Letter from the Co-Chairs

Dear Partners and Friends,

Together. Sharing. Leveraging. Empowering. These words have meaning to the membership and partners of the Michigan Cancer Consortium (MCC). Importantly, they also translate into action.

As a result of members’ efforts, the MCC provides leadership, resources, and education to reduce the burden of cancer. This is evidenced by:

- Promoting [Health Equity](#)
- [Dashboards](#) that provide at-a-glance checks on cancer activity progress
- [Michigan’s Cancer Plan](#) and the work of the Priority Workgroups
- The [2016 MCC Annual Meeting](#)
- The [Journal of Proceedings](#) of the 2016 Michigan Cancer Consortium Annual Meeting
- The [MCC Tools of the Month](#)
- [The MCC website](#) and its many resources

Our request to members and partners is to share the consortium’s resources including reports, tools of the month, guidelines, and the MCC Update newsletter.

**Action request:** One simple thing we’re asking people to do is share the MCC Annual Report with colleagues, community partners, and also with your organization’s communication staff.

Do this by sending a message to your contacts with the Annual Report asking them to read, use, and share.

Take a look at the 2016 MCC Annual Report and you will see why we’re proud of our cancer prevention and control efforts and the members that make it happen. Thank you all!

Sincerely,

[Joan Westendorp, OCN, MSN, RN  Robert Chapman, MD](#)  MCC Co-Chair

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**MISSION**

The MCC is a statewide, broad-based partnership that strives to include all interested public and private organizations and provides a forum for collaboration (communication, coordination, and the sharing of resources) to reduce the burden of cancer among the residents of Michigan by achieving the Consortium’s research-based and results-oriented cancer prevention and control priorities.
Background

The Michigan Cancer Consortium (MCC) is a state-wide expert and collaborative group of over one hundred member organizations in the fight against cancer. MCC members are public and private organizations interested in working together to reduce the burden of cancer in Michigan.

Established History

The MCC was initially formed in 1987 to advise the state health agency on its cancer control activities. With its more formal founding in 1998, priorities for cancer control were put in place and the first executive committee was convened. Today, the MCC continues to be a state and national leader in cancer prevention and control.

“AN ORGANIZATION OF ORGANIZATIONS”

The 102-member coalition is led by strong leadership and works through its many committees and workgroups.

Member Benefits

The MCC is recognized in the state as an important source of cancer information and its resources are easily accessible on its website.

ACTION-ORIENTED COALITION

Membership is open to any organization interested in working together to improve cancer outcomes for Michigan residents. Together, nationally recognized cancer experts, state health care leaders, health providers, insurers, and representatives of community-based organizations, commit to working on the Michigan Cancer Plan and the MCC’s priorities.

Statewide Reach

MCC members serve various populations all over the state. Out of 92 members that were surveyed, they reported working with the following communities:

30% serve economically deprived communities with limited income

74% serve mix of both urban and rural populations

78% serve racial/ethnic minorities

Figure 1. MCC Organizational Chart
The MCC continued to make strides to prevent and control cancer in Michigan in 2016. It was a busy year implementing the Michigan Cancer Plan, which was released in November 2015.

In addition to hosting 4 Board of Directors meetings and the Annual Meeting in the fall, there were numerous meetings and conference calls by the committees and workgroups. MCC members worked on selecting and carrying out the MCC priorities, promoting resources, and sharing information.

### Year at a Glance

- **March**
  - 67 attended the Board Meeting and Cancer Plan workgroups kicked off their work

- **June**
  - 62 attended the Board Meeting and the new MCC logo unveiled

- **August**
  - Developed Cancer Clinical Trials Cover Sheet to facilitate prior authorization

- **November**
  - 172 people attended the MCC Annual Meeting in East Lansing, Michigan

### Web Presence

- **1,072 contacts** in the MCC electronic messaging listserv
- **198 members** in the MCC LinkedIn group
- **17,302 unique visits** to the MCC website

### In-kind Donations

- MCC members donated **$97,150** to support the MCC Annual Meeting, MCC website, sustaining governing meetings, and business activities.
- MCC members contributed **1,159 hours** through participation at meetings, facilitation, advisory work and data evaluation for the Consortium.
Michigan's Cancer Burden

Two in Five Americans will get cancer in their life time (1)

New Diagnoses
In 2013, Michigan had a new case rate similar to that of the US (2)

