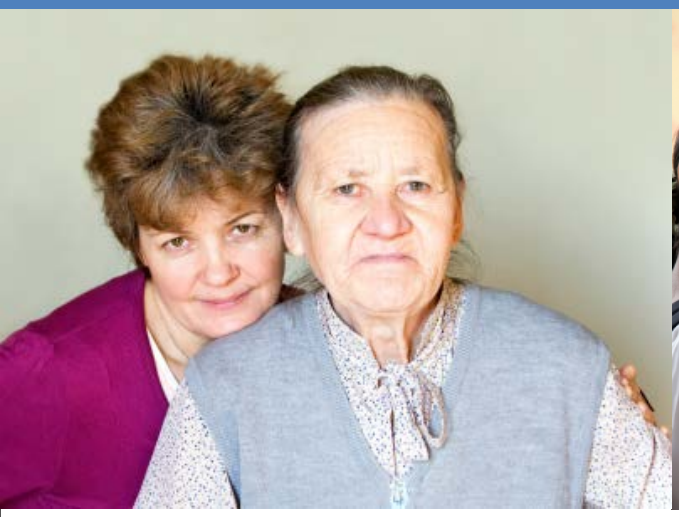

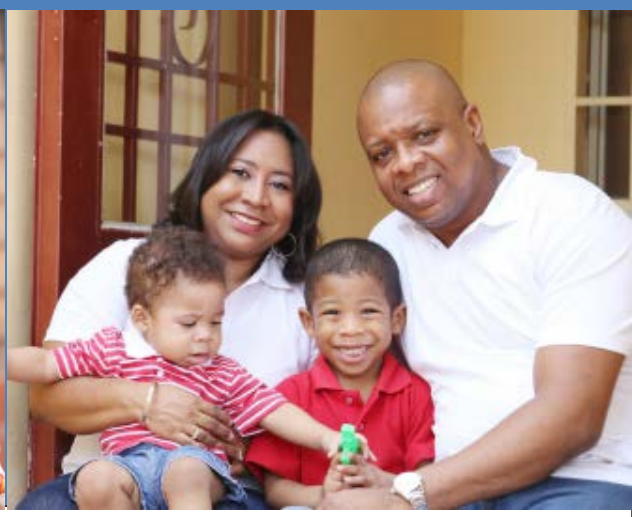

Cancer Plan for Michigan

2016-2020

MCC

Michigan Cancer Consortium

November 2015

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Cancer Plan for Michigan 2016-2020

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Executive Summary

Cancer continues to affect many Michigan lives and remains the second leading cause of death in Michigan. For people under the age of 80, cancer is the leading cause of death in our state. Approximately 142 people find out they have cancer and 56 people die from cancer each day in Michigan. In an effort to decrease death and suffering from this disease, we are pleased to share the newly revised *Cancer Plan for Michigan* covering 2016 through 2020.

This plan is for everyone in our state looking for ways to fight against cancer. Experts from over a hundred organizations around Michigan came together to look at what should be done to address cancer. These actions are based on scientific studies. There are targets in place to measure if these actions work. We plan to watch progress each year to see if the actions taken are making a difference.

What can you do to address cancer?

- Read the *Cancer Plan for Michigan* and share it with people you know
- See *What You Can Do* as a Michigan resident
- See *What You Can Do* as a member of the Michigan Cancer Consortium (MCC)

The MCC will continue our work to decrease death and suffering from this disease. One of the main ways we do this is by bringing the over 100 member organizations together to focus on a few key issues. Over the next two years, 2016-2018, those issues will be increasing the number of:

- Girls and boys fully vaccinated against the human papilloma virus, or HPV.
- Men and women screened for colorectal cancer.
- Cancer patients participating in treatment studies or clinical trials.
- Cancer patients that have clear instructions on what to do after their treatment ends.

We look forward to working together and with you over the next few years to implement the *Cancer Plan for Michigan*.

Ernesto Drelichman, MD, FACS
MCC Co-Chair

Susan Hoppough, PhD, RN
MCC Co-Chair

Introduction

Our History

Originally a network of cancer experts: The Michigan Cancer Consortium (MCC) was established in 1987 as a statewide network of cancer experts. Their role was to advise and assist the Michigan Department of Health and Human Services with its cancer prevention and control efforts.

The gradual addition of organizations: Over the years, the MCC broadened its mission as well as its membership base. In 1997, it changed from a consortium of individual cancer control experts to a consortium of organizations dedicated to reducing the impact of cancer on Michigan citizens.

A continuing growth in membership: Consortium membership continues to grow as more and more organizations learn about the MCC's successes and seek to join its coordinated approach to cancer control in Michigan. Today the MCC is composed of over 100 member and key partner organizations located throughout the state of Michigan.

Our Mission and Our Vision

The **mission of the MCC** is to be a statewide, broad-based partnership that strives to reduce the burden of cancer among the citizens of Michigan in two ways:

- By including all interested public and private organizations and providing a forum for collaboration. This includes communication, coordination, and the sharing of resources.
- By achieving the Consortium's cancer prevention and control priorities. These are priorities which are research-based and results-oriented.

The **vision of the MCC** is to be a statewide cancer control leader. This means being recognized for responding to changes in science in a dynamic and timely way. It also means achieving or exceeding its established goals through members working together.

The Cancer Plan for Michigan

The Cancer Plan serves as a guide to reducing the human and economic burden of cancer in the state.

- **A five-year plan:** The plan identifies how to address the cancer burden in Michigan and will direct the cancer control efforts during 2016-2020.
- **A well-thought-out plan:** The plan represents the collective wisdom of a wide range of individuals and organizations in Michigan, all working together to achieve our common goals.
- **A well-organized plan:** Each goal in the plan is comprised of specific objectives and strategies that outline the most important activities that can be addressed during the next few years.

