations representing or serving hard-to-reach and/or special populations
- Public health organizations
- Trade/professional/advocacy organizations
- University-based health care delivery systems with cancer programs



Plan Strategy: Implemented activities to improve access to genetic counseling services

Figure 14
Percentage of MCC Membership Reporting Participation in This Strategy

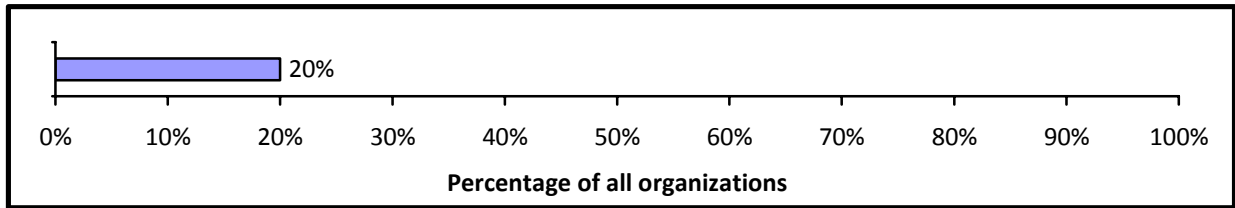
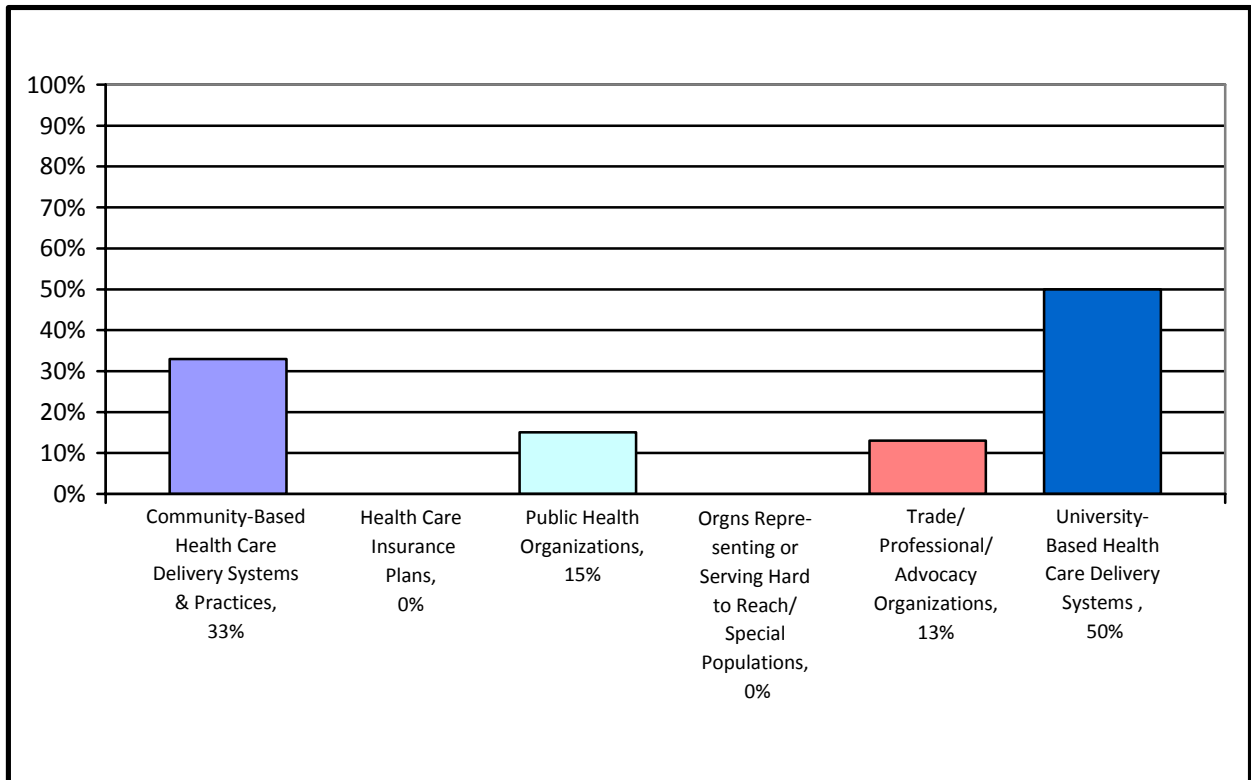
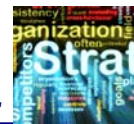


Figure 15
Self-Reported Participation in This Strategy, by MCC Membership Classification



Action Needed:

- Community-based health care delivery systems and practices with cancer programs
- Health care insurance plans
- Organizations representing or serving hard-to-reach and/or special populations
- Public health organizations
- Trade/professional/advocacy organizations
- University-based health care delivery systems with cancer programs



Plan Strategy: Developed and/or promoted family history cancer risk assessment tools

Figure 16

Percentage of MCC Membership Reporting Participation in This Strategy

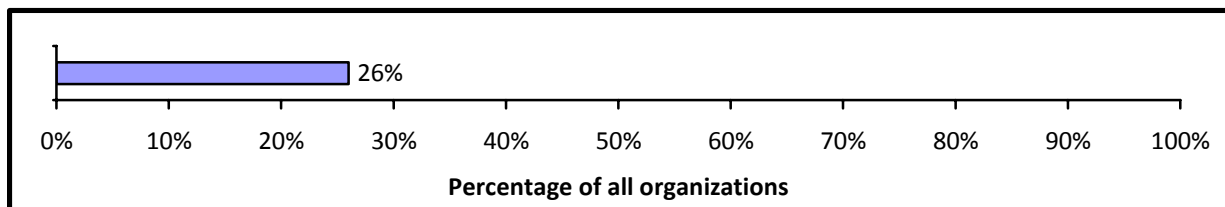
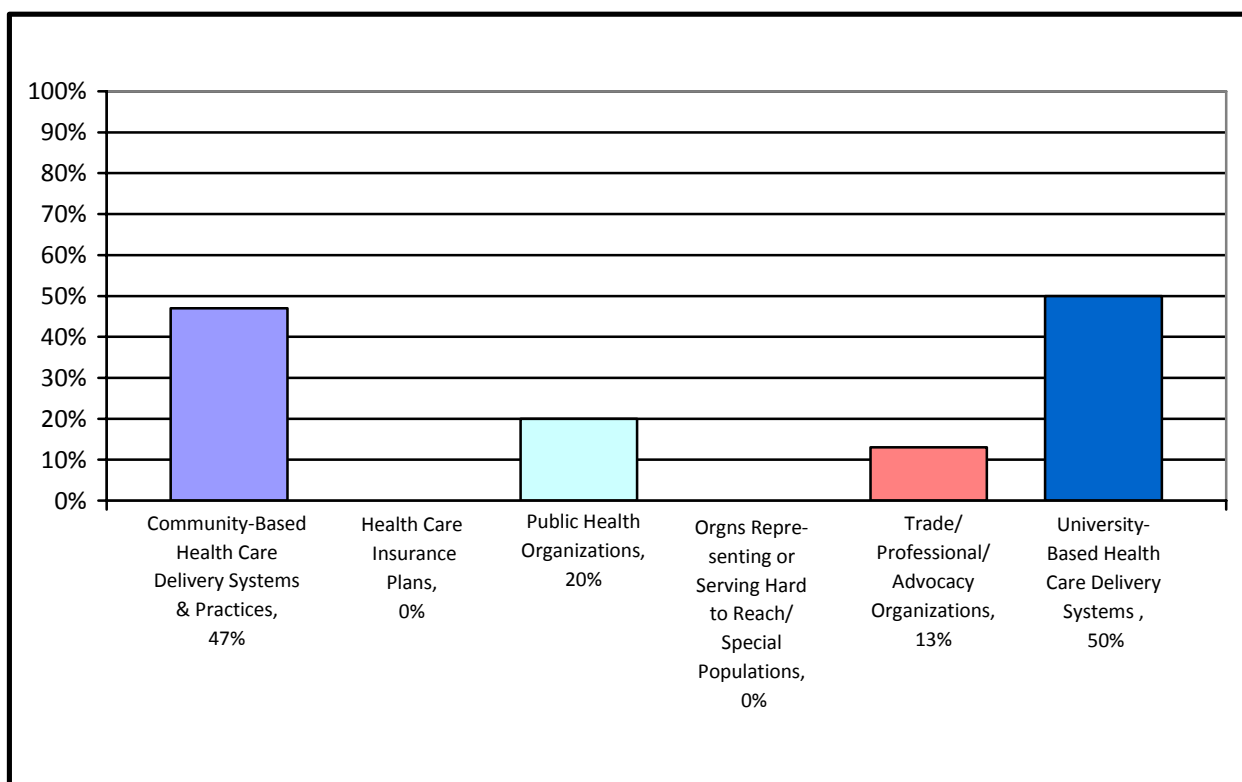


Figure 17

Self-Reported Participation in This Strategy, by MCC Membership Classification



Action Needed:

- Community-based health care delivery systems and practices with cancer programs
- Health care insurance plans
- Organizations representing or serving hard-to-reach and/or special populations
- Public health organizations
- Trade/professional/advocacy organizations
- University-based health care delivery systems with cancer programs

MCC Special Projects (2009-2011)

Cancer Survivorship



MCC Special Projects (2009-2011)
Cancer Survivorship

By 2011, increase cancer survivors' awareness of, and access to, survivorship resources and services.



Overall Progress

Michigan stakeholders have made significant strides in advancing the availability of information regarding cancer survivorship care and related resources to those who need it, as shown in Table 5. The MCC Survivorship Workgroup has played a prominent role in this progress by first conducting a special assessment of existing resources within the MCC-affiliated health care systems and then reviewing additional sources of information and using the information it had gathered to compile the *Michigan Cancer Survivorship Resource Guide* (available at www.michigancancer.org/WhatWeDo/CancerSurvivorshipResourceGuide.cfm). The guide was published in September 2009, and already, plans are being made to update and maintain its contents.

The MCC Prostate Cancer Action Committee also contributed to this goal by paying special attention to survivors of prostate cancer in our state. Committee members embraced the results of a 2008 statewide needs assessment of prostate cancer survivors conducted by the Michigan

2008 MCC Spirit of Collaboration Award — Honorable Mention Winner

Survivorship Series

Addressing:

- Breast Cancer, Cervical Cancer, Colorectal Cancer, Prostate Cancer, Tobacco Control/Lung Cancer

Collaborative partners in the project:

- American Cancer Society, Great Lakes Division, Inc.
- Cancer Services
- MidMichigan Medical Center – Midland

Project description: Due to the lack of programming that addressed all the challenges a cancer survivor faces once their initial treatment is complete and they are in surveillance mode, MidMichigan Medical Center – Midland, American Cancer Society (ACS), Great Lakes Division, Inc., and Cancer Services joined forces to develop a five-part series for cancer survivors that is based on the National Cancer Institute's Facing Forward Series.

A topic was presented each month that focused on the five key challenges a cancer survivor faces post treatment, and each program was facilitated by either a MidMichigan employee, ACS employee, or Cancer Services employee. There was a panel of experts that spoke on the topic followed by a question and answer session with attendees.

The program is being refined and will be offered two times per year in Midland, and the MidMichigan affiliates have also taken this template and will be offering the program in Gratiot, Clare, and Gladwin counties within the next year.



Public Health Institute and immediately set to work translating the findings into two sets of care and symptom management guidelines, one to help survivors and their families understand and cope with the long-lasting side effects of prostate cancer treatment, and the other to help inform primary care providers, who are often the ones to manage the care of men post-specialized cancer treatment. The 14 fact sheets produced from these efforts can be accessed and downloaded at www.michigancancer.org/CancerPlan/ProstateCancer_Resources.cfm#14.

Another marker of progress that Table 5 includes — and which has proven essential to increasing access of cancer survivors to appropriate care — is health care providers’ provision of survivor care plans. Currently, close to half of the general population of cancer survivors (48 percent) report having received such a care plan, a proportion that nearly fulfills the MCC goal of 50 percent. There is room for growth in the upcoming year in that regard and ultimately, of course, this modest target rate needs to improve until every cancer survivor receives the same level of follow-up instructions and continuous coordinated care throughout their life spectrum.

Table 5

Progress vs. 2011 Target Markers for Cancer Survivorship (Michigan)

Available Data Markers	Data Source	Interim Update (2010)	Target (2011)
Public awareness of available survivorship resources and services.	2009 survey of MCC member organizations <ul style="list-style-type: none"> Member Web sites 	<i>Michigan Cancer Survivorship Resource Guide</i> started and available on the MCC Web site	Resource guide updated
Guidelines developed by the MCC Prostate Cancer Action Committee for prostate cancer survivors/ families/providers	<ul style="list-style-type: none"> 2008 needs assessment* Literature Prostate Cancer Action Expert Committee Prostate Cancer Research Fund projects 	Guidelines complete and disseminated	Improved use of guidelines by primary care providers
Survivors receive cancer care information and/or written care plan from their provider --New	<ul style="list-style-type: none"> MiBRFS† CoC certification program (once implemented) 	48.1%‡	50%

*Prostate Cancer Follow-Back Study

†Michigan Behavioral Risk Factor Survey

‡This estimate is based on unweighted data from only half of the survey year 2010.