Mortality
In 2013, Michigan had a higher cancer mortality rate than that of the US (3)

Top three cancer diagnoses in 2013
1. Female Breast Cancer
2. Prostate Cancer
3. Lung Cancer

Top three causes of cancer-related deaths in 2013
1. Lung Cancer
2. Colorectal Cancer
3. Female Breast Cancer

Survivorship
12.0% of Michigan Residents were Cancer Survivors. This has been stable since 2012. (3)

64.1% of cancer survivors diagnosed in 2005 were still alive five years later. This represents an 8% increase in 5-year survival since 1995. (4)
Cancer Plan

The Cancer Plan for Michigan is a five-year (2016-2020) action plan to reduce the human and economic burden of cancer in the state. It is a guide for any Michiganders looking for ways to fight cancer and relieve the burden of cancer.

It is based on evidence and the collective wisdom of a wide range of cancer experts and organizations in Michigan. The Cancer Plan and all related materials can be accessed on the MCC website: www.michigancancer.org.

Components

Goals

The Plan has four goals, which are broad statements about the purpose of the Cancer Plan. The goals are modeled after the cancer care continuum.

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

Priority Objectives

A total of 36 objectives are included in the Cancer Plan across the 4 goal areas. The MCC Board of Directors selected 4 priority objectives for the 2016-2017 period. By choosing these priorities, the MCC aims to focus its collective effort on state-wide initiatives and strategies to improve in each area.

Evaluation

Annual Survey

In order to evaluate the implementation of the Cancer Plan and collect information on what MCC members are doing around the priority objectives, the MCC administers the Annual Survey. This evaluation tool helps collect basic information about member organizations, assess the extent of the work done for each priority, and rate satisfaction with the consortium’s services and activities.

Each MCC member representative received the online survey between January 2 and March 5. Out of 102 member organizations, **90% (92 organizations)** responded to the survey.

The following pages highlight each priority objective and the work that was accomplished in 2016.

- HPV Vaccinations
- Colorectal Screening
- Clinical Trials
- Survivorship Care Plans
Prevention: HPV Vaccine Coverage

Background
Cancer prevention includes steps taken by individuals, organizations, or communities to prevent the development of cancer. Along with maintaining a healthy lifestyle, avoiding exposure to known cancer-causing substances, and taking medicines, vaccines are a proven public health method of cancer prevention. Human Papillomavirus (HPV) is a group of hundreds of viruses, some of which can lead to cancer. Every year in the United States, HPV causes about 30,700 cancers in men and women.\(^5\) HPV infection can cause cancers of the cervix, vagina, and vulva in women, cancers of the penis in men, and cancers of the anus and back of the throat in both women and men. Currently, there are vaccines available that have been proven to reduce the risk of infection by certain types of HPV. The vaccination is recommended for all adolescents, starting as young as 9 years of age. HPV vaccines are most effective when they are given before individuals are exposed to the virus.

Cancer Burden
In 2013, there were 17.6 new diagnoses of HPV-related cancers per 100,000 Michigan residents, totaling 2,049 new cases. In 2014, there were 4.3 deaths from HPV-related cancers for every 100,000 residents, totaling 524 deaths. It is too early to fully assess the impact of the HPV vaccine series on cancer incidence. However, studies demonstrate the presence of protective levels of antibodies long after vaccination.\(^6\)

Cancer Plan Objective
The Michigan Cancer Plan objective is to increase the proportion of females and males ages 13-17 years who have completed the recommended series HPV vaccine to 80% by 2020.

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**Figure 2.** HPV Vaccination rates in Michigan continue to increase.\(^7\)
HPV Vaccination Workgroup

A 14-member workgroup is working on a project to conduct HPV vaccination outreach to Hispanic youth. The workgroup partnered with the Michigan Department of Health and Human Services (MDHHS), School-based Clinics, Michigan Medicaid, American Cancer Society, and Northwest Michigan Health Services.