The Cancer Journey

The plan addresses all parts of the cancer journey including:

- **Prevention:** Steps taken by individuals, organizations, or communities to prevent the development of cancer.
- **Finding cancer early:** Discovering cancer before a person shows disease signs or symptoms. For certain cancers, screening tests can do this.
- **Diagnosis and treatment:** Access to tests that can confirm if a person has cancer is important. If cancer is found, having treatment based on studies is also important.
- **Quality of life:** Taking care of the physical, social and spiritual needs of people during cancer treatment and beyond.

Definitions Used in this Plan

Goals

Broad general statements about the underlying purpose of the cancer plan. Modeled after the cancer care continuum, there are four goals for the cancer plan:

- **Prevent** cancer from occurring.
- Promote **early detection** of cancer using tests that have been shown to reduce mortality.
- **Diagnose and treat** all patients using the most effective and appropriate methods.
- Optimize **quality of life** for every person affected by cancer.

Objectives

Indicate what will be done to achieve the goal, not how to make it happen. Objectives must be "SMART": Specific, Measurable, Attainable, Relevant, and Timed. There are 36 objectives in this plan which we aim to accomplish by 2020.

Strategies

Specific steps undertaken to achieve objectives. Strategies within the plan are evidence-based.

Measures

Provides information to gauge progress toward an objective. Measures are shown in bold print for each objective.

Pillars

Overarching focus areas of the plan that should be incorporated into implementation of the plan.

- Implement **policy, systems, and environmental changes**.
- Promote **health equity**.
- Develop and maintain active **partnerships** in cancer prevention and control efforts.
- Demonstrate outcomes through **evaluation**.

More about the Pillars

Implement *policy, systems, and environmental changes*.

Our health is impacted by the policies, systems and environments in which we live and function from day to day. Our communities, schools and worksites all have an impact on the access we have to a healthy lifestyle. Policy, systems, and environmental changes have the most widespread impact because they make healthy choices become more accessible, easier, and the default choice for people. The Michigan Cancer Consortium has focused mostly on system changes. These are interventions that impact areas of an organization or community.

Promote *health equity*.

Health equity is the achievement of the highest level of health for all people. This can only be achieved by eliminating health disparities, which are inequalities in health that exist among socially, economically, and/or environmentally disadvantaged populations. The Michigan Cancer Consortium is working to decrease cancer health disparities and promote health equity. This is done by addressing social issues affecting health and promoting access to high quality services for cancer.

Develop and maintain active *partnerships* in cancer prevention and control efforts.

The Michigan Cancer Consortium priorities will be accomplished through partnerships around our state. The partnerships are among our members, other community organizations, and other chronic disease programs. The Cancer Section at the Michigan Department of Health and Human Services that staffs the MCC, has partnerships with many other health programs in state government.

Demonstrate outcomes through *evaluation*.

Evaluation allows us to monitor progress toward achieving Michigan's Cancer Plan. The Michigan Cancer Consortium has a display of progress toward achieving its priorities and other objectives in the plan, called a dashboard. You can find the dashboard on the MCC website. Evaluation will help us identify ways to improve and help us know when we have succeeded so accomplishments can be celebrated.

Goal: Prevention

Prevent cancer from occurring.

OBJECTIVE 1

Reduce the proportion of adults and adolescents who currently smoke **from 21.4% (adults) and 4% (adolescents) to 19.3% (adults) and 3.6% (adolescents)**.[1a,b]

STRATEGIES

1.1 Community-wide interventions aimed at focusing public attention on the issue of youth access to tobacco products and mobilizing community support for additional efforts to reduce that access.

1.2 Comprehensive tobacco control programs with coordinated efforts to implement population-level interventions to reduce appeal and acceptability of tobacco use, increase tobacco use cessation, reduce secondhand smoke exposure, and prevent initiation of tobacco use among young people.

1.3 Targeted worksite-based incentives and competitions offering rewards to individual workers and to teams as a motivation to participate in a cessation program or effort combined with additional interventions to support individual cessation efforts.

1.4 Mass-reach health communication interventions targeting large audiences through television and radio broadcasts, print media (e.g., newspaper), out-of-home placements (e.g., billboards, movie theaters, point-of-sale), and digital media to change knowledge, beliefs, attitudes, and behaviors affecting tobacco use. Intervention messages are typically developed through formative testing and aim to reduce initiation of tobacco use among young people, increase quit efforts by tobacco users of all ages, and inform individual and public attitudes on tobacco use and secondhand smoke.

[1a] 2013, Michigan Behavioral Risk Factor Survey, [1b] 2013, Michigan Youth Risk Behavior Surveillance System

OBJECTIVE 2

Reduce use of smokeless tobacco products by adults and adolescents **from 11.8% (adults) and 6.9% (adolescents) to 10.6% (adults) and 6.2% (adolescents)**.[2a,b]

STRATEGIES

2.1 Same strategies as objective #1.

[2a] 2013, Michigan Behavioral Risk Factor Survey, [2b] 2013, Michigan Youth Risk Behavior Surveillance System

OBJECTIVE 3

Reduce the proportion of adults engaging in heavy drinking **from 6.2% to 5.6%.**[3]

STRATEGIES

3.1 Electronic screening and brief intervention (e-SBI) and education to reduce excessive alcohol consumption which includes personalized feedback about the risks and consequences of excessive drinking.

3.2 Clinicians should screen adults aged 18 years or older for alcohol misuse and provide persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce alcohol misuse.

[3] 2013, Michigan Behavioral Risk Factor Survey

OBJECTIVE 4

Reduce the proportion of adults and adolescents engaging in binge drinking **from 18.9% (adults) and 16.7% (adolescents) to 17.0% (adults) and 15.0% (adolescents).**[4a,b]

STRATEGIES

4.1 Inform the public of the adverse consequences of underage drinking.

4.2 Encourage partnerships between parents, schools, health care providers, faith-based groups, and other community organizations in prevention and reduction efforts aimed at underage drinking.

