



# Michigan

## CANCER PLAN

2021- 2030

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Indicates a health equity objective

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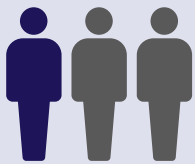
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# EXECUTIVE SUMMARY

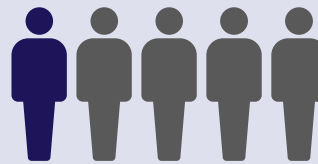
In Michigan, and the United States, cancer is the second leading cause of death. It is estimated that over 60,000 Michiganders will get cancer and over 20,000 Michiganders will die from cancer in 2020.<sup>1</sup> The Cancer Plan for Michigan, 2021-2030, which was developed for all Michiganders, is a strategic plan to reduce the cancer burden in the state. Approximately 82 people participated in the five workgroups that developed the cancer plan. Each workgroup consisted of an average of 15 active participants.



## CANCER BURDEN IN MICHIGAN



**1 IN 3**  
Michiganders will be **diagnosed with cancer** in their lifetime



**1 IN 5**  
deaths in Michigan are **due to cancer**

## GOAL AREAS

5 GOALS

52 OBJECTIVES

145 STRATEGIES



01

Promote **HEALTH EQUITY** as it relates to cancer control.



02

**PREVENT** cancer from occurring.



03

**DETECT** cancer at its earliest stages.



04

**DIAGNOSE & TREAT** all patients using the most effective and appropriate methods.



05

Optimize **QUALITY OF LIFE** for every person affected by cancer.

<sup>1</sup> American Cancer Society. Cancer Facts & Figures 2020. Atlanta: American Cancer Society; 2020.

FOUNDATIONS



“The Cancer Plan is the **start of the journey** with work continuing with each organization to better the overall health of all Michiganders.”

-THOMAS LANNI, BEAUMONT HEALTH SYSTEM



1. Implement policy, systems, & environmental (PSE) changes.

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

3. Demonstrate outcomes through evaluation.

WHAT YOU CAN DO.



Support policies that make it easy for Michiganders to make healthy choices.



Engage community members, affected populations, and stakeholders to make decisions and design solutions that lead to equitable outcomes.



Continuously evaluate effectiveness by setting goals, tracking results, measuring progress, and adapting strategies.

# INTRODUCTION

Cancer is a group of diseases characterized by the uncontrolled growth and spread of abnormal cells. If the spread is not controlled, it can result in death. Although the causes of cancer are not completely understood, numerous factors are known to increase the disease's occurrence, including many that are modifiable (e.g., tobacco use and excess body weight) and others that are not (e.g., inherited genetic mutations). In Michigan, and the United States, cancer is the second leading cause of death.<sup>1</sup>

The Cancer Plan for Michigan, 2021-2030, which was **developed for all Michiganders**, is a strategic plan to **reduce the cancer burden in the state**. It is designed to provide guidance to community members and organizations to focus on work that can play a role in controlling cancer. Several aspects of the cancer continuum are addressed. These aspects include Health Equity, Prevention, Early Detection, Diagnosis and Treatment, and Quality of Life.

## CANCER PLAN PROCESS



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.



## Evaluation of the Cancer Plan Revision Process

To evaluate workgroup members satisfaction and identify areas of improvement, a survey of workgroup members was conducted. The **overall satisfaction rate** of workgroup members was **4.6 out of five**. Workgroup members also indicated they would recommend to others to participate in the cancer plan process and gained new knowledge applicable to their work. Areas of improvement were identified and noted for future iterations of the cancer plan.

OVERALL SATISFACTION RATE



“I thought the group was **diverse & knowledgeable** about the topic.”

“I think the cancer plan is **very well-rounded** and did include input from many organizations.”






<sup>1</sup> American Cancer Society. *Cancer Facts & Figures 2020*. Atlanta: American Cancer Society; 2020.

# CANCER PLAN COMPONENTS

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## Goals

The goals are broad general statements about the purpose of the cancer plan and outline long-term outcomes that can be achieved through collective efforts. Modeled after the cancer care continuum, there are five goals for the cancer plan:

	Promote <b>HEALTH EQUITY</b> as it relates to cancer control.
	<b>PREVENT</b> cancer from occurring.
	<b>DETECT</b> cancer at its earliest stages.
	<b>DIAGNOSE AND TREAT</b> all patients using the most effective and appropriate methods.
	Optimize <b>QUALITY OF LIFE</b> for every person affected by cancer.

## Objectives

The objectives are specific, measurable statements of what is to be accomplished to achieve the goals. The objectives are “SMART”: Specific, Measurable, Attainable, Relevant, and Timed. Each of the 52 objectives in this plan has a baseline measure and a proposed target to reach by 2030.

## Strategies

Strategies are specific, discrete activities designed to achieve the objectives stated in the plan. The strategies within the plan are evidence-based or promising practices found to be effective in achieving the objective.

## Disparity Spotlight

Disparity spotlights were developed for organizations to focus work on areas and populations where disparities exist. The spotlight tool is limited by the specific data source used and is not a comprehensive analysis of disparities that exist in the literature. The tool highlights differences in the data for various factors, such as race & ethnicity, sexual orientation/gender identity, education level, insurance status, income, and population density among populations. The data used for the baseline measure was the most recent data available at the time of publication. For each of these areas, one of the following is noted:

- **No Significant Disparity** indicates a statistical significance of p-value >0.05.
- **Significant Disparity** indicates a statistical significance of p-value <0.05.
- **Data Suppressed or Not Available** indicates not enough people were surveyed to characterize data by these demographics without being identifiable.

# CANCER PLAN COMPONENTS

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## Foundations

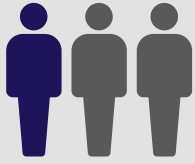
The foundations are overarching focus areas of the plan that should be incorporated into implementation.

