

Michigan Comprehensive Cancer Control Program

# Evaluation Plan

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## Executive Summary

The evaluation component of Michigan's Comprehensive Cancer Control (CCC) Program is a dynamic force, tracking and adapting to the program's ever-changing needs. Over the life span of Michigan's CCC Plan development and revisions, the evaluation component has been a central part of strategic planning, implementation monitoring, and outcome measurement. The Evaluation Project currently provides support in seven major program areas:

### 1. Review of Science and Evidence

Evidence-based planning is at the core of Michigan's CCC Program. Because Michigan's comprehensive cancer control plan is dynamic and responsive to changes in science, program staff members continually conduct literature reviews, data analysis, and reviews of evidence-based interventions and shares the results with MCC leaders and members to support their strategic planning efforts. References and citations are found throughout the Comprehensive Cancer Control Plan to document and provide a guide to resources that partners can use in the course of implementing the strategic plan.

### 2. Partnership and Process Evaluation

Evaluation includes an interface with the activities of the MCC standing committees and leadership and support to method development in conducting assessments and collecting partner feedback, such as routine member satisfaction surveys and MCC Board assessments.

The Membership Satisfaction Survey inquires about members' perceptions of: their active engagement in the Consortium's activities as individual organizations; the Board's effectiveness in leading the MCC; their use of the resources available to them via the MCC website; the influence MCC has on their selection of priorities for their own organization's focus and allocation of resources; the benefits they glean out of being a member of the MCC; and other measures of overall satisfaction with the MCC.

The 2011 MCC Board Self-Assessment survey was designed in collaboration with the MCC Governance Committee and administered online in Spring 2011 to examine the Board's: performance and leadership skills; communication with members at large; relationship to the MCC officers and staff; development; rules and responsibilities; structure; Board and committee meetings; and role in resource development.

### 3. Monitoring Plan Implementation

The MCC has been committed to participating in a regular progress reporting evaluation system since its inception in the late 1990s. The design and format of the MCC Implementation Progress Report (IPR) has changed and evolved with each revision of Michigan's comprehensive cancer control plan. Since markers of progress that are tracked in the IPR are tailored to partner organizations and are derived from the plan's goals and strategies, the MCC recognized the importance of devising SMART objectives (i.e., objectives that are Specific, Measurable, Attainable, Relevant, and Time-Bound) to ensure a quality evaluation. The design of the IPR is customized to the current plan, and information is collected from members on an annual basis to track progress of implementation by all partners involved. Data from the IPR are compiled and disseminated to all MCC members and partners each year in an Annual Progress Report

to the Membership. (Reports are available on the MCC Web site at [www.michigancancer.org/WhatWeDo/MCCAnnualReports.cfm](http://www.michigancancer.org/WhatWeDo/MCCAnnualReports.cfm).)

#### **4. Needs Assessment and Special Surveys**

Evaluation has consistently supported any need for background assessment relevant to strategic plan development or targeting of interventions.

#### **5. Cancer Screening Surveillance/Disparities Review**

The Michigan Behavioral Risk Factor Surveillance System (MiBRFSS) is a major source of data that the evaluation team uses to inform the program and the partnership on trends in cancer screening and cancer-related behaviors among the adult population of Michigan. Each year, the evaluation coordinator and lead program staff collaborate on submitting a proposal to add questions of interest to the MiBRFSS interview. Data are summarized in special briefs, disseminated to stakeholders, and posted on the MCC website.

#### **6. Cancer Burden Assessment**

An ongoing element of the Michigan CCC Program evaluation is to regularly conduct reviews of cancer mortality and morbidity statistics, using the data resources of the Michigan Cancer Surveillance Program (State Cancer Registry and Vital Statistics) to examine trends in long-term cancer outcomes that the Michigan CCC Program strategic plan aspires to achieve (i.e., to reduce mortality, incidence and disparities for the cancers that the plan addresses). The human cost of cancer is calculated to illustrate the burden cancer poses on the population. Cancer-surveillance data are used to map statewide trends in stage at diagnosis of cancer cases, an intermediate-level outcome that is crucial to the evaluation of progress toward comprehensive cancer control. Results from analysis of factors such as geographical differences in cancer occurrence help provide clues for planning and implementing targeted interventions within Michigan, which are, themselves, evaluated for their efficacy. Data from national sources, such as the Surveillance, Epidemiology and End Results (SEER) registry, are used to supplement the state-level data whenever possible. Each year, the Michigan CCC Program evaluation team prepares and releases an annual report integrating data from all these various data sources. (The latest version of *The Cancer Burden in Michigan: Selected Statistics report* is available on the MCC Web site at [www.michigancancer.org/WhatWeDo/TheCancerBurdenMichiganSelectedStatistics.cfm](http://www.michigancancer.org/WhatWeDo/TheCancerBurdenMichiganSelectedStatistics.cfm).)

#### **7. Data Integration/Updates to Planners**

Michigan's evaluation is characterized by its integrative approach to examining attributes of success and by the ongoing engagement of program stakeholders in both the development and the use of evaluation data. Evaluation results are provided to the MCC Board of Directors and the MCC advisory committees and workgroups on an ongoing and timely basis to support their planning and assessment of progress toward the strategic plan goals. IPR data also are shared on implementation of strategies within specific plans, and recommendations are made accordingly for focused program activities. In support of every plan development process, data summaries are prepared using a variety of data sources pertaining to each cancer site or topic area under consideration, including the burden of the cancer-related topic, disparities, partner implementation (IPR) data, and

results of any pertinent special surveys. The summaries are shared with stakeholders to support their deliberations and decisions around strategic plan goals and recommendations for interventions. This summer, program staff compiled targeted project briefs for use by each of the six MCC Special Project workgroups during their discussions about the current status of their projects and what had been achieved to date against the progress markers. The result of these discussions will be recommendations for Special Projects next steps that the workgroups will forward to the Board of Directors for their consideration and decision making.

It is worth noting that the limitation of resources that are available to the evaluation project continues to pose a significant challenge to optimally carrying out a comprehensive outcome evaluation plan. Major outcome evaluation projects, such as the previously standing SCBRFS, are on hold pending availability of funds. The SCBRFS was a core source of data on cancer-related disparities. The most recent report of SCBRFS results was published in 2009 and can be found on the MCC website at [www.michigancancer.org/PDFs/MCCReports/SCBRFS\\_2008-042910.pdf](http://www.michigancancer.org/PDFs/MCCReports/SCBRFS_2008-042910.pdf).

The full *Michigan Comprehensive Cancer Control Program Evaluation Plan* document provides more detail on the Michigan CCC Program evaluation activities and context.\* For further information, please contact the Michigan Evaluation Coordinator May Yassine, PhD, at 517-324-7308 (e-mail: [myassine@mphi.org](mailto:myassine@mphi.org)).

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\* This is the third published version of the Michigan Comprehensive Cancer Control Program Evaluation Plan. The two previous versions can be accessed online at [www.michigancancer.org/PDFs/MichCompCaControlPgmEvaluationComponent/February2008rev.pdf](http://www.michigancancer.org/PDFs/MichCompCaControlPgmEvaluationComponent/February2008rev.pdf) (February 2008 edition) and [www.michigancancer.org/PDFs/MichCompCaControlPgmEvaluationComponent/August2010rev.pdf](http://www.michigancancer.org/PDFs/MichCompCaControlPgmEvaluationComponent/August2010rev.pdf) (August 2010 edition).