4.3 Support widespread dissemination and implementation of screening and brief motivational interventions, particularly in emergency departments and trauma centers.

[4a] 2013, Michigan Behavioral Risk Factor Survey, [4b] 2013, Michigan Youth Risk Behavior Surveillance System

OBJECTIVE 5

Increase the proportion of females and males ages 13-17 years who have received at least three doses of HPV vaccine **from 24.2% (females) and 7.4% (males) to 80% (females and males)**.[5]

STRATEGIES

5.1 Community-based interventions implemented in combination, involving partnerships between community organizations, local government, and vaccination providers to implement and coordinate the following:

i. One or more interventions to increase community demand (client reminder and recall systems, manual outreach and tracking, client or community-wide education, client incentives, client-held paper immunization records, and case management).

ii. One or more interventions to enhance access to vaccination services (expanded access in healthcare settings, home visits, and reduced client out-of-pocket costs).

5.2 Health care system-based interventions implemented in combination, which include:

i. At least one intervention to increase client demand for vaccinations, such as:

1. Client reminder and recall systems.
2. Clinic-based client education.
3. Manual outreach and tracking.

ii. And one or more interventions that address either, or both, of the following strategies:

1. Interventions to enhance access to vaccinations (expanded access in health care settings, reduced client out-of-pocket costs, and home visits).
2. Interventions directed at vaccination providers or systems: (provider reminders, standing orders, provider assessment and feedback).

5.3 Provider assessment and feedback which involves retrospectively evaluating the performance of providers in delivering one or more vaccinations to a client population and providing feedback on their performance. Assessment and feedback can also involve other activities (e.g., incentives or benchmarking).

[5] 2013, Michigan Care Improvement Registry

OBJECTIVE 6

Increase the proportion of adults who meet the objectives for aerobic physical activity and for muscle-strengthening activity **from 19.5% to 21.5%.**[6]

STRATEGIES

6.1 Social support interventions focused on changing physical activity behavior. Build, strengthen, and maintain social networks that provide supportive relationships for behavior change (e.g., set up a buddy system, make contracts with others to complete specified levels of physical activity, or set up walking groups or other groups to provide friendship and support).

6.2 Community-wide campaigns to increase physical activity that:

i. Involve many community sectors.
ii. Include highly visible, broad-based, multicomponent strategies (e.g., social support, risk factor screening or health education).
iii. May also address other cardiovascular disease risk factors, particularly diet and smoking.

6.3 Creation of or enhancing access to places for physical activity and support of the efforts of worksites, coalitions, agencies, and communities as they attempt to change the local environment to create opportunities for physical activity. Such changes include creating walking trails, building exercise facilities, or providing access to existing nearby facilities.

[6] 2013, Michigan Behavioral Risk Factor Survey

OBJECTIVE 7

Decrease the proportion of adolescents who were not physically active at least 60 minutes per day on all 7 days (doing any kind of physical activity that increased their heart rate and made them breathe hard some of the time during the 7 days before the survey) **from 73.3% to 66%.**[7]

STRATEGIES

7.1 Enhance school-based physical education (PE) to increase physical activity based on strong evidence of effectiveness in increasing the amount of time students spend in moderate- or vigorous-intensity physical activity (MVPA) during PE classes.

[7] 2013, Michigan Youth Risk Behavior Surveillance System

OBJECTIVE 8

Increase the proportion of adults who report consuming fruits and vegetables 5 or more times per day **from 15.3% to 16.8%**.[8]

STRATEGIES

8.1 Start or expand farm-to-institution programs in schools, hospitals, workplaces, and other institutions.

8.2 Ensure access to fruits and vegetables in workplace cafeterias and other food service venues.

8.3 Promote written policies to incorporate fruit and vegetable activities into schools as a way to increase consumption.

[8] 2013, Michigan Behavioral Risk Factor Survey

OBJECTIVE 9

Reduce the proportions of adults and adolescents who are obese **from 31.5% (adults) and 13% (adolescents) to 30.5% (adults) and 11.7% (adolescents)**.[9a,b]

STRATEGIES

9.1 Promote behavioral interventions that aim to reduce recreational (i.e., neither school-related nor work-related) sedentary screen time. Teach behavioral self-management skills to initiate or maintain behavior change.

9.2 Assist in the development of worksite nutrition and physical activity programs designed to improve health-related behaviors and health outcomes. These programs can include one or more approaches to support behavioral change including informational and educational, behavioral and social, and policy and environmental strategies.

[9a] 2013, Michigan Behavioral Risk Factor Survey, [9b] 2013, Michigan Youth Risk Behavior Surveillance System

OBJECTIVE 10

Increase the number of radon test results that are reported to the Michigan Department of Environmental Quality Indoor Radon Program **from 7,176 to 7,894**.[10]

STRATEGIES

10.1 Promote radon awareness, which could include risks of exposure, Michigan radon policies, and radon testing and mitigation.

[10] 2014, Michigan Department of Environmental Quality

OBJECTIVE 11

Increase the proportion of women with a family history of breast and/or ovarian cancer who receive genetic counseling **from 8.8% to 9.7%.**[11]

STRATEGIES

11.1 Primary care providers should screen women who have family members with breast, ovarian, tubal, or peritoneal cancer with one of several screening tools designed to identify a family history that may be associated with an increased risk for potentially harmful mutations in breast cancer susceptibility genes (BRCA1 or BRCA2). Women with positive screening results should receive genetic counseling and, if indicated after counseling, BRCA testing.

11.2 Promote cascade genetic screening for individuals with a family history of breast and/or ovarian cancer.

11.3 Clinicians should engage in shared, informed decision making with women who are at increased risk for breast cancer about medications to reduce their risk. Clinicians should offer to prescribe approved risk-reducing medications for women who are at low risk for adverse medication effects.

