

Goals for 2009 - 2015




Background

In February 2008, the MCC Board of Directors began a process of revising its strategic plan to include updates to items that had been completed or were no longer feasible.

To stay true to scientific advances, close gaps, and ensure that Michigan's plan remains comprehensive, the MCC considered adding new areas to the plan. A detailed process was developed by MCC leadership to include evidence-based reviews, examination by advisory committees, and an assessment of member capacity.

In September 2008, the MCC Board of Directors reviewed cancer burden data, evidence-based reviews, and capacity assessment results to confirm new goal areas. The same data driven process was used to select goals for focused implementation during 2009-2011.

Additionally, three key areas were identified as cutting across all goals within the plan. Strategies that address these cross-cutting areas are marked throughout the plan using the following icons:

	Health Disparities
	Access to Care
	Emerging Science and Technology

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Implementation Evaluation

Over the lifespan of Michigan's Comprehensive Cancer Control Plan development and revisions, the evaluation component has been a central part of strategic planning, implementation monitoring, and outcome measurement. The Evaluation Project provides support in:

- review of science and evidence;
- partnership and process evaluation;
- monitoring plan implementation;
- needs assessment and special studies;
- cancer screening surveillance/disparities review;
- cancer burden assessment; and
- data integration/updates to stakeholders.

Review of Science and Evidence

Evidence-based planning was at the core of this revision of Michigan's cancer plan. Because Michigan's cancer plan is dynamic and responsive to changes in science, literature reviews, data analysis, and reviews of evidence-based interventions were conducted by program staff and shared with the MCC to support its strategic planning efforts. References and citations are found throughout this document and provide a guide to resources that partners can use in the course of implementing this plan.

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 regular member satisfaction surveys, MCC Board assessments, advocacy committee surveys, and organization planning evaluations. The current plan revision

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process included two evaluation activities in this area. The first looked at the capacity within the MCC membership to address additional topics in cancer control and prevention that were not the focus of previous MCC strategic plans (e.g., childhood cancers, environmental risk factors for cancer). The second activity involved a Member Feedback Survey, which generated an initial list of priorities from the multiple objectives and strategies that partners were asked to rank in order of importance; the MCC leadership then used the priority list to guide its decision making in developing this plan.

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 cancer 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 (specific, measurable, attainable, relevant, time-bound) objectives to ensure a quality evaluation. The IPR design is customized to the plan, and information is collected from members on an annual basis to track the 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. These Annual Progress Reports to the Membership are available online at www.michigancancer.org/WhatWeDo/MCCAnnualReports.cfm.

Needs Assessment and Special Studies

Evaluation has continually supported any need for background assessment relevant to plan development or targeting interventions. Recently, a special survey of genetic counselors was conducted to examine the profile of genetic counselors and capacity for providing cancer-specific genetic counseling

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services in the state of Michigan. This survey provides information relevant to the newly established cancer genomics component of Michigan's cancer plan which aims to improve access to genetic services by all Michigan residents.

Another recent special survey was initiated to assess the needs of prostate cancer survivors in managing and coping with the side effects of prostate cancer treatment. Data from this assessment are used in implementing interventions within the prostate cancer plan. Results of these and other special studies are available online at www.michigancancer.org.

Cancer Screening Surveillance/ Disparities Review

The Special Cancer Behavioral Risk Factor Survey (SCBRFS) is a key project of Michigan's evaluation component and serves as a major source of outcome data for cancer program planners and partners. The SCBRFS was initiated in 2001 and has been continued as a bi-annual population-based survey of men and women 40 years or older.

The SCBRFS includes representation from all minorities and special populations within Michigan, thereby providing information on disparities and gaps in cancer-related knowledge and preventive practices among population groups. Data from the SCBRFS play a key role in planning interventions and subsequently gauging progress toward improving cancer outcomes via early detection and prevention. More information about the SCBRFS is available online at www.michigancancer.org/Resources/CancerData.cfm.

Cancer Burden Assessment

A major element of the 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 cancer plan aspires to achieve (i.e., reducing mortality, incidence and disparities for the cancers that the plan addresses). A complete report is published annually and is available

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online at www.michigancancer.org/WhatWeDo/TheCancerBurdenMichiganSelectedStatistics.cfm.

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 leaders and partners in both the development and the use of evaluation data. Evaluation results are provided to the MCC Board and MCC advisory committees and workgroups on an ongoing and timely basis to support their planning and assessment of progress toward their plan goals.

Data on implementation of strategies within specific plans using the IPR data also are shared, and recommendations are made accordingly for focused program activities.

In support of the current plan development process, data summaries and fact sheets were 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 pre-assessments of membership capacity and feedback surveys. The combined summaries were shared with stakeholders to support their deliberations and decisions around cancer plan goals and recommendations for interventions.

Learn More

For more information on these and other Michigan comprehensive cancer control evaluation activities, please contact the coordinator of the Michigan Cancer Plan Evaluation: May Darwish-Yassine, PhD, Program Director, Cancer Control Services, Michigan Public Health Institute, at 517-324-7308 (e-mail: myassine@mphi.org).

Goals for 2009 - 2015: Breast Cancer

Goal

Reduce the breast cancer death rate in Michigan.

Data

Breast cancer is the most commonly diagnosed cancer among Michigan women.¹ During 2005, 7,163 women in Michigan were newly diagnosed with breast cancer. During 2007, 1,455 Michigan women died of the disease.¹

Breast Cancer Health Disparities Data

- Incidence and mortality vary by age and by race.¹
- Incidence is highest among white women.¹
- Mortality is highest among racial minorities, partly due to a later stage at diagnosis.¹
- In 2005, 50.1% of newly diagnosed breast cancer cases among African Americans were found localized compared with 59.5% in white women.¹
- Even at the same localized stage of diagnosis, African American women show lower survival rates than white women.^{1,2}

¹ Michigan Cancer Surveillance Program. Michigan Department of Community Health (MDCH), Vital Records and Health Data Development Section. Available online at www.michigan.gov/mdch/0,1607,7-132-2944_5323---,00.html.

² National Cancer Institute. SEER Cancer Statistics Review, 1975-2005. Available online at http://seer.cancer.gov/csr/1975_2005.

Goals for 2009 - 2015: Breast Cancer

Implementation Objectives

Breast Cancer Implementation Objective 1:³ By 2011, 90 percent of women will report being offered age-appropriate breast cancer risk information, education, and suitable services

Progress Markers			
Available Data Markers	Data Source	Baseline (2006)	Target (2011)
Percent of all women aged 40 years or older who ever discussed family history of breast cancer with health care provider.	SCBRFS	87.9%	90%
Percent of all women aged 40 years or older who ever discussed family history of ovarian cancer with a provider.	SCBRFS	Not available	80%
Percent of all women aged 40 years or older reporting family history or hereditary would increase a woman's risk for breast cancer.	SCBRFS	Not available	50%

³ 2009 - 2011 MCC Special Project. See the "[Special Projects for 2009 – 2011](#)" section of this plan.

Goals for 2009 - 2015: Breast Cancer

Strategies

1.1. Develop and implement breast cancer risk assessment programs through strategic partnerships.⁴

<i>Suggested Implementation Partners</i>	<i>Examples</i>
Community-Based Health Care Delivery Systems/Practices with Cancer Programs	
Health Education/Health Research and Evaluation	
Health Care Insurance Plans	Blue Cross Blue Shield of Michigan
Organizations Representing or Serving Hard-to-Reach and/or Special Populations	
Public Health Organizations	Local Health Departments
Trade/Professional/Advocacy Organizations	American Cancer Society, Michigan Osteopathic Association, Michigan Primary Care Association, Michigan State Medical Society, Susan G. Komen for the Cure
University-Based Health Care Delivery Systems with Cancer Programs	Karmanos Cancer Institute, University of Michigan Comprehensive Cancer Center
Other Partners	Breast Health/Risk Assessment Clinics, Community Facing Our Risk of Cancer Empowered Groups, County Health Plans, Federally Qualified Health Centers, Michigan Nurses Association, Michigan State University

⁴ Evidence-Based Strategy: Application of Breast Cancer Risk Prediction Models in Clinical Practice. Available online at <http://jco.ascopubs.org/cgi/reprint/21/4/593>.

Goals for 2009 - 2015: Breast Cancer



- 1.2** Collaborate with MCC Genomics workgroup members to educate providers about guidelines for breast cancer risk assessment and genetic counseling referrals.

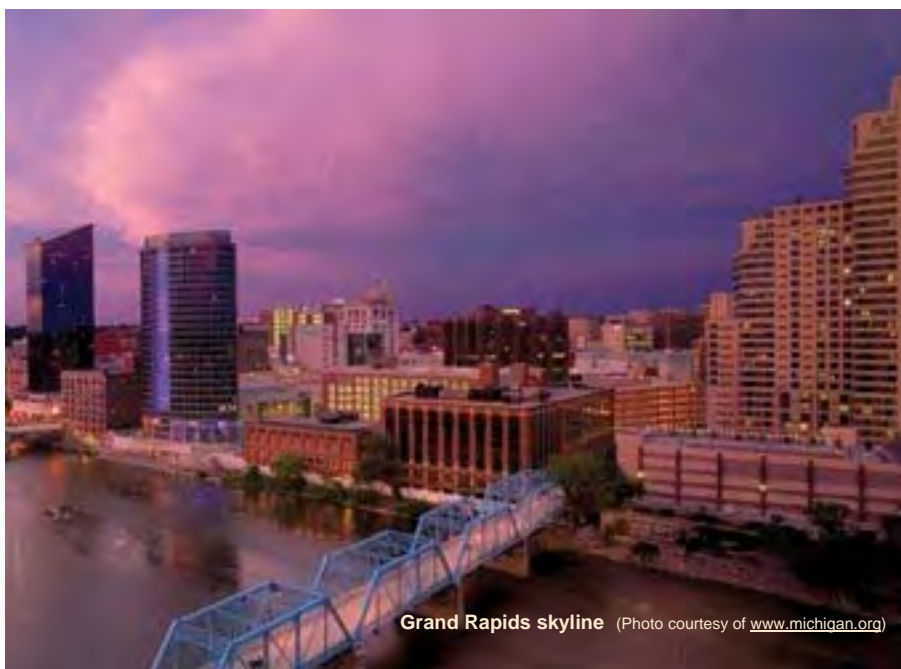
<i>Suggested Implementation Partners</i>	<i>Examples</i>
Community-Based Health Care Delivery Systems/Practices with Cancer Programs	
Health Education/Health Research and Evaluation	
Health Care Insurance Plans	Blue Cross Blue Shield of Michigan
Organizations Representing or Serving Hard-to-Reach and/or Special Populations	
Public Health Organizations	Local Health Departments
Trade/Professional/Advocacy Organizations	American Cancer Society, Michigan Osteopathic Association, Michigan Primary Care Association, Michigan State Medical Society, Susan G. Komen for the Cure
University-Based Health Care Delivery Systems with Cancer Programs	Karmanos Cancer Institute, University of Michigan Comprehensive Cancer Center
Other Partners	Breast Health/Risk Assessment Clinics, Community Facing Our Risk of Cancer Empowered Groups, County Health Plans, Federally Qualified Health Centers, Michigan Nurses Association, Michigan State University

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Goals for 2009 - 2015: Breast Cancer

Breast Cancer Implementation Objective 2: By 2015, 80% of women aged 40 years and older will report having received both a clinical breast exam and a mammogram within the past year.

Progress Markers			
Activity	Data Source	Baseline (2006)	Target (2011)
Women aged 40 years and older who had both a clinical breast exam and mammogram in the past year	Michigan BRFSS	57.2%	80%
Women who had an appropriately timed clinical breast exam	Michigan BRFSS	75.4%	80%
Women aged 40 years and older who had a mammogram in the past year	Michigan BRFSS	64.3%	80%



Goals for 2009 - 2015: Breast Cancer

Strategies:

2.1. Work in partnership with health providers, health care systems, insurance providers, community organizations, and businesses, to provide appropriate information on the importance of breast health and age appropriate cancer screening.⁵

<i>Suggested Implementation Partners</i>	<i>Examples</i>
Community-Based Health Care Delivery Systems/Practices with Cancer Programs	
Health Education/Health Research and Evaluation	
Health Care Insurance Plans	Blue Cross Blue Shield of Michigan
Organizations Representing or Serving Hard-to-Reach and/or Special Populations	
Public Health Organizations	Local Health Departments
Trade/Professional/Advocacy Organizations	American Cancer Society, Michigan Osteopathic Association, Michigan Primary Care Association, Michigan State Medical Society, Susan G. Komen for the Cure
University-Based Health Care Delivery Systems with Cancer Programs	Karmanos Cancer Institute, University of Michigan Comprehensive Cancer Center
Other Partners	Breast Health/Risk Assessment Clinics, Community Facing Our Risk of Cancer Empowered Groups, County Health Plans, Federally Qualified Health Centers, Michigan Nurses Association, Michigan State University

⁵ Evidence Based Strategy: Empowering Physicians to Improve Breast Cancer Screening. Available online at http://rtips.cancer.gov/rtips/rtips_details.do?programid=14&topicid=4&co=N&cg=.

Goals for 2009 - 2015: Breast Cancer



2.2. Provide appropriate breast cancer screening information utilizing evidenced-based interventions (one-on-one education, Web sites, fact sheets, pamphlets, small media, etc.) focusing the message for never/rarely screened women in counties with high breast cancer incidence/mortality rates.^{5,6,7}

<i>Suggested Implementation Partners</i>	<i>Examples</i>
Community-Based Health Care Delivery Systems/Practices with Cancer Programs	
Health Education/Health Research and Evaluation	
Health Care Insurance Plans	Blue Cross Blue Shield of Michigan
Organizations Representing or Serving Hard-to-Reach and/or Special Populations	
Public Health Organizations	Local Health Departments
Trade/Professional/Advocacy Organizations	American Cancer Society, Michigan Osteopathic Association, Michigan Primary Care Association, Susan G. Komen for the Cure
University-Based Health Care Delivery Systems with Cancer Programs	Karmanos Cancer Institute, University of Michigan Comprehensive Cancer Center
Other Partners	Breast Health/Risk Assessment Clinics, Community Facing Our Risk of Cancer Empowered Groups, County Health Plans, Federally Qualified Health Centers, Michigan Medical Society, Michigan Nurses Association, Michigan State University

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⁶ Evidence-Based Strategy: Small Media are Recommended to Increase Breast Cancer Screening. Available online at www.thecommunityguide.org/cancer/screening/13_Small_media_breast_post.pdf.

⁷ Evidence-Based Strategy: Breast Cancer Screening Among Non-Adherent Women. Available online at http://rtips.cancer.gov/rtips/rtips_details.do?programid=17&topicid=4&co=N&cg=4.

Goals for 2009 - 2015: Breast Cancer



2.3. Promote and support organizational partnerships that aim to reach minority women and populations experiencing disparities in health care with breast health education, mammography screening, and navigation to services and care.^{7,8}

<i>Suggested Implementation Partners</i>	<i>Examples</i>
Community-Based Health Care Delivery Systems/Practices with Cancer Programs	
Health Care Insurance Plans	Blue Cross Blue Shield of Michigan
Organizations Representing or Serving Hard-to-Reach and/or Special Populations	
Public Health Organizations	Local Health Departments
Trade/Professional/Advocacy Organizations	American Cancer Society, Michigan Osteopathic Association, Michigan Primary Care Association, Susan G. Komen for the Cure
University-Based Health Care Delivery Systems with Cancer Programs	Karmanos Cancer Institute, University of Michigan Comprehensive Cancer Center
Other Partners	Breast Health/Risk Assessment Clinics, Community Facing Our Risk of Cancer Empowered Groups, County Health Plans, Federally Qualified Health Centers, Michigan Medical Association, Michigan Nurses Association, Michigan State University

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⁸ Evidence-Based Strategy: Reducing Barriers to the Use of Breast Cancer Screening. Available online at http://rtips.cancer.gov/rtips/rtips_details.do?programid=16&topicid=4&co=N&cg=.

Goals for 2009 - 2015: Cancer Genomics

Goal

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

Data

Genetics is the science of heredity; the study of genes and the way they determine traits and characteristics passed from generation to generation. In contrast, genomics is the study of the entire genome, including the complex interactions among multiple genes as well as between genes and the environment. Applied to public health, genomics offers the potential to increase understanding of the role of genes, environment and behavior as risk factors for complex, chronic diseases.¹

Genomics plays a part in nine of the [Ten Leading Causes of Death in the United States](#). All human beings are 99.9 percent identical in genetic makeup, but differences in the remaining 0.1 percent may hold important clues about the causes of disease.¹

According to the Michigan Department of Community Health's Vital Records Data for 2000, genetic factors contribute to the following leading causes of death among Michigan residents: heart disease, cancer, stroke, chronic lower respiratory diseases, diabetes mellitus, Alzheimer's disease, and kidney disease.²

¹ Centers for Disease Control and Prevention Office of Public Health Genomics: Frequently Asked Questions. Available online at www.cdc.gov/genomics/faq.htm. Accessed Nov. 19, 2008.

² A Needs Assessment and State Plan for Michigan – Genetics Through the Life Cycle: Improving Health and Preventing Disease, 2008. Available online at www.michigan.gov/documents/MIgeneticsplanandassessment_118168_7.pdf.

Goals for 2009 - 2015: Cancer Genomics

More than 950 genetic tests are currently available for clinical testing and most are used for diagnosis of rare single-gene disorders or chromosome abnormalities, with a few being used for newborn screening. However, a growing number of genetic tests may have population-based applications, which includes determining the risk of developing a disease or condition in the future (e.g., predictive testing for breast cancer or cardiovascular disease), and recognizing genetic variations that can influence response to medicines (pharmacogenomics).³

About 5-10% of the common cancers are due to inherited risk:

- 5-10% of breast cancer is inherited.⁴
- About 5% of colorectal cancers are attributed to Hereditary Nonpolyposis Colorectal Cancer.⁴
- 5-10% of women with ovarian cancer have BRCA1 or BRCA2 mutations.⁵

Cancer Genomics Health Disparities Data:

- 8.3% – 10.2% of carriers of BRCA1 genetic mutations are Ashkenazi Jewish;
- 3.5% are Hispanic;
- 1.3% – 1.4% are African American;
- 0.5% are Asian; and
- 2.2% – 2.9% are non-Ashkenazi Caucasian.⁵

³ Centers for Disease Control and Prevention Office of Public Health Genomics: Genomics in Practice. Available online at www.cdc.gov/genomics/phpractice.htm. Accessed March 16, 2009.

⁴ American Cancer Society, Cancer Facts and Figures 2008. Available online at www.cancer.org.

⁵ National Cancer Institute, National Institutes of Health: Genetics of Breast and Ovarian Cancer (PDQ) (Last modified July 2002.). Available online at www.cancer.gov/cancerinfo/pdq/genetics/breast-and-ovarian. Accessed March 16, 2009.

Goals for 2009 - 2015: Cancer Genomics

- 2.6% of carriers of BRCA2 genetic mutations are African American, and 2.1% are Caucasian.⁶
- Men who carry mutations in BRCA1 or BRCA 2 are also at an increased risk of developing prostate cancer, facing up to a 20% lifetime risk (most BRCA2 carriers).⁷

⁶ National Cancer Institute, National Institutes of Health: Genetics of Breast and Ovarian Cancer (PDQ). (Last modified July 2002.) Available online at www.cancer.gov/cancerinfo/pdq/genetics/breast-and-ovarian. Accessed March 16, 2009.

⁷ Agalliu et al. "Associations of High-Grade Prostate Cancer with *BRCA1* and *BRCA2* Founder Mutations." *Clinical Cancer Research*, 2009. 15:1112-1120.

Goals for 2009 - 2015: Cancer Genomics

Implementation Objectives

Cancer Genomics Implementation Objective 1:¹ By 2011, expand public knowledge about the impact of genetics on cancer risk and management (breast, ovarian, and colorectal cancers).