2008 MCC Spirit of Collaboration Award Winner

Colorectal Cancer Awareness Month Outreach Program

Addressing:

- Colorectal Cancer

Collaborative partners in the project:

- St. Joseph Mercy Oakland

St. Joseph Mercy Oakland Internal Partners:

- Oncology Services
- Mission & Ethics
- Community Health Programs
- Faith Based/Parish Nursing
- Marketing
- Laboratory
- Physician Relations

External Partners:

- American Cancer Society, Great Lakes Division, Inc.
- Oncology, Gastroenterology, and Primary Care Physician Leaders
- Primary Care Physician Groups
- Specialists (gastroenterologists, colorectal surgeons)

Project description: St. Joseph Mercy Oakland (SJMO), a member of the Trinity Health System, implemented a free, community-wide colorectal screening program during March 2008 in recognition of National Colorectal Cancer Awareness Month. Radio spots, with nine radio stations, and direct mail pieces were used to heighten awareness and advertise in the tri-county area (Oakland, Macomb, and Wayne). The Oncology program worked collaboratively with its Parish Nursing Program, as well as its Community Health Promoters, to reach out and provide colorectal cancer screening kits and educational materials at churches, physician offices, and through the mail. In addition, SJMO created awareness in the community around the hospital's comprehensive programs and services for colorectal cancers. Finally, and most importantly, SJMO collaborating partners developed and provided a means for patients who were not established with a health-care provider, regardless of their ability to pay, to be triaged appropriately into follow-up care.

More than 4,700 kits were distributed throughout the tri-county area and beyond with an approximate 25 percent return rate. Of those kits returned, there was an 11 percent to 12 percent positive test result rate. Kits have continued for months to trickle in to the SJMO Lab for processing. Currently SJMO is working with the primary care physicians and endoscopists to ensure proper follow-up for patients with suspicious findings and anticipate more detailed information in the months to come.

SJMO plans to offer the program again next year by building upon lessons learned from the 2008 program.



Member Participation

The following set of questions focused on activities that MCC member organizations have been engaged in during the reporting period relevant to supporting **Cancer Survivorship Care**. Results from selected areas of implementation are presented below.

Plan Strategy: Disseminated information on cancer survivorship resources and services through a variety of distribution points (e.g., local support groups, medical offices, cultural/faith-based community organizations, local associations)

Figure 18

Percentage of MCC Membership Reporting Participation in This Strategy

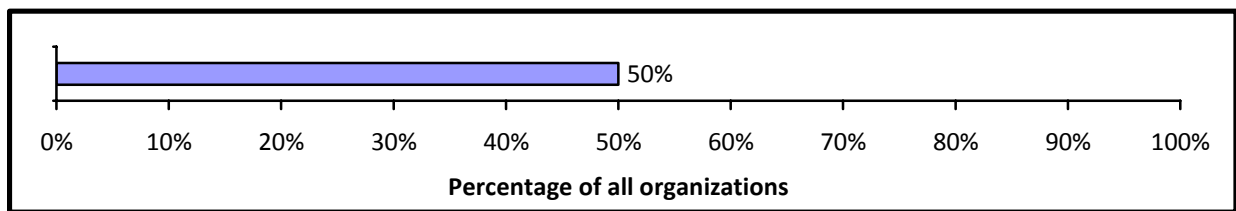
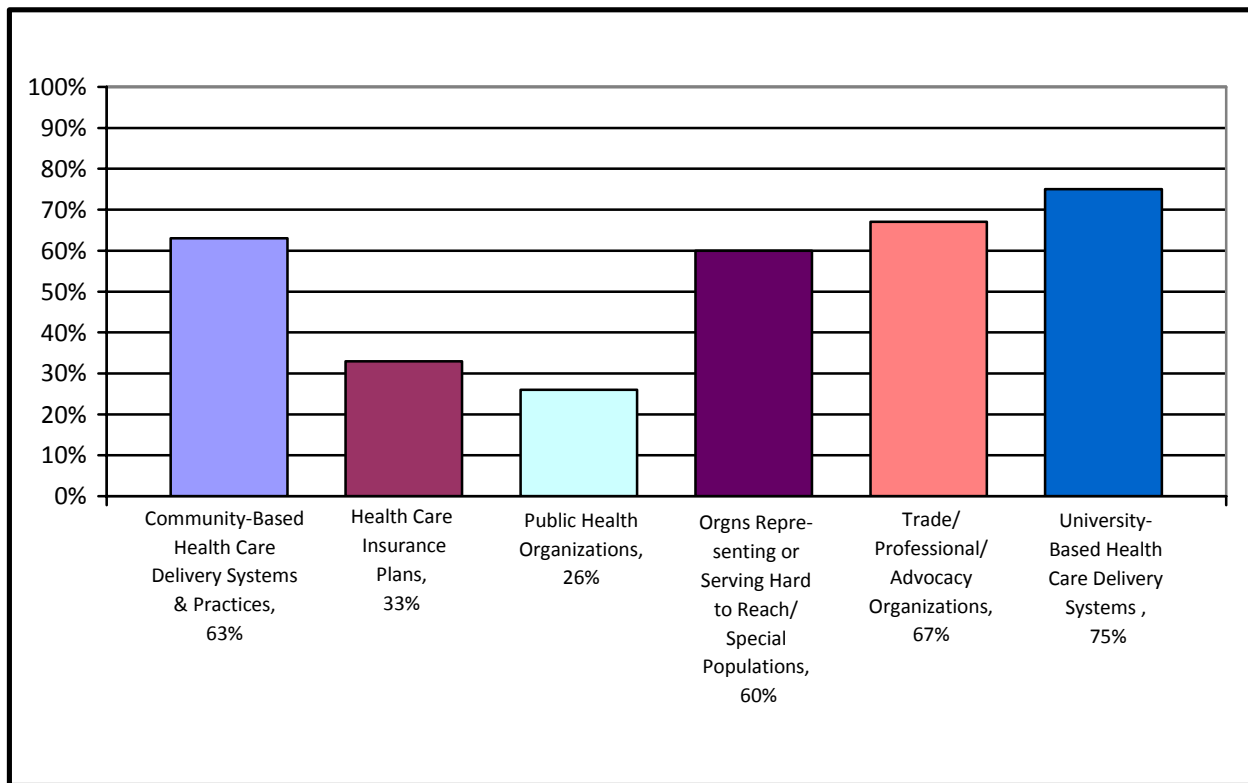


Figure 19

Self-Reported Participation in This Strategy, by MCC Membership Classification



Action Needed:

- Health care insurance plans
- Public health organizations



Plan Strategy: Supported patient navigation systems for cancer survivors, particularly those who may experience cultural and/or linguistic barriers to care

Figure 20

Percentage of MCC Membership Reporting Participation in This Strategy

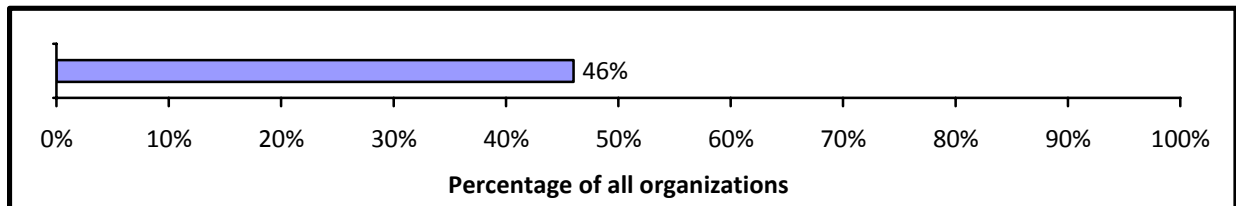
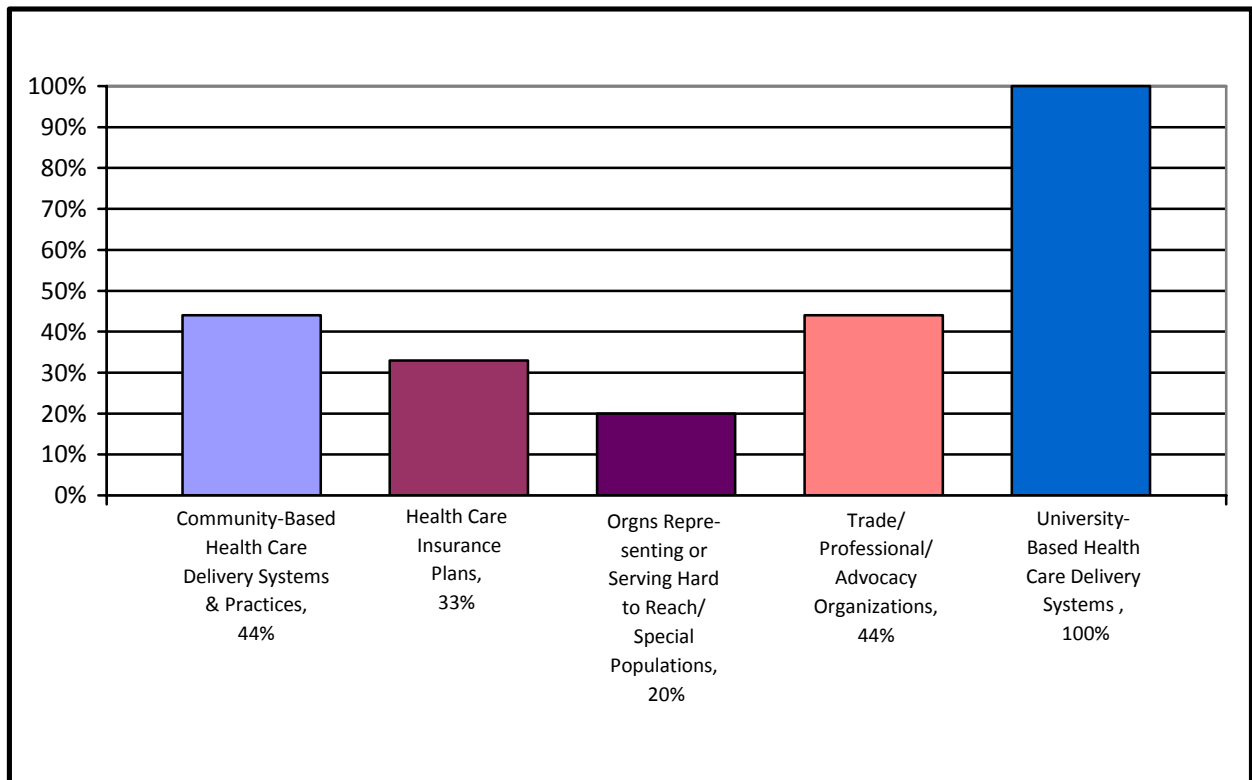


Figure 21

Self-Reported Participation in This Strategy, by MCC Membership Classification



Action Needed:

- Community-based health care delivery systems and practices with cancer programs
- Health care insurance plans
- Organizations representing or serving hard-to-reach and/or special populations
- Trade/professional/advocacy organizations



Plan Strategy: Promoted the exchange of information between healthcare providers to optimize cancer care for survivors

