



2010
Michigan Cancer Consortium
Implementation Progress
Report to the Membership

September 2011



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Foreword



We are happy to release this eighth edition of the *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 in the past year.

We extend our sincere thanks to all 92 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 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 and active 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 continually 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-science guidance to health professionals and intervention planning statewide. This report provides a sampling of the volume of activities that have been implemented by the MCC member organizations over the 2010 implementation year.

The Implementation Progress Report (IPR) 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 six Special Projects for 2009-2011, around which the MCC has elected to concentrate its efforts as a coalition. The Consortium set specific goals and recommended strategies for each of these six projects, and an online IPR survey that included questions around implementation and outcomes related to these recommendations was sent to all MCC members.

Data gathered 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 six Special Projects. The compiled data also show where implementation gaps exist, warranting increased participation 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 six Special Projects. However, because cancer control is multidimensional and demanding on so many levels, it is evident that more work and 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 desired objectives.

When the data in this report are reviewed, several highlights become clear. Overall trends point to movement 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 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.

The basic goal set by the Cervical Cancer Special Project for reducing the incidence of *in situ* cervical cancer has been met within the project's timeframe. The *Comprehensive Cancer Control Plan for Michigan, 2009 – 2015* includes multiple interventions relevant to cervical cancer prevention that require MCC members in every classification to participate in their respective capacities in order to further the reduction of the cervical cancer burden.

The MCC has placed special emphasis on improving the availability of information regarding cancer survivorship care. Health care providers' provision of survivor care plans is essential to increase cancer survivors' access to appropriate care. Currently, less than half of the general population of cancer survivors (42 percent) report having received such a care plan. The MCC goal for this project was set at a rate of 50 percent. 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 targets. 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. 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 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 the MCC 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 *2010 MCC Implementation Progress Report to the Membership* can be accessed on the MCC website at www.michigancancer.org/WhatWeDo/MCCAnnualReports.cfm. Questions regarding the report or the IPR process in general may be directed to May Yassine, PhD, at 517-324-7308 (e-mail: myassine@mphi.org).



MCC Member and Key Partner Organizations



Each year, the MCC continues to grow. By the end of 2010, a total of 114 organizations (Figure 1) had joined the MCC as member organizations. Eighty-six percent of eligible member organizations responded to the 2010 Implementation Progress Report survey, providing details on their implementation progress between Jan. 1 and Dec. 31, 2010 (Figure 2).

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

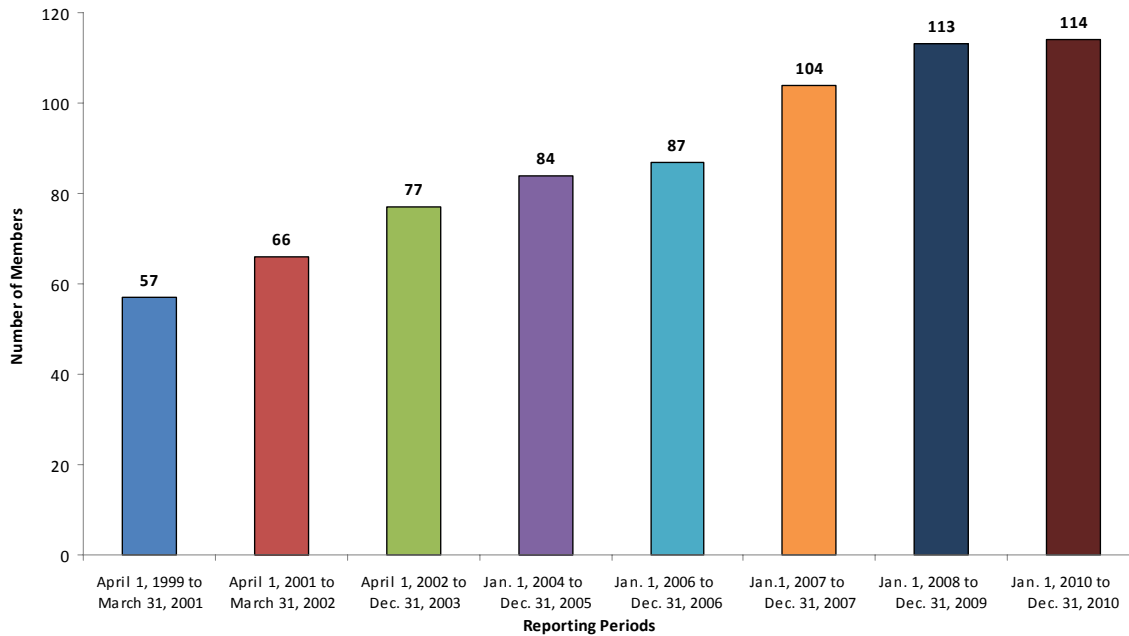


Figure 2
**Organizations Reporting Implementation Progress for 2010,
 by Membership Type**

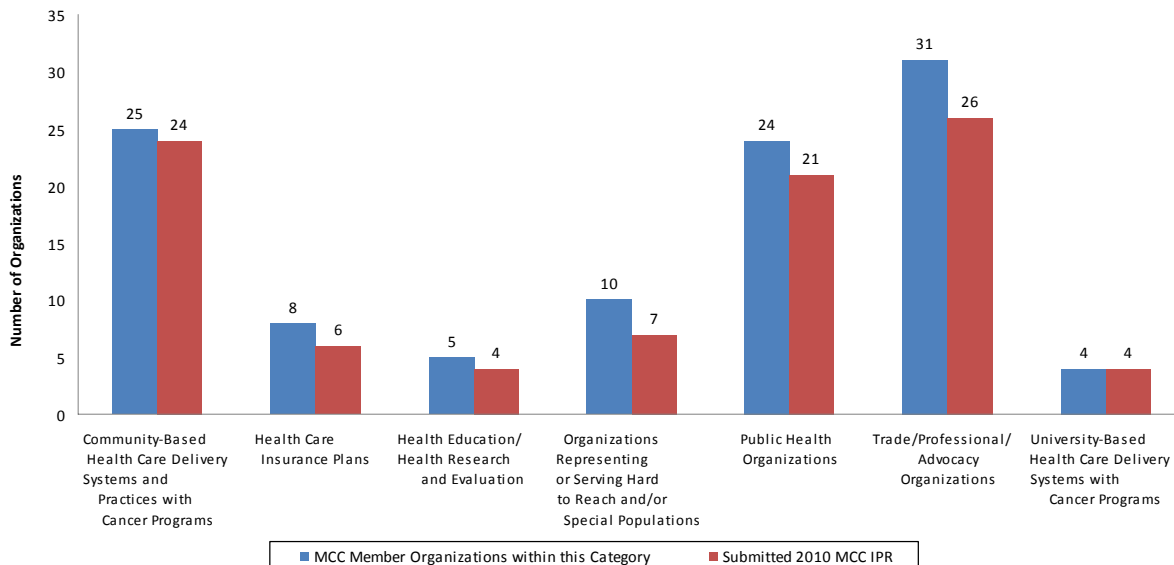
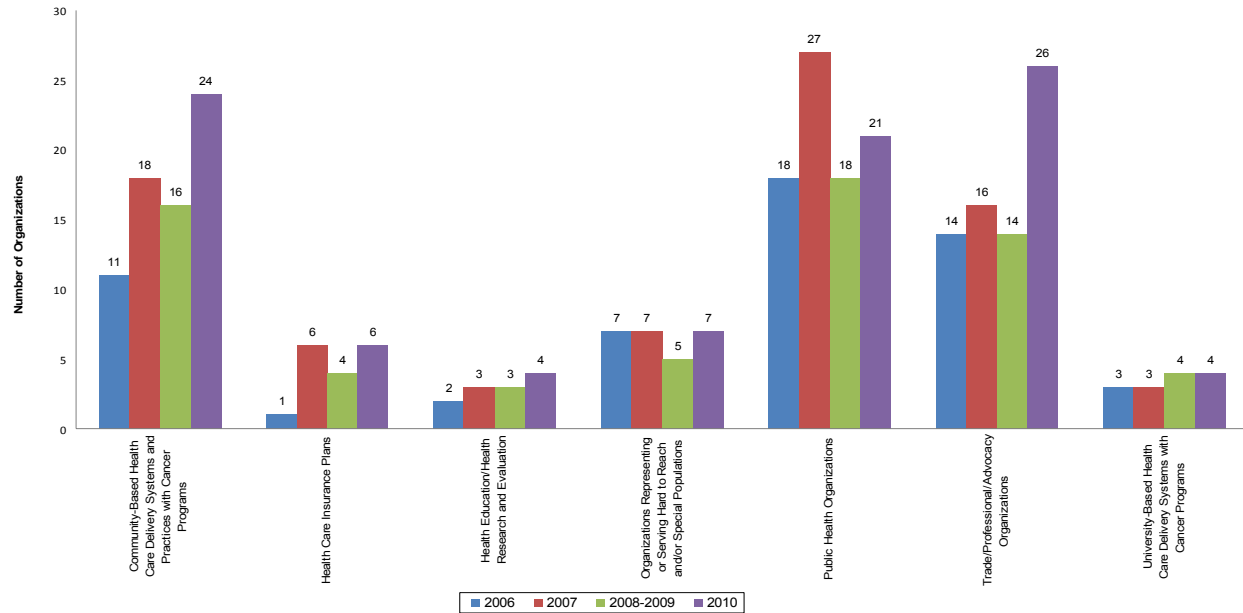




Figure 3
**Organizations Reporting Implementation Progress,
 by Membership Type (2006-2010)**



Highlights of MCC Success — 2010

Trade/professional/advocacy organizations

Cancer Survivorship

Prostate Cancer Coalition of Michigan: “The coalition partnered with the Great Lakes Cancer Institute, Ingham Regional Medical Centers, McLaren Regional Medical system, American Cancer Society, Great Lakes Division, and Abbott to develop and implement two free prostate cancer survivor courses entitled “Personally Speaking about Prostate Cancer,” Sept. 7-8, 2010. Local men affected by prostate cancer, their spouses, and friends were invited to a special educational event discussing prostate cancer.

“This was rare event opportunity to have a panel of physician experts who treat prostate cancer and a quality of life counselor available to discuss all issues surrounding prostate cancer, including treatment and the physical and emotional effects of the disease. Each course featured Otis Webb Brawley, MD, chief medical officer of the American Cancer Society as the keynote speaker and a panel of experts consisting of a primary care physician, a urologist, a radiation oncologist, and a medical social worker. Free survivor reference kits were given to attendees.

“A total of 230 people attended these courses, 140 at McLaren Regional Medical Center in Flint, and 90 at Ingham Regional Center in Lansing.”



Table 1
MCC Member and Key Partner Organizations, in Alphabetical Order
(as of Dec. 31, 2010)

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 Cancer Control Coalition	●
Calhoun County Public Health Department	●
Cancer Support Community of Greater Ann Arbor	●
Catherine's Health Center	●
The Center for Social Gerontology, Inc.	
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	●
Genesee County Health Department	●
Genesys Hurley Cancer Institute	●
Gilda's Club Grand Rapids	●
Gilda's Club Metro Detroit	
Grand Rapids Clinical Oncology Program	●



MCC Member and Key Partner Organizations

Member Organization	Contributed to this report
Great Lakes Cancer Institute at Michigan State University	●
Great Lakes Cancer Institute-Clarkston*	●
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	
Hurley Medical Center	●
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	●
The Leukemia & Lymphoma Society – Michigan Chapter*	●
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	

* Although the Great Lakes Cancer Institute – Clarkston and The Leukemia & Lymphoma Society – Michigan Chapter were not members of the Consortium as of Dec. 31, 2010, both did become MCC Member Organizations shortly after the beginning of 2011 and did contribute to this report.



Member Organization	Contributed to this report
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 Dietetic Association	●
Michigan Health & Hospital Association	●
Michigan Hospice & Palliative Care Organization	
Michigan Osteopathic Association	●
Michigan Primary Care Association	●
Michigan Public Health Association	
Michigan Public Health Institute [†]	●
Michigan Radiological Society	
Michigan Society of Hematology and Oncology	●
Michigan 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.	●
POH Regional Medical Center	●
Priority Health	
Prostate Cancer Coalition of Michigan	●

[†] Michigan Department of Community Health and Michigan Public Health Institute are MCC Partner Organizations.



MCC Member and Key Partner Organizations

Member Organization	Contributed to this report
Providence Cancer Institute	●
Saginaw County Department of Public Health	
St. John Health System	●
St. Joseph Mercy/Oakland	●
St. Mary Mercy Hospital - Livonia	
Saint Mary's Health Care	●
Saint Mary's Health Care Palliative Care	
Sanilac County Health Department	
Sisters Network, Flint Affiliate Chapter	
Sparrow Regional Cancer Center	●
Spectrum Health Cancer Program	●
Susan G Komen for the Cure, Detroit Affiliate	●
Susan G Komen for the Cure, Mid-Michigan Affiliate	●
Susan G. Komen for the Cure, Southwest Michigan Affiliate	●
Susan G Komen for the Cure, West Michigan Affiliate	●
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.	●



Table 2
MCC Member and Key Partner Organizations, by Reporting Type[‡]
Jan. 1 – Dec. 31, 2010

Community-Based Health Care Delivery Systems and Practices with Cancer Programs (25 organizations; n = 24; 96.0% response rate)	
Member Organization	Contributed to this report
Alpena Regional Medical Center - Alpena Cancer Center	●
Bay Regional Medical Center	●
Cancer Support Community of Greater Ann Arbor	●
Catherine's Health Center	●
Genesys Hurley Cancer Institute	●
Grand Rapids Clinical Oncology Program	●
Great Lakes Cancer Institute-Clarkston	●
Hurley Medical Center	●
Ingham Regional Medical Center	●
Marquette General Cancer Center	●
Memorial Health Cancer Center	●
Michigan Cancer Research Consortium	●
Mid-Michigan Medical Center - Midland	●
Mount Clemens Regional Medical Center	●
Oakwood Healthcare System, Inc., Cancer Center	●
POH Regional Medical Center	●
Providence Cancer Institute	●
St. John Health System	●
St. Joseph Mercy/Oakland	●
Saint Mary's Health Care	●
Sparrow Regional Cancer Center	●
Spectrum Health Cancer Program	●
Visiting Nurse Services of Michigan	●
West Michigan Cancer Center	●
William Beaumont Hospital	●

[‡] Some MCC member organizations were excluded from contributing to this report due to transitions during the time of data collection.



Health Care Insurance Plans (8 organizations; n = 6; 75.0% response rate)	
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	•
Omni Care Health Plan	
Priority Health	
Total Health Care, Inc.	•

Health Education/Health Research and Evaluation (5 organizations; n = 4; 80.0% response rate)	
Member Organization	Contributed to this report
Kirkhof College of Nursing / GVSU	•
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 (10 organizations; n = 7; 70.0% response rate)	
Member Organization	Contributed to this report
ACCESS Community Health Center	•
Battle Creek Health System	
Detroit Area Agency on Aging	•
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	



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

(10 organizations; n = 7; 70.0% response rate)

Member Organization	Contributed to this report
Z.I.A.D Healthcare for the Underserved, Inc.	●

Public Health Organizations

(24 organizations; n = 21; 87.5% response rate)

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

[§] Michigan Department of Community Health and Michigan Public Health Institute both submitted Implementation Progress Reports, but because they are MCC Partner Organizations, they were not included in the completion percentage for MCC Member Organizations.



Public Health Organizations <i>(continued)</i> (24 organizations; n = 21; 87.5% response rate)	
Member Organization	Contributed to this report
Sanilac County Health Department	
Tuscola County Health Department	•
Western Upper Peninsula District Health Department and Superior Home Nursing and Hospice	•

Trade/Professional/Advocacy Organizations (31 organizations; n = 26; 83.9% response rate)	
Member Organization	Contributed to this report
American Cancer Society, Great Lakes Division, Inc.	•
American College of Surgeons	
Calhoun County Cancer Control Coalition	•
The Center for Social Gerontology, Inc.	
Coalition of Michigan Organizations of Nursing	•
Gilda's Club Grand Rapids	•
Gilda's Club Metro Detroit	•
The Leukemia & Lymphoma Society - Michigan Chapter	•
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 Osteopathic Association	•
Michigan Primary Care 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	•



Trade/Professional/Advocacy Organizations *(continued)*

(31 organizations; n = 26; 83.9% response rate)

Member Organization	Contributed to this report
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, Mid-Michigan Affiliate	•
Susan G. Komen for the Cure, Southwest Michigan Affiliate	•
Susan G. Komen for the Cure, West Michigan Affiliate	•
Tobacco-Free Michigan	•

University-Based Health Care Delivery Systems with Cancer Programs

(4 organizations; n = 4; 100% response rate)

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	•

All Member Organizations

(107 organizations; n = 92; 86.0% response rate)

“Our affiliation with MCC allows us to tailor our efforts to complement MCC’s cancer control activities and priorities.”

— *Jerry Sims*
Prostate Cancer Coalition of Michigan



MCC Member Satisfaction and Engagement



A portion of the 2010 MCC Implementation Progress Reporting survey consisted of an MCC Membership Satisfaction and Engagement survey, which polled MCC organization representatives on their experiences being affiliated with the MCC, the extent to which they are engaged in Consortium activities, and their overall satisfaction with the Consortium.

The great majority of respondents said they were “very satisfied” with the organization as a whole, including: the clarity of the MCC vision and goals (91 percent) and the progress toward achieving those goals (88 percent); opportunities to take leadership roles (84 percent); and the diversity of individuals and organizations in the MCC (92 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) and with the level of communication among MCC members (81 percent).

Overall, 64 percent of representatives said their affiliation with the Consortium had influenced their organization’s priorities in implementing cancer control activities “to a great extent” or “to some extent.”

When asked to identify the major benefits their organization had experienced from being associated with the MCC, 66 percent of respondents chose “getting informed on cancer-related resources, initiative and programs that are available.” Other self-reported benefits associated with being a member of the MCC included:

- opportunities to see the larger picture — how programs and organizations work together to enhance the mission across the state (65 percent);
- opportunities to network with other professionals and leaders in cancer care (56 percent);
- opportunities to attend the MCC Annual Meeting and hear educational presentations (55 percent);
- access to patient education materials (52 percent);
- opportunities to network with cancer experts (51 percent); and
- access to current guidelines, recommendations, and other resource materials for providers (51 percent).

Membership Again Gives MCC Board High Marks

MCC member organizations continue to rate the MCC Board of Directors highly for its overall effectiveness and performance. In fact, more than four-fifths of the survey respondents said they “completely agreed” that the Consortium’s Board:

- provides strong leadership for the MCC (84 percent);
- ensures communication to membership is timely and relevant (82 percent); and
- provides members with opportunities to be involved with MCC activities (82 percent).

Fifty-seven percent of member organization representatives that responded said they had attended the 2010 MCC Annual Meeting, and 47 percent of representatives reported that they had participated in at least one MCC webinar and/or audio conference call. Lastly, 95 percent of the member organization representatives that responded said they were engaged at some level with the work of the MCC.



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 *Comprehensive Cancer Control Plan for Michigan, 2009 – 2015* during the January-December 2010 reporting period.

Each section of this chapter begins with a “Progress vs. 2011 Target Markers” table. These tables originally appeared in the Michigan *Comprehensive Cancer Control Plan*. 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 figures 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 a physician, my political involvement has been minimal. This exposure to MCC has helped in my political development and learning to share information with my many colleagues across the state as president of the Michigan State University-College of Medicine alumni association, chair of the Section of Medicine at Pontiac Osteopath Hospital, treasurer of the Oakland County Board of Osteopathic Medicine, and member of the MCC, as well as newly appointed Board member of MCC.”

— *Mary Jo Voelpel, DO*
Michigan Osteopathic Association



Breast Cancer

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



2010 MCC Spirit of Collaboration Award — Honorable Mention

American Cancer Society Body & Soul Blues Challenge

Addressing:

- Breast Cancer, Healthy Lifestyles

Collaborative partners in the project:

- American Cancer Society, East Michigan Service Center
 - Crystal Parish, Associate Director
 - Michael Mason, Community Program Representative
- American Cancer Society, West Michigan Service Center
 - Shuntai Beaugard, Community Representative
- Blue Cross Blue Shield, Flint
 - Shelley DuFort, Community Responsibility
- Blue Cross Blue Shield, Grand Rapids
 - Cle Jackson, Community Responsibility
- Flint churches:
 - Second
 - Christian Love
 - Empowered Believers
 - Greater Holy
 - Greater New
 - New Beginnings
 - New Harvest
 - New Life
 - New St. James
 - Open Door
- Flint Farmers Market
- Grand Rapids churches:
 - Earnest Prayer Ministries
 - Hillcrest Community Church
 - Resurrection
 - Fellowship Church
 - Grace of the Nations
 - Tabernacle Community Church
 - Brown Hutcherson Ministries
 - Messiah Missionary Baptist
 - New Hope Baptist
 - True Light Baptist
 - Revolution Christian Ministries
- Kirkhof College of Nursing
- Michigan Department of Community Health — Mi Child

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Project description: The American Cancer Society (ACS) and Blue Cross Blue Shield (BCBS) partnered to improve fruit/vegetable consumption and increase physical activity among members of the African American communities of Flint and Grand Rapids. Although both organizations were already working in the faith community, they wanted to reach deeper and have more meaningful relationships as a result of this project.

This collaboration resulted in enhanced activities within existing Body & Soul churches, as well as the recruitment of even more churches into the Body & Soul program. The incentives that BCBS provided helped ensure greater participation of churches and church members. Specifically, Flint churches recruited 127 participants who logged over 16,300 miles walked collectively. Grand Rapid churches were successful in recruiting 422 participants who participated in the Rhythm Walk held annually in Grand Rapid. Grand Rapids also had each participate complete a baseline health assessment conducted by the Kirkof College of Nursing in Grand Rapid. The findings after the post assessment showed that there was no significant weight loss, but there was increased physical activity (from 1-2 hours per week to 5-6 hours per week) and a perceived increase in energy levels. Participants also showed an increased knowledge and understanding of their BP numbers. Each team both in Flint and Grand Rapids logged its steps through the BCBS Walking Works program, an online program that tracks miles walked and calculates progress.

At the end of the 10-11 week, each city had a closing program to bring all of its churches together to share their stories and testimonials on the effects the program had on their lives. Recognition was given to the teams that logged the most miles and to the church with the best overall participation. Several of the ministers were affected to the point of changing practices within their churches to include more fruits and vegetables and physical activity throughout the year. Most realized that they could do more to improve their health and spoke about increased energy and the desire to do more.

In addition to implementing the Body & Soul Program, the churches participated in ACS' Tell-A-Friend Program, which reminds women age 40 and older to have their annual mammogram; over 400 women were touched with a Tell-A-Friend call. Both communities were also trained to recruit and enroll eligible families in MiChild. The success of this program has led to another pilot program with MDCH through Body & Soul churches to train lay health educators with the WISEWOMAN Program in Flint.

“MCC priorities are incorporated into our public policy initiatives, community outreach, and patient education.”

— *Mary Ann Short*
Barbara Ann Karmanos Cancer Institute



2010 MCC Spirit of Collaboration Award — Honorable Mention

**POH Regional Medical Center
Sister & Sister Mammogram Screening Program**

Addressing:

- Breast Cancer

Collaborative partners in the project:

- Breast and Cervical Cancer Control Program — Lansing
- Great Lakes Cancer Institute
- POH Regional Medical Center

Project description: About five years ago, the Riley Foundation at POH Regional Medical Center began a free mammogram screening program, entitled Sister & Sister, for uninsured and underinsured women in Oakland County. Although the Riley Foundation funds covered mammograms, there were no funds available to pay for diagnostic and treatment services at POH Regional Medical Center.

Because POH Regional Medical Center was not a Breast and Cervical Cancer Control Program (BCCCP) approved site, women who were diagnosed with breast cancer had to receive their cancer treatment at another BCCCP-approved facility for their services to be reimbursed by the BCCCP Medicaid Treatment Act.

To address this issue, POH Regional Medical Center worked closely with their local BCCCP Coordinator to establish POH Regional Medical Center as an approved BCCCP location. Now, women who receive mammograms through POH Regional Medical Center and are eligible for the BCCCP, not only will have their treatment covered by the BCCCP Medicaid Treatment Act, but also can receive their treatment close to home at POH Regional Medical Center. Physician champions were identified to oversee the diagnostic procedures and treatment plans, making it almost seamless for the women.

This mammogram screening program has served over 700 uninsured or underinsured women in Oakland County.



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)	Interim Update (2009)	Target (2011)
Percent of all adult women who have ever discussed family history of breast or ovarian cancer with a health care provider	MiBRFS*	Not available	Not available	82.7% • 83.8% White, non-Hispanic • 78.6% Black, non-Hispanic • 90.2% Other, non-Hispanic	90%
Percent of all women aged 40 years or older who have ever discussed family history of breast cancer with a health care provider	SCBRFS†	87.9%	89.3% • 80.6% Hispanics • 72.8% Asian Americans • 70.1% Arab Americans	Not available	90%
Percent of all women aged 40 years or older who have ever discussed family history of ovarian cancer with a provider (<i>New</i>)	SCBRFS†	Not available	75.5% • 69.2% Asian Americans • 47.4% Arab Americans	Not available	80%
Percent of all women aged 40 years or older reporting family history <u>or</u> heredity that would increase a woman's risk for breast cancer (<i>New</i>)	SCBRFS†	Not available	46.3%	Not available	50%

* Michigan Behavioral Risk Factor Survey

† Special Cancer Behavioral Risk Factor Survey



2010 MCC Spirit of Collaboration Award — Honorable Mention

Native American Spa Day

Addressing:

- Breast Cancer

Collaborative partners in the project:

- American Indian Health and Family Services
- Beaumont Cancer Institute
- Native American Indian Association

Project description: In January, the Beaumont Cancer Institute (BCI), Native American Indian Association (NAIA), and American Indian and Health Services (AIHFS) hosted the first Native American Spa Day for Native American women without insurance. BCI, along with the Comprehensive Breast Care Centers, provided clinical breast examinations and mammograms for uninsured women.