Progress Markers			
Available Data Markers	Data Source	Baseline (2008)	Target (2011)
Percent of adults (age 18+) who think family history is 'very important' to their personal health	Michigan BRFSS	Not available	70%
Percent of adults (age 18+) who have actively collected health information from their relatives on their family health history	Michigan BRFSS	Not available	50%
Percent of adults (age 18+) who were asked by their health care provider about their family history of cancer in general (including times they filled out a form)	Michigan BRFSS	Not available	85%
Percent of all adults (age 40+) who have discussed with their provider family history of specific cancers	SCBRFS	79.2% breast 75.5% ovarian	80%

¹ 2009 - 2011 MCC Special Project. See the "[Special Projects for 2009 – 2011](#)" section of this plan.

Goals for 2009 - 2015: Cancer Genomics

Strategies



1.1. Assess effect of “direct-to-consumer” ads for BRCA1/2 genetic testing on the public.^{2,3}

<i>Suggested Implementation Partners</i>
Health Education/Health Research and Evaluation
Health Care Insurance Plans
University-Based Health Care Delivery Systems with Cancer Programs



1.2. Create and conduct a genetic literacy campaign targeting the general public to dispel myths and misconceptions, as well as increase recognition of the role of genetics in cancer risk and management and promote the benefits of genetic services.²

<i>Suggested Implementation Partners</i>	<i>Examples</i>
Organizations Representing or Serving Hard-to-Reach and/or Special Populations	ACCESS Community Health Center, Inter-Tribal Council of Michigan, Inc.
Public Health Organizations	Local Health Departments, Michigan Department of Community Health (Cancer Prevention and Control Section)
Trade/Professional/Advocacy Organizations	American Cancer Society, Gilda’s Club Grand Rapids, Gilda’s Club Metro Detroit, The Wellness Community of Southeast Michigan
Other Partners	Federally-Qualified Health Centers

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² Evidence-Based Strategy: Preparing for a Direct-to-Consumer Marketing Campaign for BRCA1 and BRCA2: A Three-State Public Health Collaboration. Available online at www.cdc.gov/genomics/training/file/print/10year/48_DTC_BRCA.pdf.

³ Evidence-Based Strategy: Genetic Testing for Breast and Ovarian Cancer Susceptibility: Evaluating Direct-to-Consumer Marketing, Atlanta, Denver, Raleigh-Durham, and Seattle, 2003. Available online at www.cdc.gov/mmwr/preview/mmwrhtml/mm5327a1.htm.

Goals for 2009 - 2015: Cancer Genomics



1.3. Make information on underlying genetic causes of common cancers and the importance of genetic counseling and early detection more readily available to the public.²

<i>Suggested Implementation Partners</i>	<i>Examples</i>
Community-Based Health Care Delivery Systems/Practices with Cancer Programs	
Health Education/Health Research and Evaluation	
Health Care Insurance Plans	
Organizations Representing or Serving Hard-to-Reach and/or Special Populations	
Public Health Organizations	
Trade/Professional/Advocacy Organizations	Michigan Cancer Genetics Alliance
University-Based Health Care Delivery Systems with Cancer Programs	

Genomics Implementation Objective 2: *By 2015, expand provider knowledge about the impact of genetics (breast, ovarian, and colorectal cancers) on cancer control.*

Progress Markers			
Available Data Markers	Data Source	Baseline (2009)	Target (2011)
NA	NA	NA	TBD

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Goals for 2009 - 2015: Cancer Genomics

Strategies:



2.1. Assess effect of “direct-to-consumer” ads for BRCA1/2 genetic testing on provision of health care.^{2,3}

<i>Suggested Implementation Partners</i>	<i>Examples</i>
Health Education/Health Research and Evaluation	
Health Care Insurance Plans	Blue Cross Blue Shield of Michigan
University-Based Health Care Delivery Systems with Cancer Programs	



2.2. Educate clinical providers about HNPCC mismatch repair testing.⁴

<i>Suggested Implementation Partners</i>	<i>Examples</i>
Community-Based Health Care Delivery Systems/Practices with Cancer Programs	
Health Education/Health Research and Evaluation	
Health Care Insurance Plans	
Organizations Representing or Serving Hard-to-Reach and/or Special Populations	
Public Health Organizations	Michigan Department of Community Health (Genomics Section)
University-Based Health Care Delivery Systems with Cancer Programs	

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⁴ Aligned with “Promoting Cancer Genomics Best Practices through Surveillance, Education, and Policy Change in the State of Michigan (2008-2011)”. A Strategic Plan supported by a cooperative agreement between the Centers for Disease Control and Prevention and the Michigan Department of Community Health Genomics Unit.

Goals for 2009 - 2015: Cancer Genomics



2.3. Educate clinical providers about USPSTF guidelines for family history, genetic counseling, and BRCA1/2 testing.⁴

<i>Suggested Implementation Partners</i>	<i>Examples</i>
Public Health Organizations	Michigan Department of Community Health (Genomics Section)



2.4. Educate clinical providers about gene expression profiling tests (e.g., Oncotype DX, MammaPrint).⁴

<i>Suggested Implementation Partners</i>	<i>Examples</i>
Public Health Organizations	Michigan Department of Community Health (Genomics Section)

Cancer Genomics Implementation Objective 3: By 2015, improve genetic health care financing and access to testing and support services.

Progress Markers			
Available Data Markers	Data Source	Baseline (2009)	Target (2011)
MCC Advocacy commitment to improve patient access to genetic testing and support services.	MCC Advocacy Committee Platform	TBD	TBD
Number of MCC organizations advocating for improved patient access.	MCC Implementation Progress Report	TBD	TBD

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Goals for 2009 - 2015: Cancer Genomics

Strategies:



3.1. Review Michigan health insurance plan policies for BRCA1/2 genetic testing to determine consistency with USPSTF guidelines.⁴

<i>Suggested Implementation Partners</i>	<i>Examples</i>
Health Care Insurance Plans	Blue Cross Blue Shield of Michigan
Public Health Organizations	Michigan Department of Community Health (Genomics Section)
University-Based Health Care Delivery Systems with Cancer Programs	



3.2. Facilitate meetings between health plan personnel and cancer genetic experts.⁴

<i>Suggested Implementation Partners</i>	<i>Examples</i>
Public Health Organizations	Michigan Department of Community Health (Genomics Section)
University-Based Health Care Delivery Systems with Cancer Programs	



3.3. Provide technical assistance to promote development of health insurance plan policies consistent with USPSTF guidelines and recognize plans that comply with recommended clinical practices.⁴

<i>Suggested Implementation Partners</i>	<i>Examples</i>
Health Care Insurance Plans	Blue Cross Blue Shield of Michigan
Public Health Organizations	Michigan Department of Community Health (Genomics Unit)

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Goals for 2009 - 2015: Cancer Genomics



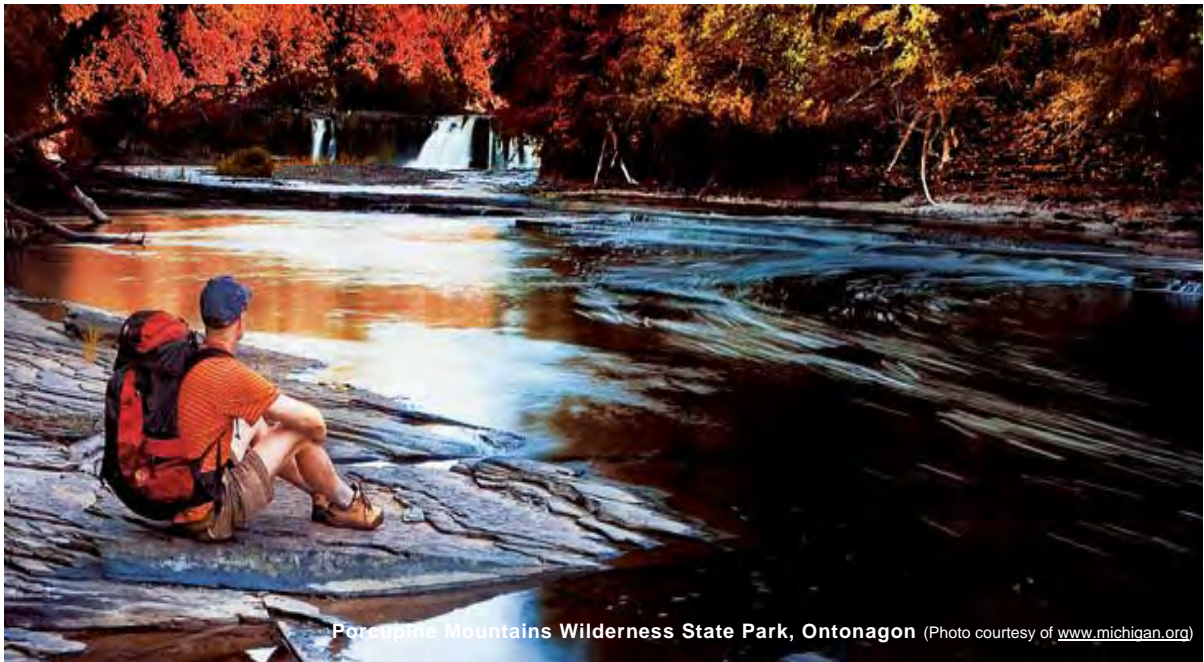
3.4. Advocate for third-party payment of genetic counseling (and testing as may be indicated) for Medicaid recipients and those without insurance.⁵

<i>Suggested Implementation Partners</i>	<i>Examples</i>
Trade/Professional/Advocacy Organizations	American Cancer Society, Michigan Cancer Genetics Alliance
Other Partners	Medicaid



3.5. Determine availability of adult cancer genetic services in Michigan, and make information available to consumers.

<i>Suggested Implementation Partners</i>	<i>Examples</i>
Public Health Organizations	Michigan Department of Community Health (Cancer Prevention and Control Section)



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⁵ Evidence-Based Strategy: Genomic Tests for Ovarian Cancer Detection and Management. Available online at www.ncbi.nlm.nih.gov/books/bv.fcgi?rid=hstat1b.chapter.94793.

Goals for 2009 - 2015: Cancer Survivorship

Goal

Improve the quality of life for cancer survivors in Michigan.

Definitions

Cancer Survivors are individuals who have been diagnosed with cancer. They also include the people who are affected by an individual's diagnosis, such as family members, friends, and caregivers.¹

Survivorship covers the physical, psychosocial, and economic issues of cancer, from diagnosis until the end of life. It focuses on the health and life of a person with cancer beyond the diagnosis and treatment phases. Survivorship includes issues related to the ability to get health care and follow-up treatment, as well as the late effects of treatment, second cancers, and quality of life issues. Family members, friends, and caregivers are also part of the survivorship experience.²

Survivorship care, as defined in the Institute of Medicine report³, is a distinct phase of care for cancer survivors that includes four components:

1. prevention and detection of new cancers and recurrent cancer;
2. surveillance for cancer spread, recurrence, or second cancers;
3. intervention for consequences of cancer and its treatment; and
4. coordination between specialists and primary care providers to ensure that all of the survivor's health needs are met.

¹ National Action Plan for Cancer Survivorship: Advancing Public Health Strategies, 2004, Centers for Disease Control and Prevention.

² National Cancer Institute.

³ From Cancer Patient to Cancer Survivor: Lost in Transition, 2006, Institute of Medicine.

Goals for 2009 - 2015: Cancer Survivorship

Quality of Life is the overall enjoyment of life. Many clinical trials assess the effects of cancer and its treatment on the quality of life. These studies measure aspects of an individual's sense of well-being, and ability to carry out various activities.³

Data

The National Cancer Institute estimates there were 11.1 million cancer survivors in the United States in 2005⁴- a 6% increase from the previous estimate of 10.5 million in 2003. The number of cancer survivors has tripled over the last three decades.

According to the Michigan Cancer Registry, the five-year survival rate for all cancers was 60.1% in 1998 (60.4% in men, 59.8% in women). Thirty-eight percent of cancer survivors are of working age (ages 20-64).⁵

The 2006 breakdown of cancer survivors in Michigan⁵ includes the following:

- All cancer sites = 435,000 survivors
- Breast cancer = 102,000 survivors
- Cervical cancer (invasive only) = 6,000 survivors
- Childhood cancers (ages 0-14) = 5,000 survivors
- Colorectal cancer = 41,000 survivors
- Lung cancer = 18,000 survivors
- Prostate = 71,000 survivors

⁴ National Cancer Institute. SEER Cancer Statistics Review, 1975-2005. Available online at http://seer.cancer.gov/csr/1975_2005/.

⁵ Michigan Cancer Surveillance Program, 2007 Michigan Cancer Death Public Use File & 2005 Michigan Cancer Incidence Public Use File. Michigan Department of Community Health (MDCH) Division for Vital Records & Health Statistics.

Goals for 2009 - 2015: Cancer Survivorship

Cancer Survivorship Health Disparities Data

- African Americans have the highest overall cancer mortality rates nationwide.⁶
- African American women have lower survival rates for most cancers compared to whites due to later stage at detection and poorer-stage specific survival.⁴
- Persons with low socioeconomic status tend to have poorer cancer survival rates.⁷
- In Michigan, African Americans have lower five-year cancer survival rates (men = 57%; women = 50%) than the general population (60.4% = men, 59.8% = women).⁵
- More than 60% of cancer survivors are aged 65 or older.⁴



⁶ American Cancer Society. *Cancer Facts and Figures for African Americans 2009-2010*.

⁷ Singh GK, Miller BA, Hankey BF, Edwards BK. *Area Socioeconomic Variations in U.S. Cancer Incidence, Mortality, Stage, Treatment, and Survival, 1975-1999*. NCI Cancer Surveillance Monograph Series, Number 4. (Bethesda, MD: National Cancer Institute, 2003. NIH Publication No. 03-5417.)

Goals for 2009 - 2015: Cancer Survivorship

Implementation Objectives

Cancer Survivorship Implementation Objective 1:⁸ By 2011, increase cancer survivors' awareness of and access to survivorship resources and services.

Progress Markers			
Available Data Markers	Data Source	Baseline (2009)	Target (2011)
Public awareness of available survivorship resources and services	2009 Survey of MCC member organizations Member websites	Pending	Resource Guide updated
Guidelines developed by the MCC Prostate Cancer Action Committee for prostate cancer survivors/families/providers	Prostate Cancer Survivor Follow-Back Study Literature Prostate Cancer Action Committee ⁹ Prostate Cancer Research Fund projects	Needs Assessment Completed Literature Review Completed	Improved use of guidelines by primary care providers
Survivors receive cancer care information and/or written care plan from their provider	Michigan BRFSS	Pending	50%

⁸ 2009 - 2011 MCC Special Project. See the "[Special Projects for 2009 – 2011](#)" section of this plan.

⁹ Prostate Cancer Action Committee of the Michigan Cancer Consortium. Available online at www.michigancancer.org/AboutTheMCC/advisory-prostatecancer.cfm#action.

Goals for 2009 - 2015: Cancer Survivorship

Strategies

1.1. Assess and compile existing survivorship resources available to cancer survivors in Michigan.¹⁰

<i>Suggested Implementation Partners</i>	<i>Examples</i>
Community-Based Health Care Delivery Systems/Practices with Cancer Programs	Grand Rapids Clinical Oncology Program, Mount Clemens Regional Medical Center, Spectrum Health Cancer Program, St. Joseph Mercy Oakland, William Beaumont Hospital, West Michigan Cancer Center
Health Education/Health Research and Evaluation	Michigan Cancer Research Consortium
Health Care Insurance Plans	Blue Cross Blue Shield of Michigan
Public Health Organizations	National Cancer Institute's Cancer Information Service, Midwest Region,
Trade/Professional/Advocacy Organizations	American Cancer Society, Gilda's Club of Grand Rapids, Michigan Public Health Institute, Michigan Society of Hematology and Oncology, The Wellness Community of Southeast Michigan
University-Based Health Care Delivery Systems with Cancer Programs	Great Lakes Cancer Institute at Michigan State University, Henry Ford Health System, Karmanos Cancer Institute
Other Partners	Josephine Ford Cancer Center, Michigan State University, Northern Michigan Regional Hospital, University of Michigan

¹⁰ Comprehensive Cancer Control Leadership Institute, 2007.

Goals for 2009 - 2015: Cancer Survivorship



1.2. Disseminate information about survivorship resources and services using a variety of methods, including new technologies.

<i>Suggested Implementation Partners</i>	<i>Examples</i>
Community-Based Health Care Delivery Systems/Practices with Cancer Programs	Alpena Regional Medical Center, Sparrow Health System/Sparrow Regional Cancer Center
Health Care Insurance Plans	Blue Cross Blue Shield of Michigan
Organizations Representing or Serving Hard-to-Reach and/or Special Populations	
Public Health Organizations	Local Health Departments, Michigan Department of Community Health, Michigan Public Health Institute
Trade/Professional/Advocacy Organizations	Michigan Academy of Family Physicians, Michigan Association of Health Plans, Michigan Osteopathic Association, Michigan State Medical Society, Prostate Cancer Coalition of Michigan, The Wellness Community of Southeast Michigan
Other Partners	Medicaid, Physicians Health Plan, Us Too

🔊 : Emerging Science and Technology

Goals for 2009 - 2015: Cancer Survivorship

1.3. Identify the existence and effectiveness of various models of patient navigation programs in Michigan, including proprietary programs, by polling the MCC membership.

<i>Suggested Implementation Partners</i>	<i>Examples</i>
Community-Based Health Care Delivery Systems/Practices with Cancer Programs	Grand Rapids Clinical Oncology Program, Mount Clemens Regional Medical Center, Spectrum Health Cancer Program, St. Joseph Mercy Oakland, William Beaumont Hospital, West Michigan Cancer Center
Health Education/Health Research and Evaluation	Michigan Cancer Research Consortium
Health Care Insurance Plans	Blue Cross Blue Shield of Michigan
Public Health Organizations	National Cancer Institute's Cancer Information Service, Midwest Region,
Trade/Professional/Advocacy Organizations	American Cancer Society, Gilda's Club of Grand Rapids, Michigan Public Health Institute, Michigan Society of Hematology and Oncology, The Wellness Community of Southeast Michigan
University-Based Health Care Delivery Systems with Cancer Programs	Great Lakes Cancer Institute at Michigan State University, Henry Ford Health System, Karmanos Cancer Institute
Other Partners	Josephine Ford Cancer Center, Michigan State University, Northern Michigan Regional Hospital, University of Michigan

Goals for 2009 - 2015: Cancer Survivorship

1.4. Promote expansion of successful patient navigation programs within Michigan health care systems as appropriate for specific survivor populations to be served.¹⁰

<i>Suggested Implementation Partners</i>	<i>Examples</i>
Community-Based Health Care Delivery Systems/Practices with Cancer Programs	Alpena Regional Medical Center, Sparrow Health System/Sparrow Regional Cancer Center
Health Care Insurance Plans	Blue Cross Blue Shield of Michigan
Organizations Representing or Serving Hard-to-Reach and/or Special Populations	
Trade/Professional/Advocacy Organizations	American Cancer Society, Michigan Academy of Family Physicians, Michigan Association of Health Plans, Michigan Osteopathic Association, Michigan State Medical Society
Other Partners	Medicaid, Physicians Health Plan



Goals for 2009 - 2015: Cancer Survivorship

1.5. Promote and support comprehensive survivorship services which address needs of cancer survivors throughout the full spectrum of cancer care, from diagnosis throughout remainder of life.¹⁰

<i>Suggested Implementation Partners</i>	<i>Examples</i>
Community-Based Health Care Delivery Systems/Practices with Cancer Programs	Alpena Regional Medical Center, Sparrow Health System/Sparrow Regional Cancer Center
Health Care Insurance Plans	Blue Cross Blue Shield of Michigan
Public Health Organizations	Local Health Departments, Michigan Department of Community Health, Michigan Public Health Institute
Trade/Professional/Advocacy Organizations	American Cancer Society, Gilda's Club Grand Rapids, Gilda's Club Metro Detroit, Michigan Academy of Family Physicians, Michigan Association of Health Plans, Michigan Osteopathic Association, Michigan State Medical Society, Prostate Cancer Coalition of Michigan, Susan G. Komen Detroit Race for the Cure, Susan G. Komen – Grand Rapids Affiliate, Susan G. Komen – Greater Lansing Affiliate, The Wellness Community of Southeast Michigan
Other Partners	Medicaid, Physicians Health Plan

Goals for 2009 - 2015: Cancer Survivorship



1.6. Promote and support organizational partnerships that decrease barriers to survivorship resources for minorities and underserved populations.

