Michigan Cancer Consortium
Annual Report
2018
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Letter from our Co-Chairs

“I’ve been sincerely impressed with the caliber of fellow board members and a true spirit to lead and create positive change in our communities. It has been inspiring to be a part of this diligent and devoted organization.”

-Sally Cory, Kent County Health Department

This statement, from an MCC Board Member in the 2018 Annual Survey, succinctly summarizes the spirit of the work and membership of the MCC over the organization’s rich 20-year history.

In 2018, we celebrated the 20th Anniversary of the MCC, which has worked tirelessly since its inception towards its mission of reducing the burden of cancer among Michigan residents and in doing so has a long record of accomplishments which includes the development and implementation of a statewide cancer plan. The current Cancer Plan for Michigan is set to end in 2020. In 2019, the MCC will begin work on the 2021-2025 Cancer Plan. We ask our members to watch for opportunities to be involved in the development of the next Cancer Plan for Michigan, which will have a stronger emphasis on addressing health equity for those who are adversely affected by cancer.

We would like to thank all our members for their efforts throughout the years on behalf of the Consortium. We ask our members to continue to use and share MCC’s resources so that together we can lead cancer control efforts in Michigan.

ACTIONS REQUEST

- **SHARE THIS ANNUAL REPORT** with colleagues. Ask them to read, use, and share the Annual Report.

- **WATCH FOR OPPORTUNITIES** to become involved in the development of the 2021-2025 Cancer Plan for Michigan.

- **SHARE THE MCC’S OTHER RESOURCES** including tools of the month, clinical guidelines, and the MCC Update.

Sincerely,

Dana Zakalik, MD
MCC Co-Chair

Tom Rich, MPH
MCC Co-Chair
Executive Summary

The Michigan Cancer Consortium (MCC) is a statewide collaborative association which strives to unite private and public organizations in order to work towards improving cancer prevention and control. In 2018, the MCC celebrated 20 years of partnership in cancer prevention and control. The MCC has a strong history of bringing together organizations from all over the state of Michigan to reduce the cancer burden. Membership is open to any organization that has an interest in collaborative efforts to improve cancer outcomes in Michigan. Currently, the consortium is 98 members strong!

Over the last 20 years, overall cancer rates in Michigan have decreased, but disparities persist.

The MCC provides:
- Statewide cancer burden data
- Educational resources for health professionals and the public
- Networking opportunities

Native American women and Black men have the highest rate of new cancer cases.

Native American men and women have the highest rate of cancer mortality.

The MCC’s structure
The MCC is structured into committees and workgroups to drive the work of the consortium forward. MCC members can participate in committees and workgroups of their choice to support the cancer plan and implemented initiatives that promote the MCC’s mission and vision.

MCC member organizations were surveyed
The 2018 MCC Survey was sent to all MCC member organizations in January 2019. Seventy-two members (74%) completed the survey.

The survey results provide insight to the work of MCC members related to cancer prevention and control. Of the MCC members who took the survey:
- 51% promote HPV vaccination
- 61% promote timely screening for colorectal cancer
- 42% promote cancer treatment clinical trials
- 35% worked to reduce pain from cancer treatment

MCC member organizations find value in participating in the consortium because they are able to stay informed on resources and programs related to cancer, have access to patient and provider education materials, and network with peers from all over the state.
Overview of the Michigan Cancer Consortium

**THE MISSION:** Unifying public and private organizations to reduce the burden of cancer for all people by addressing health disparities through a commitment to collaboration, evidence-based practices, and improved quality of care.

**THE VISION:** Striving to be a statewide leader and national model for equitable transformation of comprehensive cancer care.

The Michigan Cancer Consortium (MCC) is a statewide collaborative association which strives to unite private and public organizations in order to work towards improving cancer prevention and control. The MCC is composed of about 100 organizations across the state. The MCC was established in 1987 to advise the state health agency on its cancer control initiatives and continues to be a state and national leader in cancer prevention and control. The MCC’s collective expertise improves its ability to have an impact in cancer prevention and control.

**MCC Member Organizations are Diverse**

MCC membership includes organizations that represent: university-based health care systems with cancer programs; hard-to-reach/special populations; community-based health systems/practices with cancer programs; public health entities; health care insurance plans; trade/professional/advocacy groups; and health education/research and evaluation organizations.

- 66% of MCC member organizations support cancer related programs/interventions with a focus on minority or special populations.
- 48% of MCC member organizations recruit, hire, and retain staff that is representative of all populations served.

**National Recognition**

The MCC has become one of the strongest state cancer prevention and control communities in the nation and has received two national awards in recognition of its work.

**Membership in the MCC**

Membership is open to any organization that has an interest in collaborative efforts to improve cancer outcomes in Michigan.