- 1. Implement policy, systems, and environmental changes.** Policy, systems, and environmental (PSE) change is a way of thinking about how to effectively improve health in a community. PSE change approaches seek to go beyond programming and into the systems that create the structures in which we work, live, and play. PSE changes have the most widespread impact because they support healthy choices becoming more accessible, easier, and the default option for people.
- 2. Develop and maintain active partnerships** in cancer prevention and control efforts. Partners play an essential role in preventing and controlling all chronic diseases, including cancer. About 100 organizations participate in the Michigan Cancer Consortium (MCC). The partnerships among MCC members, community organizations, and other chronic disease programs will drive the work of the Cancer Plan.
- 3. Demonstrate outcomes through evaluation.** Evaluation allows us to monitor progress toward achieving the goals of the Cancer Plan. Evaluation will help us identify ways to improve and know when we have succeeded so accomplishments can be celebrated. The MCC has tracked progress toward achieving the objectives in the plan with a dashboard. You can find the dashboard on the MCC website: <https://www.michigancancer.org/CancerPlan/Dashboard.html>.





# MICHIGAN'S CANCER BURDEN



**1 IN 3**  
 Michiganders will be **diagnosed with cancer** in their lifetime

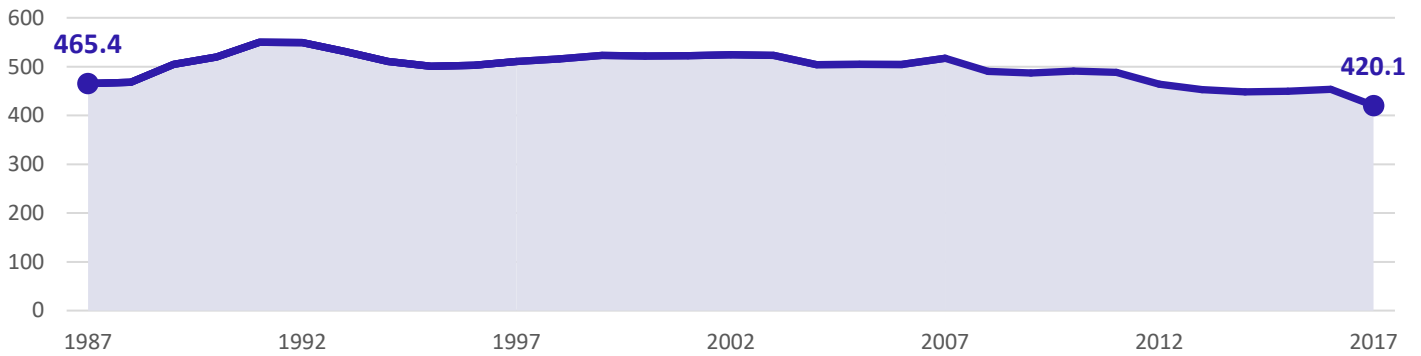


**1 IN 5**  
 deaths in Michigan are **due to cancer**

## INCIDENCE

Between 1987 and 1997, cancer incidence increased by 10%, followed by a period of relative stability until 2007 after which it declined by 18%, for an **overall decline of 10% since 1987**.

AGE ADJUSTED PER 100,000



## Leading CANCER TYPE

- 1 FEMALE BREAST
- 2 LUNG
- 3 PROSTATE

## Incidence Disparity Spotlight

Cancer incidence does not fall equally on all Michiganders, and the risk of developing cancer varies by race and ethnicity.

**10%**  
 INCREASE  
 IN RISK

White women have a 10% increased risk of being diagnosed with **breast cancer** compared to Black women.

**90%**  
 INCREASE  
 IN RISK

Native Americans have a 90% increased risk of being diagnosed with **lung cancer** compared to white Michiganders.

**70%**  
 INCREASE  
 IN RISK

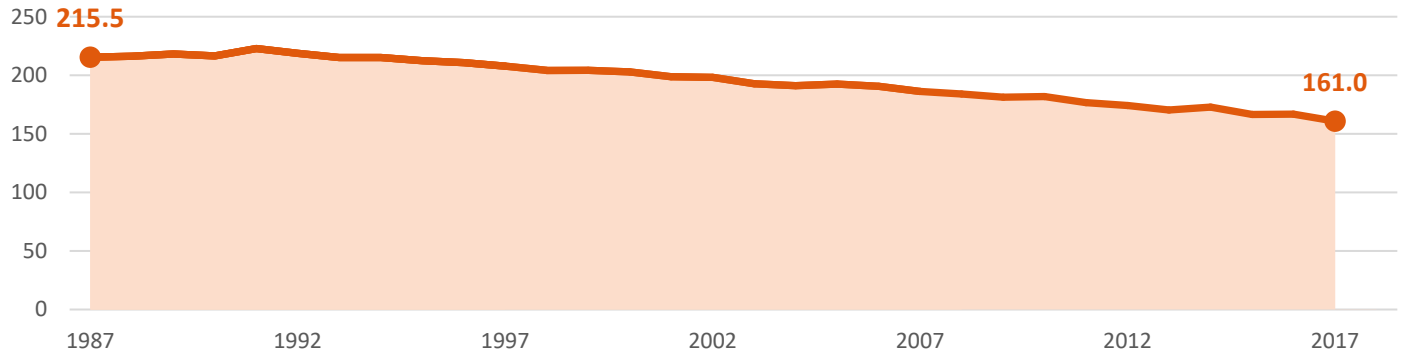
Black Michiganders have a 70% increased risk of being diagnosed with **prostate cancer** compared to white Michiganders.

# MICHIGAN'S CANCER BURDEN

## MORTALITY

Since 1987 **cancer mortality has decreased by 25%**. In the most recent ten years, there has been the largest decrease in mortality.

AGE ADJUSTED PER 100,000



### Leading CAUSE OF CANCER DEATH



### Mortality Disparity Spotlight

Cancer mortality does not fall equally on all Michiganders, and the risk of dying from cancer varies by race and ethnicity.

**40%**  
INCREASE IN RISK

Native Americans in Michigan have a 40% increased risk of dying from **lung cancer** compared to white Michiganders.

**50%**  
INCREASE IN RISK

Black Michiganders have a 50% increased risk in dying from **colorectal cancer** compared to white Michiganders.