Twenty Native American women registered for the event, and 11 of those women met the screening guidelines for mammograms (40 and older). The remaining women (ages 35-39) received clinical breast examinations, medical massage, guided imagery, and reiki. Due to the success of the event, NAIA, AIHFS, and the BCI will continue to offer Native Spa Days each year.

Highlights of MCC Success — 2010

Trade/professional/advocacy organizations

Breast Cancer

Susan G. Komen for the Cure – Southwest Michigan Affiliate: “Susan G. Komen provides funding for direct services, allowing underinsured and uninsured women access to breast health information, breast cancer screenings, and follow up treatments as necessary. We have also funded services for women under the age of 50 in an attempt to close a service gap. In addition, we provide a variety of educational activities for the general public (health fairs and other public events) and provide speakers when requested. During October 2010, SGK of Southwest Michigan funded several screening programs throughout the eight-county region.”



The following set of questions focused on activities that MCC member organizations have been engaged in during the reporting period to **promote 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, 2010

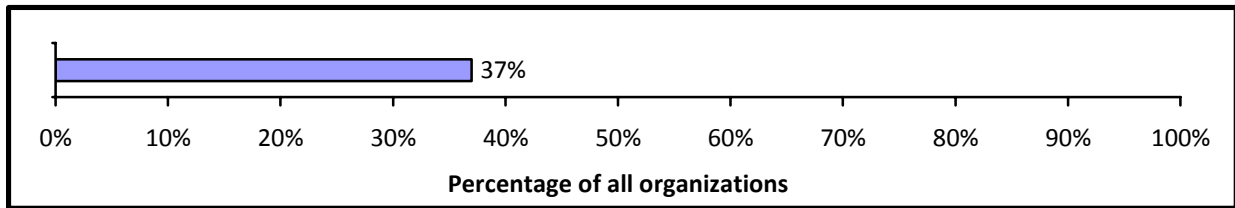
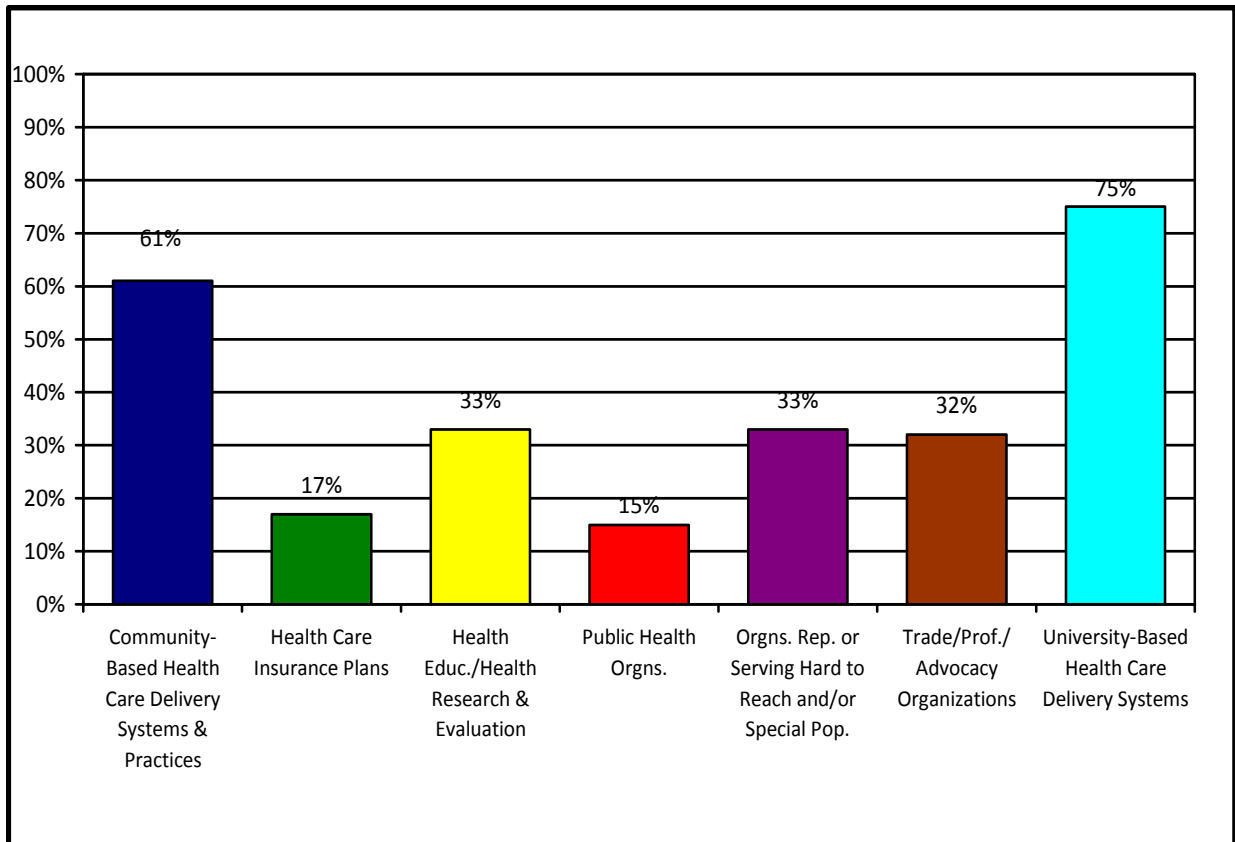


Figure 5

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





Highlights of MCC Success — 2010

*Community-based health care delivery systems
and practices with cancer programs*

Breast Cancer

Genesys Hurley Cancer Institute: “We provide education and awareness through our Breast Cancer Support Group, which is held twice a month. Support group facilitation and education is provided by an RN breast navigator and an oncology social worker. Support group members are active in community events, promoting risk assessment and screening and providing educational materials.

“We have annual breast cancer screenings every October for the community at no charge and if a mammogram is needed and the person has no insurance, it will be provided free of charge. In conjunction with the American Cancer Society, we provide patients with a Patient Resource Center staffed by an ACS volunteer to provide information and resources and help in navigating cancer needs and assessment.”

Highlights of MCC Success — 2010

Trade/professional/advocacy organizations

Breast Cancer

Michigan Osteopathic Association: “The Michigan Osteopathic Association worked to develop a training opportunity regarding genetic screening and breast cancer awareness for the May 2011 annual meeting. The local county associations have been notified of the need to improve genetic screening and breast cancer screening. The Sisters to Sisters Program at Pontiac Osteopathic Hospital has established a statement for this year with the logo “30-60-100.” The national average for breast cancer screening is 60 percent, the average for Michigan is 30 percent, and the lofty goal is to achieve 100 percent within Oakland County. With the assistance of local political leaders coordinating the Oakfit program for all Oakland County employees and all physicians, together, we can reach the 60 percent to 100 percent range for screening. Free screening through the Riley foundation for Oakland County residents makes this possible for the underinsured and the uninsured within this county. Additional work to bring these initiatives to surrounding counties is in progress with our county executive, including surrounding Lapeer, Genesee, St. Clair, and Livingston counties for collaborative efforts.”



Plan Strategy: Implemented breast cancer public education programs

Figure 6

Percentage of MCC Membership Reporting Participation in This Strategy, 2010

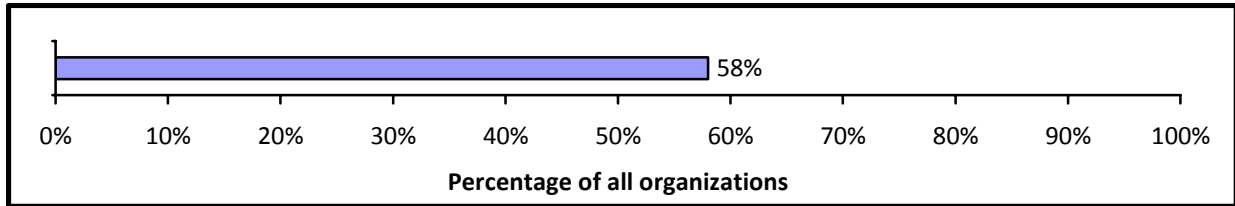
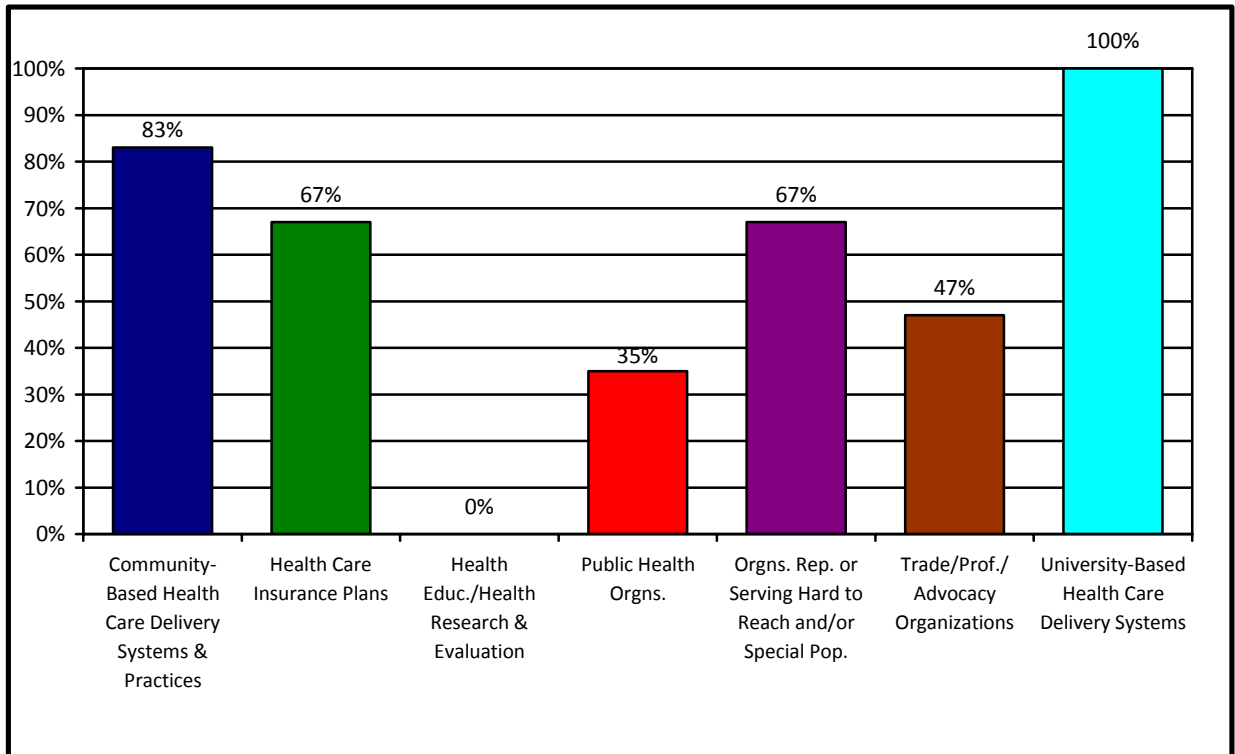


Figure 7

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



“We attend board meetings whenever possible and find them very informational.”

— *Maureen Keenan Meldrum*
Susan G. Komen for the Cure, Detroit Affiliate



Plan Strategy: Implemented activities to improve access to breast cancer risk assessment services

Figure 8

Percentage of MCC Membership Reporting Participation in This Strategy, 2010

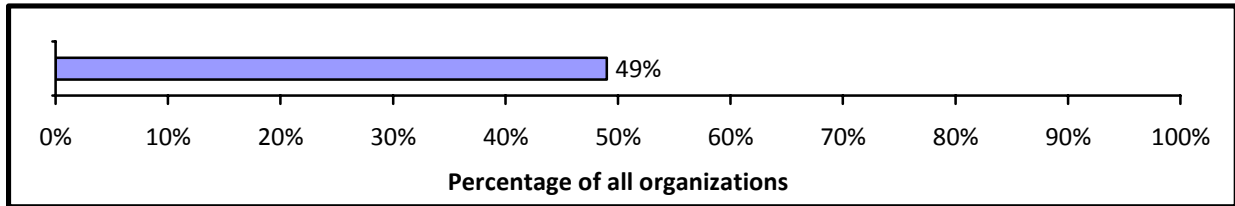
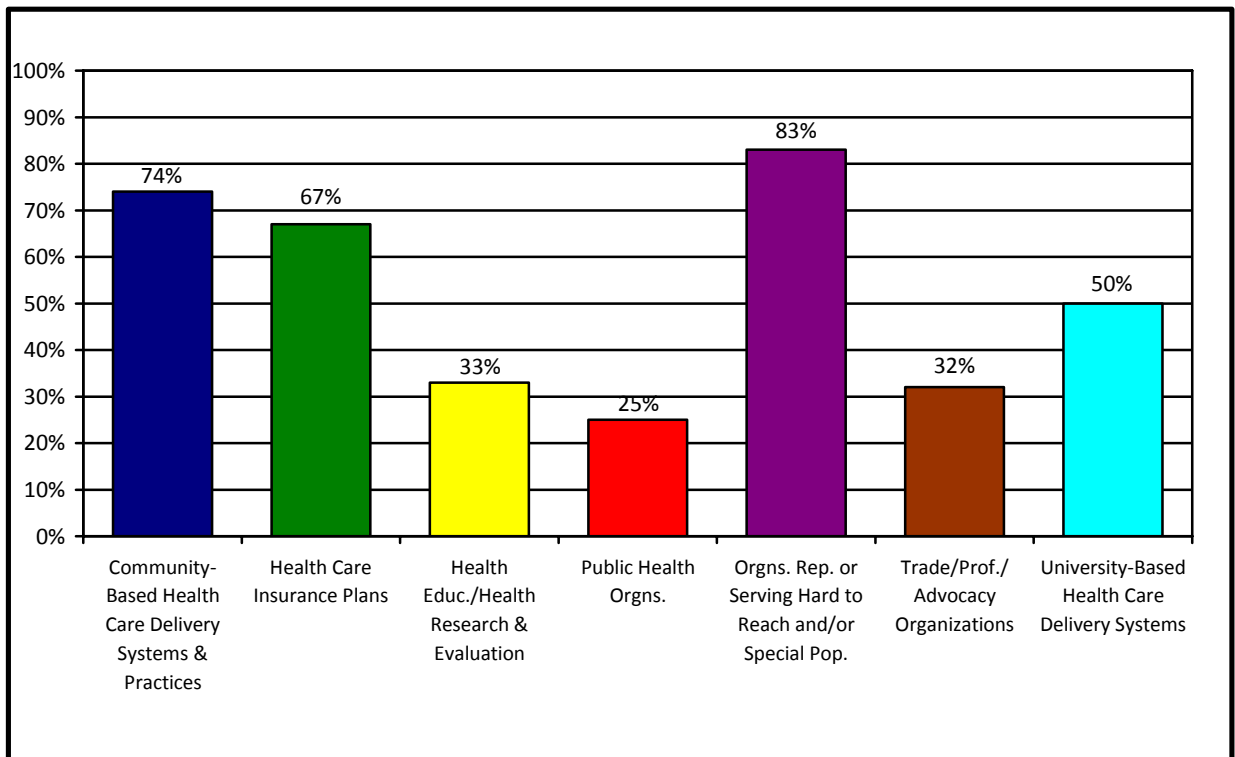


Figure 9

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



“The Cancer Program and Cancer Service line committee, as well as various departments and specialties, have used MCC priorities and special projects as guides for concentration of resources.”

— Aaron P. Scholnik
Marquette General Cancer Center



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

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

Figure 10
Percentage of MCC Membership Reporting Participation in This Strategy, 2010

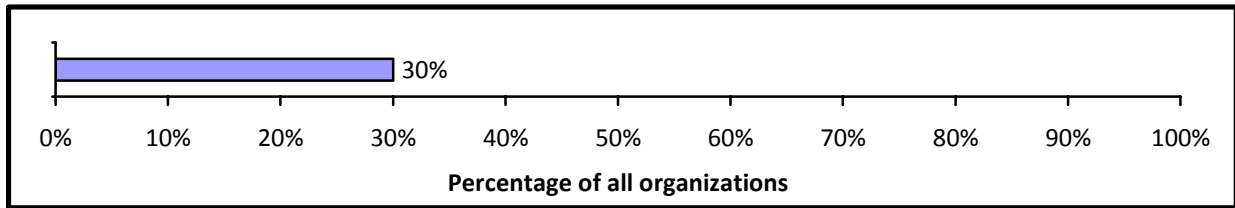
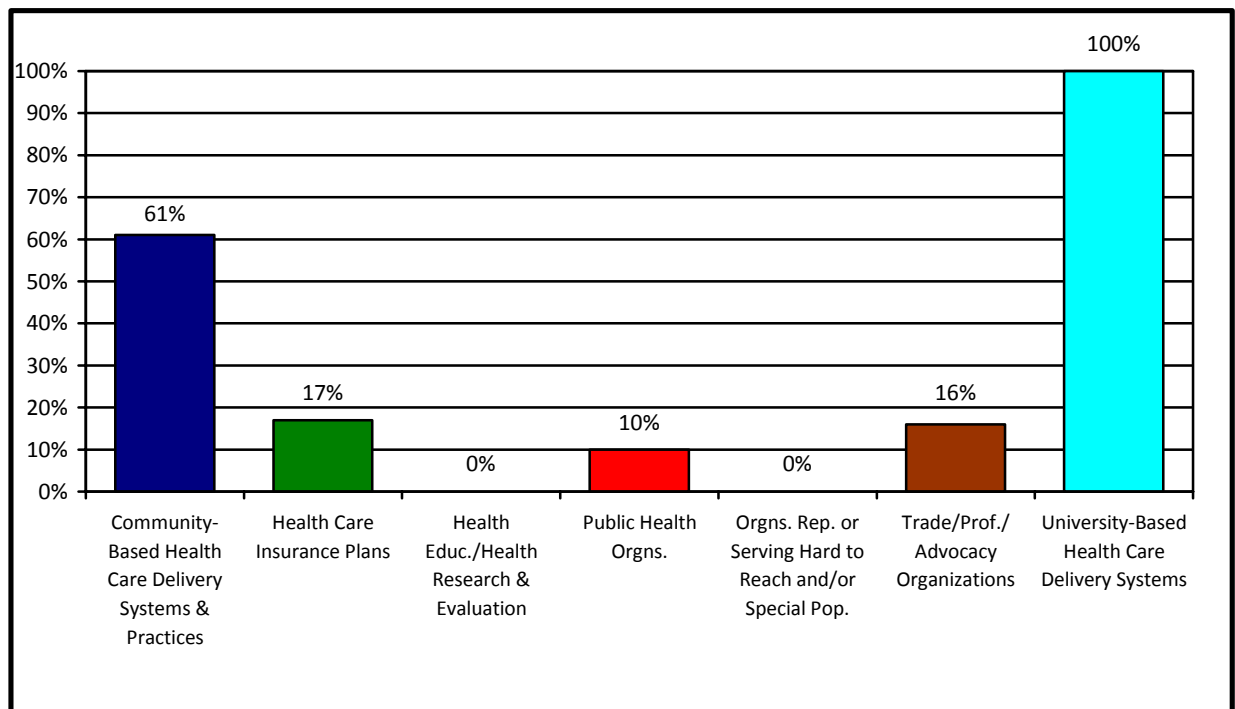


Figure 11
Self-Reported Participation in This Strategy, by MCC Membership Classification





2010 MCC Spirit of Collaboration Award Winner

Sisters Network Gift of Life Block Walk

Addressing:

- Breast Cancer

Collaborative partners in the project:

- American Cancer Society
- Hartford Senior Girl Scout Troop
- Karmanos Cancer Institute — BCCCP Program
- New Prospect Missionary Baptist Church
- Sisters Network Committee
 - Sharon Agnew
 - Elaine Stanley
 - Barbara Eskridge
 - Elree Watson
 - Cecilia Pope
 - Sonya Lockhart
 - Voncile Brown-Miller

Project description: The Sisters Network is the only national African American breast cancer survivorship organization in the United States. Sisters Network Greater Metropolitan Detroit Chapter, a chapter of Sisters Network Inc., is an advocacy group that serves Metropolitan Detroit. They conducted their 5th Annual Gift of Life Block Walk in which volunteers went door-to-door in designated areas to share breast health information and screening resources.

Thirty volunteers spoke to 300 households about breast health and provided information about the Breast and Cervical Cancer Control Program for those who did not have health insurance. Over 100 households completed surveys about their knowledge of breast cancer. Other household were left information.

Based on the data gathered, we were pleased that over half of the women surveyed conducted monthly self breast exams, over 60 percent received annual clinical breast exams, and 25 percent knew they had a family history of breast cancer. Of that 25 percent, all but two were current with their annual breast screening, and over 50 percent of all women surveyed knew about BCCCP. Now, nearly 300 households know about the resources available and how to maintain good breast health.

We learned that the general public wants to understand more about early detection and prevention of cancer. We need more ways to stop and share with those who need it most.

— Continued on next page —



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In addition to the Gift of Life Block Walk, a bazaar and balloon lift ceremony was added to the day's events. Over 100 community members attended the bazaar, which included vendors, music, food, and cancer informational tables sponsored by the American Cancer Society and Karmanos Cancer Institute. Hartford Senior Girl Scout Troop played an integral role in the balloon lift ceremony by tying breast cancer guidelines on all 200 balloons, each balloon representing a Sister lost to cancer.

This event would not have been possible without the help of a dynamic committee made up of members of Sisters Network. Thanks to Karmanos and the American Cancer Society for their technical support and New Prospect Missionary Baptist Church, who provided the space and had everything set up perfectly, on time and in good order.

Highlights of MCC Success — 2010

Health Care Insurance Plans

Breast Cancer

Blue Care Network of Michigan: “BCN participates in the Blue Cross Blue Shield of Michigan-sponsored Michigan Breast Oncology Quality Initiative, which aims to improve the quality of cancer care, as well as reduce the variability in cancer care. The statewide initiative uses National Comprehensive Cancer Network (NCCN) guidelines to measure quality of care and provides incentives to participating providers for submitting data.

“In the physician recognition program, mammography screening is one of the quality measures. For the BlueCaid population, there was a member incentive for mammography. Any BlueCaid member who had a screening mammogram was eligible for a \$25 Target gift card. In addition, there were reminder calls to members who were eligible for the member incentive. The reminder calls reminded the members that they could qualify for the incentive if they scheduled a mammogram and mailed a completed reward form to BCN. The reward forms were printed as a postage-paid form so the member could just fold along dotted lines and then mail.

“For employers, there is a wellness kit which provides employers with a variety of preventive health publications. There are also paycheck inserts that stress the importance of mammograms. BCN also conducts Health Fairs at the request of employers. For Health Fairs in the month of October, the health coaches pass out pamphlets about breast cancer awareness.”



Cancer Genomics

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



2010 MCC Spirit of Collaboration Award — Honorable Mention

Patient Connect Program

Addressing:

- Breast, Cervical, Colorectal, Ovarian, Prostate, and Skin Cancers; Tobacco Control/Lung Cancer; Cancer Genomics; Cancer Survivorship; Clinical Trials; Environmental/Occupational Cancers; Healthy Lifestyles

Collaborative partners in the project:

- American Cancer Society
- DCMI Media and Imaging
- Great Lakes Cancer Institute

Project description: Great Lakes Cancer Institute (GLCI), in partnership with the American Cancer Society, is expanding its services available through the GLCI Patient Connect Program. This partnership has developed personalized DVDs and Web-based access for some of the major cancer diagnoses for GLCI patients. The DVDs and their content can be utilized by patients as a reference following their physician visits, as information to share with their family and loved ones, and as an update along their treatment journey. GLCI has expanded the program to offer personalized patient navigation through trained oncology nurses that provide cancer prevention and screening education referral, direction through the GLCI network of oncology specialists, supportive services, patient and family assistance, and updated cancer research news and information. GLCI is committed to providing these unique service opportunities in conjunction with many outreach programs provided by the American Cancer Society to each and every patient of the McLaren Healthcare System, as well as the communities of its Michigan service areas.

Highlights of MCC Success — 2010

*Community-based health care delivery systems
and practices with cancer programs*

Cancer Genomics

Marquette General Cancer Center: “We developed a cyto-genetics and molecular lab as a joint venture with Marquette General Hospital and Northern Michigan University that works in conjunction with the Marquette General Cancer Center and the genetic counselor to develop appropriate genetic tests. The Cancer Center also developed a Cancer Resource Center as a joint venture with the American Cancer Society.”



Overall Progress

Data presented in Table 4 suggest that the Michigan public is generally aware of the influence genetics has on one’s personal health. However, increased promotional efforts are needed to urge people to actively 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.

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

Available Data Markers	Data Source	Baseline (2005)	Interim Update (2008)	Interim Update (2010)	Target (2011)
Percent of all adults (age 18+) who think family health history is “very important” or “somewhat important” to their personal health (<i>New</i>)	MiBRFS*	96.6%	Not available	94.8%	95%
Percent of all adults (age 18+) who have actively collected, recorded, and shared health information from their relatives on their family health history (<i>New</i>)	MiBRFS*	Collected = 37%	Not available	Collected = 29.1% Recorded = 15.6% Shared = 26.8%	50%
Percent of all adults (age 18+) who have been asked by their health care provider about their family history of cancer in general (including times they filled out a form)	MiBRFS*	Not available	Not available	83.4% [‡]	85%



Available Data Markers	Data Source	Baseline (2005)	Interim Update (2008)	Interim Update (2010)	Target (2011)
Percent of all adults (age 40+) who have discussed with their provider their family history of specific cancers (breast or ovarian)	SCBRFS [†] (2008) MiBRFS* (2009)	Not available	Breast = 79.2% <ul style="list-style-type: none"> • 10% lower in African, Native and Hispanic Americans • 20% lower in Arab and Asian Americans Ovarian = 75.5% <ul style="list-style-type: none"> • 69.2% Asian Americans 47.4% Arab Americans 	Not available	80%

* Michigan Behavioral Risk Factor Survey

[†] Special Cancer Behavioral Risk Factor Survey

Highlights of MCC Success — 2010

Organizations representing or serving hard-to-reach and/or special populations

Cancer Genomics

ACCESS Community Health & Research Center: “The Kin Keeper Cancer Prevention Intervention engages Arab women with regard to the benefits of early detection screening, how to connect their personal risk of getting breast cancer with their family history of breast cancer, and what to expect when they go to the clinic. Using this model contributed to a safe atmosphere for women to learn about a very emotionally charged topic. Women were able to question the community health worker about myths and other things that they would be reluctant to discuss in a clinical setting. Women were more empowered as to how to engage their own health care providers, navigate the health care system, and [why and how to] fill out a family history cancer risk assessment questionnaire.”