*Chapter 1*

## Evaluation Stakeholders

**A**t the heart of the Michigan Comprehensive Cancer Control (CCC) Program is the Michigan Cancer Consortium ([www.michigancancer.org](http://www.michigancancer.org)), which is organized around strategies that target cancer prevention, early detection, treatment, palliation, and end-of-life care. Each of these strategies is based upon the concept of collaboration, a concept that can be seen in the day-to-day reality of public and private partners throughout Michigan working together to achieve the MCC's [Goals, Special Projects, and Maintenance Projects](#).

The organizations that comprise the MCC membership<sup>†</sup> are important stakeholders in the Consortium's efforts and, therefore, in its evaluation work. So are a variety of other entities at the local, state and national levels. Among them are: the Michigan Department of Community Health; the Centers for Disease Control and Prevention; legislators; and the general Michigan public and communities.

Table 1 illustrates the Michigan evaluation team's framework for engaging all the MCC stakeholders in the various elements of the Michigan CCC Program evaluation plan and providing them with the data-driven information that they need to inform their comprehensive cancer control efforts.

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<sup>†</sup> The MCC membership is comprised of seven types of organizations: community-based health care delivery systems and practices with cancer programs; health care insurance plans; health education/health research and evaluation; organizations representing or serving hard-to-reach and/or special populations; public health organizations; trade/professional/advocacy organizations; and university-based health care delivery systems with cancer programs.

*Table 1***Michigan CCC Stakeholders, Their Needs, and How and When They are Engaged**

Evaluation Stakeholders	What Stakeholders Want to Know	How to Engage Stakeholders	When to Engage Stakeholders
<b>Michigan Department of Community Health</b>	1. Review cancer trends and progress towards our goals	Regular CCC Team meetings	All phases
	2. Review and document resources that have been leveraged to support CCC program efforts	Sharing in-kind contribution reports	Bi-annually
	3. Review and document which programs, members or groups have been implementing cancer control programs	Regular CCC Team meetings	All phases
	4. Review whether implementation of cancer control programs are contributing to progress	Sharing data reports within programs and with MDCH partners	All phases
	5. Identify priority issues of public health importance	Sharing data reports within programs and with MDCH partners	All phases
	6. Identify what works and what is efficient use of public resources (i.e., the extent to which interventions are yielding intended awareness, behavioral and/or health outcomes)	Review evidence-based practice; collect success stories; share data reports	Annually
	7. Review and document health disparities among sub-groups of participants/consumers	Sharing data reports	Annually

Evaluation Stakeholders	What Stakeholders Want to Know	How to Engage Stakeholders	When to Engage Stakeholders
<b>MCC Members</b>	1. Review cancer trends and progress toward MCC Plan goals (i.e., the extent to which interventions are yielding intended awareness, behavioral and/or health outcomes for participants/consumers)	Board meetings Annual meeting MCC committee meetings	Annually As needed
	2. Review and document resources that have been leveraged to support CCC program efforts	Share Resource Plan at Board meeting	Annually
	3. Review and document which programs, members or groups have been implementing cancer control programs	Board meetings Annual meeting MCC committee meetings	Annually
	4. Identify priority issues of public health importance <ul style="list-style-type: none"> <li>• Review opportunities for impact and specific actions to make it happen</li> </ul>	Strategic planning sessions	Plan revision cycles (every 3-4 years)
	5. Review and document health disparities	Board meetings Annual meeting MCC committee meetings	Annually
	6. Evaluation of evidence-based programs	<a href="#">Spirit of Collaboration Awards</a> process	Annually

Evaluation Stakeholders	What Stakeholders Want to Know	How to Engage Stakeholders	When to Engage Stakeholders
Centers for Disease Control and Prevention	1. Review cancer trends and progress toward cancer plan goals	Progress reports	Annually
	2. Review and document resources that have been leveraged to support CCC program efforts	In-kind contributions reports	Biannually
	3. Review whether implementation of cancer control programs are contributing to progress	Progress Reports	Annually
	4. Identify what works (i.e., the extent to which interventions are yielding intended awareness, behavioral and/or health outcomes for participants/consumers)	Share success stories Progress reports	Annually As requested
	5. Determine the effectiveness of cancer control partnerships	Share Member Engagement Survey reports and special assessment reports (e.g., 2011 Board Self-Assessment report)	Annually

Evaluation Stakeholders	What Stakeholders Want to Know	How to Engage Stakeholders	When to Engage Stakeholders
Legislators	1. Review cancer trends and progress	Share reports (e.g., Critical Health Indicators; Healthy Michigan Fund Report)	Annually As requested
	2. Review results of efforts to reduce health disparities	Share reports (e.g., Critical Health Indicators; Healthy Michigan Fund Report)	Annually As requested
General Michigan Public and Communities	1. Review cancer trends and progress toward cancer control and prevention goals	Website – Sharing fact sheets and other informational/educational materials	Ongoing

*Chapter 2*

## **Program Background and Description**

**A**s stated in Chapter 1, the heart of the Michigan CCC Program is the Michigan Cancer Consortium (MCC), a statewide, broad-based partnership that strives to include all interested public and private organizations and provide a forum for collaboration (communication, coordination, and the sharing of resources) to reduce the burden of cancer among the citizens of Michigan. MCC members work collaboratively to achieve the Consortium's evidence-based and results-oriented Goals, Special Projects, and Maintenance Projects for cancer prevention and control within the state. The Michigan Department of Community Health, the Michigan Public Health Institute, and a large number of other public health agencies and organizations support the Consortium's work.

The MCC's Guiding Principles stress that the Consortium's collective focus should be on cancers with a significant disease burden and that its priorities should be established based upon: opportunities and potential to significantly reduce cancer incidence, mortality and morbidity through prevention, detection, treatment, and/or palliation; feasibility; and what can best be done collaboratively. The Guiding Principles also state that:

- decisions should be data-driven when feasible;
- resources should be efficiently used;
- collaboration is necessary to achieve statewide impact;
- service quality should be maximized;
- all Michigan residents should have access to comprehensive cancer control services across the continuum of care;
- the process to identify, implement, and evaluate cancer prevention and control Goals, Special Projects, and Maintenance Projects should be sustainable; and
- the strategies undertaken by MCC partners to address cancer prevention and control Goals, Special Projects, and Maintenance Projects should be sustained when appropriate.

Cancer-based data are central to all MCC efforts, from planning to implementation to evaluation.

