

**MICHIGAN** CANCER CONSORTIUM

**2021**

ANNUAL REPORT





# ANNUAL REPORT **2021**

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## Letter From the Co-Chairs

For nearly a quarter of a century, the Michigan Cancer Consortium (MCC) has unified public and private organizations to reduce the burden of cancer for all people.

Through activities such as the MCC Annual Meeting, priority workgroup initiatives, and the work of member organizations to implement the Michigan Cancer Plan, the MCC has worked to address health disparities through a commitment to collaboration, evidence-based practices, and improved quality of care.

The year 2021 saw the MCC undergo a strategic planning process. The purpose of the strategic planning process was to identify ways to ensure the MCC remains a strong and successful organization, with opportunities for all members to be actively involved. With assistance from Strategic Health Concepts, we held several strategic planning sessions with MCC leaders, Michigan Department of Health and Human Services, and the full Board of Directors over the past year. As a result of our planning process and decisions made, our outcomes include:

- Refocusing our structure and processes.
- Streamlined communications and meetings.

- Simplified operations and bylaws.
- Simplified evaluation and reporting processes.
- Transition of the website for enhanced access by a diverse audience.
- Changes to the composition of the board.

We are proud to present the 2021 MCC Annual Report. This report includes information about Michigan's cancer burden, cancer plan priority workgroup updates, member activities and accomplishments, and calls to action based on the MCC survey results.

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

**Sincerely,**

*Sabrina Ford, PhD*

*Anas Al-Janadi, MD*

MCC CO-CHAIRS



# EXECUTIVE SUMMARY

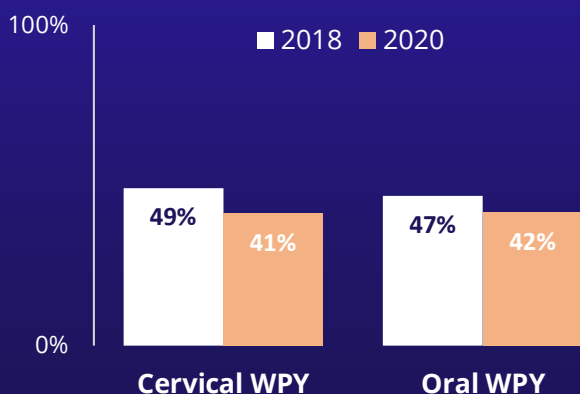
## SECTION 1

### 1

## CANCER BURDEN

Michigan's cancer incidence and mortality rates have decreased 4% and 7% respectively from 2010-2014 to 2015-2019.

In 2020, there were **significant decreases** in the proportion of residents who had obtained cervical or oral cancer exams within the past year (WPY).



## SECTION 3

### 3

## MEMBER SATISFACTION

Overall, MCC members showed high levels of agreement regarding different aspects of satisfaction with the MCC. Highlighted below are the highest and lowest rated aspects:

### HIGHEST

Among MCC members, **80% agreed** that there are adequate opportunities to participate.

### LOWEST

Among MCC members, **68% agreed** that the MCC works on underserved areas and their voice is heard.

“The MCC is a **strong collection of organizations** that really work hard to address the challenges faced for people experiencing cancer. - LISA BRADDIX, MPH”

## SECTION 2

### 2

## HEALTH EQUITY

A total of 57 MCC members worked to promote health equity, and 37 members supported programs for underserved populations in 2021.

40 Early Detection

37 Prevention

32 Diagnosis and Treatment

31 Quality of Life

5 N/A

3 Other

“IMPROve Health's Lung Cancer Screening for Primary Care Teams learning session **highlights disparities** in burden of commercial tobacco use in Michigan as a risk factor for lung cancer by race/ethnicity, sexual orientation, and geography. - JULEE CAMPBELL, MPH, CPHQ, IMPROve Health”