<i>Suggested Implementation Partners</i>	<i>Examples</i>
Community-Based Health Care Delivery Systems/Practices with Cancer Programs	Alpena Regional Medical Center, Sparrow Health System/Sparrow Regional Cancer Center
Health Care Insurance Plans	Blue Cross Blue Shield of Michigan
Organizations Representing or Serving Hard-to-Reach and/or Special Populations	
Public Health Organizations	Local Health Departments, Michigan Department of Community Health, Michigan Public Health Institute
Trade/Professional/Advocacy Organizations	Michigan Academy of Family Physicians, Michigan Association of Health Plans, Michigan Osteopathic Association, Michigan State Medical Society, Prostate Cancer Coalition of Michigan, The Wellness Community of Southeast Michigan
Other Partners	Medicaid, Physicians Health Plan, Us Too

1.7. Collaborate with the Bureau of Health Professions Pain Management and Palliative Care Program to promote and support initiatives pertaining to cancer survivorship.¹⁰

<i>Suggested Implementation Partners</i>	<i>Examples</i>
Public Health Organizations	Michigan Department of Community Health, Michigan Public Health Institute

☰ : Health Disparities 🔓 : Access to Care

Goals for 2009 - 2015: Cancer Survivorship

Cancer Survivorship Implementation Objective 2: By 2015, expand health care provider education about cancer survivors' needs.

Progress Markers			
Available Data Markers	Data Source	Baseline (2009)	Target (2015)
Existing Care Plans	Survey of MCC members and partners	TBD	TBD

Goals for 2009 - 2015: Cancer Survivorship

Strategies:

2.1. Assess and compile a list of existing survivorship care plans, including those developed by national organizations such as American Society of Clinical Oncology.

<i>Suggested Implementation Partners</i>	<i>Examples</i>
Community-Based Health Care Delivery Systems/Practices with Cancer Programs	Grand Rapids Clinical Oncology Program, Mount Clemens Regional Medical Center, Spectrum Health Cancer Program, St. Joseph Mercy Oakland, William Beaumont Hospital, West Michigan Cancer Center
Health Education/Health Research and Evaluation	Michigan Cancer Research Consortium
Health Care Insurance Plans	Blue Cross Blue Shield of Michigan
Organizations Representing or Serving Hard-to-Reach and/or Special Populations	
Public Health Organizations	National Cancer Institute's Cancer Information Service, Midwest Region,
Trade/Professional/Advocacy Organizations	American Cancer Society, Gilda's Club of Grand Rapids, Michigan Public Health Institute, Michigan Society of Hematology and Oncology, The Wellness Community of Southeast Michigan
University-Based Health Care Delivery Systems with Cancer Programs	Great Lakes Cancer Institute at Michigan State University, Henry Ford Health System, Karmanos Cancer Institute
Other Partners	Josephine Ford Cancer Center, Michigan State University, Northern Michigan Regional Hospital, University of Michigan

Goals for 2009 - 2015: Cancer Survivorship

2.2. Support development and use of survivorship care plans.¹¹

<i>Suggested Implementation Partners</i>	<i>Examples</i>
Community-Based Health Care Delivery Systems/Practices with Cancer Programs	Alpena Regional Medical Center, Sparrow Health System/Sparrow Regional Cancer Center
Health Care Insurance Plans	Blue Cross Blue Shield of Michigan
Public Health Organizations	Local Health Departments, Michigan Department of Community Health, Michigan Public Health Institute
Trade/Professional/Advocacy Organizations	Michigan Academy of Family Physicians, Michigan Association of Health Plans, Michigan Osteopathic Association, Michigan State Medical Society, Prostate Cancer Coalition of Michigan, The Wellness Community of Southeast Michigan
Other Partners	Medicaid, Physicians Health Plan, Us Too



2.3. Explore use of new technology, such as electronic medical records, to develop and increase visibility and use of survivorship care plans.

<i>Suggested Implementation Partners</i>	<i>Examples</i>
Community-Based Health Care Delivery Systems/Practices with Cancer Programs	Alpena Regional Medical Center
Health Care Insurance Plans	Blue Cross Blue Shield of Michigan
Public Health Organizations	Local Health Departments, Michigan Department of Community Health, Michigan Public Health Institute
Trade/Professional/Advocacy Organizations	Michigan Academy of Family Physicians, Michigan Association of Health Plans, Michigan State Medical Society, Michigan Osteopathic Association, Prostate Cancer Coalition of Michigan
Other Partners	Medicaid, Physicians Health Plan, Us Too

 Emerging Science and Technology

¹¹ American Society of Clinical Oncology. Available online at www.asco.org/.

Goals for 2009 - 2015: Cancer Survivorship



2.4. Provide training to providers in patient/family-centered approaches that facilitate successful implementation of survivorship care plans. Training will utilize evidence-based health learning principles, such as shared decision making. Training content will include all of the requirements for comprehensive individualized care plans.¹²

<i>Suggested Implementation Partners</i>	<i>Examples</i>
Community-Based Health Care Delivery Systems/Practices with Cancer Programs	Alpena Regional Medical Center, Sparrow Health System/Sparrow Regional Cancer Center
Health Care Insurance Plans	Blue Cross Blue Shield of Michigan
Trade/Professional/Advocacy Organizations	Michigan Academy of Family Physicians, Michigan Association of Health Plans, Michigan Osteopathic Association, Michigan State Medical Society, Prostate Cancer Coalition of Michigan, The Wellness Community of Southeast Michigan
Other Partners	Medicaid, Physicians Health Plan, Us Too

🔊 : Emerging Science and Technology

¹² Evidence-Based Strategy: Interventions for providers to promote a patient-centered approach in clinical consultations. Available online at www.cochrane.org/reviews/en/ab003267.html.

Goals for 2009 - 2015: Cervical Cancer

Goal

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

Data

During 2005, 369 women in Michigan were diagnosed with invasive cervical cancer.¹ Death from cervical cancer is considered to be preventable, and no one should die from the disease. Yet, 108 women in Michigan died of the disease in 2007.¹ In fact, cervical cancer mortality rates have been stable for at least a decade.

In 2005, Michigan ranked 33rd in the nation in death from cervical cancer, with 18 states having lower cervical cancer death rates.² The incidence of pre-cancerous lesions of the cervix has notably increased in Michigan over the last decade, especially among younger women between the ages of 20 and 39. Cervical cancer causes the highest number of years of life lost among cancers in Michigan with an average of 25 years of life lost per women who dies of cervical cancer.¹

Nearly 95% of Michigan women age 18 and older have received at least one Pap smear during their lifetime. Almost 83% of Michigan women age 18 and older have received a Pap smear within the past three years.³

¹ Michigan Cancer Surveillance Program. Michigan Department of Community Health (MDCH), Vital Records and Health Data Development Section. Available online at www.michigan.gov/mdch/0,1607,7-132-2944_5323---,00.html.

² National Cancer Institute. SEER Cancer Statistics Review, 1975-2005. Available online at http://seer.cancer.gov/csr/1975_2005/.

³ Michigan Department of Community Health, Bureau of Epidemiology. Behavioral Risk Factor Survey, 2006. Available online at www.michigan.gov/brfs.

Goals for 2009 - 2015: Cervical Cancer

The American Cancer Society reports that 60% to 80% of American women with newly diagnosed cervical cancer have not had a Pap smear within the past five years. Of the women diagnosed with invasive cervical cancer during 2005:

- 29% were between the ages of 25 and 39;
- 26.8% were between the ages of 40 and 49;
- 22.5% were between the ages of 50 and 64; and
- 19.2% were 65 years of age or older.¹

Cervical Cancer Health Disparities Data:

- Women less likely to receive cervical cancer screening within the past three years include those with low income, less than a high school education, and/or between the ages of 18 and 29 and over the age of 70.³
- Women who do not receive cervical cancer screening are also likely not to have a “medical home” and do not receive other screening tests, such as mammograms and colorectal cancer screening.



Augusta Bridge (Photo courtesy of www.michigan.org)

Goals for 2009 - 2015: Cervical Cancer

Implementation Objectives

Cervical Cancer Implementation Objective 1:⁴ By 2011, reduce rates of cervical *in-situ* cancer among women aged 20 to 39 years by 10%.

Progress Markers for Implementation Objective 1			
Available Data Markers	Data Source	Baseline (2005)	Target (2011)
Incidence rate of cervical <i>in-situ</i> cancer	Michigan Surveillance System	178.9 per 100,000	161.1 per 100,000

Strategies



1.1. From within target communities, identify and train peer spokespersons to help develop and disseminate prevention messages to appropriate community members.^{5,6}

<i>Suggested Implementation Partners</i>	<i>Examples</i>
Community-Based Health Care Delivery Systems/Practices with Cancer Programs	
Organizations Representing or Serving Hard-to-Reach and/or Special Populations	ACCESS Community Health Center
Public Health Organizations	Local Health Departments
Trade/Professional/Advocacy Organizations	

: Health Disparities

⁴ 2009 - 2011 MCC Special Project. See the "[Special Projects for 2009 – 2011](#)" section of this plan.

⁵ Evidence-Based Strategy: The Chinese Women's Health Project. Available online at http://rtips.cancer.gov/rtips/rtips_details.do?programid=20&topicid=5&co=N&cg=.

⁶ Strategy from 2007 MCC Cervical Cancer Priority Strategic Plan

Goals for 2009 - 2015: Cervical Cancer

1.2. Provide education through media, timed with Cervical Cancer Awareness Month.^{6,7}

<i>Suggested Implementation Partners</i>	<i>Examples</i>
Community-Based Health Care Delivery Systems/Practices with Cancer Programs	
Health Education/Health Research and Evaluation	
Health Care Insurance Plans	
Organizations Representing or Serving Hard-to-Reach and/or Special Populations	ACCESS Community Health Center
Public Health Organizations	Local Health Departments
Trade/Professional/Advocacy Organizations	
University-Based Health Care Delivery Systems with Cancer Programs	



1.3. Develop a narrowly targeted message that is culturally specific and disseminate it through small, local, culturally specific media.^{6,8}

<i>Suggested Implementation Partners</i>	<i>Examples</i>
Community-Based Health Care Delivery Systems/Practices with Cancer Programs	
Health Education/Health Research and Evaluation	
Health Care Insurance Plans	
Organizations Representing or Serving Hard-to-Reach and/or Special Populations	ACCESS Community Health Center
Public Health Organizations	Local Health Departments
Trade/Professional/Advocacy Organizations	

: Health Disparities

⁷ Evidence-Based Strategy: The Forsyth County Cancer Screening Project. Available online at http://rtips.cancer.gov/rtips/rtips_details.do?programid=18&topicid=5&co=Y&cg=8

⁸ Evidence-Based Strategy: Increasing Breast and Cervical Cancer Screening Among Filipino American Women. Available online at [http://rtips.cancer.gov/rtips/rtips_details.do?programid=25&topicid=5&co=Y&cg=.](http://rtips.cancer.gov/rtips/rtips_details.do?programid=25&topicid=5&co=Y&cg=)

Goals for 2009 - 2015: Cervical Cancer



1.4. Increase HPV4 vaccine series completion in women age 26 and younger, by 10% per year.⁹

<i>Suggested Implementation Partners</i>	<i>Examples</i>
Community-Based Health Care Delivery Systems/Practices with Cancer Programs	
Health Care Insurance Plans	Blue Cross Blue Shield of Michigan, Medicaid
Organizations Representing or Serving Hard-to-Reach and/or Special Populations	ACCESS Community Health Center, Inter-Tribal Council of Michigan, Inc.
Public Health Organizations	Local Health Departments, Michigan Department of Community Health (Immunizations, Maternal and Child Health)
Trade/Professional/Advocacy Organizations	American Cancer Society, Coalition of Michigan Organizations of Nursing, Michigan Local Public Health Association



1.5. Increase enrollment in Plan First by 20% per year.¹⁰



<i>Suggested Implementation Partners</i>	<i>Examples</i>
Community-Based Health Care Delivery Systems/Practices with Cancer Programs	
Organizations Representing or Serving Hard-to-Reach and/or Special Populations	ACCESS, Inter-Tribal Council of Michigan, Inc.
Public Health Organizations	Local Health Departments, Michigan Department of Community Health (Maternal and Child Health)
Trade/Professional/Advocacy Organizations	Coalition of Michigan Organizations of Nursing, Michigan Local Public Health Association
Other Partners	Federally-Qualified Health Centers, Medicaid

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⁹ Data available via MICR.

¹⁰ Data available from Michigan Medicaid.

Goals for 2009 - 2015: Cervical Cancer



1.6. Increase number of women served in Family Planning/BCCCP joint project by 10% per year.¹¹



<i>Suggested Implementation Partners</i>	<i>Examples</i>
Public Health Organizations	Local Health Departments, Michigan Department of Community Health (Maternal and Child Health)



1.7. Promote appropriate Pap testing in minority women.¹²



<i>Suggested Implementation Partners</i>	<i>Examples</i>
Health Care Insurance Plans	
Organizations Representing or Serving Hard-to-Reach and/or Special Populations	ACCESS Community Health Center, Faith Access to Community and Economic Development, Healthy Asian Americans Project, Inter-Tribal Council of Michigan, Inc.
Public Health Organizations	Local Health Departments, Michigan Department of Community Health (Breast and Cervical Cancer Control Program, Maternal and Child Health)
Trade/Professional/Advocacy Organizations	Coalition of Michigan Organizations of Nursing
Other Partners	Federally Qualified Health Centers, Medicaid, Migrant Clinics

 : Health Disparities  : Access to Care

¹¹ Data available from MBCIS {in FY07, 1,271 women served}.

¹² Data available from BRFSS.

Goals for 2009 - 2015: Cervical Cancer

1.8. Encourage the use of provider/client reminder systems to ensure timely compliance to screening.^{13,14}

<i>Suggested Implementation Partners</i>	<i>Examples</i>
Community-Based Health Care Delivery Systems/Practices with Cancer Programs	
Health Care Insurance Plans	Blue Cross Blue Shield of Michigan
Organizations Representing or Serving Hard-to-Reach and/or Special Populations	
Public Health Organizations	Local Health Departments
Trade/Professional/Advocacy Organizations	
University-Based Health Care Delivery Systems with Cancer Programs	

Cervical Cancer Implementation Objective 2: By 2015, expand public education regarding appropriate cervical cancer screening.

Progress Markers			
Available Data Markers	Data Source	Baseline (2006)	Target (2015)
Documented public education activities	TBD	NA	NA

¹³ Evidence-Based Strategy: Client Reminders are Recommended to Increase Cervical Cancer Screening. Available online at www.thecommunityguide.org/cancer/screening/2_client_rem_cerv_post.pdf.

¹⁴ Evidence-Based Strategy: Provider-Oriented Cancer Screening Interventions: Provider Reminders. Available online at www.thecommunityguide.org/cancer/screening/provider-reminders.htm.

Goals for 2009 - 2015: Cervical Cancer

Strategies:



2.1. From within target communities, identify and train peer spokespersons to help develop and disseminate prevention messages to appropriate community members.⁵

<i>Suggested Implementation Partners</i>
Health Care Insurance Plans
Organizations Representing or Serving Hard-to-Reach and/or Special Populations
Public Health Organizations
Trade/Professional/Advocacy Organizations



2.2. Provide education through media, timed with Cervical Cancer Awareness Month.^{6,7}

<i>Suggested Implementation Partners</i>	<i>Examples</i>
Community-Based Health Care Delivery Systems/Practices with Cancer Programs	
Health Care Insurance Plans	
Organizations Representing or Serving Hard-to-Reach and/or Special Populations	
Public Health Organizations	Local Health Departments
Trade/Professional/Advocacy Organizations	
University-Based Health Care Delivery Systems with Cancer Programs	

Goals for 2009 - 2015: Cervical Cancer



2.3. Develop culturally specific messages and disseminate through small, local, culturally specific media.^{6,7,8}

<i>Suggested Implementation Partners</i>
Community-Based Health Care Delivery Systems/Practices with Cancer Programs
Organizations Representing or Serving Hard-to-Reach and/or Special Populations
Public Health Organizations

Cervical Cancer Implementation Objective 3: By 2015, expand provider knowledge regarding appropriate cervical cancer screening.

Progress Markers			
Available Data Markers	Data Source	Baseline (2006)	Target (2011)
Documented provider education activities	TBD	NA	NA

☼ : Health Disparities

Goals for 2009 - 2015: Cervical Cancer

3.1. Promote educational offerings to all Michigan health care providers and health care students on guidelines for cervical cancer screening and follow-up.¹⁵

<i>Suggested Implementation Partners</i>
Community-Based Health Care Delivery Systems/Practices with Cancer Programs
Health Education/Health Research and Evaluation
Health Care Insurance Plans
Public Health Organizations
Trade/Professional/Advocacy Organizations
University-Based Health Care Delivery Systems with Cancer Programs



3.2. Recommend that providers offer Pap testing to women who present for STI screening.¹⁶

<i>Suggested Implementation Partners</i>
Community-Based Health Care Delivery Systems/Practices with Cancer Programs
Organizations Representing or Serving Hard-to-Reach and/or Special Populations
Public Health Organizations
University-Based Health Care Delivery Systems with Cancer Programs

 : Access to Care

¹⁵ Evidence-Based Strategy: Adapted from Empowering Physicians to Improve Breast Cancer Screening. Available online at http://rtips.cancer.gov/rtips/rtips_details.do?programid=14&topicid=4&co=N&cg=.

¹⁶ Michigan BCCCP/STD Pilot Project (unpublished).

Goals for 2009 - 2015: Cervical Cancer

3.3. Evaluate provider performance in frequency of delivery or offerings of cervical cancer screening services to clients and present providers with information about their performance in providing screening services.¹⁷

<i>Suggested Implementation Partners</i>
Community-Based Health Care Delivery Systems/Practices with Cancer Programs
Health Care Insurance Plans
Public Health Organizations
University-Based Health Care Delivery Systems with Cancer Programs

Cervical Cancer Implementation Objective 4: By 2015, influence cervical cancer health care policy.

Progress Markers			
Available Data Markers	Data Source	Baseline (2006)	Target (2011)
Documented advocacy efforts	TBD	NA	NA

¹⁷ Evidence-Based Strategy: Provider-oriented Cancer Screening Interventions: Provider Assessment and Feedback. Available online at www.thecommunityguide.org/cancer/screening/provider-assessment.htm.

Goals for 2009 - 2015: Cervical Cancer

Strategies:



4.1. Advocate traditional third-party payer coverage for Pap and HPV testing.¹⁸

<i>Suggested Implementation Partners</i>
Community-Based Health Care Delivery Systems/Practices with Cancer Programs
Health Education/Health Research and Evaluation
Health Care Insurance Plans
Organizations Representing or Serving Hard-to-Reach and/or Special Populations
Public Health Organizations
Trade/Professional/Advocacy Organizations
University-Based Health Care Delivery Systems with Cancer Programs



4.2. Advocate for education about the HPV4 Vaccine to parents of 6th grade girls.

<i>Suggested Implementation Partners</i>
Health Care Insurance Plans
Organizations Representing or Serving Hard-to-Reach and/or Special Populations
Public Health Organizations
Trade/Professional/Advocacy Organizations



4.3. Advocate for County Health Plans in Michigan counties not currently served.

<i>Suggested Implementation Partners</i>
Public Health Organizations
Trade/Professional/Advocacy Organizations

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¹⁸ State Cancer Legislative Database Program.