Figure 22

Percentage of MCC Membership Reporting Participation in This Strategy

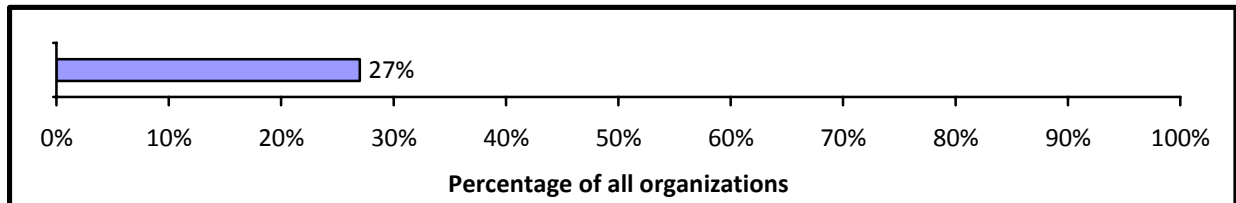
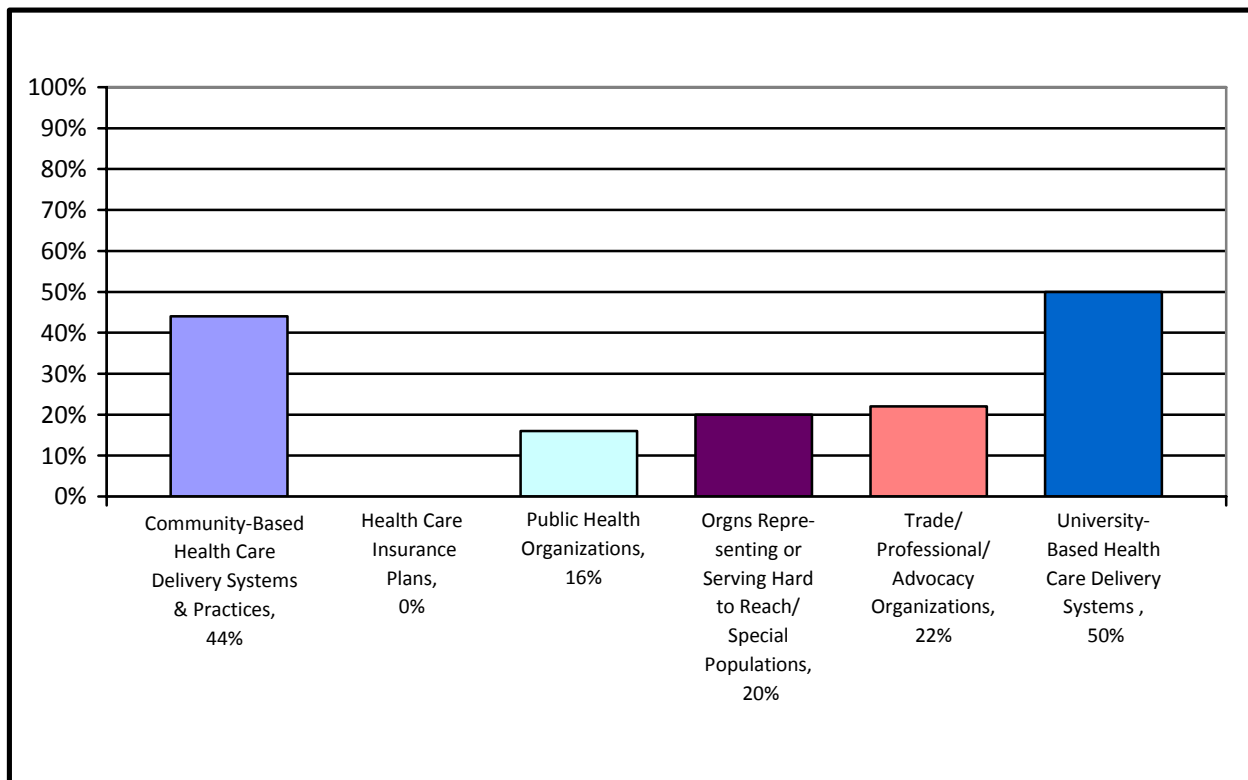


Figure 23

Self-Reported Participation in This Strategy, by MCC Membership Classification



Action Needed:

- Community-based health care delivery systems and practices with cancer programs
- Health care insurance plans
- Organizations representing or serving hard-to-reach and/or special populations
- Public health organizations
- Trade/professional/advocacy organizations
- University-based health care delivery systems with cancer programs



Highlights of MCC Success — 2008-2009

Health Care Insurance Plans

Cervical Cancer

Blue Care Network of Michigan, an HMO of **Blue Cross Blue Shield of Michigan**, includes cervical cancer screening as part of its physician-recognition program and provides incentive payments to providers for every member that receives a cervical cancer screening test. Blue Care Network publicizes cervical cancer prevention on its corporate Web site and also publishes a variety of cervical cancer-related articles in its provider communications. Providers that use Health e-Blue can get reports on what services members are missing. (e.g., If a member is due for a cervical cancer screening, the doctor would see that information after logging into the Web site.)

“Our organization appreciates the dedicated work of all the experts in academia and the many organizations whose primary mission is cancer prevention, treatment, and improving the quality of life for cancer survivors. We benefit in many ways just being a member. It gives our organization access to the most updated scientific and technological advancements in the management of cancer.”

— **Robyn J. Arrington, Jr.**
Medical Director
Total Health Care, Inc.

MCC Special Projects (2009-2011)

Cervical Cancer



MCC Special Projects (2009-2011)
Cervical Cancer

By 2011, reduce rates of cervical in-situ cancer among women aged 20 to 39 years by 10 percent.



2009 MCC Spirit of Collaboration Award Winner

Keep Your Rear in the Clear: The Detroit Colossal Colon Educational Event

Addressing:

- Colorectal Cancer

Collaborative partners in the project:

- ACCESS Community Health & Research Center
- Blue Care Network of Michigan
- Macomb County Health Department
- POH Regional Medical Center
- American Cancer Society, Great Lakes Division, Inc.
- DMC Sinai Grace Hospital
- Mount Clemens Regional Medical Center
- Providence Hospital and Providence Park Hospital
- Barbara Ann Karmanos Cancer Institute
- Great Lakes Cancer Institute at Michigan State University
- National Cancer Institute's Cancer Information Service — Midwest Region
- St. Joseph Mercy — Oakland
- Beaumont Cancer Institute
- Henry Ford Health System
- Oakland County Health Department
- St. Mary Mercy Hospital — Livonia
- Michigan Nursing Association
- Detroit Science Center
- IBD Quilt Project
- Wayne State University Department of Nutrition Sciences
- Get Your Guts in Gear
- Oakland University School of Nursing
- The Colon Club

Project description: The Colorectal Cancer Awareness Network (CRAN) of Southeastern Michigan — a community network consisting of members from local hospitals, health departments, insurance providers, and other individuals with a vested interest in colorectal cancer — brought the Colossal Colon or “CoCo” to the Detroit Science Center for one

— Continued —



Overall Progress

Progress toward achieving the overall goal of the MCC Cervical Cancer Special Project is steady and moving in the right direction for meeting the target rate set by the MCC Cervical Cancer Special Project Workgroup of reducing the incidence rate of *in-situ* cervical cancer among women aged 20 to 39 years by 10 percent by 2011 (Table 6). Implementation by all MCC members of recommended strategies relevant to this goal in the *Comprehensive Cancer Control Plan for Michigan, 2009 – 2015* is necessary to enhance the probability of reaching the target goal by 2011.

Table 6

Progress vs. 2011 Target Markers for Cervical Cancer (Michigan)

Available Data Markers	Data Source	Baseline (2005)	Interim Update (2006)	Target (2011)
Age-adjusted incidence rate of cervical cancer <i>in situ</i> per 100,000 population	Michigan Cancer Surveillance Program (State Cancer Registry)	178.9	172.4	161.1

— Continued from previous page —

week in March 2009 during national Colorectal Cancer Awareness Month. CoCo, a project of The Colon Club, is a 40-foot long and 4-foot tall replica of the human colon designed to educate the public, raise awareness, and diminish the stigma associated with colon cancer and other colorectal diseases.

During the event, educational activities were developed to enhance the visual messages provided by CoCo, particularly for youth. Nutritional messages were provided through an age-tailored card game and food models from the local university students. A Resource Guidebook, created specifically for this exhibit, included resources for colorectal screening and prevention, along with activities for youth. Visitors also could view a DVD created by the American Cancer Society to explain colorectal cancer screening methods.

More than 3,000 community members visited CoCo during the one-week exhibit. Feedback from CRAN members, visitors, volunteers, and Detroit Science Center staff was overwhelmingly positive. Many visitors spoke about the personal impact of the event, including needing to talk to their health care providers about getting screened for colorectal cancer, having family health history discussions, or increasing their fruit/vegetable intake and physical activity levels.



Member Participation

The following set of questions focused on **professional and public education** activities that MCC member organizations have been engaged in during the reporting period relevant to **early detection and prevention of cervical cancer**. Results from selected areas of implementation are presented below.

Plan Strategy: Sponsored, provided, and/or promoted workshops, seminars, or other training activities on cervical cancer screening to health care providers

Figure 24

Percentage of MCC Membership Reporting Participation in This Strategy

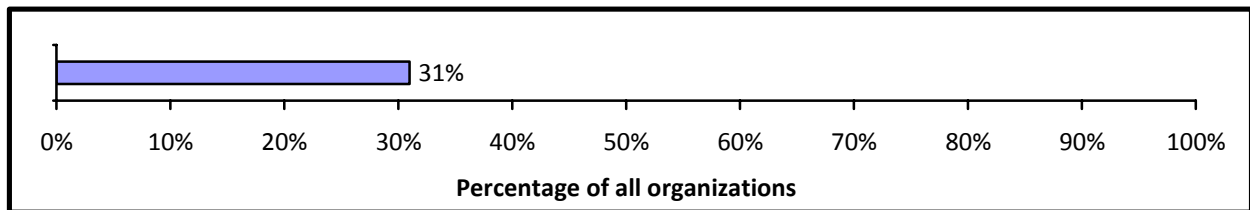
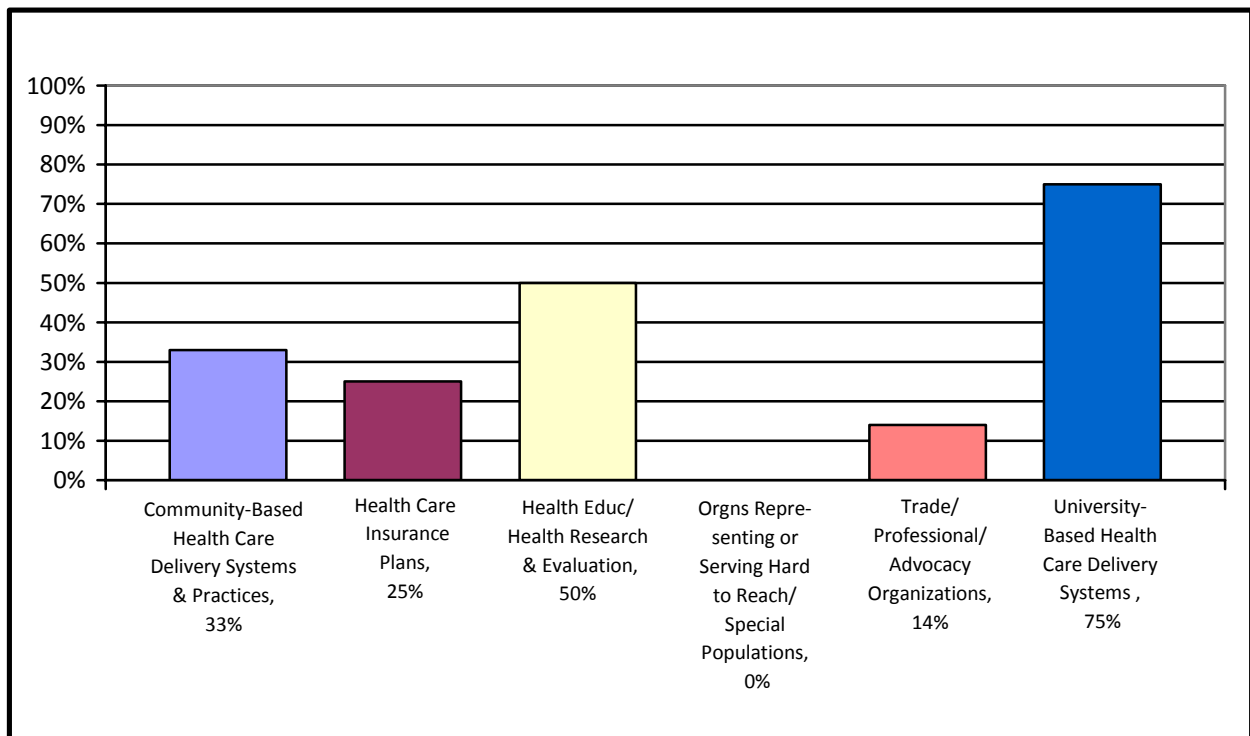


Figure 25

Self-Reported Participation in This Strategy, by MCC Membership Classification





Action Needed:

- Community-based health care delivery systems and practices with cancer programs
- Health care insurance plans
- Health education/health research and evaluation
- Organizations representing or serving hard-to-reach and/or special populations
- Public health organizations
- Trade/professional/advocacy organizations

