



Michigan Cancer Consortium

Annual Report

2020



Introduction

For nearly a quarter of a century, the Michigan Cancer Consortium – through the collaborative actions of its members – has been a leader in cancer prevention and control. This is evident through diverse activities such as the MCC annual meeting, priority workgroup initiatives, and the work of member organizations to implement portions of the cancer plan.

Every year brings to light new challenges and opportunities to see what can be changed or improved. The year 2020 was one many of us will likely not forget with events that included a global pandemic and the heightened and continued public health crisis of racism. These events highlight the need for continued focus on health equity. In 2020, MCC Members worked diligently to

develop the *Michigan Cancer Plan, 2021-2030*, which includes a renewed commitment to addressing health equity, including social determinants of health.

We are proud to present the 2020 MCC Annual Report highlighting the work of MCC member organizations. This annual report includes information about Michigan's Cancer Burden, summary of the accomplishments and outcomes of the 2016-2020 Cancer Plan, and recommendations and calls to action based on the MCC survey results.

We want to thank all our members for their efforts throughout the years on behalf of the Consortium. We hope you will share this report widely.

TAKING ACTION

Data is meaningless unless it helps make decisions and take actions. The Evaluation Committee aims to use data to drive measurable impact for the MCC and its members. The MCC Evaluation Committee, along with other stakeholders, reviewed the results from the 2020 Annual Survey and developed calls to action based on the data. The recommendations are listed throughout this report. The **GRAY BOXES** are suggested actions for MCC members and partners; the **BLUE BOXES** are suggestions to MCC leadership.



Sincerely,

*Deb Doherty, PT, PhD, CEAS
and Anas Al-Janadi, MD*

MCC CO-CHAIRS



Table of Contents

4 Executive Summary

6 Cancer Burden
History and Background of the MCC

9 2016-2020 Cancer Plan
MCC Annual Survey Results

18 2020 In Review
Impact of COVID-19 Pandemic on Members
2021-2030 Cancer Plan Process
Health Equity
MCC Annual Meeting Highlights
MCC Website Hits and Visits
Member Satisfaction Survey

32 Cancer Community Grants from MDHHS

34 Summary and Recommendations

Executive Summary



[THE MICHIGAN CANCER
CONSORTIUM (MCC) IS...]

ONE SOURCE FOR
ALL CANCER-RELATED
RESOURCES AND
ACTIVITIES IN
MICHIGAN

TAKE ACTION

RECOMMENDATIONS

MEMBERS

SHARE THE
REPORT AND
INVITE
COLLEAGUES
TO JOIN!

LEADERSHIP

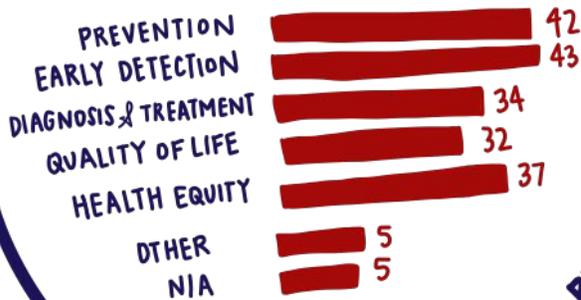
COMMIT TO
TAKING ACTION
AND HOLD
EACH OTHER
ACCOUNTABLE!

WE
CAN
DO
IT!

CANCER
REPORT

MCC SURVEY

AREAS MEMBERS WORKED ON:



73%

OF MEMBERS
RESPONDED TO
THE SURVEY

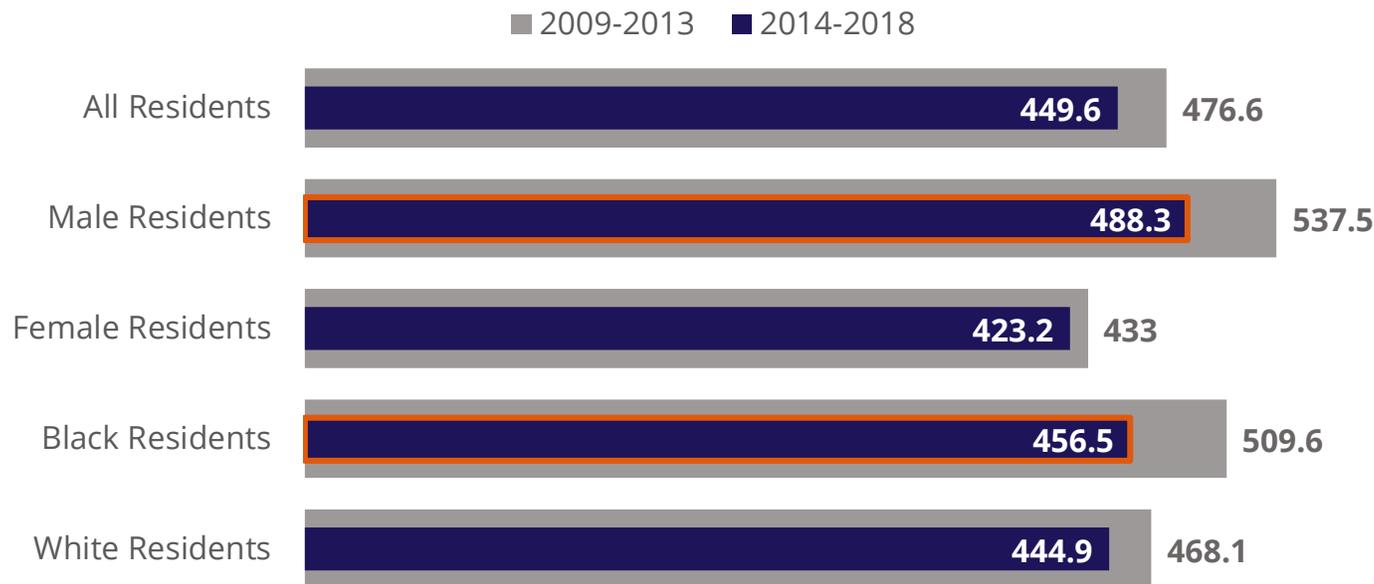
67
OUT OF
92
PEOPLE

READ MORE IN THE REPORT

Michigan's Cancer Burden^a

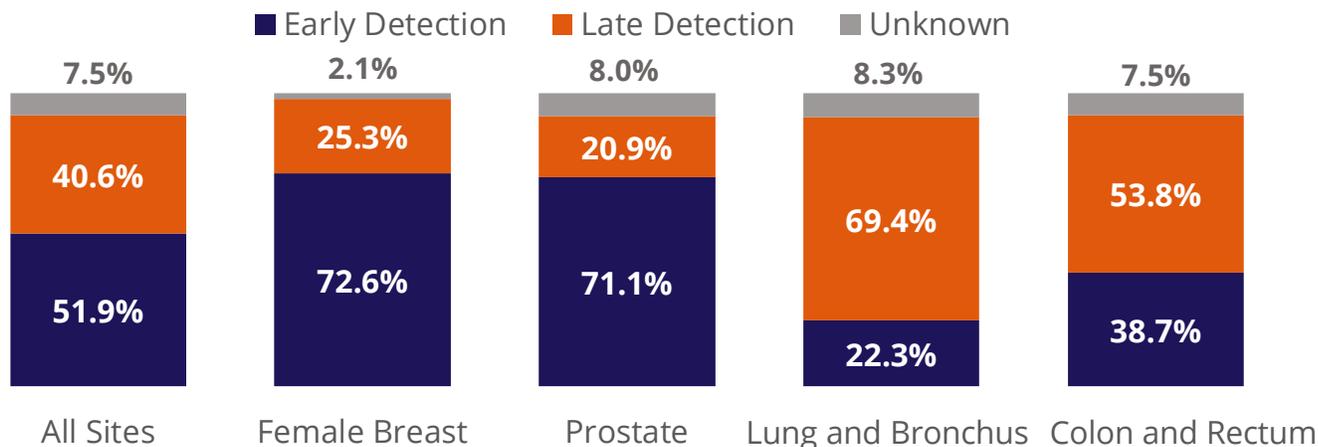
Cancer Incidence

Michigan's five-year rate of new cancer diagnoses (incidence) has decreased 5.7% from 2009-2013 to 2014-2018. The greatest decreases in this rate were among male Michiganders (9.2%) and Black Michiganders (10.4%).