[11] 2012, Michigan Behavioral Risk Factor Survey

OBJECTIVE 12

Establish a baseline to assess the proportion of adolescents in grades 9-12 who follow protective measures that may reduce the risk of skin cancer using the Michigan Youth Risk Behavior Survey (YRBS).

STRATEGIES

12.1 Work with Michigan's YRBS coordinator to add a question on indoor tanning to the state's YRBS.

12.2 Use Michigan's registry data to examine melanoma incidence, death rates, and trends over time by age group, race, and ethnicity.

OBJECTIVE **13**

Increase the proportion of adolescents in grades 9-12 who follow protective measures that may reduce the risk of skin cancer to 11.2%. Currently, no baseline exists. **Objective #12 is intended to establish a baseline by 2017.**

STRATEGIES

13.1 Counsel children, adolescents, and young adults aged 10 to 24 years who have fair skin about minimizing their exposure to ultraviolet radiation to reduce risk for skin cancer.

13.2 Multicomponent community-wide interventions to prevent skin cancer using combinations of individual-directed strategies, mass media campaigns, and environmental and policy changes. Strategies to take place across multiple settings within a defined geographic area (city, state, province, or country), in an integrated effort to influence UV-protective behaviors.

13.3 Interventions in outdoor occupational settings and outdoor recreational and tourism settings to promote sun protective behaviors among workers include at least one of the following:

i. Educational approaches (e.g., providing informational messages about sun protection to workers and/or visitors through instruction, small media such as posters or brochures, or both).
ii. Activities to influence knowledge, attitudes, or behavior of workers and/or visitors (e.g., modeling or demonstrating behaviors).
iii. Environmental approaches to encourage sun protection (e.g., providing sunscreen or shade).
iv. Policies to support sun protection practices (e.g., requiring sun protective clothing).

Goal: Early Detection

Promote early detection of cancer using modalities that have been shown to reduce mortality.

OBJECTIVE 14

Reduce the mortality from lung cancer from **47.9 deaths per 100,000 to 43.1 deaths per 100,000.**[14]

STRATEGIES

- **14.1** Increase appropriate referrals for lung cancer screening.
- **14.2** Increase referrals for tobacco cessation.
- **14.3** Prevent tobacco use among youth and young adults.

[14] 2013, Michigan Vital Records and Health Statistics

OBJECTIVE 15

Increase the proportion of females aged 50-74 who received a breast cancer screening (mammogram) in the past 2 years **from 81% to 89.1%.**[15]

STRATEGIES

- **15.1** Implement client reminder systems.
- **15.2** Utilize one-on-one, small group, and small media patient education.
- **15.3** Implement provider reminder and recall systems.
- **15.4** Utilize provider assessment and feedback.
- **15.5** Reduce structural barriers.

[15] 2012, National Cancer Institute State Cancer Profile - Michigan Behavioral Risk Factor Survey

OBJECTIVE 16

Reduce the mortality rate from female breast cancer **from 22.1 deaths/ 100,000 females to 20.7 deaths/ 100,000 females.**[16]

STRATEGIES

- **16.1** Family history information: Collection, documentation, and referrals for genetic counseling for hereditary cancers.
- **16.2** Provide patient navigation services: Diagnostic, treatment, clinical trials and follow-up care.

[16] 2013, Michigan Vital Records and Health Statistics

OBJECTIVE 17

Increase the proportion of females aged 21-65 who receive a cervical cancer screening (Pap test) in past 3 years **from 86.2% to 94.8%.**[17]

STRATEGIES

- **17.1** Implement client reminder systems.
- **17.2** Utilize one-on-one and small media patient education.
- **17.3** Implement provider reminder and recall systems.
- **17.4** Utilize provider assessment and feedback.

[17] 2012, National Cancer Institute State Cancer Profile - Michigan Behavioral Risk Factor Survey

OBJECTIVE 18

Decrease the mortality from cervical cancer **from 2 deaths / 100,000 females to 1.8 deaths/ 100,000 females.**[18]

STRATEGIES

- **18.1** Increase HPV immunization rates in males and females.
- **18.2** Provide patient navigation services: Diagnostic, treatment, clinical trials and follow-up care.

[18] 2013, Michigan Vital Records and Health Statistics

OBJECTIVE 19

Increase the proportion of adults aged 50 to 75 years who are up-to-date on appropriate colorectal cancer screening **from 71% to 80%.**[19]

STRATEGIES

- **19.1** Implement client reminder systems.
- **19.2** Utilize one-on-one and small media patient education.
- **19.3** Implement provider reminder and recall systems.
- **19.4** Utilize provider assessment and feedback.
- **19.5** Reduce structural barriers.

[19] 2013, Michigan Behavioral Risk Factor Survey

OBJECTIVE **20**

Reduce the mortality from colorectal cancer **from 14.6 deaths per 100,000 to 13.1 deaths per 100,000**.[20]

STRATEGIES

20.1 Family history information: Collection, documentation, and referrals for genetic counseling for hereditary cancers.

20.2 Provide patient navigation services: Diagnostic, treatment, clinical trials and follow-up care.

[20] 2013, Michigan Vital Records and Health Statistics

Goal: Diagnosis and Treatment

Diagnose and treat all patients using the most effective and appropriate methods.

OBJECTIVE 21

Increase the percentage of Michigan adults participating in cancer treatment clinical trials from **4.4% to 4.8%.**[21]

STRATEGIES

21.1 Educate healthcare providers and people diagnosed with cancer on the availability, purpose, and benefits of clinical trials.

21.2 Promote policy and system changes to assess and address barriers (where possible) to clinical trial participation.

21.3 Utilize patient advocates, peer mentors, patient navigators, and representatives of target minority groups to enhance recruitment and retention in clinical trials.

