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[MCC Calendar of Events](#)

The U.S. Food and Drug Administration (FDA) Commits to Evidence-Based Actions Aimed at Saving Lives and Preventing Future Generations of Smokers

FDA, April 2021

The FDA announced that it is committing to advancing two tobacco product standards to significantly reduce disease and death from using combusted tobacco products, the leading cause of preventable death in the U.S. The FDA is working toward issuing proposed product standards within the next year to ban menthol as a characterizing flavor in cigarettes and ban all characterizing flavors (including menthol) in cigars. This decision is based on clear science and evidence establishing the addictiveness and harm of these products and builds on important, previous actions that banned other flavored cigarettes in 2009.

The agency is taking urgent action to reduce tobacco addiction and curb deaths. There is strong evidence that a menthol ban will help people quit. Studies show that menthol increases the appeal of tobacco and facilitates progression to regular smoking, particularly among youth and young adults. Menthol masks unpleasant flavors and harshness of tobacco products, making them easier to start using. Tobacco products with menthol can also be more addictive and harder to quit by enhancing the effects of nicotine. One study suggests that banning menthol cigarettes in the U.S. would lead an additional 923,000 smokers to quit, including 230,000 African Americans in the first 13 to 17 months after a ban goes into effect. An earlier study projected that about 633,000 deaths would be averted, including about 237,000 deaths averted for African Americans.

If implemented, the FDA’s enforcement of any ban on menthol cigarettes and all flavored cigars will only address manufacturers, distributors, wholesalers, importers, and retailers. The FDA cannot and will not enforce against individual consumer possession or use of menthol cigarettes or any tobacco product. The FDA will work to make sure that any unlawful tobacco products do not make their way onto the market. Read more at the [FDA Menthol Ban Full Article](#).



Transition of MCC Website to MDHHS Platform

The Michigan Cancer Consortium (MCC) website will be transitioning to the Michigan Department of Health and Human Services (MDHHS) platform effective June 30, 2021.

This is being done to be in compliance with state and federal policies, including with section 1557 of the Affordable Care Act. MDHHS receives federal funding through the Centers for Disease Control and Prevention, that includes maintenance of the MCC and a state cancer plan as part of grant requirements. Because this federal funding is administered by MDHHS, the website and materials for the program need to be brought into compliance with the new policy and related laws around accessibility. MCC co-chairs support this transition to ensure compliance and accessibility.

Benefits:

- The website will be in compliance with federal and state laws on visual and language accessibility.
- Information about several cancer control programs, services, and resources offered by the Cancer Prevention and Control Section will be readily available for patients and providers.
- Translation services for 15 languages offered to visitors that may need such support.
- Easy access to public information from MDHHS, such as current COVID-19 information.
- A holistic array of resources for visitors including information for other chronic diseases and human services.

While the new site is currently under “construction,” its content will continue to grow to reflect the depth and breadth of the MCC’s work. You can find the new website by going to www.michigan.gov/michigancancer.

Melanoma Dashboard Released in Honor of Skin Cancer Awareness Month

The Centers for Disease Control and Prevention (CDC) has released its [Melanoma Dashboard](#) this month in honor of Skin Cancer Awareness Month and Melanoma Monday. The dashboard was created in partnership with CDC’s Environmental Public Health Tracking Program and provides a wide range of relevant state and local data to help communities address their unique melanoma prevention needs.

Key features include

- State- and county-level data on melanoma incidence and mortality
- State- and county-level data on UV irradiance.
- State policies regarding minors’ access to indoor tanning devices and sunscreen use at schools.
- Additional county-level data to help inform and target local prevention efforts.

Although melanoma incidence rates have continued to increase in recent years, evidence-based prevention strategies are available and ready to be put into action in communities. The Melanoma Dashboard provides easy access to the most recent data, empowering users to communicate effectively about the burden of melanoma and make data-driven decisions that will maximize the impact of their [melanoma prevention efforts](#).



MDHHS issues RFP for Active Community Programming in Detroit, Lansing, Ypsilanti, and Baraga County

The Michigan Department of Health and Human Services (MDHHS) has issued a Request for Proposals (RFP) to provide services aimed at increasing physical activity among residents in Detroit, Lansing, Ypsilanti, and Baraga County.

The purpose of the Michigan Active Communities program is to implement policy, systems, and environmental (PSE) interventions in parks and green spaces to increase access to opportunities for physical activity in communities of color and low-income communities where parks and green spaces are inequitably funded. This grant will fund projects within Detroit, Ypsilanti, Lansing, and Baraga County, which are disproportionately affected by chronic disease, poor health outcomes, food insecurity, and physical inactivity.