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 12

Percentage of MCC Membership Reporting Participation in This Strategy, 2010

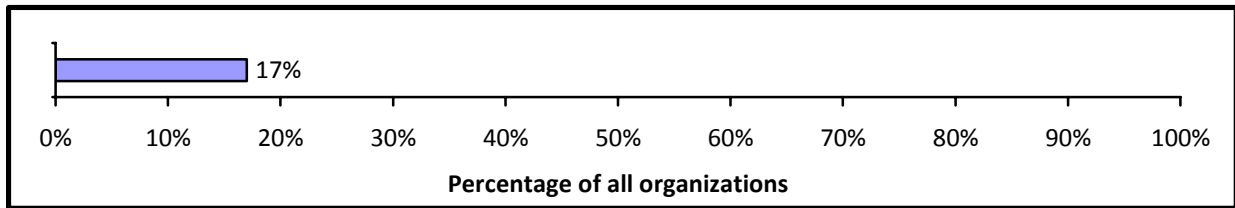
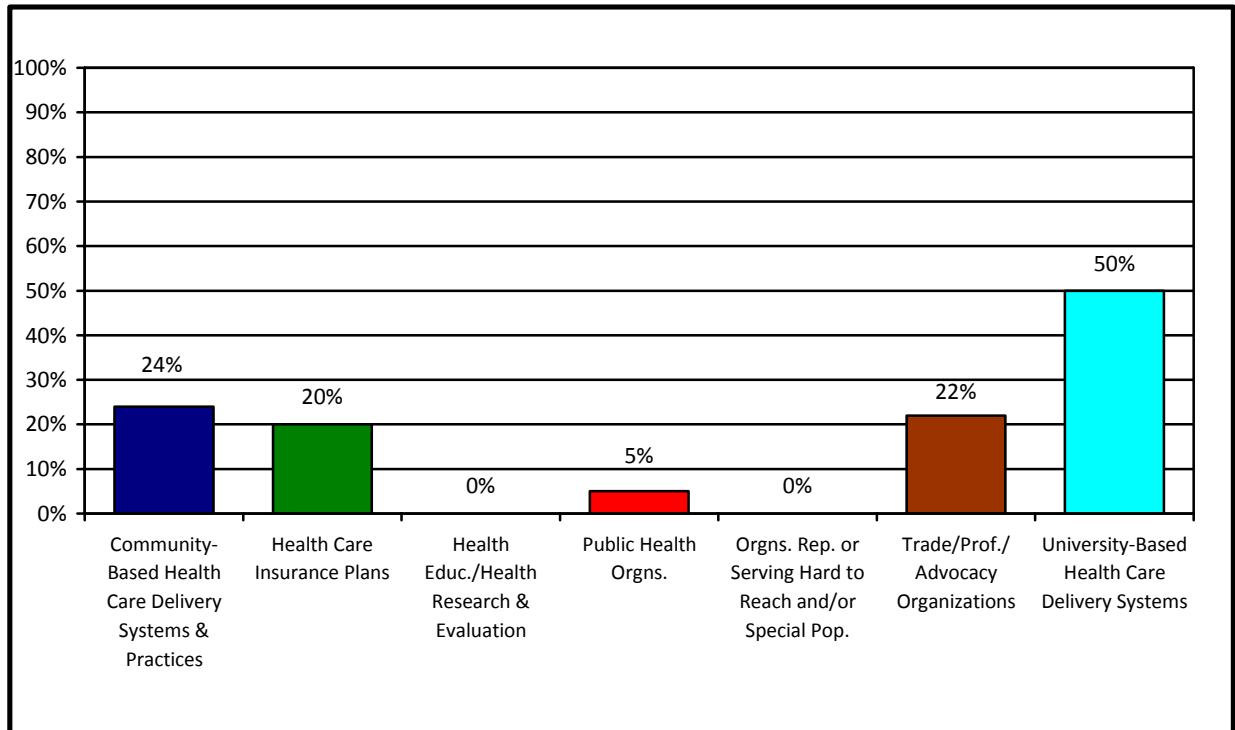


Figure 13

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





2010 MCC Spirit of Collaboration Award — Honorable Mention

100 Black Men of Greater Detroit, American Cancer Society, and Blue Cross Blue Shield of Michigan Collaborative Project

Addressing:

- Prostate Cancer

Collaborative partners in the project:

- 100 Black Men of Greater Detroit
- American Cancer Society
- Blue Cross Blue Shield of Michigan
- Michigan Department of Community Health

Project description: The American Cancer Society (ACS), Blue Cross Blue Shield of Michigan (BCBSM), and the 100 Black Men of Greater Detroit joined together in a collaborative initiative to address African American men's health issues.

Through this collaborative project, 14 people were trained to conduct the ACS Let's Talk About It Program, an educational forum designed to assist men and women in better understanding prostate disease and other health issues. The program was valuable in helping individuals understand the importance of screening and developing a relationship with a healthcare provider. The trained individuals conducted education forums at churches, barbershops, shelters, and special events in Detroit, reaching over 400 men and women.

In addition to health seminars, the collaborative facilitated a leadership breakfast event on June 7, 2010 and the Man Up, Walk the Walk for Healthy Families health walk and screening event at Belle Isle Park in Detroit on Sept. 11, 2010. Nearly 550 individuals attended the walk and screening event.

This important collaboration drew the attention and added sponsorship of five major health systems: Henry Ford Health System; St. John Providence Health System; Detroit Medical Center; Oakwood Healthcare; and the Karmanos Cancer Center. Each provided health screenings at the walk event, including: blood pressure; glucose; cholesterol; BMI; and PSA. The recipients received valuable health information as part of the screening process. Over 300 participants were screened, and 54 referrals to Federally Qualified Health Centers and free clinics were made.



Plan Strategy: Used available MCC materials to implement public awareness campaigns on the role of family history as a cancer risk factor

Figure 14

Percentage of MCC Membership Reporting Participation in This Strategy, 2010

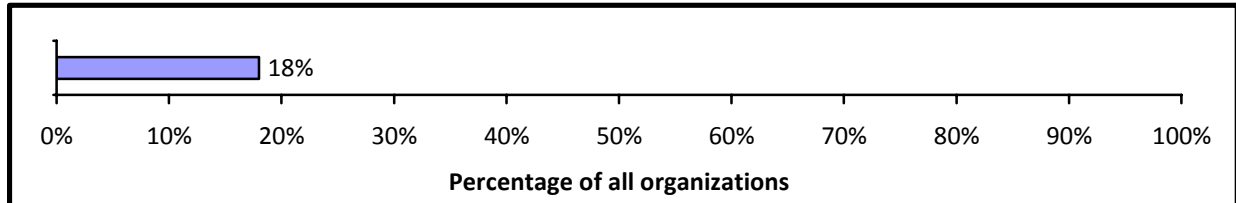
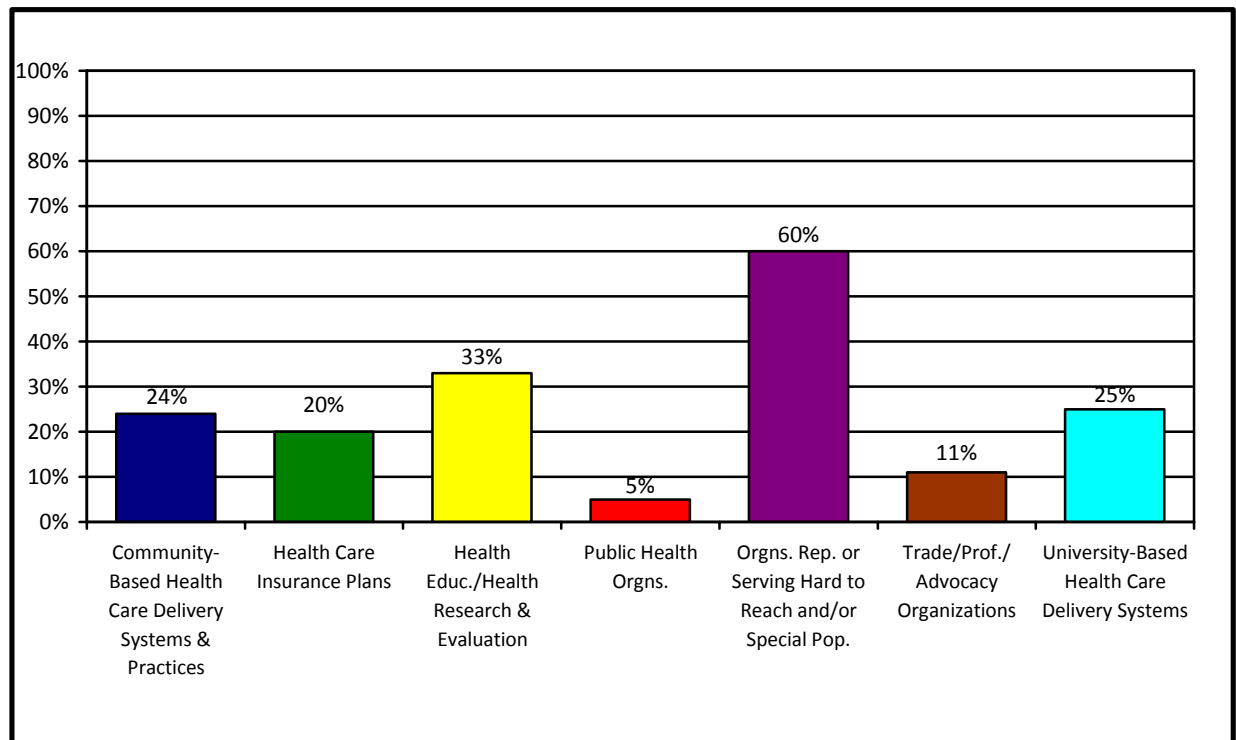


Figure 15

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





Cancer Survivorship

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



2010 MCC Spirit of Collaboration Award — Honorable Mention

Friends Together Medical Transportation Van

Addressing:

- Cancer Survivorship

Collaborative partners in the project:

- Alpena Cancer Center
- Alpena Regional Medical Center Development Council
- American Cancer Society
- The Besser Foundation
- Friends Together
- United States Department of Agriculture

Project description: With grants from the United States Department of Agriculture’s Rural Development Program, Alpena Regional Medical Center Development Council, and The Besser Foundation, Alpena Cancer Center, in collaboration with Friends Together, was able to purchase a 2010 Chrysler Town & Country van to assist cancer patients with transportation to diagnostic and treatment services at the Alpena Cancer Center.

Although Alpena Regional Medical Center has partnered with the American Cancer Society to provide transportation services to patients in the north and within Alpena County, there was a large geographic area not serviced by the previous van. By purchasing the new van, the center can now expand its service area to the southern and western regions of Northeast Michigan, including Alpena, Alcona and parts of Iosco counties.

“Friends Together led the charge, and the Alpena Regional Medical Center Development Council and Besser Foundation stepped up in a big way to make this dream a reality,” said Doug Kreis, director of the Alpena Cancer Center. “I would like to sincerely thank all collaborating partners for their generosity. I would also like to thank all of the volunteer drivers for without them, we would not be able to help the patients in need.”

“The Special Cancer Behavioral Risk Factor Survey data that show how poorly pain is controlled up to and at the end of life have always served as data markers for the work we do to improve pain care for cancer survivors and others.”

— *Susan Affholter*
Michigan Department of Community Health
Bureau of Health Professions



Overall Progress

The MCC has placed a special emphasis on improving the availability of information regarding cancer survivorship care. The MCC Survivorship Workgroup has played a key role in 2010 in advancing this goal by reviewing resources available throughout the state and leading the creation of the *Michigan Cancer Survivorship Resource Guide* (available at www.mchigancancer.org/WhatWeDo/CancerSurvivorshipResourceGuide.cfm). The resource guidebook has been updated with the latest information for survivorship care and related resources.

The MCC Prostate Cancer Action Committee continued to contribute to this goal by promoting dissemination of the two sets of care and symptom management guidelines, one of which was created 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.mchigancancer.org/CancerPlan/ProstateCancer_Resources.cfm#14.

Currently, less than half of the general population of cancer survivors (42 percent) report having received cancer care information and/or a written care plan from a health care provider. The MCC goal for this rate was set at 50 percent in 2011. There is room for growth in the upcoming year in that regard and ultimately, of course, this modest target rate needs to increase 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 websites 	<i>Michigan Cancer Survivorship Resource Guide</i> started and available on the MCC website	Resource guidebook 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



Available Data Markers	Data Source	Interim Update (2010)	Target (2011)
Prevalence of all cancer among adults	MiBRFS [†]	10.8%	--
Survivors receive cancer care information and/or written care plan from their provider	MiBRFS [†]	42.0%	50%
Percent of survivors who had health insurance to pay for all/part of their cancer treatment	MiBRFS [†]	94.5%	--
Percent of survivors who report having been denied health insurance because of their cancer diagnosis	MiBRFS [†]	7.6%	--
Percent of survivors who participated in a clinical trial as part of their cancer treatment	MiBRFS [†]	7.4%	--
Percent of survivors who experience current physical pain due to cancer or cancer treatment	MiBRFS [†]	6.1%	--
Types of health care providers currently providing the majority of health care for adult cancer survivors (top three listed)	MiBRFS [†]	62.1% -- Family Practitioner 18.4% -- Internist 6.5% -- Other	--

* Prostate Cancer Follow-Back Study

[†] Michigan Behavioral Risk Factor Survey

Highlights of MCC Success — 2010

Community-based health care delivery systems and practices with cancer programs

Cancer Survivorship

Alpena Regional Medical Center – Alpena Cancer Center: “In April 2010, many survivors, families and caregivers gathered for the first-ever cancer conference in Alpena. Our conference featured comedy, research, information, skill-building, good food, and plenty of hope as we learned to ‘Keep On Dancing’ in the knowledge that no one needs to go through the experience of cancer alone. We will start planning for Keep on Dancing 2 in 2012.”



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

Plan Strategy: Created and/or implemented public awareness programs on the issues surrounding cancer survivorship

Figure 16

Percentage of MCC Membership Reporting Participation in This Strategy, 2010

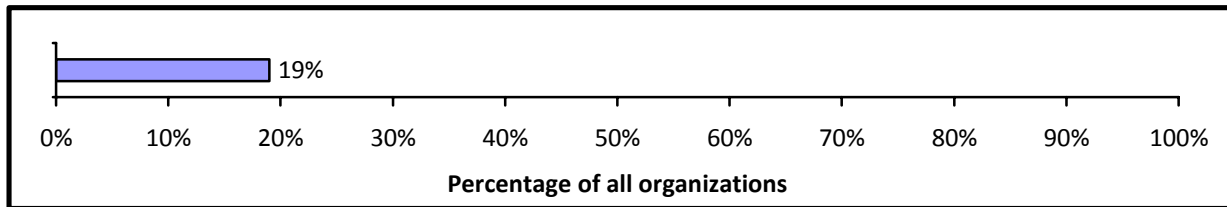
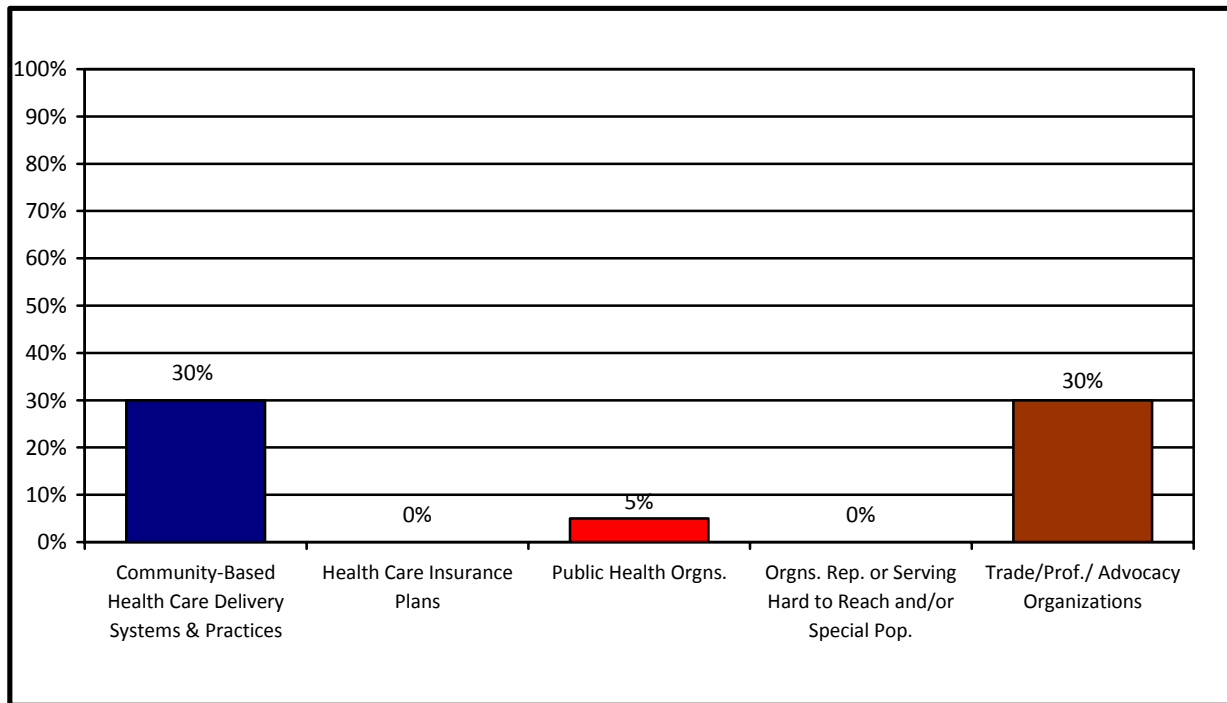


Figure 17

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





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, 2010

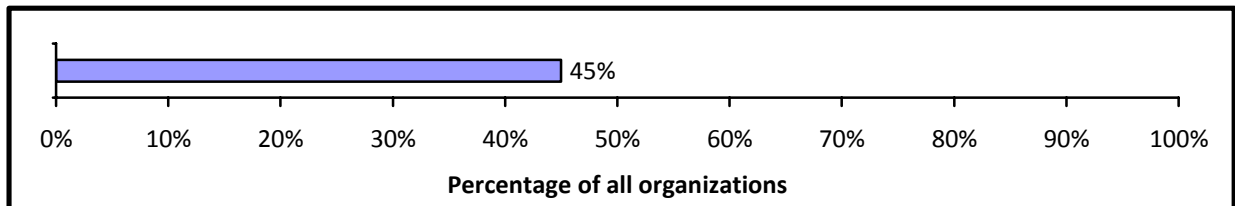
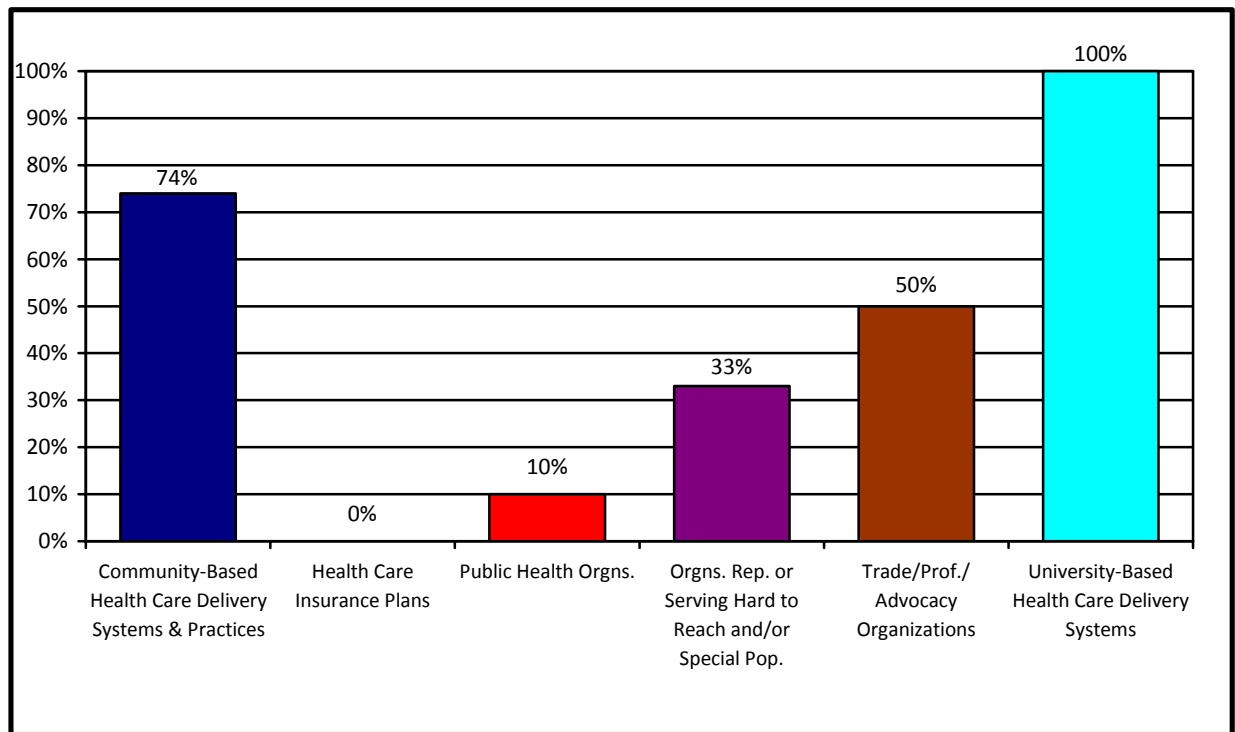


Figure 19

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





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, 2010

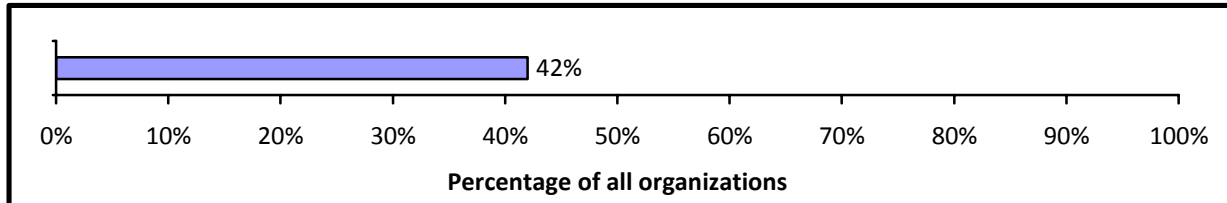
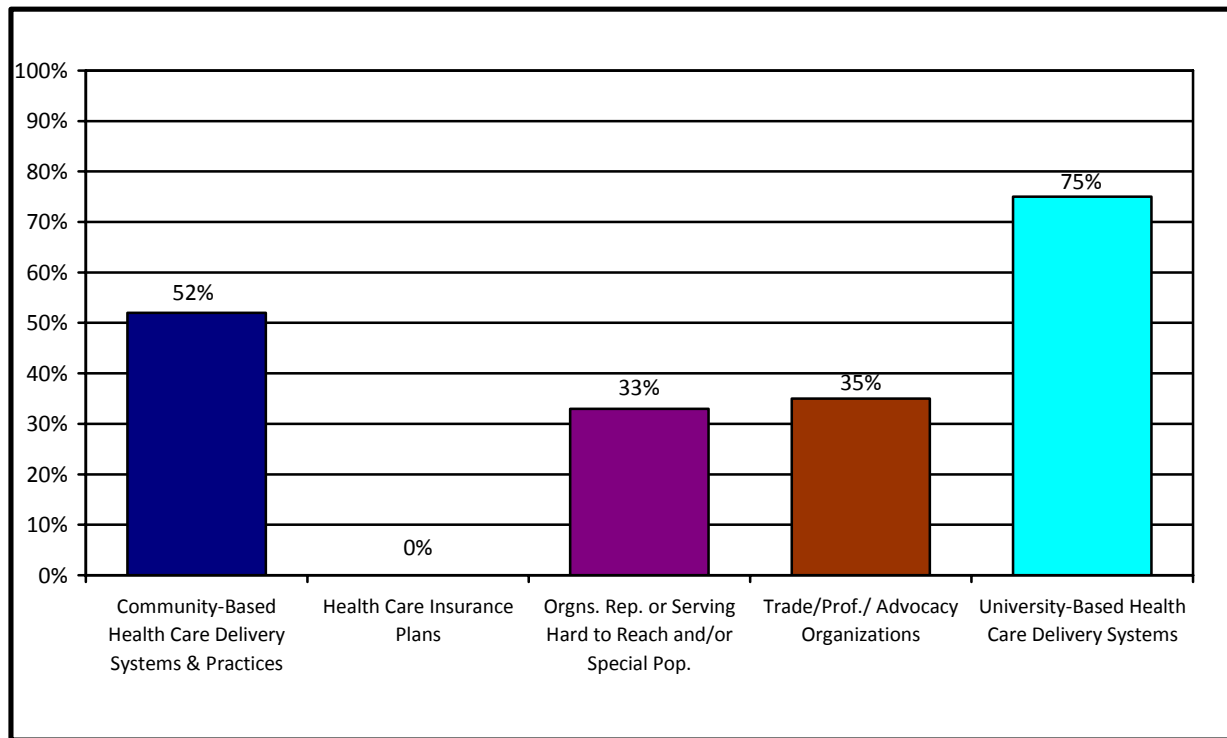


Figure 21

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



“Our MCC affiliation is completely consistent with our mission and action plan. Membership gives shape and specifics to our work, provides additional credible resources, and extends the network of partners who are committed to reducing the breast cancer burden in Michigan.”

— *Maureen Keenan Meldrum*
Susan G. Komen for the Cure, Detroit Affiliate



Highlights of MCC Success — 2010

Trade/professional/advocacy organizations

Cancer Survivorship

Gilda’s Club Grand Rapids: “Our organization provides over 200 activities a month, including support groups (for all cancer types, children, adults, family and friends); classes (Living with Cancer, Living With Breast Cancer, etc.); workshops (exercise, nutrition, arts, etc.); lectures (physicians, nurses, complementary treatment specialists, emotional health issues, etc.); and social events. We have about 600 attendees per week in our programs, and our calendar goes into all local hospitals and oncology offices, as well as other medical offices.