## SECTION 4

### 4

## NEXT STEPS

**LEARN MORE** about MCC's call to action by clicking the box below:

**MCC CALL TO ACTION**

**STAY IN THE LOOP** with the MCC by clicking the boxes below to access resources:

**MCC WEBSITE**

**CANCER PLAN**

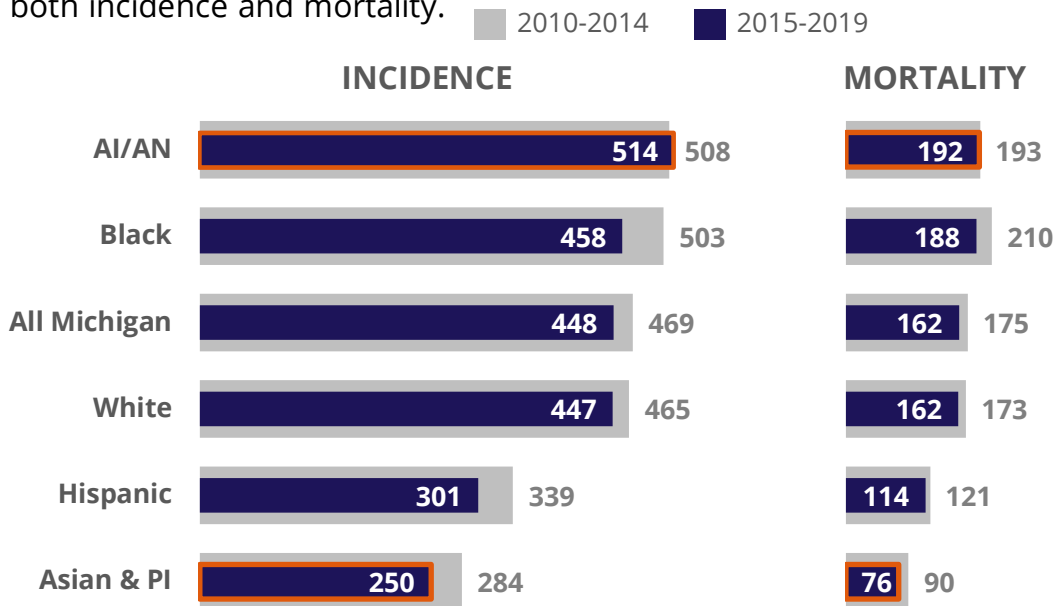
**MCC DASHBOARD**

**CANCER DATA DASHBOARDS**

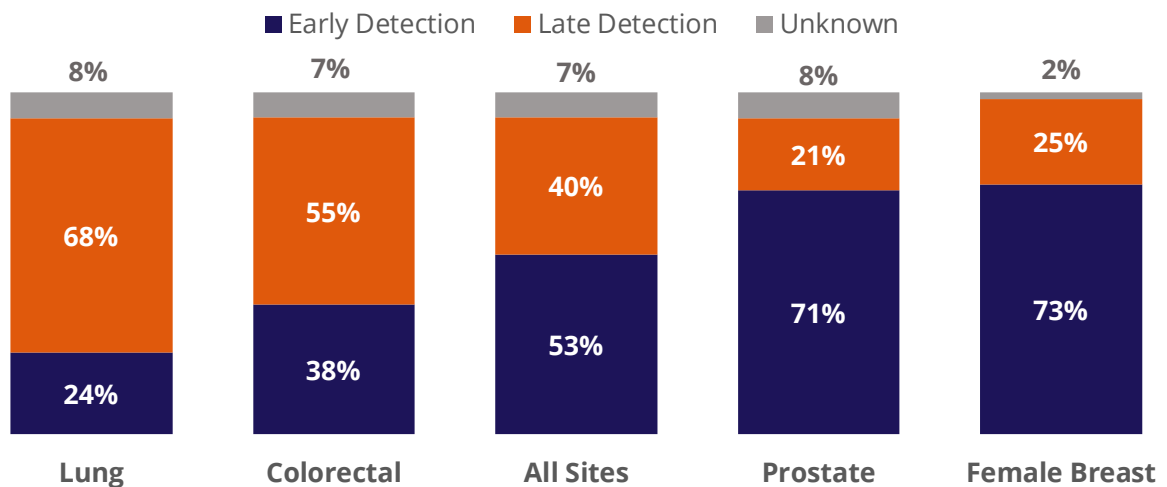


## Michigan's Cancer Burden

Michigan's **cancer incidence and mortality rates have decreased** 4% and 7% respectively from 2010-2014 to 2015-2019. These decreases were also seen across race and ethnicity groups, except for American Indian/Alaska Native (AI/AN) residents. Asian and Pacific Islander (PI) residents saw the greatest decreases in both incidence and mortality.



From 2015-2019, **more than half** of new cancers were **diagnosed at an early stage**.<sup>b</sup> Female breast and prostate cancers were detected earlier than colorectal and lung cancers.



<sup>a</sup>Burden data was obtained from the 2010-2019 Michigan Resident Cancer Incidence File and 1985-2019 Michigan Resident Cancer Death Files, Michigan Department of Health and Human Services, Division for Vital Records and Health Statistics. Rates were age-adjusted using the direct method and the 2000 U.S. Standard Population.

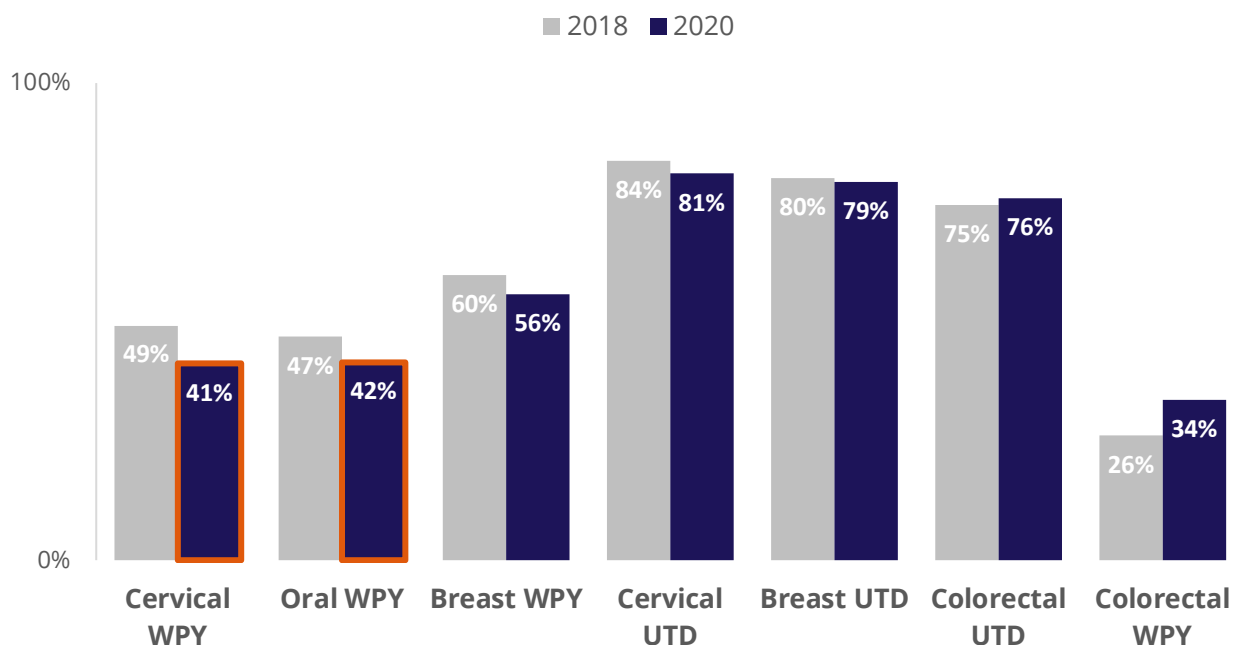
<sup>b</sup>Early detection includes cancers that are at the in situ or localized stage when first diagnosed. Late detection includes cancers that are at a regional or distant stage when first diagnosed. The remaining proportions of cancers were at an unknown stage when first diagnosed.