**30%**  
INCREASE IN RISK

Black Michiganders have a 30% increased risk from dying from **pancreatic cancer** compared to white Michiganders.



For additional data visit:

[www.Michigan.gov/ChronicEpi](http://www.Michigan.gov/ChronicEpi) or [www.Michigan.gov/MCSP](http://www.Michigan.gov/MCSP)



# HEALTH EQUITY

Promote health equity as it relates to cancer control.



## About

Health equity means that everyone has a fair and just opportunity to be as healthy as possible, no matter who they are, where they live, or how much money they make. This requires removing obstacles to health such as poverty, discrimination, and their consequences. These consequences include powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care. An increase in opportunities to be healthier will benefit everyone, but more focus should be placed on groups that are marginalized.



We need to extend our lens on health inequities in research and practice.

- DR. TRUMAN HUDSON JR., WAYNE STATE UNIVERSITY

## Disparity Spotlight

**800%**  
HIGHER

The odds of **being uninsured** is 800% higher among Native Americans in Michigan compared to white Michiganders.

**540%**  
HIGHER

The odds of **being uninsured** is 540% higher among gay or lesbian Michiganders compared to straight Michiganders.

**882%**  
HIGHER

The odds of having **no healthcare provider** is 882% higher among those who are uninsured compared to those with insurance.



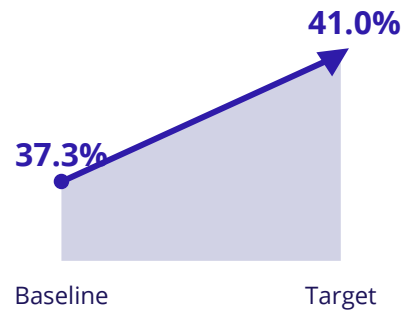
## 1

### OBJECTIVE ONE

Increase the percent of MCC member organizations who implement policies that require professional development trainings and education on **health equity & cultural competency** for all health care staff and support staff.

### Data Target

**Increase organizations** from 37.3% to **41.0%.**



### Strategies

- Embed topics on best practices in health equity into existing training curriculums required for providers and health care staff throughout Michigan.
- Connect providers and organizations with support and technical assistance to strengthen organizational capacity to implement policies that build staff skills to advance health equity.

### Disparity Spotlight



**NO SIGNIFICANT DISPARITY**



**SIGNIFICANT DISPARITY**



**DATA SUPPRESSED OR NOT AVAILABLE**

RACE & ETHNICITY	
Comparison: White	
African American	●
Native American	●
Asian/Pacific Islander	●
Hispanic	●
Arab	●
SEXUAL ORIENTATION/ GENDER IDENTITY	
Comparison: Straight	
Gay/Lesbian	●
Trans	●
EDUCATION	
Comparison: Some College or More	
High School Diploma or Less	●

INSURANCE	
Comparison: Privately Insured	
Uninsured	●
Medicaid	●
INCOME	
Comparison: More than \$50k	
Less than \$50k	●
POPULATION DENSITY	
Comparison: Suburb	
Rural	●
Urban	●

Data Source: Michigan Cancer Consortium Annual Survey 2019





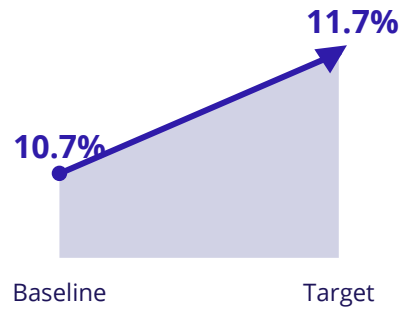
## 2

### OBJECTIVE TWO

Increase the percent of MCC organizations and partnerships that represent **underserved communities/populations.**

### Data Target

**Increase representation** from 10.7% to **11.7%.**



### Strategies

- Assess partnership readiness with MCC organizations to increase their organizations' capacity to support underserved communities throughout Michigan.
- Establish multisector collaborations and relationships to address the needs and gaps in service to support underserved communities to address cancer care.

### Disparity Spotlight



**NO SIGNIFICANT DISPARITY**



**SIGNIFICANT DISPARITY**



**DATA SUPPRESSED OR NOT AVAILABLE**

RACE & ETHNICITY	
Comparison: White	
African American	●
Native American	●
Asian/Pacific Islander	●
Hispanic	●
Arab	●
SEXUAL ORIENTATION/ GENDER IDENTITY	
Comparison: Straight	
Gay/Lesbian	●
Trans	●
EDUCATION	
Comparison: Some College or More	
High School Diploma or Less	●

INSURANCE	
Comparison: Privately Insured	
Uninsured	●
Medicaid	●
INCOME	
Comparison: More than \$50k	
Less than \$50k	●
POPULATION DENSITY	
Comparison: Suburb	
Rural	●
Urban	●

Data Source: Michigan Cancer Consortium Membership 2019



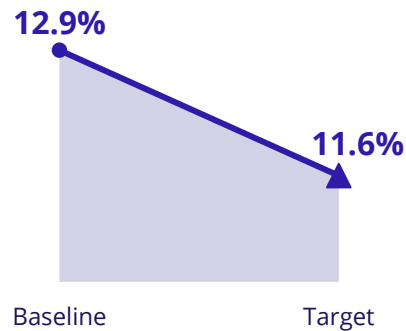
3

OBJECTIVE THREE

Reduce the percent of households in Michigan who are **food insecure**.

Data Target

Reduce percentage from 12.9% to 11.6%.



Strategies

- Work collaboratively with organizations to increase enrollment and utilization of food assistance programs such as SNAP, Meals on Wheels, transportation to food banks, and other community resources.