Plan Strategy: Participated in cervical cancer awareness month

Figure 26

Percentage of MCC Membership Reporting Participation in This Strategy

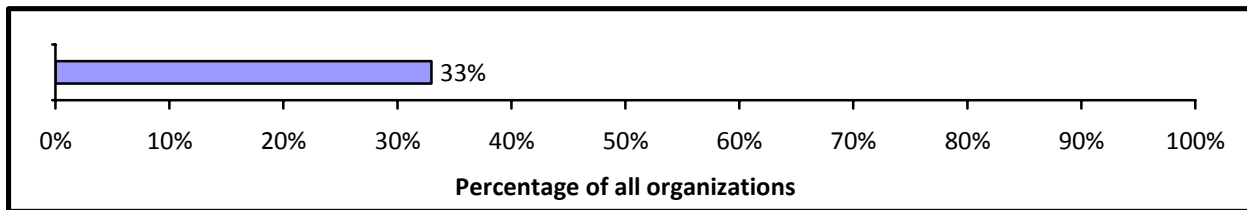
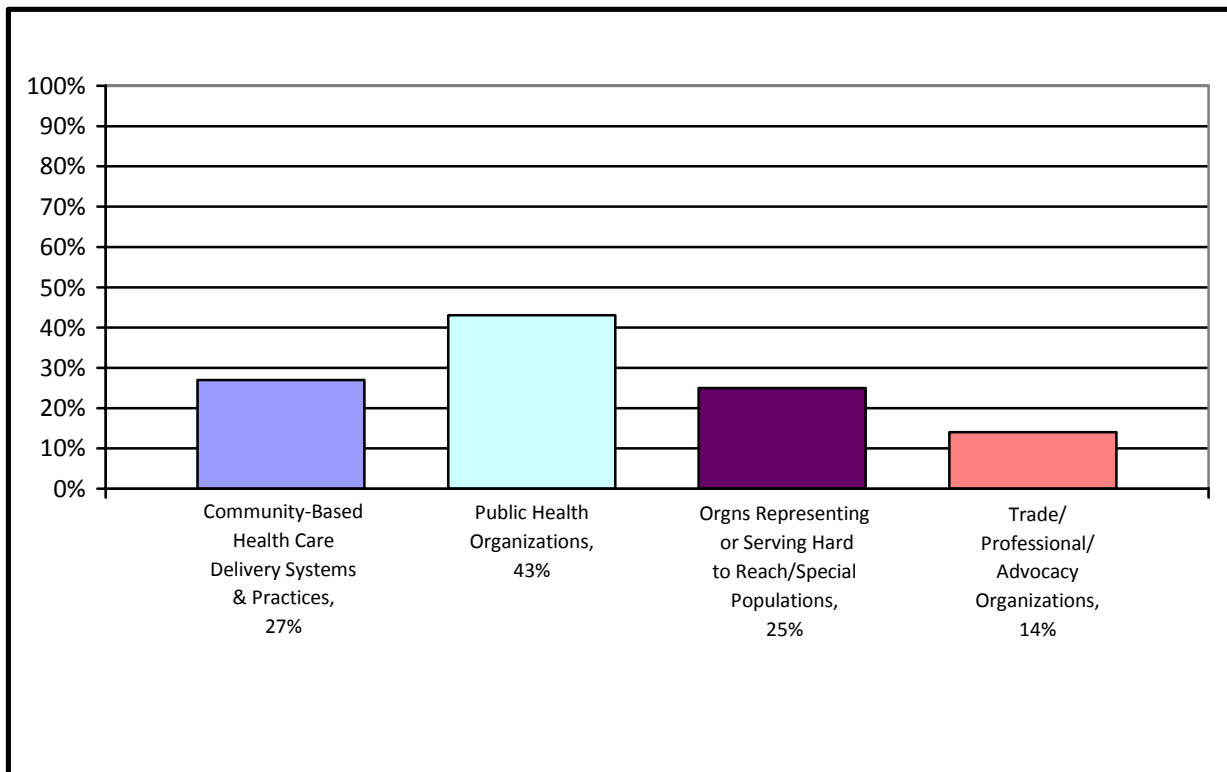


Figure 27

Self-Reported Participation in This Strategy, by MCC Membership Classification





Action Needed:

- Community-based health care delivery systems and practices with cancer programs
- Organizations representing or serving hard-to-reach and/or special populations
- Public health organizations
- Trade/professional/advocacy organizations

Plan Strategy: Collaborated with target communities in developing culturally appropriate cervical cancer prevention messages

Figure 28

Percentage of MCC Membership Reporting Participation in This Strategy

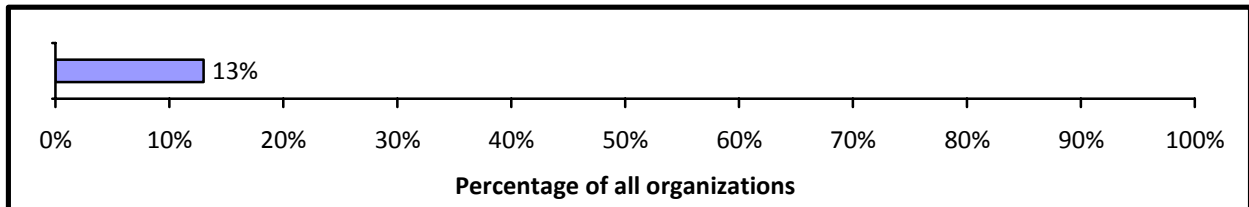
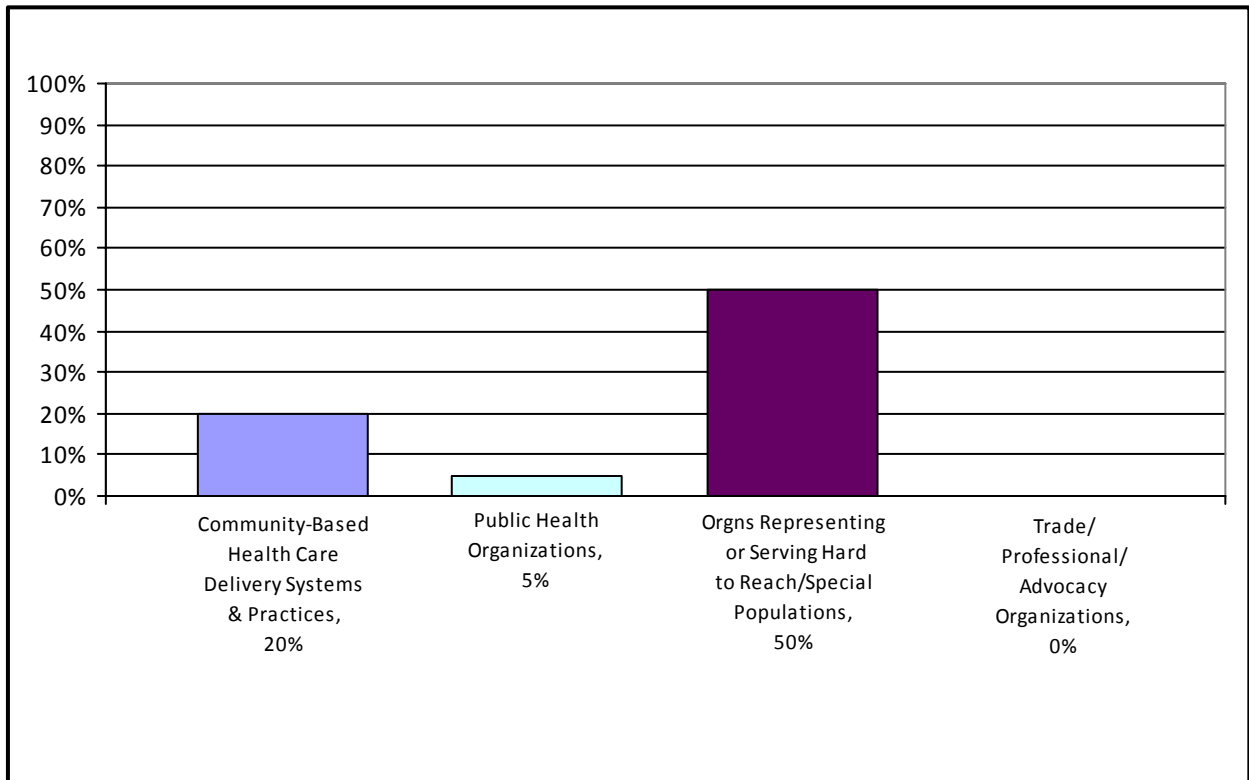


Figure 29

Self-Reported Participation in This Strategy, by MCC Membership Classification





Action Needed:

- Community-based health care delivery systems and practices with cancer programs
- Organizations representing or serving hard-to-reach and/or special populations
- Public health organizations
- Trade/professional/advocacy organizations

2009 MCC Spirit of Collaboration Award — Honorable Mention Winner

Men's Health Initiative

Addressing:

- Prostate Cancer, Tobacco Control/Lung Cancer

Collaborative partners in the project:

- Wayne Bradley
Detroit Community Health Connection
- The Detroit Lions Charities
- Phyllis Nelson
Barbara Ann Karmanos Cancer Institute
- Kelly Brittain
Barbara Ann Karmanos Cancer Institute
- Patrick Jackson
Michigan Department of Community Health African American Men's Health Initiative
- Derek Ware
Detroit Community Health Connection
- VoncileBrown-Miller
American Cancer Society, Great Lakes Division, Inc.

Project description: Building on Karmanos' 60-year history of education and outreach, the Men's Health Initiative was formed to provide general medical care to uninsured and underinsured men in targeted Detroit zip codes.

The focus of the Initiative was to educate men on cancer risks, symptoms, screening, and overall men's health. Educational programs led by staff and trained volunteers focused on cancers with the highest incidence and mortality rates for men: prostate, lung and pancreatic. Program components included prevention, signs and symptoms for all three cancers and information on screening for prostate cancer. Small businesses frequented by men (barbershops, hardware stores, union halls, churches, and other community organizations) were additional places of literature distribution and presentations.

Eight educational sessions and eight health fairs were held throughout the year in Detroit. At these events, coupons for free prostate examinations and prostate specific antigen testing were distributed, with 32 men receiving prostate cancer screening tests. Also included was a follow-up program for men with abnormal prostate screenings to ensure additional tests and/or treatments would be accessible. Karmanos urologists agreed to provide free follow-up care to anyone with abnormal results.



2008 MCC Spirit of Collaboration Award — Honorable Mention Winner

Colorectal Cancer Awareness Network of Washtenaw County

Addressing:

- Colorectal Cancer

Collaborative partners in the project:

- Blue Care Network of Michigan
- Charles Reinhart Company Realtors
- Huron Gastroenterology Associates
- Pfizer Oncology
- Saint Joseph Mercy Health System
- University of Michigan Comprehensive Cancer Center

Project description: The second annual Colorectal Cancer: No More Excuses...Get the Facts! free public informational colorectal cancer awareness and prevention program was held on Tuesday March 11, 2008 in Ann Arbor. The event featured a panel of speakers that represented a variety of cultures genders, ages, and cancer backgrounds, including:

- A local newspaper columnist who had just celebrated his 50th birthday and was happy to share his colonoscopy experience with the audience.
- Two gastroenterologists spoke — one female and over 50, and the other male and under 50.
- A five-time female African-American cancer survivor (all cancers related to late stage colon cancer) spoke on the importance of getting the initial screening tests done on time (which she had neglected to do).
- A young African American woman shared her story as a caregiver to her husband who lost his battle with colon cancer at age 34 (his went undiagnosed even though he had insurance and was at higher risk because of a family history of cancer).
- A vocal advocate of screening awareness was a male colorectal cancer survivor whose cancer was caught early through a scheduled colonoscopy and treated immediately.

Based on survey results returned from approximately 25 percent of the 100 attendees, the Colorectal Cancer Awareness Network of Washtenaw County learned that: 1) their message was presented in a clear and appropriate format; 2) even though many of the audience members had some prior knowledge of colorectal cancer screening options, they still learned at least one additional piece of useful information from the presenters; 3) the information that was shared gave the audience members confidence to speak more openly about colorectal cancer prevention with family friends and their medical providers; and 4) the audience members were willing to attend further informational programs dealing with colorectal cancer issues.



The following set of questions focused on activities that MCC member organizations have been engaged in during the reporting period relevant to **increasing access to cervical cancer care and preventive services by all women**. Results from selected areas of implementation are presented below.

