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March is National Colorectal Cancer Awareness Month....

MCC Webinar – Tuesday, March 12

**Colorectal Cancer, Health Disparities, and Policy**

Tuesday, March 12, 2013

1:00 p.m. – 2:00 p.m.

[Webinar details](#)

Check out these colorectal cancer resources:

**Michigan Cancer Consortium**

- [Michigan Colorectal Cancer Early Detection Program website](#)

**Make It Your Own (MIYO)** – web-based system that gives community partners the tools to create customized, culturally appropriate health materials targeted to their audience. To create a free MIYO account, go to:

- [Create MIYO Account](#)

  – once you create your account, you should be able to immediately log in. For future visits to MIYO, please use and bookmark [www.miyoworks.org](http://www.miyoworks.org) to access the system.

**CLINICIAN’S REFERENCE: FECAL OCCULT BLOOD TESTING (FOBT) FOR COLORECTAL CANCER SCREENING**

Guidelines from the American Cancer Society, the US Preventive Services Taskforce, and others recommend high-sensitivity fecal occult blood tests (FOBT) as one option for colorectal cancer screening. This document provides state-of-the-science information about guaiac-based FOBT and fecal immunochemical tests (FIT).

- Colorectal cancer screening with FOBT has been shown to decrease both incidence and mortality in randomized controlled trials.
- High-sensitivity FOBT detects colorectal cancer at relatively high rates.
- Modeling studies suggest that the years of life saved through a high-quality FOBT screening program are essentially the same as with a high-quality colonoscopy-based screening program.
- Access to colonoscopy and other invasive tests may be limited or nonexistent for many patients.

In addition, some adults prefer less invasive tests.


All of these elements make FOBT a reasonable choice for patients. Recent advances in stool blood screening include the emergence of new tests and improved understanding of the impact of quality factors on testing outcomes.
National Minority Cancer Awareness Week
is April 15–21...

Reducing Health Disparities in Cancer

The Center for Disease Control and other public health agencies, health care providers, and communities of all racial and ethnic groups must become partners in a national effort to:

- Improve early detection of cancer through routine mammography, Pap tests, and colorectal cancer screening.
- Implement evidence-based community interventions to increase screening and modify risk behaviors.
- Develop research projects that will encourage minority groups to participate in clinical trials for cancer prevention to ensure that significant differences between minority and ethnic groups are identified.
- Undertake research that will inform decisions about interventions to reduce cancer disparities and improve health. There is a growing need for interventions that are available to people regardless of socioeconomic status or lifestyle behaviors that also addresses the social environment.
- Use a variety of media and channels to market cancer information to diverse populations in a variety of settings.
- Access to quality cancer care and clinical trials needs to be expanded to ensure that minority groups are provided the same care and access to state-of-the-art technology that patients in major care centers receive.

Fear of cancer, perceived cost of care, and lack of physician referral are common barriers to cancer screening and other preventive services. Health care providers play a critical role in recommending and increasing use of preventive services. Research shows that physician recommendation is a major predictor of receipt of screening.

Information for this article was abstracted from http://www.cdc.gov/cancer/healthdisparities/basic_info/disparities.htm and modified for use in this newsletter.

National Minority Cancer Awareness Week – Additional Information

Minorities are more likely to die from cancer than are whites; this is due to a large number of factors, such as late diagnosis, inadequate health care and cultural differences in seeking care. Regular, age- and gender-appropriate screening for breast, cervical and colorectal cancers has been shown to promote early detection by identifying cancer early, thus facilitating optimal treatment and enhancing survival (National Cancer Institute, Cancer Health Disparities Fact Sheet, http://www.cancer.gov/cancertopics/factsheet/disparities/cancer-health-disparities).

- Studies have shown that culturally-aware Community Health Workers (CHWs) help increase cancer screenings in the population they serve. The project “Promotoras de Salud” (“CHWs for Health”) was a recipient of a 2012 Michigan Cancer Consortium (MCC) Sprit of Collaboration Honorable Mention Award. This project, through provision of education sessions by CHWs, promoted cancer screening and BCCCP enrollment to Latina women in Southwest Detroit.
  - The value of CHWs is increasingly recognized by program and policy makers nationwide. The Patient Protection and Affordable Health Care Act of 2010 specifically addresses the vital roles played by CHWs as members of the health care team. For more information about CHWs, click here. For more information about the Michigan Community Health Worker Alliance, www.michwa.org