Disparity Spotlight



NO SIGNIFICANT DISPARITY



SIGNIFICANT DISPARITY



DATA SUPPRESSED OR NOT AVAILABLE

RACE & ETHNICITY

Comparison: White	
African American	●
Native American	●
Asian/Pacific Islander	●
Hispanic	●
Arab	●

SEXUAL ORIENTATION/ GENDER IDENTITY

Comparison: Straight	
Gay/Lesbian	●
Trans	●

EDUCATION

Comparison: Some College or More	
High School Diploma or Less	●

INSURANCE

Comparison: Privately Insured	
Uninsured	●
Medicaid	●

INCOME

Comparison: More than \$50k	
Less than \$50k	●

POPULATION DENSITY

Comparison: Suburb	
Rural	●
Urban	●

Data Source: 2016-2018 United States Department of Agriculture, Economic Research Report



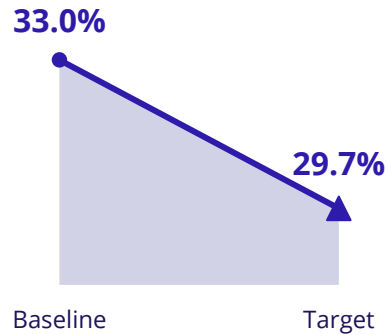
4

OBJECTIVE FOUR

Decrease the percentage of families who are working but **unable to afford basic necessities** of housing, food, childcare, health care, and transportation.

Data Target

Reduce the percentage of **households** from 33% to **29.7%**.



Strategies

- Work collaboratively with decision makers to influence decisions that impact working families to make a living wage.
- Increase awareness to existing support programs that provide support and resources to working families.

Disparity Spotlight



NO SIGNIFICANT DISPARITY



SIGNIFICANT DISPARITY



DATA SUPPRESSED OR NOT AVAILABLE

RACE & ETHNICITY

Comparison: White	
African American	●
Native American	●
Asian/Pacific Islander	●
Hispanic	●
Arab	●

SEXUAL ORIENTATION/ GENDER IDENTITY

Comparison: Straight	
Gay/Lesbian	●
Trans	●

EDUCATION

Comparison: Some College or More	
High School Diploma or Less	●

INSURANCE

Comparison: Privately Insured	
Uninsured	●
Medicaid	●

INCOME

Comparison: More than \$50k	
Less than \$50k	●

POPULATION DENSITY

Comparison: Suburb	
Rural	●
Urban	●

Data Source: 2016 ALICE Report



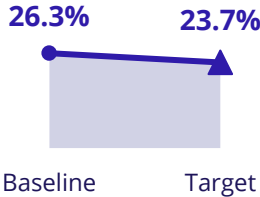
5

OBJECTIVE FIVE

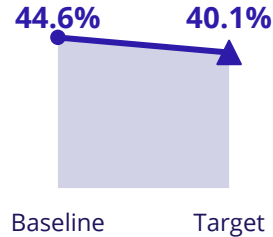
Decrease the percent of households that spend more than **30% of income on housing.**

Data Target

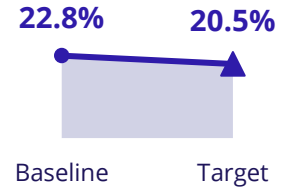
Reduce all from 26.3% to **23.7%**.



Reduce renters from 44.6% to **40.1%**.



Reduce owners from 22.8% to **20.5%**.



Strategies

- Work collaboratively with decision makers to influence decisions on zoning laws to increase the percentage of affordable housing available.
- Work collaboratively with decision makers to increase the availability of housing subsidies.

Disparity Spotlight



NO SIGNIFICANT DISPARITY



SIGNIFICANT DISPARITY



DATA SUPPRESSED OR NOT AVAILABLE

RACE & ETHNICITY	
Comparison: White	
African American	●
Native American	●
Asian/Pacific Islander	●
Hispanic	●
Arab	●
SEXUAL ORIENTATION/ GENDER IDENTITY	
Comparison: Straight	
Gay/Lesbian	●
Trans	●
EDUCATION	
Comparison: Some College or More	
High School Diploma or Less	●

INSURANCE	
Comparison: Privately Insured	
Uninsured	●
Medicaid	●
INCOME	
Comparison: More than \$50k	
Less than \$50k	●
POPULATION DENSITY	
Comparison: Suburb	
Rural	●
Urban	●

Data Source: American Community Survey 2013-2017





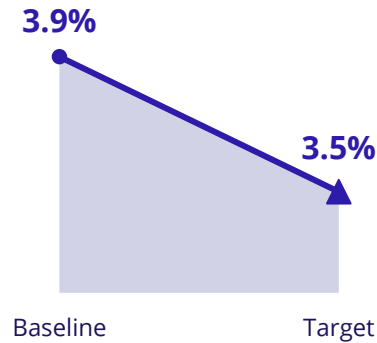
## 6

### OBJECTIVE SIX

# Decrease the unemployment rate in Michigan.

### Data Target

**Reduce unemployment from 3.9% to 3.5%.**



### Strategies

- Collaborate with allied health programs and high schools to increase awareness and enrollment in allied health career programs.
- Foster multisector partnerships and collaboration to increase access to affordable transportation for Michigan residents to commute to work.
- Foster collaboration between medical and legal disciplines to address legal issues that can impede health.

### Disparity Spotlight



**NO SIGNIFICANT DISPARITY**



**SIGNIFICANT DISPARITY**



**DATA SUPPRESSED OR NOT AVAILABLE**

RACE & ETHNICITY	
Comparison: White	
African American	—
Native American	●
Asian/Pacific Islander	●
Hispanic	●
Arab	✓

SEXUAL ORIENTATION/ GENDER IDENTITY	
Comparison: Straight	
Gay/Lesbian	✓
Trans	●

EDUCATION	
Comparison: Some College or More	
High School Diploma or Less	✓

INSURANCE	
Comparison: Privately Insured	
Uninsured	✓
Medicaid	—

INCOME	
Comparison: More than \$50k	
Less than \$50k	—

POPULATION DENSITY	
Comparison: Suburb	
Rural	✓
Urban	✓

Data Source: 2018 Michigan Behavioral Risk Factor Survey



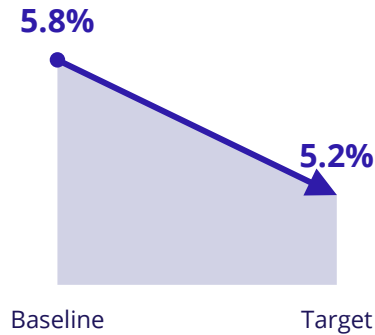
7

OBJECTIVE SEVEN

Decrease the proportion of Michigan residents without **medical insurance**.