**MCC: Your Cancer Information Resource - The Michigan Cancer Consortium provides:**

- Resources for health professionals, patients, and the public
- Fact sheets on different types of cancer
- Cancer burden data
- Networking opportunities with subject-matter experts around the state
- Ready-to-Use communication tools to help organizations promote cancer awareness months
- Ongoing educational opportunities
Over 20 Years of MCC Accomplishments

From its beginning in 1987 when it was formed to advise the state health agency on its cancer control activities, to its more formal founding in 1998 when priorities for cancer control were put in place and the first executive committee was formed, and up to the present – the Michigan Cancer Consortium (MCC) continues to be a leading state voice for cancer prevention and control.

- **1987**: Michigan Cancer Consortium 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 breast cancer treatment options.
- **1998-1999**: The MCC’s first executive committee begins.
- **1996-1997**: The MCC builds relationships with 31 local organizations, establishing our founding members base.
- **2001**: The MCC 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, protecting Michigan residents and visitors from exposure to second-hand tobacco smoke in all bars, restaurants, and businesses went into effect.
- **2014**: The MCC receives the Comprehensive Cancer Control (CCC) State Coalition Impact Award for tobacco cessation among cancer patients.
- **2016**: Developed Cancer Clinical Trials Cover Sheet to facilitate prior authorization.
- **2015**: The MCC increases to over 100 member organizations.
- **2017**: Updated the MCC Priority Dashboard to include select health disparities in Michigan.
- **2018**: The MCC collaborated with the Michigan Journal of Public Health on a special edition of the publication.
MCC Committees – 2018 Accomplishments

The Michigan Cancer Consortium has five standing committees that work to support the cancer plan pillars of Policy, Health Equity, Partnerships, and Evaluation.

The committees include:

**HEALTH EQUITY**
The Health Equity Committee addresses health disparities and the social determinants of health related to cancer.

- Celebrated 3 years as an MCC Standing Committee!
- Sponsored **two webinars** on cancer disparities and health equity with attendees from across the US
- Established a **Health Equity Page** on the MCC website
  - **356 views** since March 2018
- Includes a **Speaker’s Bureau** as a resource for those seeking content experts on a variety of health equity topics
- **56 MCC Member Organizations** reported working on health equity activities

**MEMBERSHIP**
The Membership Committee handles the recruitment, orientation and active retention of member organizations.

- The Annual Meeting Program Committee **secured a national Healthy Equity expert**, Dr. Camara Jones to speak at the conference
- Began work with the Health Equity committee to create a **partnership outreach program** to link the MCC with organizations that serve priority populations
- In effort to fully integrate health equity into the MCC process, the Membership Committee **revised the MCC Member Application** to include health equity, community and geographical questions to have a full picture of the populations that the MCC Member Organizations serve

**GOVERNANCE**
The Governance Committee provides oversight on matters related to the structure and governance of the organization.

- **Completed orientation** of 2018 Board of Directors
- Developed Board of Directors slate and held elections for the 2019 - 2021 term
- Conducted **biennial review** of MCC policies, job descriptions, bylaws and other MCC forms
  - Assigned mentors to new BOD members

**POLICY**
The Policy Committee plans and coordinates changes in policy, systems, and the environment (PSE) that will help promote and sustain the MCC’s comprehensive cancer control initiatives to reduce Michigan’s cancer burden.

- Reviewed all MCC Priority Workgroup workplans involving PSE change initiatives and provided support or input
- Began **development of a tool for physicians/staff** detailing financial options for patients
- Began collaborating with the Evaluation Committee to develop fact sheets of cancer burden by Michigan’s legislative districts

**EVALUATION**
The Evaluation Committee monitors and evaluates MCC products and activities.

- Two new members joined the committee, bringing the total to 11 members strong!
- Achieved **74% completion rate** for 2018 MCC Annual Survey of MCC members
- Released the MCC Product Cover Sheet, a tool to help MCC workgroups plan for a product’s evaluation, dissemination, and maintenance
- Started working with Policy Committee to develop fact sheets of cancer burden by Michigan’s legislative districts
The MCC LinkedIn Group provides an online forum for MCC members to further engage and share information related to the mission and activities of the consortium and its members.

19 posts in 2018

https://www.linkedin.com/groups/4535215/

The MCC Listserv provides a communication channel to disseminate tailored messaging related to cancer control efforts in Michigan.

1,000+ subscribers
72 messages sent in 2018

- monthly newsletters
- invitations to MCC meetings
- professional development and ongoing educational opportunities
- communication toolkits

THE MCC WEBSITE

TRAFFIC OVER TIME
Since 2014, website traffic has increased by 247%!