From 2014-2018, **more than half** of cancers were **diagnosed at an early stage**.^b

Additionally, female breast and prostate cancers have been detected earlier than colorectal and lung cancers.

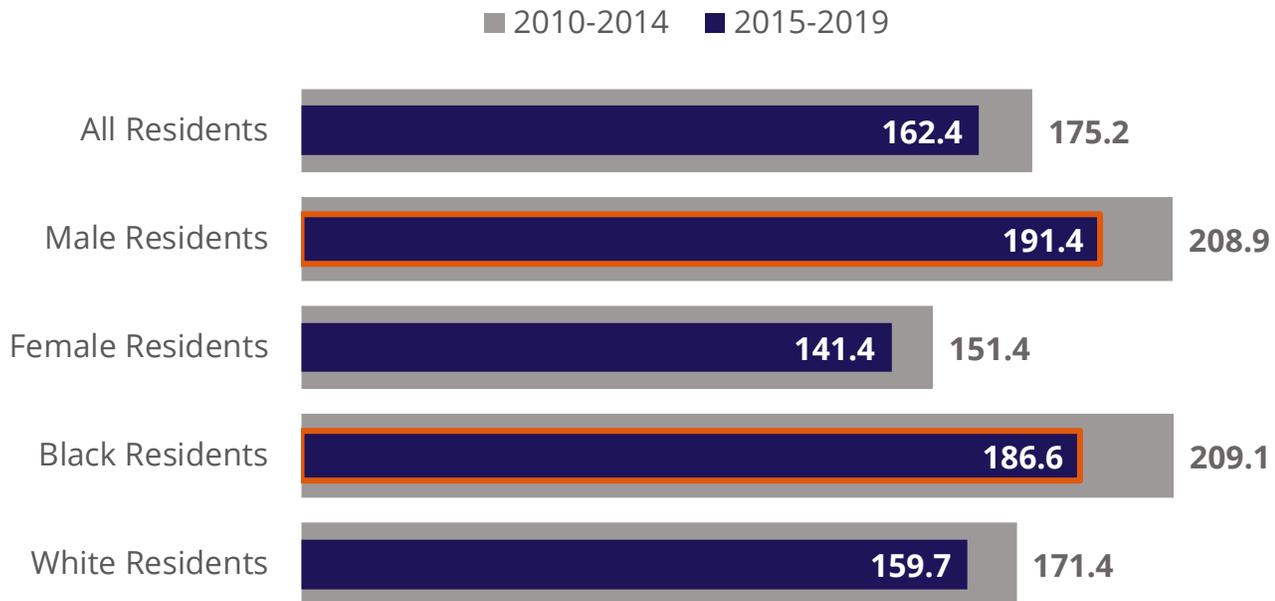


^a The data presented in this section can be found at the MDHHS - Michigan Cancer Surveillance Program (URL: https://www.michigan.gov/mdhhs/0,5885,7-339-73970_2944_5323---,00.html) or at cancer-rates.info. The incidence and mortality rates are per 100,000 population and are age-adjusted to the 2000 U.S. Standard Population.

^b Early detection includes cancers that are at the in situ or localized stage when first diagnosed. Late detection includes cancers that are at a regional or distant stage when first diagnosed. The remaining proportions of cancers were at an unknown stage when first diagnosed.

Cancer Mortality

Michigan’s five-year rate of cancer deaths (mortality) has decreased 7.3% from 2009-2013 to 2014-2018. Again, the greatest decreases in this rate were among male Michiganders (8.4%) and Black Michiganders (10.8%).

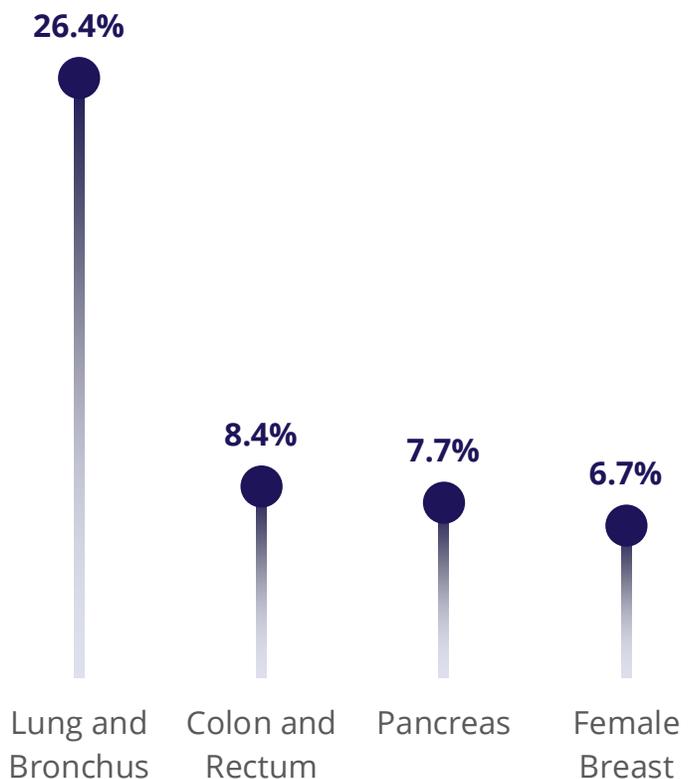


LOOKING AHEAD

We’re very concerned about potential screening delays as **DECREASED RATES OF CANCER SCREENING** during the coronavirus pandemic could lead to a significant increase in cancer mortality.

- MCC MEMBER

From 2015-2019, **lung and bronchus** cancers accounted for **26.4%** of cancer deaths.



History and Background of the MCC



The Michigan Cancer Consortium (MCC) is a statewide collaborative effort with a strong history of uniting private and public organizations to reduce cancer burden. This collective expertise improves the MCC's ability to have an impact. 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. Membership is open to any organization that has an interest in collaborative efforts to improve Michigan cancer outcomes. The MCC provides statewide cancer burden data, educational resources for health professionals and the public, and networking opportunities. Currently, the consortium is 92 members strong!

For more information: michigan.gov/michigancancer

**FIND US
ON THE
WEB!**





2016-20 Cancer Plan



OVERALL PROGRESS



OBJECTIVES



**ANNUAL SURVEY
RESULTS**

About the Cancer Plan

Michigan has made great strides over the last several years in addressing cancer. Cancer incidence rates continue to decline. However, cancer is still the second leading cause of death in the state, impacting every individual, family, and community.

Developed by the Michigan Cancer Consortium, the Michigan Cancer Plan is a comprehensive blueprint for actions to guide cancer control efforts and promote collaborations between organizations and the residents of Michigan.

In 2020, the MCC worked on wrapping up the 2016-2020 Cancer Plan and developed the 2021-2030 Cancer Plan.

Final Progress for Cancer Plan 2016-2020

The 2020 Cancer Plan included 36 objectives, a total of 42 metrics, across the cancer continuum. Using the most recent data available, the objectives can be measured and compared to the targets set for 2020.

Over the tenure of the 2020 Cancer Plan, the MCC selected priority objectives to concentrate its efforts.

Choosing priorities to focus on for a set period made the work of implementing the plan more manageable and more likely to yield a measurable impact on the cancer burden. MCC workgroups implemented projects to achieve the priority objectives from 2016-2019. While there were priorities that the MCC focused on together, member organizations continued to work on other activities from the cancer plan that fit with their mission.

OVERALL PROGRESS

15

objectives **met or exceeded** the target.

18

objectives **were not met**.

9

objectives **do not have data available** for comparison.