### **Michigan's Comprehensive Cancer Control Plan**

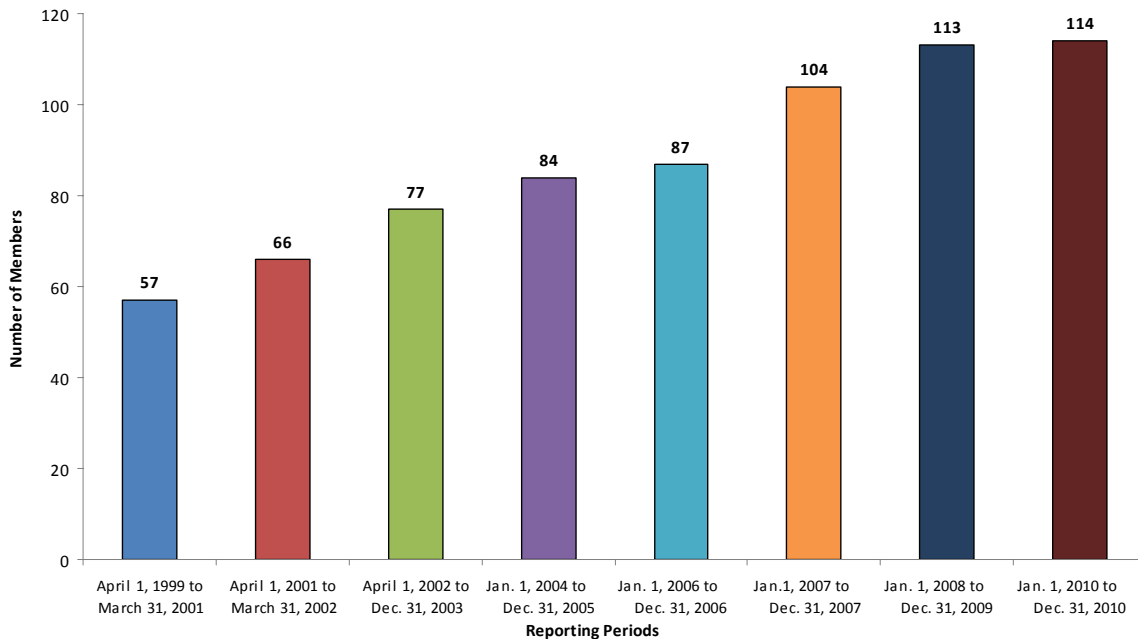
The MCC's evidence-based and results-oriented Goals, Special Projects, and Maintenance Projects are routinely reviewed and evaluated based upon various measures of effectiveness, and then revised as needed. The CCC Program evaluation team is integral to this ongoing process, routinely gathering and providing the data necessary to support the collaborative decision-making of the MCC and the CCC Program coordination team at MDCH as they combine efforts to move comprehensive cancer control forward in Michigan. The most recent product to arise from this collaborative decision-making is the *Comprehensive Cancer Control Plan for Michigan, 2009 – 2015*, available on the MCC website at [www.michigancancer.org/CancerPlan/ComprehensiveCancerControlPlan-2009-2015.cfm](http://www.michigancancer.org/CancerPlan/ComprehensiveCancerControlPlan-2009-2015.cfm).

## MCC Membership Growth

The MCC’s membership has grown substantially, climbing from a founding 31 organizations to a total today of 114 member organizations working collaboratively to achieve the state’s top cancer control goals. (See Figure 1.)

*Figure 1*

### Growth of MCC Membership, By Implementation Progress Reporting Period



From the beginning, the MCC has been concerned not only with increasing the number of members, but also with ensuring that the Consortium’s member organizations represent the diverse cancer control community throughout Michigan. MCC members today represent:

- community-based health care delivery systems and practices with cancer programs;
- health care insurance plans;
- health education/health research and evaluation;
- organizations representing or serving hard-to-reach and/or special populations;
- public health organizations;
- trade/professional/advocacy organizations; and
- university-based health care delivery systems with cancer programs.

Each of these types of organizations addresses cancer control from a unique perspective and brings unique strengths to the effort. This multi-faceted collaborative approach has been crucial to MCC’s progress toward achievement of its cancer control goals.

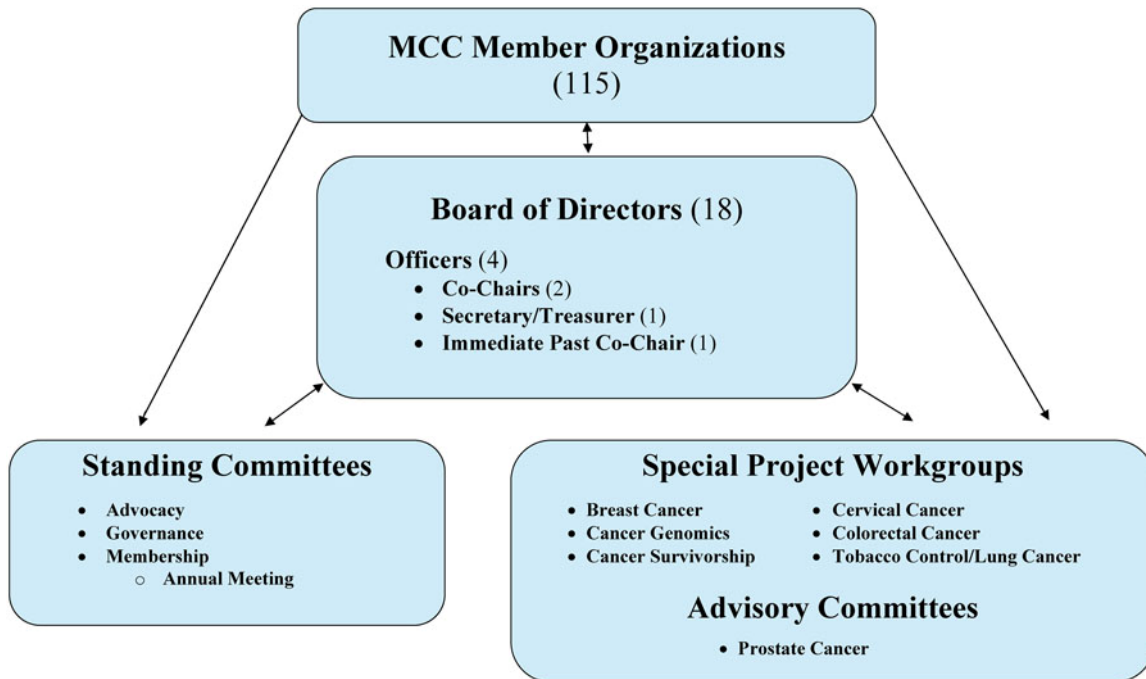
## MCC Infrastructure

The commitment of MCC member and partner organizations has been demonstrated in the establishment of a solid infrastructure that is today comprised of an 18-member Board of Directors, three standing committees, and six Special Project Workgroups (Figure 2). MCC

member organizations' participation in these committees is strictly voluntary, each providing a significant in-kind contribution to the state's cancer control effort.