TOTAL UNIQUE HITS SINCE JUNE 1, 2014: 228,318

UNIQUE VISITS, PER YEAR

2014 22,533
2015 15,488
2016 17,302
2017 94,890
2018 78,105

THE MCC WEBSITE – TOP 5 MOST VISITED PAGES IN 2018

#1 Prostate Cancer Patient Resources
11,546 visits

#2 MCC Member Organizations List
1,578 visits

#3 Patient Resources
1,404 visits

#4 Calendar of Events
1,352 visits

#5 Board of Directors
1,280 visits
The Cancer Burden in Michigan

Over the last 20 years, new cases of cancer in Michigan have decreased by 14%.

Rates of new cancer cases vary by county.

Over the last 20 years, deaths from cancer in Michigan have decreased by 20%.

Deaths from cancer vary by county.

Cancers on the Rise

Some types of cancers are on the rise over the last 20 years. New cases and deaths vary by cancer type.
Cancer Disparities in Michigan

Certain racial groups are at more risk than others for developing cancer\(^1\).

<table>
<thead>
<tr>
<th>Females</th>
<th>Males</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate per 100,000</td>
<td>Rate per 100,000</td>
</tr>
<tr>
<td>Black</td>
<td>Hispanic*</td>
</tr>
<tr>
<td>412.6</td>
<td>216.4</td>
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</tbody>
</table>

--- Michigan average: 460.9

☆ Native American women and Black men are the racial groups in Michigan with the highest incidence of new cases of cancer.

Certain racial groups are at more risk than others for dying from cancer\(^1\).

<table>
<thead>
<tr>
<th>Females</th>
<th>Males</th>
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<tbody>
<tr>
<td>Rate per 100,000</td>
<td>Rate per 100,000</td>
</tr>
<tr>
<td>Black</td>
<td>Hispanic*</td>
</tr>
<tr>
<td>167.8</td>
<td>102.7</td>
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--- Michigan average: 194.5

☆ Native American women and Native American men are the racial group in Michigan with the highest cancer mortality.

Rates of new cases of specific cancers and deaths from certain types of cancer differ by race\(^1\).

### Colorectal

<table>
<thead>
<tr>
<th>Rate per 100,000</th>
</tr>
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<tbody>
<tr>
<td>Black</td>
</tr>
<tr>
<td>46.0</td>
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☆ Black Michiganders have the highest colorectal cancer mortality rate.

### Lung

<table>
<thead>
<tr>
<th>Rate per 100,000</th>
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<tbody>
<tr>
<td>Black</td>
</tr>
<tr>
<td>69.5</td>
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</table>

☆ Lung cancer mortality rate is highest among Native Americans in Michigan.

### Female Breast

<table>
<thead>
<tr>
<th>Rate per 100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black</td>
</tr>
<tr>
<td>122.9</td>
</tr>
</tbody>
</table>

☆ Black female Michiganders have the highest breast cancer mortality rate.

\(^{*}\)Central cancer registries funded by CDC NPCR (National Program of Cancer Registries) are required to run the combined SAS program, the NAACCR Hispanic and Asian/Pacific Islander Identification Algorithm on an annual basis. MCSP limits the Spanish surname portion of the algorithm to cases coded as surname only (item 190=7) or unknown (item 190=9) in counties that are less than 5% Hispanic.
The Cancer Burden: What is the MCC Doing About It?

Prevent Cancer From Occurring

It is known that maintaining a healthy body weight, reducing or quitting tobacco use, reducing alcohol intake, along with HPV vaccination can prevent cancer from occurring. The following rates indicate the proportion of adults in Michigan who:

- 19% currently smoke
- 32% are obese
- 7% are heavy drinkers
- 52% of adolescents are not fully vaccinated for HPV

In order to prevent cancer from occurring, the MCC has resources for patients and providers to promote healthy lifestyles, such as: educational materials, websites of interest, and communication toolkits.

Promote Early Detection

Screening can detect cancer at an early stage. The following rates indicate the proportion of Michiganders who have been screened for certain types of cancer:

- 74% of women over 40 have had a mammogram in the past two years
- 72% of adults 50 years and older have had appropriate colorectal cancer screening
- 74% of women over 18 have had a Pap test in the past three years
- 6% of smoking adults have been appropriately screened for lung cancer

The MCC develops communication toolkits for each cancer type that include: cancer burden data, sample newsletter articles, educational resources, ready-to-use social media posts, and published position statements, such as lung cancer screening.

Diagnose and Treat

Over the last 20 years, diagnosis at the distant stage has increased by 22% in Michigan.

- 8% of adults in treatment participated in a clinical trial.
- 68% of cancer treating facilities conduct routine tumor screening for Lynch Syndrome on colorectal cancer patients.