## Cancer Screening in Michigan

The COVID-19 pandemic impacted many aspects of health care, including access to regular cancer exams. Data from the Michigan Behavioral Risk Factor Survey<sup>a</sup> shows that the percentage of Michigan residents who were up to date<sup>b</sup> (UTD) on breast, cervical, and colorectal cancer exams did not significantly decrease between 2018 and 2020.

However, in 2020, there were **significant decreases** in the proportion of residents who obtained **cervical or oral cancer exams within the past year** (WPY). This decrease suggests there could be increased late detection of these cancers in the future. In contrast, the proportions of residents having colorectal cancer screenings within the past year significantly increased.



“When clients are newly diagnosed with breast or cervical cancer and do not have insurance or do not have adequate insurance to cover costs, we have enrolled them in the Medicaid Treatment Act, and they received coverage. This has provided a great deal of financial stress relief.”

-JOY KLOOSTER, HEALTH DEPARTMENT OF NORTHWEST MICHIGAN

“We work with American Cancer Society (ACS) and development of the Hope Hub. We have a navigator for lung screening and a breast cancer navigator for breast-related coordination. [We] work with our local college and dermatology Physician Assistants (PAs) for screening for skin cancer and [with] dentists who work with us on oral cancers along with ENTs.”

-MARSHA SCHMIT, HURLEY MEDICAL CENTER

<sup>a</sup> For more information on the Michigan Behavioral Risk Factor Survey, please visit: <https://www.michigan.gov/mdhhs/keep-mi-healthy/communicablediseases/epidemiology/chronicepi/bfrs>.

<sup>b</sup> Per the United States Preventive Services Task Force (USPSTF) recommendations.



## About the MCC

The MCC is a statewide, inclusive, broad-based partnership of public and private organizations that collaborate to reduce the human and economic burden of cancer for people living in Michigan.

The work of the MCC is focused on achieving the Consortium's results-oriented goals. Membership in the MCC is open to organizations whose missions are in line with its goals and activities.

The MCC works to fulfill its mission and vision through member engagement in the current Michigan Cancer Plan.

### Mission Statement

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.

### Vision Statement

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












# Cancer Plan for Michigan

## About the Cancer Plan

The *Cancer Plan for Michigan, 2021-2030 (MCP)*, which was developed for all Michiganders, is a strategic plan to reduce cancer burden. It has five goal areas, 52 objectives, and 145 strategies.

The MCP is designed to provide guidance to community members and organizations to focus on work that can play a role in controlling cancer. Several areas of the cancer continuum are addressed. These areas include Health Equity, Prevention, Early Detection, Diagnosis and Treatment, and Quality of Life.

The MCC Board of Directors followed a prioritization process to select five priority objectives from the MCP for 2021-2023 (listed below). The MCC and its partners established a workgroup to address **late-stage breast cancer**. A future priority workgroup will address **physical activity** among cancer survivors.

	Decrease the percent of Michiganders without <b>medical insurance</b> .
	Reduce <b>tobacco use</b> in adults and adolescents.
	Reduce the percent of <b>breast cancer</b> diagnosed at a <b>late stage</b> .
	Increase the percent of Michigan adults participating in <b>cancer treatment clinical trials</b> .
	Increase the percent of Michigan adults who have ever been diagnosed with cancer who meet the objectives for <b>aerobic physical activity</b> and for <b>muscle-strengthening activity</b> .

A data dashboard was developed to track progress on the five priority objectives and can be found on the MCC's website.

[CLICK TO VIEW DASHBOARD](#)



## Priority Work Group Update

The MCC's Late-Stage Breast Cancer Diagnosis Priority Workgroup (PW) purpose was to develop a work plan that would be implemented by MCC members to reduce the percentage of Michigan residents diagnosed with breast cancer at a late stage from 25.9% to 22.4%.

The PW recruited members from the MCC. More than 30 people signed up, and the PW met for the first time in early 2021. The PW reviewed data on late-stage breast cancer diagnosis and identified those at greatest risk. With this data, the PW developed a three-year work plan.

Year one activities:

- Identified the top five counties in Michigan with the highest numbers of late-stage breast cancer diagnosis.
- Worked with several groups to identify if a statewide directory of mammogram facilities exists.
- Developed a survey that would be issued to mammography facilities in each of the five counties to identify barriers to screening.
- Submitted and received Institutional Review Board exemption for the survey.