*Figure 2*

### Michigan Cancer Consortium Infrastructure



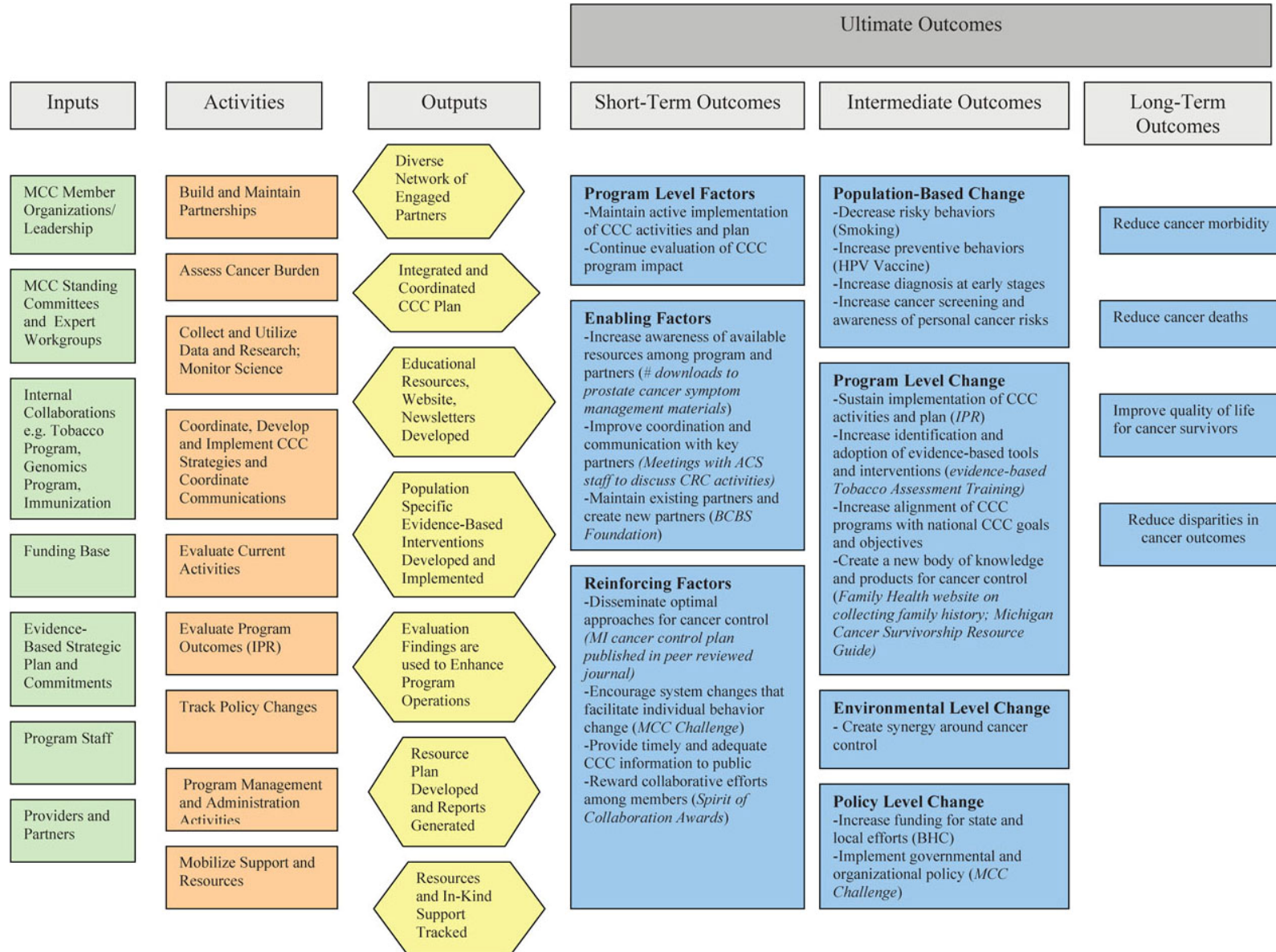
### Evaluation Framework

Michigan's current evaluation framework (*Figure 3*) focuses on three levels of results:

- **Short-term outcomes** (i.e., outcomes that can be manifested almost immediately or in a relatively short time from the beginning of the intervention and that result directly from inputs and resources put into the program operations);
- **Intermediate outcomes** (i.e., outcomes that form a necessary transition between the short-term effects of a program and those longer-term effects that require several years to observe; and
- **Long-term outcomes** (i.e., outcomes that include the ultimate goals of a program and reasons why the program was established; these outcomes typically are more difficult to link back to the program inputs and short-term outcomes).

Figure 3

Key Michigan CCC Program Components



## Staff Support of the MCC

Staff of the Michigan Department of Community Health and the Michigan Public Health Institute plays a critical and central role in the coordination and evaluation of the components of the Michigan CCC Program and its partnership. This role is integrated into every one of the staff's following broad functions:

- informing the public of health risks and ways to modify those risks via public awareness campaigns and dissemination of new and existing educational materials;
- protecting the underserved populations in Michigan by administering the statewide Breast and Cervical Cancer Control Program (BCCCP) and managing the BCCCP databases and quality improvement processes, as well as the Michigan Colorectal Screening Program, which provides screening and follow-up services to the underserved in selected counties;
- assessing and initiating efforts to help reduce health disparities by partnering with organizations that serve hard-to-reach populations and by contributing to culturally sensitive educational campaigns;
- assisting with policy development, such as the Medicaid Treatment Act;
- helping implement policy and environmental changes at the community, organizational and state levels for primary, secondary and tertiary cancer prevention;
- collaborating with related initiatives, such as the Governor's Committee on Pain Management and Symptom Management;
- coordinating the MCC Advocacy Committee, which works to identify gaps in cancer-related policies and problem-solve ways in which to better public policy, particularly in areas in which access to care and health insurance coverage for cancer services is lacking;
- staffing and coordinating Data Collection, Epidemiology and Evaluation, a major project of the Michigan CCC Program that interfaces with all program functions;
- providing strategic planning as an essential program component;
- coordinating and organizing on behalf of the partnership; and
- supporting the MCC partnership at many levels, including:
  1. Coordination
    - Fulfilling obligations to the Centers for Disease Control and Prevention (CDC) via grant writing, progress reporting, implementing, evaluating CDC-funded work plans, and gathering related performance measures, and
    - Leveraging private sector efforts and resources via facilitation of collaborations and acting as neutral conveners.
  2. Communication
    - Managing the MCC website, list serve, and newsletter, and
    - Sharing data, trends, and progress reports, including health disparities.
  3. Consultation
    - Implementing and preparing reports for Special Projects linked to CDC supplemental grants, and
    - Implementing and preparing reports for Special Projects linked to the Michigan CCC Program.

## Evidence-Based Strategic Planning

In 1998, in recognition of the importance of a focused collaborative effort to maximize the impact on cancer control, the MCC implemented an elaborate prioritization process and selected 10 MCC priorities for its statewide MCC Initiative. Priority-specific MCC Action Groups, engaging nationally recognized cancer experts, state health care leaders, health care providers, insurers, and representatives of community-based organizations, worked together to finalize the *MCC Initiative Strategic Plan*.

The result of those efforts, the *MCC Initiative Strategic Plan*, was comprised of specific evidence-based, measurable objectives and strategies related to each of the 10 MCC priorities, which addressed the continuum of cancer care through prevention, early detection, treatment, palliation, and end-of-life care. Priority-specific strategic plans provided a concise overview of the priority, including progress markers, why the priority was important, and what needed to be done to achieve the priority, with key references that supported this data- /evidence-driven process.

Subsequent updates of the state's strategic plan have followed the same type of process, and evidence-based planning has remained at the core of Michigan's CCC Program. Because Michigan's comprehensive cancer control plan is dynamic and responsive to changes in science, literature reviews, data analysis, and reviews of evidence-based interventions are continually conducted by program staff and shared with the MCC to support their strategic planning efforts. References and citations have been found throughout each of the program's strategic plans to document and provide a guide to resources that partners can use in the course of implementing the plan.

Prior to setting the objectives of each strategic plan, those involved have carefully reviewed Michigan cancer burden data (specifically, *The Cancer Burden in Michigan: Selected Statistics* report) to help establish attainable priority goals and objectives. Updated annually, *The Cancer Burden in Michigan: Selected Statistics* report incorporates state Cancer Registry data and describes the cancer burden in Michigan in terms of morbidity and mortality and the human costs associated with cancer to the extent to which data are available. Six cancer sites currently are presented in the report: breast, cervical, colorectal, lung, prostate, and ovarian.