The MCC developed a cover sheet to increase participation in clinical trials by reducing administrative barriers to enrollment. A registry of MCC organizations offering clinical trials is available.

Optimize Quality of Life

Today, there are 526,100 Michigan residents who have been diagnosed with cancer at some time in their life.

- 27% have poor physical health
- 9% are in pain
- 13% have poor mental health

Optimistically, 47% of survivors have a care plan.

The MCC developed patient resource documents to accompany the survivorship care plan that each survivor receives following treatment for cancer, available in Arabic, English, and Spanish.

References

What Can You Do To Lower Your Cancer Risk?

Eat Healthy
- Limit how much processed meat and red meat you eat. Eat at least 2.5 cups of vegetables each day.

Reduce Alcohol Intake
- Limit the amount of alcohol you drink - men should have no more than 2 drinks per day; women should have no more than 1 per day.

Maintain a Healthy Weight
- It is estimated that about 20% of all cancers diagnosed in the US are related to being overweight or obese.

Don’t Use Tobacco
- Tobacco is the single largest preventable cause of disease and premature death. Tobacco use accounts for 30% of all cancer deaths in the United States.

Physical Activity
- Adults should participate in 150 minutes of moderate intensity or 75 minutes of vigorous intensity each week.

Protect Yourself from the Sun
- Most skin cancers are a direct result of exposure to UV rays. Staying in the shade is one of the best ways to limit your UV exposure, as well as using sunscreen.

Get Immunized
- Some cancers are spread by viruses and bacteria. Ensure your children are vaccinated for Hepatitis B and Human Papillomavirus.

Know Your Family History
- If a health problem runs in your family, you may be able to take steps to reduce your risk. You can’t change your genes, but you can change behaviors that affect your health.

Take Early Detection Seriously
- Some cancers can be found early, before they have a chance to grow and spread. When caught early survival rates improve greatly.
Michigan’s Cancer Plan

The Cancer Plan for Michigan is a guide for anyone in the state looking for ways to fight cancer.

The Cancer Plan aims to:

▪ Provide actions for organizations and individuals to fight cancer
▪ Use evidence-based strategies and the collective wisdom of a wide range of cancer experts and organizations
▪ Maximize the impact of the work by strategizing methods to reduce the human and economic burden of cancer in the state

The Cancer Plan goals model the cancer care continuum
The Plan has four goal areas which outline the purpose of the Cancer Plan.

<table>
<thead>
<tr>
<th>Prevent cancer from occurring</th>
<th>Promote early detection of cancer using tests that have been shown to reduce mortality</th>
<th>Diagnose and treat all patients using the most effective and appropriate methods</th>
<th>Optimize quality of life for every person affected by cancer</th>
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</thead>
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The MCC prioritized 4 objectives for 2018-2019
By choosing these priorities, the MCC aims to focus its collective effort on state-wide initiatives and strategies to improve in each area.

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

Colorectal Cancer Screening
The Michigan Cancer Plan objective is to increase the percentage of adults aged 50 to 75 years old who are up-to-date on screening to 80% by 2020.

Cancer Treatment Clinical Trials
The Michigan Cancer Plan objective is to increase percentage of Michigan adults participating in cancer treatment clinical trials from 4.4% to 4.8% by 2020.

Pain From Treatment
The Michigan Cancer Plan objective is to decrease the percent of Michigan adults diagnosed with cancer who report current physical pain due to cancer treatment from 6.9% to 6.8% by 2020.
How is HPV related to head and neck cancers?

The human papillomavirus (HPV) is a known carcinogen that causes most cervical cancers, as well as some cancers of the vagina, vulva, penis, anus, rectum, and oropharynx. Increased cases of HPV related cancers and low HPV vaccine uptake are public health concerns that directly affect young adults and adolescents around the country. Although cervical cancer is the most prevalent HPV associated cancer, there has been an influx in HPV related oropharynx (part of the throat behind the oral cavity, including the back of the tongue, soft palate, and tonsils) cancers.

According to the Michigan Care Improvement Registry database, the Michigan HPV vaccine initiation and completion rates among adolescents aged 13-17 years old is less than 50%, with higher coverage in females than males. To combat cancer associated with HPV infections, in October of 2016, the CDC recommended 11 to 12 year olds receive two doses of HPV vaccine at least six months apart rather than the previously recommended three-dose series. Increased awareness and health education interventions are needed to promote the importance of the HPV vaccine and to achieve an HPV vaccine completion rate of 80% as outlined by the Healthy People 2020 goal.

HPV-related cancers have a significant impact in Michigan

- In 2016, there were 1,640 cases of HPV-related cancers. Incidence rate is 14.2 per 100,000 people.