Final progress for Cancer Plan for Michigan 2016-2020 objectives

LEGEND	STATUS			OBJECTIVE PROGRESS	
	GOAL MET	INCONCLUSIVE	NOT MET	LATEST DATA	TARGET

Objective	Status	Latest Data	Target	Objective Progress
PREVENTION				
The goal of the following objectives is to meet or be less than the target.				
Percent of adults who currently smoke. ^a		18.7%	19.3%	
Percent of adolescents who currently smoke. ^b		4.5%	10.6%	
Percent of smokeless tobacco products by adults. ^a		3.7%	3.6%	
Percent of smokeless tobacco products by adolescents. ^b		2.9%	6.2%	
Percent of adults engaging in heavy drinking. ^a		6.2%	5.6%	
Percent of adults engaging in binge drinking. ^a		17.9%	17.0%	
Percent of adolescents engaging in binge drinking. ^b		11.2%	15.0%	
Percent of adolescents who were not physically active at least 60 minutes per day on all 7 days. ^b		78.2%	66.0%	
Percent of adults who are obese. ^a		36.0%	30.5%	
Percent of adolescents who are obese. ^b		15.3%	11.7%	
The goal of the following objectives is to meet or be greater than the target.				
Percent of females ages 13-17 who have received at least 2 doses of HPV. ^c		44.8%	80.0%	
Percent of males ages 13-17 who have received at least 2 doses of HPV. ^c		42.4%	80.0%	
Percent of adults who meet the objectives for aerobic physical activity and for muscle-strengthening activity. ^a		20.8%	21.5%	
Percent of adults who report consuming fruits and vegetables 5 or more times per day.		N/A	16.8%	
Number of radon test results that are reported to the MI Dept of Environmental Quality Indoor Radon Program. ^d		12,714	7,894	
Percent of women with a family history of breast and/or ovarian cancer who receive genetic counseling. ^e		9.9%	9.7%	
Establish a baseline to assess the proportion of adolescents in grades 9-12 who follow protective measures.		N/A	N/A	
Adolescents in grades 9-12 who follow protective measures that may reduce skin cancer.		N/A	N/A	

DATA SOURCE

^a Michigan Behavioral Risk Factor Survey - 2019

^b Michigan Youth Risk Behavior Survey - 2019

^c Michigan Care Improvement Registry - 2019

^d Michigan Department of Environment, Great Lakes, and Energy - 2020

^e Michigan Behavioral Risk Factor Survey - 2018

Final progress for Cancer Plan for Michigan 2016-2020 objectives, cont.

LEGEND	STATUS			OBJECTIVE PROGRESS	
	GOAL MET	INCONCLUSIVE	NOT MET	LATEST DATA	TARGET

Objective		Latest Data	Target	Objective Progress
Early Detection				
The goal of the following objectives is to meet or be less than the target.				
Mortality rate from lung cancer. ^a		38.8	43.1	
Mortality rate from female breast cancer. ^a		19.9	20.7	
Mortality rate from cervical cancer. ^a		1.7	1.8	
Mortality from colorectal cancer. ^a		13.4	13.1	
The goal of the following objectives is to meet or be greater than the target.				
Percent of females aged 50-74 who received a breast cancer screening (mammogram) in the past 2 years. ^b		80.0%	89.1%	
Percent of females aged 21-65 who receive a cervical cancer screening (Pap smear, no hysterectomy) in past 3 years. ^b		83.6%	94.8%	
Percent of adults aged 50 to 75 who are up-to-date on appropriate colorectal cancer screening. ^b		74.5%	80.0%	
Diagnosis & Treatment				
The goal of the following objectives is to meet or be greater than the target.				
Percent of Michigan adults participating in cancer treatment clinical trials. ^c		5.8%	4.8%	
Percent of Michigan residents with a personal history of breast or ovarian cancer that are offered appropriate genetic counseling.		N/A	4.0% Ovarian 3.6% Breast	
Percent of newly diagnosed colorectal cancer patients who are screened for Lynch Syndrome. ^d		19.1%	2.2%	
Number of hospital-based palliative care services in Michigan. ^e		54	84	
Number of Quality Oncology Practice Initiative certified practices. ^f		16	24	
Number of American College of Surgeons approved cancer programs. ^g		29	47	

DATA SOURCE

^a Michigan Department of Health and Human Services Vital Records Death Files - 2019^b Michigan Behavioral Risk Factor Survey - 2018^c Michigan Behavioral Risk Factor Survey - 2019^d Michigan Department of Health and Human Services Michigan Cancer Surveillance Program - 2013-2017^e Palliative Care Provider Directory^f American Society for Clinical Oncology^g American College of Surgeons

Final progress for Cancer Plan for Michigan 2016-2020 objectives, cont.

LEGEND	STATUS			OBJECTIVE PROGRESS	
	GOAL MET	INCONCLUSIVE	NOT MET	LATEST DATA	TARGET

Objective		Latest Data	Target	Objective Progress
Quality of Life				
The goal of the following objectives is to meet or be less than the target.				
26. Percent of adults diagnosed with cancer who report current physical pain due to cancer treatment ^a		9.2%	6.8%	
27. Percent of adults over age 18 who have ever received a diagnosis of cancer who report poor physical health in the past 14-30 days ^a		20.5%	19.8%	
28. Percent of adults over age 18 who have ever received a diagnosis of cancer who report poor mental health in the past 14-30 days ^a		13.1%	13.8%	
The goal of the following objectives is to meet or be greater than the target.				
29. Percent of adults diagnosed with cancer reporting they were given a written summary of all cancer treatment ^a		57.0%	44.6%	
30. Percent of adults diagnosed with cancer who received instructions about routine cancer check-ups after completing treatment ^a		74.3%	57.1%	
31. Number of MCC member organizations that help reduce barriers to care or coordinate care services ^b		32	66	
32. Number of MCC member organizations who promote advance care planning to adult patients with advance cancer diagnosis ^b		24	20	
33. Percent of Michigan adult cancer patients receiving chemo during the last two weeks of life		N/A	6.0%	
34. Number of Michigan adult cancer patients who are enrolled in hospice within 3 days of their death		N/A	14.0	
35. Percent of adults who have ever been diagnosed with cancer who met aerobic physical activity & muscle-strengthening objectives ^a		19.8%	18.8%	
36. Number of Michigan adults ever diagnosed with cancer report consuming fruits and vegetables 5 or more times per day		N/A	17.6	

DATA SOURCE

^a Michigan Behavioral Risk Factor Survey – 2019^b Michigan Cancer Consortium – 2020

PRIORITY OBJECTIVE ACCOMPLISHMENT



Increase the proportion of adolescents who have completed the recommended series of **HPV VACCINE** (2016-2019).

- Worked to disseminate a Human Papilloma Virus (HPV) environmental scan assessment, developed by Karmanos Cancer Institute/Wayne State University, to promote uptake of the HPV vaccine.



Increase **COLORECTAL** cancer **SCREENINGS** (2016-2019).

- Promoted steps to make colorectal cancer screening a quality measure for Michigan Medicaid (Adult Core Set).
- Identified eligible clients and provided client reminders and resources to Medicaid and Healthy Michigan Plan (HMP) members, ages 50-59, who need colorectal cancer (CRC) screening.



Increase participation in cancer treatment **CLINICAL TRIALS** (2016-2019).

- Developed a cover sheet for practitioners to use as a “heads up” when enrolling patients in cancer clinical trials in order to facilitate a more rapid response to prior authorization requests for enrollment in clinical trials.
- Created 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.



Promote use of **SURVIVORSHIP CARE** plans (2016-2017).

- Developed patient education and 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.



Decrease proportion of adults with cancer who report **PHYSICAL PAIN** due to cancer treatment (2018-2019).