Goals for 2009 - 2015: Cervical Cancer

Cervical Cancer Implementation Objective 5: By 2015, contribute to increased cervical cancer research.

Progress Markers			
Available Data Markers	Data Source	Baseline (2006)	Target (2011)
Published research	TBD	NA	NA

Strategies



5.1. Measure cervical cancer screening rates at the county level:

- analyze counties where screening rates are low;
- analyze demographics of non-screened populations and administer targeted surveys in those counties;
- target “low-screening” counties for intervention based on county level demographics and associated factors;
- use next iteration of Behavioral Risk Factor Surveys to evaluate impact of interventions; and
- disseminate research results to interested parties.

Suggested Implementation Partners

Health Education/Health Research and Evaluation
Health Care Insurance Plans

5.2. Endorse and support Clinical Trials for Cervical Cancer.

Suggested Implementation Partners

Health Care Insurance Plans
University-Based Health Care Delivery Systems with Cancer Programs

Goals for 2009 - 2015: Childhood Cancers

Goal

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

Data

Cancer is a leading cause of death among U.S. children age one to 14, though it is still relatively rare in this age group.¹ Among the 12 major types of childhood cancers, leukemia and cancers of the brain and central nervous system account for more than half of the new cases. About one-third of all childhood cancers are leukemia.²

In Michigan, 331 children (ages 1-14 years) were diagnosed with cancer in 2005, 47 children died of the disease in 2007.³ Childhood cancer is the third leading cause of death in Michigan children ages one to four years and the second leading cause of death in children ages five to 14 years.⁴ In 2006, there were approximately 5,000 childhood cancer survivors in Michigan.³

Over the past 20 years, there has been an overall increase in the incidence of all forms of invasive cancer diagnosed in children, while death rates have declined and five-year survival rates increased during this time period. Increased risk for some childhood cancers has been linked to high levels of ionizing radiation through accidental exposure or radiotherapy, children with cancer treated with chemotherapy or radiation therapy. Children with AIDS, children with certain genetic syndromes, and children with Down syndrome are also at higher risk for cancer.²

¹ American Cancer Society. Available online at www.cancer.org.

² National Cancer Institute. Available online at www.cancer.gov.

³ Michigan Cancer Surveillance Program. Michigan Department of Community Health (MDCH), Vital Records and Health Data Development Section. Available online at www.michigan.gov/mdch/0,1607,7-132-2944_5323---,00.html.

⁴ Leading Causes of Death and Cause-Specific Rates by Age, Michigan Residents 2006. 2006 Michigan Resident Death File, Vital Records & Health Data Development Section, Michigan Department of Community Health. Available online at www.mdch.state.mi.us/pha/osr/deaths/causageall.asp.

Goals for 2009 - 2015: Childhood Cancers

Seventy-seven percent of children treated for cancer survive five years or more, an increase of almost 45% since the early 1960s.¹ The effects of childhood cancer treatment that may affect the child's health later in life are called late effects. Close, long-term follow-up from health care providers who understand what complications to look for is needed.²

Only a small percentage of childhood cancer survivors are affected by any single, specific chronic health condition. Twenty-six percent of childhood cancer survivors reported no adverse health conditions at all.²

Childhood Cancer Health Disparities Data

- No health disparity data exists.

Implementation Objectives

Childhood Cancer Implementation Objective 1: Improve primary care provider knowledge and practices with respect to childhood cancer survivorship issues.

Progress Markers			
Available Data Markers	Data Source	Baseline (2006)	Target (2011)
TBD	TBD	TBD	TBD

Strategies:

1.1. Improve awareness of late effects and their implications for long-term health care among childhood cancer survivors and their families.⁵

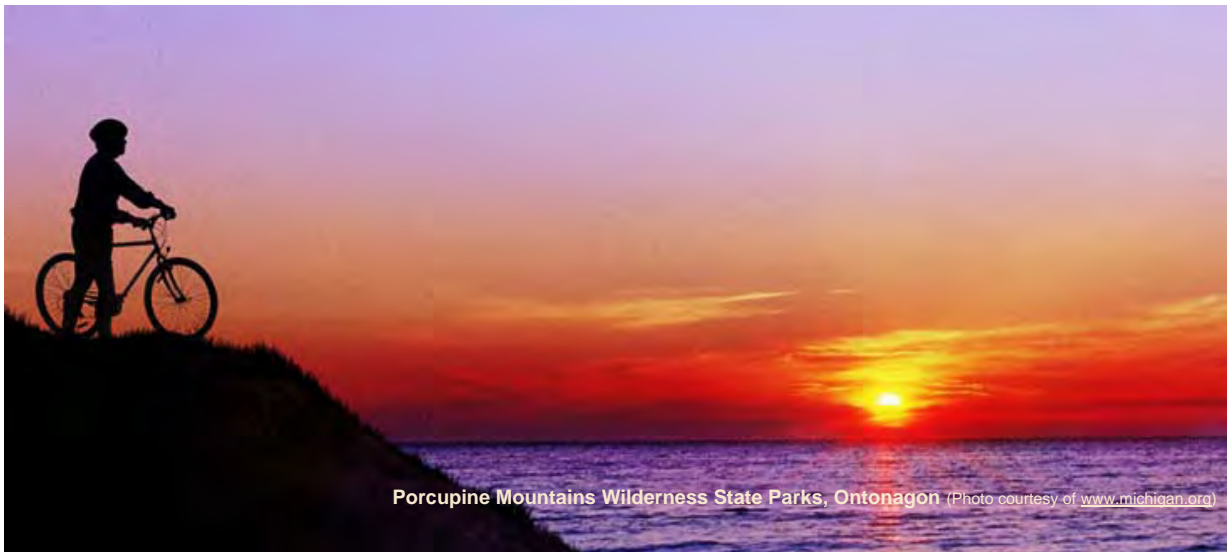
⁵ Evidence-Based Strategy: Childhood Cancer Survivorship: Improving Care and Quality of Life. Available online at www.iom.edu/CMS/28312/4931/14782.aspx.

Goals for 2009 - 2015: Childhood Cancers

1.2. Improve professional education and training regarding late effects and their management for primary care providers.⁵

1.3. Establish collaboration between medical, nursing, and other health profession schools or programs and professional societies to improve the care provided to seriously ill children by creating and testing curricula and trainings that:

- prepare health care professionals who care for children and families to have basic competence in palliative, end-of-life, and bereavement care; and
- prepare a group of pediatric palliative care specialists to take lead responsibility for acting as clinical role models, educating other professionals, and conducting research that extends the knowledge base for palliative, end-of-life, and bereavement care.⁶



⁶ Evidence-Based Strategy: When Children Die: Improving Palliative and End-of-life Care for Children and Their Families. Available online at www.nap.edu/catalog.php?record_id=10390.

Goals for 2009 - 2015: Childhood Cancers



1.4. Establish collaboration between specialty fields of pediatric health care and education and experts in adult and pediatric palliative care to provide instruction and experience appropriate for all health care professionals who care for children and to develop and implement:

- model curricula that provide a basic foundation of knowledge about palliative, end-of-life, and bereavement care that is appropriate for undergraduate health professions education in areas including but not limited to medicine, nursing, social work, psychology, and pastoral care;
- residency program requirements that provide more extensive preparation as appropriate for each category of pediatric specialists and sub specialists who care for children with life-threatening medical conditions;
- pediatric palliative care fellowships and similar training opportunities;
- introductory and advanced continuing education programs and requirements for both generalist and specialist pediatric professionals; and
- practical, fundable strategies to evaluate selected techniques or tools for educating health professionals in palliative, end-of-life, and bereavement care.⁶

 : Health Disparities

Goals for 2009 - 2015: Childhood Cancers

Childhood Cancer Implementation Objective 2: Increase childhood cancer survivors' access to educational and counseling services.

Available Data Markers	Data Source	Baseline (2006)	Target (2011)
TBD	TBD	TBD	TBD

Strategy

2.1. Provide peer-delivered telephone counseling to childhood cancer survivors.⁷

Childhood Cancer Implementation Objective 3: Increase the number of health systems that have institutional protocols and procedures for palliation, end-of-life care, and bereavement care for childhood cancer patients and their families.

Available Data Markers	Data Source	Baseline (2006)	Target (2011)
TBD	TBD	TBD	TBD

⁷ Evidence-Based Strategy: Partnership for Health. Available online at http://rtips.cancer.gov/rtips/rtips_details.do?programid=5&topicid=12&co=Y&cg=.

Goals for 2009 - 2015: Childhood Cancers

Strategies

3.1. Establish collaboration between pediatric professionals, children's hospitals, hospices, home health agencies, professional societies, family advocacy groups, government agencies, and others to develop and implement clinical practice guidelines and institutional protocols and procedures for palliative, end-of-life, and bereavement care that meet the needs of children and families for:

- complete, timely, understandable information about diagnosis, prognosis, treatments (including their potential benefits and burdens), and palliative care options;
- early and continuing discussion of goals and preferences for care that will be honored wherever care is provided;
- effective and timely prevention, assessment, and treatment of physical and psychological symptoms and other distress, whatever the goals of care and wherever care is provided; and
- competent, fair, and compassionate clinical management of end-of-life decisions about such interventions as resuscitation and mechanical ventilation.⁶

3.2. Establish collaboration and better coordination of responsibilities between children's hospitals, hospices, home health agencies, and other organizations that care for seriously ill children in implementing clinical and administrative protocols and procedures for palliative, end-of-life, and bereavement care. In addition to supporting competent clinical services, such protocols should promote the coordination and continuity of care and the timely flow of information among caregivers and within and among care sites, including hospitals, family homes, and residential care facilities.⁶

Goals for 2009 - 2015: Childhood Cancers

3.3. Establish collaboration between children’s hospitals, hospices with established pediatric programs, other institutions that care for children with fatal or potentially fatal medical conditions and professional societies, state agencies, and other organizations to develop regional information programs and other resources to assist clinicians and families in local and outlying communities and rural areas. These resources should include the following:

- consultative services to advise a child’s primary physician or local hospice staff on all aspects of care for the child and the family from diagnosis through death and bereavement;
- clinical, organizational, and other guides and information resources to help families to advocate for appropriate care for their children and themselves; and
- professional education and other programs to support palliative, end-of-life, and bereavement care that is competent, continuous, and coordinated across settings, among providers, and over time (regardless of duration of illness).⁶



3.4. Establish collaborative effort that includes children’s hospitals, hospices, and other institutions that care for seriously ill children and physicians, parents, child patients, psychologists, and other relevant experts to create policies and procedures for involving children in discussions and decisions about their medical condition and its treatment. These policies and procedures — and their application — should be sensitive to children’s intellectual and emotional maturity and preferences and to families’ cultural backgrounds and values.⁶

Goals for 2009 - 2015: Childhood Cancers



3.5. Establish collaboration between children’s hospitals and other hospitals that care for children who die and hospices and other relevant community organizations to develop and implement protocols and procedures for:

- identifying and coordinating culturally sensitive bereavement services for parents, siblings, and other survivors.⁶

Childhood Cancer Implementation Objective 4: Increase advocacy efforts to improve short- and long-term care for childhood cancer survivors.

Available Data Markers	Data Source	Baseline (2006)	Target (2011)
TBD	TBD	TBD	TBD

Strategies



4.1. Support the Children with Special Health Care Needs programs.⁵



4.2. Seek support for research in survivorship from institutions like the National Cancer Institute, the National Institute for Nursing Research, and the American Cancer Society.⁵

Goals for 2009 - 2015: Childhood Cancers



4.3. Implement a restructuring of hospice benefits by public and private insurers to:

- add hospice care to the services required by Congress in Medicaid and other public insurance programs for children and to the services covered for children under private health plans;
- eliminate eligibility restrictions related to life expectancy, substitute criteria based on a child's diagnosis and severity of illness, and drop rules requiring children to forgo curative or life-prolonging care (possibly in a case management framework); and
- include outlier payments for exceptionally costly hospice patients.⁶



4.4. In addition to modifying hospice benefits, implement a reform of Medicaid and private insurers' policies restricting benefits for other palliative services related to a child's life-threatening medical condition. Such modifications should:

- reimburse the time necessary for fully informing and counseling parents (whether or not the child is present) about their child's 1) diagnosis and prognosis, 2) options for care, including potential benefits and harms, and 3) plan of care, including end-of-life decisions and care for which the family is responsible;
- increase access to palliative care experts and hospice personnel by covering palliative care consultations;
- reimburse bereavement services for parents and surviving siblings of children who die;
- specify coverage and eligibility criteria for palliative inpatient, home health, and professional services based on diagnosis (and, for certain services, severity of illness) to guide specialized case managers and others involved in administering the benefits; and

Goals for 2009 - 2015: Childhood Cancers

- provide for the Centers for Medicare and Medicaid Services to develop estimates of the potential cost of implementing these modifications for Medicaid.⁶

4.5. Implement a cooperative effort by federal and state Medicaid agencies, pediatric organizations, and private insurers to:

- define diagnosis and, as appropriate, severity criteria for eligibility for expanded benefits for palliative, hospice, and bereavement services;
- examine the appropriateness of reimbursing pediatric palliative and end-of-life care for diagnostic, procedure, and other classification systems that were developed for reimbursement of adult services; and
- develop guidance for practitioners and administrative staff about accurate, consistent coding and documenting of palliative, end-of-life, and bereavement services.⁶



Goals for 2009 - 2015: Colorectal Cancer

Goal

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.

Data

Colorectal cancer is the second leading cause of cancer-related death in Michigan, with only lung cancer taking the lives of more men and women. During 2005, 2,618 men and 2,682 women were diagnosed with invasive colorectal cancer. During 2006, 910 men and 984 women died from colorectal cancer.¹ Michigan ranked 31st in the nation in colorectal cancer mortality in 2005, with 16 states having a lower colorectal cancer death rate.²

In Michigan, 39.8% of colorectal cancer cases diagnosed during 2005 were found at a localized stage (41.3% men and 38.4% women). Since the early 1990s, there has been a slight increase in the proportion of colorectal cancer cases diagnosed at a localized stage.¹

There is genetic link to colorectal cancer. The two most common forms of hereditary colorectal cancer (familial adenomatous polyposis and hereditary nonpolyposis colorectal cancer) account for only about 5% of cases of colon cancer.³

Nearly 55% of Michigan men and women age 50+ years have had an appropriately time colorectal cancer screening.⁴

¹ Michigan Cancer Surveillance Program. Michigan Department of Community Health (MDCH), Vital Records and Health Data Development Section. Available online at www.michigan.gov/mdch/0,1607,7-132-2944_5323---,00.html.

² National Cancer Institute. SEER Cancer Statistics Review, 1975-2005. Available online at http://seer.cancer.gov/csr/1975_2005/.

³ American Cancer Society. Cancer Facts & Figures, 2008.

⁴ Michigan Public Health Institute (Cancer Control Services Program) and Michigan Department of Community Health (Cancer Prevention and Control Section), Special Cancer Behavioral Risk Factor Survey (SCBRFS), 2006.

Goals for 2009 - 2015: Colorectal Cancer

Colorectal Cancer Health Disparities

- Men are more likely than women to develop colorectal cancer and die.^{1,2}
- African Americans have higher colorectal cancer incidence and mortality rates than people of other racial groups.^{1,2}
- Five-year survival rates of colorectal cancer vary by race and ethnicity.²
- African Americans diagnosed with colorectal cancer at any stage are less likely than other races to survive five years; the five-year survival rate for African Americans is 5.9% lower than for whites.¹
- Michigan adults with lower education levels and lower income levels are less likely to have ever had a sigmoidoscopy or colonoscopy.⁵
- 55.0% of African American men and women age 50+ years have had any appropriately timed colorectal cancer screening.⁴
- 38.6% of African Indian men and women age 50+ years have had any appropriately timed colorectal cancer screening.⁴
- 43.7% of Hispanic men and women age 50+ years have had any appropriately timed colorectal cancer screening.⁴
- 40.5% of Arab American men and women age 50+ years have had any appropriately timed colorectal cancer screening.⁴

⁵ Michigan Department of Community Health, Bureau of Epidemiology. Behavioral Risk Factor Survey, 2006. Available online at www.michigan.gov/brfs.

Goals for 2009 - 2015: Colorectal Cancer

Implementation Objectives

Colorectal Cancer Implementation Objective 1: By 2015, increase the proportion of health care providers that recommend appropriate colorectal cancer screening.

Progress Markers			
Available Data Markers	Data Source	Baseline (2007)	Target (2015)
Percent of health care providers recommending FOBT annually	Early Detection and Screening for Prostate and Colorectal Cancer: Results from the Knowledge, Attitudes and Practice (KAP) Survey	86%	TBD
Percent of health care providers recommending flexible sigmoidoscopy every five years	KAP Survey	69%	TBD
Percent of health care providers recommending colonoscopy every 10 years	KAP Survey	63%	TBD

Goals for 2009 - 2015: Colorectal Cancer

Strategies



1.1. Disseminate revised MCC Recommendations for Colorectal Cancer Early Detection among health care providers and health plans in Michigan. Coordinate efforts through the American Cancer Society, Great Lakes Division, Inc., and the Michigan Association of Health Plans.^{6,7}

<i>Suggested Implementation Partners</i>	<i>Examples</i>
Health Care Insurance Plans	
Public Health Organizations	Michigan Department of Community Health
Trade/Professional/Advocacy Organizations	American Cancer Society, Michigan Association of Health Plans



1.2. Utilize provider/client reminder systems to ensure timely compliance to screening.^{8,9,10}

<i>Suggested Implementation Partners</i>	<i>Examples</i>
Community-Based Health Care Delivery Systems/Practices with Cancer Programs	
Health Care Insurance Plans	
Trade/Professional/Advocacy Organizations	Michigan Association of Health Plans, Michigan State Medical Society, Michigan Osteopathic Association
University-Based Health Care Delivery Systems with Cancer Programs	

↩ : Emerging Science and Technology

⁶ Strategy from 2006 MCC Colorectal Cancer Strategic Plan.

⁷ Evidence-Based Strategy: Adapted from Empowering Physicians to Improve Breast Cancer Screening (EPICS). Available online at http://rtips.cancer.gov/rtips/rtips_details.do?programid=14&topicid=4&co=N&cg=.

⁸ Evidence-Based Strategy: Provider-oriented Cancer Screening Interventions: Provider Reminders. Available online at www.thecommunityguide.org/cancer/screening/provider-reminders.htm.

⁹ Evidence-Based Strategy: Physician-Oriented Intervention on Follow-Up in Colorectal Cancer Screening. Available online at http://rtips.cancer.gov/rtips/rtips_details.do?programid=63&topicid=6&co=N&cg=5.

¹⁰ Evidence-Based Strategy: Prevention Care Management. Available online at http://rtips.cancer.gov/rtips/rtips_details.do?programid=94&topicid=6&co=Y&cg=5.

Goals for 2009 - 2015: Colorectal Cancer

1.3. Implement provider assessment and feedback mechanisms (e.g., assess how often providers offer or deliver screening services to clients [assessment] and then give providers information about their performance [feedback]).¹¹

<i>Suggested Implementation Partners</i>	<i>Examples</i>
Trade/Professional/Advocacy Organizations	Michigan State Medical Society, Michigan Osteopathic Association



¹¹ Evidence-Based Strategy: Provider-Oriented Cancer Screening Interventions: Provider Assessment and Feedback. Available online at www.thecommunityguide.org/cancer/screening/provider-assessment.htm.