- In 2017, there were 349 deaths from HPV-related cancers. Mortality rate is 2.8 per 100,000 people.

- In 2016, 722 (76%) cancer cases in females and 469 (68%) cases in males are estimated to be caused by strains of HPV that are prevented by the 9-valent vaccine.

How does the HPV vaccination help?

The HPV vaccine can protect against HPV infections when given in the recommended age groups. Since the introduction of the HPV vaccine, studies have shown a reduction in HPV infection prevalence in countries where the vaccine has been administered. Currently, there are three FDA-approved HPV vaccines available. The chart on the right shows the HPV vaccination rates in Michigan continue to increase among both males and females.
MCC Priority: HPV Vaccination

Priority Workgroup 2018 Accomplishments

In 2018, the HPV Vaccine Workgroup developed a work plan to evaluate provider performance in offering and administering the HPV vaccine to clients 9-26 years old according to the current Advisory Committee on Immunization Practices recommended schedule (assessment) using an Environmental Scan developed by researchers at Karmanos Cancer Institute/Wayne State University. A small sample of clinics throughout Michigan were identified to participate in this project using Michigan Care Improvement Registry Data (MCIR).

In addition to completing the environmental scan, participating clinics will be offered materials to facilitate a film screening for the Someone You Love: The HPV Epidemic documentary with hopes of encouraging the dialogue about HPV related cancers and the HPV vaccine in health-care settings that have an adolescent client/patient base. Clinics will also be offered a quality improvement visit from the MDHHS Division of Immunizations to provide evidence-based strategies for increasing vaccination rates.

Among MCC Member Organizations...

worked on any activities related to increasing the completion of the HPV vaccine series among adolescents/young adults

of these MCC member organizations used strategies to increase community demand

MCC Members in Action

"In the Clinic, we ensured our Providers were educating the benefits of the HPV vaccine to parents. We also provided parents with translated handouts and materials explaining what HPV is for them to get a better understanding. During our Health Fair was a strong point for the Clinic when we served over 120 children and could provide HPV vaccinations to most of the children. Currently, we continue to utilize our providers as our key point in administering HPV vaccinations. The Clinic also provides reminder calls to parents for their children’s vaccines”.

-Hiam Hamade BSN, MPH, MAOM – ACCESS Community Health Center
Why is screening important?

Regular screening is one of the best ways to prevent colorectal cancer (CRC). Screening can prevent CRC through the detection and removal of precancerous growths, as well as detect cancer at an early stage. Precancerous polyps don’t always cause symptoms, especially at first and that is why screening tests are so important. The declines in CRC incidence in recent years (about 3% per year from 2004-2013) have mainly been attributed to early detection.\(^5\)

The percentage of U.S. adults aged 50 to 75 years up-to-date with CRC screening increased 1.1% from 2014 to 2016 (this represents an additional 3.3 million adults aged 50 to 75 years screened for CRC).\(^6\)

Colorectal Cancer is the 2nd leading cause of cancer deaths in the United States\(^7\)

In 2018, there were an estimated 140,250 new cases of colorectal cancer diagnosed and 50,630 estimated deaths in the US. Nearly 1 in 20 people will be diagnosed in their lifetime and 60% of deaths could be prevented with screening.

There are health disparities in colorectal cancer screening rates

According to data from the 2017 Michigan Behavioral Risk Factor Survey, \(71.8\%\) of adults aged 50 to 75 years were up-to-date on appropriate CRC screening. Of adults aged 50-59 years old, only 64% were up to date on appropriate CRC screening.

Colorectal Cancer Screening Rates, by Demographic Categories

Received Appropriate FOBT or Endoscopy, Source: 2017 MiBRFS; *2016 MiBRFS.
MCC Priority: Colorectal Screening

Priority Workgroup 2018 Accomplishments

Since March 2018, the workgroup has implemented a 50th Birthday/Client Reminder Project with a goal to increase CRC screening rates among adults aged 50-59 years old. The workgroup requested participation in this project from MCC member organizations. Currently, four partners are participating in the project.

These partner organizations have identified adults aged 50-59 years old and have sent birthday cards/letters out to these adults to remind them to complete CRC screening. Successes from the project include:

As a result of the project, UnitedHealthcare Community Plan sent out 4,197 client reminders in their first quarter of the project, which resulted in 273 individuals completing CRC screening!

Among MCC Member Organizations...

The top 3 evidence-based methods used by members to promote CRC screenings in 2018 were:

- One-on-one patient education
- Small media patient education
- Client reminder systems

61% of MCC members are working on initiatives to promote timely screening for CRC.

MCC Members in Action

"HAAP identified more than 500 Asian Americans that were not up-to-date on CRC screening and provided short education over the phone.”