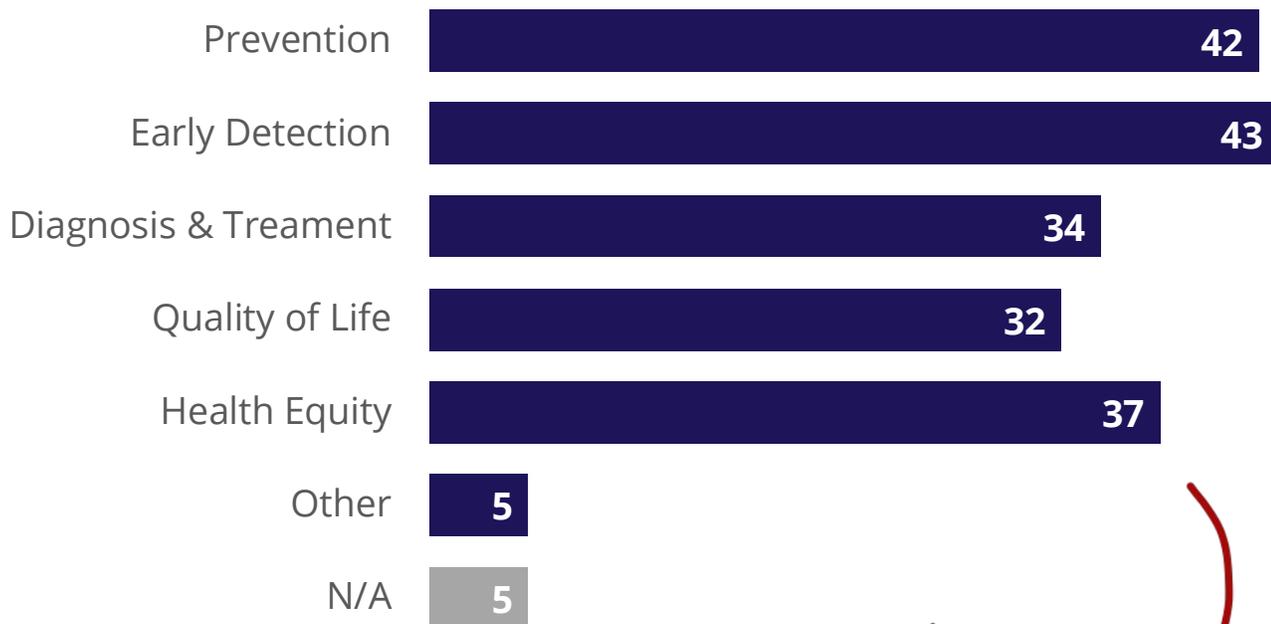
- Created a shared decision-making document for survivors that provides education on physical pain management and various methods of pain control related to cancer treatment.

Annual Survey Results

The MCC Annual Survey was sent to the member representatives of each MCC member organization via email in January 2021 and follow-up was conducted until the survey closed in March 2021. Items on the survey included questions regarding which areas from the 2016-2020 Cancer Plan for Michigan each member organization worked on, how members were impacted by the COVID-19 pandemic, and questions regarding members' satisfaction with the MCC.

In total, 67 out of 92 member organizations (73%) responded to the survey. Of these organizations, 38 serve adolescents (ages 10-19), 55 serve adults (ages 20 and above), and eight serve other age groups.

Most members stated they **completed work** in the areas of **early detection** and **prevention** on the cancer continuum.

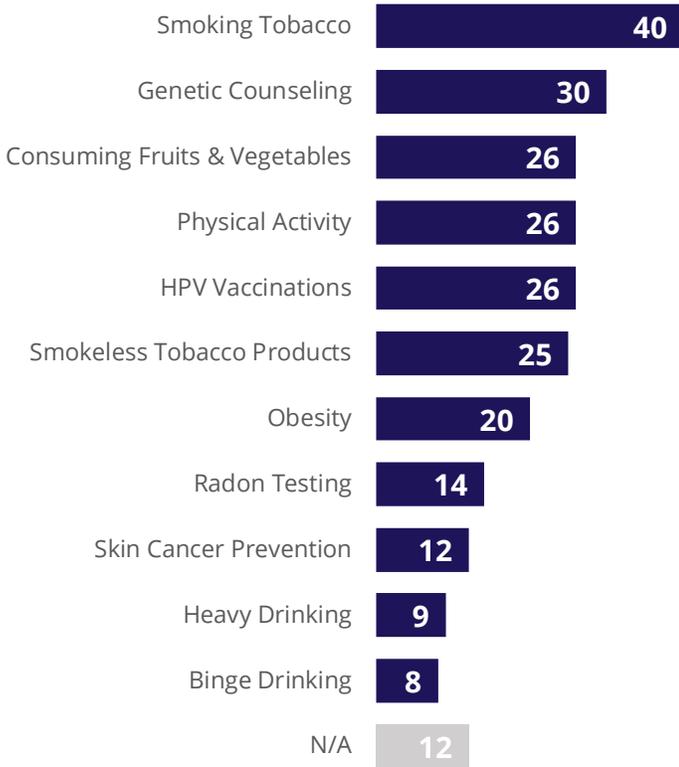


MCC should provide more educational opportunities around the areas that members are not doing as much work in.



Prevention

Out of the 42 organizations that worked on prevention, most MCC members worked on the issue areas of **smoking tobacco** and **genetic counseling** related to cancer prevention.



“MSHO was part of the Keep MI Kids Tobacco Free [Alliance]. We educated [lawmakers] on the impact of vaping and our youth.”

-MICHIGAN SOCIETY OF HEMATOLOGY AND ONCOLOGY (MSHO)

“[We made] significant updates [including] language surrounding increased use of multigene panels and use of genetic testing...[we continue] to work towards increasing access to cancer genetic testing for all patients for whom this testing would be recommended.”

-MICHIGAN CANCER GENETICS ALLIANCE



Keep focusing on tobacco cessation - that is the most effective way to reduce cancer risk.

Early Detection

Forty-three MCC members work on early detection activities, most of which worked to increase breast, colorectal, and cervical cancer screenings.

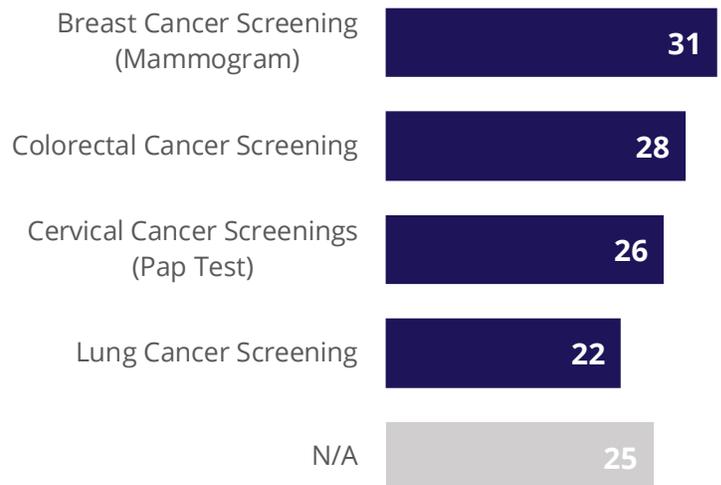


“Despite the pandemic and brief ‘Stay at Home’ orders, we were able to hold in-person clinics to provide breast and cervical exams and educate clients on cancer prevention.”

-HEALTH DEPARTMENT OF NORTHWEST MICHIGAN

“Karmanos Cancer Institute has expanded [its] cancer screening and early detection program to offer cancer screening services to the general public...”

-BARBARA ANN KARMANOS CANCER INSTITUTE / WAYNE STATE UNIVERSITY



Continue and increase work around lung cancer prevention, including radon testing.