Another important data source that regularly helps provide the foundation for MCC strategic planning is Michigan's Behavioral Risk Factor Surveillance System (MiBRFSS), which supplies the program with important data regarding cancer-related behaviors and knowledge within the Michigan adult population. Each year, the evaluation coordinator and lead program staff propose additional questions to the MiBRFS to help answer CCC program needs for tracking progress toward meeting goals of the state's CCC Plan, where possible.

With the assistance of its expert advisory committees and workgroups, the MCC Board of Directors and staff regularly evaluate the progress made by MCC member and partner organizations toward achievement of the goals contained within the Michigan CCC Program strategic plan. To keep the plan updated and relevant, the MCC utilizes an ongoing priority review process, which involves tracking evaluation data and reviewing changes in science, as well as allowing for the addition of new goals and/or the revision of existing ones.

Criteria for evidence-based strategic plan development are set by the program leadership, and the planning process includes development of data-driven strategies for achieving the goals. Advisory committees and groups are encouraged to establish SMART objectives (i.e., objectives that are **S**pecific, **M**easurable, **A**ttainable, **R**elevant, and **T**ime-Bound). The evaluation project helps ensure that planners have the data support they need to inform their strategic planning process.

## Chapter 2: Program Background and Description

Once each advisory committee or workgroup has developed its cancer-specific strategic plan, committee/group representatives present their plan to the MCC Board of Directors in an interactive session dedicated to the particular plan review and discussion. The Board, which is composed of leading cancer experts in the state, provides valuable feedback and makes certain that progress is reviewed periodically to monitor the effectiveness of implementation.

Interaction has been established on a regular basis between the evaluation coordinator and program leadership and program operational entities. The evaluation coordinator is present at all MCC Board meetings to provide regular progress updates using data sources relevant to the priority under discussion. Each year, the evaluation coordinator presents a progress update to the MCC Board of Directors.

*Chapter 3*

## Evaluation Design and Methods

### Strategic Planning Support

**Review of Evidence-Based Strategies:** CCC program staff and the evaluation coordinator collaborated in reviewing literature and outlining major evidence-based interventions relevant to existing CCC Plan. The result of this review was a detailed comparison of current plan strategies against strength of evidence for effective approaches, identifying gaps relative to the quality and comprehensiveness of the current plan.

**MCC Strategic Plan Revision (Summer and Fall 2011):** During the summer of 2011, the evaluation team and other members of the CCC Program staff have been working with members of the MCC Special Project workgroups to review progress on each of the six Special Projects and form recommendations for next steps with regard to each Special Project. The workgroups will each convene via webinar between July and September 2011 to review data and form recommendations that will be submitted to the MCC Board of Directors for consideration at its Sept. 21, 2011 meeting.

In preparation for each webinar, program staff has completed a targeted project brief (*Appendix B*) that includes information regarding the current status of the Special Project, what has been achieved against progress markers, who has been involved in implementing the work, and how many MCC organizations have collaborated in the work. The targeted briefs will be distributed to workgroup members prior to their webinars. At the same time, members will also receive access to an online survey tool (*Appendix B*). The evaluation coordinator has designed this survey to gather pre-webinar input from workgroup members regarding what has (or has not) worked in terms of their Special Project implementation efforts and what, if anything, has been accomplished through the Special Project that would not have been accomplished otherwise.

Evaluation staff will compile the results of each workgroup's survey, and program staff who will distribute the results to members of each workgroup prior to the group's webinar. During the webinars, workgroup members will review and discuss the compiled data from the project brief and survey and use that information as the basis to form recommendations to forward to the Board of Directors prior to its September meeting. (The CCC Program staff has developed a tool to aid in this process; it is available at [www.michigancancer.org/PDFs/SpecialProjectReview-2011/ReportTemplate.pdf](http://www.michigancancer.org/PDFs/SpecialProjectReview-2011/ReportTemplate.pdf).) During its September meeting, the MCC Board will review the recommendations with workgroup representatives and agree upon a process for next steps for each of the Special Projects.

MCC leaders will share their initial decisions regarding Special Projects with the members in attendance at the November 2011 MCC Annual Meeting and then gather additional feedback from those present. The Board will communicate its final decisions regarding the Special Projects to the full MCC membership by the end of November and then issue a call to action regarding current and/or new Special Projects.

### Strategic Plan Implementation Progress Monitoring

Since 1999, the Michigan CCC Program evaluation has employed an established mechanism for regularly collecting data from the CCC Program partners, the Implementation Progress Report (IPR). The IPR has served as an important method for engaging old and new partners in

sharing information about their accomplishments, and it has provided continuity in measures and allowed comparisons between implementation years. The IPR is an important source of information used by program leadership in their planning and decision making. Over the course of the Michigan CCC Program, it has continued to evolve and change in scope and methodology according to the stage of program development. (*See Appendix A.*)

The IPR instruments for MCC IPR Period #8 (Jan. 1 - Dec. 31, 2010) focused on the six MCC Special Projects for 2009-2011 (Breast Cancer, Cancer Genomics, Cancer Survivorship, Cervical Cancer, Colorectal Cancer, Tobacco Control/Lung Cancer). Reporting instruments were tailored to the seven types of MCC organizations implementing the plan in their communities, and each of the seven instrument versions was focus-group tested prior to distribution to member organizations. The 2010 reporting process was launched as an online survey in December 2010, and reporting organizations returned data by the next spring. Data are being compiled, and the resulting report will be released in September 2011.

### Process Evaluation

**Membership Satisfaction and Engagement Survey:** Beginning with the 2004-2005 IPR Survey, each MCC Implementation Progress Report questionnaire has included a section designed by the MCC Membership Committee to examine partner satisfaction and engagement with the MCC. Member organizations respond to questions such as, “How engaged is your organization in the work of the MCC?” and “What major benefits have you experienced as a result of your affiliation with the MCC?” The Membership Committee reviews the compiled results each year and uses them as the basis for its next year goals to improve engagement of the members and the level of member satisfaction with the MCC and its comprehensive cancer control efforts. The 2010 Survey of MCC Members/Membership Involvement was included as the final section of each of the seven 2010 IPR forms (*Appendix A*); the results of the survey, compiled as the 2010 Membership Engagement Report, are available on the MCC website at [www.michigancancer.org/PDFs/AnnualReports/2010/MCCMemberEngagementReport.pdf](http://www.michigancancer.org/PDFs/AnnualReports/2010/MCCMemberEngagementReport.pdf).

**Board Self-Assessment Survey:** Each year, the evaluation team assists the MCC Board of Directors in conducting a Board Self-Assessment Survey. The 2011 Self-Assessment Survey (archived on the MCC website at [www.michigancancer.org/PDFs/AnnualReports/2010/MCCBoardSelfAssessmentTool.pdf](http://www.michigancancer.org/PDFs/AnnualReports/2010/MCCBoardSelfAssessmentTool.pdf)) was conducted between April 25, 2011 and July 18, 2011 and included a total of 54 questions separated into seven different sections (Board Performance and Strategy; Relationship to the Officers and Staff; Board Development; Board Rules and Responsibilities; Board Structure; Board and Committee Meetings; and Our Role in Resource Development). A summary report of the compiled 2011 results is available on the MCC website at [www.michigancancer.org/PDFs/AnnualReports/2010/MCCBoardSelfAssessmentReport.pdf](http://www.michigancancer.org/PDFs/AnnualReports/2010/MCCBoardSelfAssessmentReport.pdf).