- Health Asian American Projects, Dr. Tsu-Yin Wu.

"Collaborating with Karmanos Cancer Institute and the state of Michigan, successfully we have been providing free colonoscopies and FIT testing for uninsured individuals who qualify for the screening criteria. From an outreach standpoint, we have been very successful at delivering our message for the community with over 400 individuals who have been scheduled or have performed their colonoscopies or FIT screening. We have sent out reminder calls to schedule appointments or complete FIT kits in additional to colorectal cancer reminder cards. To overcome screening barriers, we continue to use a barrier assessment when scheduling appointments. We also have a process implemented for referring patients to navigator system for financial assistance and transportation needs. We continue conducting research to collect data on knowledge, risk factors and screening barriers to colorectal cancer within the community. Preliminary data from such research work has been presented at the International Arab American symposium August 2018.”

-Hiam Hamade, BSN, MPH, MAOM, ACCESS Community Health Center
Clinical trials are part of the cancer care continuum

The MCC has strongly supported the facilitation of patient participation in clinical trials for the past 20 years. Clinical trials play a critical role in the cancer care continuum by aiming to support patient quality of life and improve treatments. Participation may increase survival with establishment of improved screening and detection methods and effective treatments. However, there is room for improvement when it comes to patient enrollment. Patient barriers to clinical trial enrollment can include suspicion of research, financial concerns, and a lack of knowledge about available trials and eligibility criteria. Enrollment in clinical trials is often lower among those who are 65 years of age or older, live in rural areas and identify as part of an ethnic or racial minority group. Twenty percent of cancer patients are eligible for clinical trials nationwide, yet only 2–3% of patients participate. In Michigan, 8.5 percent of adults who reported a cancer diagnosis also reported participating in cancer treatment clinical trials.

Clinical trials provide the opportunity to learn about potential therapies and their ability to improve symptoms and quality of life after a cancer diagnosis. 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 for all patients. They provide the opportunity for patients to have access to the latest available treatments and have an active role in their cancer care. The cancer journey is unique to each individual diagnosed. It is of benefit for providers to have knowledge of available trials and be able to discuss the benefits of enrollment for the individual.

Disparities exist in cancer clinical trial enrollment

With limitations of MiBRFS data, statistically significant disparities were not found across race, ethnicity, and for the population subsets detailed below. This is not to say they do not exist. From a national perspective, less than 10 percent of individuals with cancer enrolled in clinical trials are members of a racial or ethnic minority group.
MCC Priority: Clinical Trials

Priority Workgroup 2018 Accomplishments

In 2018 the MCC Clinical Trials Workgroup established a new project to develop two infographics (one for patients and one for primary care providers) which contain Michigan specific cancer clinical trial data and promote clinical trials and their benefits. This project will continue to address the MCC priority of increasing the percentage of Michigan adults participating in cancer treatment clinical trials.

The patient infographic will make individuals aware that clinical trials are available for different types of cancer and stages of disease. The provider infographic supports that primary care providers are a trusted member of the patient’s medical team throughout the cancer journey and can encourage their patients to learn more about their clinical trial options. The infographics are currently being drafted by the workgroup and will be focus group tested by patients and providers in 2019.

Among MCC Member Organizations...

40% are involved in promoting the participation of Michigan adults in clinical trials for cancer treatment

89% of these MCC member organizations educate healthcare providers and people diagnosed with cancer on the availability, purpose, and benefits of clinical trials

MCC Members in Action

"The Henry Ford Cancer Institute strives to have trial treatment options available for all patients at each junction of their cancer journey. Patients are screened for trial participation though a variety of internal mechanisms, including our multi-disciplinary tumor boards, disease specific care clinics, and through our precision medicine platform.”

- Chris Bissell, Henry Ford Health System
MCC Priority: Pain from Treatment

Cancer survivors may still experience cancer-related pain years later

An individual is considered a cancer survivor from the point of diagnosis throughout the duration of their life. Survivors are living longer with the support from advancements in cancer care and treatment. However, they may still experience the late effects of their cancer for years to come. This can include pain. Cancer pain is unique from pain that arises from other diseases in that it can take an unpredictable course and can vary greatly in severity and duration due to the disease course and treatment. The term “total pain” refers to an understanding that pain is multidimensional and has physical, psychological, social, emotional, and spiritual components that interact in different ways for each survivor. In 2018, nine percent of Michigan adults diagnosed with cancer reported current physical pain due to cancer treatment.