In the 2022, the committee will identify mammography facilities in each of the five counties, identify a contact person at each facility to receive the survey, and conduct the survey.

## Dashboard Promotion

The MDHHS Cancer Prevention and Control Section and Chronic Disease Epidemiology Section converted data reports from traditional documents to Microsoft Power Business Intelligence (BI) data dashboards. The aim is to disseminate updated cancer burden and risk data in a more rapid and thorough way, which will help MCC members in developing timely, data-driven efforts.

In addition to the Cancer Plan Priority Objectives dashboard mentioned on page 8, members are also encouraged to access the MDHHS Cancer Epidemiology webpage, where cancer factsheets and the Cancer Atlas are also being updated as dashboards.

[CLICK TO VIEW DASHBOARD](#)



## What is the Membership Doing in Their Organizations?

The MCC Annual Survey was sent to the member representatives of each MCC member organization via email in early 2022. Items on the survey included questions such as 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, 62 out of 94 member organizations (66%) responded to the survey. Of these organizations, 30 serve adolescents (ages 10-19), 52 serve adults (ages 20 and above), and nine serve other age groups. Most members stated they completed work in the areas of early detection and prevention on the cancer continuum.



### HEALTH EQUITY

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

In total, 57 MCC members worked on activities to promote health equity and 37 MCC members supported programs for underserved or special populations.

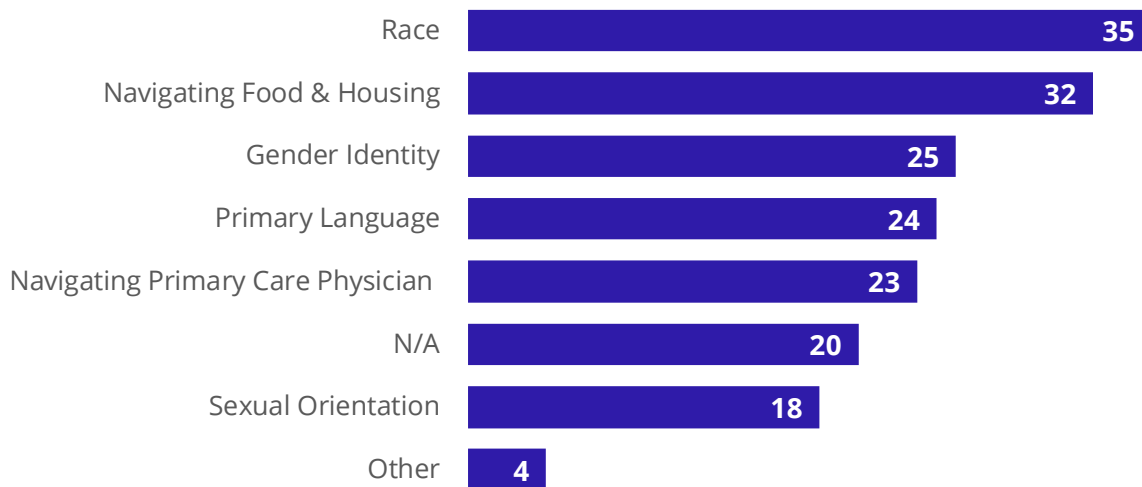
As part of their responses, members described the barriers and resources needed to work on health equity. Ten MCC members indicated a need for financial resources to promote health equity. Most MCC members identified webinars and online resources as the most-needed resources.



## HEALTH EQUITY (CONT.)

MCC members described their organization's policies and data their organizations collect to support health equity. Primarily, MCC members provide materials in clients' primary languages (n=31), provide cultural proficiency training for staff (n=26), and provide translation services (n=26).

Members also described data they are collecting as part of their work on health equity. Most members are collecting data on clients' race and navigating food and housing.



"Lung Cancer Screening for Primary Care Teams learning session highlights disparities in burden of commercial tobacco use in Michigan as a risk factor for lung cancer by race/ethnicity, sexual orientation, and geography. In this session we also discuss lung cancer disparities among Black Americans and Indigenous Americans in Michigan regarding early diagnosis, surgical treatment, and lack of treatment."

- JULEE CAMPBELL, IMPROve HEALTH

"School-based Preventive Dental Services Students provide preventive care, oral health education, and restorative dental care for children in the metro Detroit area. Services offered include dental screenings, prophylaxis, oral health education, fluoride varnish application, and dental sealants on first and second molars as well as restorative and other care for children who have additional dental needs. Dental and dental hygiene students are responsible for providing oral health care under the direction of dental and dental hygiene faculty. This has created experiences for students in alternative practice locations and exposed them to different models of care provision increasing access to oral health care."