Plan Strategy: Used provider/client reminder and tracking systems for cervical cancer screening and follow-up

Figure 30

Percentage of MCC Membership Reporting Participation in This Strategy

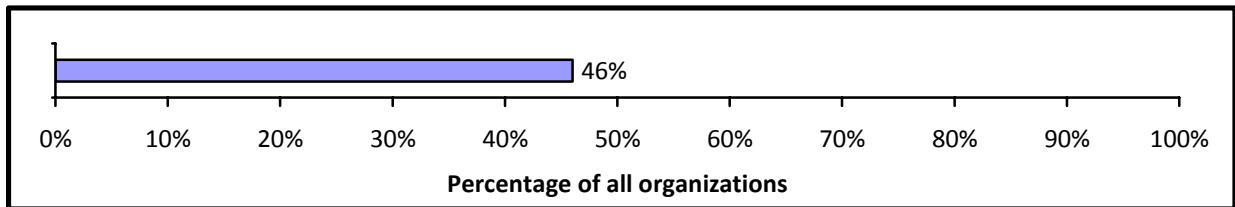
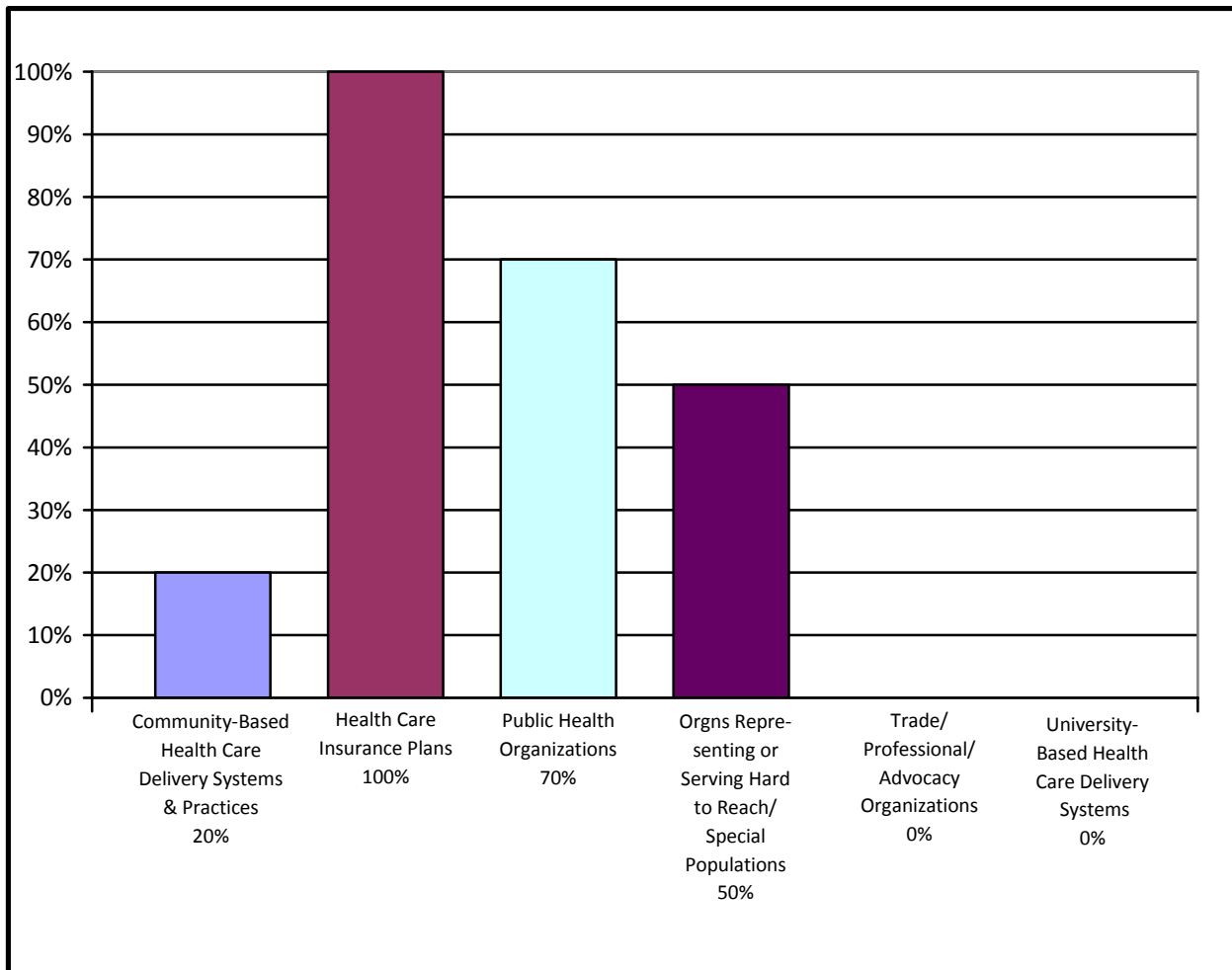


Figure 31

Self-Reported Participation in This Strategy, by MCC Membership Classification





Action Needed:

- Community-based health care delivery systems and practices with cancer programs
- Organizations representing or serving hard-to-reach and/or special populations
- Public health organizations
- Trade/professional/advocacy organizations
- University-based health care delivery systems with cancer programs

Highlights of MCC Success — 2007

University-Based Health Care Delivery Systems with Cancer Programs

Cervical Cancer

Barbara Ann Karmanos Cancer Institute routinely provides free cervical cancer awareness presentations to community groups, including faith-based groups, businesses, etc. The focus of the presentations is prevention, early-detection, and risk reduction, as well as education about HPV.

During the 2008-2009 reporting period, Karmanos reached 429 community members; notable audiences from specific programs included: 20 high school educators; 17 Breast & Cervical Cancer Control Program (BCCCP) lay health advisors; 68 high school girls; and 34 college students.

As part of its community outreach activities to promote enrollment into the Wayne County BCCCP, Karmanos provides educational materials, including cervical cancer FAQ sheets, to all appropriate women in the presentations.

While its program targets and enrolls women 40-64 years of age, Karmanos' recruiters approach and discuss the benefits of cervical screening with all women at the presentations, even if they are too young to be eligible for the BCCCP. If appropriate, Karmanos representatives also give younger women information about the state's Family Planning Project, which offers free cervical screening to eligible women.

“MCC communications help keep us abreast of current guidelines and priorities that impact breast and cervical cancer screening.”

— **Lynn Ann Jones**
Coordinator, Women's Health Program
Kalamazoo County Health & Community Services Department



Plan Strategy: Promoted HPV4 vaccine series completion in women age 26 and younger

Figure 32

Percentage of MCC Membership Reporting Participation in This Strategy

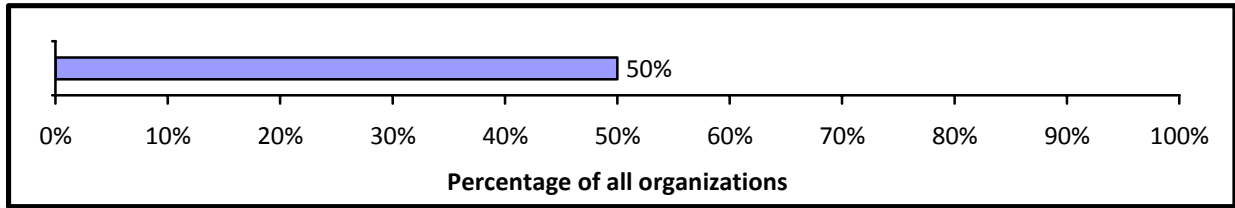
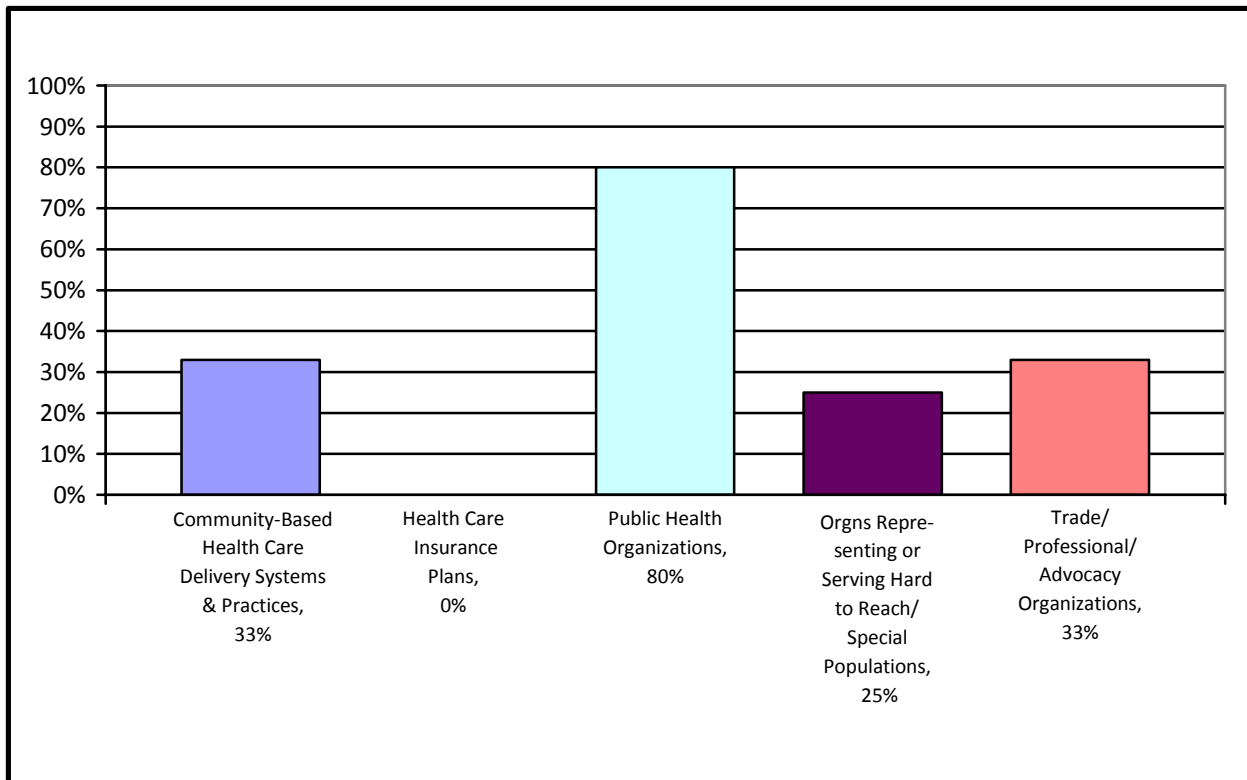


Figure 33

Self-Reported Participation in This Strategy, by MCC Membership Classification



Action Needed:

- Community-based health care delivery systems and practices with cancer programs
- Health care insurance plans
- Organizations representing or serving hard-to-reach and/or special populations
- Public health organizations
- Trade/professional/advocacy organizations



Plan Strategy: Promoted appropriate Pap testing, particularly in minority women

Figure 34

Percentage of MCC Membership Reporting Participation in This Strategy

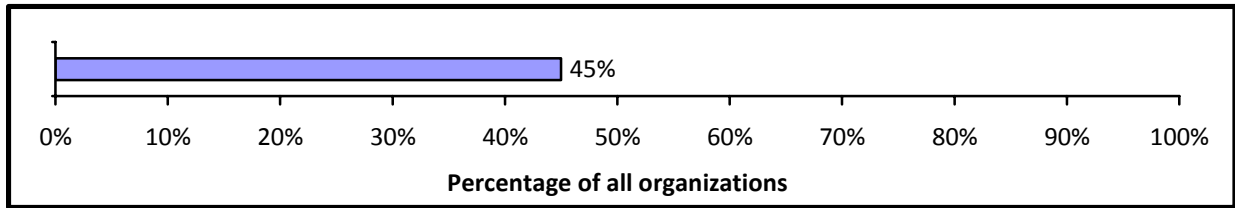
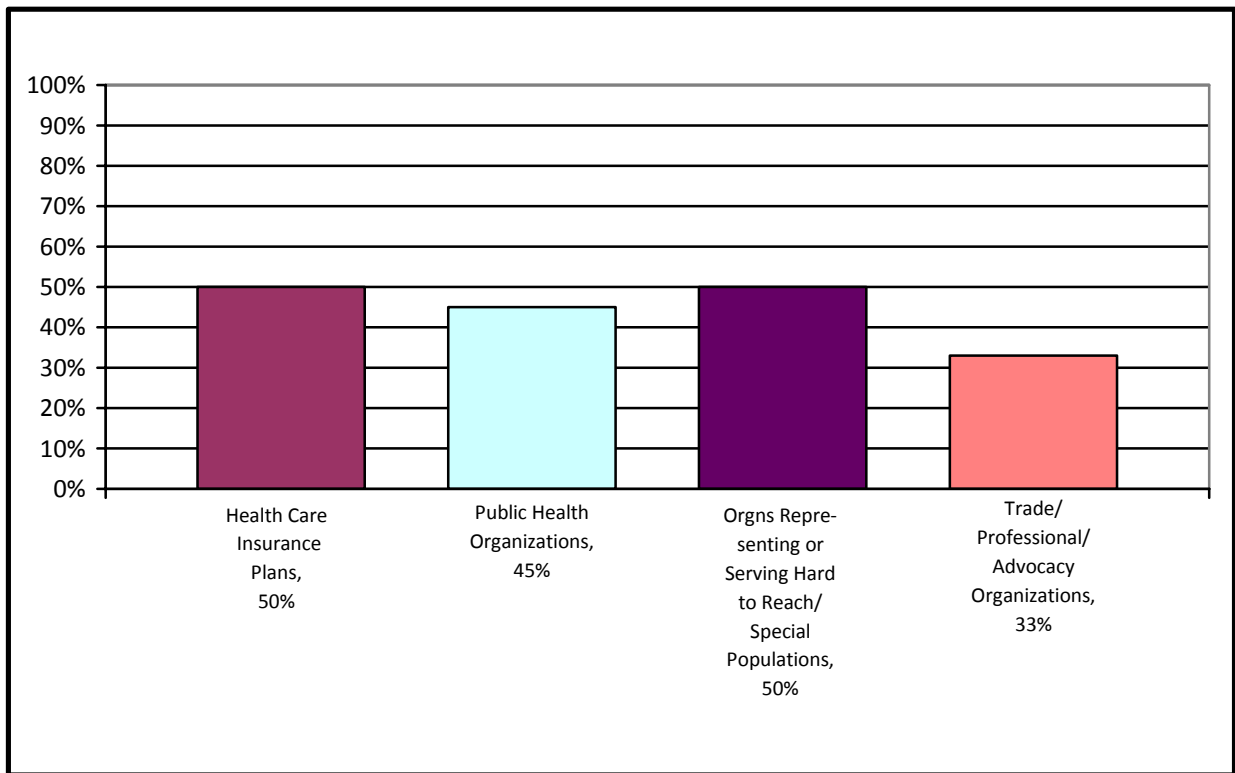


Figure 35

Self-Reported Participation in This Strategy, by MCC Membership Classification



Action Needed:

- Health care insurance plans
- Organizations representing or serving hard-to-reach and/or special populations
- Public health organizations
- Trade/professional/advocacy organizations

MCC Special Projects (2009-2011)

**Tobacco Control/
Lung Cancer**



*MCC Special Projects (2009-2011)
Tobacco Control/Lung Cancer*

By 2011, increase the number of health care providers and allied health care professionals statewide who receive training and apply tobacco use assessment and treatment methods.