“We offer opportunities for individuals ranging from survivors from the moment of diagnosis to long-term survivors who may be several years out, yet living with the cloud of cancer in their lives. Our Sister to Sister partners offer an emotionally supportive navigational program that assists in transportation, locating resources, and emotional support for diagnosed women. We have also developed and implemented support groups that are offered in five minority community locations and meet on a monthly basis.

“We are the host and facilitator of a Professional’s Support Group that is open to anyone who works with cancer patients. This is also an opportunity for collaboration and information exchange.”

“Cultural sensitivity training is the major issue in our community when it comes to health care service, including, and not limited to, translation services provided by health care institutions. Our affiliation with the MCC influences the Arab American Board members in their decision-making process, as well as implementing cancer control activities to a great extent.”

— **Hiam Hamade**
ACCESS Community Health & Research Center



Plan Strategy: Facilitated access to survivorship resources particularly for minorities and underserved populations

Figure 22

Percentage of MCC Membership Reporting Participation in This Strategy, 2010

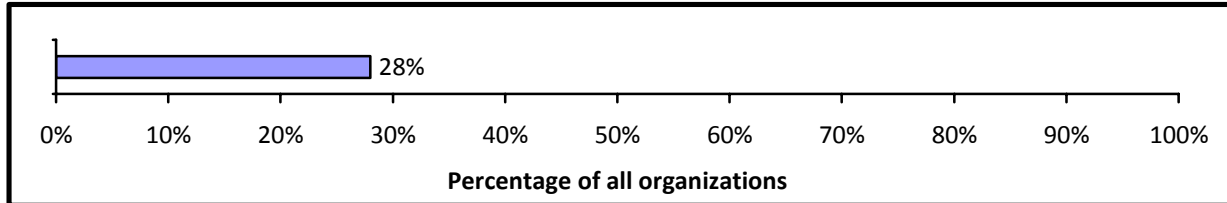
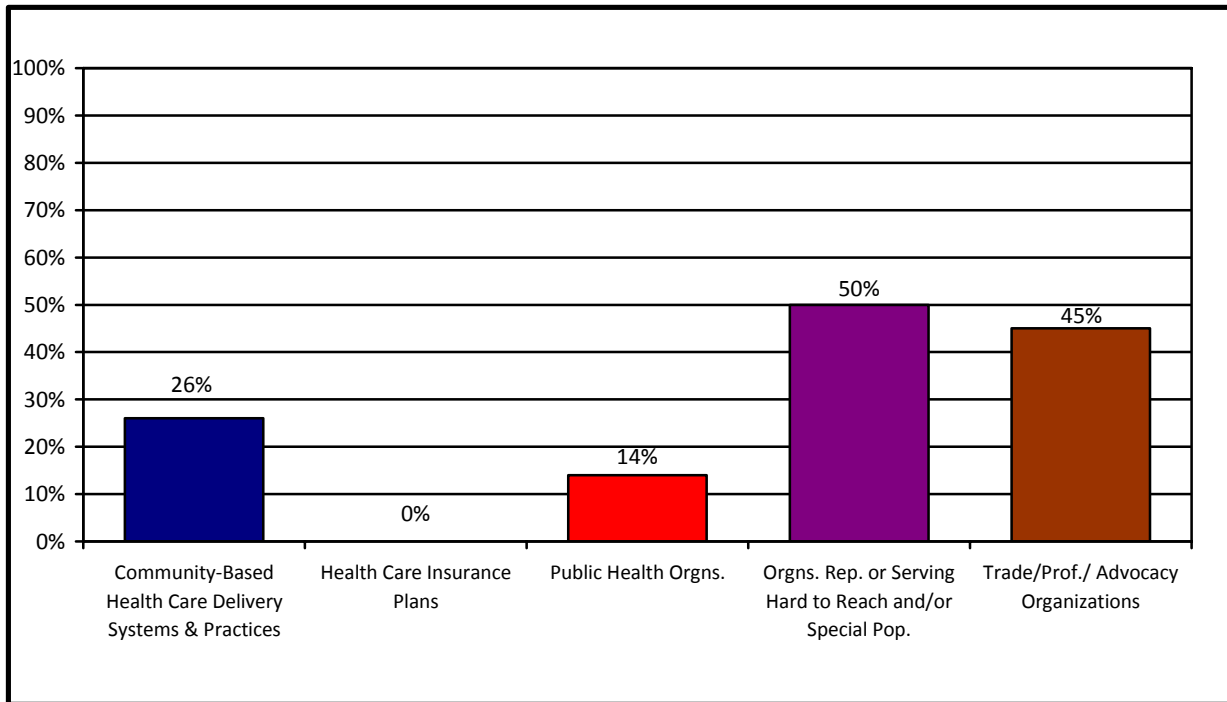


Figure 23

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



“The report is a good reminder of how much more my organization can do, what we ought to be doing. Unfortunately, resource constraints apply. But, I think we should all be challenged to do more, while being supported for what we do (as I think MCC does well).”

— **Maureen Keenan Meldrum**
Susan G. Komen for the Cure, Detroit Affiliate



Plan Strategy: Sponsored, provided and/or promoted training activities for health care professionals to improve delivery of services and increase awareness of medical needs and other issues faced by survivors throughout the full spectrum of cancer care

Figure 24

Percentage of MCC Membership Reporting Participation in This Strategy, 2010

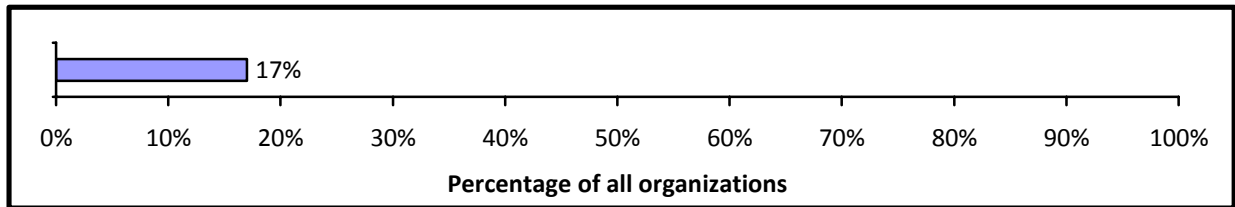
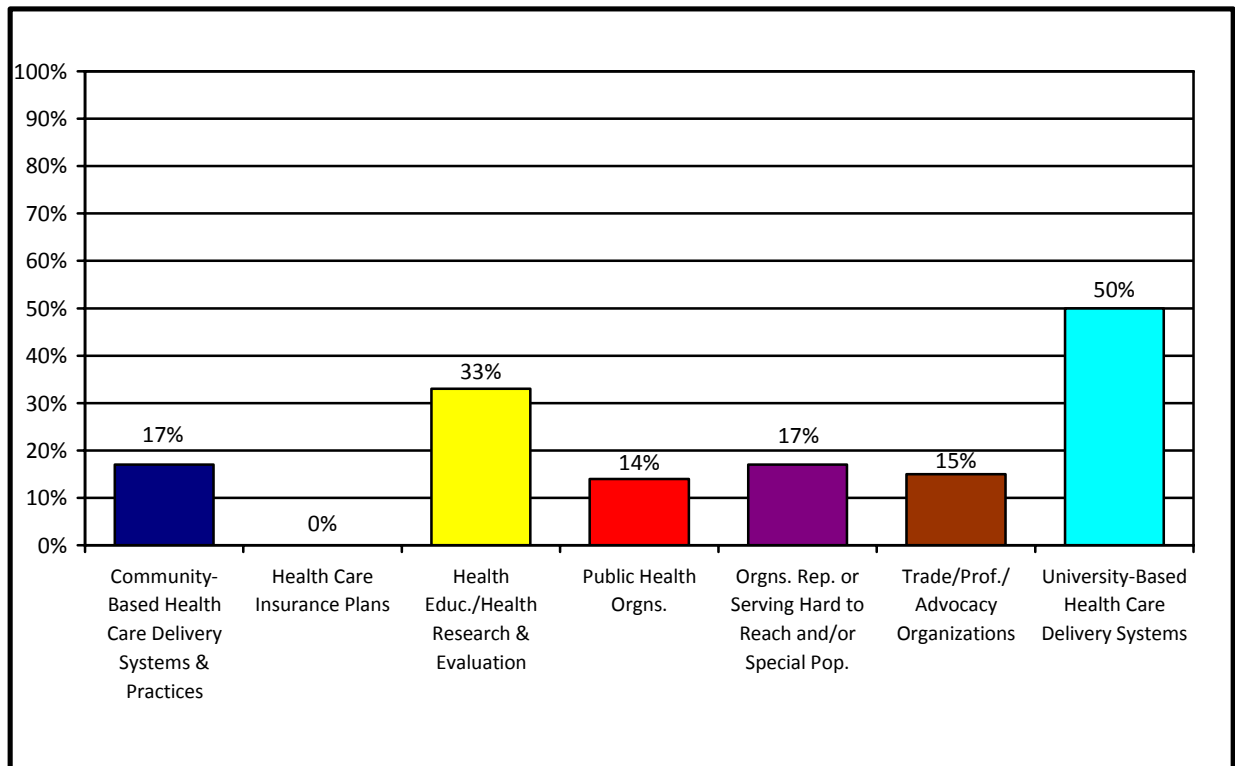


Figure 25

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





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

Figure 26

Percentage of MCC Membership Reporting Participation in This Strategy, 2010

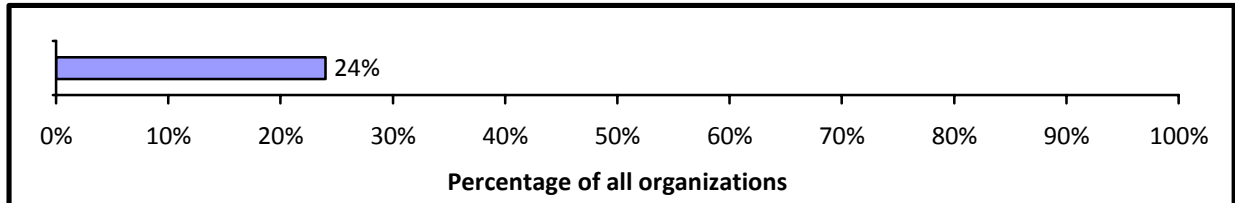
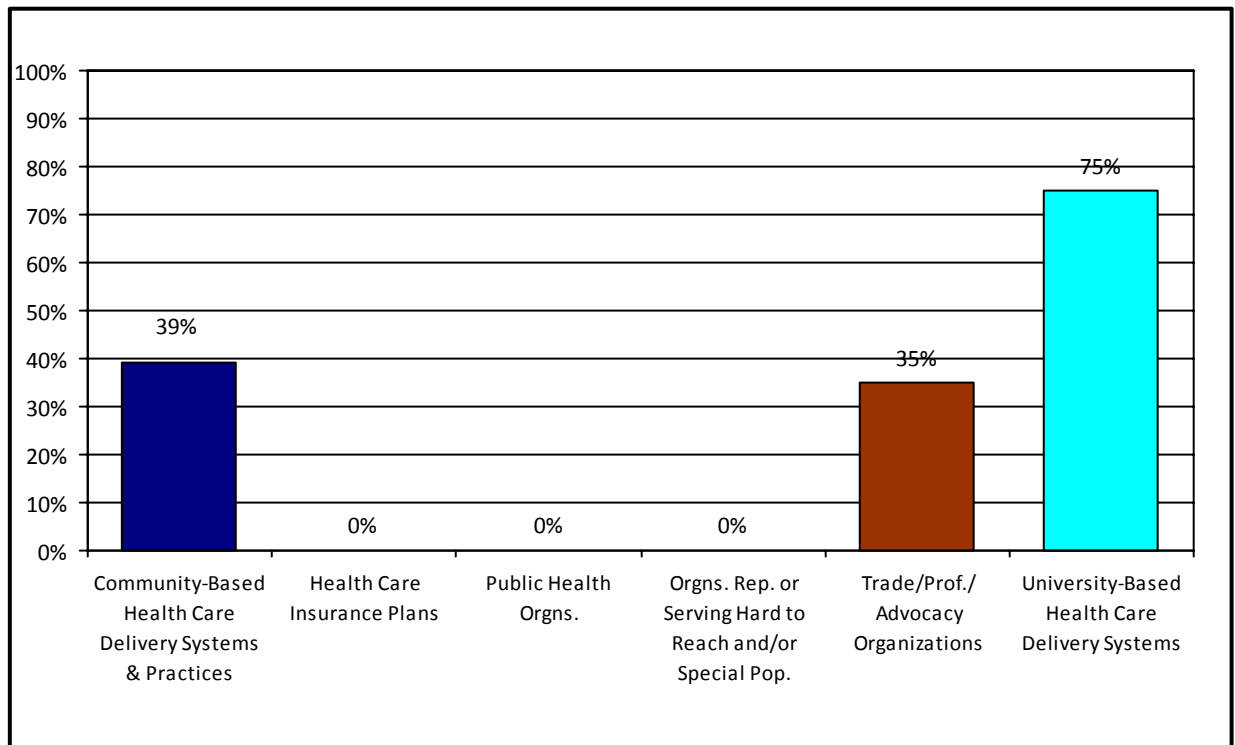


Figure 27

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



“I have appreciated the efforts made to acknowledge, recognize and include West Michigan. The opportunity for networking is valuable. The monthly newsletters and updates are excellent and helpful.”

— *Connie Szczepanek*
Grand Rapids Clinical Oncology Program



Highlights of MCC Success — 2010

*Community-based health care delivery systems
and practices with cancer programs*

Cancer Survivorship

Genesys Hurley Cancer Institute: “We held a Cancer Survivor Day in June 2010 acknowledging cancer survivors and survivorship and providing education and support activities. We provide a wide range of Quality of Life programs ranging from tai chi, yoga, reiki, Qigong Music Therapy/Drum Circle, relaxation classes, mediation classes, and wellness classes. We have multiple support groups: We All Can: General Support Group; Kidney Cancer Support Group; Breast Cancer Support Group; Stop Smoking Support Group; Men’s’ Cancer Support Group; Youth Cancer Support Group; and Children’s Support Group (for children with family members who have cancer).”

Highlights of MCC Success — 2010

*Community-based health care delivery systems
and practices with cancer programs*

Cancer Survivorship

St. John Hospital & Medical Center – Van Elslander Cancer Center: “We initiated navigations informational system that allows connectivity throughout care from diagnosis to survivorship. The Center also has put additional nurse navigators in place and instituted additional support groups to cover the entire spectrum of needs for the patient. Symptom and pain management and additional support services have been implemented, as has an oncology rehab program treating fatigue.”

“There are too many gaps in the health care system. Many Arab Americans do not know what is rightfully available to them. The MCC Board of Directors ensures communication through their Board of Directors meetings to address the gaps and the needs.”

— **Hiam Hamade**
ACCESS Community Health & Research Center



Cervical Cancer

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



2010 MCC Spirit of Collaboration Award Winner

University of Michigan Health System Free Pap Test Screening

Addressing:

- Cervical Cancer

Collaborative partners in the project:

- Ann Garvin — Michigan Department of Community Health
- Karen Jennings — Washtenaw County BCCCP Coordinator
- Oncology Nursing Society
- Planned Parenthood
- UMHS Briarwood Center for Women Children and Young Adults
- UMHS Cancer AnswerLine
- UMHS Comprehensive Cancer Center Community Outreach Program
- UMHS Department of Obstetrics and Gynecology
- UMHS Department of Pathology
- UMHS Department of Social Work
- UMHS Public Relations & Marketing Communications
- UMHS Women's Health Program

Project description: On Jan.30, 2010, the University of Michigan Health System (UMHS) provided free cervical cancer screening to women who had not had a Pap test in the last two years and did not have medical coverage for a Pap test. Any woman who was at least 21 years of age and met these criteria was eligible to schedule an appointment, with emphasis placed on screening a racially and ethnically diverse group of women. The departments involved in the first-time collaboration absorbed the cost of the event, and providers from the Departments of Obstetrics and Gynecology and Pathology donated their time to collect and process the specimens.

A total of 75 women received a free Pap Test during this event. A large proportion (44 percent) of women screened were minorities, and most were between the ages of 25 and 54. Every participant received a list of local resources for free or low-cost health care. The UMHS Women's Health Program had additional materials available for women interested in learning more about cervical cancer and HPV.

Sixty-six women had normal Pap results. Two women had atypical cells, but both were found to be HPV negative and required no additional follow-up. In addition, providers visually identified abnormalities on several women and instructed them at the time of the screening to seek appropriate follow-up care. All women requiring follow-up care received a phone call from physicians from the Department of Obstetrics and Gynecology to report results and provide necessary follow-up instructions. If women needed more information about how and where to receive care, they were also contacted by a licensed social worker to discuss options.



Overall Progress

The overall goal of the MCC Cervical Cancer Special Project has exceeded 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). Recent trends in various risk factors and preventive aspects for cervical cancer are believed to correlate with the observed decline in incidence of *in situ* cervical cancer, such as decrease in smoking rates; decrease in teen pregnancies; increased Pap testing; and uptake of the HPV vaccine.

Table 6

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

Available Data Markers	Data Source	Baseline (2005)	Interim Update (2006)	Interim Update (2007)	Target (2011)
Age-adjusted incidence rate of cervical cancer <i>in situ</i> per 100,000 women population <u>ages 20-39</u>	Michigan Cancer Surveillance Program (State Cancer Registry)	178.9	172.4	Overall Rate = 128.3 <ul style="list-style-type: none"> • White female = 112.3 • Black female = 110.2 <u>Age 20-29</u> CIS Rate = 160.6 <ul style="list-style-type: none"> • White female = 138.0 • Black female = 139.5 <u>Age 30-39</u> CIS Rate = 95.2 <ul style="list-style-type: none"> • White female = 85.5 • Black female = 81.2 	161.1

“Sharing information with colleagues and institutions has led to development of more projects that previously had not been addressed. Sharing MCC statistics and year-end data led to many new ideas being acted upon for progress in early cancer detection and prevention.”

— *Mary Jo Voelpel, DO*
Michigan Osteopathic Association



2010 MCC Spirit of Collaboration Award Winner

Washtenaw County HPV Resource Team

Addressing:

- Cervical Cancer

Collaborative partners in the project:

- American Cancer Society
- Merck and Co. Inc.
- Michigan Department of Community Health and others
- Planned Parenthood
- St. Joseph Mercy Health System
- University of Michigan Health System:
 - Community Health Services
 - Comprehensive Cancer Center
 - Obstetrics and Gynecology
 - Pediatrics
 - Women's Health Program
 - Program for Multicultural Health
- Washtenaw County Public Health

Project description: The Washtenaw HPV Resource Team was formed to educate and connect people to resources for the HPV vaccine and cervical cancer. The team collaborated to develop a HPV and Cervical Cancer Facts slide show, resource sheet, and model for community education. Fifteen presentations at schools/campuses, churches, and libraries have reached over 400 community members, and HPV vaccines have been provided at three of the educational events.

The Resource Team is enhancing its presentation to include a panel of three physician speakers on HPV/Cervical Cancer Facts, Vaccine Rates and Disparities Information, and Vaccine Decision Making and Safety. The Medical Directors of both Washtenaw County Public Health and Wayne County Public Health are participating as panel presenters.



The following set of questions focused on **professional and public education** activities that MCC member organizations have been engaged in during the reporting period to promote **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 28
Percentage of MCC Membership Reporting Participation in This Strategy, 2010

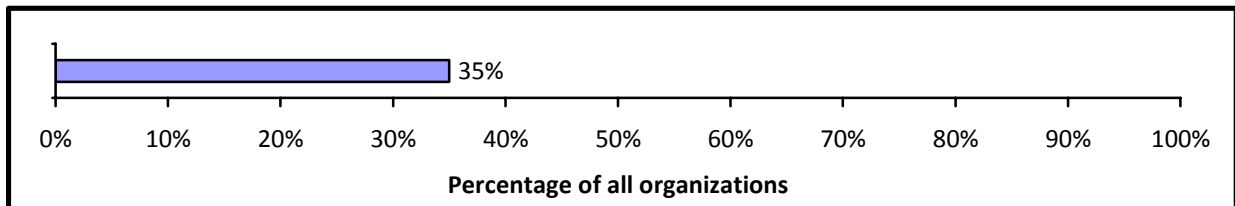
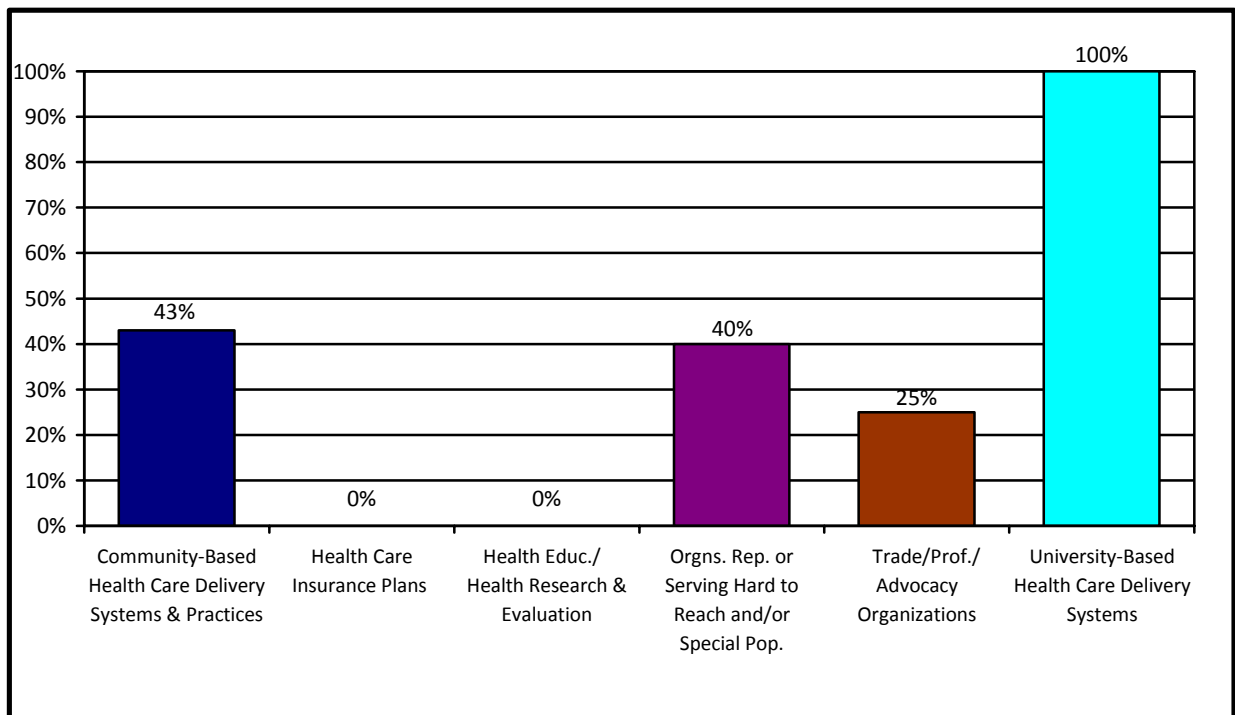


Figure 29
Self-Reported Participation in This Strategy, by MCC Membership Classification





Plan Strategy: Implemented cervical cancer public education campaigns

Figure 30

Percentage of MCC Membership Reporting Participation in This Strategy, 2010

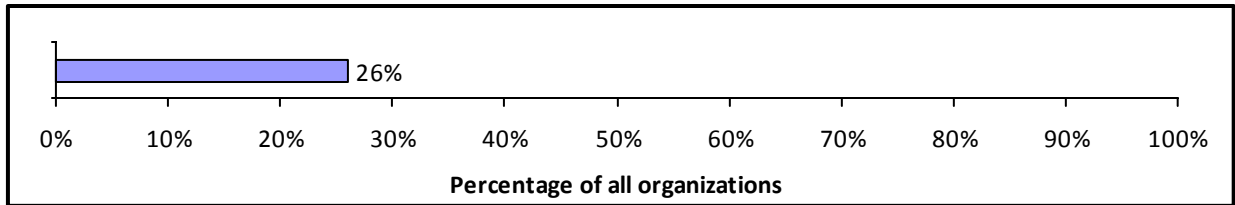
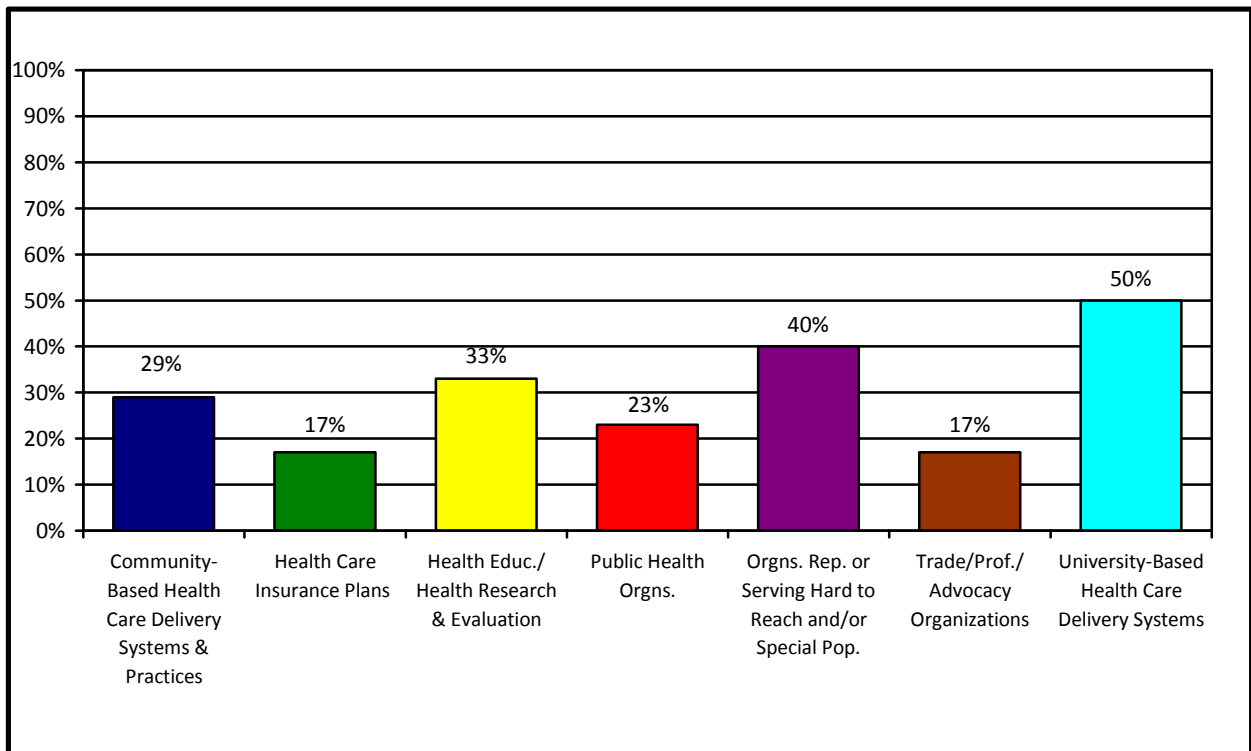