- JILL LOEWEN, UNIVERSITY OF DETROIT MERCY SCHOOL OF DENTISTRY

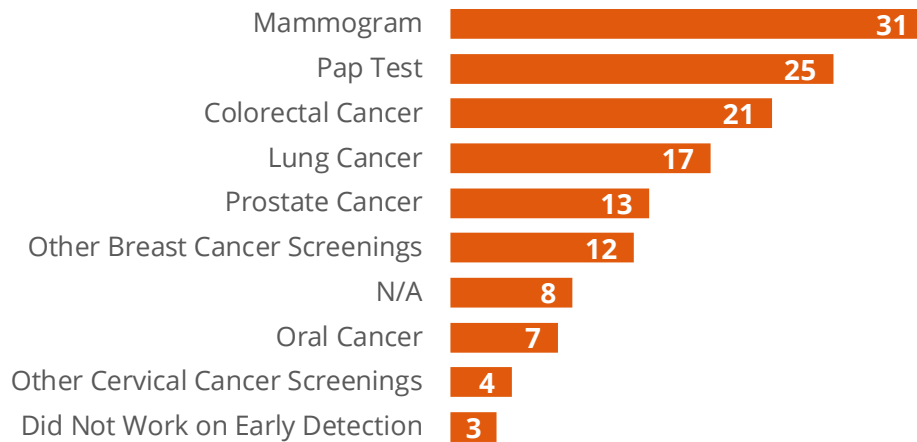
"We are a safety net hospital, so we focus on the underserved/uninsured population. We have many navigators that address personal issues to help [ensure] patient success for health care needs. We have a Food Pharmacy to help with food insecurity and programs built throughout the hospital to help with screening and treatment success. Programs for rides and financial help with medical bills, personal bills etc. for financial toxicity."

- MARSHA SCHMIT, HURLEY MEDICAL CENTER



## EARLY DETECTION

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



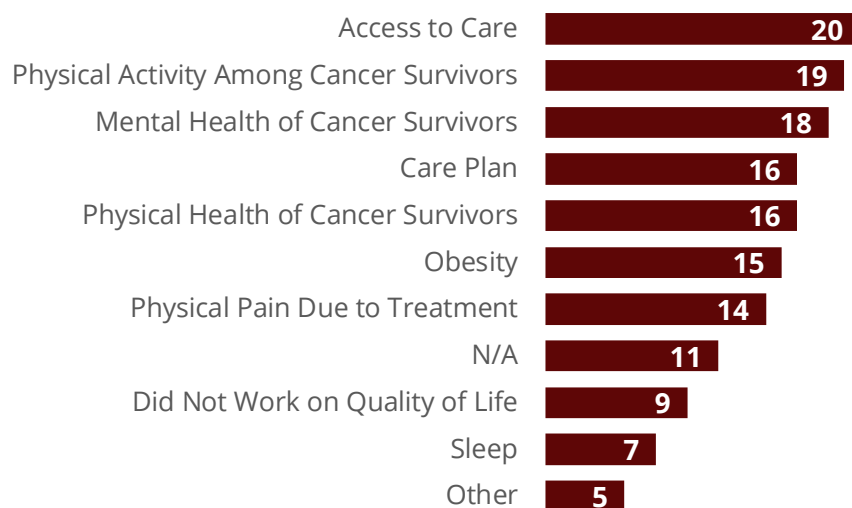
“Gift for Life Block Walk: Sisters Network Inc's Signature Outreach Event. We collaborate with organizations and community groups to coordinate the promotion of breast health awareness in the African American community. This unique and innovative program allows volunteers to canvas door-to-door to distribute breast health brochures and resource information.”

- CECILIA POPE, SISTERS NETWORK GREATER METROPOLITAN DETROIT CHAPTER



## QUALITY OF LIFE

Out of the 31 MCC members that work to promote quality of life activities, most worked on increasing access to care and increasing physical activity among cancer survivors.



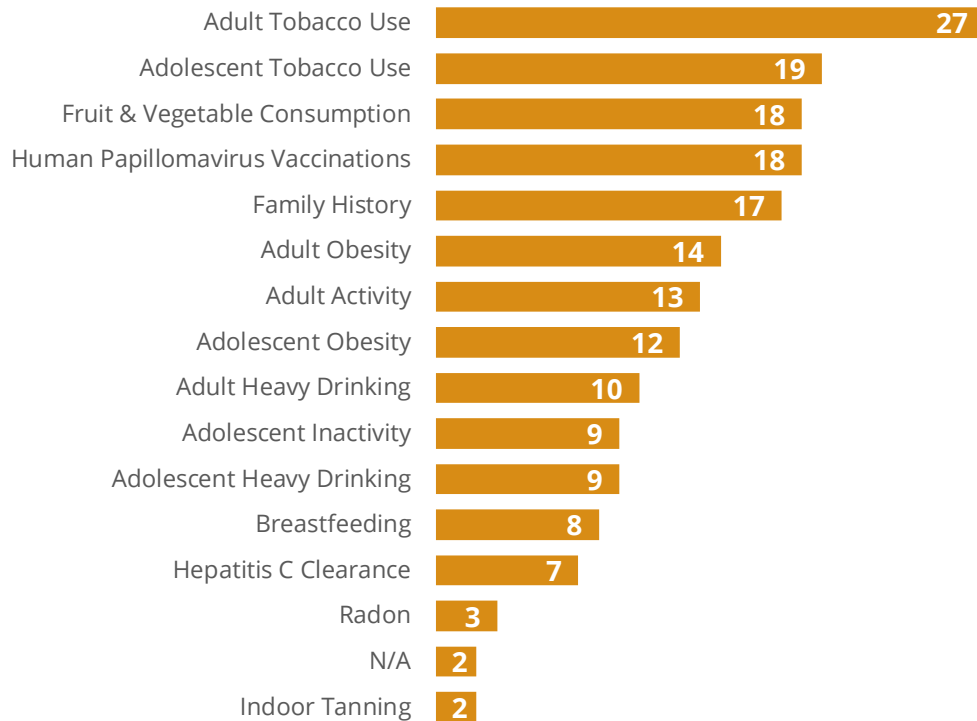
“Educated and facilitated clients and their family members access to rehabilitation cancer survivorship care services that would decrease the impact of cancer/treatment side effects, optimize their overall wellbeing, nutritional support, improve their quality of life, and promote their independence and empower the patient & his/her family members.”