Overall Progress

Michigan stakeholders are hard at work fighting tobacco use and its effects on all state residents. The main priority goal of the MCC Tobacco Control/Lung Cancer Special Project is to improve the skills of Michigan health care providers to assess smoking status in their patient populations and refer current smokers to treatment/cessation services.

Concerted efforts by MCC organizations and key stakeholders are starting to pay off, as can be seen in Table 7. The number of professional trainings accomplished within the recent years has exceeded expected levels, and outcome data indicate that the target objective set forth for

2008 MCC Spirit of Collaboration Award Winner

Michigan Health & Hospital Association Campaign for Smoke-Free Hospitals: It's a Matter of Life and Health

Addressing:

- Tobacco Control/Lung Cancer

Collaborative partners in the project:

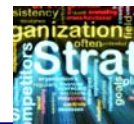
- Michigan Department of Community Health
- Michigan Health & Hospital Association and Member Hospitals
- Dr. Tom Peterson – Spectrum Health and DeVos Children's Hospital
- Linda Thomas – University of Michigan Health System
- Laura Van Heest – Saint Mary's Health Care

Project description: In 2006, the Michigan Health & Hospital Association (MHA) Board of Trustees adopted a resolution encouraging all 146 nonprofit community hospitals to voluntarily become smoke-free throughout their hospital campuses by January 1, 2008. Following the adoption of the MHA resolution, the partners came together to provide training on the implementation, enforcement, and sustainability of smoke-free hospital campus policies. Those trainings continued into 2008 to help hospitals that have gone smoke-free address issues that have arisen and to provide assistance to additional hospitals wanting to adopt policies. At present, individual site visits and conference calls with hospitals that need additional assistance are being conducted.

As of May 2008, more than 85 percent of MHA-members have implemented smoke-free policies for their entire campuses. The benefits of smoke-free hospital campuses include:

- protection from the dangers of secondhand smoke;
- decreased smoking by employees and patients;
- increased employee productivity; and
- reduced health care costs for both employees and patients.

The MHA sees this initiative as paving the way for additional efforts to reduce smoking and improve health in local communities by teaching businesses and others in public venues to implement smoke-free campus policies and reduce smoking rates.



adult smoking rates in the state has been met ahead of goal year 2011. The MCC recommends that all health care providers continue to advise patients who smoke to take advantage of tobacco use cessation services to help them in their efforts to quit smoking. State surveillance sources indicate that 85 percent of smokers have received such advice, very close to the target goal of 90 percent by 2011.

Table 7

Progress vs. 2011 Target Markers for Tobacco Control/Lung Cancer (Michigan)

Available Data Markers	Data Source	Baseline (2006-2007)	Interim Update (2009-2010)	Target (2011)
# trainings provided to health care professionals	<ul style="list-style-type: none"> Office of the Chief Medical Executive, Michigan Department of Community Health The Michigan Smokefree Hospitals Grant* Michigan Department of Community Health Tobacco Section GlaxoSmithKline Local tobacco coalitions # hits to Linda Thomas' online "Implementing Evidence-Based Tobacco Assessment and Treatment" training 	728	<ul style="list-style-type: none"> 417 (2009) 47 online trainings completed (as of June 11, 2010) 	874 [§]
Current adult tobacco use rate statewide	MiBRFS [†]	22.1%	20.2% (2008)	20%
Former tobacco use rate statewide	MiBRFS [†]	25%	25.5% (2008)	26%
Percent of adult smokers that have received professional advice to quit	MiBRFS [†]	85%	Not available [‡]	90%

*Holland Community Hospital, United Memorial Health System, Greenville Northern Michigan Hospital, Spectrum Health System, St. Mary's, Grand Rapids Metropolitan, University of Michigan Health System, the Michigan Health and Hospital Association

[†]Michigan Behavioral Risk Factor Survey

[‡]Data to be collected in the 2011 Michigan Behavioral Risk Factor Survey

[§]This target is based on the Michigan state tobacco plan (20% increase from baseline)



2008 MCC Spirit of Collaboration Award Winner

Campaign for Smokefree Air – Steering Committee

Addressing:

- Tobacco Control/Lung Cancer

Collaborative partners in the project:

- Mac Brantley – American Cancer Society, Great Lakes Division, Inc.
- Ron Davis – Henry Ford Health System
- Colin Ford – Michigan State Medical Society
- Jason Harder – American Heart Association
- Curtis Hertel Jr. – Michigan Department of Community Health
- Karen Holcomb-Merrill – Tobacco-Free Michigan
- Katherine Knoll – American Heart Association
- Chris Mitchell – Michigan Health & Hospital Association
- Emily Palsrok – John Bailey and Associates
- Matt Phelan – American Cancer Society, Great Lakes Division, Inc.
- Kim Ross – Pfizer
- Peter Ruddell – Wiener Associates
- Susan Schechter – American Lung Association
- Judy Stewart – American Cancer Society, Great Lakes Division, Inc.
- Raj Wiener – Wiener Associates

Project description: The Campaign for Smokefree Air (CSA) is a grassroots coalition of more than 260 organizations led by the American Cancer Society, Great Lakes Division, Inc., American Heart Association, American Lung Association of Michigan, and the Michigan State Medical Society. CSA is supporting comprehensive legislation to make Michigan workplaces smokefree, including restaurants, bars, and casinos.

The Campaign for Smokefree Air has dramatically expanded its support over the last year. During this time, the campaign's list of supporting organizations has grown from approximately 75 to more than 260 supporting organizations. In 2007 alone, the Campaign collaborated with partners and local coalitions around the state to hold eight (8) meetings with Senators in their home districts and successfully scheduled 16 Representative district meetings. These meetings were led by staff from eight (8) separate organizations and resulted in direct action by hundreds of volunteers from multiple organizations.

Michigan has been working for over a decade to pass smokefree legislation. In the past year the CSA, led by the Steering Committee, has succeeded in numerous areas that had not been obtained previously. In 2007, smokefree legislation was voted out of committee for the first time ever. The year concluded with a vote on the House floor and a one vote victory. In 2008, the Campaign has successfully passed a stronger Senate version of the bill and picked up nine votes in the State House. In 2008 alone, over 1,000 calls have been made to legislators' offices encouraging them to support smokefree air.



Member Participation

The following set of questions focused on activities that MCC member organizations have been engaged in during the reporting period relevant to **provider education and training in lung cancer/tobacco use prevention, assessment and treatment**. Results from selected areas of implementation are presented below.

Plan Strategy: Sponsored, provided and/or promoted workshops, seminars, training, or other professional education activities on assessing and treating tobacco dependence

Figure 36

Percentage of MCC Membership Reporting Participation in This Strategy

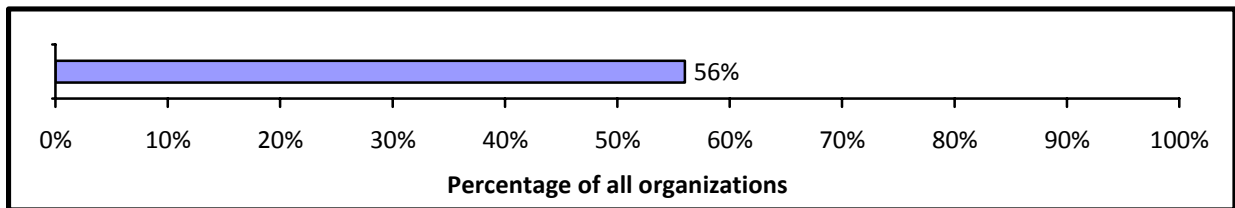
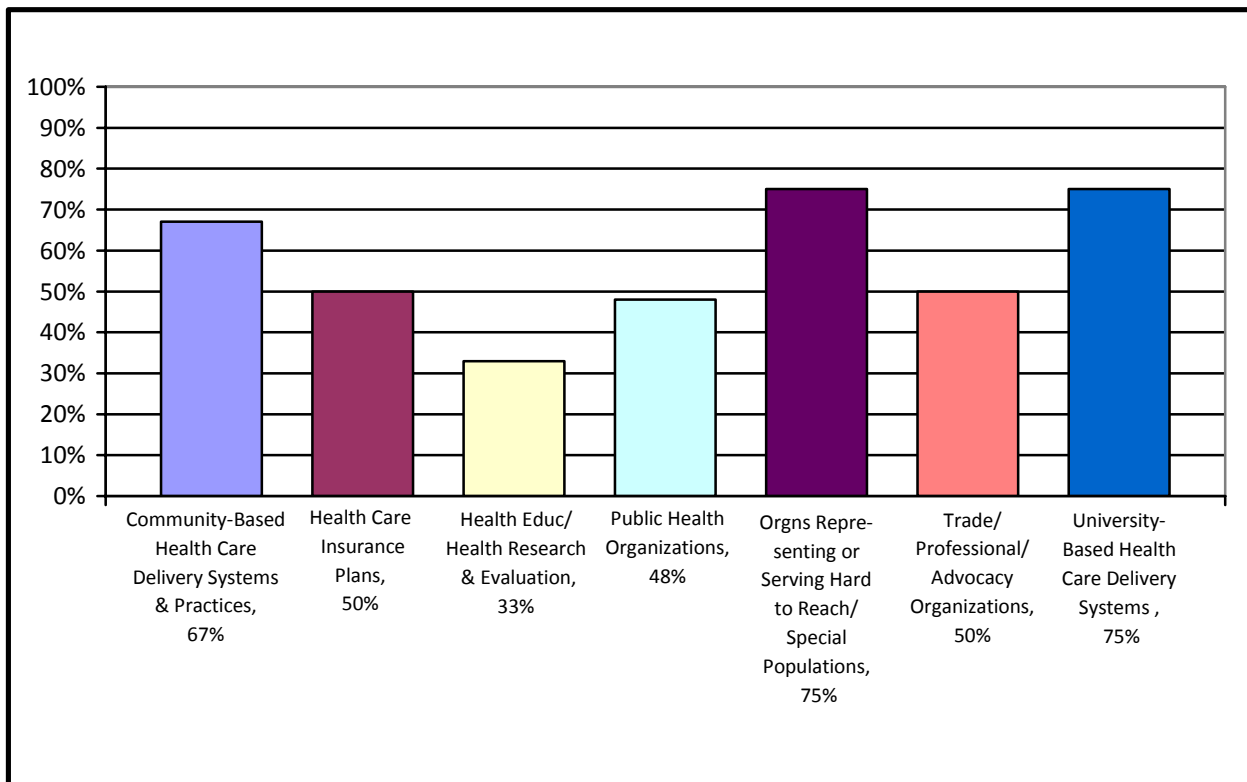


Figure 37

Self-Reported Participation in This Strategy, by MCC Membership Classification





Action Needed:

- Health care insurance plans
- Health education/health research and evaluation
- Public health organizations
- Trade/professional/advocacy organizations

Plan Strategy: Made available tool kits/materials on tobacco cessation for providers