Figure 31

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





Plan Strategy: Participated in Cervical Cancer Awareness Month

Figure 32

Percentage of MCC Membership Reporting Participation in This Strategy, 2010

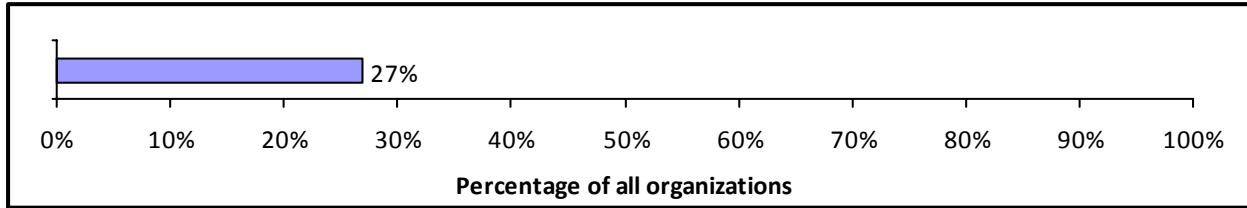
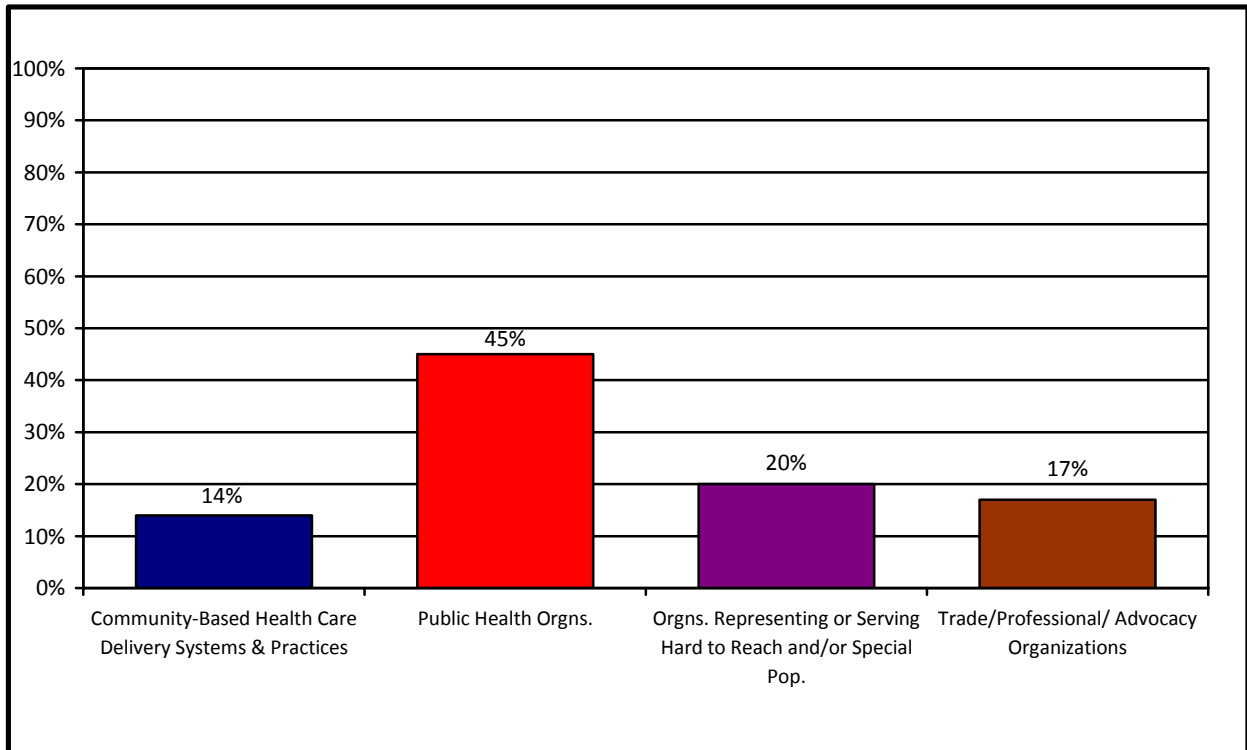


Figure 33

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





2010 MCC Spirit of Collaboration Award — Honorable Mention

**Community-Based Participatory Research in the Area of
Breast and Cervical Cancer Prevention and Control**

Addressing:

- Breast Cancer, Cervical Cancer

Collaborative partners in the project:

- Arab Community Center for Economic and Social Services (ACCESS)
- Department of Obstetrics, Gynecology & Reproductive Biology in the College of Human Medicine at Michigan State University

Project description: Over the past four years, the Arab Community Center for Economic and Social Services (ACCESS) and the Department of Obstetrics, Gynecology & Reproductive Biology in the College of Human Medicine at Michigan State University have advanced community-based participatory research in the area of breast and cervical cancer prevention and control.

Through this collaboration, they have culturally and linguistically translated the Kin Keeper Cancer Prevention Intervention training materials into Arabic and have cross-trained 24 Arab community health workers on this intervention. In turn, these same community health workers have implemented the Kin Keeper model by touching the lives of nearly 130 Arab female-focused families (mother, grandmother, sister, daughter, and aunt) in a culturally respectful manner.

Highlights of MCC Success – 2010

*Community-based health care delivery systems
and practices with cancer programs*

Cervical Cancer

In October of 2010, **Alpena Regional Medical Center – Alpena Cancer Center** offered its 6th Free Women's Cancer Screenings to women in its service communities. Each woman was eligible for a clinical breast exam and pelvic exam with Pap smear and a mammogram, if deemed appropriate. More than 500 women have participated since the program began in 2004. Staff say the program is a success due to the collaborative effort of individuals, groups and agencies that join together to make it possible. Alpena Regional Medical Center's goal is to continue to offer this important program to the women in its community to allow them to lead healthier lives.



Plan Strategy: Developed narrowly targeted messages that are culturally specific and disseminated through small, local, culturally specific media

Figure 34

Percentage of MCC Membership Reporting Participation in This Strategy, 2010

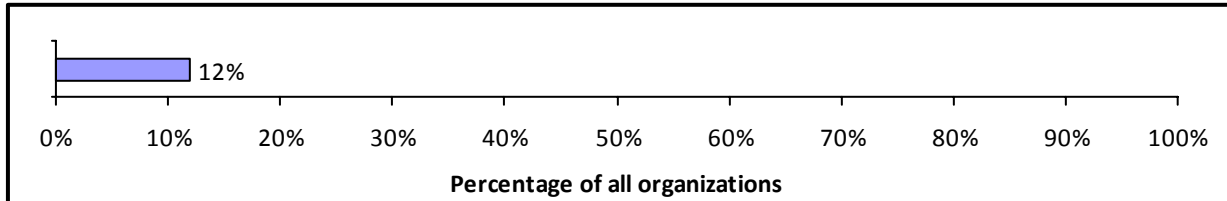
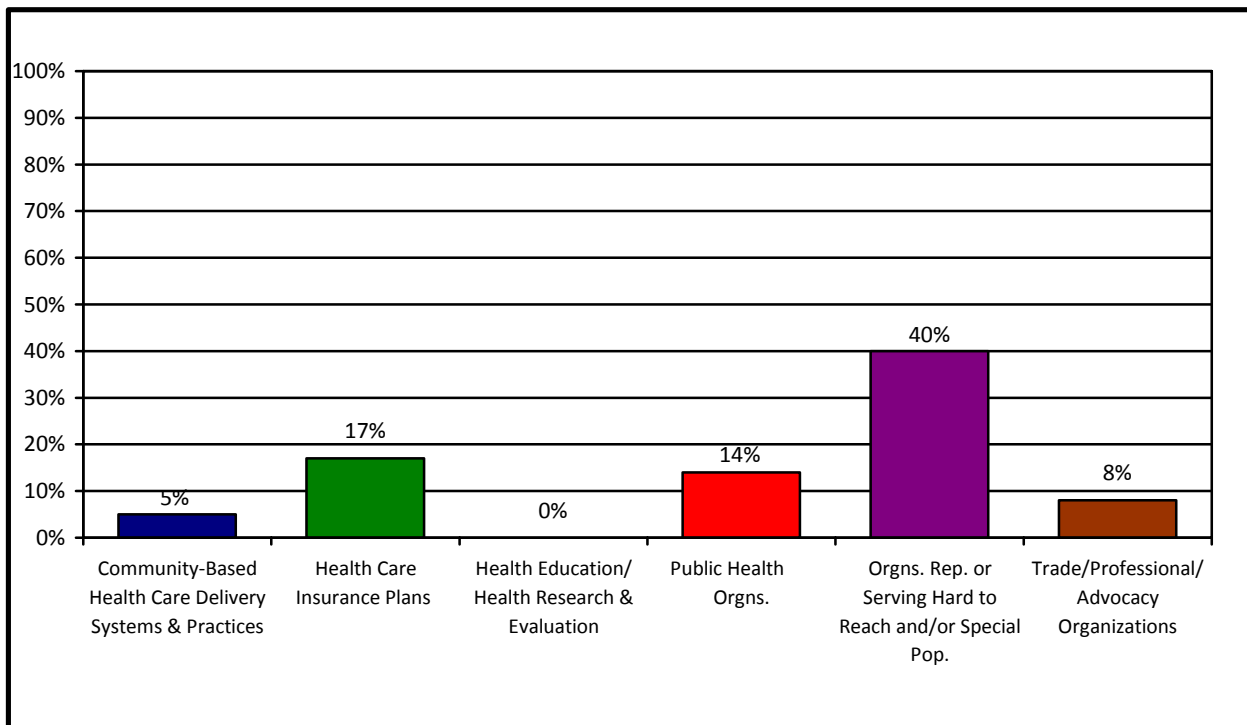


Figure 35

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





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

Plan Strategy: Enrolled BCCCP-eligible women

Figure 36

Percentage of MCC Membership Reporting Participation in This Strategy, 2010

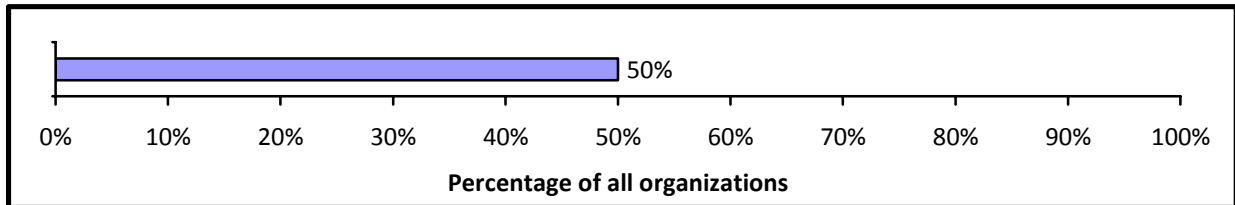
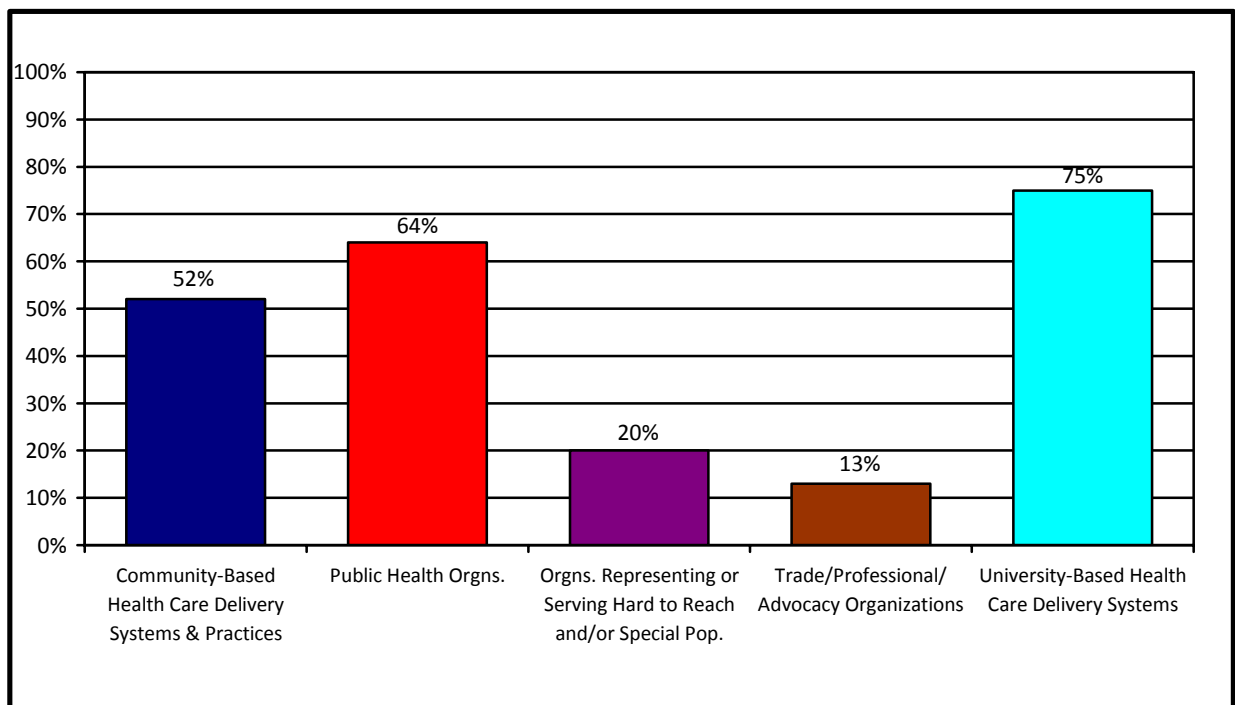


Figure 37

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





Plan Strategy: Enrolled women in “Plan First!”

Figure 38

Percentage of MCC Membership Reporting Participation in This Strategy, 2010

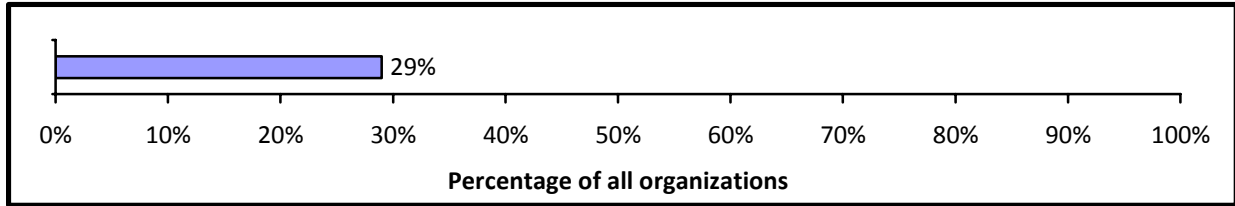
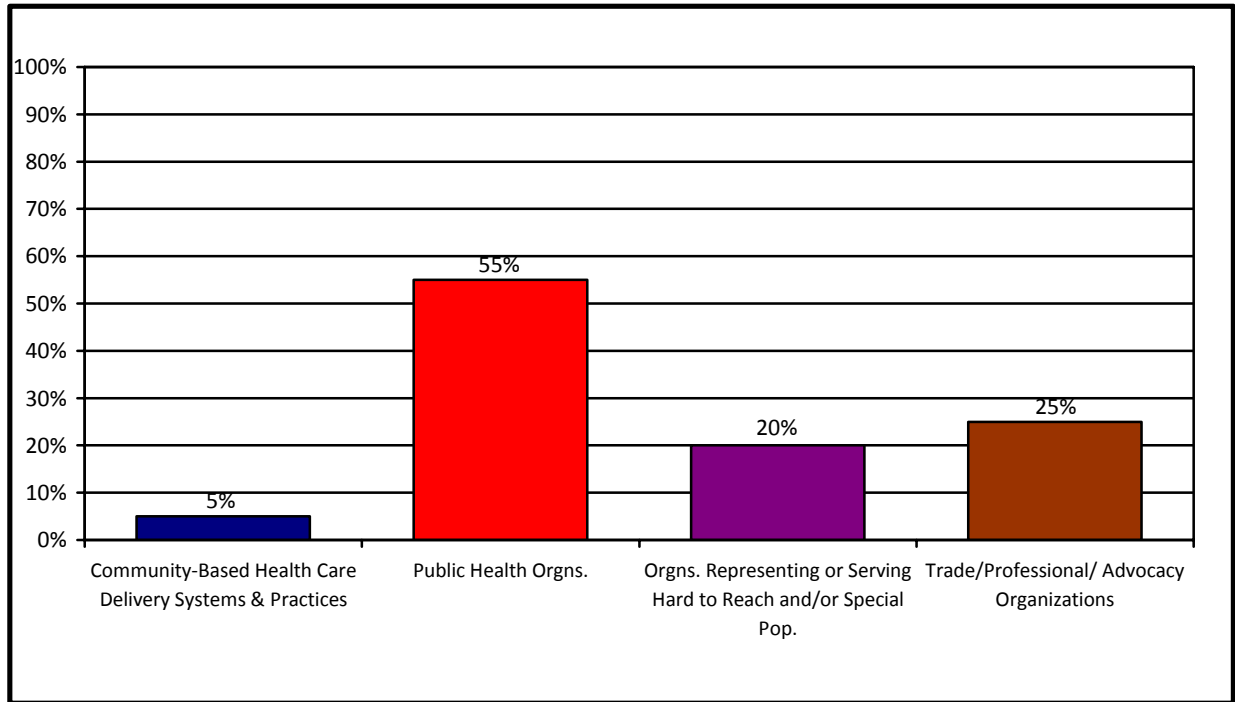


Figure 39

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





Highlights of MCC Success — 2010

Trade/professional/advocacy organizations

Cervical Cancer

American Cancer Society: “ACS refers women seeking screening to the BCCCP via the Cancer Resource Network. ACS is consistently promoting timely and appropriate screenings as the best means of reducing the cancer burden. Information is distributed to community organizations, health clinics/doctors offices, health fairs, etc. — wherever people might be that have concerns about cancer. In addition, a data bank is maintained and updated with information on local free or reduced-cost cervical cancer screenings for callers — or Web users — to our Cancer Resource Network. Finally, ACS CAN, the nation’s leading cancer advocacy organization, is working every day to make cancer issues a national priority. Efforts include national health care reform, support to increase funding for cancer research, and support for additional state and federal dollars to BCCCP.”

Highlights of MCC Success — 2010

*Organizations representing or serving
hard-to-reach and/or special populations*

Cervical Cancer

ACCESS Community Health & Research Center: “We collaborate with the state to enroll clients for total coverage through our on-site Title 15 BCCCP program, which comprehensively covers the follow-up needs of low-income enrollees. The majority of our uninsured clients with abnormal results have received medical coverage through this route.

“The program has targeted the lowest income members of our community for screening outreach. Reflected in this is the increasing proportion of Iraqi refugees enrolled for home visits and mammography. About 40 percent of our total screenings were provided to Iraqi refugees in the past 12 months. These individuals are among the poorest in our population and were displaced by their government during the Gulf War without possessions

“ACCESS also expanded services to our new center at Macomb County and we’re addressing individual barriers to cervical cancer screening, including culturally sensitive issues around modesty and financial barriers to care. Transportation is arranged specially to patients coming from Hamtramack. To reinforce the need for regular annual follow-up and interval re-screening among women primarily screened during this project year, we are contacting patients through letters and/or postcard reminders and phone calls, which are provided through our database.”



Plan Strategy: Expanded hours and sites of service

Figure 40

Percentage of MCC Membership Reporting Participation in This Strategy, 2010

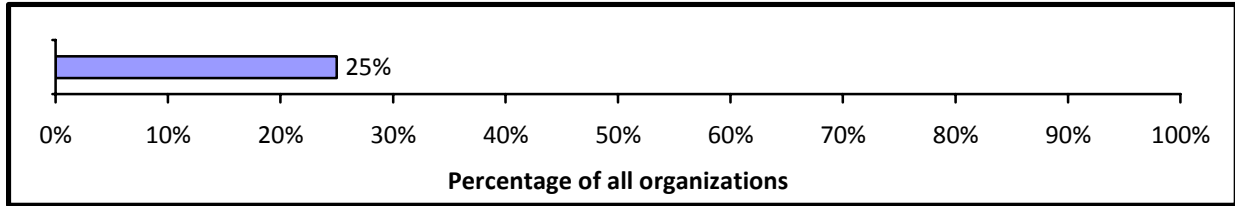
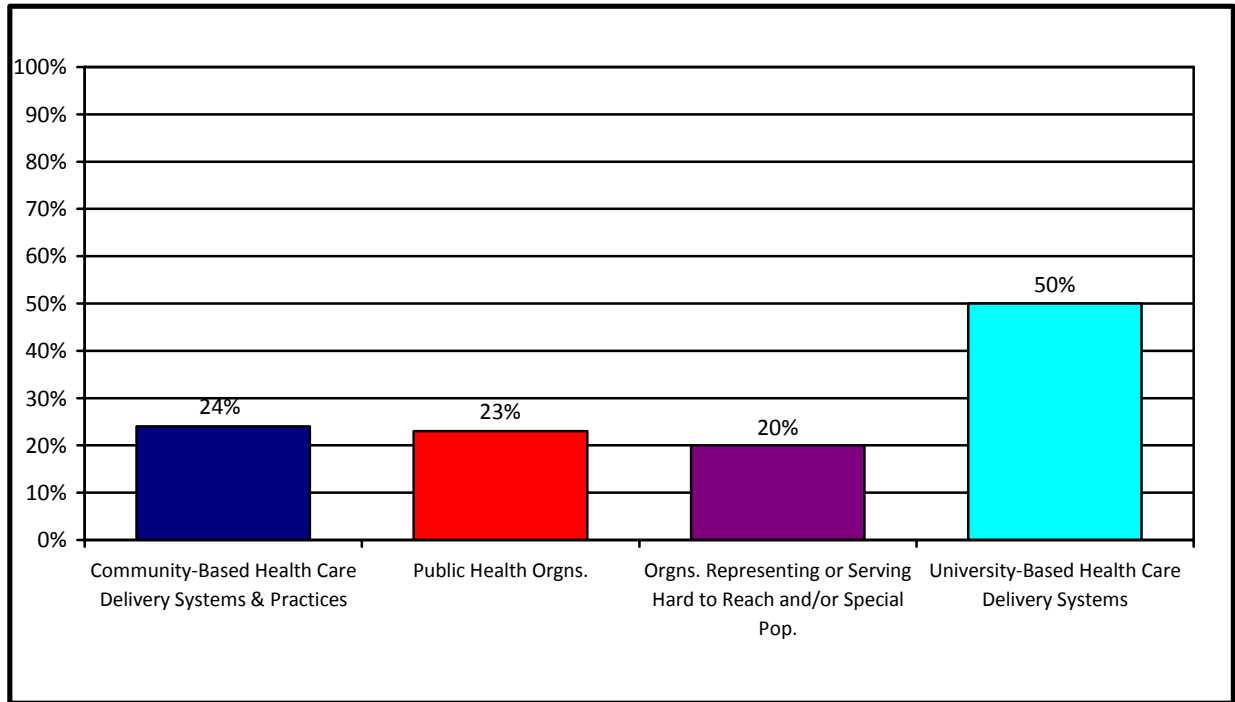


Figure 41

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





Plan Strategy: Made translators available to non-English-speaking women

Figure 42
Percentage of MCC Membership Reporting Participation in This Strategy, 2010