- LORI PEARL-KRAUS, LPK HEALTHCARE RESEARCH, POLICY & CONSULTING SERVICES, LLC



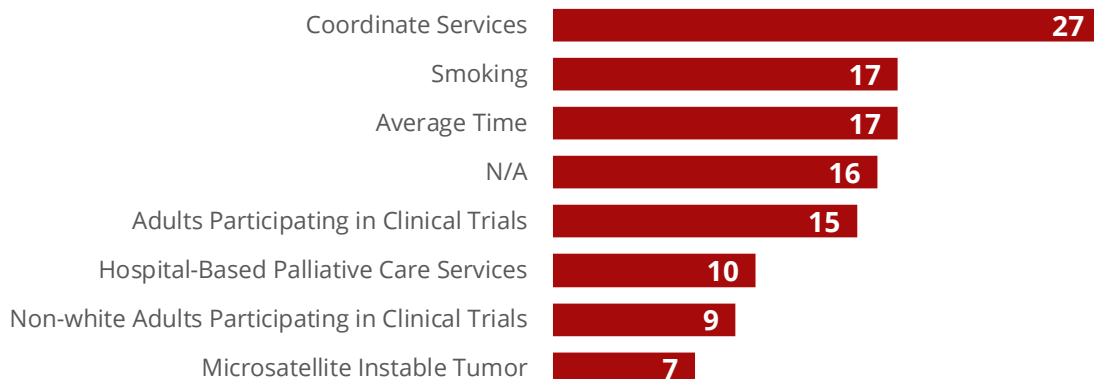
## PREVENTION

Out of the 37 organizations that worked on prevention, most MCC members worked on the issue areas of reducing adult and adolescent tobacco use and increasing fruit and vegetable consumption.



## DIAGNOSIS & TREATMENT

Thirty-two MCC members worked in the area of diagnosis and treatment. Of those, most worked on coordinating services and smoking.



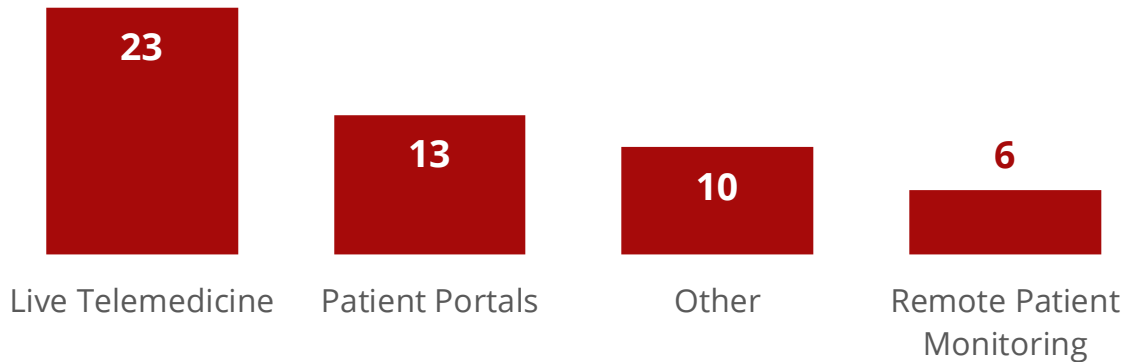
“We developed and disseminated tools to help Rogel investigators engage more effectively with communities of color; the potential partners include faith-based organizations, patient support groups, civic organizations, and clinical affiliates. We initiated efforts to address equity in enrollment to Rogel clinical trials...[and identified] where trials had notable underrepresentation of Black enrollees relative to the patient population and our catchment area.”

- JULIE BRABBS, UNIVERSITY OF MICHIGAN ROGEL CANCER CENTER



## DIAGNOSIS & TREATMENT (CONT.)

Most MCC members also described telehealth services delivered as part of cancer diagnosis activities. Over a third (35%) of MCC members promoted and provided telehealth services. Live telemedicine was provided by 23 MCC members.