21.4 Encourage the multi-disciplinary discussion of clinical trials, for example, in tumor board meetings.

[21] 2011, Michigan Behavioral Risk Factor Survey

OBJECTIVE 22

Increase the percentage of Michigan residents with a personal history of breast or ovarian cancer that are offered appropriate genetic counseling from **3.6% (ovarian) and 3.3% (breast) to 4.0% and3.6%.**[22]

STRATEGIES

22.1 Promote patient education on underlying genetic/heritable causes of common cancers and the importance of genetic counseling and testing when recommended.

22.2 Promote and support the efforts of Michigan providers to meet national standards on genetic counseling and testing as recommended (i.e. NCCN, ASCO).

22.3 Promote provider education to increase compliance with national standards on genetic counseling and testing, understanding of underlying genetic/heritable causes of common cancers, and the importance of genetic counseling and testing when recommended.

22.4 Increase the number of health plans that have cancer genomic best practices for hereditary breast and ovarian cancer and Lynch syndrome as recommended by USPSTF, NCCN, EGAPP, and Michigan Law.

[22] 2006-2010, Michigan Cancer Surveillance Program chart review data, Michigan Department of Health and Human Services Cancer Genomics

OBJECTIVE 23

Increase the percentage of newly diagnosed colorectal cancer patients who are screened for Lynch Syndrome **from 2% to 2.2%**.[23]

STRATEGIES

23.1 Promote patient education to increase understanding underlying genetic/heritable causes of common cancers and the importance of genetic counseling and testing when recommended.

23.2 Promote and support the efforts of Michigan providers to meet national standards on genetic counseling and testing as recommended (i.e. NCCN, ASCO).

23.3 Promote provider education to increase compliance with national standards on genetic counseling and testing, understanding of underlying genetic/heritable causes of common cancers, and the importance of genetic counseling and testing when recommended.

23.4 Increase the number of health plans that have cancer genomic best practices for hereditary breast and ovarian cancer and Lynch syndrome as recommended by USPSTF, NCCN, EGAPP, and Michigan Law.

[23] 2006-2010, Michigan Cancer Surveillance Program chart review data, Michigan Department of Health and Human Services Cancer Genomics

OBJECTIVE 24

Increase the number of hospital-based palliative care services in Michigan **from 76 to 84**.[24]

STRATEGIES

24.1 Promote policy and system changes that encourage the screening of all people diagnosed with cancer regardless of prognosis for palliative care needs at their initial visit, at appropriate intervals, as clinically indicted to promote patient quality of life and survival.

24.2 Educate patients and families about palliative care and the integral role it plays in comprehensive cancer care.

24.3 Educate the health care team on what palliative care is and how to talk to patients about its role in cancer care and where to find helpful resources.

24.4 Promote and support the efforts of Michigan providers to meet national standards on palliative care (i.e. NCCN, ASCO).

[24] 2015, Palliative Care Provider Directory

OBJECTIVE 25

Increase quality cancer care through participation in accreditation and certification programs by increasing the number of Quality Oncology Practice Initiative (QOPI) certified practices **from 16 to 24** and maintaining the number of American College of Surgeons approved cancer programs at 47 cancer centers.[25a,b]

STRATEGIES

25.1 Work with state and national partners to promote and support the efforts of Michigan providers and health systems to meet national standards on accreditation and certification (i.e. ACOS, QOPI).

25.2 Promote individualized cancer therapy through informed and shared decision making strategies.

25.3 Promote personalized medicine (targeted therapy) in determination of cancer treatment appropriate to individual cancer patients, through work with health care providers and pathologists.

25.4 Promote tobacco cessation in cancer patients prior to and during treatment.

25.5 Promote referrals to evidence based nutrition therapy services (i.e. registered dieticians or dietary programs within health systems).

25.6 Promote referrals to rehabilitation services throughout the continuum of care (i.e. physical, occupational and speech therapy, and spiritual services).

[25a] 2015, American College of Surgeons, [25b] 2015, Michigan Oncology Quality Consortium

Goal: Quality of Life

Optimize the quality of life for every person affected by cancer.

OBJECTIVE 26

Decrease the percent of Michigan adults diagnosed with cancer who report current physical pain due to cancer treatment **from 6.9% to 6.8%.**[26]

STRATEGIES

26.1 Promote patient education on cancer-related pain to enhance self-management capabilities and empower patients to take an active role in partnering with health care providers to manage pain.

26.2 Educate providers on cancer pain guidelines including adjuvant analgesics for neuropathic pain, non-opioid analgesics, complementary & alternative medicine, rehabilitation services, and psychosocial support. Education should address the barriers to quality pain management and effective ways to manage cancer-related pain based on the patient's diagnosis, stage of disease, response to pain and pain interventions, culture and personal preferences.

26.3 Promote policy and system changes to implement evidence-based standards for screening, assessment, treatment, and follow-up for general cancer pain and specific pain syndromes.

[26] 2011, Michigan Behavioral Risk Factor Survey

OBJECTIVE 27

Decrease the number of Michigan adults over age 18 who have ever received a diagnosis of cancer who report poor physical health in the past 14-30 days **from 20.2% to 19.8%.**[27]

STRATEGIES

27.1 Improve the quality of life for cancer survivors by assessing the need for and providing referrals to rehabilitation services.

27.2 Increase self-management activities by increasing access to and education on evidence based programs like Stanford's Cancer: Thriving and Surviving Program and Chronic Disease Self-Management Program (known as PATH in Michigan).

27.3 Encourage the use of immunizations including influenza, pneumococcus, diphtheria-tetanus-pertussis, and hepatitis B and other immunizations as recommended by evidence-based guidelines in all cancer and transplant survivors, unless contraindicated by the cancer survivor's health care provider.