Cancer survivors have unique needs

The cancer survivor population has a unique set of needs which can change as a survivor moves throughout the cancer care continuum. There are physical, emotional, psychosocial and financial side effects of cancer care and treatment that impact survivors and their families. Survivorship work offers education and support to providers who treat individuals as they move from the oncology setting back to the primary care setting. To support treatment adherence, utilization of wellness interventions and quality of life among survivors, effective patient-centered communication is needed between the survivor and provider. This is further enhanced when shared decision-making strategies are in place to engage the patient in the decision-making process throughout survivorship.

Disparities exist in cancer pain among survivors

Despite limitations of the MiBRFS, survivors who reported a family household income of less than $35,000 reported being in pain at a significantly higher rate compared to survivors who reported a family household income of more than $35,000. The chart below indicates the proportion of cancer survivors reporting pain after cancer treatment, by various demographic groups.

Survivors reporting pain after cancer treatment by race, income, education, and disability status. Source: 2017 MiBRFS.
MCC Priority: Pain from Treatment

Priority Workgroup 2018 Accomplishments

The MCC survivorship workgroup has been tasked with addressing the priority of decreasing the percent of Michigan adults diagnosed with cancer who report physical pain due to cancer treatment. As a result, they are developing a shared decision-making document for survivors that provides education on physical pain management and various methods of pain control related to cancer treatment. The document will include questions patients can ask providers about pain management. To support health equity, the document will meet accessibility guidelines. The workgroup learned from their 2016-2017 project the value of incorporating survivor input at the beginning of this type of activity. Two focus groups were held (one rural, one urban) to gather input from survivors on the topics and formatting that should be included in such a document. The focus group data has been reviewed and document topics are being finalized. Once the document is drafted, it will be reviewed by another round of survivor focus groups in fall 2019.

Among MCC Member Organizations...

35% worked to reduce pain due to cancer treatment
80% of these MCC member organizations 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

MCC Members in Action

All programs offered free of charge are aimed at improving quality of life. Through thousands of hours of service provision of support groups, exercise classes, kids activities, social events, nutrition and other educational workshops, the CSC has served nearly 850 unique individuals.”

- Bonnie Dockham, Cancer Support Community of Ann Arbor
The 2018 MCC Annual Meeting was kicked off by Dr. Camara Jones, a national thought leader in health equity and racism. She challenged the MCC to look at the cancer plan with fresh eyes (a fresh view) and address health inequity further upstream. “Are there ways the MCC can address differences in exposures and opportunities for the communities we serve, instead of addressing the outcomes?” This mindset shift will steer MCC Leadership as they write, create, and update the Cancer Plan for Michigan.

The 2018 MCC Abstract and Poster Session highlighted projects and research activities in Michigan. One attendee commented:

"I was impressed with the information presented at the posters. I enjoyed speaking with authors in an organized, intimate setting."

MCC Awards

The MCC Inspiration Award (for cancer survivors) notes that “No one should face cancer alone. Courageous, determined, resolute, faithful; these are the qualities of cancer survivors.” The award is given to someone who exemplifies these words and lifts up others in the face of their own diagnosis. 2018 Winner: Erika Lojko

The MCC Champion Award honors an individual who has demonstrated leadership, excellence, success, and impact in the fight against cancer. This individual has helped to reduce the burden of cancer, championed initiatives to prevent and control cancer, and improved the lives of those living with cancer. 2018 Winner: Dr. Carolyn Johnston

The CDC Carol Friedman Comprehensive Cancer Control Award was established in 2011 and is given each year to a true champion and leader in cancer control. 2018 Winner: Hiam Hamade

The Spirit of Collaboration Award is presented to member organizations that have done outstanding collaborative work to significantly move comprehensive cancer control activities forward in our state. 2018 Award Winner: The Karmanos Cancer Institute (KCI) Michigan Cancer Healthlink for Equity in Cancer Care, which developed several cancer action councils to empower cancer patients, caregivers, survivors and community members to address cancer issues in their communities through increased engagement in cancer research.
Member Satisfaction

Top benefits of being an MCC member

The MCC Annual Survey gathers information from MCC members to evaluate their satisfaction with the Consortium and its activities. In 2018, members identified the top 5 benefits they value from being associated with the MCC:

1. Being informed on cancer-related resources, initiatives and programs
2. Access to resource materials for providers
3. Access to patient education materials
4. See the larger picture of how programs and organizations work together to enhance the mission across the state
5. Network with other professionals and leaders in cancer care

Leadership

The MCC members rated their satisfaction with the MCC Board of Directors.

- 74% thought the level of commitment among the Board of Directors is high.
- 54% thought the MCC recruits leaders and encourages members to seek leadership positions.
- 74% thought the MCC Board of Directors encourage decision making and action from other consortium members.

The meetings are well attended by Board of Directors and there appears to be an obvious interest in what the MCC wants to accomplish.”