### Michigan BRFSS Collaboration

The Michigan CCC Program staff and evaluation team collaborate on a yearly basis with the Behavioral Risk Factor Surveillance System (BRFSS) office of the Michigan Department of Community Health to add cancer-related questions to the state BRFSS. These special questions are tailored to meet the need of the program for information regarding progress in achieving outcomes of the program’s strategic plan. Recent additions to the survey included modules on public awareness of family history, cancer survivorship, and provider counseling on tobacco cessation.

## Special Projects and Products

The Michigan CCC evaluation component includes participation in the evaluation of special intervention projects that are relevant to specific MCC Goals, Special Projects, and Maintenance Projects. The evaluation team also assists in other projects as needed, such as special needs assessment tools useful for evidence-based planning at the state level.

One major activity of the CCC evaluation team is to coordinate special surveys and needs assessments aimed at building the evidence base that is needed for decision making regarding intervention planning and priority setting. Findings are shared with the CCC leadership, the MCC leadership and MCC members at large, and with specific communities concerned with the data and other partners as appropriate. Recent projects and products include:

- ▶ ***Michigan Cancer Consortium Implementation Progress Report to the Membership*** (most recent report published September 2010)

Available at: [www.michigancancer.org/PDFs/AnnualReports/2008-2009/MCCImplementationProgressReport\\_2008-2009.pdf](http://www.michigancancer.org/PDFs/AnnualReports/2008-2009/MCCImplementationProgressReport_2008-2009.pdf)

In addition to observing cancer trends at the state level, the evaluation component in Michigan monitors partners' individual accomplishments and contributions to implementation of the CCC statewide strategic plan.

In 1999, Michigan established a mechanism by which data are collected on an annual basis from each of the MCC member organizations via the MCC Implementation Progress Report (IPR) system. The IPR has evolved in format and content over the years and has adapted to reviews of the MCC strategic plans. Currently, it is presented in an online survey format that is customized for each of the seven organizational categories of MCC membership (i.e., health care insurance plans; health education/health research and evaluation; organizations representing or serving hard-to-reach and/or special populations; community-based health care delivery systems and practices with cancer programs; university-based health care delivery systems with cancer programs; public health organizations; trade/professional/advocacy organizations).

The IPR elements are designed to collect outcome indicators of all cancer control activities implemented by program partners; they include a blend of qualitative and quantitative effectiveness measures that are specific and concrete markers of progress toward achieving the strategies and recommendations within the MCC strategic plans.

- ▶ ***The Cancer Burden in Michigan: Selected Statistics*** (most recent report published September 2010)

Available at: [www.michigancancer.org/WhatWeDo/TheCancerBurdenMichiganSelectedStatistics.cfm](http://www.michigancancer.org/WhatWeDo/TheCancerBurdenMichiganSelectedStatistics.cfm)

This report, which is developed by the Michigan Public Health Institute Cancer Epidemiology and Evaluation Cancer staff in support of the Michigan Comprehensive Cancer Control Program and the MCC, describes the cancer burden in Michigan in terms of morbidity and mortality and the human costs associated with cancer to the extent to which data are available. Six cancer sites are presented: breast, cervical, colorectal, lung, prostate, and ovarian.

The September 2010 version includes epidemiological analyses of cancer mortality from years 1994 to 2008 and cancer incidence from 1992 to 2006 for the selected cancer sites. Mortality data are from the Michigan Resident Death Files and incidence data are from the Michigan Resident Cancer Incidence File, which are both provided by the Michigan Department of Community Health, Division of Vital Records and Health Statistics. Michigan rates are compared with national mortality and incidence rates from the SEER Cancer Statistics Review, which is produced by the National Cancer Institute.

Also presented are data on the stage at diagnosis for cases reported in Michigan and relative survival rates for the selected cancer sites. Relative survival rates were obtained from the SEER Cancer Statistics Review. Analyses of years of life lost due to the selected cancers are presented for Michigan and the United States. Data for the United States were taken from the SEER Cancer Statistics Review, and United States 2006 Life Tables were used to calculate years of life lost in Michigan as well as nationally.

Comparisons of incidence and mortality rates amongst Michigan counties and changes in the percentage of cancer cases diagnosed at an early stage in individual counties are presented on maps of Michigan.

A graphic presentation of the distribution of mammography and radiation therapy facilities in Michigan is included. Mammography and radiation therapy facility data were obtained from the Michigan Department of Community Health, Radiation Safety Section. Arc View GIS software was used to analyze the proportion of the population within specified distances of mammography and radiation therapy facilities in Michigan.

The appendices of the report include charts of incidence and mortality rates by county for breast, cervical, colorectal, lung and prostate cancer.

*Table 2*

**Michigan CCC Program Evaluation Design and Methods Matrix**

Focus	Evaluation Questions	Indicators	Data Collection Sources	Data Collection Methods	Data Collection Timing	Data Analysis
<b>Partnership</b>	Have we built a strong partnership?	<ul style="list-style-type: none"> <li>• Meeting participation rates</li> <li>• Types and number of sectors represented</li> <li>• Representativeness of key target groups</li> <li>• Types and number of partner contributions</li> <li>• Member satisfaction rates</li> <li>• Board self-assessment</li> </ul>	<ul style="list-style-type: none"> <li>• Meeting records</li> <li>• MCC database</li> <li>• Members (self-reports)</li> </ul>	<ul style="list-style-type: none"> <li>• Compile records (Program coordinator/ staff)</li> <li>• Conduct Web-based survey of members (Program evaluator)</li> </ul>	<ul style="list-style-type: none"> <li>• Ongoing</li> <li>• Annually</li> </ul>	<ul style="list-style-type: none"> <li>• Totals and percentages of members in each sector and target group</li> <li>• Percentages of members participating in meetings</li> <li>• Totals and percentages of members providing various contributions</li> <li>• Survey data analysis</li> </ul>
<b>Plan</b>	Was the CCC plan successfully implemented?	<ul style="list-style-type: none"> <li>• Extent to which CCC plan objectives are implemented as intended</li> <li>• Number of members that implement an activity related to CCC plan</li> </ul>	<ul style="list-style-type: none"> <li>• Program data-- CCC plan</li> <li>• Program data-- IPR</li> </ul>	<ul style="list-style-type: none"> <li>• Conduct Web-based survey of members (Program evaluator)</li> </ul>	<ul style="list-style-type: none"> <li>• Annually</li> </ul>	<ul style="list-style-type: none"> <li>• Number of CCC plan objectives implemented</li> <li>• Number of members who report implementing activity related to CCC plan</li> </ul>