27.4 Promote tobacco cessation in post-treatment cancer survivors.

[27] 2013, Michigan Behavioral Risk Factor Survey

OBJECTIVE 28

Decrease the number of Michigan adults over age 18 who have ever received a diagnosis of cancer who report poor mental health in the past 14-30 days **from 14.1% to 13.8%.**[28]

STRATEGIES

28.1 Promote system and policy changes to screen for psychosocial distress (i.e. distress thermometer) and/or quality of life issues and provide referrals to support services as needed.

28.2 Promote the presentation of information on cancer treatment and its follow-up in an appropriate manner to ensure comprehension (i.e. age, culture, language, and education/literacy level).

[28] 2013, Michigan Behavioral Risk Factor Survey

OBJECTIVE 29

Increase the number of Michigan adults diagnosed with cancer reporting they were given a written summary of all the cancer treatment they received **from 51% to 52.5%.**[29]

STRATEGIES

29.1 Promote and support the efforts of Michigan providers to meet national standards on distributing survivorship care plans (i.e. ACOS, ASCO, and NCCN).

29.2 Promote the presentation of treatment information in an appropriate manner to ensure comprehension (i.e. age, culture, language, and education/literacy level).

[29] 2013, Michigan Behavioral Risk Factor Survey

OBJECTIVE 30

Increase the number of Michigan adults diagnosed with cancer who report they received instructions about where to return or who to see for routine cancer check-ups after completing treatment for cancer **from 67% to 69%.**[30]

STRATEGIES

30.1 Promote and support the efforts of Michigan providers to meet national standards on distributing survivorship care plans (i.e. ACOS, ASCO, and NCCN).

30.2 Promote the presentation of survivorship information in an appropriate manner to ensure comprehension (i.e. age, culture, language, and education/literacy level).

30.3 Educate providers and patients on evidence based follow-up care for the short-term and late effects of cancer and its treatment in both children and adults.

[30] 2013, Michigan Behavioral Risk Factor Survey

OBJECTIVE 31

Increase the number of MCC member organizations that report that they promote or provide services to help reduce barriers to care or coordinate care services. According to the 2014 annual survey, the baseline is 60 out of 94 MCC organizations. **The target has not yet been determined.**[31]

STRATEGIES

31.1 Provide patient navigation services and educate providers on the benefits of navigation to address health care disparities and barriers to care for patients.

31.2 Promote system and policy change interventions that support coordination services like multidisciplinary care for quality patient care.

31.3 Promote system and policy change interventions to promote health information exchange and other methods of integrating care.

[31] 2014, Michigan Cancer Consortium Annual Report

OBJECTIVE 32

Increase the number of MCC member organizations who promote advance care planning to adult patients with an advanced cancer diagnosis. **Baseline will be established through the 2015 annual survey.**

STRATEGIES

32.1 Promote education of health care providers to facilitate culturally competent conversations about advance care planning.

32.2 Promote completion of advance care planning documents for all cancer patients near the time of diagnosis or early in treatment.

32.3 Promote system and policy change interventions regarding the use of electronic medical records to prompt provider and patient conversations about completion of advance care planning health care directives for end-of-life.

32.4 Promote accessibility of advance care planning documents within multiple health care systems' electronic medical records.

32.5 Promote community support among all health care providers encouraging critical conversations and advance care planning.

OBJECTIVE 33

Maintain the percent of Michigan adult cancer patients receiving chemotherapy during the last two weeks of life **at 6%**.[33]

STRATEGIES

33.1 Promote education of health care providers to facilitate culturally competent conversations about advance care planning.

33.2 Encourage cancer care teams to revisit and implement their patients' advance care plans.

33.3 Increase training for providers on how to conduct critical conversations (i.e. end-of-life care).

33.4 Promote use of national guidelines and pathways for determining optimal use of chemotherapy to promote patient quality of life.

[33] 2010, Dartmouth Atlas of Health Care

OBJECTIVE 34

Decrease the number of Michigan adult cancer patients who are enrolled in hospice within 3 days of their death **from 14.3% to 14%**.[34]

STRATEGIES

34.1 Identify and disseminate effective community interventions to reduce disparities in timely hospice referrals.

34.2 Promote the use of patient education materials to provide patients and family members with information on hospice care in a timely manner.

34.3 Train health care providers who can communicate hospice options to their patients in culturally competent ways.

[34] 2010, Dartmouth Atlas of Health Care

OBJECTIVE 35

Increase the number of Michigan adults who have ever been diagnosed with cancer who meet the objectives for aerobic physical activity and for muscle-strengthening activity, unless contraindicated by the cancer survivor's health care provider, **from 17.1% to 18.8%**.[35]

STRATEGIES

35.1 Promote the use of patient education materials on the benefits of physical activity to support the prevention of new or recurring cancers or to treat the side effects of cancer or its treatment.

35.2 Encourage physical activity in people who have been diagnosed with cancer at levels tailored to the survivor's abilities and preferences. Recommendations should include moderate or vigorous intensity activity, strength training, and stretching major muscle groups.

35.3 Educate providers on current physical activity guidelines for people in cancer treatment and post-treatment survivorship and encourage them to refer survivors to behavioral support interventions to assist them in adopting and maintaining a physically active lifestyle (i.e. short-term supervised exercise, motivational interviewing, and support groups).

[35] 2013, Michigan Behavioral Risk Factor Survey

OBJECTIVE 36

Increase the number of Michigan adults ever diagnosed with cancer who report consuming fruits and vegetables 5 or more times per day, unless contraindicated by the cancer survivor's health care provider, **from 16% to 17.6%**.[36]

STRATEGIES

36.1 Educate cancer survivors on the importance of consuming at least 2-3 cups (4-6 servings) of vegetables and 1.5 to 2 cups (3-4 servings) of fruits each day. Promote the ideas of eating a variety of colorful vegetables and fruits each day for the different nutrients they provide.