Data Target

Decrease **uninsured residents** from 5.8% to 5.2%.



Strategies

- Collaborate with MCC members and partners, health plans, and health care organizations throughout the state to increase awareness and education on the Healthy Michigan Medicaid option for enrollment and enrollment periods.

Disparity Spotlight



NO SIGNIFICANT DISPARITY



SIGNIFICANT DISPARITY



DATA SUPPRESSED OR NOT AVAILABLE

RACE & ETHNICITY	
Comparison: White	
African American	—
Native American	—
Asian/Pacific Islander	●
Hispanic	✓
Arab	—
SEXUAL ORIENTATION/ GENDER IDENTITY	
Comparison: Straight	
Gay/Lesbian	—
Trans	●
EDUCATION	
Comparison: Some College or More	
High School Diploma or Less	—

INSURANCE	
Comparison: Privately Insured	
Uninsured	●
Medicaid	●
INCOME	
Comparison: More than \$50k	
Less than \$50k	—
POPULATION DENSITY	
Comparison: Suburb	
Rural	✓
Urban	✓

Data Source: 2019 American Community Survey



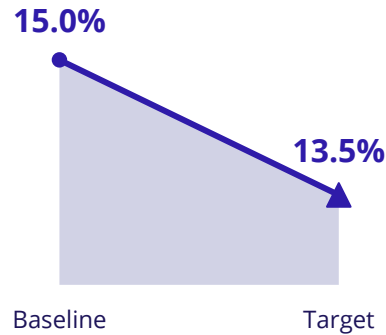
8

OBJECTIVE EIGHT

Decrease the proportion of Michigan residents who report having **no personal health care provider.**

Data Target

**Decrease** percentage of residents from 15.0% **to 13.5%.**



Strategies

- Collaborate with MCC member organizations and health care organizations throughout the state to increase education and awareness on the benefits of having a healthcare provider and annual screening services.
- Foster multisector partnerships and collaborations to increase awareness on how to access health care support services.

Disparity Spotlight



NO SIGNIFICANT DISPARITY



SIGNIFICANT DISPARITY



DATA SUPPRESSED OR NOT AVAILABLE

RACE & ETHNICITY	
Comparison: White	
African American	✓
Native American	●
Asian/Pacific Islander	●
Hispanic	✓
Arab	●

SEXUAL ORIENTATION/ GENDER IDENTITY	
Comparison: Straight	
Gay/Lesbian	●
Trans	●

EDUCATION	
Comparison: Some College or More	
High School Diploma or Less	—

INSURANCE	
Comparison: Privately Insured	
Uninsured	—
Medicaid	✓

INCOME	
Comparison: More than \$50k	
Less than \$50k	—

POPULATION DENSITY	
Comparison: Suburb	
Rural	✓
Urban	✓

Data Source: 2018 Michigan Behavioral Risk Factor Survey



## 9

### OBJECTIVE NINE

Increase the percent of MCC member organizations who **collect data** on race, primary language, sexual orientation, and gender identity.

### Data Target

Data target to be determined.



### Strategies

- Include data regarding gender identity, sexual orientation, and primary language in surveillance registries.
- Target Michigan providers and healthcare organizations to collect gender identity, sexual orientation, primary language, and race and ethnicity on intake and registration forms and EMR/EHR systems.
- Examine how organizations track how health inequities are identified and addressed in their communities.

### Disparity Spotlight



**NO SIGNIFICANT DISPARITY**



**SIGNIFICANT DISPARITY**



**DATA SUPPRESSED OR NOT AVAILABLE**

RACE & ETHNICITY	
Comparison: White	
African American	●
Native American	●
Asian/Pacific Islander	●
Hispanic	●
Arab	●
SEXUAL ORIENTATION/ GENDER IDENTITY	
Comparison: Straight	
Gay/Lesbian	●
Trans	●
EDUCATION	
Comparison: Some College or More	
High School Diploma or Less	●

INSURANCE	
Comparison: Privately Insured	
Uninsured	●
Medicaid	●
INCOME	
Comparison: More than \$50k	
Less than \$50k	●
POPULATION DENSITY	
Comparison: Suburb	
Rural	●
Urban	●

Data Source: Michigan Cancer Consortium Membership 2020



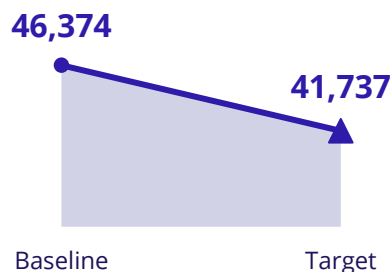
10

OBJECTIVE TEN

Reduce the amount of **toxic pollutants** released into the environment.

Data Target

Reduce **pollutants** from 46,374 tons to **41,737 tons**.



Strategies

- Promote community awareness by teaching people how to live greener and choosing greener products for household use (e.g., by introducing people to the website [EPA.gov/environmental-topics/greener-living](https://www.epa.gov/environmental-topics/greener-living), reviewing the green vehicle guide, and choosing greener products for household use).
- Increase the number of recycling communities (e.g., teach people in the community to throw away less by reducing, reusing, and recycling; following guidelines for responsible appliance disposal).
- Increase community awareness around ways to protect groundwater (reduce incorrect use of fertilizers, pesticides, reduce/prevent chemical spills; properly store and dispose of chemicals to prevent the release of toxic chemicals around the home; local health departments testing well water samples for contaminants annually).