- In preparation for the anticipated Medicaid expansion in 2014, Michigan's Medical Services Administration Office has announced that enrollment for the Adult Benefit Waiver (ABW) will be opened between April 1 and April 30, 2013. Cancer screening is an ABW covered service. Interested participants should contact their local Department of Human Services Office for application process information, or go to www.michigan.gov/dhs

- Finally, the MCC Policy Committee and Health Disparities Workgroup have worked to identify and list their respective priorities. Click here for this document.
Michigan Cancer Genetics Alliance Corner

With funding from the Centers for Disease Control and Prevention (CDC), the Michigan Department of Community Health (MDCH) will present 2012 Cancer Genomics Best Practices Awards to five additional health plans. Through past and present cooperative agreements with CDC, the MDCH Cancer Genomics Program, with the Michigan Cancer Genetics Alliance (MCGA) has been promoting two health plan policy initiatives. The first surrounds the 2005 US Preventive Services Task Force Grade B Recommendation for BRCA Counseling and testing; this initiative encourages Michigan health plans to have written policies that include USPSTF-consistent family history criteria for genetics referral AND strongly recommend or require genetic counseling prior to testing. To date, 14 Michigan health plans have been awarded for having outstanding policies related to BRCA genetic counseling and testing.

In 2012, MDCH initiated their second policy initiative to award plans for Cancer Genomics Best Practices and BRCA-related clinical services (such as mammography screening, breast MRI, and the option of prophylactic surgeries for the removal of breast or ovarian tissue before cancer occurs). According to the National Comprehensive Cancer Network (NCCN) clinical guidelines, these services would be considered standard of care for women with a known BRCA mutation and increased risk for breast and ovarian cancer.

For more information on MDCH Cancer Genomics or our health plan policy initiatives, please visit www.michigan.gov/genomics.

CONGRATULATIONS TO:
HealthPlus of Michigan & Humana
For exemplary implementation in 2012 of the USPSTF Grade B Recommendation on Genetic Risk Assessment and BRCA Mutation Testing for Breast and Ovarian Cancer Susceptibility

CONGRATULATIONS TO:
Blue Cross Blue Shield of Michigan Blue Care Network & Cigna
For exemplary policies in 2012 for BRCA-related clinical services and coverage for BRCA positive patients consistent with the NCCN guidelines for “Genetic/Familial High Risk Assessment: Breast and Ovarian”

MICHIGAN CANCER GENETICS ALLIANCE NEWS:

Governor Rick Snyder has proclaimed March 22, 2013 as Lynch Syndrome Hereditary Cancer Awareness Day. Lynch syndrome is a hereditary condition causing an increased risk of colorectal, endometrial, ovarian, pancreatic, and various other types of cancers, often occurring at a younger age. Approximately 5,100 colorectal cancer cases occur in Michigan each year, of which an estimated 3% will have Lynch syndrome (also called hereditary nonpolyposis colorectal cancer or HNPCC). Approximately 200 endometrial cancer cases occur in Michigan each year of which an estimated 2-5% have Lynch syndrome. It is estimated that 25,000 people in Michigan and 600,000 people in the United States have Lynch syndrome; greater than 95% of which are currently undiagnosed. To view this proclamation visit: http://www.michigan.gov/snyder/0,4668,7-277-57577_59874---,00.html

The next MCGA Membership meeting will be held on Friday March 15, 2013 at St. Joseph Mercy Hospital in Ann Arbor. The focus of this meeting is genetics and health disparities and guest speakers will include Dr. Lisa Newman from the University of Michigan, Noel Pingatore from the Intertribal Council, Dr. Dana Zakalik from Beaumont Hospital, Yvonne Lewis, a prominent community member, and Sarah Mange, cancer genomics epidemiologist for the Michigan Department of Community Health. If you would like to attend, please contact Jenna McLosky at mcloskyj@michigan.gov.
Smoking among U.S. adults with mental illness 70 percent higher than for adults with no mental illness

Adults with some form of mental illness have a smoking rate 70 percent higher than adults with no mental illness, according to a Vital Signs report released recently by the Centers for Disease Control and Prevention (CDC) in collaboration with the Substance Abuse and Mental Health Services Administration. The report finds that 36 percent of adults with a mental illness are cigarette smokers, compared with only 21 percent of adults who do not have a mental illness.