Diagnosis and Treatment

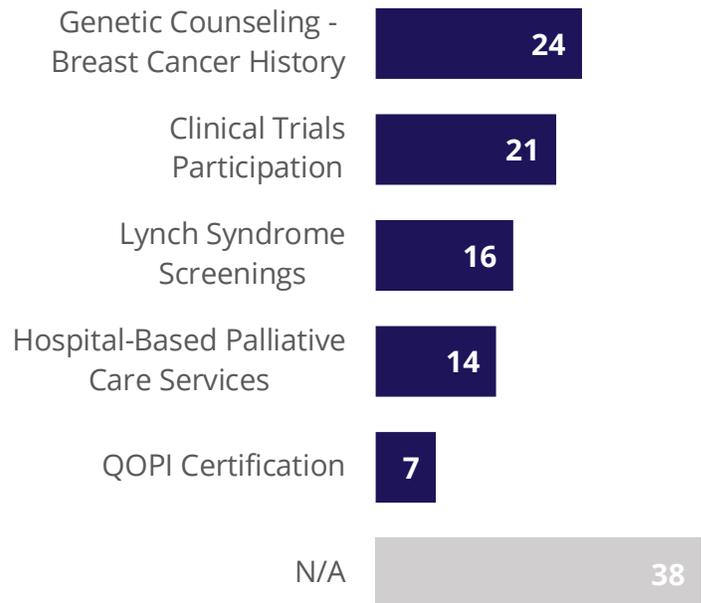
Thirty-four of the 67 MCC respondents work in the area of diagnosis and treatment. Of those, most worked on **genetic counseling** and **clinical trial participation**.

“Despite COVID, genetic counseling was offered to appropriate cancer patients, and one of the positive outcomes from COVID has been the ability to provide telemedicine and offer more expedient referrals.”

-HENRY FORD HEALTH SYSTEM

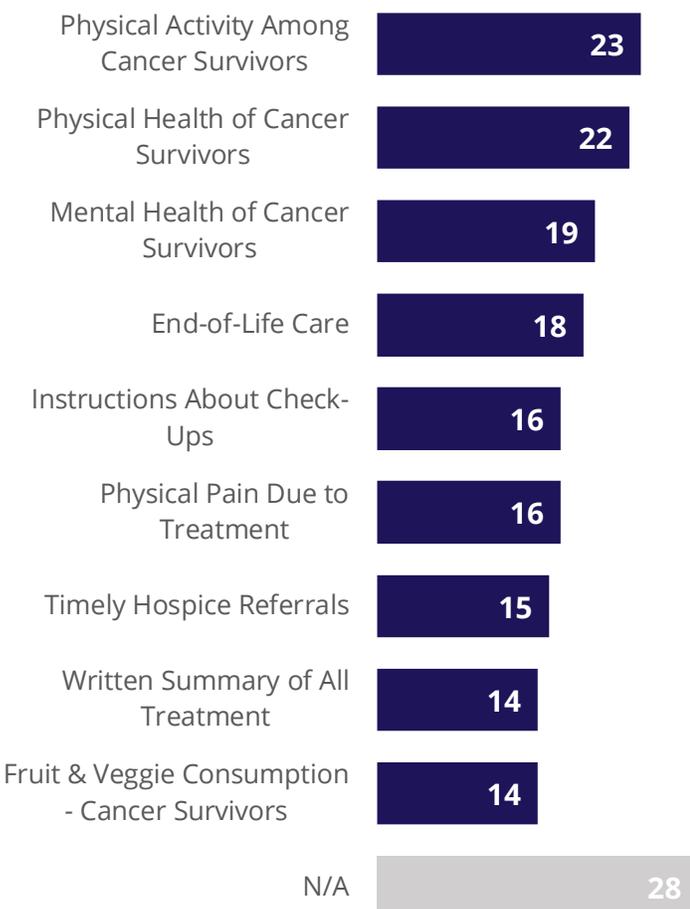
"MROQC provided tools and used data from our sites to encourage ongoing treatment of patients during the height of the COVID pandemic in 2020."

-MICHIGAN RADIATION ONCOLOGY QUALITY CONSORTIUM (MROQC)



Quality of Life

Out of the 32 MCC member organizations that work to promote quality of life activities, most worked on **increasing physical activity** of cancer survivors.



“We have [social workers] embedded in our cancer clinics to assist patients with end-of-life decision making and mental health needs. We monitor timely referrals to hospice...We also provide each cancer patient that is being treated for curative intent a survivorship care plan when they complete treatment.”

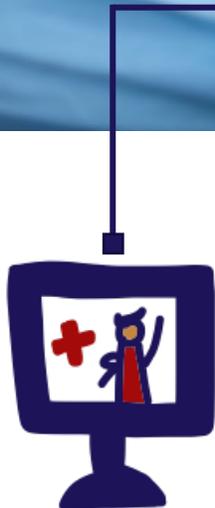
-MID-MICHIGAN MEDICAL CENTER - MIDLAND

"Physical health and activity supported with delivery of Cancer Thriving and Surviving program."

-MICHIGAN ONCOLOGY QUALITY CONSORTIUM

2020 in Review

In 2020, the MCC stayed true to its mission to provide resources, host educational events, and meet the needs of its members despite the pandemic. We are proud to share a few highlights from the past year.



TELEMEDICINE HAS BECOME [INCREASINGLY] IMPORTANT during the COVID-19 pandemic. Virtual meetings have been instituted. Connecting with more patients via the telephone. Adapting workflows and workspaces.



Impact of the COVID-19 Pandemic

The COVID-19 pandemic and responses to help prevent its spread have had far-reaching impacts on the cancer community. At the June 2020 MCC Board of Directors Meeting, member organizations gave verbal and written testimonials on how COVID-19 has affected their organizations. In the annual survey deployed in January 2021, MCC members identified how their work was affected and specific needs or challenges each organization is facing because of the pandemic.

The following themes and quotes are from MCC members, which were collected in the 2020 annual member survey in response to the impact of COVID.

Virtual Programming

“...there are many services that have switched to a **VIRTUAL PLATFORM** and have **MADE IT EASIER FOR PATIENTS TO ACCESS**. Interestingly, however, we have seen that patients long for human interaction, especially those with cancer, and many of the patients still desire in-person visits.”

“We have tried to maintain as many programs as possible **USING ONLINE PLATFORMS** during the pandemic...We continue to look for additional ways to connect with survivors, provide programs, and connect survivors with one another.”

Activity Cancellations

“[Our programming was] dramatically affected, as community **PROJECTS WERE CURTAILED** due to threats of exposure because of gathering/group settings.”

“Monthly Membership Meetings are now virtual via Zoom. Major outreach and fundraising **ACTIVITIES WERE POSTPONED OR CANCELLED**.”

Screening and Treatment Delays

“[The pandemic] has reduced clinics to get women in for their cervical screening...Hospitals stopped doing imaging...which **DELAYED SCREENINGS** and follow up imaging, Colorectal Grant ended leaving women and men with **NO INSURANCE...**”

“**SCREENINGS WERE ON HOLD** for 3-4 months, so we are seeing patients that got "lost" in that timeframe and are now presenting at a higher stage.”

Staffing Constraints

“Our care teams are **MENTALLY EXHAUSTED** from COVID fatigue.”

“We have been extremely busy helping our members **ADJUST** to the **NEW WAY OF CARING** for cancer patients. From telemedicine, decreased staff, new work models, delayed screenings, physician burnout...”

Pandemic Needs and Challenges

Financial Constraints

"We are seeing more serious diagnoses and a **GREATER NEED FOR FINANCIAL SUPPORT** in our community. Meanwhile, we continue to face struggles in hosting fundraisers and are working to be creative while continuing to seek grant funding wherever possible."

"We are having to prioritize our work to ensure we are being **BUDGET CONSCIOUS**, which limits the amount of time we can spend working on initiatives that are not producing revenue."

Virtual Limitations

"While we have been successful in transitioning to virtual for the delivery of our services, we recognize that not all participants, past and present, have equal ability, skills, resources and desire to access services in a virtual format."

"**TECHNOLOGY IMPROVEMENTS AND ISOLATION** for cancer patients and families supporting them."