Goals for 2009 - 2015: Colorectal Cancer

Colorectal Cancer Implementation Objective 2: By 2015, increase health plan commitment to colorectal cancer screening.

Progress Markers			
Available Data Markers	Data Source	Baseline (2004)	Target (2015)
Percent of U.S. health plans covering FOBT	National Cancer Institute Survey of Colorectal Cancer Screening Practices ¹²	97%	TBD
Percent of U.S. health plans covering colonoscopy	National Cancer Institute Survey of Colorectal Cancer Screening Practices	57%	TBD
Percent of U.S. health plans issuing guidelines on colorectal cancer screening to providers	National Cancer Institute Survey of Colorectal Cancer Screening Practices	65%	TBD
Percent of U.S. health plans having a mechanism in place to remind patients that they are due for colorectal cancer screening	National Cancer Institute Survey of Colorectal Cancer Screening Practices	25%	TBD

¹² Klabunde CN, Riley GF, Mandelson MT, Frame PS, Brown ML. Health Plan Policies and Programs for Colorectal Cancer Screening: A National Profile. *Am J Manag Care.* 2004 Apr; 10(4):273-279.

Goals for 2009 - 2015: Colorectal Cancer

Strategies:


2.1. Investigate effectiveness of health care provider incentives, especially financial, in increasing colorectal cancer screening rates.⁶

<i>Suggested Implementation Partners</i>	<i>Examples</i>
Organizations Representing or Serving Hard-to-Reach and/or Special Populations	
Public Health Organizations	Local Health Departments
Trade/Professional/Advocacy Organizations	Michigan Association of Health Plans



2.2. Educate and collaborate with employers/health care purchasers on coverage for colorectal cancer screening.^{6,13}

<i>Suggested Implementation Partners</i>	<i>Examples</i>
Health Care Insurance Plans	
Trade/Professional/Advocacy Organizations	American Cancer Society, Michigan Association of Health Plans

 : Access to Care

¹³ Evidence-Based Strategy: The Next Step: Worksite Cancer Screening and Nutrition Intervention for High-Risk Auto Workers. Available online at http://rtips.cancer.gov/rtips/rtips_details.do?programid=64&topicid=6&co=Y&cg=2.

Goals for 2009 - 2015: Colorectal Cancer



2.3. Promote collaboration between special populations and health plans (and vice versa).⁶

<i>Suggested Implementation Partners</i>	<i>Examples</i>
Community-Based Health Care Delivery Systems/Practices with Cancer Programs	
Health Education/Health Research and Evaluation	
Health Care Insurance Plans	
Organizations Representing or Serving Hard-to-Reach and/or Special Populations	ACCESS, Faith Access to Community Economic Development
Public Health Organizations	Local Health Departments, Michigan Department of Community Health
Trade/Professional/Advocacy Organizations	
University-Based Health Care Delivery Systems with Cancer Programs	

Goals for 2009 - 2015: Colorectal Cancer

Colorectal Cancer Implementation Objective 3: By 2015, increase public awareness of colorectal cancer risks, prevention, and testing for early detection.

Progress Markers			
Available Data Markers	Data Source	Baseline (2008)	Target (2015)
Public awareness of the fact that “tests are available to find colorectal cancer early”	SCBRFS	TBD	TBD
Public awareness of the fact that “regular testing can find changes in the colon before they become cancer”	SCBRFS	TBD	TBD
Public awareness of the fact that “people older than 50 years are more likely to get colorectal cancer than people younger than 50 years”	SCBRFS	TBD	TBD
Public awareness of the fact that early detection betters cure rate for colorectal cancer	SCBRFS	TBD	TBD
Public awareness of signs and symptoms of colorectal cancer	SCBRFS	TBD	TBD
Public awareness of risk factors for colorectal cancer	SCBRFS	TBD	TBD

Goals for 2009 - 2015: Colorectal Cancer



Strategies:

3.1. Identify barriers to colorectal cancer screening among underserved, hard-to-reach population groups and effective strategies to overcome those barriers.¹⁴

<i>Suggested Implementation Partners</i>	<i>Examples</i>
Community-Based Health Care Delivery Systems/Practices with Cancer Programs	
Health Education/Health Research and Evaluation	
Health Care Insurance Plans	
Organizations Representing or Serving Hard-to-Reach and/or Special Populations	
Public Health Organizations	
Trade/Professional/Advocacy Organizations	
University-Based Health Care Delivery Systems with Cancer Programs	

3.2. Promote public education on colorectal cancer in combination with other screenings (e.g., mammograms).⁶

<i>Suggested Implementation Partners</i>	<i>Examples</i>
Community-Based Health Care Delivery Systems/Practices with Cancer Programs	
Health Education/Health Research and Evaluation	
Health Care Insurance Plans	
Organizations Representing or Serving Hard-to-Reach and/or Special Populations	
Public Health Organizations	
Trade/Professional/Advocacy Organizations	
University-Based Health Care Delivery Systems with Cancer Programs	

👤 : Health Disparities 🎯 : Access to Care

¹⁴ Evidence-Based Strategy: Adapted from Increasing Breast and Cervical Cancer Screening Among Filipino American Women. Available online at http://rtips.cancer.gov/rtips/rtips_details.do?programid=25&topicid=4&co=Y&cg=.

Goals for 2009 - 2015: Colorectal Cancer

3.3. Develop effective and innovative strategies with attention to measurement and documentation of outcomes.

- Include new marketing strategies, focusing on links to celebrities (as demonstrated in CDC's Screen for Life: National Colorectal Cancer Action Campaign).
- Collaborate with new partners (e.g., AARP, media partners).
- Develop strategies that are ongoing throughout the year instead of focusing only on March as Colorectal Cancer Awareness Month.
- Increase public knowledge about family history as a risk factor for colorectal cancer.⁶

<i>Suggested Implementation Partners</i>	<i>Examples</i>
Community-Based Health Care Delivery Systems/Practices with Cancer Programs	
Health Education/Health Research and Evaluation	
Health Care Insurance Plans	
Organizations Representing or Serving Hard-to-Reach and/or Special Populations	
Public Health Organizations	Michigan Department of Community Health, Michigan Public Health Institute
Trade/Professional/Advocacy Organizations	American Cancer Society
University-Based Health Care Delivery Systems with Cancer Programs	

Goals for 2009 - 2015: Colorectal Cancer



3.4. Implement small media interventions (videos or printed communications, such as letters, brochures, leaflets, pamphlets, flyers, or newsletters).^{14,15,16}

<i>Suggested Implementation Partners</i>	<i>Examples</i>
Community-Based Health Care Delivery Systems/Practices with Cancer Programs	St. Joseph Mercy Oakland
Health Education/Health Research and Evaluation	
Health Care Insurance Plans	
Organizations Representing or Serving Hard-to-Reach and/or Special Populations	ACCESS Community Health Center, Healthy Asian Americans Project, Inter-Tribal Council of Michigan, Inc.
Public Health Organizations	Huron County Health Department, Tuscola County Health Department
Trade/Professional/Advocacy Organizations	Oncology Nursing Society – Ann Arbor Chapter
University-Based Health Care Delivery Systems with Cancer Programs	

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  : Access to Care

¹⁵ Evidence-Based Strategy: Colorectal Cancer Screening in Chinese Americans Project. Available online at http://rtips.cancer.gov/rtips/rtips_details.do?programid=96&topicid=6&co=N&cg=2.

¹⁶ Evidence-Based Strategy: Effect of a Mailed Brochure on Appointment Keeping for Screening Colonoscopy. Available online at http://rtips.cancer.gov/rtips/rtips_details.do?programid=91&topicid=6&co=N&cg=2.

Goals for 2009 - 2015: Colorectal Cancer

Colorectal Cancer Implementation Objective 4: By 2015, improve access to colorectal cancer screening and treatment services.

Progress Markers			
Available Data Markers	Data Source	Baseline (2008)	Target (2015)
Counties implementing the Michigan Colorectal Cancer Screening Program	Michigan Colorectal Cancer Screening Program Final Report	15 counties	TBD
Enrollees in the Michigan Colorectal Cancer Screening Program	Michigan Colorectal Cancer Screening Program Final Report	541 enrollees	TBD

Goals for 2009 - 2015: Colorectal Cancer

Strategies:



4.1. Maintain and/or expand the Michigan Colorectal Cancer Screening Program (MCRCCSP) that serves low-income, uninsured/underinsured men and women.

<i>Suggested Implementation Partners</i>	<i>Examples</i>
Community-Based Health Care Delivery Systems/Practices with Cancer Programs	
Health Education/Health Research and Evaluation	
Health Care Insurance Plans	
Organizations Representing or Serving Hard-to-Reach and/or Special Populations	Healthy Asian Americans Project
Public Health Organizations	Chippewa County Health Department, District Health Department #4, District Health Department #10, Michigan Department of Community Health, Michigan Public Health Institute
Trade/Professional/Advocacy Organizations	American Cancer Society
University-Based Health Care Delivery Systems with Cancer Programs	



4.2. Advocate about the need for treatment coverage for clients enrolled in MCRCCSP.

<i>Suggested Implementation Partners</i>	<i>Examples</i>
Community-Based Health Care Delivery Systems/Practices with Cancer Programs	
Health Education/Health Research and Evaluation	
Health Care Insurance Plans	
Organizations Representing or Serving Hard-to-Reach and/or Special Populations	
Public Health Organizations	
Trade/Professional/Advocacy Organizations	American Cancer Society
University-Based Health Care Delivery Systems with Cancer Programs	

Goals for 2009 - 2015: End-of-Life Care

Goal

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

Data

Over the next three decades, Michigan's population aged 65 and older is expected to increase by approximately 60%. In 2005, it was estimated that about 40% of persons with cancer will not survive five years after the original diagnosis.¹⁷ In 2006, 23.5% of deaths in Michigan were due to cancer.¹⁸

Experts maintain that pain and symptoms can be controlled in at least 95% of cases. Yet, in 2006, caregivers report that 40.0% of terminally ill patients have severe pain at the end-of-life, with 45.0% of cancer decedents suffering severe pain during their final months.¹⁹

In 2006, only 15 counties in Michigan had palliative care programs. In 2006, 44.7% of patients who used hospice in Michigan had cancer.²⁰ The use of hospice has increased in recent years, but the length of stay has not improved. In 2006, 32.4% of hospice recipients in Michigan died less than seven days after admittance.²⁰

¹⁷ Michigan Department of Community Health, Vital Records and Health Data Development Section. Survival data from the Michigan Cancer Surveillance Program are developed through passive surveillance of mortality by matching the registry with state and national mortality files.

¹⁸ 2006 Michigan Resident Death File, Vital Records & Health Data Development Section, Michigan Department of Community Health; Population Estimate (latest update 9/2007), National Center for Health Statistics, [U.S. Census Populations with Bridged Race Categories](#); National Center for Health Statistics, [Deaths: Final Data for 2004. National Vital Statistics Reports; Vol. 55, No. 19.](#)

¹⁹ Michigan Public Health Institute (Cancer Control Services Program) and Michigan Department of Community Health (Cancer Prevention and Control Section). Special Cancer Behavioral Risk Factor Survey (SCBRFS), 2006. Available online at www.michigancancer.org/Resources/SpecialMCCRReports.cfm.

²⁰ National Hospice and Palliative Care Organization. *2006 National Summary of Hospice Care SUPPLEMENT: State Comparison Report*, December 2007. Available online at www.nhpco.org/nds.

Goals for 2009 - 2015: End-of-Life Care

End-of-Life Health Disparities Data:

- In 2006, caregivers in Michigan minority population groups also reported high levels of pain experienced by their loved one at the end of their life.³
- Special attention is needed for culturally competent palliative care and communication with patient and family. Eliciting culturally based attitudes and beliefs and implementing universal strategies for clear communication is essential in reducing the stress levels that are experienced by patients and caregivers in some minority groups.



Lake Fanny Hooe, Keweenaw County (Photo courtesy of www.michigan.org)

Goals for 2009 - 2015: End-of-Life Care

Implementation Objectives

End-of-Life Care Implementation Objective 1: By 2015, promote system change to increase access to palliative care services throughout Michigan.

Progress Markers			
Available Data Markers	Data Source	Baseline (2006)	Target (2015)
Number and locations of hospitals with palliative care consultation teams.	Palliative Care Census Project	20 hospitals in 10 counties	TBD
Proportion of nursing home residents who received hospice services.	Minimum Data Set	4 th Quarter 2008 3.2%	TBD
Proportion of cancer decedents who die at home.	SCBRFS	80.1% (own home); 8.0% (home of family member/friend) – 2006	TBD
Proportion of cancer decedents who use hospice services.	SCBRFS	68.2%	TBD
Median length of stay in hospice for cancer decedents.	Michigan Hospice and Palliative Care Organization	16 (2006) 17.5 (2003) 25 (1996)	TBD

Goals for 2009 - 2015: End-of-Life Care

Strategies:

1.1. Convene a forum to clarify the perceived and actual competing interests of oncology practices, hospices, palliative care services, and other providers as they serve persons with cancer. Identify and pursue strategies for optimal use of services.²¹

<i>Suggested Implementation Partners</i>
Community-Based Health Care Delivery Systems/Practices with Cancer Programs
Health Care Insurance Plans
Trade/Professional/Advocacy Organizations
University-Based Health Care Delivery Systems with Cancer Programs



1.2. Encourage oncology practices to participate in the Quality Oncology Practice Initiative (QOPI) of the American Society of Clinical Oncology (ASCO).²¹

<i>Suggested Implementation Partners</i>	<i>Examples</i>
Community-Based Health Care Delivery Systems/Practices with Cancer Programs	
Trade/Professional/Advocacy Organizations	Michigan Society of Hematology & Oncology
University-Based Health Care Delivery Systems with Cancer Programs	

↩ : Emerging Science and Technology

²¹ Evidence-Based Strategy: Approaching Death: Improving Care at the End of Life (1997). Available online at www.nap.edu/catalog.php?record_id=5801#toc.

Goals for 2009 - 2015: End-of-Life Care



1.3. Assess the availability and scope of palliative services in Michigan hospitals at least every five years.²¹

<i>Suggested Implementation Partners</i>	<i>Examples</i>
Health Education/Health Research and Evaluation	
Trade/Professional/Advocacy Organizations	Michigan Health & Hospital Association
Other Partners	CAPEWAYNE



1.4. Increase the number of hospitals offering palliative care services.²¹

<i>Suggested Implementation Partners</i>	<i>Examples</i>
Community-Based Health Care Delivery Systems/Practices with Cancer Programs	
Health Care Insurance Plans	
Health Education/Health Research and Evaluation	University of Michigan School of Public Health
Trade/Professional/Advocacy Organizations	Michigan Association of Health Plans, Michigan Health & Hospital Association
University-Based Health Care Delivery Systems with Cancer Programs	
Other Partners	CAPEWAYNE



1.5. Assess use of hospice services for nursing home residents with cancer and determine reasons why hospice is, or is not, used.²¹

<i>Suggested Implementation Partners</i>	<i>Examples</i>
Health Education/Health Research and Evaluation	MPRO, University of Michigan School of Public Health
Health Care Insurance Plans	
Organizations Representing or Serving Hard-to-Reach and/or Special Populations	Hospice of Michigan
Public Health Organizations	Michigan Department of Community Health
Trade/Professional/Advocacy Organizations	Michigan Hospice and Palliative Care Organization
Other Partners	Michigan Association of Homes and Services for the Aging

: Access to Care

Goals for 2009 - 2015: End-of-Life Care



1.6. Seek collaboration and funding for at least one of the following projects:

- improve pain and symptom management of cancer survivors;
- facilitate provider/patient communication about treatment options; and/or
- reduce economic barriers to hospice care and other palliative care services.²¹

<i>Suggested Implementation Partners</i>
Community-Based Health Care Delivery Systems/Practices with Cancer Programs
Health Education/Health Research and Evaluation
Health Care Insurance Plans
Organizations Representing or Serving Hard-to-Reach and/or Special Populations
Public Health Organizations
Trade/Professional/Advocacy Organizations
University-Based Health Care Delivery Systems with Cancer Programs

End-of-Life Care Implementation Objective 2: By 2015, increase the supply of health professionals who are trained in palliative care techniques.

Progress Markers			
Available Data Markers	Data Source	Baseline (2009)	Target (2015)
Proportion of physicians who dedicate the majority of their professional time in a palliative care specialty.	Bureau of Health Professions Physician Survey	TBD	TBD

²¹ : Access to Care

Goals for 2009 - 2015: End-of-Life Care

Strategies



2.1. Support the efforts of the Bureau of Health Professional's Pain Management and Palliative Care Programs to ensure that all health professional licensing boards require continuing education in pain and symptom management.

<i>Suggested Implementation Partners</i>	<i>Examples</i>
Public Health Organizations	Michigan Department of Community Health (Advisory Committee on Pain and Symptom Management, Bureau of Health Professions)
Trade/Professional/Advocacy Organizations	Michigan Academy of Family Physicians, Michigan Osteopathic Association, Michigan State Medical Society



2.2. Seek sessions on end-of-life topics for in-service presentations and annual meetings of MCC member organizations. Essential content includes:

- management of cancer pain and non-pain symptoms, and
- communication about informed treatment choices in advanced illness.

<i>Suggested Implementation Partners</i>	<i>Examples</i>
Community-Based Health Care Delivery Systems/Practices with Cancer Programs	
Health Education/Health Research and Evaluation	
Health Care Insurance Plans	
Organizations Representing or Serving Hard-to-Reach and/or Special Populations	
Public Health Organizations	Michigan Department of Community Health (Bureau of Health Professions)
Trade/Professional/Advocacy Organizations	
University-Based Health Care Delivery Systems with Cancer Programs	

Goals for 2009 - 2015: End-of-Life Care

2.3. Increase the number of professionals who have been trained using the EPEC-O curriculum.

<i>Suggested Implementation Partners</i>	<i>Examples</i>
Community-Based Health Care Delivery Systems/Practices with Cancer Programs	
Public Health Organizations	Michigan Department of Community Health
Trade/Professional/Advocacy Organizations	Michigan Health & Hospital Association, Michigan Osteopathic Association, Michigan Society of Hematology and Oncology, Michigan State Medical Society
University-Based Health Care Delivery Systems with Cancer Programs	



Goals for 2009 - 2015: End-of-Life Care

End-of-Life Care Implementation Objective 3: By 2015, increase cancer patients' and caregivers' understanding of options for: 1) care up to, and during, the last phase of life, and 2) pain and symptom relief.

Progress Markers			
Available Data Markers	Data Source	Baseline	Target (2015)
Prevalence of severe pain as reported by family caregivers.	SCBRFS	40% (2006)	TBD
	Bureau of Health Professions Public Survey (April 2009)	TBD	

Strategies

3.1. Prior to each biennial SCBRFS survey, review and modify as needed the questions on public knowledge and actions related to: 1) options for care up to, and during, the last phase of life, and 2) pain and symptom management.