According to the report, nearly 1 in 5 adults in the United States—about 45.7 million Americans—have some type of mental illness. Among adults with mental illness, smoking prevalence is especially high among younger adults, American Indians and Alaska Natives, those living below the poverty line, and those with lower levels of education.

"Smokers with mental illness, like other smokers, want to quit and can quit," said CDC Director Tom Frieden, M.D., M.P.H. "Stop-smoking treatments work and it's important to make them more available to all people who want to quit."

For quitting assistance, call 1-800-QUIT-NOW (1-800-784-8669) or visit www.smokefree.gov. Also, visit www.BeTobaccoFree.gov for information on quitting and preventing children from using tobacco.

Alcohol and Cancer Deaths

A new report finds that alcohol is to blame for one in every 30 cancer deaths each year in the United States. The connection is even more pronounced with breast cancer, with 15 percent of those deaths related to alcohol consumption, the researchers added. Drinking in moderation does not lessen the risk either, because 30 percent of all alcohol-related cancer deaths are linked to drinking 1.5 drinks or less a day, the report found.

Alcohol is a cancer-causing agent that's in "plain sight," but people just don't see it, said study author Dr. David Nelson, director of the Cancer Prevention Fellowship Program at the U.S. National Cancer Institute.

Moderate drinking has been associated with heart benefits, Nelson noted. "But, in the broader context of all the issues and all the problems that alcohol is related to, alcohol causes 10 times as many deaths as it prevents," he said.

Smoking is a much more powerful factor in cancer deaths than alcohol. Although some 20,000 cancer deaths can be attributed to alcohol each year, more than 100,000 cancer deaths are caused by smoking.

Alcohol-Attributable Cancer Deaths and Years of Potential Life Lost in the United States; David E. Nelson, MD, MPH, Dwayne W. Jarman, DVM, MPH, Jürgen Rahm, PhD, Thomas K. Greenfield, PhD, Grégoire Rey, PhD, William C. Kerr, PhD, Paige Miller, PhD, MPH, Kevin D. Shield, MHSc, Yu Ye, MA, and Timothy S. Naimi, MD, MPH; Published online ahead of print February 14, 2013.

SAVE THE DATE!

BCCCP, MCRCEDP, and WISEWOMAN….

2013 Annual Meeting!

May 9 and 10, 2013

To register and for more Information: stallagga@michigan.gov

NATIONAL PUBLIC HEALTH WEEK

April 1-7, 2013 • www.nphw.org

April 1-7, 2013
National Public Health Week
American Public Health Association
www.nphw.org

ROI
Public Health IS
Save Lives, Save Money

Public Health IS

American Public Health Association

MCC Update March-April 2013
American Cancer Society Cancer Action Network Update
Submitted by Judy Stewart

STATE UPDATE

Access to Health Coverage through Medicaid
Public opinion polling released on January 23rd by American Cancer Society Cancer Action Network (ACS CAN) shows that registered voters in Michigan, by a 40-point margin, want the state to accept federal funds that are available to broaden access to health coverage through Medicaid. This move would provide several hundred thousand currently uninsured people in the state with access to lifesaving preventive care and treatments for cancer and other serious diseases. For more information please visit: http://www.acscan.org/content/media-center/medicaid-poll/

On February 6th, Governor Snyder publicly announced that he supports accepting the federal dollars to increase health coverage through Medicaid. He recognized the savings this would bring to the state, an estimated $351 million by 2022, and proposed creating a health savings account where 50 percent of those savings would be deposited for the first seven years, through 2020. The account will help cover the increased share of the costs when the federal government scales back its funding from 100 percent for the first three years to 90 percent beginning in 2020.

Health Insurance Exchange
The federal government has awarded Michigan a $30.7 million grant to help set up the health insurance exchange through a state-federal partnership. The grant is for the Michigan Department of Licensing and Regulatory Affairs to conduct more analysis on the impact of the exchange and the Affordable Care Act in Michigan, as well as to acquire contractual services to assist the state and the exchange with the many facets of implementation. Now, the legislature must appropriate the funds. On February 27, 2013, the House Appropriations committee took the first step in this process. The House will vote and then it will be onto the Senate for approval.

The Centers for Medicare and Medicaid Services (CMS) released written materials and YouTube videos providing the first public look at the new single, streamlined application for health insurance that will be used in the federal health insurance exchange. As a partnership model state, Michigan residents will use this application to access coverage subsidies (tax credits) in the exchange, enroll in qualified health plans, and apply for Medicaid/CHIP.