Public Confidence

"Our practices face the struggle of continuing patient care in a **SAFE ENVIRONMENT**, assuring patients that are getting in-person care, tests, etc. that it is safe and very important."

"Helping patients to **FEEL SAFE** and get them to come in for their preventative care."

Staffing Constraints

"While we have weathered the challenges of COVID, there is significant need for opportunities to **BOOST THE MORALE** of our providers who have given selflessly to ensure the safe care of our patients."

"COVID education, testing, and vaccination are consuming our employees' lives. We **NEED TIME TO SPEND ON OTHER THINGS** like cancer prevention, but until the pandemic has eased, that will be a huge challenge."

Screening Delays

"Trying to help solve for the patients who **AVOIDED SCREENING/PREVENTATIVE** measures due to avoiding the health care system and recognizing more advance stages of cancer may be diagnosed initially post COVID."

"Delays in cancer screenings have created more **ADVANCED DISEASE.**"



Host a roundtable of MCC members sharing strategies and resources; or simply, share frustrations.

“

We are all becoming Zoomed out! [We are] looking forward to when we can **gather in person** again.



2021-2030 Cancer Plan Process

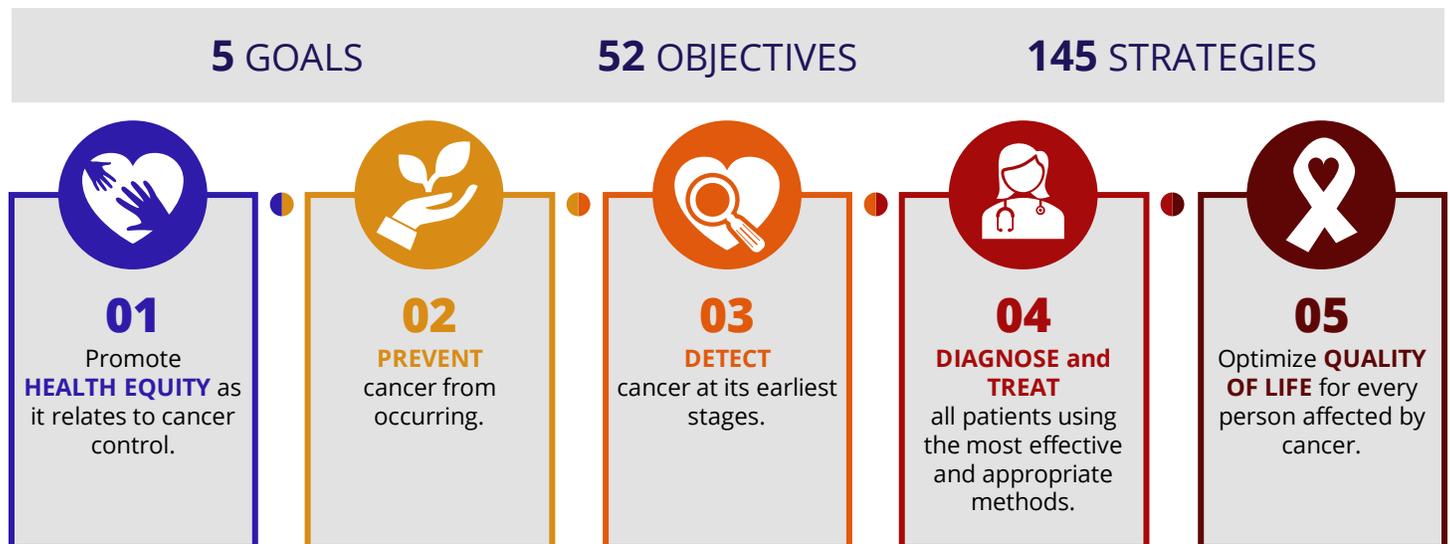


The [Michigan Cancer Plan 2021-2030](#), which was developed for all Michiganders, builds on the success of previous plans, with the aim of lessening the burden of cancer in the state. The Cancer Plan was shared at the MCC Annual Meeting in October 2020.

Approximately 82 people participated in the five workgroups that developed the cancer plan. Each workgroup consisted of an average of 15 active participants and was instrumental in choosing the objectives and strategies. The

Michigan Cancer Consortium was a key partner in the development of the cancer plan. Many members of the MCC served on Cancer Plan workgroups and guided the revision process.

The Michigan Cancer Plan 2021-2030 consists of 52 objectives and 145 strategies across the five goals.





June 2020

Approve 52 objectives and priorities.



Oct 2020

Share 2030 Cancer Plan at MCC Annual Meeting.



Select priority objectives.

Sept 2020

Evaluation of the Cancer Plan Revision Process

A survey of workgroup members was conducted to evaluate the workgroup members' satisfaction and identify areas of improvement.

- The overall satisfaction rate of the workgroup was 4.6 out of 5.
- 96% of workgroup members agreed that the meetings were facilitated well.
- 93% reported that their expectations were met.
- 84% said they gained new knowledge that was applicable to their work.
- **95% of workgroup members would recommend to others to participate in the Cancer Plan revision process.**

Lessons Learned

Workgroup members suggested the use of video conferencing rather than audio conference to encourage more interaction and discussion. Some workgroups members noted that they would like clearer expectations and materials in order to prepare for the meetings.



Words from Workgroups

“Enjoyed working with and learning from other experts who could bring other key discussion items to the group.”

“Great group of professionals, Great leadership. Thank you.”

FOUNDATIONS



Implement policy, systems, and environmental (PSE) changes.

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

Demonstrate outcomes through evaluation.

MCC Priorities January 2021 – December 2023

For each of the Cancer Plan’s five goal areas, the MCC Board of Directors selected an MCC Priority.

HEALTH EQUITY	Decrease percent of Michiganders without medical insurance.
PREVENTION	Reduce tobacco use in adults and adolescents.
EARLY DETECTION	Decrease late-stage breast cancer diagnoses.
DIAGNOSIS and TREATMENT	Increase the percent of Michigan adults participating in cancer treatment clinical trials.
QUALITY OF LIFE	Increase the percent of Michigan adults who have ever been diagnosed with cancer who meet the objectives for aerobic physical activity and for muscle-strengthening activity.

The MCC Board of Directors selected “decrease late-stage breast cancer diagnoses” as the MCC Priority that would have a staffed priority workgroup. It is anticipated that the workgroup will begin meeting in 2021 and develop and implement a three-year workplan.



Health Equity

Promoting health equity is central to the mission of the MCC and is a new goal area in the 2030 Cancer Plan. The MCC survey includes a standing section that asks members about any activities they are undertaking to reduce disparities and promote equity.

In total, **43 member organizations** supported programs for underserved or special populations in 2020.

As part of their responses, members identified current policies in place to support health equity. Primarily, MCC members are providing materials in clients' primary languages, have representative staff, and provide cultural proficiency training for staff.

Members also described what data they are collecting as part of their work on health equity. Most members are collecting data on clients' race (n=37) and primary language (n=30). Interestingly, fewer member organizations responded that they collect data regarding gender identity (n=27) or sexual orientation (n=20).



Consider setting metrics and standards that MCC member organizations can work towards (e.g., trainings for all employees, etc.).