<i>Suggested Implementation Partners</i>	<i>Examples</i>
Public Health Organizations	Michigan Department of Community Health (Bureau of Health Professions, Cancer Prevention and Control Section), Michigan Public Health Institute
Trade/Professional/Advocacy Organizations	Michigan Hospice and Palliative Care Organization

Goals for 2009 - 2015: End-of-Life Care

3.2. Educate the public that they should expect to receive reliable, skillful, and supportive care for pain and symptom management.²¹

<i>Suggested Implementation Partners</i>	<i>Examples</i>
Community-Based Health Care Delivery Systems/Practices with Cancer Programs	
Health Education/Health Research and Evaluation	
Health Care Insurance Plans	
Organizations Representing or Serving Hard-to-Reach and/or Special Populations	
Public Health Organizations	Michigan Department of Community Health (Bureau of Health Professions)
Trade/Professional/Advocacy Organizations	
University-Based Health Care Delivery Systems with Cancer Programs	



3.3. In a variety of health care settings, pilot proven methods to identify candidates and facilitate access to advance care planning, hospice, and other palliative care services for persons with advanced illness.²¹

<i>Suggested Implementation Partners</i>	<i>Examples</i>
Community-Based Health Care Delivery Systems/Practices with Cancer Programs	
Trade/Professional/Advocacy Organizations	Michigan Hospice and Palliative Care Organization
University-Based Health Care Delivery Systems with Cancer Programs	
Other Partners	Michigan Association of Homes and Services for the Aging

Goals for 2009 - 2015: Environmental/Occupational Cancer

Goal

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

Data

Environmental Factors and Cancer Risk

Environmental factors — which, from a scientist's standpoint, include smoking, diet, and infectious diseases, as well as chemicals and radiation in our homes and workplaces — probably cause three-quarters of all cancer cases in the United States. Among these environmental factors, tobacco use, unhealthy diet, and inadequate physical activity are more likely to affect personal cancer risk than trace levels of pollutants in food, drinking water, and the air.¹

However, the degree of risk from those pollutants depends on the concentration, intensity, and exposure. Substantial increases in cancer risk have been shown in settings where workers have been exposed to high levels of ionizing radiation, certain chemicals, metals, and other substances. Even exposures at low doses, which pose only small risk to individuals, can still cause substantial ill health across the whole population. For example, secondhand tobacco smoke increases cancer risk in the population at large when those who do not smoke are exposed to smoking by others.¹

The following information details risks from some environmental (usually occupational) exposures that are known or suspected causes of cancer.

¹ American Cancer Society. The Environment and Cancer Risk. Available online at www.cancer.org/docroot/NWS/content/NWS_2_1x_The_Environment_and_Cancer_Risk.asp.

Goals for 2009 - 2015: Environmental/Occupational Cancer

Chemicals and Radiation

Some chemicals, such as benzene and asbestos, show definite evidence of causing cancer in humans. Others are considered probable human carcinogens (cancer-causing agents) based on animal experiments. These include dichlorodiphenyl-trichloroethane (DDT), formaldehyde, and polychlorinated biphenyls (PCBs).¹

The only types of radiation proven to cause cancer in humans are ionizing radiation and ultraviolet (UV) radiation.¹

Evidence that high dose of ionizing radiation causes cancer comes from studies of atomic bomb survivors, patients receiving radiotherapy, and certain occupational groups, such as uranium miners. Ionizing radiation can affect virtually any part of the body, but especially affects bone marrow and the thyroid gland. Diagnostic medical and dental x-rays are set at the lowest dose levels possible to minimize risk without losing image quality and medical usefulness.¹

Exposure to sunlight (UV radiation) causes almost all cases of basal and squamous cell skin cancer and is a major cause of skin melanoma. Disruption of the earth's ozone layer by pollution may cause rising levels of UV radiation.¹

In addition, radon exposures in the home can increase risk of lung cancer. Cigarette smoking greatly compounds the effect of radon exposure in lung cancer risk. Remedial actions may be needed if radon levels are found to be too high in homes.

Public concern about cancer risks in the environment has typically focused on unproven risks, or on situations in which known carcinogen exposures are at such low levels that risks are negligible.¹

Goals for 2009 - 2015: Environmental/Occupational Cancer

Pesticides

Pesticides are widely used in producing foods in agriculture. High doses of some of these chemicals have been shown to cause cancer in animals, but the very low concentrations found in some foods have not been associated with increased cancer risk. In fact, people who eat more fruits and vegetables, which may be contaminated with trace amounts of pesticides, generally have lower cancer risks than people who eat few fruits and vegetables. Workers exposed to high levels of pesticides, in industry workers or in farming, may be at higher risk of certain cancers.¹

Environmental pollution by pesticides such as DDT, which is now banned but was used in agriculture in the past, degrades slowly and can lead to accumulation in the food chain and persistent residues in body fat. These residues have been suggested as a possible risk factor for breast cancer, although the evidence has not been conclusive.¹

Continued research into pesticide use is essential for maximum food safety. But, pesticides play a valuable role in sustaining the food supply. When controlled properly, the minimal risks they pose are overshadowed by the health benefits of a diverse diet rich in foods from plant sources.¹

Non-ionizing Radiation

Electromagnetic radiation at frequencies below ionizing radiation and UV levels has not been proven to cause cancer. Some studies suggest it may be associated with cancer, but most of the research in this area does not endorse this finding. Low-frequency radiation includes radiowaves, microwaves, and radar, as well as power frequency radiation arising from electric and magnetic fields associated with electric currents (e.g., from cellular phones and household appliances).¹

Goals for 2009 - 2015: Environmental/Occupational Cancer

Toxic Wastes

Toxic wastes in dump sites can threaten human health through pollution of the air, water and soil. Many toxic chemicals found in such sites can be cancer-causing at high doses, but most community exposures appear to involve very low or negligible dose levels. Clean-up of existing dump sites and close control of toxic materials are essential to ensuring healthy living conditions.¹

Nuclear Power Plants

Ionizing radiation emissions from nuclear plants are closely controlled and involve negligible levels of exposure for communities near the plants. Reports about cancer case clusters in such communities have raised public concern, but studies show clusters do not occur more often near nuclear plants than they do elsewhere.¹

Occupational Cancer Risk

The causes of most cancers are not well defined, although epidemiologic studies have identified various environmental and genetic factors associated with some types of cancer. Some of the first observations of the relationship between environmental exposures and cancer were among occupational groups, including scrotal cancer in chimney sweeps (polycyclic aromatic hydrocarbons) and bladder cancer in workers exposed to dyes (aromatic amines). A variety of occupations have been associated with an increased risk of cancer, yet the etiologic agents have not been identified.²

The link between occupation and cancer is not easy to establish, because cancers associated with occupational exposures are indistinguishable clinically and pathologically from cancer of non-occupational origin. The generally long latency period between onset of exposure and disease adds to the difficulty of recognizing the association between work and cancer. In addition, non-occupational risk factors, such as cigarette smoking, may have a synergistic effect with a workplace exposure in the causation of cancer.²

² Profiles of Occupational Injuries and Diseases in Michigan. Available online at www.michigan.gov/documents/mdch_ProfilesReport_94691_7.pdf.

Goals for 2009 - 2015: Environmental/Occupational Cancer

Certain occupations are known to be associated with high cancer risks. Some of these include painters; furniture makers; workers in the iron, steel, coal, and rubber industries; and workers involved in boot and shoe manufacture or repair. Workers exposed to metals (e.g., arsenic, beryllium, cadmium, chromium, lead, and nickel) also have an elevated cancer risk.²

Mesothelioma, a cancer of the lining of the lung and abdomen, and hemangiosarcoma of the liver are the only cancers that are almost uniquely associated with exposure to asbestos and vinyl chloride, respectively.²

Mesothelioma

The Michigan Cancer Registry identified 1,471 incident malignant mesothelioma cases among Michigan residents for the years 1985 through 2000, for an annual average of 92. Incident cases increased from 58 in 1985 to 124 in 2000.²

Malignant mesothelioma incident cases predominately occurred in people 55 years of age and older (87%), in males (75%), and in whites (94%). Mesothelioma cases in the cancer registry indicated a definite upward trend over the 15 years of available data, consistent with trends seen in asbestosis, another disease associated with asbestos exposure.²

Goals for 2009 - 2015: Environmental/Occupational Cancer

Hemangiosarcoma

Between 1985 through 2000, there were 22 incident hemangiosarcomas of the liver, or less than two cases per year. The cases were evenly distributed over the 15 years. Sixty-eight percent of the cases were between the ages of 55 and 84. Cases in males (59%) were more common than cases in females (41%), and whites accounted for 91% of the cases.

During the five years between 1997 and 2001, 51 individuals filed workers' compensation claims for cancer. This included:

- 17 filings in 1997;
- eight filings in 1998;
- 15 filings in 1999;
- eight filings in 2000; and
- three filings in 2001.²

Environment/Occupational Cancers Health Disparities Data

- Malignant mesothelioma incident cases predominately occurred in people 55 years of age and older (87%), males (75%), and whites (94%).²
- More populated counties in Michigan have a greater incidence of mesothelioma cases than less populated ones.²

Goals for 2009 - 2015: Environmental/Occupational Cancer

Implementation Objectives

Environmental/Occupational Cancers Implementation Objective 1:
Improve knowledge about environmental/occupational causes of cancer.

Progress Markers			
Available Data Markers	Data Source	Baseline (2009)	Target (2015)
TBD	Department of Environmental Quality	Pending	TBD

Strategies:

1.1. Provide ongoing education of health care providers and employers about requirements of the occupational disease reporting law and support for enforcement of the law and its provisions.³



1.2. Establish a single data source that is adequate to describe the true burden of occupational disease and injury in Michigan.³

↩ : Emerging Science and Technology

³ Evidenced-Based Strategy: Profiles of Occupational Injuries and Diseases in Michigan. Available online at www.michigan.gov/documents/mdch_ProfilesReport_94691_7.pdf.

Goals for 2009 - 2015: Environmental/Occupational Cancer



1.3. Improve some of the source data systems to strengthen the ability to track and prevent occupational illnesses and injuries by:

- expanding the emergency department (“MEDCIIN”) surveillance system to include all hospital emergency departments in Michigan and to include reporting of all conditions, not just injuries;
- expanding mandatory laboratory reporting of blood lead results to include other heavy metals (arsenic, mercury and cadmium) in blood and urine;
- collecting occupational information in communicable disease data systems;
- capturing better information about causes of occupational injuries and illnesses in workers’ compensation data; and
- analyzing and disseminating Michigan occupational disease and injury data based on multiple data sources as an important approach to describe the true burden of occupational disease and injury in Michigan and to target prevention activities.³

1.4. Utilize surveillance data to update exposure standards, such as those for isocyanates, noise, and metalworking fluids.³

1.5. Identify companies in various industry groups with the lowest rates of claims for work-related injuries and illnesses, assessment of the reasons for the low rates, and marketing of these successes to companies in the same industries with higher rates.³

1.6. Ensure that the children of lead-exposed workers are being tested for lead exposure and are being protected from “take-home” lead.³

Goals for 2009 - 2015: Healthy Lifestyles

Goal

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.

Data

General Health Status

In 2007, an estimated 14.8% of Michigan adults reported their general health to be either fair or poor for their age compared to 14.1% reporting the same rating in 2004. This proportion increased with age from 8.3% (18 to 24 year olds) to 31.2% for those ages 75 or older.¹

The proportion who reported fair or poor health decreased with increasing education (6.9% of college graduates vs. 26.9% of individuals with less than a high school education) and income levels (5.5% of those earning more than \$75,000 per year vs. 30.6% of those earning less than \$20,000 per year). Blacks in Michigan have consistently had a higher prevalence than whites (23.4% vs. 13.0%).¹

Physical Activity

In 2007, an estimated 20.9% of Michigan adults did not participate in any leisure-time physical activity (self-reported physical activities or exercise, such as running, calisthenics, golf, gardening, or walking for exercise in the past month). This proportion was higher among older adults than among younger adults.¹

Women were more likely than men (23.3% vs. 18.3%), and blacks (29.8%) were more likely than other race-ethnic groups to not participate in leisure-time physical activity.¹

¹ Michigan Department of Community Health, Bureau of Epidemiology. Behavioral Risk Factor Survey, 2007. Available online at www.michigan.gov/brfs.

Goals for 2009 - 2015: Healthy Lifestyles

Lack of physical activity during leisure time decreased with higher education (12.5% among college graduates vs. 35.5% among those with less than a high school education) and with higher income levels (12.5% among those with an income of more than \$75,000 vs. 35.5% among those with an income of less than \$20,000).¹

Overweight and Obesity

In 2007, an estimated 36.2% of Michigan adults were overweight, having a Body Mass Index (BMI) between 25.0 and 29.9. This proportion increased with age, from 23.5% of those aged 18 to 24 years to 41.8% of those aged 75 years and older. Men were more likely than women (41.5% vs. 30.9%) to be overweight.¹

An estimated 28.4% of Michigan adults were obese in 2007, compared with 25.5% in 2004. The proportion of adults who were obese in 2007 increased with age from 15.6% of those aged 18-24 years to 38.4% of those aged 55 to 64 years, and then decreased to 19.5% of those aged 75 years and older. Blacks were more likely than whites (37.4% vs. 26.8%) to be obese.¹

The cumulative proportion of overweight and obese Michigan adults was 64.6% in 2007.¹

Michigan has consistently had higher obesity prevalence rates than the U.S. median. In 2007, Michigan was tied for 13th highest obesity level among all participating states.¹

Nutrition

An estimated 78.7% of Michigan adults in 2007 did not consume fruits (including juice) and vegetables five or more times per day. Men were less likely than women to consume fruits and vegetables the recommended number of times per day (83.6% vs. 74.3%). This proportion was lower among college graduates (74.2%), compared with other educational levels, and was lower among those aged 75 years and older (71.8%), compared with younger age groups.¹

Goals for 2009 - 2015: Healthy Lifestyles

Healthy Lifestyles Health Disparities Data

- Gender and racial disparity in reports of adequate physical activity and overweight problems are described previously.

Implementation Objectives

Healthy Lifestyles Implementation Objective 1: By 2015, increase the number of communities that have implemented policy and environmental changes to support increased physical activity and improved healthy eating options through changes in policies, programs and practice.

Progress Markers			
Available Data Markers	Data Source	Baseline (2009)	Target (2015)
TBD	TBD	TBD	TBD

Goals for 2009 - 2015: Healthy Lifestyles



Strategies

1.1. Promote public education/disseminate information that support healthy nutrition behaviors in a variety of community settings. ^{2,3,4,5,6,7,8,9,10,11,12,13,14,15,16,17,18}

² Evidence-Based Strategy: 5 A Day Peer Education Program. Available online at http://rtips.cancer.gov/rtips/rtips_details.do?programid=50&topicid=9&co=N&cg=.

³ Evidence-Based Strategy: Body & Soul. Available online at http://rtips.cancer.gov/rtips/rtips_details.do?programid=62&topicid=9&co=N&cg=.

⁴ Evidence-Based Strategy: DINE Healthy: Diet Improvement Software. Available online at http://rtips.cancer.gov/rtips/rtips_details.do?programid=81&topicid=9&co=N&cg=.

⁵ Evidence-Based Strategy: Eat for Life. Available online at http://rtips.cancer.gov/rtips/rtips_details.do?programid=47&topicid=9&co=N&cg=.

⁶ Evidence-Based Strategy: Healthy Body Healthy Spirit. Available online at http://rtips.cancer.gov/rtips/rtips_details.do?programid=46&topicid=9&co=Y&cg=.

⁷ Evidence-Based Strategy: Little by Little. Available online at http://rtips.cancer.gov/rtips/rtips_details.do?programid=75&topicid=9&co=N&cg=.

⁸ Evidence-Based Strategy: North Carolina Black Churches United for Better Health Project. Available online at http://rtips.cancer.gov/rtips/rtips_details.do?programid=41&topicid=9&co=N&cg=.

⁹ Evidence-Based Strategy: Parents As Teachers (PAT) High 5 Low Fat Program. Available online at http://rtips.cancer.gov/rtips/rtips_details.do?programid=58&topicid=9&co=N&cg=.

¹⁰ Evidence-Based Strategy: Promoting Health Living: Assessing More Effects (PHLAME). Available online at http://rtips.cancer.gov/rtips/rtips_details.do?programid=58&topicid=9&co=N&cg=.

¹¹ Evidence-Based Strategy: SHAPEDOWN. Available online at http://rtips.cancer.gov/rtips/rtips_details.do?programid=61&topicid=9&co=Y&cg=.

¹² Evidence-Based Strategy: Seattle 5-a-Day Program. Available online at http://rtips.cancer.gov/rtips/rtips_details.do?programid=27&topicid=9&co=N&cg=.

¹³ Evidence-Based Strategy: The Next Step: Worksite Cancer Screening and Nutrition Intervention for High-Risk Auto Workers. Available online at http://rtips.cancer.gov/rtips/rtips_details.do?programid=64&topicid=9&co=Y&cg=.

¹⁴ Evidence-Based Intervention: The Stanford Nutrition Action Program. Available online at http://rtips.cancer.gov/rtips/rtips_details.do?programid=74&topicid=9&co=N&cg=.

¹⁵ Evidence-Based Intervention: The Treatwell 5-a-Day Program. Available online at <http://rtips.cancer.gov/rtips/programDetails.do?programId=173315&topicId=102266&cgId=>.

Goals for 2009 - 2015: Healthy Lifestyles



1.2. Collaborate with community partners to target interventions specifically where residents are eating, socializing, learning, working, shopping, etc.^{3,4,5,6,7,8,9,10,11,12,13,14,15,16,17,18,18}

1.3. Tailor and support interventions that promote physical activity during daily activities.¹⁹

1.4. Partner with state and community agencies to:

- involve the efforts of worksites, coalitions, agencies, and communities in attempts to change the local environment and create opportunities for physical activity;²⁰ and
- increase the availability, variety and convenience of fruits and vegetables as important policy and environmental strategies to increase consumption.²¹

 : Health Disparities  : Access to Care

¹⁶ Evidence-Based Strategy: Trim Kids. Available online at http://rtips.cancer.gov/rtips/rtips_details.do?programid=69&topicid=9&co=Y&cg=.

¹⁷ Evidence-Based Strategy: Utilizing the Church and Church Members for Conducting Weight Loss Programs. Available online at http://rtips.cancer.gov/rtips/rtips_details.do?programid=68&topicid=9&co=Y&cg=.

¹⁸ Evidence-Based Strategy: WIN (Worksite Internet Nutrition). Available online at http://rtips.cancer.gov/rtips/rtips_details.do?programid=88&topicid=9&co=N&cg=.

¹⁹ Evidence-Based Strategy: The Effectiveness of Interventions to Increase Physical Activity. Available online at www.thecommunityguide.org/pa/pa-ajpm-evrev.pdf.

²⁰ Evidence-Based Strategy: Public Health Strategies for Preventing and Controlling Overweight and Obesity in School and Work Settings. Available online at www.cdc.gov/mmwr/preview/mmwrhtml/rr5410a1.htm.

²¹ Evidence-Based Strategy: Nutrition Education: Principles of Sound Impact Evaluation. Available online at www.fns.usda.gov/oane/menu/Published/NutritionEducation/Files/EvaluationPrinciples.pdf.

Goals for 2009 - 2015: Healthy Lifestyles

Healthy Lifestyles Implementation Objective 2: By 2015, increase the number of communities that have taken steps to increase demand for, and improve, access to healthy foods.

Progress Markers			
Available Data Markers	Data Source	Baseline (2009)	Target (2015)
TBD	TBD	TBD	TBD

Strategies:

2.1. Collaborate with state and local community-based programs designed to increase fruit and vegetable consumption.²⁰

Goals for 2009 - 2015: Healthy Lifestyles

Healthy Lifestyles Implementation Objective 3: By 2015, increase the number of communities that have taken steps to promote a physically active lifestyle.

Progress Markers			
Available Data Markers	Data Source	Baseline (2009)	Target (2015)
TBD	TBD	TBD	TBD

Strategies:

3.1. Collaborate with state and local community-based programs designed to teach participants behavioral modification skills that enable them to incorporate moderate-intensity physical activity into daily routines.²⁰

3.2. Facilitate the promotion of behavioral and social approaches to teach people the behavioral management skills necessary both for successful adoption and maintenance of behavior change and for creating social environments that facilitate and enhance behavioral change.¹⁹

Goals for 2009 - 2015: Healthy Lifestyles

Healthy Lifestyles Implementation Objective 4: By 2015, raise awareness among Michigan health care providers of the importance of physical activity and healthy eating to the prevention of obesity.