Disparity Spotlight



NO SIGNIFICANT DISPARITY



SIGNIFICANT DISPARITY



DATA SUPPRESSED OR NOT AVAILABLE

RACE & ETHNICITY	
Comparison: White	
African American	●
Native American	●
Asian/Pacific Islander	●
Hispanic	●
Arab	●
SEXUAL ORIENTATION/ GENDER IDENTITY	
Comparison: Straight	
Gay/Lesbian	●
Trans	●
EDUCATION	
Comparison: Some College or More	
High School Diploma or Less	●

INSURANCE	
Comparison: Privately Insured	
Uninsured	●
Medicaid	●
INCOME	
Comparison: More than \$50k	
Less than \$50k	●
POPULATION DENSITY	
Comparison: Suburb	
Rural	●
Urban	●

Data Source: US Environmental Protection Agency 2018



# PREVENTION

Prevent cancer from occurring.



## About

Individuals, organizations, and communities can take steps to prevent the development of cancer. 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.



**Reducing our cancer rates starts with prevention.** We need to focus on those evidence-based areas which can prevent the Michigan population from the onset of cancer. There are so many causal factors to cancer and by bringing experts together which represent these key areas – environment, tobacco, alcohol, genetics, to name a few – opened my eyes to how important and vital it is for their inclusion.

- ANGELA VANKER, ALLIANCE HEALTH

## Disparity Spotlight

**180%**  
HIGHER

The odds of **using a tobacco product** is 180% higher among Native Americans in Michigan compared to white Michiganders.

**60%**  
LOWER

The odds of a woman **breastfeeding for three or more months** is 60% lower among people with a family income under \$50,000 compared to those with a family income of \$50,000 or more.

**130%**  
HIGHER

The odds of **excessive alcohol use among youth** is 130% higher among youth who identify as gay or lesbian compared to youth who identify as straight.



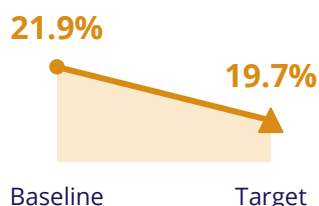
## 1

### OBJECTIVE ONE

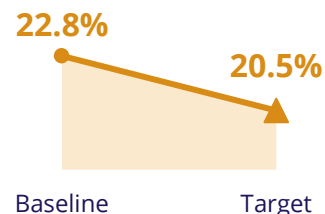
Reduce the proportion of adults and adolescents who use **tobacco products**.

### Data Target

**Reduce** tobacco use in **adults** from 21.9% to **19.7%**.



**Reduce** tobacco use in **youth** from 22.8% to **20.5%**.



### Strategies

- Focus public attention on the issue of youth access to tobacco products and mobilizing community support for additional efforts to reduce that access.
- Comprehensive tobacco control programs with coordinated efforts to implement population-level interventions to reduce appeal and acceptability of tobacco use, increase tobacco use cessation, reduce secondhand smoke exposure, and prevent initiation of tobacco use among young people.
- Mass-reach health communication interventions targeting large audiences through television and radio broadcasts, print media (e.g., newspaper), out-of-home placements (e.g., billboards, movie theaters, point-of-sale), and digital and social media to change knowledge, beliefs, attitudes, and behaviors affecting tobacco use. Intervention messages are typically developed through formative testing and aim to reduce initiation of tobacco use among young people, increase quit efforts by tobacco users of all ages, and inform individual and public attitudes on tobacco use and secondhand smoke.

### Disparity Spotlight, *Adult*



**NO SIGNIFICANT DISPARITY**



**SIGNIFICANT DISPARITY**



**DATA SUPPRESSED OR NOT AVAILABLE**

RACE & ETHNICITY	
Comparison: White	
African American	—
Native American	—
Asian/Pacific Islander	✓
Hispanic	✓
Arab	✓
SEXUAL ORIENTATION/ GENDER IDENTITY	
Comparison: Straight	
Gay/Lesbian	—
Trans	✓
EDUCATION	
Comparison: Some College or More	
High School Diploma or Less	—

INSURANCE	
Comparison: Privately Insured	
Uninsured	—
Medicaid	—
INCOME	
Comparison: More than \$50k	
Less than \$50k	—
POPULATION DENSITY	
Comparison: Suburb	
Rural	✓
Urban	✓

Data Source: 2018 Michigan Behavior Risk Factor Survey, 2017 Youth Risk Behavior Survey





2

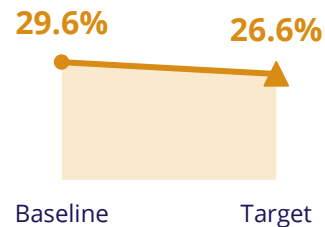
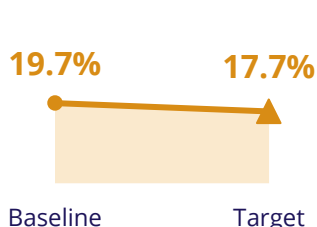
OBJECTIVE TWO

Reduce the proportion of adults and adolescents engaging in **excessive drinking**.

Data Target

**Reduce** percentage in **adults** from 19.7% **to** 17.7%.

**Reduce** percentage in **youth** from 29.6% **to** 26.6%.



Strategies

- Support widespread dissemination & implementation of screening and brief motivational interventions, particularly in emergency departments and trauma centers.
- Develop partnerships between parents, schools, health care providers, alcohol treatment specialists, faith-based groups, and other community organizations in prevention and reduction efforts aimed at underage drinking.
- Inform the public of the adverse consequences of excessive drinking.

Disparity Spotlight, *Adult*



NO SIGNIFICANT DISPARITY



SIGNIFICANT DISPARITY



DATA SUPPRESSED OR NOT AVAILABLE

RACE & ETHNICITY	
Comparison: White	
African American	✓
Native American	—
Asian/Pacific Islander	✓
Hispanic	✓
Arab	✓
SEXUAL ORIENTATION/ GENDER IDENTITY	
Comparison: Straight	
Gay/Lesbian	—
Trans	✓
EDUCATION	
Comparison: Some College or More	
High School Diploma or Less	✓

INSURANCE	
Comparison: Privately Insured	
Uninsured	✓
Medicaid	✓
INCOME	
Comparison: More than \$50k	
Less than \$50k	✓
POPULATION DENSITY	
Comparison: Suburb	
Rural	✓
Urban	✓

Data Source: 2018 Michigan Behavior Risk Factor Survey, 2017 Youth Risk Behavior Survey





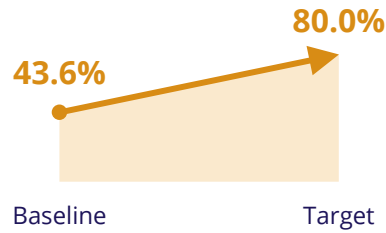
3

OBJECTIVE THREE

Increase the proportion of females and males ages 13-17 years who have completed the HPV vaccine series.