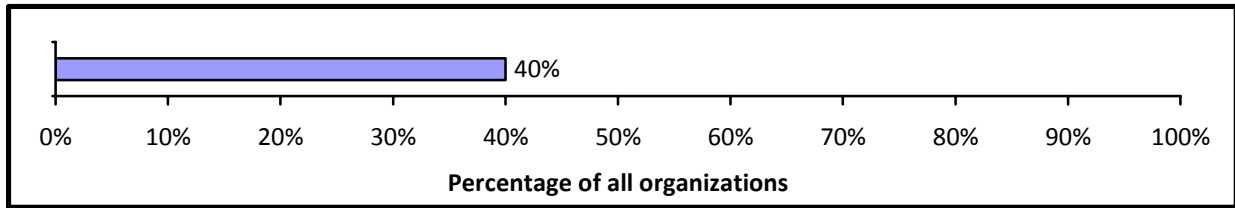
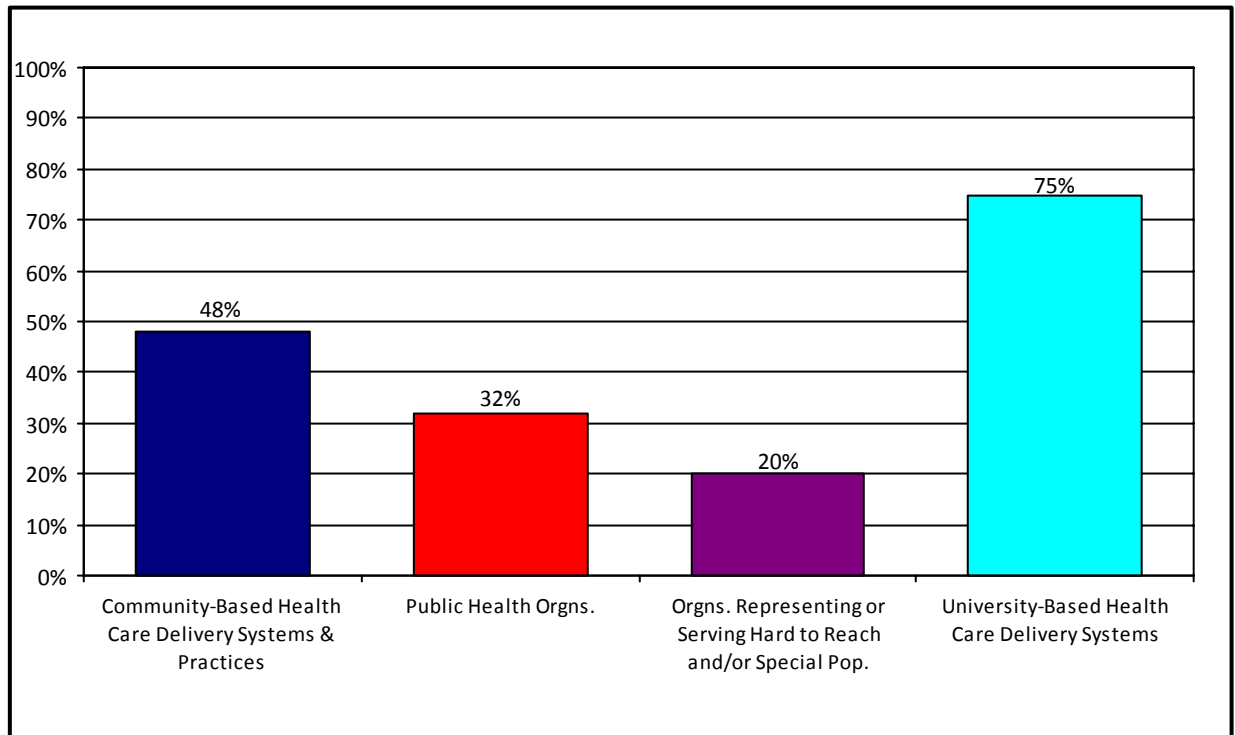


Figure 43
Self-Reported Participation in This Strategy, by MCC Membership Classification





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

Figure 44

Percentage of MCC Membership Reporting Participation in This Strategy, 2010

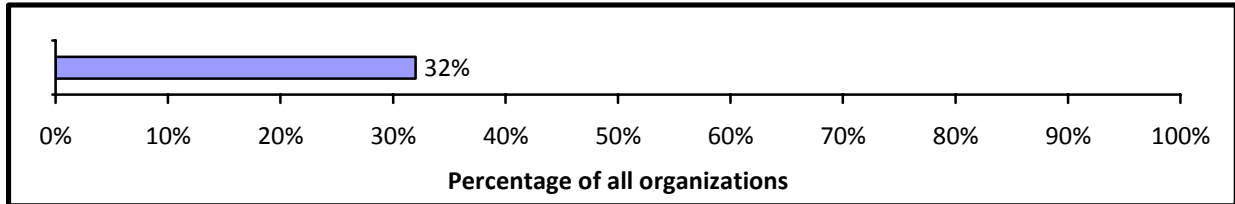
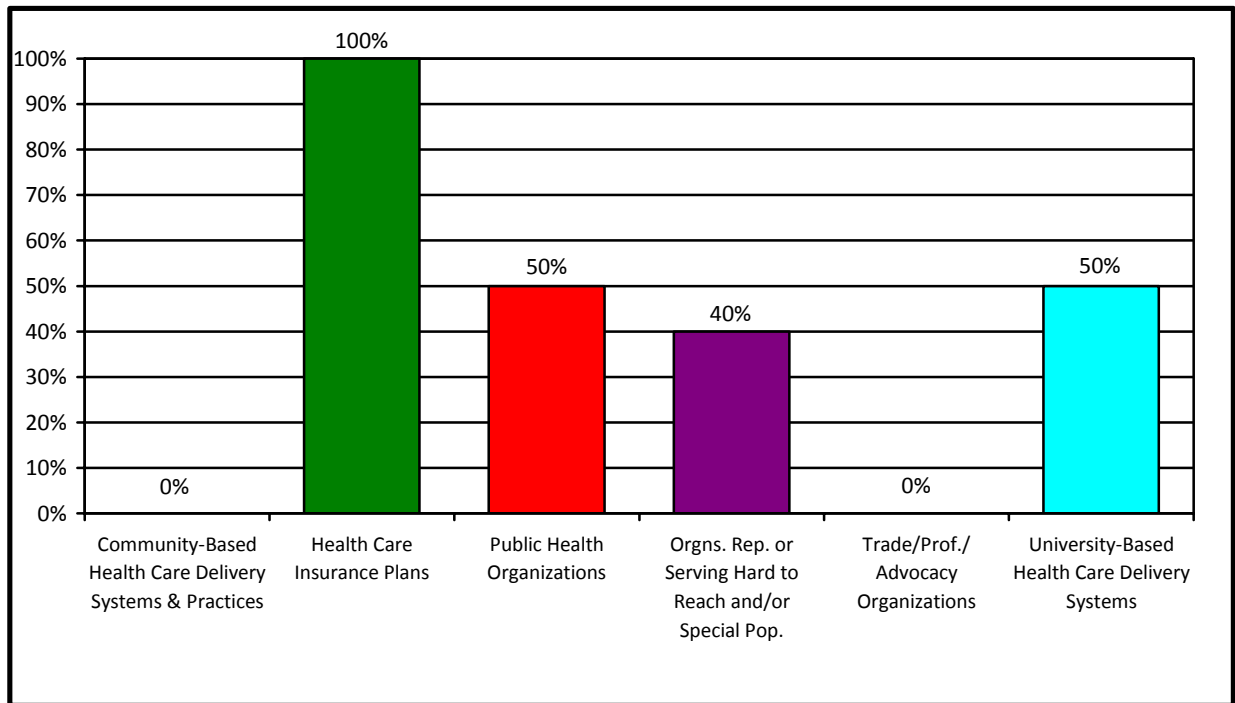


Figure 45

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





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

Figure 46

Percentage of MCC Membership Reporting Participation in This Strategy, 2010

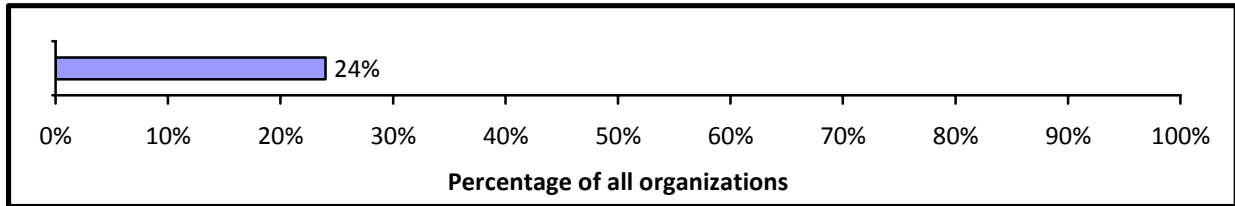
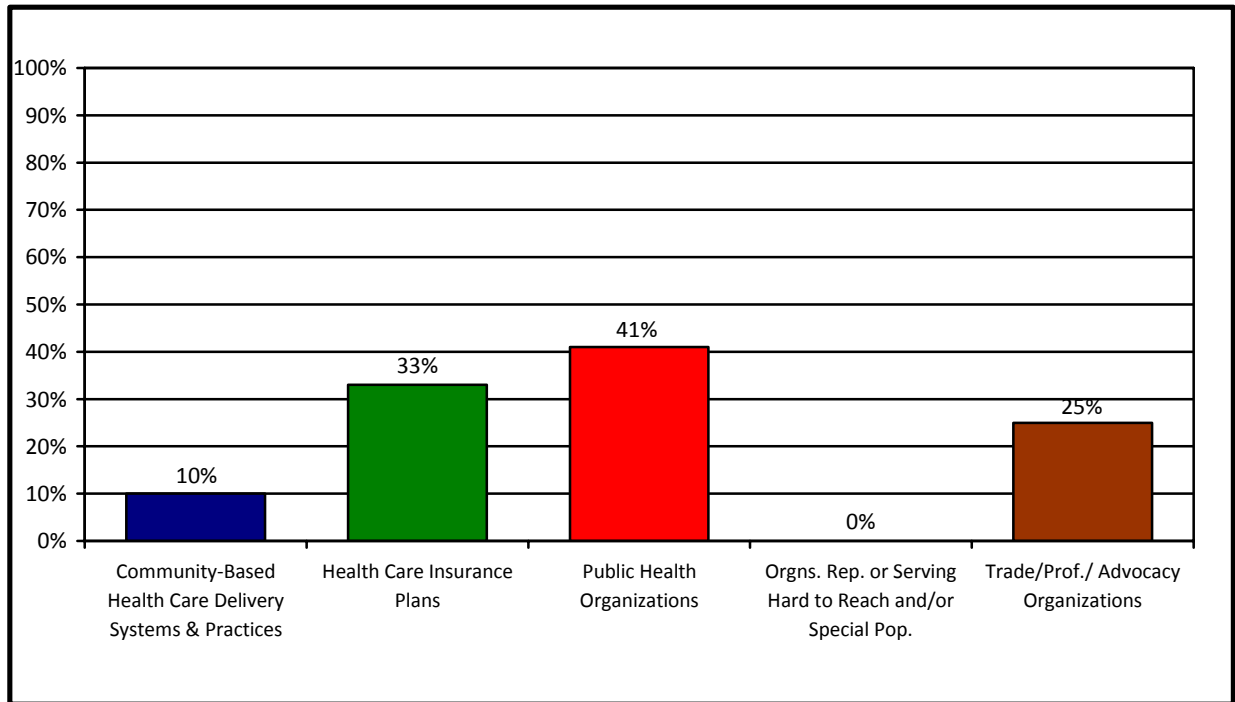


Figure 47

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





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

Figure 48

Percentage of MCC Membership Reporting Participation in This Strategy, 2010

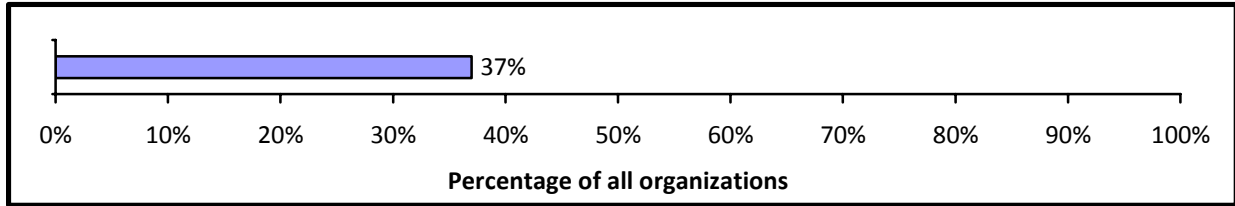
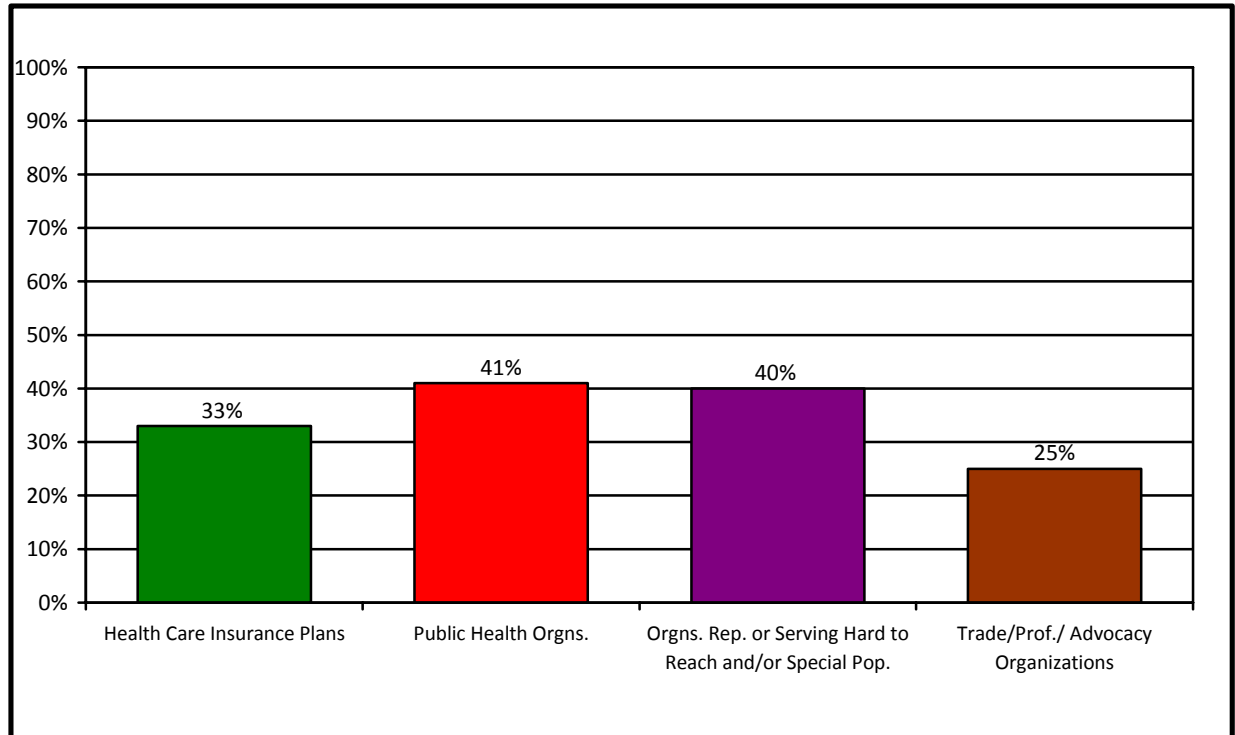


Figure 49

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





Colorectal Cancer

(added by the MCC Board of Directors in August 2010)

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



2010 MCC Spirit of Collaboration Award Winner

**Detroit Community Network Program to Reduce Cancer Health Disparities
among Older, Underserved African Americans**

Addressing:

- Breast Cancer, Cervical Cancer, Colorectal Cancer

Collaborative partners in the project:

- AARP Michigan
- Adult Well Being Services
- American Cancer Society
- Breast and Cervical Cancer Control Program
- City of Detroit Department of Health and Wellness Promotion
- City of Detroit Senior Citizens Department
- Detroit Area Agency on Aging 1-A
- The Detroit Parish Nurse Network of SE Michigan
- Faith Access to Community Economic Development
- Greater Detroit Area Health Council
- Henry Ford Health System — Josephine Ford Cancer Center
- Interfaith Health and Hope Coalition
- Karmanos Cancer Institute
- Leukemia/Lymphoma Society
- Luella Hannan Memorial Foundation
- MGM Grand Detroit Casino
- Michigan State Senate
- Michigan Society of Hematology and Oncology
- National Cancer Institute — Center to Reduce Cancer Health Disparities
- National Council on Alcoholism & Drug Dependence
- Neighborhood Service Organization
- Oakland University
- Pfizer, Inc.
- Pro Literacy Detroit
- Sisters Network, Inc.
- The University of Michigan — Institute for Social Research
- Voices of Detroit Initiative
- Wayne County Department of Public Health
- Wayne State University Institute of Gerontology

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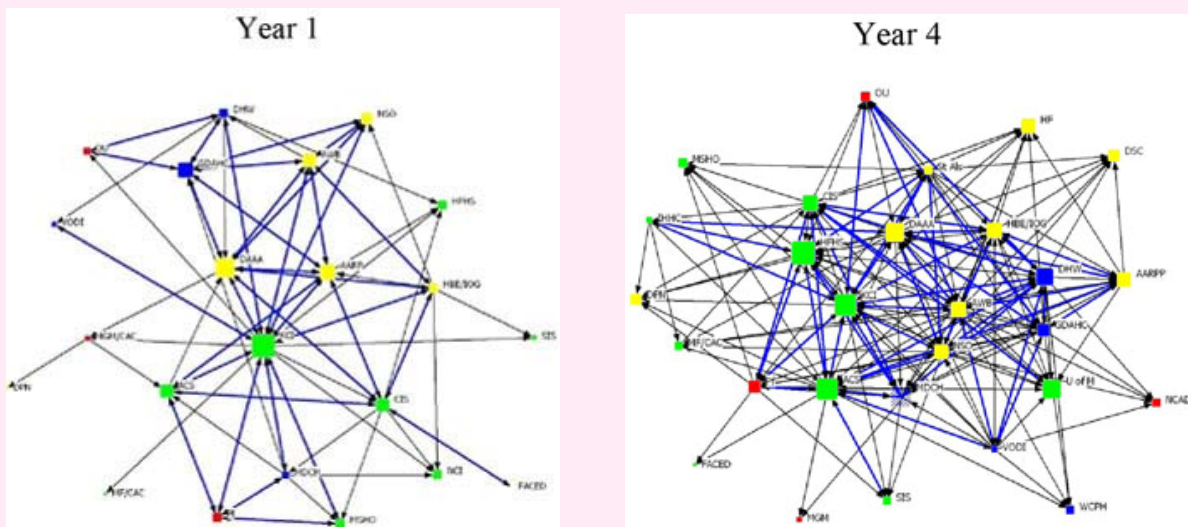


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Project description: The Detroit Community Network Program (CNP) aims to reduce cancer health disparities among older African Americans in Detroit — a population that disproportionately experiences higher rates of many cancers and is first diagnosed at later stage disease. The importance of the establishment of a network in this complex urban setting is vital due to the area’s great need and few resources.

During the five years of the program, Social Network Analysis (SNA) techniques have been applied to measure the effectiveness of the CNP coalition. CNP partners have been surveyed through in-person structured interviews annually over four years to assess each organization’s interactions with coalition members.

Below are diagrams showing relationships in Year 1, compared to relationships in Year 4. The red lines indicate unreciprocated links, and the blue lines indicate reciprocated links. As evidenced by the diagrams, during the course of the CNP, reciprocated links have intensified as the network has strengthened. This increase reflects the multiplex nature of some of the partner relationships developed in the context of specific program collaborations.



When the Detroit CNP was started, only a few of the partners were actively working together. Five years later, many of the partners have collaborated on high-level projects. Further, cancer prevention and control was not part of most of the partners’ missions, but has now been formally incorporated by many of the partner organizations. Over the course of five years, the Detroit CNP partners have collectively offered nearly 1,000 cancer awareness and education programs.



Highlights of MCC Success — 2010

Key Partner Organizations

Colorectal Cancer

Michigan Department of Community Health: “In 2011, the Michigan Colorectal Early Detection Program (MCRCEDP) was integrated with the BCCCP. Through a four-year CDC grant, the MCRCEDP is available to eligible men and women in 37 Michigan counties. MCRCEDP eligibility requirements include:

- age 50-64; low-income;
- uninsured or underinsured; and
- at average to increased risk for colorectal cancer.

“Clients are educated about colorectal cancer and offered risk-appropriate screening for colorectal cancer: fecal occult blood test (average risk) or colonoscopy (increased risk). Patient navigation is provided to each client, reducing barriers to screening and increasing screening completion.

“All participating providers receive and agree to follow the MCC Guidelines for the Early Detection of Colorectal Cancer. Should treatment or complications occur, providers have agreed either to provide or work with patients to cover uncompensated services.”

Highlights of MCC Success — 2010

Key Partner Organizations

Colorectal Cancer

Michigan Department of Community Health: “MDCH offered a session called “Evidence-Based Methods to Increase Colorectal Cancer Screening Rates” at the November 2010 MCC Annual Meeting. MDCH and the American Cancer Society (ACS) collaborated on the session, which included panelists from MDCH, primary care, acute care, health departments, and ACS.”



Overall Progress

Progress is being made toward increasing the proportion of Michigan adults 50 years of age or older reporting having had appropriately timed colorectal screening according to current guidelines (Table 7). Health care providers play a critical role in recommending appropriate colorectal cancer screening. 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 7
Progress vs. 2011 Target Markers for Colorectal Cancer (Michigan)

Available Data Markers	Data Source	Baseline (2007)	Interim Update (2010)	Target (2011)
Percent of primary health care providers recommending FOBT annually for adults age 50 +	Knowledge, Attitudes and Practice (KAP) Survey	81.9%	--	TBD
Percent of primary health care providers recommending flexible sigmoidoscopy every 5 years for adults age 50+	KAP Survey	35.6%	--	TBD
Percent of primary health care providers recommending colonoscopy every 10 years for adults age 50+	KAP Survey	63.1%	--	TBD
Percent of adults aged 50 years and older that have had an FOBT in the past year, a sigmoidoscopy in the past five years or a colonoscopy in the past 10 years	MiBRFS*	66.4% (2010)	69.3%	TBD

* Michigan Behavioral Risk Factor Survey



The following set of questions focused on activities that MCC member organizations have been engaged in during the reporting period to **improve access to genetic counseling for colorectal cancer**. Results from selected areas of implementation are presented below.

Plan Strategy: Adopted/promoted/disseminated revised MCC Recommendations for Colorectal Cancer Early Detection among health care providers and health plans in Michigan

Figure 50

Percentage of MCC Membership Reporting Participation in This Strategy, 2010

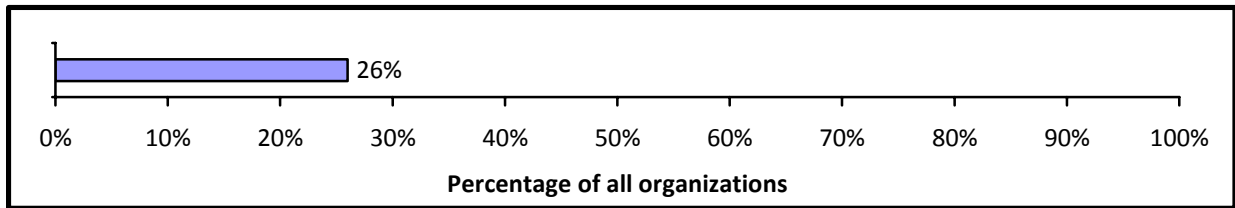
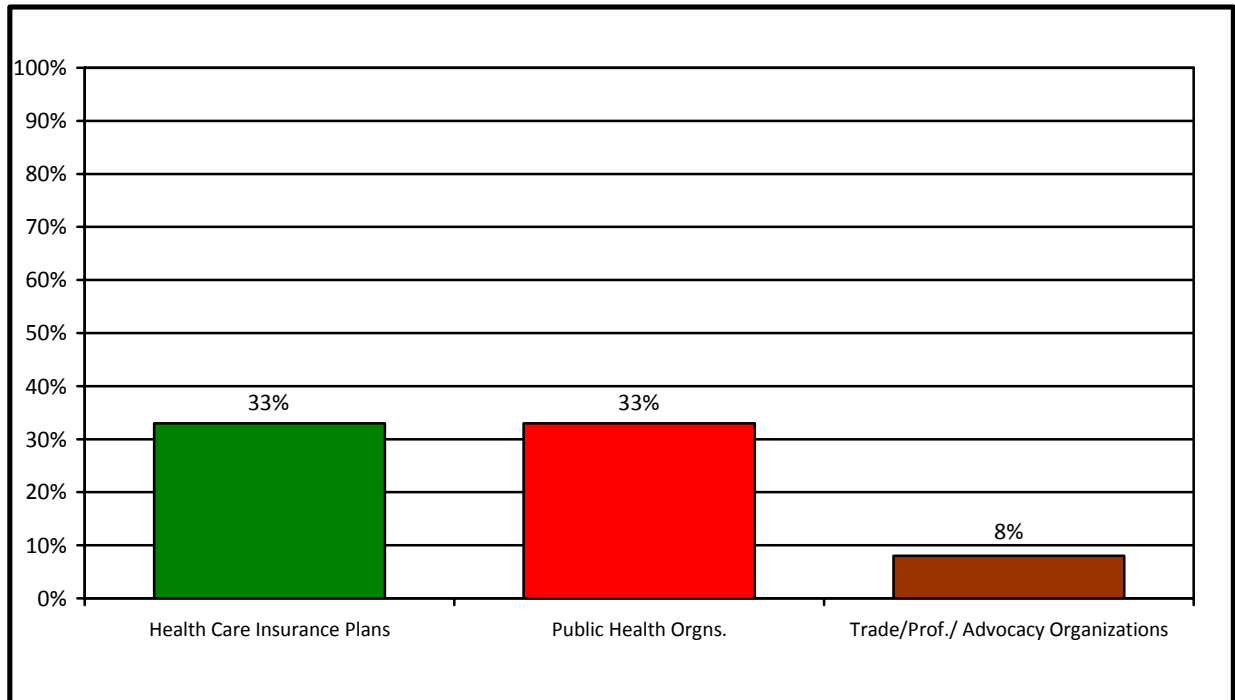


Figure 51

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





Plan Strategy: Utilized provider/client reminder systems to ensure timely compliance to screening

Figure 52

Percentage of MCC Membership Reporting Participation in This Strategy, 2010

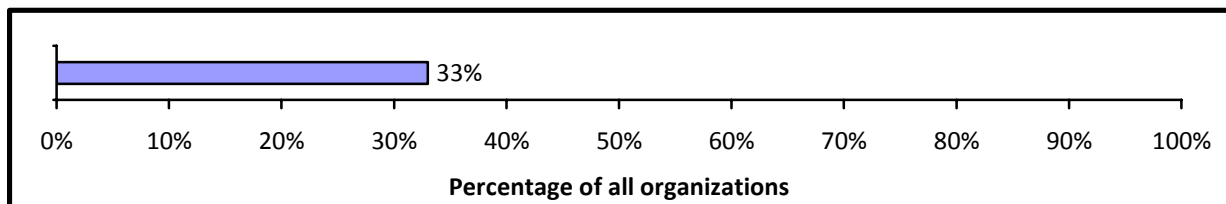
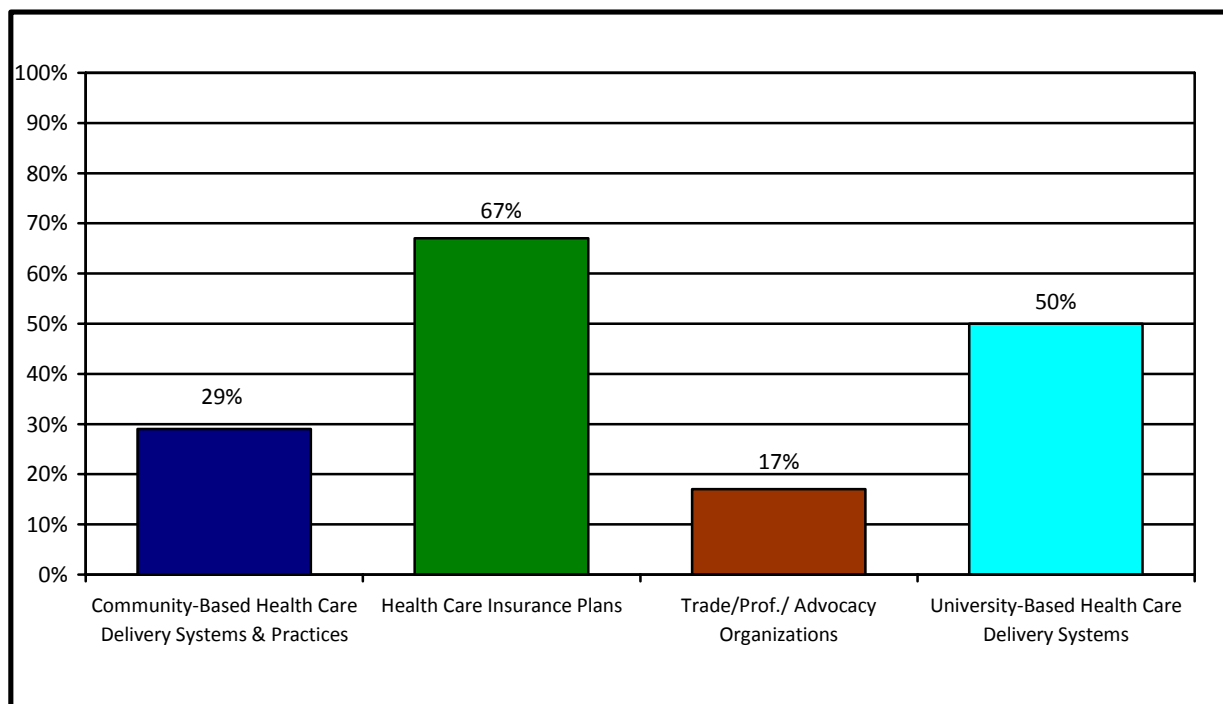


Figure 53

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





Highlights of MCC Success — 2010

Key Partner Organizations

Colorectal Cancer

Michigan Department of Community Health: “MDCH partnered with Integrated Health Partners (IHP) of Calhoun County. IHP is focused on changing the delivery of health care at the practice level through professional education sessions (practice coaches) and monthly follow-up, improving community-wide outreach through a multi-media campaign and improving colorectal cancer screening at the practice level through the use of a registry and electronic medical records.