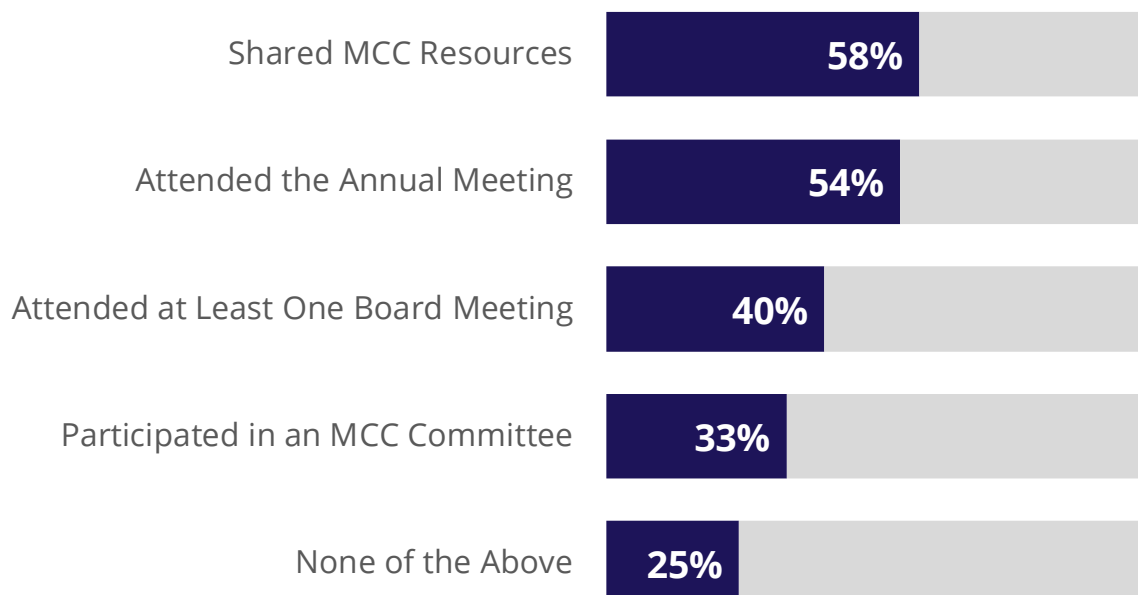


## Membership Satisfaction & Participation

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 MCC and its activities.

### Feedback on Leadership and Member Activities

As part of the Annual MCC 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, 57 members responded to this section.

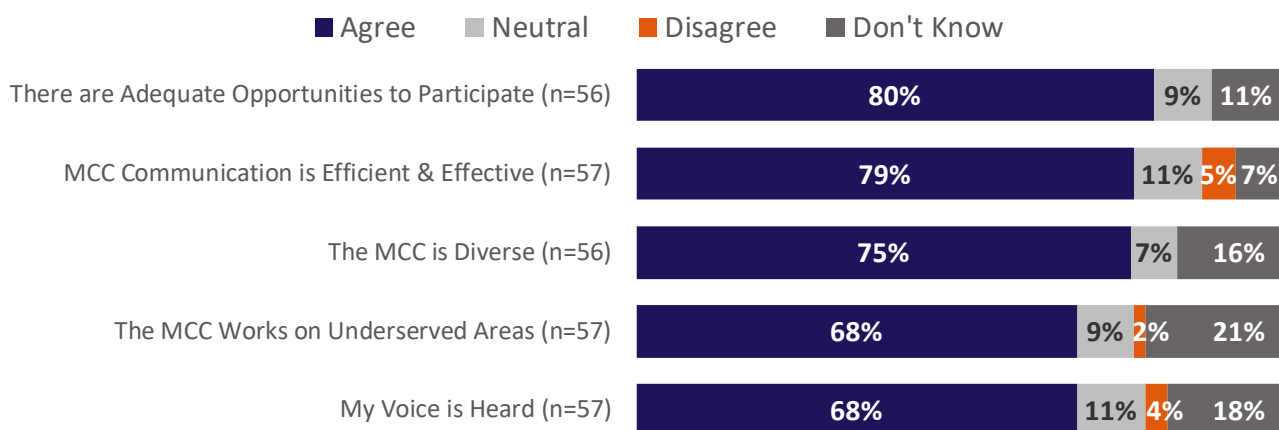




## Overall MCC Satisfaction

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 80% of members agreeing that there are adequate opportunities to participate. In addition, 79% felt that MCC communication is efficient and effective.

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



MCC members described the **greatest benefits** of membership.

NETWORK	RESOURCES	LEARNING
<p>"Collaborating with the multiple groups across the state. I like that these are also not just hospital/oncology treatment organizations as well. [Having] other disciplines is very helpful to ensure a holistic approach."</p> <p>- CHRIS BISSELL, HENRY FORD HEALTH SYSTEM</p> <p>"Networking with like-minded organizations. MCC Update is great for updates, current research. Tool of the month is useful for marketing on social media."</p> <p>- TAMMY VANDER HORST, KALAMAZOO COUNTY HEALTH AND COMMUNITY SERVICES DEPARTMENT</p>	<p>"The information that we can share with our cancer center. It is valuable to be able to bring back as a resource."</p> <p>- MELISSA STELLER, SPARROW HOSPITAL HERBERT-HERMAN CANCER CENTER</p> <p>"The MCC is a strong collection of organizations that really works hard to address the challenges faced for people experiencing cancer and MPH benefits from the continued learning opportunities and potential ways to provide resources to the members that can help organizations achieve their goals."</p> <p>- LISA BRADDIX, MICHIGAN PUBLIC HEALTH INSTITUTE (MPHI)</p>	<p>"Opportunities to learn about and discuss current events and issues related to the cancer continuum in Michigan."</p> <p>- JULEE CAMPBELL, IMPROVe HEALTH</p> <p>"Receipt of up-to-date information; keeping the importance of the provision of cancer-related information and services at the forefront."</p> <p>- KEMBERLY PARHAM, SAGINAW COUNTY DEPARTMENT OF PUBLIC HEALTH</p>





## MCC Awards

### Inspiration Award

Facing cancer is one of life's toughest challenges, and no one should have to face it alone. Having a strong support system or access to resources during and after cancer treatment can make a world's difference for those battling cancer. Angie Murar, who is the recipient of Michigan Cancer Consortium's 2021 Inspiration Award, embodies that quality of paying it forward and being a great resource.

Angie was diagnosed with breast cancer in her 30s and, as she was receiving treatment, she wanted to help other patients who she saw while in the office. Throughout her time at chemotherapy, she began collecting donations for chemotherapy kits to hand out to all the patients on her last day of treatment. Angie loved seeing the smiles from her fellow patients and decided she wanted to continue giving back.