Data Target

Increase HPV vaccine series completion from 43.6% to 80.0%.



Strategies

- Community-based interventions implemented in combination, involving partnerships between community organizations, local government, and vaccination providers to implement and coordinate the following: one or more interventions to increase community demand (client reminder and recall systems, manual outreach and tracking, client or community-wide education, client incentives, client-held paper immunization records, and case management), and one or more interventions to enhance access to vaccination services (expanded access in healthcare and dental settings, home visits, and reduced client out-of-pocket costs).
- Health care system-based interventions implemented in combination, including: at least one intervention to increase client demand for vaccinations (e.g., client reminder and recall systems, clinic-based client education, manual outreach and tracking), and one or more interventions that address either (or both) of the following: interventions to enhance access to vaccinations (expanded access in health care settings, reduced client out of pocket costs, and home visits), or interventions directed at vaccination providers or systems (e.g., provider education, provider reminders, standing orders, provider assessment and feedback).
- Provider assessment and feedback which involves retrospectively evaluating the performance of providers in delivering one or more vaccinations to a client population and providing feedback on their performance. Assessment and feedback can also involve other activities (e.g., incentives or benchmarking).

Disparity Spotlight, Youth

NO SIGNIFICANT DISPARITY (checkmark icon) SIGNIFICANT DISPARITY (minus sign icon) DATA SUPPRESSED OR NOT AVAILABLE (grey circle icon)

RACE & ETHNICITY	
Comparison: White	
African American	●
Native American	●
Asian/Pacific Islander	●
Hispanic	●
Arab	●
SEXUAL ORIENTATION/ GENDER IDENTITY	
Comparison: Straight	
Gay/Lesbian	●
Trans	●
EDUCATION	
Comparison: Some College or More	
High School Diploma or Less	●

INSURANCE	
Comparison: Privately Insured	
Uninsured	●
Medicaid	●
INCOME	
Comparison: More than \$50k	
Less than \$50k	●
POPULATION DENSITY	
Comparison: Suburb	
Rural	●
Urban	●

Data Source: 2018 Michigan Care Improvement Registry



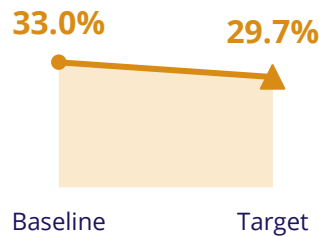
4

OBJECTIVE FOUR

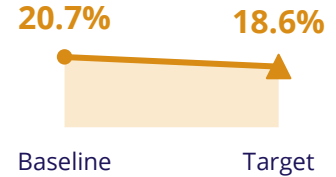
Reduce the proportion of adults and adolescents who are **obese**.

Data Target

Reduce percentage in **adults** from 33.0% to 29.7%.



Reduce percentage in **youth** from 20.7% to 18.6%.



Strategies

- Assist in the development of worksite nutrition and physical activity programs designed to improve health-related behaviors and health outcomes.
- Promote behavioral interventions that aim to reduce recreational sedentary screen time (i.e. non-school or non-work-related screen time).
- Teach behavioral self-management skills which include making healthy selections when eating in restaurants or at school, using portion control, and obtaining social support to initiate or maintain behavior change.

Disparity Spotlight, Adult



NO SIGNIFICANT DISPARITY



SIGNIFICANT DISPARITY



DATA SUPPRESSED OR NOT AVAILABLE

RACE & ETHNICITY	
Comparison: White	
African American	—
Native American	✓
Asian/Pacific Islander	✓
Hispanic	—
Arab	✓
SEXUAL ORIENTATION/ GENDER IDENTITY	
Comparison: Straight	
Gay/Lesbian	●
Trans	●
EDUCATION	
Comparison: Some College or More	
High School Diploma or Less	—

INSURANCE	
Comparison: Privately Insured	
Uninsured	✓
Medicaid	—
INCOME	
Comparison: More than \$50k	
Less than \$50k	—
POPULATION DENSITY	
Comparison: Suburb	
Rural	✓
Urban	✓

Data Source: 2018 Michigan Behavior Risk Factor Survey, 2017 Youth Risk Behavior Survey



5

OBJECTIVE FIVE

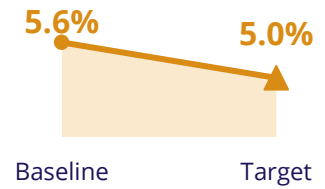
Decrease the proportion of adults and adolescents who report using an indoor tanning device.

Data Target

Adult target to be determined.



Reduce percentage in youth from 5.6% to 5.0%.



Strategies

- Counsel children, adolescents, and young adults (10-24 years) about minimizing their exposure to UV radiation to reduce risk for skin cancer.
○ Implement interventions in outdoor occupational settings and outdoor recreational and tourism settings to promote sun protective behaviors among workers, including at least one of the following: educational approaches (e.g., providing informational messages about sun protection to workers and/or visitors through instruction, small media such as posters or brochures, or both), activities to influence knowledge, attitudes, or behavior of workers and/or visitors (e.g., modeling or demonstrating behaviors), environmental approaches to encourage sun protection (e.g., providing sunscreen or shade), or policies to support sun protection practices (e.g., requiring sun protective clothing).
○ Multicomponent community-wide interventions using combinations of individual-directed strategies, mass media and social media campaigns, and environmental policy changes. Strategies to take place across multiple settings within a defined geographic area (city, state, province, or country), in an integrated effort to influence UV-protective behaviors.