Since March 2016, the workgroup has had several accomplishments:
1. Updated the MCC website with Spanish-language resources on HPV vaccine
2. Added HPV vaccine information on the MDHHS Spanish toll-free line
3. Revised the Cancer Plan objective to reflect updated HPV vaccine dosing guidelines
4. Conducted focus groups about HPV and HPV vaccine (in Spanish, separate for men and women) with Hispanic migrant workers

The workgroup learned a lot of information through focus groups with Hispanic migrant adults on knowledge of HPV and HPV vaccine. Using the findings of the focus groups, the workgroup decided to identify and work with spokespersons from the Hispanic community to increase community demand for the HPV vaccine. The workgroup plans to disseminate radio ads and HPV brochures, in both English and Spanish. By the end of 2017, the workgroup expects continued steady increase in HPV vaccination rates for both females and males in Michigan.

MCC Annual Survey Results

The 2016 MCC Annual Survey assessed the activities of 92 member organizations around HPV vaccination.

50% of MCC members reported promoting HPV vaccination

Out of these 46 member organizations who are working on HPV vaccine promotion activities:
- 50% used provider or system-based interventions, such as provider assessment and feedback
- 46% enhanced access to services, such as reducing out-of-pocket costs
- 39% increased community demand, such as client reminder and recall

MCC Members in Action

“There are many methods that we use to better educate the parents and their children on the importance of the HPV vaccine. Our recent approach is that we have offered the vaccine free of charge to our...youth. Also, our brochure is now available in both English and Arabic to better educate individuals about this vaccine and encourage everyone to get vaccinated.”

-Hiam Hamade
ACCESS Community Health & Research Center

“Several School Health Centers in the Detroit Area reported a 20% increase in the number of males receiving the vaccine. This was accomplished through education and the use of [Vaccines for Children Program]”

-Jonnie Hamilton
Coalition of Michigan Organizations of Nursing
Early Detection: Colorectal Cancer Screening

Background
Early detection is discovering cancer or a premalignancy before an individual shows disease signs or symptoms. Several tests can be used to screen for colorectal cancer, which starts in the colon or the rectum and can take 10-15 years to develop into cancer. Early detection saves lives by identifying cancers when they are most curable and treatment most likely to be successful. When colorectal cancer is found at an early stage, before it has spread, the 5-year relative survival rate is about 90%. Although early detection helps reduce the need for extensive treatment, not everyone in Michigan is getting screened at recommended intervals.

Cancer Burden
The number of new diagnoses and the number of deaths due to colorectal cancer have both steadily declined since the inception of the Michigan Cancer Registry in 1985. In 2013, there were 38.4 new diagnoses of colorectal cancer for every 100,000 Michigan residents, totaling 4,523 cases. More than half of the new colorectal cancer cases were diagnosed in the regional or distant stage, meaning the tumor cells have traveled to other parts of the body. In 2014, there were 14.6 deaths from colorectal cancer for every 100,000 residents, totaling 1,766 deaths.

Cancer Plan Objective
The MCC prioritized early detection of colorectal cancer with the goal of increasing the proportion of adults ages 50 to 75 years who are up-to-date on appropriate colorectal cancer screening to 80% by 2020.
Colorectal Cancer Workgroup

MCC members have been working since March 2016 to initiate colorectal cancer screening as a quality measure for Michigan Medicaid (Adult Core Set). The MCC workgroup is working with the State of Michigan Medicaid, the National Colorectal Roundtable, and the American Cancer Society Cancer Action Network to accomplish its objective.

The workgroup has requested that coverage parameters for adult preventive services be updated. If this happens colorectal cancer screening could be elevated to a quality measure. Such a policy change would support colorectal cancer screening and health plan attention to this cancer.

MCC Annual Survey Results

In 2016, 60% (55 out of 92) of respondents reported that they are working to promote timely screening for colorectal cancer.

The top 3 evidence-based methods used by members to promote colorectal cancer screenings are:

1. Small media patient education (such as video and printed materials, including letters, brochures, & newsletters)
2. Client reminder systems
3. One-on-one patient education

MCC Members in Action

“We hosted a [colorectal cancer] forum training in Lansing, inviting all health centers to participate in a one-day learning event on the topic of clinical operation, patient navigation and engagement, quality improvement strategies, and [colorectal cancer] basics. It was well attended, and we have seen an increase in screening across all Michigan [federally qualified health centers] as a state.”

–Sara Coates
Michigan Primary Care Association

“Worked with [American Cancer Society], Henry Ford Health System, St. John Providence, and William Beaumont Hospital to provide FIT Kits [fecal immunochemical tests] to eligible Macomb County residents when they presented for influenza vaccination.”