“Contract development is underway with Saint Mary’s Health Care, which plans to improve outreach and utilization of evidence-based colorectal cancer screening in low-income primary care facilities within the health system, facilitate reminder systems for colorectal cancer screening at the primary care physician practice level, and provide outreach in Kent County using multiple media to engage citizens in colorectal cancer screening.”



Plan Strategy: Promoted collaboration between special populations and health plans (and vice versa)

Figure 54

Percentage of MCC Membership Reporting Participation in This Strategy, 2010

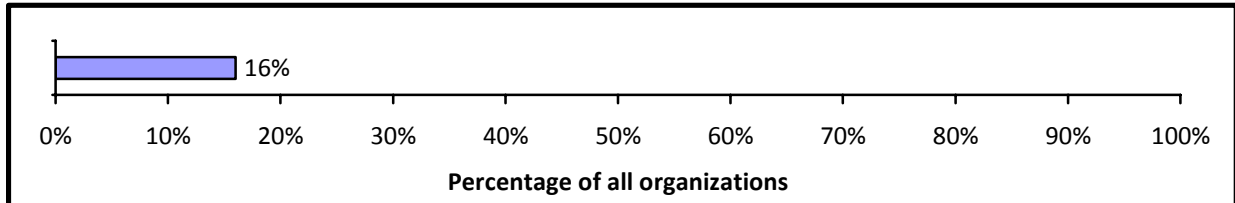
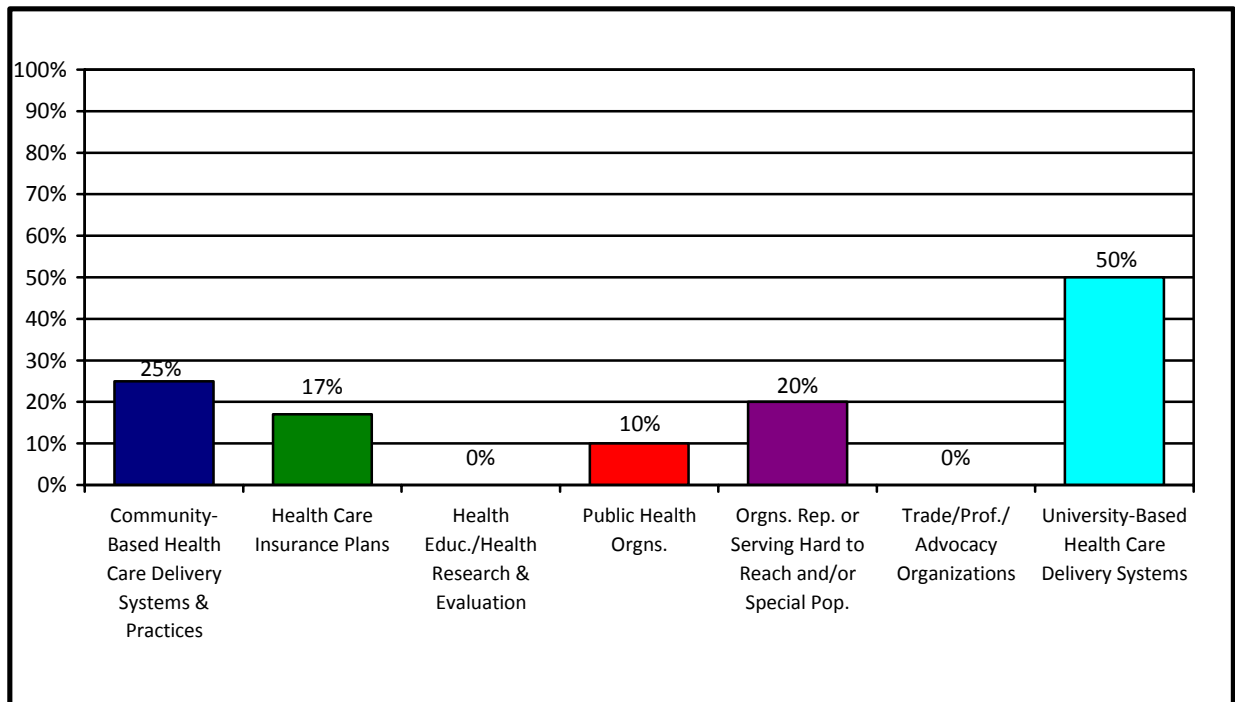


Figure 55

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





Plan Strategy: Identified barriers to colorectal cancer screening among underserved, hard-to-reach population groups and effective strategies to overcome those barriers

Figure 56

Percentage of MCC Membership Reporting Participation in This Strategy, 2010

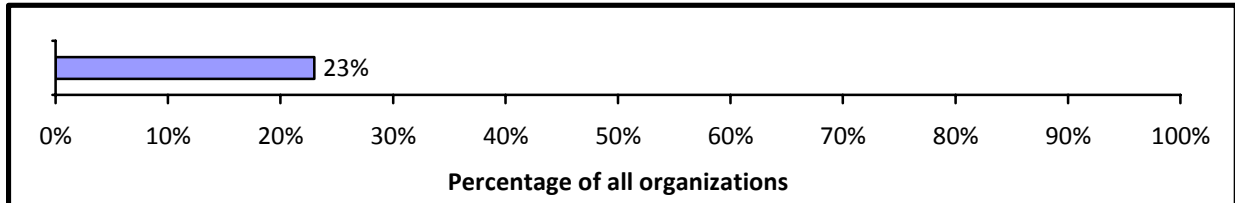
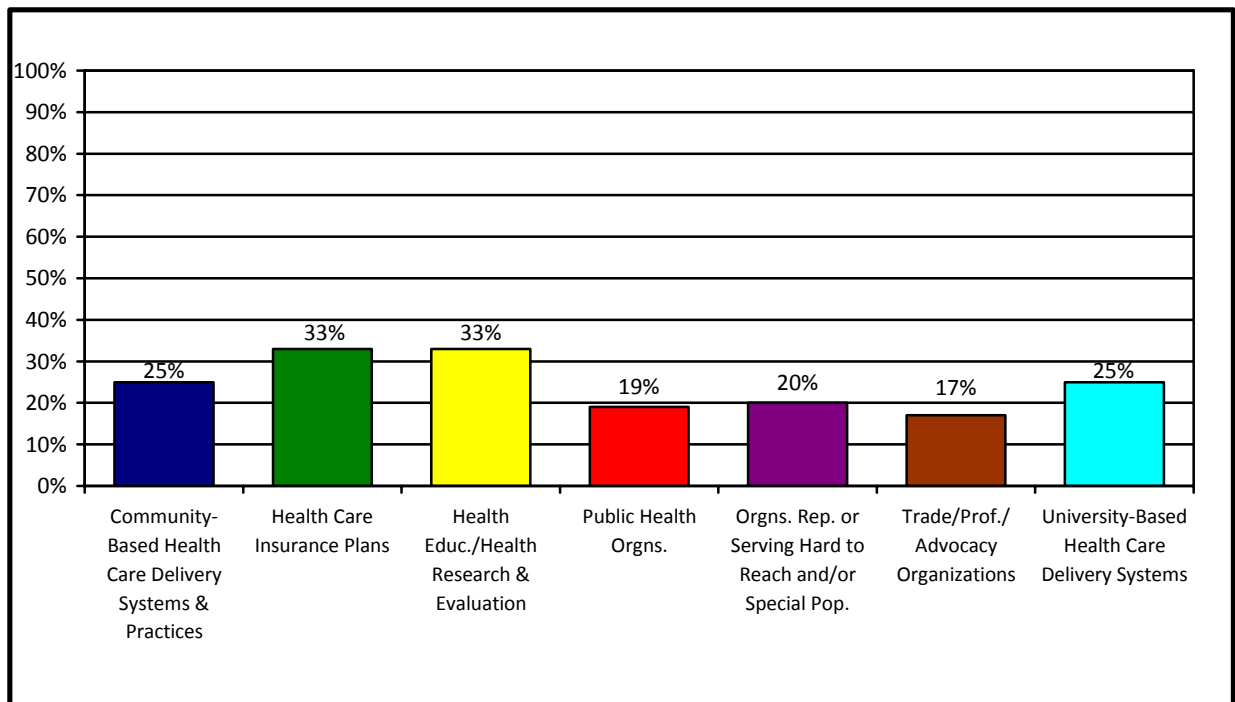


Figure 57

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





Plan Strategy: Promoted public education on colorectal cancer in combination with other screenings (e.g., mammograms)

Figure 58

Percentage of MCC Membership Reporting Participation in This Strategy, 2010

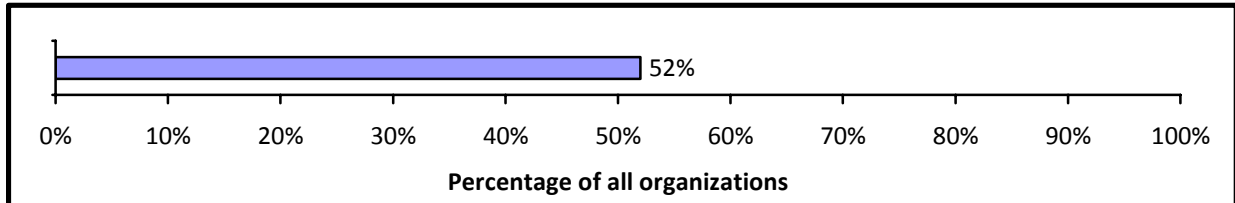
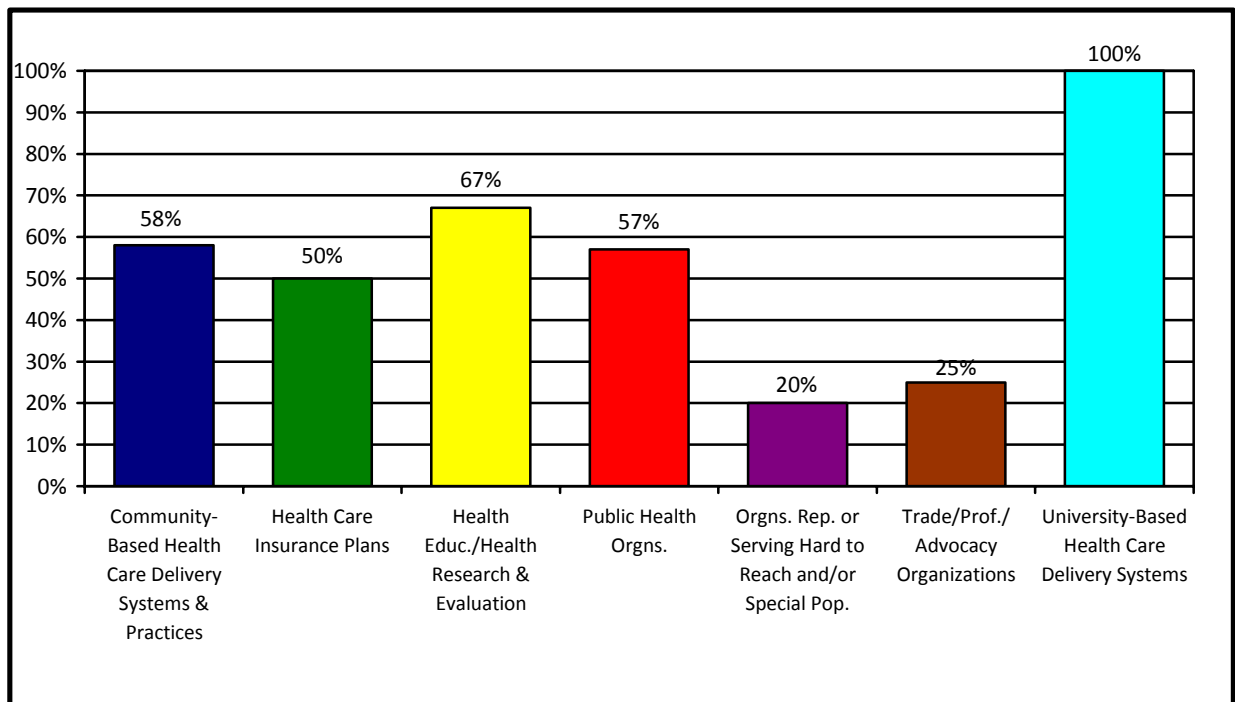


Figure 59

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





2010 MCC Spirit of Collaboration Award Winner

“Real Answers, Real Options, Real Miracles” DVD Project

Addressing:

- Clinical Trials

Collaborative partners in the project:

- Educational Network to Advance Cancer Clinical Trials (ENACCT)
- GRCOP Executive Board Members
- GRCOP Member Sites:
 - Battle Creek Health System
 - Mercy Health Partners
 - Metro Health Hospital
 - Munson Medical Center
 - Saint Mary’s Health Care
 - Spectrum Health Hospitals
 - Van Andel Research Institute
- GRCOP Patient Advisory Board Members
- GRCOP Researchers and Research Staff
- StillWater Media Productions

Project description: The mission statement of the Grand Rapids Clinical Oncology Program’s (GRCOP) Patient Advisory Board (PAB) for clinical research is “Cancer survivors sharing clinical trial experiences to increase awareness and knowledge in the search for prevention and cure.” Because fear often accompanies a cancer diagnosis, the PAB set out to replace fear with hope and knowledge through the production of an educational video that details the availability and efficacy of cancer clinical trials. The goals of the video, “Real Answers, Real Options, Real Miracles...Right Here in West Michigan...” are to increase general awareness of this treatment option and to inform the public that cancer clinical trials information is available to all West Michigan health care providers. Since the development of the educational video, accrual to clinical trials has remained steady and even increased. Although currently not able to quantitatively measure impact on accrual, the project team has learned anecdotally that the DVD has had a positive impact.

The funds for duplication of the video were provided by a family in the community who wanted to find a way to help others who came behind. This video is in the process of being shared locally and around the country through the efforts of PAB members and GRCOP leadership and staff.

The video can be viewed at the GRCOP website (www.grcop.org) or via the Web at the following link: <http://vimeo.com/13375792>.



Plan Strategy: Maintained and/or expanded the Michigan Colorectal Cancer Screening Program (MCR CSP) that serves low-income, uninsured/underinsured men and women

Figure 60

Percentage of MCC Membership Reporting Participation in This Strategy, 2010

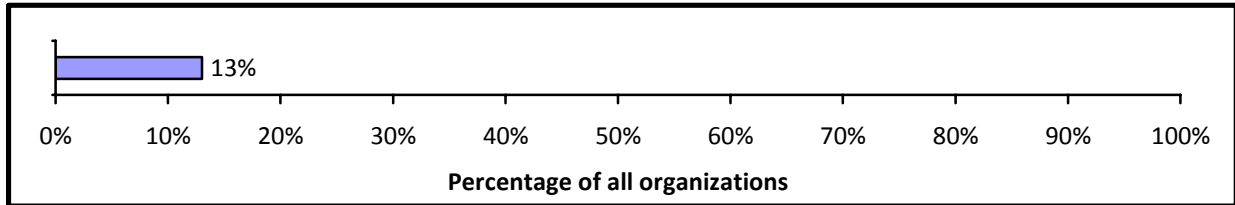
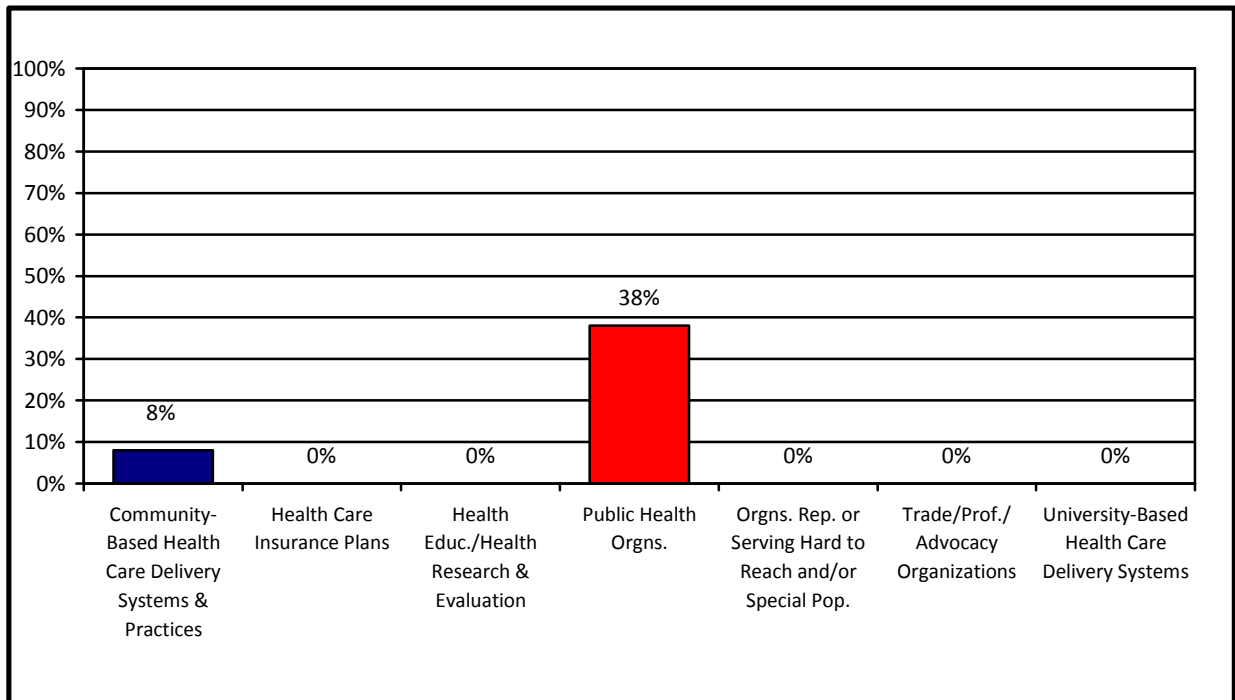


Figure 61

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





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.



2010 MCC Spirit of Collaboration Award Winner

Dr. Ron Davis Smokefree Air Law Implementation

Addressing:

- Tobacco Control/Lung Cancer, Environmental / Occupational Cancers, Healthy Lifestyles

Collaborative partners in the project:

- Regina Calcagno – Tobacco-Free Michigan
- Andy Deloney – Michigan Restaurant Association
- Mike Krecek – Michigan Association for Local Public Health
- Scott Lyon – Small Business Association of Michigan
- Emily Palsrok – John Bailey and Associates
- Eric Pessell – Michigan Association of Environmental Health Administrators Food Committee
- Becky Peterson – Michigan Department of Agriculture
- Matt Phelen – Campaign for Smokefree Air
- Mikelle Robinson – Michigan Department of Community Health
- Peter Ruddell – Campaign for Smokefree Air
- Nida Samona – Michigan Liquor Control Commission
- Judy Stewert – Campaign for Smokefree Air
- Orlando Todd – Michigan Department of Community Health

Project description: On May 1, 2010, the Dr. Ron Davis Smokefree Air Law went into effect after a decade of advocacy on behalf of non-smokers and workers in Michigan. During the 4 months between passage of the law in December of 2009 and the effective date, many organizations and state departments collaborated to make sure the transition to a smokefree state went smoothly. Many legal issues, enforcement logistics, and implementation details needed to be sorted out in a very tight time frame and with no additional budget. The successful Smokefree Air Law implementation included the following activities:

- mailings to over 60,000 restaurants and bars in Michigan;
- mailings to over 13,000 Michigan businesses;
- dedicated website and toll-free phone line to answers questions and inquiries about the law;
- statewide education campaign covering all 83 Michigan counties;
- over 100 presentations given across the state;
- distribution of educational information to thousands of residents, business owners, and local elected officials;
- six regional education and enforcement trainings with local health officers, health educators, environmental health officers, and sanitarians; and
- over 35 events held on the effective date of the law.



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 8. The number of professional trainings accomplished within the recent years has well 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 goal year 2011. As adult tobacco use statewide has been declining, youth tobacco use has slightly increased from 18.0% in 2007 to 18.8% in 2009.

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, reaching a rate close to the target goal of 90 percent by 2011.

Table 8

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

Available Data Markers	Data Source	Baseline (2006-2007)	Interim Update (2008-2010)	Target (2011)
# trainings provided to health care professionals	Michigan Smoke-Free Hospitals Grant* <ul style="list-style-type: none"> • MDCH Tobacco Section • GlaxoSmithKline • Local coalitions • # hits to Linda Thomas' online training on "Implementing Evidence-Based Tobacco Assessment and Treatment" 	728	<ul style="list-style-type: none"> • 417 (2009) • 47 online trainings completed (as of June 11, 2010) 	874 [‡]
Current youth tobacco use rate statewide	MiBRFS (Youth) [†]	18.0% (2007)	18.8% (2009)	--
Current adult tobacco use rate statewide	MiBRFS [†]	22.1% (2007)	20.2% (2008)	20%
Percent of youth smokers who did not try to quit smoking	MiBRFS (Youth) [†]	42.4% (2007)	46.4% (2009)	--



Available Data Markers	Data Source	Baseline (2006-2007)	Interim Update (2008-2010)	Target (2011)
Percent of adult smokers that have received professional advice to quit	MiBRFS [†]	85% (2006)	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

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

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

Highlights of MCC Success — 2010

Public Health Organizations

Tobacco Control/Lung Cancer

Western Upper Peninsula Health Department: “Working with other tobacco coordinators in the U.P., the department has planned, financed and implemented effective anti-tobacco media campaigns, including radio, print, billboard, and cable ads. Over the years, we have developed an excellent working relationship with our media folks and have been able to purchase ads at very affordable costs. All media messages include a health theme and remind people that tobacco — whether cigarettes, chewing tobacco or secondhand smoke — is dangerous and causes cancer.

“This year, using stimulus funding, we are working together to significantly increase the number of smoke-free policies in low-income, multi-unit rental properties, where we know people (especially children) are still being exposed to second-hand smoke. This campaign was designed to raise public awareness of tenant and landlord rights regarding smoke-free policies in rental properties and included funding for media messages.

“In the western U.P., we were able to purchase 1,270 30-second radio ads that aired between Sept. 27, 2010 and Jan. 31, 2011 for \$2,500. We also purchased a print ad package that included 13 four-inch display ads and a front page story in the business section of our daily newspaper for \$670.”