Focus	Evaluation Questions	Indicators	Data Collection Sources	Data Collection Methods	Data Collection Timing	Data Analysis
Plan <i>(continued)</i>						<ul style="list-style-type: none"> <li>Number of CCC plan activities implemented by members</li> </ul>
	Are CCC plan activities evidence-based?	<ul style="list-style-type: none"> <li>Number of implemented CCC plan activities that are evidence-based</li> </ul>	<ul style="list-style-type: none"> <li>Program data-- IPR</li> </ul>	<ul style="list-style-type: none"> <li>Conduct Web-based survey of members (Program evaluator)</li> <li>Abstract data from program records or database and compare to evidence-based practices for cancer control (Program coordinator)</li> </ul>	<ul style="list-style-type: none"> <li>Annually</li> </ul>	<ul style="list-style-type: none"> <li>Number of evidence-based CCC plan activities</li> </ul>
<b>Program</b>	Does collective implementation of CCC plan lead to improving cancer outcomes and	<ul style="list-style-type: none"> <li>Cancer screening rates</li> <li>Smoking cessation rates</li> <li>Knowledge of family health history</li> <li>Shift of disease</li> </ul>	<ul style="list-style-type: none"> <li>Behavioral Risk Factor Surveillance System survey</li> <li>Cancer Surveillance Program</li> </ul>	<ul style="list-style-type: none"> <li>State surveillance programs</li> <li>Website traffic data</li> </ul>	<ul style="list-style-type: none"> <li>Annually</li> </ul>	<ul style="list-style-type: none"> <li>Cancer burden assessment</li> <li>Time trends assessment</li> <li>Number of hits to</li> </ul>

Focus	Evaluation Questions	Indicators	Data Collection Sources	Data Collection Methods	Data Collection Timing	Data Analysis
<b>Program</b> <i>(continued)</i>	cancer-related behavior and practices?	stage <ul style="list-style-type: none"> <li>Decreased Incidence and mortality</li> </ul>	<ul style="list-style-type: none"> <li>Cancer and Your Family Health History webpage</li> </ul>			Cancer and Your Family Health History webpage
	Are specific interventions yielding desired outcomes e.g. Sprit of Collaboration, Campaign for Family Health History	<ul style="list-style-type: none"> <li>Level of collaboration between programs and partners</li> <li>Knowledge of family health history</li> </ul>	<ul style="list-style-type: none"> <li>Partners</li> <li>Participants</li> </ul>	<ul style="list-style-type: none"> <li>Survey</li> <li>Michigan BRFSS survey</li> </ul>	<ul style="list-style-type: none"> <li>Annually</li> </ul>	<ul style="list-style-type: none"> <li>Proportion of adults who are aware of their cancer family history</li> <li>Level of collaboration between programs and partners</li> </ul>
<b>Products</b> <i>(quality or use of CCC resource materials produced by program)</i>	Are CCC resource materials being used?	<ul style="list-style-type: none"> <li>Michigan Cancer Survivorship Resource Guide</li> <li>Prostate cancer fact sheets</li> <li>Cancer Family History Guide risk-assessment wheel</li> <li>Web-based resource pages for MCC Goals, Special Projects, and Maintenance Projects</li> </ul>	<ul style="list-style-type: none"> <li>Product distribution records</li> <li>List of products</li> </ul>	<ul style="list-style-type: none"> <li>IPR</li> <li>Website traffic data</li> </ul>	Ongoing	<ul style="list-style-type: none"> <li>Number of partners who report using CCC resource materials</li> <li>Number of Michigan Cancer Survivorship Resource Guide webpage hits</li> <li>Number of prostate</li> </ul>

Focus	Evaluation Questions	Indicators	Data Collection Sources	Data Collection Methods	Data Collection Timing	Data Analysis
<b>Products</b> <i>(continued)</i>						<ul style="list-style-type: none"> <li>• cancer fact sheet hits on website</li> <li>• Number of Cancer Family History Guide risk-assessment wheels distributed</li> <li>• Number of hits on resource pages for MCC Goals, Special Projects, and Maintenance Projects</li> </ul>
<b>Training</b> (quality and impact of CCC-related training provided by program)	Do we provide CCC Program-related training (e.g., tobacco training, annual meetings)?	<ul style="list-style-type: none"> <li>• Webinars</li> <li>• Online training</li> </ul>	<ul style="list-style-type: none"> <li>• Pre- and post-test survey</li> <li>• Certificates or CME credits</li> </ul>	<ul style="list-style-type: none"> <li>• Abstract data from program records or database (Program staff)</li> </ul>	Annually	<ul style="list-style-type: none"> <li>• Proportion of trainees with increased knowledge after training</li> <li>• Number of certificates or CME credits awarded</li> </ul>

Focus	Evaluation Questions	Indicators	Data Collection Sources	Data Collection Methods	Data Collection Timing	Data Analysis
<b>Integration</b> (extent to which CCC Program is integrated with related MDCH programs)	Have we built internal partnerships?	<ul style="list-style-type: none"> <li>Genomics; Building Healthy Communities; Tobacco Control; Pain Management and Palliative Care; Cardiovascular Health, Nutrition and Physical Activity; Immunization; Maternal and Child Health; Medicaid; Communications</li> </ul>	<ul style="list-style-type: none"> <li>Communication records</li> <li>Staff liaisons</li> <li>Press releases</li> </ul>	<ul style="list-style-type: none"> <li>Abstract data from program records or database (Program staff)</li> </ul>	Ongoing	<ul style="list-style-type: none"> <li>Number of internal partnerships built</li> </ul>
<b>Efficiency</b> (value and volume of outputs produced by resources invested in program)	Do we maximize the use of resources?  Do we seek additional resources?	<ul style="list-style-type: none"> <li>Resource plan developed</li> <li>Funding opportunities identified and shared with partners</li> <li>In-kind resources tracked</li> </ul>	<ul style="list-style-type: none"> <li>Program records</li> </ul>	<ul style="list-style-type: none"> <li>Abstract data from program records or database (Program staff)</li> </ul>	Ongoing	<ul style="list-style-type: none"> <li>Amount of in-kind resources received</li> </ul>

Chapter 4  
**Dissemination of Findings**

**Updating and Engaging CCC Program Stakeholders**

The Michigan CCC Program evaluation coordinator provides periodic updates on evaluation findings and monitoring activities to the CCC program management and team, the MCC leadership, and members of the MCC subcommittees and workgroups.

**Interfacing with Other State Health Programs**

The CCC Program evaluation team offers support to production of general MDCH data summaries by reviewing and incorporating cancer-related data in those reports, including Critical Health Indicators, Health Disparities datasets, and Genomics BRFSS analyses of cancer genetic information.

Table 3

**Michigan CCC Program Dissemination Strategy Matrix**

Audience	Format and Channel for Sharing Findings	Timeline	Responsible Person
<p><b>Michigan Cancer Consortium</b></p> <p><b>Michigan Department of Community Health</b></p>	Regular updates/review of outcomes for BOD	Annually	<p>Evaluation Coordinator</p> <p>CCC Program Staff</p> <p>Communications and Event Coordinator</p>
	Implementation Progress Report	Ongoing	
	Presentation of the Annual Report at the MCC Annual Meeting		
	Cancer Burden Report		
	Announcement of new products to stakeholders via <i>MCC Update</i> newsletters		
	E-mail list serve		
	Website		
MCC Annual Meeting Breakout Sessions			
Webinars around Special Projects to keep advisory committees engaged throughout the year			

Audience	Format and Channel for Sharing Findings	Timeline	Responsible Person
<b>Michigan Public</b>	Website public education materials and resources  Social media plan being developed in collaboration with University of Michigan School of Public Health for dissemination of resources and information	Ongoing	CCC Program Staff

## Chapter 5

# **Concluding Comments**

**I**n an era of complex chronic disease determinants and quick development in scientific evidence concurrent with scarce resources, Michigan CCC Program leadership and partners recognized from the beginning of their efforts the need to create a comprehensive evaluation framework and processes. This buy in and deeply held conviction by comprehensive cancer control leaders that evaluation must be integrated into all CCC Program operations and into the course of decision making has positioned Michigan's program to seek more focused interventions aimed at achieving better outcomes and also has enhanced the program's ability to systematically measure implementation results.