Progress Markers			
Available Data Markers	Data Source	Baseline (2009)	Target (2015)
TBD	TBD	TBD	TBD

Strategies:



4.1. Promote professional education resources that utilize multi-component interventions (e.g., didactic nutrition education; prescriptions for aerobic/strength training exercise; training in behavioral techniques; providing self-help materials, specific dietary prescriptions, and group or supervised exercise sessions).¹⁹



4.2. Promote professional education resources that discuss nutrition recommendations and interventions for the prevention of disease and management of chronic diseases.²²

↩ : Emerging Science and Technology

²² Evidence-Based Strategy: Nutrition Resources for Health Professionals. Available online at www.cdc.gov/nutrition/professionals/index.html.

Goals for 2009 - 2015: Ovarian Cancer

Goal

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

Data

Ovarian cancer is the eighth most common cancer in women and ranks fifth as the cause of cancer death in American women. It is also the leading cause of gynecological cancer death in the United States. In 2008, it is estimated that over 21,650 U.S. women will be diagnosed with ovarian cancer with over 15,520 dying of the disease.¹ It is estimated that one of 71 women will develop invasive ovarian cancer in her lifetime.²

The American Cancer Society estimates that 550 Michigan women will die of ovarian cancer in 2008.¹ Data from the Michigan Cancer Registry show that 533 women died from ovarian cancer in 2007,³ and 696 women were newly diagnosed with the disease in 2005.³ Ovarian cancer incidence and mortality rates for Michigan women are similar to U.S. rates, and rates are similar around the state.⁴

The majority (56.3%) of all new cases of ovarian cancer in Michigan diagnosed in 2005 were at the distant stage, with a much smaller percentage (11.6%) of cases diagnosed at the localized stage. Five-year survival rates for women diagnosed at the localized stage are 93.1%; unfortunately, fewer than 30% of ovarian cancers are detected at this early stage. Women diagnosed at a later stage have five-year survival rates of only 29.6%. No racial disparities in the staging of ovarian cancer exist within the Michigan population.³

¹ American Cancer Society. Cancer Facts & Figures 2008.

² American Cancer Society.

³ Michigan Cancer Surveillance Program. Michigan Department of Community Health (MDCH), Vital Records and Health Data Development Section. Available online at www.michigan.gov/mdch/0,1607,7-132-2944_5323---,00.html.

⁴ National Cancer Institute. SEER Cancer Statistics Review, 1975-2005. Available online at http://seer.cancer.gov/csr/1975_2005/.

Goals for 2009 - 2015: Ovarian Cancer

The majority of ovarian cancer cases seem to be sporadic. Currently, there are no effective screening tests to assist with the early detection of ovarian cancer, and the United States Preventive Task Force Guidelines for Primary Care Providers state that family history is the single greatest risk for ovarian cancer. Even though only 10% of women diagnosed with ovarian cancer have one of the genetic mutations associated with ovarian cancer, there is also documented evidence of a familial risk relationship between ovarian and breast (as well as colorectal and prostate) cancer.²

Ovarian Cancer Health Disparities Data

- Incidence and mortality patterns vary among ethnic and racial groups within different age groups, but white women have the highest age-specific mortality rates in all age groups.²
- Ovarian cancer is most common in post-menopausal women; half of all ovarian cancers are found in women over the age of 63.²



Goals for 2009 - 2015: Ovarian Cancer

Implementation Objectives

Ovarian Cancer Implementation Objective 1: By 2015, determine Michigan’s available resources for genetic counseling reimbursement.

Progress Markers			
Available Data Markers	Data Source	Baseline (2009)	Target (2015)
Number of health plans reimbursing for genetic counseling services.	MCC Implementation Progress Report	TBD	TBD

Strategies



1.1. Identify sources of funding to pay for genetic counseling (and testing, as may be indicated) for women who may be at high risk of developing “familial” cancer.⁵

<i>Suggested Implementation Partners</i>	<i>Examples</i>
Public Health Organizations	Michigan Department of Community Health (Cancer Prevention and Control Section, Genomics Section)
Trade/Professional/Advocacy Organizations	Michigan Cancer Genetics Alliance

☰ : Health Disparities 🎯 : Access to Care

⁵ Evidence-Based Strategy: Genomic Tests for Ovarian Cancer Detection and Management. Available online at www.ncbi.nlm.nih.gov/books/bv.fcgi?rid=hstat1b.chapter.94793.

Goals for 2009 - 2015: Ovarian Cancer

Ovarian Cancer Implementation Objective 2: By 2015, improve patient access to genetic testing and support services.

Progress Markers			
Available Data Markers	Data Source	Baseline (2009)	Target (2015)
MCC Advocacy Committee commitment to improve patient access to genetic testing and support services.	MCC Advocacy Committee Platform	TBD	TBD
Number of MCC member organizations advocating for improved patient access.	MCC Implementation Progress Report	TBD	TBD

Strategies:

2.1. Advocate for third-party payment of genetic counseling (and testing as may be indicated) for Medicaid recipients and those who are uninsured or underinsured.⁵



<i>Suggested Implementation Partners</i>	<i>Examples</i>
Trade/Professional/Advocacy Organizations	American Cancer Society, Michigan Cancer Genetics Alliance
Other Partners	Medicaid

Goals for 2009 - 2015: Prostate Cancer

Goal

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

Data

Prostate cancer has been the most frequently diagnosed cancer in Michigan since the late 1980s, and it was the second leading cause of cancer deaths in Michigan men in 2006.¹

During 2005, 7,568 Michigan men were newly diagnosed with prostate cancer, and 899 Michigan men died of the disease in 2006.¹

Since the early 1990s, the incidence of prostate cancer in Michigan has declined, but it still exceeds the national incidence rates.^{1,2} Michigan ranks 35th in the nation in prostate cancer deaths, with 16 states having lower rates.²

In Michigan, 78.9% of prostate cancer cases diagnosed during 2005 were found at a local stage.¹ Approximately 98.9% of men with prostate cancer live at least five years.² Survival from prostate cancer is greatest if the cancer is detected before it has spread outside the prostate.³

Currently, there are more than 71,000 prostate cancer survivors in Michigan.¹

¹ Michigan Cancer Surveillance Program. Michigan Department of Community Health (MDCH), Vital Records and Health Data Development Section. Available online at www.michigan.gov/mdch/0,1607,7-132-2944_5323---,00.html.

² National Cancer Institute. SEER Cancer Statistics Review, 1975-2005. Available online at http://seer.cancer.gov/csr/1975_2005/.

³ American Cancer Society.

Goals for 2009 - 2015: Prostate Cancer

Prostate Cancer Health Disparities Data

- The older a man is, the greater his risk for getting prostate cancer.¹
- African American men have the highest incidence of prostate cancer.¹
- African American men are more likely than Caucasian men to die of the disease.²
- Prostate cancer is less common among Hispanic, Asian, Pacific Islander, and Native American men.⁴

Implementation Objectives

Prostate Cancer Implementation Objective 1: By 2015, develop/distribute practice guidelines for prostate cancer symptom management to providers.

Progress Markers			
Available Data Markers	Data Source	Baseline (2009)	Target (2015)
Guidelines developed	TBD	TBD	TBD
Implementation strategies developed	TBD	TBD	TBD
Distribution process developed	TBD	TBD	TBD
Evaluation methods developed	TBD	TBD	TBD

⁴ American Cancer Society. Available online at www.cancer.org.

Goals for 2009 - 2015: Prostate Cancer

Strategies

1.1. Develop provider practice guidelines for prostate cancer symptom management that are age-specific and culturally appropriate.⁵

<i>Suggested Implementation Partners</i>	<i>Examples</i>
Community-Based Health Care Delivery Systems/Practices with Cancer Programs	Ingham Regional Medical Center, William Beaumont Hospital
Health Education/Health Research and Evaluation	
Health Care Insurance Plans	
Organizations Representing or Serving Hard-to-Reach and/or Special Populations	
Public Health Organizations	Local Health Departments
Trade/Professional/Advocacy Organizations	American Cancer Society, Prostate Cancer Coalition of Michigan
University-Based Health Care Delivery Systems with Cancer Programs	Great Lakes Cancer Institute at Michigan State University, University of Michigan Comprehensive Cancer Center
Other Partners	Michigan State University College of Human Medicine, St. Joseph Mercy Hospital, University of Michigan (Center for Behavioral and Decision Sciences, School of Nursing), Wayne State University (Department of Family Medicine and Public Health Sciences, School of Medicine)

⁵ Strategy from 2006 MCC Prostate Cancer Priority Strategic Plan.

Goals for 2009 - 2015: Prostate Cancer

1.2. Develop strategies to facilitate ongoing implementation of the prostate cancer symptom management guidelines during the critical transition from specialty care to follow-up care by primary care providers.⁵

<i>Suggested Implementation Partners</i>	<i>Examples</i>
Community-Based Health Care Delivery Systems/Practices with Cancer Programs	Ingham Regional Medical Center, William Beaumont Hospital
Health Education/Health Research and Evaluation	
Health Care Insurance Plans	
Organizations Representing or Serving Hard-to-Reach and/or Special Populations	
Public Health Organizations	Local Health Departments
Trade/Professional/Advocacy Organizations	American Cancer Society, Prostate Cancer Coalition of Michigan
University-Based Health Care Delivery Systems with Cancer Programs	Great Lakes Cancer Institute at Michigan State University, University of Michigan Comprehensive Cancer Center
Other Partners	Michigan State University College of Human Medicine, St. Joseph Mercy Hospital, University of Michigan (Center for Behavioral and Decision Sciences, School of Nursing), Wayne State University (Department of Family Medicine and Public Health Sciences, School of Medicine)

Goals for 2009 - 2015: Prostate Cancer

1.3. Develop a process to distribute the practice guidelines to health care providers.⁵

<i>Suggested Implementation Partners</i>	<i>Examples</i>
Community-Based Health Care Delivery Systems/Practices with Cancer Programs	Sparrow Health System/Sparrow Regional Cancer Center
Health Education/Health Research and Evaluation	
Health Care Insurance Plans	
Organizations Representing or Serving Hard-to-Reach and/or Special Populations	
Public Health Organizations	Michigan Department of Community Health, Michigan Public Health Institute
Trade/Professional/Advocacy Organizations	American Cancer Society
University-Based Health Care Delivery Systems with Cancer Programs	



Goals for 2009 - 2015: Prostate Cancer

1.4. Develop methods to evaluate the effect of practice guidelines on the health-related quality of life of survivors and families in Michigan.⁵

<i>Suggested Implementation Partners</i>	<i>Examples</i>
Community-Based Health Care Delivery Systems/Practices with Cancer Programs	Ingham Regional Medical Center, William Beaumont Hospital
Health Education/Health Research and Evaluation	
Health Care Insurance Plans	
Organizations Representing or Serving Hard-to-Reach and/or Special Populations	
Public Health Organizations	Local Health Departments, Michigan Department of Community Health, Michigan Public Health Institute
Trade/Professional/Advocacy Organizations	American Cancer Society, Prostate Cancer Coalition of Michigan
University-Based Health Care Delivery Systems with Cancer Programs	Great Lakes Cancer Institute at Michigan State University, University of Michigan Comprehensive Cancer Center
Other Partners	Michigan State University College of Human Medicine, St. Joseph Mercy Hospital, University of Michigan (Center for Behavioral and Decision Sciences, School of Nursing), Wayne State University (Department of Family Medicine and Public Health Sciences, School of Medicine)

Goals for 2009 - 2015: Prostate Cancer

Prostate Cancer Implementation Objective 2: By 2015, develop/distribute guidelines for prostate cancer symptom management to survivors/families.

Progress Markers			
Available Data Markers	Data Source	Baseline (2009)	Target (2015)
Gaps identified	TBD	TBD	TBD
Materials adopted, adapted, or developed	TBD	TBD	TBD
Distribution process developed	TBD	TBD	TBD
Evaluation methods developed	TBD	TBD	TBD

Goals for 2009 - 2015: Prostate Cancer

Strategies:

2.1. Identify gaps in existing prostate cancer educational materials.⁵

<i>Suggested Implementation Partners</i>	<i>Examples</i>
Community-Based Health Care Delivery Systems/Practices with Cancer Programs	Ingham Regional Medical Center, William Beaumont Hospital
Health Education/Health Research and Evaluation	
Health Care Insurance Plans	
Organizations Representing or Serving Hard-to-Reach and/or Special Populations	
Public Health Organizations	Local Health Departments
Trade/Professional/Advocacy Organizations	American Cancer Society, Prostate Cancer Coalition of Michigan
University-Based Health Care Delivery Systems with Cancer Programs	Great Lakes Cancer Institute at Michigan State University, University of Michigan Comprehensive Cancer Center
Other Partners	Michigan State University College of Human Medicine, St. Joseph Mercy Hospital, University of Michigan (Center for Behavioral and Decision Sciences, School of Nursing), Wayne State University (Department of Family Medicine and Public Health Sciences, School of Medicine)

Goals for 2009 - 2015: Prostate Cancer

2.2. Adopt, adapt or develop patient educational materials for prostate cancer survivors and their family members.^{5,6,7,8}

<i>Suggested Implementation Partners</i>	<i>Examples</i>
Community-Based Health Care Delivery Systems/Practices with Cancer Programs	Ingham Regional Medical Center, William Beaumont Hospital
Health Education/Health Research and Evaluation	
Health Care Insurance Plans	
Organizations Representing or Serving Hard-to-Reach and/or Special Populations	
Public Health Organizations	Local Health Departments, Michigan Department of Community Health, Michigan Public Health Institute
Trade/Professional/Advocacy Organizations	American Cancer Society, Prostate Cancer Coalition of Michigan
University-Based Health Care Delivery Systems with Cancer Programs	Great Lakes Cancer Institute at Michigan State University, University of Michigan Comprehensive Cancer Center
Other Partners	Michigan State University College of Human Medicine, St. Joseph Mercy Hospital, University of Michigan (Center for Behavioral and Decision Sciences, School of Nursing), Wayne State University (Department of Family Medicine and Public Health Sciences, School of Medicine)

⁶ Evidence-Based Strategy: Helping patients with localized prostate carcinoma manage uncertainty and treatment side effects: Nurse-delivered psycho-educational intervention over the telephone. Available online at www3.interscience.wiley.com/journal/91016219/abstract?CRETRY=1&SRETRY=0.

⁷ Evidence-Based Strategy: Randomized clinical trial of a family intervention for prostate cancer patients and their spouses. Available online at www3.interscience.wiley.com/journal/116841597/abstract.

⁸ Evidence-Based Strategy: Dyadic Support for Men with Prostate Cancer. Available online at <http://rtips.cancer.gov/rtips/agreement.do>.

Goals for 2009 - 2015: Prostate Cancer



2.3. Develop a process to distribute prostate cancer symptom management educational materials to survivors and their families in Michigan.⁵

<i>Suggested Implementation Partners</i>	<i>Examples</i>
Community-Based Health Care Delivery Systems/Practices with Cancer Programs	Sparrow Health System/Sparrow Regional Cancer Center
Health Education/Health Research and Evaluation	
Health Care Insurance Plans	
Organizations Representing or Serving Hard-to-Reach and/or Special Populations	
Public Health Organizations	Michigan Department of Community Health, Michigan Public Health Institute
Trade/Professional/Advocacy Organizations	American Cancer Society
University-Based Health Care Delivery Systems with Cancer Programs	

Goals for 2009 - 2015: Prostate Cancer



2.4. Develop methods to evaluate how the utilization of educational materials affects the health-related quality of life of survivors and families in Michigan.⁵

<i>Suggested Implementation Partners</i>	<i>Examples</i>
Community-Based Health Care Delivery Systems/Practices with Cancer Programs	Ingham Regional Medical Center, William Beaumont Hospital
Health Education/Health Research and Evaluation	
Health Care Insurance Plans	
Organizations Representing or Serving Hard-to-Reach and/or Special Populations	
Public Health Organizations	Local Health Departments, Michigan Department of Community Health, Michigan Public Health Institute
Trade/Professional/Advocacy Organizations	American Cancer Society, Prostate Cancer Coalition of Michigan
University-Based Health Care Delivery Systems with Cancer Programs	Great Lakes Cancer Institute at Michigan State University, University of Michigan Comprehensive Cancer Center
Other Partners	Michigan State University College of Human Medicine, St. Joseph Mercy Hospital, University of Michigan (Center for Behavioral and Decision Sciences, School of Nursing), Wayne State University (Department of Family Medicine and Public Health Sciences, School of Medicine)

Goals for 2009 - 2015: Skin Cancer

Goal

Reduce melanoma cancer death rates in Michigan.

Data

Skin cancer is the most common form of cancer in the United States.¹ More than one million cases of nonmelanoma skin cancer are diagnosed in the United States each year. Nationwide, it is estimated that between 1,000 and 2,000 people died from non-melanoma skin cancer in 2008. The most serious form of skin cancer is melanoma, which is expected to be diagnosed in approximately 62,480 Americans in 2008 with an expected 8,420 to die from the disease.²

In 2005, 2,037 Michigan men and women were newly diagnosed with melanoma, and 249 died from the disease in 2007. During 2005, 76.0% of all newly diagnosed cases of melanoma skin cancer in Michigan were detected at the localized stage.³ Factors that increase an individual's risk of developing skin cancer include:

- excessive exposure to sunlight and other forms of ultraviolet (UV) radiation (e.g., tanning booths);
- fair complexion;
- occupational exposure to coal, tar, paraffin, or arsenic;
- family history of skin cancer;
- severe sunburns as a child; and
- multiple or atypical nevi (moles).

¹ Centers for Disease Control and Prevention – Skin Cancer Basic Information. Available online at www.cdc.gov/cancer/skin/basic_info/.

² American Cancer Society. Available online at www.cancer.org.

³ Michigan Cancer Surveillance Program. Michigan Department of Community Health (MDCH), Vital Records and Health Data Development Section. Available online at www.michigan.gov/mdch/0,1607,7-132-2944_5323---00.html.

Goals for 2009 - 2015: Skin Cancer

The best way to lower the risk of skin cancer is to limit exposure to the sun (and other sources of UV light), particularly during the midday hours when the sun is strongest. Long-sleeved clothing and hats are recommended for outdoors activities. For sun-exposed areas, sunscreen with an SPF of 15 or higher and sunglasses with 99 percent to 100 percent UV absorption should be used. Protection is equally important during childhood, since severe sunburns in childhood may be associated with an increased risk of developing melanoma late in life.

The potential for exposure to UV radiation is significant in Michigan due to high participation in outdoor activities. According to the Michigan Department of Natural Resources:

- Michigan has more than 931,000 registered watercraft (third in the nation) and more than 390,000 registered snowmobiles (first in the nation).
- More than two million anglers fish Michigan waters each year.
- Michigan's 98 state parks and recreation areas welcomed more than 23 million visitors in 2008, including more than four million campers.⁴

Indoor tanning is a booming business in the United States, generating estimated revenues in excess of \$2 billion a year.⁵ Most salons use bulbs in their tanning beds that emit a significant amount of UVB and UVA radiation, both of which are associated with the development of skin cancer and premature aging. The Department of Health and Human Services has added UV radiation from the sun or artificial light sources, such as tanning beds and sun lamps, to the government's list of known carcinogens. Currently, there is no regulation or proposed legislation in Michigan limiting the use of tanning booths by minors.⁶

⁴ Michigan Department of Natural Resources. Michigan DNR at a Glance. Available online at www.michigan.gov/dnr/0,1607,7-153-10366-121638--,00.html.

⁵ The Skin Cancer Foundation. Available online at www.skincancer.org/.

⁶ Michigan Legislature. Available online at www.legislature.mi.gov.

Goals for 2009 - 2015: Skin Cancer

Skin Cancer Health Disparities Data

- Caucasians are much more likely than African Americans to develop nonmelanoma skin cancer and melanoma.²
- Men are twice as likely as women to have basal cell cancers and three times as likely to have squamous cell cancers of the skin.²

Implementation Objectives

Skin Cancer Implementation Objective 1: By 2015, 75 percent of Michigan adults report using at least one of the following protective measures that may reduce the risk of skin cancer: 1) avoiding the sun between 10 a.m. and 4 p.m.; 2) wearing sun-protective clothing when exposed to sunlight; 3) using sunscreen with a sun-protective factor (SPF) of 15 or higher; 4) avoiding artificial sources of light.