The following set of questions focused on activities that MCC member organizations have been engaged in during the reporting period relevant to **professional 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 62
Percentage of MCC Membership Reporting Participation in This Strategy, 2010

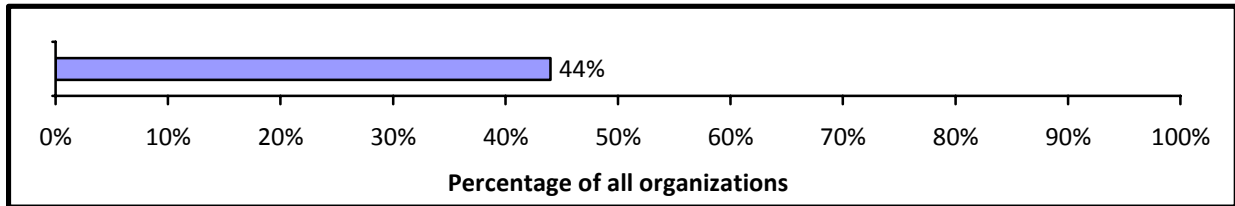
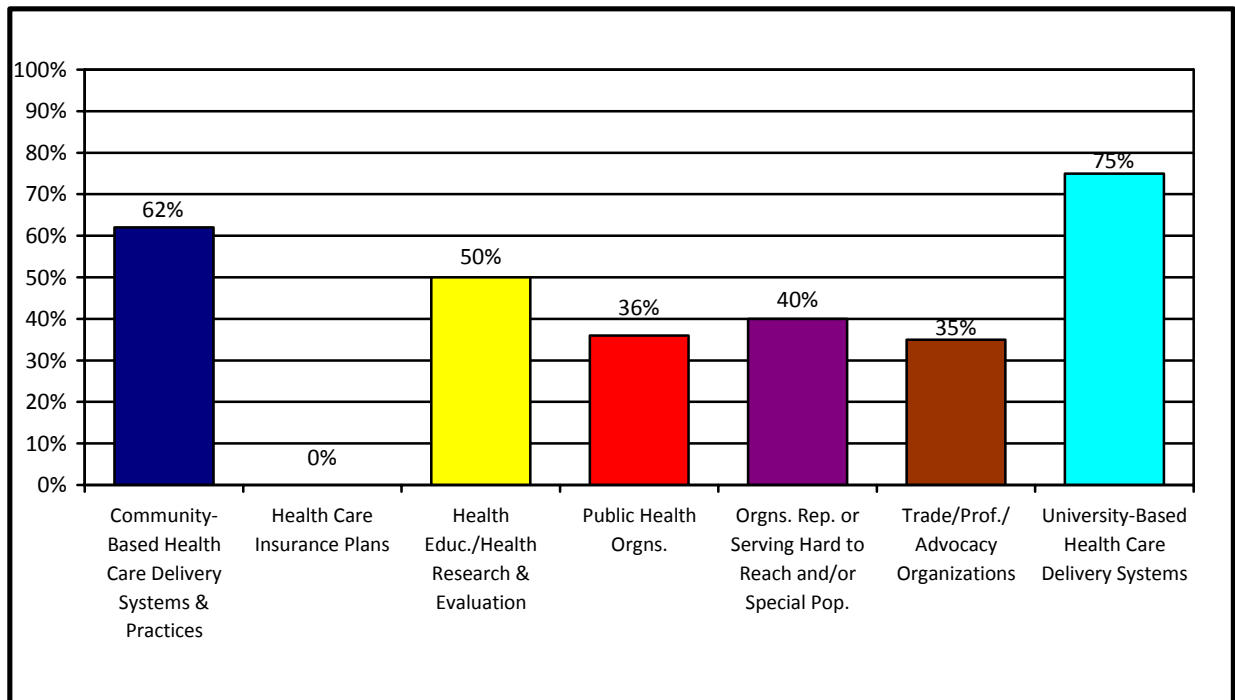


Figure 63
Self-Reported Participation in This Strategy, by MCC Membership Classification





2010 MCC Spirit of Collaboration Award Winner

**The House Calls Program: A Tobacco Use Treatment Program
for Pregnant and Parenting Women**

Addressing:

- Tobacco Control/Lung Cancer

Collaborative partners in the project:

- American Legacy Foundation
- Ingham County Health Department Public Health Services
- Ingham County Health Department WIC Program
- Ingham County Health Department Women's Health Services
- Other Community-Based Partners:
 - Meridian Women's Health
 - Mid-Michigan Physicians
 - Sparrow OB/Gyn
 - Sparrow Perinatal Center
 - The Women's Health Center and Shared Pregnancy

Project description: When pregnant women reported that the Ingham County Health Department's (ICHD) smoking cessation program did not meet their needs, the House Calls program was developed. It provides home-based smoking cessation, education support, and intervention to pregnant and parenting women in the community. A collaboration between an already established home visitation program by public health nurses, public health advocates, and smoking cessation services, the House Calls program responds to referrals from other ICHD services and community-based providers to take smoking cessation programs to pregnant and parenting women in their homes. This collaborative effort began in May 2008 with the financial support from the American Legacy Foundation. Through the program, women receive a customized intervention based on their personal circumstances. Interventions may include cotinine testing, carbon monoxide level testing, nicotine replacement therapies, support encouragement, and celebration of success!

During the first years of the project (May 2008 — April 2009), the goal was to enroll 50 women. When that goal was met within the first quarter of the project, women continued to enroll and a total of 130 women were served. As a result of this initial success, the Legacy Foundation funded the project for a second year at half the amount of the first grant. During the second year of the project (May 2009 — April 2010), an additional 87 women were enrolled and served.

— Continued on next page —



Plan Strategy: Made available or disseminated culturally appropriate tool kits/materials on tobacco cessation for providers

Figure 64

Percentage of MCC Membership Reporting Participation in This Strategy, 2010

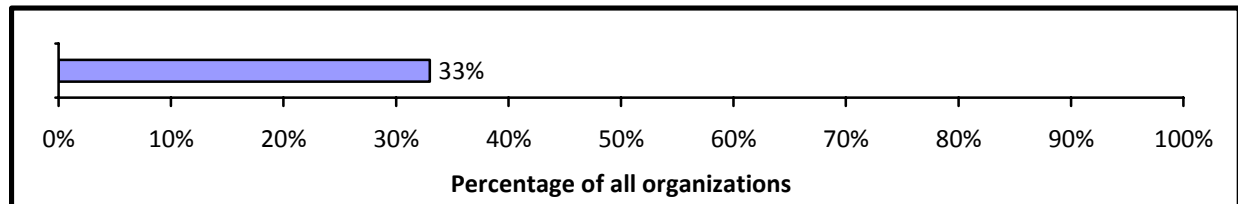
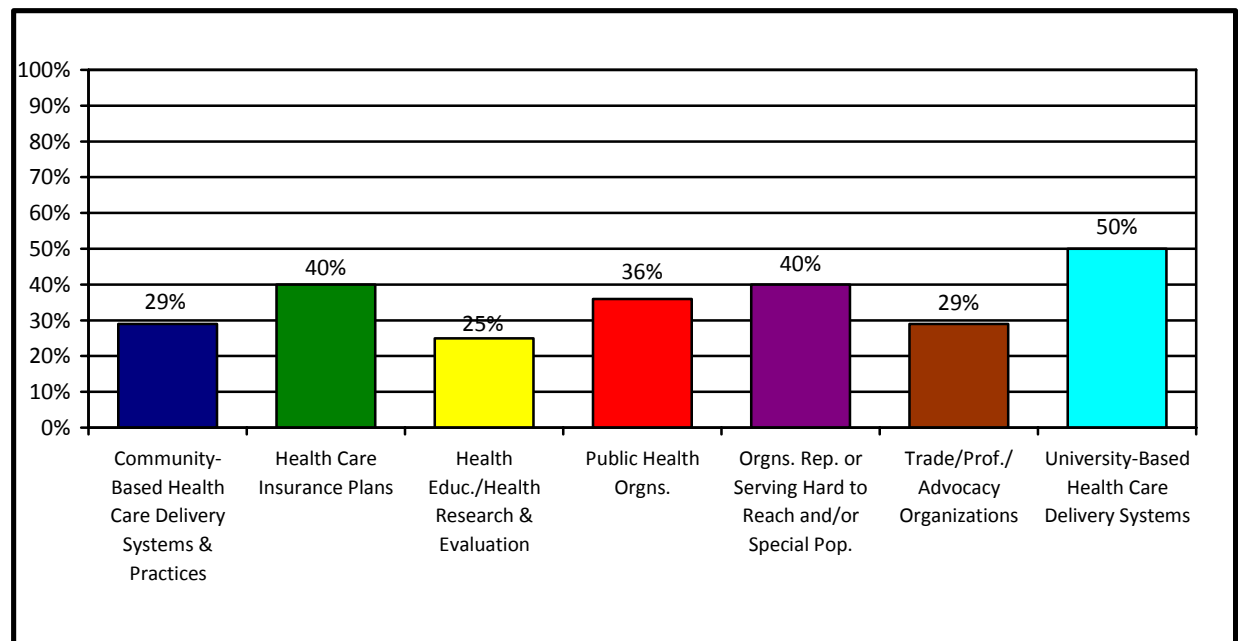


Figure 65

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



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The House Calls program was evaluated during its second year of funding. This time frame includes findings from 102 clients whose outcomes are described below:

- The average number of visits a client had was 4.7.
- During the time we followed them that year, 47.3% of clients at least once had a CO measurement that was half what they blew at their initial visit.
- 28.0% of clients had a CO measurement below 6 ppm at least once.
- The ICHD continues to provide these services now without grant support. The ICHD has a demonstrated record of institutionalizing innovative projects conceived through grant funds following the conclusion of grant funding.



Highlights of MCC Success — 2010

University-based health care delivery systems with cancer programs

Tobacco Control/Lung Cancer

University of Detroit Mercy School of Dentistry: “The School of Dentistry hosted a seminar for dental professionals entitled ‘Tobacco Use is a Dental Health Issue: The Latest on Quitting, Prevention, Medications, and Treatment.’ Course objectives included participants who completed the seminar being able to: understand how tobacco use impacts dental health; understand nicotine addiction and why quitting is so difficult; and apply evidence-based treatment for patients seeking to become tobacco-free.

“The school also provided a Web-based training for dental and other tobacco treatment professionals as part of a Michigan Department of Community Health project. At the completion of the ‘Tobacco Use Prevention and Treatment: Impact on Oral Health’ training, participants were able to: apply evidence-based treatment for patients seeking to become tobacco-free; identify the impact of tobacco use on oral health; and handle patient resistance to quitting tobacco.”

“UDM School of Dentistry also participates in a number of other events:

- During the Great American Smokeout in November, an annual American Cancer Society platform to educate the public about the dangers associated with tobacco use and to encourage smokers to quit for a lifetime by starting with just one day, the school promotes the themes “There’s Never Been a Better Time to Quit!” and “Make Smoking History.”
- As part of the Give Kids a Smile observation in February, the school offers a free dental care day for underserved kids; the event is held on a Saturday and is entirely staffed by volunteers. There is a high rate of parental smoking in this population, so event staff educate and serve as a resource, offering a display and materials in the patient lobby area.
- On Kick Butts Day in the spring, the campaign for Tobacco Free Kid’s annual celebration of youth leadership and activism, the school places an exhibit the patient lobby area that educates the public and serves as a resource. The exhibit focuses especially on tobacco prevention for youth. The School of Dentistry conducts a poster design contest on Kick Butts Day, asking kids to design a poster using the themes “Why Smoking Is Bad” and “Why Quitting is Good.” Organizers provide small prizes for the winners and give nylon backpacks that contain youth materials on tobacco use prevention using the theme “Proud to Be Tobacco Free.”
- On World No Tobacco Day, a worldwide event held each year on May 31 to draw attention to the impact of tobacco use on public health and to reduce individual tobacco dependence, the school coordinates a display area in the patient lobby to educate and serve as a resource for the public.”



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

Figure 66

Percentage of MCC Membership Reporting Participation in This Strategy, 2010

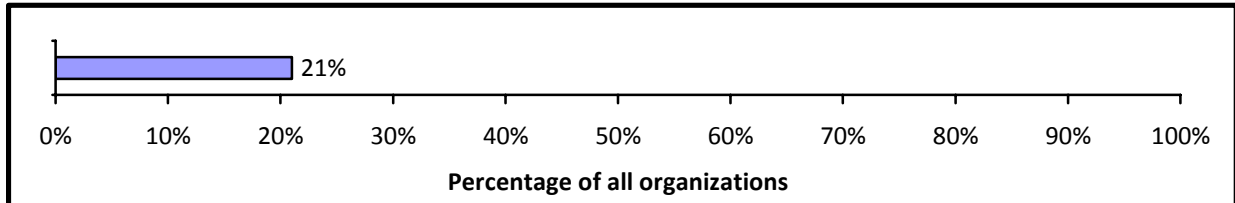
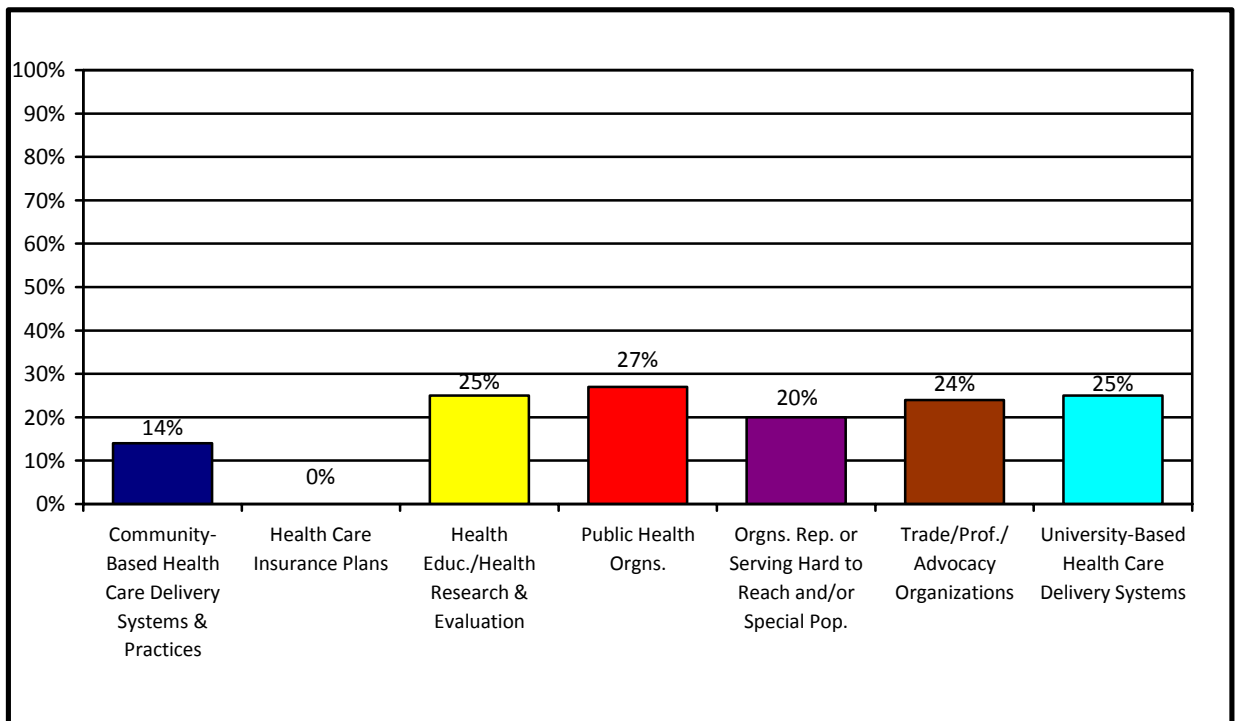


Figure 67

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





Highlights of MCC Success — 2010

*Community-based health care delivery systems
and practices with cancer programs*

Tobacco Control/Lung Cancer

Alpena Regional Medical Center – Alpena Cancer Center: “In 2010, Alpena offered Freedom from Smoking: An American Lung Association program, an intensive, eight-session, 7-week program that combines behavior modification, stress management, nutritional education, and the support needed to quit tobacco for good. Tobacco cessation information materials, including nicotine replacement therapy, are available in inpatient and outpatient departments throughout the hospital. Cessation materials are also available in the Health Resource Center library for free public access.”

Highlights of MCC Success — 2010

Health care insurance plans

Tobacco Control/Lung Cancer

Blue Care Network of Michigan: “On Oct. 1, 2010, BCN implemented a change to its Healthy Blue Living product requiring all members to have a cotinine test. In the past, members were simply asked to indicate their tobacco use on the qualification forms. Tobacco use is one of the factors that increase a person’s risk of any type of cancer. For any provider communication that addresses cancer screening, tobacco cessation is always listed as a way to mitigate a member’s risk. In every edition of the *BCN Provider News*, there is a list of important telephone numbers, one of which is Quit the Nic, a tobacco cessation program designed to assist members in quitting permanently. BCN notes in smoking cessation materials that smoking cessation products such as Chantix are covered in combination with Quit the Nic.”



The following set of questions focused on activities that MCC member organizations have been engaged in during the reporting period to **increase 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 68

Percentage of MCC Membership Reporting Participation in This Strategy, 2010

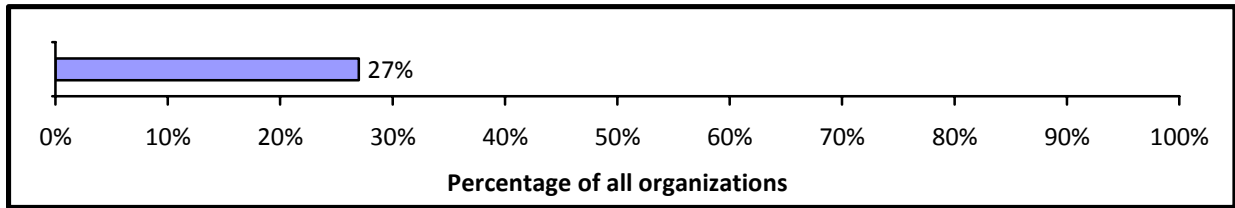
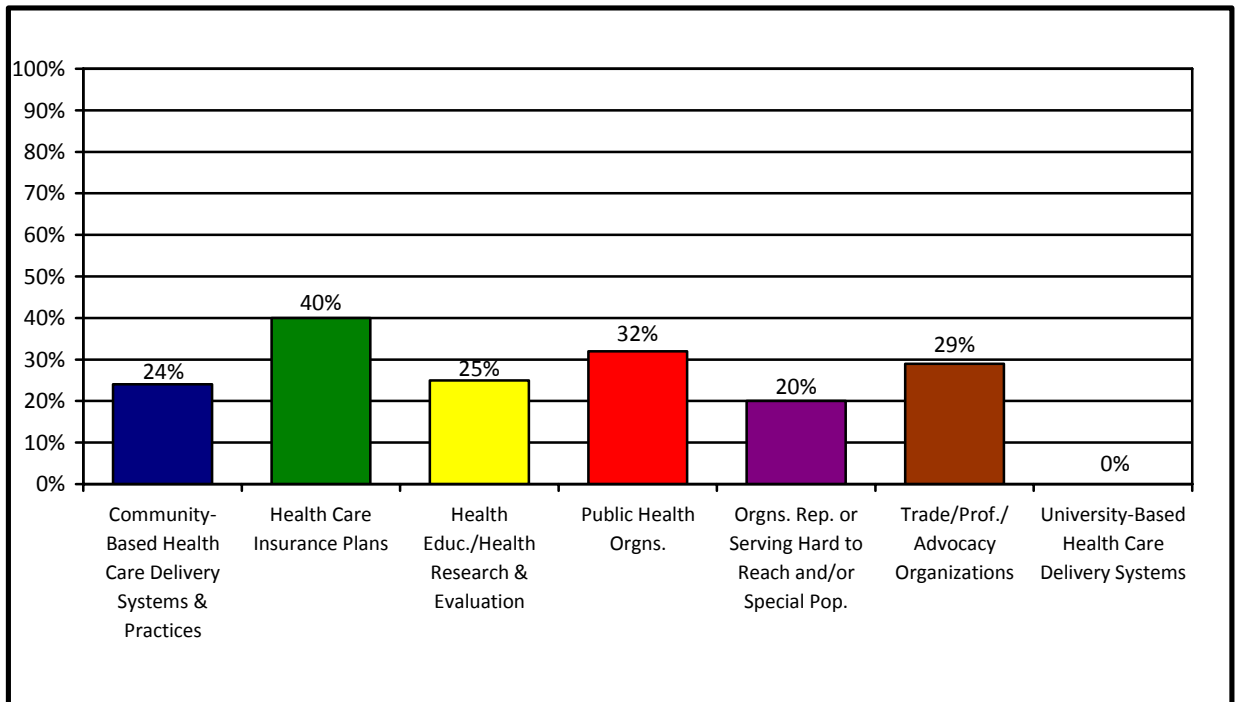


Figure 69

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





Highlights of MCC Success — 2010

*Community-based health care delivery systems
and practices with cancer programs*

Tobacco Control/Lung Cancer

Sparrow Health System/Sparrow Regional Cancer Center: “Sparrow provided Quit Tobacco Workshops monthly at Sparrow Medical Arts Building in collaboration with the Ingham County Health Department and distributes fliers of the classes and other quit activities and resources within the community. Nicotine Anonymous meetings are held twice weekly at Sparrow.”

Highlights of MCC Success — 2010

Public Health Organizations

Tobacco Control/Lung Cancer

Marquette County Health Department: “As part of its tobacco-related efforts, MCHD conducted smokefree apartment trainings for health department staff and managers/owners, conducted trainings for substance abuse treatment/prevention providers, and provided toolkits and materials to individuals and community groups. It also worked with the local hospital to coordinate a tobacco cessation referral guide that medical offices could use to refer patients to programs offered by the health department. Patients referred to the health department programs have access to online and phone counseling and receive a fax referral for the State of Michigan’s Quitline.”



The following set of questions focused on activities that MCC member organizations have been engaged in during the reporting period to **educate the public about 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 70
Percentage of MCC Membership Reporting Participation in This Strategy, 2010

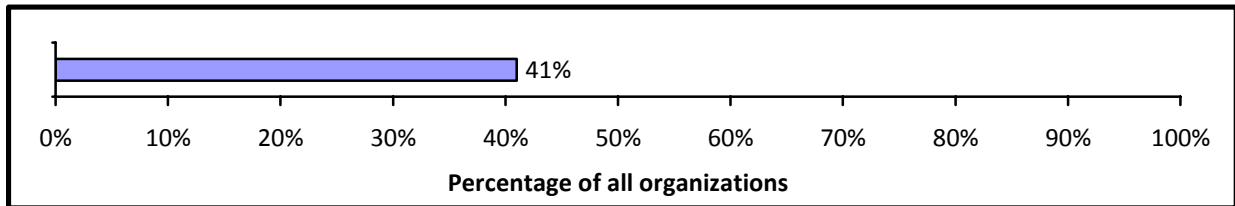
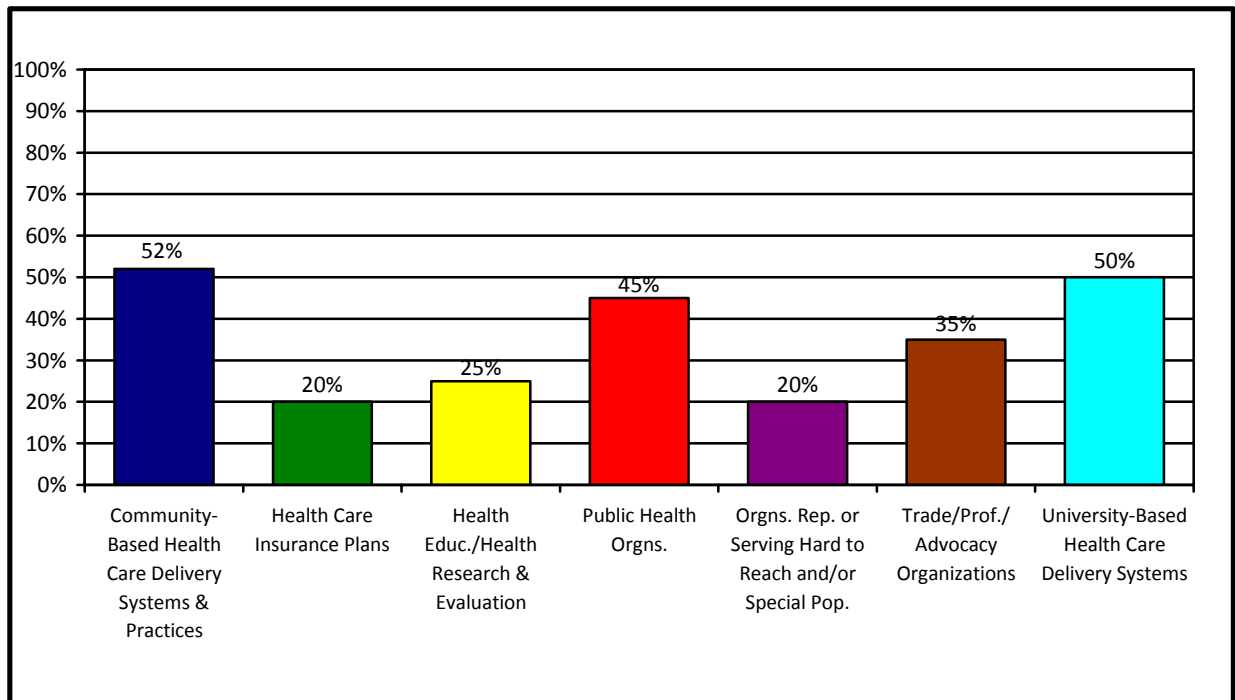


Figure 71
Self-Reported Participation in This Strategy, by MCC Membership Classification





Appendices



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:⁵

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.

⁵ 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 2010 IPR Survey Tools

Implementation Progress Reporting (IPR) forms for the 2010 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 2010 reporting year are available through the MCC website at the following locations:

- **Community-based health care delivery systems and practices with cancer programs**
(www.michigancancer.org/PDFs/AnnualReports/2010/OnlineSurveyOriginals/Community-Based.pdf);
- **Health care insurance plans**
(www.michigancancer.org/PDFs/AnnualReports/2010/OnlineSurveyOriginals/HealthCareInsurancePlans.pdf);
- **Health education/health research and evaluation organizations**
(www.michigancancer.org/PDFs/AnnualReports/2010/OnlineSurveyOriginals/HealthEducation_HealthResearchEvaluation.pdf);
- **Organizations representing or serving hard-to-reach and/or special populations**
(www.michigancancer.org/PDFs/AnnualReports/2010/OnlineSurveyOriginals/HardToReach_SpecialPopulations.pdf);
- **Public health organizations**
(www.michigancancer.org/PDFs/AnnualReports/2010/OnlineSurveyOriginals/PublicHealth.pdf);
- **Trade/professional/advocacy organizations**
(www.michigancancer.org/PDFs/AnnualReports/2010/OnlineSurveyOriginals/Trade_Professional_Advocacy.pdf); and
- **University-based health care delivery systems with cancer programs**
(www.michigancancer.org/PDFs/AnnualReports/2010/OnlineSurveyOriginals/University-Based.pdf).



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