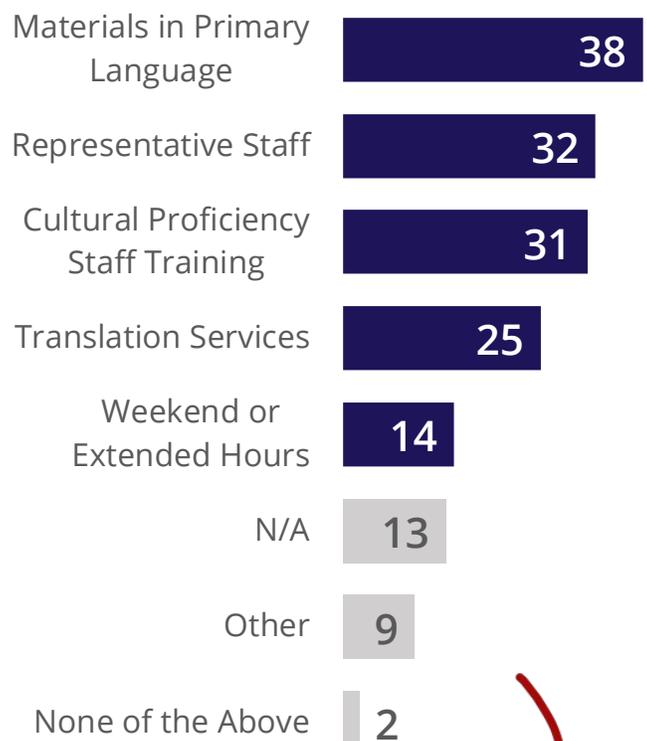


Share examples of existing policies and procedures that promote health equity (extended hours, staff training, etc.).



Compare incidence data to service data for cancers by demographic factors to see if you are reaching certain groups.

Most MCC members **provide primary language materials.**



MCC Member organizations indicated they need **additional resources** to work on health equity activities.



Add more health equity programming (i.e., have speakers who can share what they have worked on as far as equity, what successes and challenges they have had).

For Health Equity Committee: Continue to provide training and resources for organizations to be more equitable and culturally responsive (e.g., Culturally and Linguistically Appropriate Services standards, examples of policies, etc.).



Review the health equity resources on the website and share with colleagues.

FIND MCC'S HEALTH EQUITY RESOURCES ON THE WEB HERE!

Of the members who stated they are not working on health equity (n=10), six stated that they are **unclear what changes are needed** to promote health equity.



MCC Annual Meeting Highlights

The 2020 virtual MCC Annual Meeting was kicked off by Dr. Simin Beg and Lisa VanderWel from Spectrum Health and Hospice and Palliative Care who gave a keynote address on Cultural Humility. Dr. Beg provided context on how the United States environment is predicted to change over the coming decades, such as an increased population (more people), an older population, and shifting racial proportions.

Ms. VanderWel described the difference between Cultural Competence and Cultural Humility. Rather than knowing everything about every culture (cultural competence) cultural humility focuses on four questions providers can humbly approach with their patients:



1. What does your patient understand about disease process AND treatment options?
2. What do they hope/fear?
3. How can we align the two?
4. As the population changes, how can we provide care that respects the diversity and acknowledge the unique elements of every individual's identity?



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.

2020 Recipient: Amanda Crowell Itliong



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.

2020 Recipient: Dr. Susan Hoppough



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.

2020 Award Recipients:

- **St. Joseph Mercy Health System (SJMHS)** and the Cancer Support Community of Greater Ann Arbor (CSC) which have worked together since the concept of bringing a cancer support center to the region was envisioned. Since the development of this partnership, the CSC provides supportive services for over 500 individuals receiving treatment at the St. Joe's facility each year. This includes support groups, exercise classes, mindfulness meditation, educational workshops, and a full-time oncology therapist.
- **Karmanos Cancer Institute (KCI) Office of Cancer Health Equity and Community Engagement (OCHECE)** spearheaded the Research and Advocacy Consortium (RAC) and Michigan Cancer HealthLink, a network of Cancer Action Councils (CACs). The RAC is a community-based collaborative of approximately 40 community partners including faith based, social service, public health, and cultural organizations that work with OCHECE and KCI scientists to support evidence-based interventions to improve cancer outcomes; inform diverse communities about clinical trials, cancer control, prevention, screening and treatment; aid in the dissemination and implementation of research discoveries; and support cancer-relevant health practices and policy recommendations to address social determinants of cancer care. The CAC is a group of cancer survivors, caregivers, and advocates who use their local expertise and influence within the community to inform a cancer research agenda and deliver cancer-relevant education.

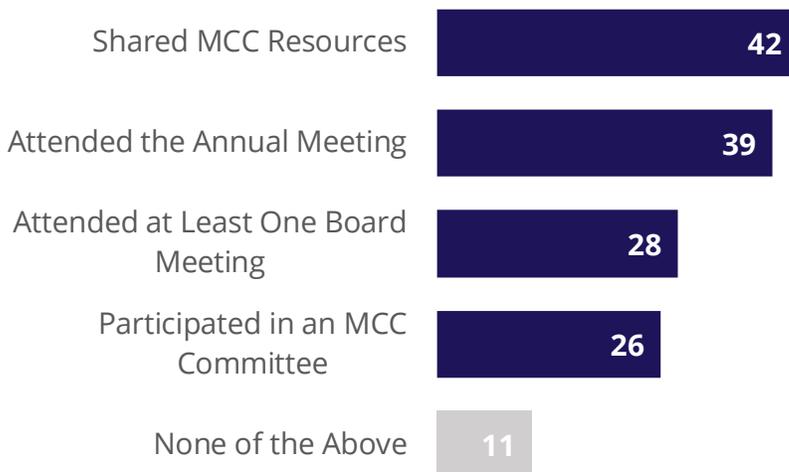
MCC Member Satisfaction Survey

The MCC strives to maintain a diverse membership and offer opportunities to engage and educate its members and partners. The MCC Annual Survey gathers information from MCC members to evaluate their satisfaction with the Consortium and its activities.

Feedback on Leadership and Member Activities

As part of the Annual MCC Member Survey, respondents were asked to answer several items describing their satisfaction with MCC leadership and the MCC overall, their participation over the past year, and the greatest benefits to MCC membership. In total, 62 members responded to this section.

Most MCC members **shared MCC resources.**



Identify which members are not engaged and do 1:1 outreach.

Rename “Board Meetings” to something that is more inviting of non-Board members to attend.

Offer more educational opportunities outside of the annual meeting and Board meetings (consider offering CMEs).



Overall MCC Satisfaction

Members were asked to rate different aspects of the overall MCC on a scale of one to five, with a rating of five signifying, "This sounds exactly like the MCC," and a rating of one signifying, "This is not happening in the MCC." Members were also able to select, "I Don't Know."

Across the board, there was strong agreement that members are satisfied with the MCC, with 87% of members agreeing that the MCC is diverse and that there are adequate opportunities to participate. In addition, 71% of members agreed that their voice was heard.