Progress Markers			
Available Data Markers	Data Source	Baseline (2009)	Target (2015)
When outside during the day for more than one hour, MI adults who use at least one protective measure (sunscreen with an SPF15+, avoid the sun between 10 a.m. and 4 p.m., wear sun protective clothing)	Michigan BRFSS	TBD	
MI adults who used a sun lamp or tanning bed within past year	Michigan BRFSS	TBD	

Goals for 2009 - 2015: Skin Cancer

Strategies

1.1. Implement sun-protection educational programs in school settings that include:

- providing information to children (e.g., instruction or small media [brochures, flyers, newsletters, informational letters or videos] or both);
- incorporating activities to influence children's behavior (e.g. modeling, demonstration, role playing); and
- engaging in activities intended to change the knowledge, attitudes, or behavior of caregivers (i.e., teachers or parents)^{7,8,9,10,11}



1.2. Implement sun-protection programs in recreational or tourism settings by providing:

- educational brochures, including culturally-relevant materials and photographs of skin cancer lesions;
- sun-safety training of and role-modeling by lifeguards, aquatic instructors, and outdoor recreation staff;

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⁷ Evidence-Based Strategy: Prevention of Skin Cancer by Reducing Exposure to UV Light through Educational and Policy Approaches in Primary Schools. Available online at www.thecommunityguide.org/cancer/skin/ca-skin-int-reduce-exp-prim-school.pdf.

⁸ Evidence-Based Strategy: Sun Safe. Available online at http://rtips.cancer.gov/rtips/rtips_details.do?programid=30&topicid=3&co=N&cg.

⁹ Evidence-Based Strategy: Sunny Days Healthy Ways – Elementary School (Grades K-5). Available online at http://rtips.cancer.gov/rtips/rtips_details.do?programid=87&topicid=3&co=N&cg.

¹⁰ Evidence-Based Strategy: Sunny Days Healthy Ways – Middle School (Grades 6-8). Available online at http://rtips.cancer.gov/rtips/rtips_details.do?programid=85&topicid=3&co=N&cg.

¹¹ Evidence-Based Strategy: Together for Sun Safety. Available online at http://rtips.cancer.gov/rtips/rtips_details.do?programid=49&topicid=3&co=N&cg.

Goals for 2009 - 2015: Skin Cancer

- sun-safety lesson, interactive activities, and incentives for parents and children;
- shaded areas;
- sunscreen; and
- point-of-purchase prompts^{12,13}

1.3. Implement sun-protection educational programs in daycare settings that include:

- sun-safety workshops with daycare staff, and
- parent packets with brochures and learning activities to do with children¹⁴

1.4. Encourage clinicians and other allied health professionals to offer sun protection advice during office visits and other patient encounters.^{8,15}

¹² Evidence-Based Strategy: Prevention of Skin Cancer by Reducing Exposure to UV Light through Educational and Policy Approaches at Recreational or Tourism Settings. Available online at <http://www.thecommunityguide.org/cancer/skin/ca-skin-int-reduce-exp-recreation.pdf>.

¹³ Evidence-Based Strategy: Pool Cool. Available online at <http://rtips.cancer.gov/rtips/programDetails.do?programId=288737&topicId=102269&cgId=>.

¹⁴ Evidence-Based Strategy: Block the Sun, Not the Fun. Available online at <http://rtips.cancer.gov/rtips/programDetails.do?programId=281421&topicId=102269&cgId=>.

¹⁵ Evidence-Based Strategy: Project SUNWISE: Skin Cancer Prevention Counseling by Pharmacists. Available online at <http://rtips.cancer.gov/rtips/programDetails.do?programId=282372&topicId=102269&cgId=>.

Goals for 2009 - 2015: Tobacco Control/Lung Cancer

Goal

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

Data

Lung cancer is the leading cause of cancer-related death in both Michigan and the United States.^{1,2} It is the second most frequently diagnosed cancer in Michigan (behind only prostate cancer).¹ Michigan ranks 19th in the nation in lung cancer mortality, with 32 states having lower lung cancer death rates.²

During 2005, a total of 7,681 men and women in Michigan were diagnosed with lung cancer.¹ During 2007, a total of 5,910 men and women in Michigan died of the disease.¹ In Michigan, the incidence of lung cancer has declined slightly over the past 10 years, yet it still exceeds the national incidence rates.^{1,2}

Smoking is the leading risk factor for lung cancer. The risk of lung cancer increases with the quantity and duration of cigarette consumption. Tobacco use accounts for at least 30% of all cancer deaths and 87% of lung cancer deaths.³ Approximately 22.1% of Michigan adults (23.5% of men and 18.9% of women) are current smokers.⁴ In 2005, 17% of Michigan high school students reported smoking one or more days in the previous month, a decline from 38% in 1997.⁵

¹Michigan Cancer Surveillance Program. Michigan Department of Community Health (MDCH), Vital Records and Health Data Development Section. Available online at www.michigan.gov/mdch/0,1607,7-132-2944_5323---,00.html.

² National Cancer Institute. SEER Cancer Statistics Review, 1975-2005. Available online at http://seer.cancer.gov/csr/1975_2005/.

³ American Cancer Society. Cancer Facts and Figures 2008. Available online at www.cancer.org/downloads/STT/2008CAFFfinalsecured.pdf.

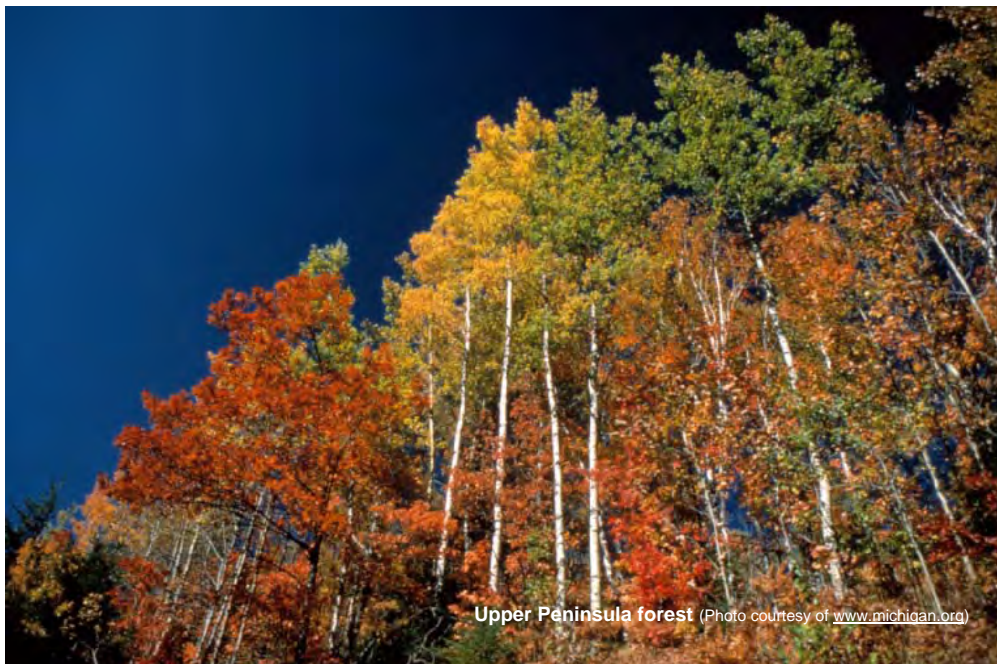
⁴ Michigan Department of Community Health, Bureau of Epidemiology. Behavioral Risk Factor Survey, 2007. Available online at www.michigan.gov/brfs.

⁵ Michigan Department of Education. Michigan Youth Risk Behavior Survey, 2007. Available online at www.michigan.gov/yrbs.

Goals for 2009 - 2015: Tobacco Control/Lung Cancer

Lung Cancer Health Disparities Data

- In Michigan, approximately 87.5% of individuals diagnosed with lung cancer in 2005 were 55 years or older.¹
- Non-smoking spouses of smokers have a 205 to 30% greater risk of developing lung cancer than do spouses of non-smokers.⁶
- Secondhand smoke causes approximately 3,000 lung cancer deaths among U.S. nonsmokers each year.⁶
- Michigan residents with lower household incomes and lower education levels are more likely to smoke.⁴



⁶ U.S. Department of Health and Human Services. The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General. (Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Coordinating Center for Health Promotion, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; 2006.)

Goals for 2009 - 2015: Tobacco Control/Lung Cancer

- African Americans in Michigan have generally higher incidence of lung cancer than Caucasians.⁷
- Smoking is more prevalent among minority groups in Michigan. Hispanic/Latino adults age 18 or older have higher smoking rates compared to both Blacks and Whites.⁴
- African Americans and American Indians age 40 or older have higher smoking rates than do other racial/ethnic population groups of the same age.⁸
- Michigan residents with lower household incomes and lower education levels have a higher prevalence of smoking.⁴

⁷ Michigan Public Health Institute and Michigan Department of Community Health. The Cancer Burden in Michigan: Selected Statistics 1990-2007. June 2008. Available online at www.michigancancer.org/WhatWeDo/TheCancerBurdenMichiganSelectedStatistics.cfm.

⁸ Michigan Public Health Institute (Cancer Control Services Program) and Michigan Department of Community Health (Cancer Prevention and Control Section). Special Cancer Behavioral Risk Factor Survey (SCBRFS), 2006. Available online at www.michigancancer.org/Resources/SpecialMCCReports.cfm.

Goals for 2009 - 2015: Tobacco Control/Lung Cancer

Lung Cancer/Tobacco Control Implementation Objective 1:⁹ By 2011, increase the number of health care providers¹⁰ and allied health care professionals¹¹ statewide who receive training and apply tobacco use assessment and treatment methods.

Progress Markers			
Available Data Markers	Data Source	Baseline (2006-2007)	Target (2011)
# Trainings provided to health care professionals working with the Michigan Federally Qualified Health Centers, Medicaid Health Plans, Community Mental Health facilities, and Diabetes and Asthma educators.	<ul style="list-style-type: none"> Office of the Chief Medical Executive The Michigan Smokefree Hospitals Grant* MDCH Tobacco Section GlaxoSmithKline Local Coalitions # hits to Linda Thomas' online training on "Implementing Evidence Based Tobacco Assessment and Treatment" 	728	874
Current tobacco use rate	Michigan BRFSS	22.1%	20%
Former tobacco use rate	Michigan BRFSS	25%	26%
Professional advice to quit	Michigan BRFSS	85%	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; Michigan Health and Hospital Association

⁹ 2009 - 2011 MCC Special Project. See the "[Special Projects for 2009 – 2011](#)" section of this plan.

¹⁰ Health care providers may include, but are not limited to, the following: primary care, family medicine, obstetrics and gynecology, dentists, pediatricians, physician assistants, and nurse practitioners.

¹¹ Allied health care professionals may include, but are not limited to the following: respiratory therapists, dental hygienists, medical assistants, and other office or hospital staff.

Goals for 2009 - 2015: Tobacco Control/Lung Cancer

Strategies



1.1. Increase the numbers of clinical practices in which staff are trained in evidence-based systems approach to treating tobacco dependence.¹²

<i>Suggested Implementation Partners</i>	<i>Examples</i>
Community-Based Health Care Delivery Systems/Practices with Cancer Programs	
Public Health Organizations	
Trade/Professional/Advocacy Organizations	
University-Based Health Care Delivery Systems with Cancer Programs	
Other Partners	Michigan State University College of Human Medicine, Spectrum Health Center, University of Detroit Mercy, University of Michigan School of Dentistry



1.2. Increase the number of trainings provided to health professionals.^{12,13}

<i>Suggested Implementation Partners</i>
Community-Based Health Care Delivery Systems/Practices with Cancer Programs
Health Education/Health Research and Evaluation
Organizations Representing or Serving Hard-to-Reach and/or Special Populations
Public Health Organizations
Trade/Professional/Advocacy Organizations
University-Based Health Care Delivery Systems with Cancer Programs

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¹² A Five-Year Strategic Plan for Tobacco Use Prevention and Reduction (2008-2013). Available online at www.tobaccofreemichigan.org/pdf/StrategicPlan08-13.pdf.

¹³ Evidence-Based Strategy: Ending the Tobacco Problem: A Blueprint for the Nation. Available online at www.nap.edu/catalog.php?record_id=11795#toc.

Goals for 2009 - 2015: Tobacco Control/Lung Cancer



1.3. Promote and seek opportunities to train health professionals at meetings and conferences and arrange for CME/CEUs.¹²

<i>Suggested Implementation Partners</i>	<i>Examples</i>
Community-Based Health Care Delivery Systems/Practices with Cancer Programs	
Health Education/Health Research and Evaluation	
Health Care Insurance Plans	
Organizations Representing or Serving Hard-to-Reach and/or Special Populations	
Public Health Organizations	
Trade/Professional/Advocacy Organizations	Michigan State Medical Society
University-Based Health Care Delivery Systems with Cancer Programs	
Other Partners	American Academy of Pediatrics – Michigan Chapter



1.4. Identify and promote online evidence-based trainings for treating tobacco dependence.¹²

<i>Suggested Implementation Partners</i>	<i>Examples</i>
Community-Based Health Care Delivery Systems/Practices with Cancer Programs	
Health Education/Health Research and Evaluation	
Health Care Insurance Plans	
Organizations Representing or Serving Hard-to-Reach and/or Special Populations	
Public Health Organizations	
Trade/Professional/Advocacy Organizations	
University-Based Health Care Delivery Systems with Cancer Programs	

Goals for 2009 - 2015: Tobacco Control/Lung Cancer



1.5. Increase awareness of the statewide Quitline and its services among health care organizations and health professionals.^{14,15}

<i>Suggested Implementation Partners</i>	<i>Examples</i>
Community-Based Health Care Delivery Systems/Practices with Cancer Programs	
Health Education/Health Research and Evaluation	
Health Care Insurance Plans	
Organizations Representing or Serving Hard-to-Reach and/or Special Populations	
Public Health Organizations	
Trade/Professional/Advocacy Organizations	
University-Based Health Care Delivery Systems with Cancer Programs	
Other Partners	Michigan Medicaid Bureau of Managed Care

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¹⁴ Evidence-Based Strategy: Effectiveness of Telephone Counseling and Support to Help More Tobacco Users Quit. Available online at www.thecommunityguide.org/tobacco/tobac-int-phone-support.pdf.

¹⁵ Strategy from 2005 MCC Lung Cancer/Tobacco Strategic Plan.

Goals for 2009 - 2015: Tobacco Control/Lung Cancer



1.6. Increase trainings for health professionals in assessing child exposure to secondhand smoke and providing cessation services to families.^{12,15}

<i>Suggested Implementation Partners</i>	<i>Examples</i>
Community-Based Health Care Delivery Systems/Practices with Cancer Programs	
Health Education/Health Research and Evaluation	
Health Care Insurance Plans	
Organizations Representing or Serving Hard-to-Reach and/or Special Populations	
Public Health Organizations	
Trade/Professional/Advocacy Organizations	Michigan State Medical Society
University-Based Health Care Delivery Systems with Cancer Programs	
Other Partners	American Academy of Pediatrics – Michigan Chapter

1.7. Encourage health professionals to implement systems that support tobacco dependence assessment and treatment as standard of care.¹³

<i>Suggested Implementation Partners</i>	<i>Examples</i>
Community-Based Health Care Delivery Systems/Practices with Cancer Programs	
Health Education/Health Research and Evaluation	
Health Care Insurance Plans	
Organizations Representing or Serving Hard-to-Reach and/or Special Populations	
Public Health Organizations	
Trade/Professional/Advocacy Organizations	Michigan Health and Hospital Association, Michigan Primary Care Association
University-Based Health Care Delivery Systems with Cancer Programs	

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Goals for 2009 - 2015: Tobacco Control/Lung Cancer



1.8. Encourage health professionals to screen and educate youth about tobacco use during all their health care visits with referral to treatment as appropriate.¹²

<i>Suggested Implementation Partners</i>	<i>Examples</i>
Community-Based Health Care Delivery Systems/Practices with Cancer Programs	
Health Education/Health Research and Evaluation	
Health Care Insurance Plans	
Organizations Representing or Serving Hard-to-Reach and/or Special Populations	
Public Health Organizations	
Trade/Professional/Advocacy Organizations	Michigan Primary Care Association
University-Based Health Care Delivery Systems with Cancer Programs	
Other Partners	American Academy of Pediatrics – Michigan Chapter



1.9. Increase the amount of tobacco dependence treatment to individuals receiving in-patient care.

<i>Suggested Implementation Partners</i>	<i>Examples</i>
Community-Based Health Care Delivery Systems/Practices with Cancer Programs	
Health Care Insurance Plans	
University-Based Health Care Delivery Systems with Cancer Programs	

Goals for 2009 - 2015: Tobacco Control/Lung Cancer



1.10. Promote and support organizational partnerships in interventions that specifically target minority populations with higher rates of tobacco use.

<i>Suggested Implementation Partners</i>	<i>Examples</i>
Community-Based Health Care Delivery Systems/Practices with Cancer Programs	
Health Education/Health Research and Evaluation	
Health Care Insurance Plans	
Organizations Representing or Serving Hard-to-Reach and/or Special Populations	ACCESS Community Health Center, Inter-Tribal Council of Michigan, Inc.
Public Health Organizations	
Trade/Professional/Advocacy Organizations	American Cancer Society, Great Lakes Division, Inc.
University-Based Health Care Delivery Systems with Cancer Programs	



1.11. MCC member organizations should lead the way in encouraging their staff to participate in active training. Each member representative should identify and assign appropriate staff from within their organization to receive training, if appropriate to their role in counseling patients on tobacco cessation.

<i>Suggested Implementation Partners</i>	<i>Examples</i>
Community-Based Health Care Delivery Systems/Practices with Cancer Programs	
Health Education/Health Research and Evaluation	
Health Care Insurance Plans	
Organizations Representing or Serving Hard-to-Reach and/or Special Populations	ACCESS Community Health Center, Inter-Tribal Council of Michigan, Inc.
Public Health Organizations	
Trade/Professional/Advocacy Organizations	American Cancer Society, Great Lakes Division, Inc.
University-Based Health Care Delivery Systems with Cancer Programs	

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Goals for 2009 - 2015: Tobacco Control/Lung Cancer

Lung Cancer/Tobacco Control Implementation Objective 2: By 2015, increase the call and enrollment numbers to the Michigan Tobacco Quitline by 10% each year.

Progress Markers		
Data Source	Baseline (2007)	Target (2015)
American Cancer Society (Michigan Tobacco Quitline Provider) Call Rate report	7,813	15,225
American Cancer Society (Michigan Tobacco Quitline Provider) Enrollment Rate report	3,653	7,118

Strategies

- Specific strategies associated with this implementation objective are included in “A Five-Year Strategic Plan for Tobacco Use Prevention and Reduction (2008-2013),” available online at www.tobaccofreemichigan.org/pdf/StrategicPlan08-13.pdf.

Goals for 2009 - 2015: Tobacco Control/Lung Cancer

Lung Cancer/Tobacco Control Implementation Objective 3: By 2015, increase the number of billings for tobacco use treatments that are received by Medicaid from health care providers by 10% each year.

Progress Markers		
Data Source	Baseline (2008)	Target (2015)
Michigan Department of Community Health – Medicaid Services	12,928 (Oct 07 – Sept 08)	TBD

Strategies

- Specific strategies associated with this Implementation Objective are included in “A Five-Year Strategic Plan for Tobacco Use Prevention and Reduction (2008-2013),” available online at www.tobaccofreemichigan.org/pdf/StrategicPlan08-13.pdf.