The RFP seeks competitive plans for local projects that will utilize parks and community green spaces to create healthy, active, and engaged communities by implementing the following strategies:

- Create or enhance existing infrastructure to increase the number of communities that live within a half mile of a safe and accessible park or community green space.
- Improve and/or increase connectivity and accessibility to everyday destinations to increase active transportation and walkability.
- Increase levels of physical activity through programming, social supports, and the built environment.

Funded applicants will receive ongoing technical assistance from the MDHHS project coordinator which includes help with program start-up, reporting requirements and barriers to program implementation.

The award period begins Oct. 1, 2021 and ends Sept. 30, 2022. MDHHS expects to award approximately \$100,377 to up to six applicants, with a maximum of \$25,000 per applicant. Grant applications must be submitted electronically through the EGrAMS program by 3 p.m. on May 28, 2021.

For more information or to apply, visit the [EGrAMS website](#) and select "About EGrAMS" link in the left panel to access the "Competitive Application Instructions" training manual. The complete RFP can be accessed under the 'Current Grants' section under the "Public Health Administration" link and selecting the "MIAC-2022" grant program.

Electronic Cancer Messaging Reporting

Building a robust cancer registry database requires an eclectic approach, aggregating data from a wide variety of sources and methods. This is true for Michigan Cancer Surveillance Program (MCSP) cancer incidence registry. MCSP relies on data submissions from reporting hospitals, typically received electronically in NAACCR (North American Association of Central Registries) format (uniform data standard for cancer registration), with each submission undergoing stringent data standards, error-checking, and review from certified tumor registrars (CTRs).



Electronic Cancer Messaging Reporting (Continued)

In recent years, progress has also been made to collect textual information from pathology laboratory reports. These messages are sent from national laboratories in HL7 v2 formats and subsequently parsed and auto-coded based on text contained in the cancer report itself. Information from these records is valuable and can aid data quality efforts to improve the overall completeness and accuracy of the cancer registry's database.

Most laboratories using this reporting method work first with the CDC to understand requirements, then iterate test messages before going live. Labs then send reports electronically over a secure connection to Altarum (acts as a State-Sponsored Sharing Organization or "SSSO."). Recently, Quest Laboratories was onboarded through a platform developed by APHL (Association of Public Health Laboratories) called AIMS, (secure cloud-based platform that accelerates the implementation of health messaging) and Michigan was the first jurisdiction to confirm successful receipt of production messages. Altarum continues to hone methods for extracting value from this form of reporting. Current efforts are focused on matching algorithms to ensure reportable cases received in this format have corresponding patient records in the registry.

Physician-based reporting is another important form of electronic cancer reporting. Not all cases are fully captured through the hospitals and labs. Physicians who diagnose or treat cancer in ambulatory settings can qualify to send messages electronically to the State of Michigan with certified EHR software. To date, Altarum has received over a half million automated records electronically from participating offices within the state. Integrating these records into the registry is challenging, as most data intake software is architected for hospital records. Altarum is exploring data indexing technologies such as Solr to make better use of these electronic submissions by running deduplication algorithms, making it easy to query, and reformatting it so that CTRs can process the data easily and efficiently as part of their cancer casefinding process to identify reportable conditions.

Physicians and laboratories looking to send messages electronically to the State of Michigan can contact Altarum at mscp.help@altarum.org.

2021 MCC Meetings

2021 Board Meetings:
Wednesday, June 23
Wednesday, September 22

2021 Annual Meetings:
Wednesday, October 27

For more information contact Maria George at GeorgeM3@michigan.gov.



Health Equity Corner

Social Determinants of Health (SDOH): How They Affect Cancer Rates, Care, and Payment

Where people work, live and play can greatly affect their health and the quality of healthcare they receive. Research already has shown that these social determinants of health (SDOH) are potent. Now researchers are digging deeper and learning how SDOH affect diseases, including risk for certain cancers and their outcomes after treatment, says Katherine Reeder-Hayes, M.D., M.B.A., M.S., chair of the American Society of Clinical Oncology's Health Equity Committee. The considerable differences between poor and wealthier patients, as well as between Black and White patients, can often be traced to SDOH, says Reeder-Hayes.

This article takes a closer look at how SDOH affect cancer rates in certain populations, how these disparities influence cost and payment of cancer care, and how new payment models are better addressing SDOH.

To read the whole article visit the full [SDOH Article](#).