36.2 Encourage health care teams to assess cancer patient nutrition soon after diagnosis and through the cancer care continuum. Implement nutritional counseling for nutrient deficiencies, as well as, achieving or maintaining a healthy weight.

[36] 2013, Michigan Behavioral Risk Factor Survey

Index of Strategies

by Topic Area

Access to Quality Care *31.1, 31.2, 31.3*

Advance Care Planning *32.1, 32.2, 32.3, 32.4, 32.5*

Alcohol *3.1, 3.2, 4.1, 4.2, 4.3*

Breast Cancer *15.1, 15.2, 15.3, 15.4, 15.4, 15.5, 16.1, 16.2*

Cancer Genetic Risk *11.1, 11.2, 11.3*

Cervical Cancer *17.1, 17.2, 17.3, 17.4, 18.1, 18.2*

Clinical Trials *21.1, 21.2, 21.3, 21.4*

Colorectal Cancer *19.1, 19.2, 19.3, 19.4, 19.5, 20.1, 20.2*

End-of-Life Care *33.1, 33.2, 33.3, 33.4, 34.1, 34.2, 34.3*

Environment *10.1*

Follow-Up Care *29.1, 29.2, 30.1, 30.2, 30.3*

Genomics *22.1, 22.2, 22.3, 22.4, 23.1, 23.2, 23.3, 23.4*

Healthy Eating *8.1, 8.2, 8.3, 9.1, 9.2, 9.3*

HPV Vaccine *5.1, 5.2, 5.3*

Lung Cancer *14.1, 14.2, 14.3*

Nutrition and Physical Activity *35.1, 35.2, 35.3, 36.1, 36.2*

Pain Management *26.1, 26.2, 26.3*

Palliative Care *24.1, 24.2, 24.3, 24.4*

Physical Activity *6.1, 6.2, 6.3, 7.1*

Quality of Care *25.1, 25.2, 25.3, 25.4, 25.5, 25.5, 25.6*

Quality of Life *27.1, 27.2, 27.3, 27.4, 28.1, 28.2*

Tobacco *1.1, 1.2, 1.3, 1.4, 2.1*

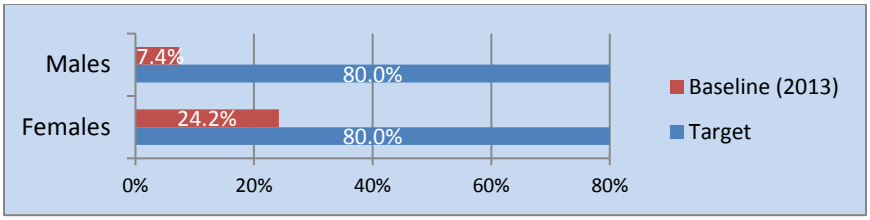
UV Radiation *12.1, 12.2, 13.1, 13.2, 13.3*

What You Can Do – MCC Members

Over the next two years, 2016-2018, MCC members are asked to work on the following priorities.

Preventing Cancer

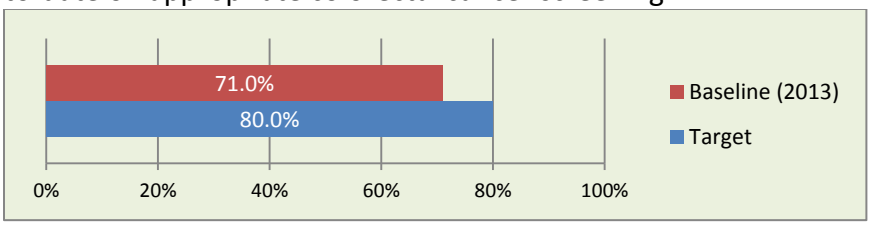
Increase the proportion of females and males ages 13-17 years who have received at least three doses of HPV vaccine.



(See Objective 5 for strategies to implement.)

Finding Cancer Early

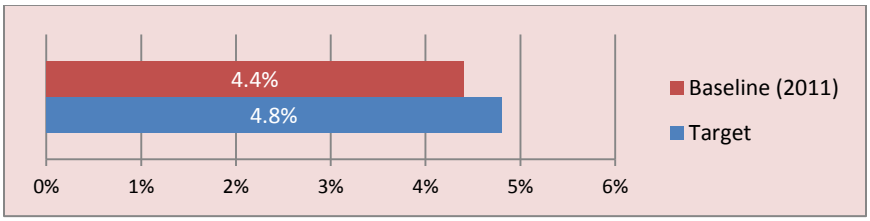
Increase the proportion of adults aged 50 to 75 years who are up-to-date on appropriate colorectal cancer screening.



(See Objective 19 for strategies to implement.)

Dealing with Cancer

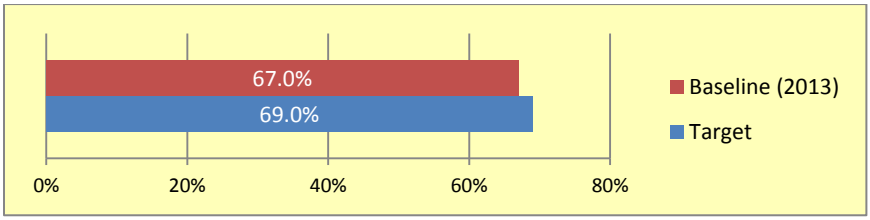
Increase percentage of Michigan adults participating in cancer treatment clinical trials.



(See Objective 21 for strategies to implement.)

Quality of Life

Increase the number of Michigan adults diagnosed with cancer who report they received instructions about where to return or who to see for routine check-ups after completing treatment for cancer.



(See Objective 30 for strategies to implement.)