Figure 38

Percentage of MCC Membership Reporting Participation in This Strategy

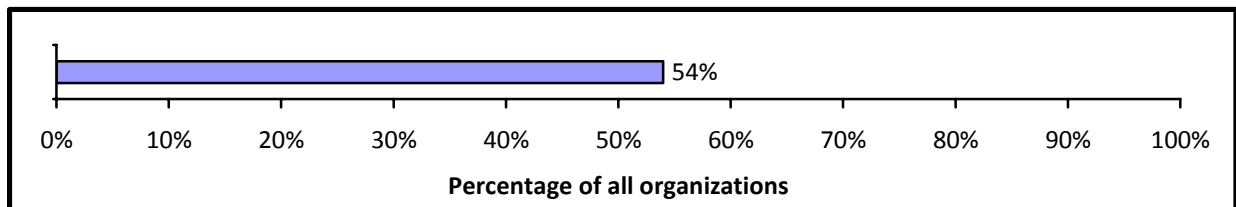
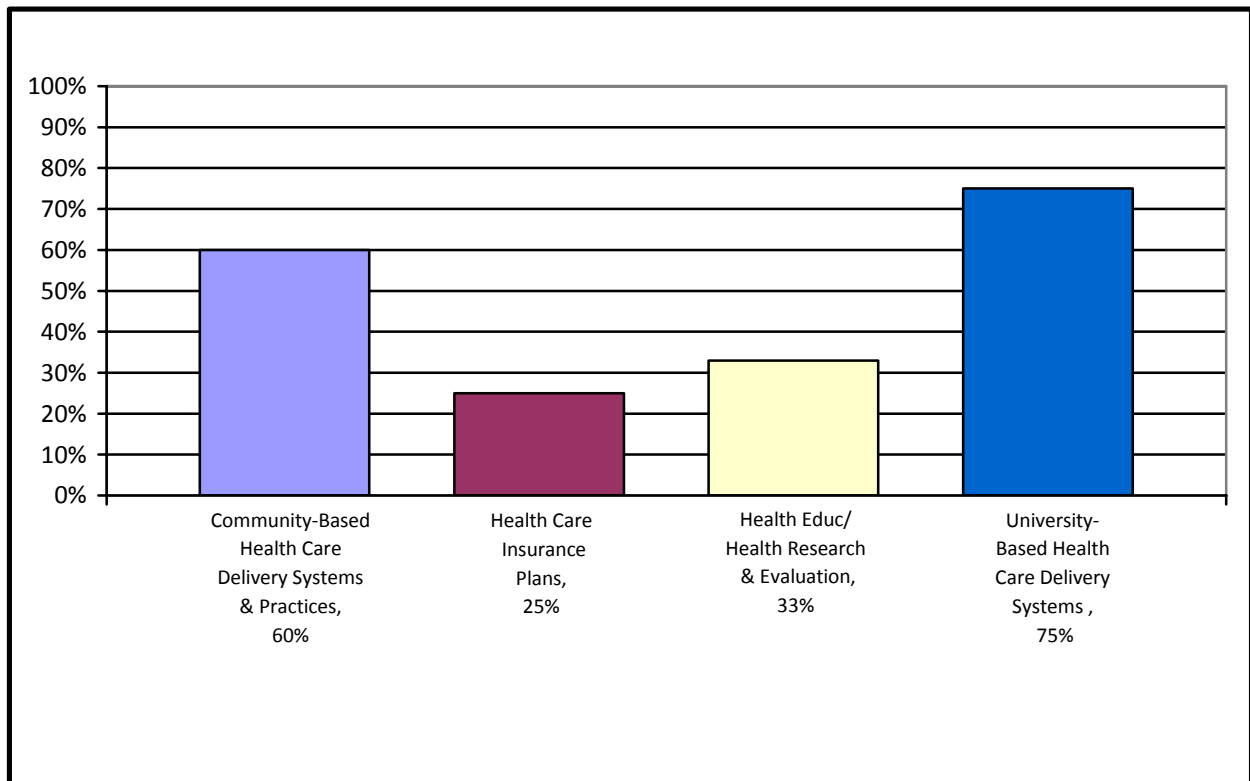


Figure 39

Self-Reported Participation in This Strategy, by MCC Membership Classification



Action Needed:

- Health care insurance plans
- Health education/health research and evaluation
- University-based health care delivery systems with cancer programs



2008 MCC Spirit of Collaboration Award Winner

Blue Cross Blue Shield of Michigan Reducing Youth Smoking Project

Addressing:

- Tobacco Control/Lung Cancer

Collaborative partners in the project:

- American Lung Association of Michigan
- Berrien County Health Department
- Blue Cross Blue Shield of Michigan
- Cancer Services
- Chippewa County Health Department
- Dickinson-Iron District Health Department
- Genesee County Health Department
- Health Department of Northwest Michigan
- Ingham County Health Department
- Luce-Mackinaw Tobacco Reduction Coalition
- Marquette County Health Department
- Michigan Department of Community Health Tobacco Section
- Public Health Delta-Menominee Counties
- Tobacco-Free Michigan
- Tobacco Free Partners – Grand Rapids
- Western Upper Peninsula District Health Department

Project description: For the 2007-2008 school year, Blue Cross Blue Shield of Michigan (BCBSM) funded a tobacco prevention campaign aimed at 16,000 Michigan students enrolled in 26 high schools throughout the state. The program allowed students to participate in counter-marketing awareness campaigns and peer advocacy efforts.

Students chose a variety of student-led activities to promote smokefree environments. Local health departments managed the projects and surveyed the students about their perceptions, behaviors, and attitudes toward smoking and tobacco at the beginning and end of the grant period. Tobacco-Free Michigan and the American Lung Association partnered with BCBSM to provide training for students and coordination for purchasing local media. Michigan Department of Community Health (MDCH) Tobacco Section provided technical assistance to local health department grantees.

250 students have become Teens Against Tobacco Use (TATU) leaders. Two counties — Houghton and Gogebic — have passed smokefree worksites and public places regulations. Tobacco prevention advertising saturation of media markets in grant communities led to a significant increase in smoke-free policies and calls to the MDCH Quitline. Further evaluation will be conducted at the end of this project.



Plan Strategy: Sponsored, provided, and/or promoted workshops, seminars, training, or other professional education activities on prevention of youth smoking

Figure 40

Percentage of MCC Membership Reporting Participation in This Strategy

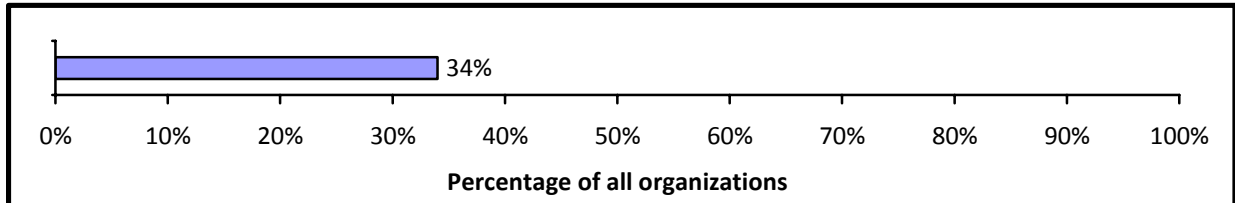
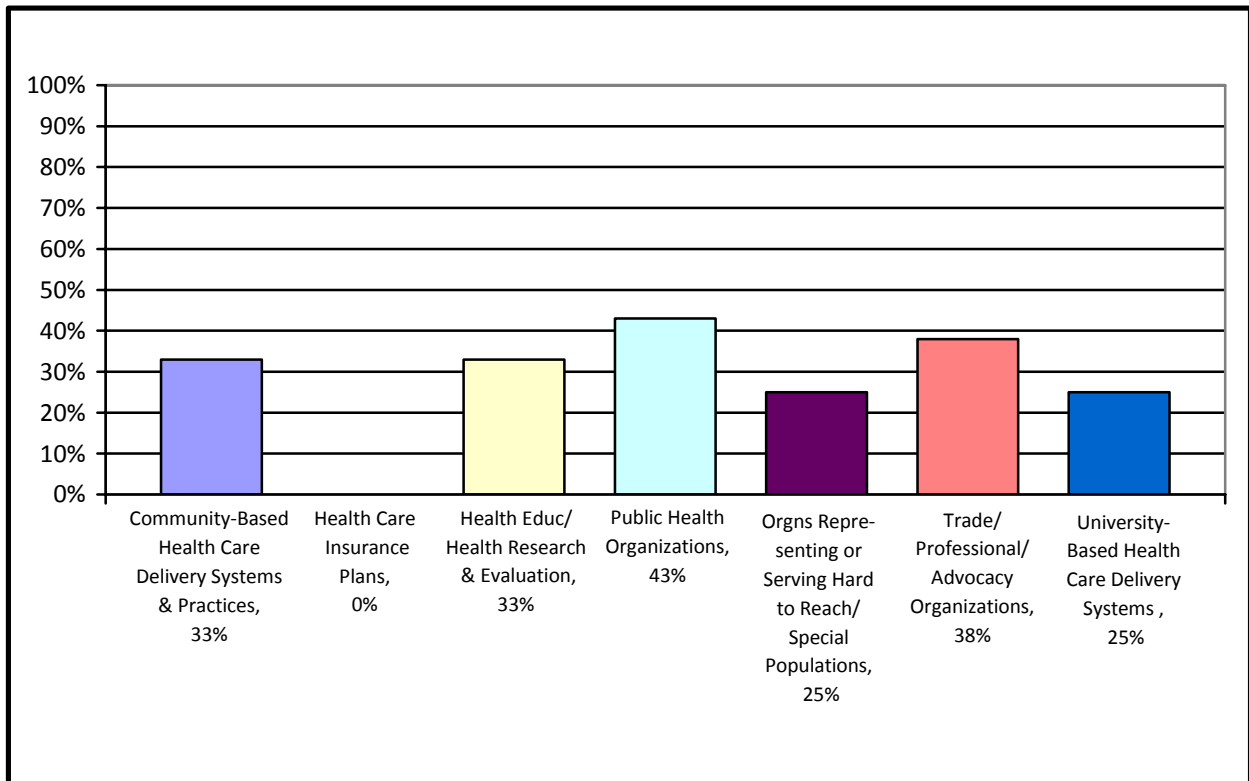


Figure 41

Self-Reported Participation in This Strategy, by MCC Membership Classification



Action Needed:

- Community-based health care delivery systems and practices with cancer programs
- Health care insurance plans
- Health education/health research and evaluation
- Organizations representing or serving hard-to-reach and/or special populations
- Public health organizations
- Trade/professional/advocacy organizations
- University-based health care delivery systems with cancer programs



The following set of questions focused on activities that MCC member organizations have been engaged in during the reporting period relevant to **increasing tobacco use assessment and treatment in health care systems**. Results from selected areas of implementation are below.

Plan Strategy: Promoted/implemented system-based processes to ensure that patients seen in the health care system are screened for tobacco use

Figure 42

Percentage of MCC Membership Reporting Participation in This Strategy

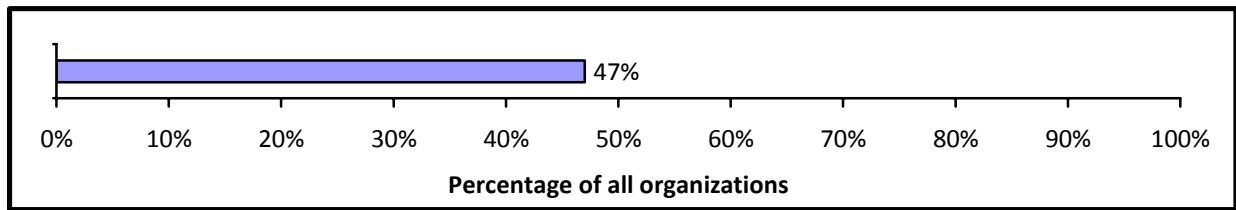
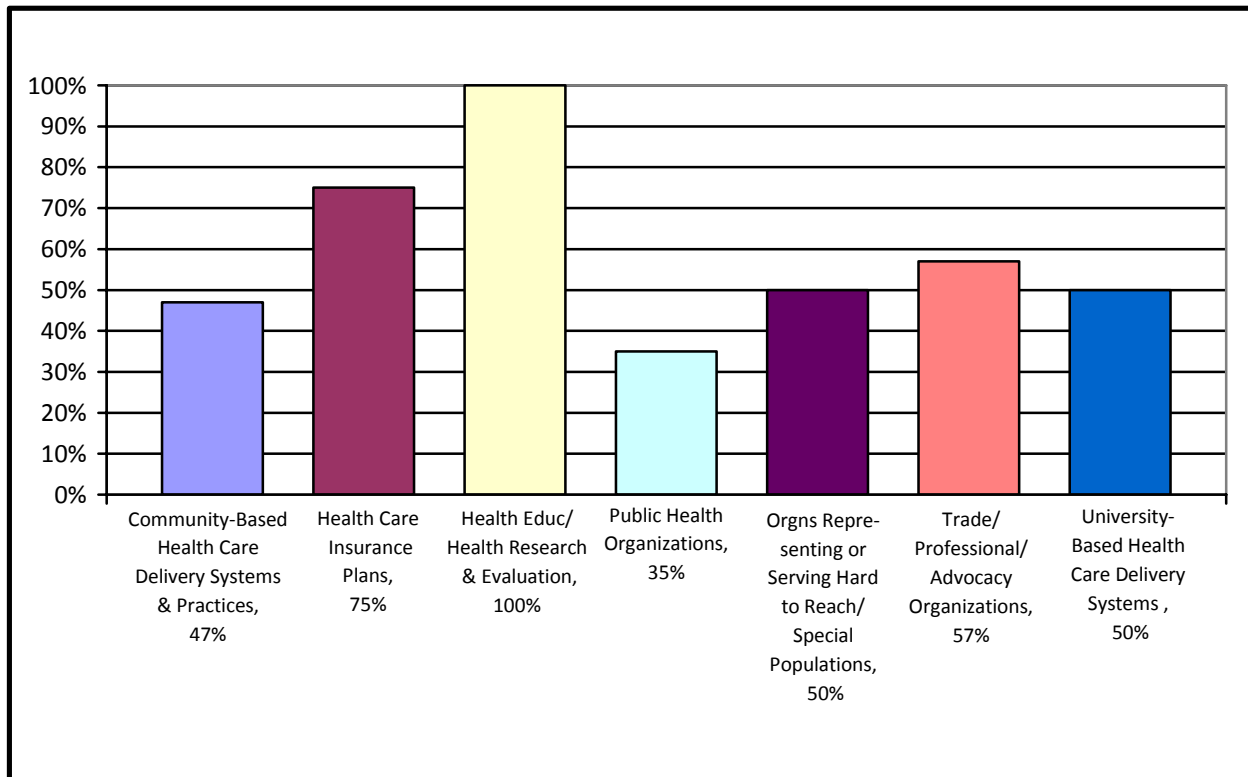


Figure 43

Self-Reported Participation in This Strategy, by MCC Membership Classification



Action Needed:

- Community-based health care delivery systems and practices with cancer programs
- Organizations representing or serving hard-to-reach and/or special populations
- Public health organizations
- University-based health care delivery systems with cancer programs



The following set of questions focused on activities that MCC member organizations have been engaged in during the reporting period relevant to **public education with regard to lung cancer/tobacco use prevention, assessment and treatment**. Results from selected areas of implementation are presented below.