- Kevin Lokar, MD
Macomb County Health Department
Diagnosis and Treatment: Clinical Trials

Background
For patients diagnosed with cancer, access to quality evidence-based treatment is critical. Cancer treatment varies by type of cancer, stage at diagnosis, age of the person undergoing treatment and general health status. Cancer clinical trials play an important role in cancer treatment, both for the care of the individual and for advancing the science of cancer prevention and care. The MCC strongly supports facilitation of patient participation in cancer clinical trials. Yet, there are many barriers to cancer clinical trial enrollment. Among others, one barrier to clinical trial enrollment that is often cited is that of the administrative burden on the health care provider.

Cancer Burden
Currently, there are more than 650 clinical trials available to Michigan residents. The top five cancers targeted by clinical trials available to Michigan residents are lung, breast, lymphomas, leukemias, and brain or central nervous system (CNS). Michigan cancer patients have access to clinical trials that target many more types of cancer beyond these five, and there are also clinical trials for cancer survivors.

![Top Five Cancers Included in Clinical Trials in Michigan](image)

<table>
<thead>
<tr>
<th>Cancer Type</th>
<th>Number of Trials</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lung</td>
<td>76</td>
</tr>
<tr>
<td>Breast</td>
<td>72</td>
</tr>
<tr>
<td>Lymphomas</td>
<td>65</td>
</tr>
<tr>
<td>Leukemias</td>
<td>61</td>
</tr>
<tr>
<td>Brain and CNS</td>
<td>52</td>
</tr>
</tbody>
</table>

Figure 6. The most common cancers included in clinical trials.

Cancer Plan Objective
Increasing the percentage of Michigan adults participating in cancer treatment clinical trials, is a priority in the Cancer Plan for Michigan. The percent of adults has stayed the same at 4.4% since 2011. The MCC continues to monitor the data and update the information on its website as it becomes available. For more information, visit the [Cancer Plan Dashboard](#).
Clinical Trials Workgroup

The workgroup’s objective was to implement a system change to facilitate more rapid response to prior authorization requests for enrollment in clinical trials. The workgroup developed a cover sheet with practitioners to use as a “heads up” when enrolling patients in cancer clinical trials. By working with health systems, insurers, National Cancer Institute’s Community Oncology Research Programs, patient advocates and professional associations, the workgroup drafted a clinical trials cover sheet. In June 2016, the MCC Board of Directors approved the cover sheet. Since then, the workgroup has been working to distribute and promote the cover sheet through various channels.

In the 2016 Annual Survey, 23 member organizations said they were aware of the cover sheet. Of those who were aware of the sheet, only 3 indicated that they used the sheet and 14 were not sure if the cover sheet was being used. The workgroup plans to promote the cover sheet and assess use with MCC members. It hopes that use of the clinical trials cover sheet will simplify the clinical trials prior authorization process and reduce the time needed to prepare and receive approval for a prior authorization.

MCC Annual Survey Results

Although only 24 out of the 92 MCC member organizations (26%) reported that they enroll patients in clinical trials, 40 (43%) reported that they engage in at least one evidence-based strategy to promote participation in cancer treatment clinical trials.

- Used enhanced recruitment methods to reach minority groups: 47%
- Promoted policy and system changes: 55%
- Encouraged multi-disciplinary discussions of clinical trials: 82%
- Educated providers and cancer survivors: 87%

Figure 7. The evidence-based strategies MCC member organizations used to promote clinical trial participation, as reported in the 2016 MCC Annual Survey

MCC Members in Action

“KCI community presentations include information about KCI’s clinical trials program and additional information can be found on the KCI website. Furthermore, KCI maintains a “Clinical Trials: What You Need to Know” fact sheet to address myths about research and clinical trials.”

- Laura Zubeck
Barbara Ann Karmanos Cancer Institute / Wayne State University

“We work with the Cancer Research Consortium of West Michigan, Cancer & Hematology of West Michigan... During 2016 we enrolled approximately 35% of new cancer patients in a clinical trial.”