What You Can Do – Michigan Residents

Preventing Cancer

- If you smoke, quit, and quit smokeless tobacco too
- Limit alcohol intake
- Get your children vaccinated for HPV (human papillomavirus)
- Maintain an active lifestyle
- Make healthy food choices
- Maintain a healthy body weight
- Discuss family history of cancer with your health care provider
- Test your home for radon
- Limit ultraviolet light exposure, whether from the sun or tanning beds

Finding Cancer Early

- Lung cancer screening for men and women
- Colorectal cancer screening for men and women
- Breast cancer screening for women
- Cervical cancer screening for women

Dealing with Cancer

- Participate in a cancer treatment study
- Ask about genetic counseling if you have a history of breast, colorectal, or ovarian cancer
- Ask about services to help with any symptoms from cancer or its treatment

Quality of Life

- Eat healthy, exercise, and maintain a healthy body weight
- Seek help for pain caused by cancer
- Get help for concerns such as sadness, health, finances
- Get a copy of your cancer treatment and instructions on what to do after treatment
- Consider what kind of care you want to have
- Complete an advance care plan
- Keep an open mind to hospice care

Accomplishments

A partial listing of Michigan Cancer Consortium (MCC) accomplishments:

1987	MCC established to advise the state health agency on cancer control activities.
1987-1996	Developed and disseminated professional guidelines to reduce breast and cervical cancer mortality.
1987-1996	Developed and disseminated information on breast cancer treatment options.
1996-1997	The MCC established relationships with 31 local organizations, which became the founding members.
1998-1999	The MCC's first executive committee begins.
2001	The MCC, working with local health-based organizations and hospitals, developed the Clinical Trials consensus agreement to assure patient access to cancer clinical trials is both fiscally responsible and medically appropriate.
2006	The MCC receives the first ever C-Change Award for Exemplary Comprehensive Cancer Control Implementation.
2009	The MCC receives the Heroes of Breast Cancer Leadership Award from Karmanos Cancer Institute.
2010	The Ron Davis Smokefree Air Law went into effect, which protects Michigan residents and visitors from exposure to secondhand tobacco smoke in all restaurants, bars, and businesses.
2013	The MCC, as part of the Tobacco Cessation Collaborative, uses education and policy change to significantly increase cancer patient referrals to the Tobacco Quitline.
2013	The MCC Policy Committee and Health Disparities Workgroup developed priorities.
2014	The MCC receives the Comprehensive Cancer Control (CCC) State Coalition Impact Award for tobacco cessation among cancer patients.
2014	Survivorship Care Plan Project developed and implemented to facilitate MCC member organizations meeting Commission on Cancer standards on survivorship care plans.
2014	The Policy and Health Disparities 2012-2014 Accomplishments Infographic was developed.
2014	Third year of MCC Challenge completed which includes assisting MCC member organizations in implementing evidence-based strategies to improve cancer screening rates among their employees.
2015	The MCC now has over 110 member organizations.

Acknowledgments

Many thanks to the MCC members who took part in revising the Cancer Plan for Michigan for 2016-2020!

MCC Board of Directors

The MCC Board of Directors represent the members and provides leadership to the MCC in their work. The 2015 MCC Board of Directors members were:

- **Co-Chair:** Ernesto Drelichman, MD, FACS, *St. John Providence Health System*
- **Co-Chair:** Susan Hoppough, PhD, RN, *Mercy Health Saint Mary's*
- **Immediate Past Co-Chair:** Aaron P. Scholnik, MD, FACP, *UP Health System-Marquette Cancer Center*
- **Secretary:** Joan Westendorp, OCN, MSN, RN, *West Michigan Cancer Center*
- Evelyn Barrack, PhD, *Michigan Breast Cancer Coalition*
- Robert Chapman, MD, *Henry Ford Health System*
- Sally Cory, MA, BA, *Kent County Health Department*
- Kim Harrison, MHSA, *CaretMD (Physician Resource Management, Inc.)*
- Elisabeth Heath, MD, FACP, *Barbara Ann Karmanos Cancer Institute/Wayne State University*
- Carolyn Johnston, MD, *University of Michigan Comprehensive Cancer Center*
- Brian Lane, MD, PhD, *Spectrum Health Cancer Program*
- Thomas Lanni, Jr, FACHE, *Beaumont Health System*
- Tom Rich, MPH, *American Cancer Society, Inc., Lakeshore Division*
- Ann Schwartz, PhD, MPH, *Barbara Ann Karmanos Cancer Institute/Wayne State University*
- Jane Severson, MSN, RN, MHSA, *University of Michigan Comprehensive Cancer Center*
- Mary Jo Voelpel, DO, FACOI, FACNM, *Michigan Osteopathic Association*
- Dana Zakalik, MD, *Beaumont Health System*

MCC Evaluation Subcommittee

The MCC Evaluation Subcommittee provided critical guidance for Michigan's updated Cancer Plan. Subcommittee members were:

- Kim Harrison, MHSA
- Elisabeth Heath, MD, FACP
- Susan Hoppough, PhD, RN
- Carolyn Johnston, MD
- Noel Pingatore, BS, CPH
- Tom Rich, MPH
- Ann Schwartz, PhD, MPH

MCC Workgroups

Much of the work reflected in this plan happened in the following four workgroups:

- **Prevention Workgroup:** Mary Jo Voepel, DO, FACOI, FACNM (Workgroup Chair)
- **Early Detection Workgroup:** Carolyn Johnston, MD (Workgroup Chair)
- **Diagnosis and Treatment Workgroup:** Aaron P. Scholnik, MD, FACP (Workgroup Chair)
- **Quality of Life Workgroup:** Deanna Hart (Workgroup Chair)

MCC Staff

The Michigan Department of Health and Human Services, Cancer Prevention and Control Section, provided staff support to revising the Cancer Plan and the MCC groups involved.

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