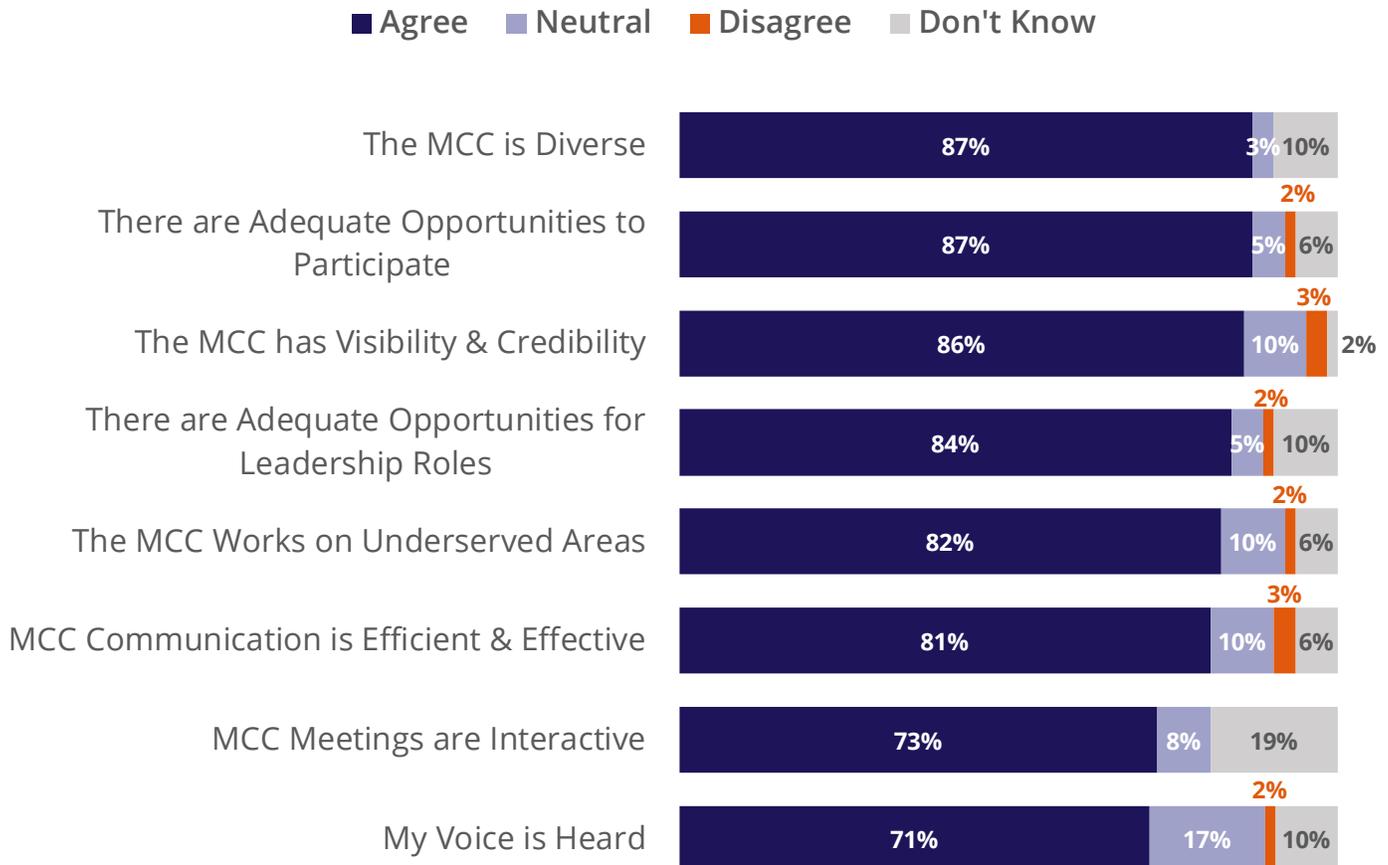


Help to recruit a more diverse membership.

Provide more opportunities to provide ideas and feedback at MCC meetings.

Ensure there is time at meetings for attendees to talk and participate in discussions.

Overall, MCC members showed **high levels of agreement** regarding different aspects of **satisfaction** with the MCC.





Benefits of Membership

Members also described the primary benefits to their organizations from being associated with the MCC. In general, responses fell into four major categories: connection, resources, information, and education.

Connection



“We have appreciated being involved in the MCC as there are many opportunities to meet and **NETWORK WITH OTHERS** working across the cancer care continuum in Michigan.”

“The **CONNECTION TO ORGANIZATIONS** who are working to prevent and care for those who experience a cancer diagnosis across Michigan is a great benefit.”

Resources



“It **PROVIDES RESOURCES** to our agency and best practices so that we can learn (and do) from this information. It also gives us ideas for press releases to educate our communities.”

“The **RESOURCES AND TOOLS** that are shared on the MCC website and during MCC Board of Director's meetings are **EXTREMELY HELPFUL** and relevant to our work.”

Information and Education



“Excellent **SOURCE FOR EDUCATIONAL INFORMATION** pertaining to cancer advances, and updates related to Michigan's Cancer Plan.”

“The opportunity to **SHARE OUR WEALTH OF CANCER RESOURCES**, learn what other member organizations are doing, gaining new information via presentations, and to work collaboratively with members on easing the burden of cancer in our state.”



“MCC enables our organization to remain connected to cancer-related issues and activities in the State. The guidelines developed by the MCC have been appreciated. **EDUCATIONAL SESSIONS** are an important benefit.”

“**INCREASED AWARENESS** at my institution...Increased visibility of our work with cancer prevention.”

Cancer Community Grants from MDHHS

In addition to supporting 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 the Cancer Plan.

Improve Cancer Survivorship Care in American Indian Communities

The Inter-Tribal Council of Michigan's (ITCM) used multi-component education interventions and inter-agency partnerships to promote health equity for American Indian Cancer Survivors by improving care models for rural Native American health care providers.

ITCM also worked with the George Washington Cancer Center on their Patient-Centered Outcomes Research Institute Project. ITCM was integral in the development and deployment of the Patient-Centered Cancer Survivorship Care Toolkit. This toolkit supports training and technical assistance to health care providers/organizations to improve patient-centered cancer survivorship. The impact and reach of this project extends beyond Michigan and is used nationally.

Vaccinate Against Cancer

Barry-Eaton District Health Department, Health Department of Northwest Michigan, CARES (Community AIDS Resource and Education Services), and District Health Department #10 have worked to improve HPV vaccine uptake using evidence-based strategies that include client reminders and patient education through small media. Partners curated messages and resources to reach parents and adolescents with social media campaigns, commercials, and print materials to raise awareness, educate, and combat negative misconceptions about the HPV vaccine.



Provider Education on Lung Cancer Screening

With lung cancer being the leading cause of cancer death in Michigan, we are working to **SUPPORT PROVIDERS** in talking with patients about their eligibility for lung cancer screening. These sessions provide up-to-date resources and promote the important role that primary care teams have in impacting early detection and increased survival.

In 2020, MPRO developed and promoted live virtual and on-demand educational sessions for lung cancer screening education and tobacco cessation [both offering 1 Continuing Medical Education (CME) credit], and a report card resource to identify areas for improvement to clinics throughout Michigan. Session options are shared with MPRO's provider network, partners, via newsletter emails, social media, and individually with clinics that expressed interest in onsite training as an alternative remote learning option. As of December 31, 2020, the on-demand session had 146 views.

MPRO also conducted a one-hour live virtual education session for care team members at one clinic. In follow-up to the education session, MPRO shared the session continuing education and evaluation link and health equity resources with the group and offered a customized report card resource highlighting data that was presented during the session.

Find the free on-demand educational session at <https://www.mpro.org/quality-improvement/cancer-control/continuing-education/>.



Summary and Recommendations

In May 2021, the Evaluation Committee, MCC Board of Directors, and Michigan Department of Health and Human Services staff reviewed the results of the MCC Annual Survey. The following are overall recommendations for the **MCC Board of Directors** and **MCC members** to consider.



- Ask board members to follow up on the recommendations included in this report and share any actions taken as result.
- Ensure meetings are accessible to encourage as many as possible to attend and participate.
- Encourage board members to lead presentations or organize presentations outside of board meetings and the annual meeting (consider offering CMEs).
- Encourage all MCC committees and workgroups to include health equity in their annual work plans.



- MCC member organizations should link to the website on their websites and link to the MCC report so more people can access it.
- Ensure health equity is addressed in implementation of all activities across the cancer continuum.





“

Many of our members have had to switch their practice from in-person counseling to telehealth. We continue to provide **PROFESSIONAL DEVELOPMENT** and **NETWORKING TO SUPPORT** them.

- MCC MEMBER



ACKNOWLEDGEMENTS

Thank you, **MCC Members**, for completing the Annual Survey to provide data and stories for this report!

Thank you to the **MCC Evaluation Committee** for its oversight on matters related to the evaluation of the MCC's initiatives, including the dissemination of the MCC Annual Survey and development of the Annual Report.

The MCC is guided by a **Board of Directors** composed of representatives from organizations ranging from health systems to academia to community-based organizations, and more. Thank you to the 2020 MCC Board of Directors for your leadership and guidance!



This report was supported by the Grant or Cooperative Agreement Number, NU58DP006334 funded by the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of Health and Human Services.

The Michigan Department of Health and Human Services will not exclude from participation in, deny benefits of, or discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, gender identification or expression, sexual orientation, partisan considerations, or a disability or genetic information that is unrelated to the person's eligibility.

MDHHS-Pub-1419 (7-21)