- Deb Bisel
Spectrum Health Cancer Program
Quality of Life: Survivorship Care Plans

Background
An individual is considered a cancer survivor from the time of diagnosis through treatment and beyond. Due to advances in treatment and cancer care, survivors are living longer and may experience the effects of their cancer for many years to come. It is important for a patient to receive a survivorship care plan after completing treatment. It serves as a record of what occurred during active treatment, describes recommendations for follow-up care, includes referrals to support services, and provides additional community resources that can be helpful throughout the course of survivorship.10

Survivorship care plans can improve the quality of life of a survivor by encouraging adherence to follow-up care and healthy lifestyle recommendations.11 The transition from an oncology setting back to the primary care setting can be challenging for a survivor. A survivorship care plan can assist with the coordination of care between these areas and helps to ensure that additional health services are received in a timely manner.12 Survivorship care plans, along with other resources, that are accessible and understood by individuals with low health literacy promote health equity.

Cancer Burden
In 2015, about 12% of Michigan residents reported receiving a diagnosis of cancer at some point in their life, which equates to over a million cancer survivors.4 According to the 2015 Michigan Behavioral Risk Factor Survey, about half of Michigan cancer survivors reported receiving instructions about routine follow-up care after treatment. Importantly, more survivors who received follow-up care instructions reported having a routine check-up in the last 12 months compared to survivors who did not receive follow-up care instructions.

Cancer Plan Objective
The MCC is working to 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 46.6% in 2011 to 57.1% by 2020.4
Survivorship Workgroup

The workgroup gathered in the spring of 2016 and decided to develop patient education/resource documents that can accompany survivorship care plans and educate survivors on healthy behaviors (i.e. tobacco cessation, physical activity, nutrition, etc.) following cancer treatment. To promote health equity, these documents will be written at a 5th grade reading level and will be translated into at least two additional languages.

Between July of 2016 and March of 2017, the workgroup worked to identify the topics of greatest concern, compile references, discuss content and formatting, review the draft documents, and discuss next steps. Currently, the workgroup has drafted and edited three resource documents regarding the issues of physical activity, nutrition, and fatigue. Based on the work being done by MDHHS with the Survivorship grant, the workgroup will collaborate on two additional resource documents in the spring of 2017 regarding tobacco cessation and healthy lifestyle choices. The workgroup has collaborated with the MDHHS Tobacco Control Program, Division of Immunizations and Disability Health Unit to review documents. St. Joseph Mercy Health System will help the workgroup coordinate a focus group of cancer survivors to further review the documents and provide feedback by fall of 2017.

MCC Annual Survey Results

Out of the 92 respondents, 36 (39%) MCC member organizations reported working on promoting the use of survivor care plans, including a cancer treatment summary. Out of those, a majority use the following methods of promotion:

- Promote and support the efforts of Michigan providers to meet national standards on distributing survivorship care plans
- Promote the presentation of survivorship information in an appropriate manner to ensure comprehension by patients
- 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

MCC Members in Action

“Dedicated ACS staff worked with hospital cancer committees on developing and implementing survivorship care plans. Through November of 2016, nearly 14,000 Michigan cancer patients were provided ACS information, services, or referrals to other organizations.”

-Thomas Rich
American Cancer Society, Inc. Lakeshore Division

“Implemented a process to facilitate the completion of [survivorship care plans] by allocating resources to write and deliver the [plans]. Started a breast cancer survivorship event where speakers talk about survivor related material.”

-Theresa Pruder
Sparrow Cancer Center
Local Implementation Grants: 2016 Highlights

In addition to the work of the MCC, the Comprehensive Cancer Program at MDHHS funds several community agencies throughout the state to implement Michigan’s Cancer Plan. The local implementation grants are in their 2nd year of funding and some will continue their work in the future. Below is a short synopsis of each project’s progress and accomplishments in the last year. Local partners are crucial to the success of the MCC and its effort to reduce the cancer burden in the state.

🌟 There’s No Such Thing as a Safe Tan
To increase awareness of sun safety and promote policy change, the Barry-Eaton District Health Department coordinated the use of small media in county schools, recreational facilities, daycare centers and businesses with outdoor workers. In addition, mass media was used to promote healthy skin and discourage indoor tanning.

Five daycare providers completed a short survey about their existing sun safety policies. One facility said they do have a policy, three said no and one was unsure. To increase awareness of the harmful effects of indoor tanning, a video contest was open to all residents between the ages of 15 – 29, in both counties. The contest received 9 entries. Future activities include continuing to educate the residents of both counties using small media along with a billboard contest promoting “There’s No Such Thing as a Safe Tan.”