Angie continues to make and distribute chemotherapy kits and sends them to cancer patients of all ages, sometimes outside of the state. Angie is committed to reducing the

burden of cancer in Michigan in her communication and educational efforts. She has initiated a "Stand Up for Cancer" annual paddle board event, started a cancer support group at Mercy Hospital, and actively participates in support groups for adults with cancer and children with parents who have cancer. She also began a Facebook support group called "The West Michigan Warriors." The West Michigan Warriors has 1,200 members and daily posts that encourage others who are battling cancer. Angie also provides other support and educational opportunities on her Facebook page.

The last line of the nomination of Angie for the Inspiration Award perhaps says it best: "Angie has a big heart and enjoys helping others." We appreciate Angie's efforts and how she is trying to help improve the lives of so many others!



**ANGIE MURAR - AWARD RECIPIENT**



## Spirit of Collaboration Award

The Spirit of Collaboration Award gets at the heart of the mission of the MCC – that is, MCC members working together to reduce the cancer burden across Michigan.

The recipient of this year's Spirit of Collaboration Award is the American Cancer Society (ACS) representing the Michigan Cancer Prevention Taskforce. The project featured the active involvement of 27 participating organizations whose focus was to get communities back to cancer screening.

In the spring of 2020, the Michigan Cancer Control Strategic Partnerships Team at the ACS were concerned about the pausing of cancer screenings due to the COVID-19 pandemic. To tackle this challenge head on, 27 organizations were invited to join a taskforce which included insurers, hospital systems, MDHHS, Michigan Primary Care Association, the Inter-Tribal Council, and local health departments. During the inception of the taskforce, three subgroups were formed: one to create a survey, a second to develop scripting, and a final one to focus on marketing. The survey was developed to get an idea on how patients were feeling about screening and how best to promote screening.

The taskforce also created a marketing campaign with a hashtag (#screensafelymi) and a tagline: "Cancer Doesn't Wait for COVID" to promote cancer screening.

The 27 organizations continue to hold bi-monthly meetings with the taskforce and have invited guest speakers to further shed light on the pandemic's effect on cancer screening and effective patient communication. At each meeting health system partners share what barriers they are currently facing and brainstorm solutions and ideas for screening and prevention activities.

The taskforce is dedicated to driving people back to cancer screening and offsetting the dramatic drop due to the COVID-19 pandemic. With one national source estimating that 22 million cancer screenings were cancelled or missed between March and June of 2020 alone, the work of the Michigan Cancer Prevention Taskforce is paramount and essential to saving future lives.

The MCC appreciates the efforts of the Michigan Cancer Prevention Taskforce, and we congratulate the ACS and the members of the Michigan Cancer Prevention Taskforce on being the recipients of this year's Spirit of Collaboration Award!



## Call to Action

### MCC Membership

- Link to the MCC Annual Report on your organization's website so more people can access it.
- Ask MCC Board members to follow up on the recommendations included in this report and share any actions taken as result.
- Encourage MCC Board members to lead presentations or organize presentations outside of board and membership meetings on Michigan Cancer Plan priorities.
- Encourage all MCC committees and workgroups to include health equity in their annual work plans.
- Join and participate in priority workgroups.
- Help to recruit a more diverse membership.

### MCC Board Members

- Attend MCC membership meetings and engage in discussions with members on cancer plan priorities, health equity, resources, and cancer control efforts and policies.
- Seek out ways to partner with other MCC members, community organizations, and other chronic disease programs on work to move forward Michigan Cancer Plan priorities.
- Ensure health equity is addressed in implementation of all activities across the cancer continuum.
- Ensure meetings are interactive and accessible to encourage as many as possible to attend and participate.

# Acknowledgements

The MCC would like to thank our partners, supporters, and staff for their dedication and efforts to reducing the cancer burden across the state of Michigan. Individuals who make up the MCC have strived to help to improve the lives of those battling cancer, cancer survivors, and those who support them.

We would like to give specific thanks to our 13 board members: Helen Burns, DNP, ANP-BC, AGN-BC, AOCNP from Trinity Health Livonia; Julee Campbell, MPH from iMPROve; Marc Cohen, MHSA from Blue Cross Blue Shield of Michigan; Mary Lynn Donovan, MBA, CFA from The Michigan Breast Cancer Coalition; Lauren Hamel, PhD from Wayne State University School of Medicine and the Karmanos Cancer Institute; Polly Hager, MSN, RN from MDHHS's Cancer Prevention and Control Section; Megan Landry from The American Cancer Society, Inc., North Central Region; Norah Henry, MD, PhD from The University of Michigan Rogel Cancer Center; Geralyn Roobol, LMSW, BS, RN from Spectrum Health; Michael Simoff, MD from The Henry Ford Health System; Connie Szczepanek, RN, BSN from The Cancer Research Consortium of West Michigan; Mary Jo Voelpel, DO, FACOI, FACNM from The Michigan Osteopathic Association; and Dana Zakalik, MD from Beaumont Health System. And our two co-chairs, Anas Al-Janadi, MD from Spectrum Health Cancer Center, and Sabrina Ford, PhD from Michigan State University Institute for Health Policy; as well as our immediate past co-chair Deb Doherty, PT, PhD, CEAS from The Michigan Physical Therapy Association.

We would also like to congratulate the recipient of the Spirit of Collaboration Award - the American Cancer Society representing the Michigan Cancer Prevention Taskforce; and the recipient of the Inspiration Award - Angie Murar.

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