Plan Strategy: Developed/implemented collaborative public education programs, including use of multimedia (e.g., television, billboard, print, Web-based advertising, radio)

Figure 44

Percentage of MCC Membership Reporting Participation in This Strategy

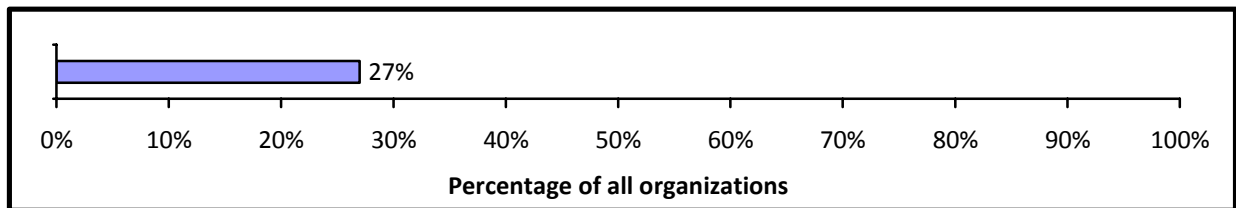
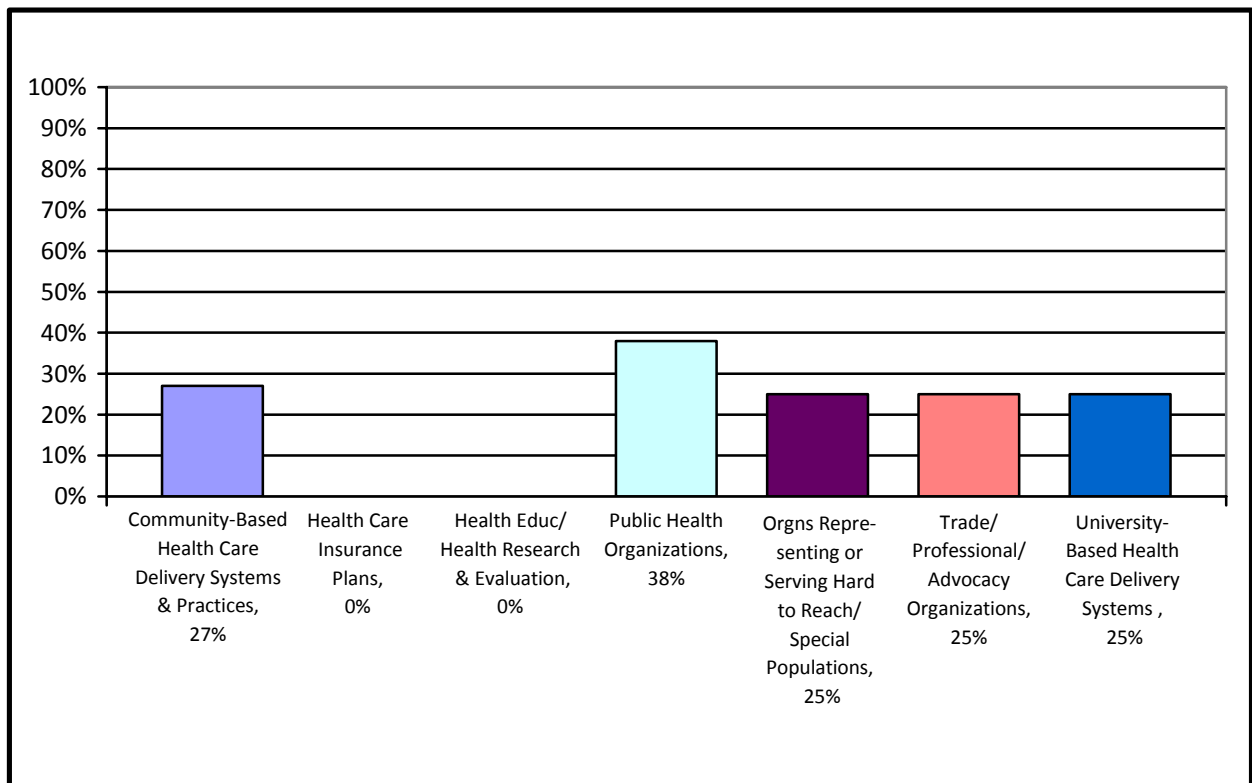
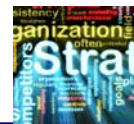


Figure 45

Self-Reported Participation in This Strategy, by MCC Membership Classification





Action Needed:

- Community-based health care delivery systems and practices with cancer programs
- Health care insurance plans
- Health education/health research and evaluation
- Organizations representing or serving hard-to-reach and/or special populations
- Public health organizations
- Trade/professional/advocacy organizations
- University-based health care delivery systems with cancer programs

Highlights of MCC Success — 2008-2009

Public Health Organizations

Tobacco Control/Lung Cancer

Ingham County Health Department, like many county health departments, has tackled a number and variety of tobacco cessation activities. For instance, it created a process in its clinics to refer smoking clients to a tobacco addiction specialist, and also offered a monthly, one-hour “quit class” for teens at a local teen plaza.

Ingham trained 220 area medical professionals on the Five As during the reporting period and also participated in eight health fairs and distributed informational materials highlighting available quit tobacco help

The department sends tobacco cessation-themed news releases to area media four times a year: New Year’s Day (encouraging people to quit smoking for the new year); Kick Butts Day (celebrating youth advocacy); World No Tobacco Day (using a theme determined each year by the World Health Organization); and the Great American Smoke-out.



2008 MCC Spirit of Collaboration Award — Honorable Mention Winner

Michigan Multicultural Tobacco Prevention Network

Addressing:

- Tobacco Control/Lung Cancer

Collaborative partners in the project:

- Arab American and Chaldean Council (ACC)
- Arab Community Center for Economic and Social Services (ACCESS)
- The Asian Center
- Faith Access to Community Economic Development (FACED)
- Latino Family Services
- South Eastern Michigan Indians, Inc. (SEMII)

Project description: The Michigan Multicultural Tobacco Prevention Network (MCN) was established to promote awareness regarding the dangers of tobacco use/abuse and secondhand smoke among communities of color. It is comprised of six lead agencies that represent the five major ethnic/racial populations in Michigan: African Americans, Arab and Chaldean Americans, Asian Americans, Hispanic/Latino Americans, and Native Americans. This network is funded by the Michigan Department of Community Health. Achievements of this collaboration include:

- Completed a Smoke-Free Home Campaign within respective ethnic communities. The goal of the Smoke-Free Homes Campaign was to educate families about the dangers of secondhand smoke to children in their homes and obtain a commitment from these families to make and keep their homes smoke-free.
- Completed focus group in spring of 2007 within respective ethnic communities in order to collect information related to tobacco use treatment strategies.
- Developed and distributed statewide the “Increasing Awareness of Smoking Cessation Needs among Michigan’s Multicultural Populations” report — an outcome of the focus groups conducted in the spring of 2007.
- Provided education and information to ethnic-specific businesses and restaurants related to establishment of Smoke-free policies.
- Facilitated both Poster Sessions and Oral Presentations on the MCN Smoke Free Home Pledge at three National conferences.
- Provided a panel discussion on the findings of the focus groups conducted within respective ethnic communities in order to collect information related to tobacco use treatment strategies.
- Educated local, state, and federal elected officials about the impact of tobacco use and secondhand smoke on the five major ethnic groups in Michigan disparately affected.

Appendices



Appendix A:
MCC Goals, Special Projects, and Maintenance Projects

Michigan Cancer Consortium
Goals for 2009 – 2015

Breast Cancer

Reduce the breast cancer death rate in Michigan.

Cancer Genomics

Increase availability of cancer-related genetic information to the Michigan public and decrease barriers to risk-appropriate services.

Cancer Survivorship

Improve the quality of life for cancer survivors in Michigan.

Cervical Cancer

Reduce the cervical cancer death rate in Michigan by 30 percent.

Childhood Cancers

Improve the quality of life for childhood cancer survivors in Michigan.

Colorectal Cancer

By 2015, 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

By 2015, prevent and reduce avoidable suffering up to, and during, the last phase of life for persons with cancer by specified data markers.

Environmental/Occupational Cancers

Improve education about environmental/occupational exposures and cancer risk in Michigan.

Healthy Lifestyles

Increase the number of Michigan residents who adopt a healthy lifestyle by improving their knowledge, motivation, and opportunity to adopt a healthy nutritional regimen and obtain adequate physical activity levels to maintain good health.

Ovarian Cancer

Improve understanding of, and access to, genetic counseling services for women who may be at high risk for developing ovarian cancer.

Prostate Cancer

Make available prostate cancer symptom management materials for providers, survivors and families.

Skin Cancer

Reduce melanoma cancer death rates in Michigan.

Tobacco Control/Lung Cancer

Promote tobacco addiction treatment (cessation) among adults and youth.



Michigan Cancer Consortium **Special Projects for 2009 – 2011**

Breast Cancer

By 2011, 90 percent of women will report being offered age-appropriate breast cancer risk information, education, and suitable services.

Cancer Genomics

By 2011, expand public knowledge about the impact of genetics on cancer risk and management (breast, ovarian, and colorectal cancers).

Cancer Survivorship

By 2011, increase cancer survivors' awareness of, and access to, survivorship resources and services.

Cervical Cancer

By 2011, reduce rates of cervical *in-situ* cancer among women aged 20 to 39 years by 10 percent.

Colorectal Cancer:¹

By 2011, increase the proportion of health care providers that recommend appropriate colorectal cancer screening.

Tobacco Control/Lung Cancer

By 2011, increase the number of health care providers and allied health care professionals statewide who receive training and apply tobacco use assessment and treatment methods.

¹ The Colorectal Cancer Special Project was added by the MCC Board of Directors in August 2010.



Michigan Cancer Consortium **Maintenance Projects for 2009 – 2015**

Basic Lexicon

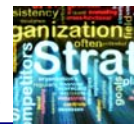
Ensure that the basic pathology lexicons for breast, prostate, colorectal, cervix, and lung cancers and progress in adoption of these templates are maintained and sustained.

Clinical Cost Database

Monitor for changes in the feasibility of developing a 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 Trials

Increase the number and diversity of participants enrolled in clinical cancer research.



Appendix B:

About the 2008-2009 Implementation Progress Report Survey Tools

Implementation Progress Reporting forms for the 2008-2009 implementation period were tailored for organizations within each of the seven individual MCC membership categories. One reporting form was developed for each membership classification currently active in the Consortium, and all forms were made available online for download by member organizations. The individualized forms for the 2008-2009 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/2008-2009/OnlineSurveyOriginals/Community-Based.pdf);
- **Health care insurance plans**
(www.michigancancer.org/PDFs/AnnualReports/2008-2009/OnlineSurveyOriginals/HealthCareInsurancePlans.pdf);
- **Health education/health research and evaluation organizations**
(www.michigancancer.org/PDFs/AnnualReports/2008-2009/OnlineSurveyOriginals/HealthEducation_HealthResearchEvaluation.pdf);
- **Organizations representing or serving hard-to-reach and/or special populations**
(www.michigancancer.org/PDFs/AnnualReports/2008-2009/OnlineSurveyOriginals/HardToReach_SpecialPopulations.pdf);
- **Public health organizations**
(www.michigancancer.org/PDFs/AnnualReports/2008-2009/OnlineSurveyOriginals/PublicHealth.pdf);
- **Trade/professional/advocacy organizations**
(www.michigancancer.org/PDFs/AnnualReports/2008-2009/OnlineSurveyOriginals/Trade_Professional_Advocacy.pdf); and
- **University-based health care delivery systems with cancer programs**
(www.michigancancer.org/PDFs/AnnualReports/2008-2009/OnlineSurveyOriginals/University-Based.pdf).



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