However, arriving at this position was not a straightforward process. Participation by stakeholders in active review of evaluation results and, most importantly, in using results to better the program's impact, had to occur in gradual phases. Additionally, the approach of stakeholders and the type and depth of the information they sought influenced the evolution of the Michigan CCC Program evaluation design and methods.

As the evaluation component has evolved, it has become apparent that program evaluation must be flexible, interactive, engaging, efficient, and timely. The Michigan CCC Program's evaluation component escorts the state's comprehensive cancer control functions step by step and adjusts to the program's changing needs. To have a successful evaluation component, the evaluation team must have the buy in of all involved, and program partners must be actively engaged throughout different phases of the evaluation development. Data collection tools, communication venues for results, and necessary follow-up actions all are greatly enhanced when devised collaboratively by evaluation specialists and representative groups of stakeholders.

### **Limitations**

- There is insufficient available evidence to guide interventions. Not many programs are backed up by rigorous research, and not a lot of research is applicable across cancer sites. For instance, although there are abundant studies on breast cancer, there are many fewer studies on colorectal cancer, and very few studies at all on cancer survivorship.
- Limited financial resources at both the state and partner organization levels are impeding the volume and scope of plan implementation, as well as the corresponding evaluation activities.

### **Future Evaluation Plan Elements**

Aside from the ongoing evaluation projects that encompass core data analyses and data updates, interface with the cancer registry, the state BRFSS, and other chronic disease programs, the 2011 version of the Evaluation Plan will include:

- revision to the IPR methodology with the engagement of stakeholders in the revision;
- advancing dissemination of evaluation findings to increase visibility of the findings;
- integration of state and national data sources and alignment of Michigan's goals with national goals in cancer control and prevention; and
- consideration and planning for conducting systematic case studies to examine best practices with a focus on MCC Special Projects.

# Appendices

*Appendix A*

## MCC Implementation Progress Report Questionnaires

In 1999, Michigan established a mechanism by which data are collected on an annual basis from each of the MCC member organizations via the MCC Implementation Progress Report (IPR) system. The IPR has evolved in format and content over the years and has adapted to reviews of the MCC strategic plans. The IPR elements are designed to collect outcome indicators of all cancer control activities implemented by program partners; they include a blend of qualitative and quantitative effectiveness measures that are specific and concrete markers of progress toward achieving the strategies and recommendations within the MCC strategic plans.

For the Jan. 1-Dec. 31, 2010 Implementation Progress Reporting period, the evaluation team designed seven individualized reporting forms, one for each membership classification active in the Consortium, and made them available online for download by MCC member and partner organizations. The 2010 reporting forms focused on implementation progress in support of the six MCC Special Projects for 2009-2011 (Breast Cancer; Cancer Genomics; Cancer Survivorship; Cervical Cancer; Colorectal Cancer; Tobacco Control/Lung Cancer). They are available on 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](http://www.michigancancer.org/PDFs/AnnualReports/2010/OnlineSurveyOriginals/Community-Based.pdf));
- **Health care insurance plans** ([www.michigancancer.org/PDFs/AnnualReports/2010/OnlineSurveyOriginals/HealthCareInsurancePlans.pdf](http://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](http://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](http://www.michigancancer.org/PDFs/AnnualReports/2010/OnlineSurveyOriginals/HardToReach_SpecialPopulations.pdf));
- **Public health organizations** ([www.michigancancer.org/PDFs/AnnualReports/2010/OnlineSurveyOriginals/PublicHealth.pdf](http://www.michigancancer.org/PDFs/AnnualReports/2010/OnlineSurveyOriginals/PublicHealth.pdf));
- **Trade/professional/advocacy organizations** ([www.michigancancer.org/PDFs/AnnualReports/2010/OnlineSurveyOriginals/TradeProfessional\\_Advocacy.pdf](http://www.michigancancer.org/PDFs/AnnualReports/2010/OnlineSurveyOriginals/TradeProfessional_Advocacy.pdf)); and
- **University-based health care delivery systems with cancer programs** ([www.michigancancer.org/PDFs/AnnualReports/2010/OnlineSurveyOriginals/University-Based.pdf](http://www.michigancancer.org/PDFs/AnnualReports/2010/OnlineSurveyOriginals/University-Based.pdf)).

*Appendix B*

## 2011 Special Project Review Process Materials

- ▶ **Special Project Review Online Survey** (developed for Special Project Workgroups):  
[www.michigancancer.org/PDFs/SpecialProjectBriefs-July2011/OnlineSurveyTemplate.pdf](http://www.michigancancer.org/PDFs/SpecialProjectBriefs-July2011/OnlineSurveyTemplate.pdf)
  
- ▶ **Special Project Briefs** (developed for Special Project Workgroups):
  - **Breast Cancer:** [www.michigancancer.org/PDFs/SpecialProjectReview-2011/Briefs/BreastCancer.pdf](http://www.michigancancer.org/PDFs/SpecialProjectReview-2011/Briefs/BreastCancer.pdf)
  - **Cancer Genomics:** [www.michigancancer.org/PDFs/SpecialProjectReview-2011/Briefs/CancerGenomics.pdf](http://www.michigancancer.org/PDFs/SpecialProjectReview-2011/Briefs/CancerGenomics.pdf)
  - **Cancer Survivorship:** [www.michigancancer.org/PDFs/SpecialProjectReview-2011/Briefs/CancerSurvivorship.pdf](http://www.michigancancer.org/PDFs/SpecialProjectReview-2011/Briefs/CancerSurvivorship.pdf)
  - **Cervical Cancer:** [www.michigancancer.org/PDFs/SpecialProjectReview-2011/Briefs/CervicalCancer.pdf](http://www.michigancancer.org/PDFs/SpecialProjectReview-2011/Briefs/CervicalCancer.pdf)
  - **Colorectal Cancer:** [www.michigancancer.org/PDFs/SpecialProjectReview-2011/Briefs/ColorectalCancer.pdf](http://www.michigancancer.org/PDFs/SpecialProjectReview-2011/Briefs/ColorectalCancer.pdf)
  - **Tobacco Control/Lung Cancer:** [www.michigancancer.org/PDFs/SpecialProjectReview-2011/Briefs/Tobacco-LungCancer.pdf](http://www.michigancancer.org/PDFs/SpecialProjectReview-2011/Briefs/Tobacco-LungCancer.pdf)
  
- ▶ **Special Project Review Reporting Template** (developed for Special Project Workgroups):  
[www.michigancancer.org/PDFs/SpecialProjectReview-2011/ReportTemplate.pdf](http://www.michigancancer.org/PDFs/SpecialProjectReview-2011/ReportTemplate.pdf)
  
- ▶ **Special Project Markers at a Glance** (developed for Board of Directors):  
[www.michigancancer.org/PDFs/SpecialProjectReview-2011/ProjectMarkersataGlance.pdf](http://www.michigancancer.org/PDFs/SpecialProjectReview-2011/ProjectMarkersataGlance.pdf)





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