🌟 Sun Smarts Start Young
Partnering with McLaren Northern Michigan and Munson Healthcare Charlevoix Hospital, the Health Department of Northwest Michigan implemented the Sun Smarts Program in 8 schools reaching 831 students. Approximately 84% of students reported being knowledgeable about sun safety practices after the completion of the program. Elementary school aged children were sent home with sun safety information in their Friday Folders; some schools allowed sending a sample of sunscreen as well. One high school and one middle school also participated. It is estimated that the reach for this initiative was 3,223 unduplicated households. Sun safety policies were also encouraged at schools and child care centers; educating outdoor workers was also a focus. Future activities will include follow up with those that currently do not have sun safety policies in place, along with creation of a skin cancer prevention workgroup.

🌟 Lung Cancer Screening in Rural Michigan
The two main objectives for District Health Department 10 (DHD 10) were using provider reminder systems and electronic referrals to evidence-based tobacco cessation services, including the Michigan Tobacco Quitline, as well as increasing the number of referrals for lung cancer screening. DHD 10 created a workflow process for screening and eligibility and developed printed media to promote lung cancer screening. The Mayo Clinic Nicotine Dependence Education Program provided trainings to health care professionals and health department staff.

A community wide campaign, including social media, was used to promote lung cancer screening and shared decision making between physician and patient. DHD 10 also developed and distributed an infographic promoting screening, which is available on its social media and website. The work over the next several months will include increasing referrals for both tobacco cessation and lung cancer screening.
**Improving Quality of Life for those Affected by Cancer**

Using the evidence based programs of Personal Action Towards Health (PATH), Cancer: Surviving and Thriving, and Enhanced Fitness, the National Kidney Foundation of Michigan reached out to cancer survivors, caregivers and family members to improve their quality of life. In 2016, these programs yielded hundreds of participants in underserved populations of Wayne County that have been affected by cancer.

This project also provides opportunities to increase referrals to the Michigan Quitline through the Healthy Hair and Dodge the Punch programs by using lay health educators to share educational flyers with their clients in regard to smoking cessation and refer to the Michigan Quitline. The hope is to integrate and embed evidence based programs within the community and partner organizations by providing continued training to achieve long term sustainability in Wayne County.

**Navigating Cancer Patients to Better Health**

This project set out to double the number of St. Joseph Mercy Health System Cancer Center patients and families receiving education on healthy lifestyle interventions, programs, and psychosocial support resources. This was done over a 2-year period by implementing the LINK navigator program at the four cancer sites in Brighton, Canton, Chelsea and Ann Arbor. This project has reached 2,516 patients and families since November 2015.

A special focus to increase participation of African American patients and increase referrals to financial navigators for low socioeconomic patients is also in place. Demographics are being tracked for participants to ensure equitable access for vulnerable populations to healthy lifestyles interventions and psychosocial support.

**Connecting the Dots between Lung Cancer Screenings and Provider Officers**

In order to reduce the impact of lung cancer, Community AIDS Resource & Education Services of Southwest Michigan (CARES) implemented evidence based interventions related to tobacco cessation and lung cancer screening in Kalamazoo, Berrien and Calhoun counties. CARES met with providers, electronic health record administrators, and staff at three provider practices to access policies and protocols related to tobacco cessation and lung cancer screening. CARES obtained signed comprehensive assessment agreements for the three practices, reviewed and provided feedback on current policies and protocols at each practice, and drafted a summary report. CARES also developed a list of facilities that provide lung cancer screening services in Berrien, Calhoun, and Kalamazoo counties and distributed it to several provider offices to be used as a resource.

**Cancer Survivorship in Tribal Health**

Inter-Tribal Council of Michigan, Inc. (ITC) recognized a need for a cancer survivorship program within tribal health systems. ITC worked with three tribes, Keweenaw Bay Indian Community, Sault Ste. Marie Tribe of Chippewa Indians, and Little Traverse Bay Band of Odawa Indians, to assess and identify key components of a survivorship care program to make recommendations for coordination and implementation. None of the sites offered cancer patients a survivorship care plan at the time of the assessment and there were no formal procedures for completing a survivorship plan with patients.

ITC will work to disseminate report findings with Tribal Health Directors to highlight current services, gaps, and recommendations for improved coordination of care for cancer survivors using identified services available within the tribal health system and local community. In the future, ITC will work to implement and increase the number of tribal health systems that have a coordinated, culturally appropriate survivorship care plan and program.
Acknowledgements

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