There are two video scenarios to check out:
- One for an individual: http://tinyurl.com/apwzcmk
- And, one for a family of three: http://tinyurl.com/b2xoutr

FEDERAL UPDATE

The American Cancer Society Cancer Action Network (ACS CAN) released a new report in early February that highlights how deep, across-the-board federal spending cuts – known as sequestration – could jeopardize future progress in the fight to end death and suffering related to cancer. The report focuses on the impact of federal funding for the National Institutes of Health (NIH) in driving new discovery in laboratories and cancer research centers across the country.

“Sequestration could cost us a decade of progress in medical research leaving the next breakthroughs in the fight to defeat cancer to languish in the labs,” said John R. Seffrin, PhD, chief executive officer of ACS CAN. “Lawmakers should act to avoid these indiscriminate cuts and make the fight to defeat a disease that still kills 1,500 people a day in this country a national priority.”

The report illustrates that investment in cancer research is also a tremendous driver in the American economy – supporting nearly 433,000 jobs at universities and cancer centers across the country.
Community Transformation Grants - Update

Central Michigan District Health Department Awarded $1.6 million to Help Create Healthier Communities

Central Michigan District Health Department (CMDHD) was awarded a $1.6 million federal grant to implement programs to reduce obesity and reduce death and disability due to heart disease, stroke, and tobacco use in Arenac, Clare, Gladwin, Isabella, Osceola and Roscommon Counties. The programs to be implemented will complement ongoing CMDHD “Together We Can” health promotion activities.

This Community Transformation Grant (CTG) supports public health efforts to reduce chronic diseases, promote healthier lifestyles, reduce health disparities, and control health care spending in small communities by focusing on where people live, work, learn, and play. To accomplish this, CMDHD will work with schools, local governments, aging agencies, local businesses, and other community partners.

For more information on Together We Can please visit: http://www.cmdhd.org/county_health_rankings.htm

Kent County CTIP and Health Connect

Spectrum Health, Kent County Health Department and many other diverse stakeholders are working collectively to develop Kent County’s Community Transformation Implementation Plan (CTIP). The CTIP will contain the components necessary to help prevent cardiovascular disease among Kent County residents, with special emphasis on population groups with health disparities. The ultimate goal is to transform Kent County into a safe and healthy place for all to live and work.

Be Part of the Solution! Kent County Health Connect (KCHC) is the newest step in the Community Transformation Grant (CTG) journey. Kent County Health Connect is a newly created website at http://www.kchcct.com/, where you can find additional information including links to community partners and what they are doing to promote health. It is hoped that Kent County residents will provide their ideas and input on how to quit tobacco products, eat healthy and engage in more physical activity. KCHC plans to implement programs and policy changes in 2014.

The CTG is a federally-produced initiative from the Centers for Disease Control and Prevention, funded by the Affordable Care Act, to reduce the burden of chronic disease due to tobacco and obesity.

Web Tool Provides Help for Cancer Caregivers

Sixty-five million Americans provide care for a chronically ill, disabled or aged family member or friend during any given year. Caregivers spend an average of 20 hours per week caring for their loved one, and they need resources to help them cope with the stress and personal health challenges they are likely to encounter as a result.

Now, a new online tool called “Help for Cancer Caregivers,” provides personalized information to help monitor, track and manage the personal health challenges caregivers face. Help for Cancer Caregivers can be accessed free-of-charge at: http://helpforcancercaregivers.org.

The information on Help for Cancer Caregivers was constructed through a collaboration between experts at the Caregiver Action Network, Michigan State University, Indiana University, and WellPoint, Inc.
March is National Colorectal Cancer Awareness Month

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<td>Webinar Colorectal Cancer, Health Disparities, and Policy</td>
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<td>Michigan Cancer Genetics Alliance Membership Meeting Ann Arbor</td>
<td>UofM “Focus on Women” Series Ann Arbor</td>
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- **April 7**: Great Lakes Blood Cancer Conference, Grand Rapids
- **April 14**: National Minority Cancer Awareness Week, April 15-21
- **April 21**: Older Adolescent and Adult Immun. Conference, Lansing
- **April 15-21**: National Minority Cancer Awareness Week
- **April 19**: Breast Cancer Summit, Ann Arbor

*Note: Calendar page from MCC Update, March-April 2013.*