I have continuously noted board members actively asking board and consortium members for dialogue on issues which need to be decided, and I appreciate the willingness of all to express similar and vastly different perspectives to really explore what is the best decision.”

Member engagement

MCC Member organizations engaged with the consortium in the following ways:

- 47% attended the MCC Annual Meeting in November 2018
- 49% attended at least one MCC Board of Director’s meeting in 2018
- 36% participated as a committee, subcommittee or workgroup member
- 81% communicated MCC information to others within their organization

79% of MCC members who responded to the survey reported either sharing or using the Tools of the Month.

MCC members report the lack of time and funding as the most common reasons for not participating in any of the above activities.

MCC members want to explore options to expand MCC’s social media presence

- 69% would use Facebook to access MCC cancer products and resources
- 32% would use Twitter
- 27% said they would not use Facebook or Twitter
Community Implementation Grants

Community agencies implement the Cancer Plan

In addition to the work of the MCC, the Comprehensive Cancer Control Program at the Michigan Department of Health and Human Services (MDHHS) funds several community agencies throughout the state to implement Michigan’s Cancer Plan. During fiscal year 2018 (October 2017 – September 2018) partners focused on human papilloma virus (HPV) education and promotion as well as cancer survivorship care.

Someone You Love: The HPV Epidemic

Someone You Love: The HPV Epidemic film screenings are sponsored by MDHHS. The documentary serves as an awareness tool to educate communities. The film follows five women who share personal challenges after being diagnosed with HPV associated cancers.

The purpose of the film screenings is to provide health care providers, adolescents/young adults, and parents/guardians with information about HPV and preventive measures that can be taken to reduce the occurrence of HPV cancers.

Four partners, which include Barry-Eaton District Health Department, Health Department of Northwest Michigan, CARES (Community AIDS Resource and Education Services), and District Health Department #10 are in the process of facilitating screenings in their communities. These film screenings include panel discussions with medical providers, health educators, caregivers, and cancer survivors.

Cancer Survivorship Care

Niimigwetch windam maabaa bimaadiziwin.

We are thankful for this great life.

The Inter-Tribal Council of Michigan, Inc. (ITCM) conducted an assessment on survivorship support programs available in tribal health systems. While services cover all major areas needed in a survivorship program, care coordination is fragmented across systems as providers are not referring patients to these services. Since patients are likely to follow the advice of their provider, tribal health care providers play a key role in referring cancer survivors to these services.

In 2018, the Inter-Tribal Council of Michigan (ITCM) approached the GW Cancer Center to adapt the current toolkit summary slides and patient tools to feature American Indian Specific data and tribal health system resources. From this collaboration came the Implementing Clinical Practice Guidelines for Cancer Survivorship Care training for Michigan Tribal Health providers toolkit.

Since July 2018, the ITCM has delivered this continuing education eligible training to more than 75 members of Michigan tribal health care teams. Medical, behavioral health, community and public health workers have received this culturally adapted training.

This training provides tools/strategies for survivorship care coordination in a rural primary care setting and pre-training evaluations revealed that 65% of providers were confident to administer the components of survivorship care versus 90% on post-training evaluations. These results show that the training is increasing confidence of providers to address and improve components of survivorship care in Native American health care settings.
How Can You Be Involved in the MCC?

JOIN THE MCC

If your organization is working on cancer prevention, control, or survivorship in Michigan, become a member of the MCC. Members have access to Michigan cancer resources, key partnerships, and opportunities to collaborate with others.

Click here to join the MCC

ATTEND THE MCC MEETINGS

The MCC hosts quarterly Board meetings that are open to all partners and hosts an Annual Meeting in November. Join us for an event!

Click here to attend MCC Meetings

SHARE WITH YOUR PARTNERS

Share cancer burden data and other MCC resources with your partners.

Click here to share the annual report

EDUCATE

Educate policymakers on issues related to cancer burden, cancer prevention and early detection, cancer treatment, and cancer survivorship.

Click here to find infographics you can use to educate

BECOME A PARTNER

The MCC is actively looking to partner with organizations and communities that serve priority populations in Michigan. Contact us for more information on financial navigation, survivorship, and other cancer-related resources.

FOR MORE INFORMATION, CONTACT: INFO@MICHIGANCANCER.ORG
Evaluation Methodology & References

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 information about member organizations, assess the extent of the work done for each priority, and rate satisfaction with the consortium’s services and activities.

The MCC Evaluation Committee oversees the Annual Survey and Report process. Each MCC member representative received the online survey on January 2nd, 2019. The survey asked members to report activities from 2018 related to cancer prevention and control. Out of 98 members organizations, 72 organizations (74%) responded to the survey. Information gathered from the survey was used to produce this report.

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