Disparity Spotlight, Adult



NO SIGNIFICANT DISPARITY



SIGNIFICANT DISPARITY



DATA SUPPRESSED OR NOT AVAILABLE

Table with categories: RACE & ETHNICITY (African American, Native American, Asian/Pacific Islander, Hispanic, Arab), SEXUAL ORIENTATION/ GENDER IDENTITY (Gay/Lesbian, Trans), EDUCATION (High School Diploma or Less). All categories show 'Data Suppressed or Not Available'.

Table with categories: INSURANCE (Uninsured, Medicaid), INCOME (Less than \$50k), POPULATION DENSITY (Rural, Urban). All categories show 'Data Suppressed or Not Available'.

Data Source: 2020 Michigan Behavioral Risk Factor Survey, 2017 Youth Risk Behavior Survey



6

OBJECTIVE SIX

Increase the percent of adults who report being asked by their health care provider about their **family history**.

Data Target

Target to be determined.



Strategies

- Increase health professionals' awareness of USPSTF, NCCN, and other national guidelines for family history collection and assessment, genetic counseling, and genetic testing of cancers that are linked to hereditary predispositions.
- Implement programs that increase access to hereditary cancer risk assessment, genetic counseling and genetic testing services.

Disparity Spotlight, Adult



NO SIGNIFICANT DISPARITY



SIGNIFICANT DISPARITY



DATA SUPPRESSED OR NOT AVAILABLE

RACE & ETHNICITY	
Comparison: White	
African American	●
Native American	●
Asian/Pacific Islander	●
Hispanic	●
Arab	●
SEXUAL ORIENTATION/ GENDER IDENTITY	
Comparison: Straight	
Gay/Lesbian	●
Trans	●
EDUCATION	
Comparison: Some College or More	
High School Diploma or Less	●

INSURANCE	
Comparison: Privately Insured	
Uninsured	●
Medicaid	●
INCOME	
Comparison: More than \$50k	
Less than \$50k	●
POPULATION DENSITY	
Comparison: Suburb	
Rural	●
Urban	●

Disparity Source: 2020 Michigan Behavioral Risk Factor Survey



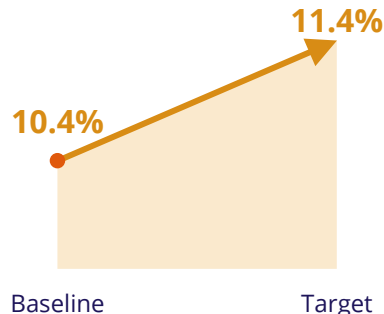
7

OBJECTIVE SEVEN

Increase the proportion of new single-family homes constructed with radon reducing features.

Data Target

Increase new homes with radon-reducing features from 10.4% to 11.4%.



Strategies

- Promote radon awareness, including risks of exposure, Michigan policies (Michigan residential building codes), and radon testing and mitigation.
- Host workshops/seminars for builders and code officials covering Radon Resistant New Construction (RRNC) methods.
- Facilitate collaboration with environmental, health, licensing, and cancer prevention stakeholders.

Disparity Spotlight



NO SIGNIFICANT DISPARITY



SIGNIFICANT DISPARITY



DATA SUPPRESSED OR NOT AVAILABLE

RACE & ETHNICITY	
Comparison: White	
African American	✓
Native American	✓
Asian/Pacific Islander	✓
Hispanic	✓
Arab	—

SEXUAL ORIENTATION/ GENDER IDENTITY	
Comparison: Straight	
Gay/Lesbian	●
Trans	●

EDUCATION	
Comparison: Some College or More	
High School Diploma or Less	—

INSURANCE	
Comparison: Privately Insured	
Uninsured	—
Medicaid	✓

INCOME	
Comparison: More than \$50k	
Less than \$50k	—

POPULATION DENSITY	
Comparison: Suburb	
Rural	✓
Urban	✓

Data Source: 2018 United States Census



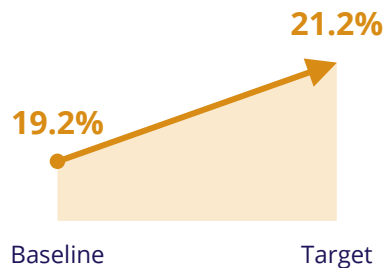
## 8

### OBJECTIVE EIGHT

Increase the proportion of adults who **meet the guidelines** for aerobic physical activity and for muscle-strengthening activity.

### Data Target

Increase percent of adults meeting guidelines from 19.2% to 21.2%.



### Strategies

- Build, strengthen, and maintain social support interventions focused on increasing and maintaining engagement in physical activity including networks that provide supportive relationships for behavior change (e.g., set up a buddy system, make contracts with others to complete specified levels of physical activity, or set up walking groups or other groups to provide friendship and support).
- Develop and execute community-wide campaigns to increase physical activity that: i. involve many community sectors; ii. include highly visible, broad-based, multicomponent strategies (e.g., social support, risk factor screening or health education); iii. may also address other cardiovascular disease risk factors, particularly diet and smoking.
- Support efforts of worksites, coalitions, agencies, and communities in their attempts to create or enhance physical activity. Examples of these efforts may include creation of walking trails, building of exercise facilities, or providing access to nearby facilities.

### Disparity Spotlight, Adult



NO SIGNIFICANT DISPARITY



SIGNIFICANT DISPARITY



DATA SUPPRESSED OR NOT AVAILABLE

RACE & ETHNICITY	
Comparison: White	
African American	✓
Native American	✓
Asian/Pacific Islander	✓
Hispanic	✓
Arab	✓
SEXUAL ORIENTATION/ GENDER IDENTITY	
Comparison: Straight	
Gay/Lesbian	●
Trans	●
EDUCATION	
Comparison: Some College or More	
High School Diploma or Less	—

INSURANCE	
Comparison: Privately Insured	
Uninsured	●
Medicaid	—
INCOME	
Comparison: More than \$50k	
Less than \$50k	—
POPULATION DENSITY	
Comparison: Suburb	
Rural	✓
Urban	✓

Data Source: 2015 Michigan Behavioral Risk Factor Survey



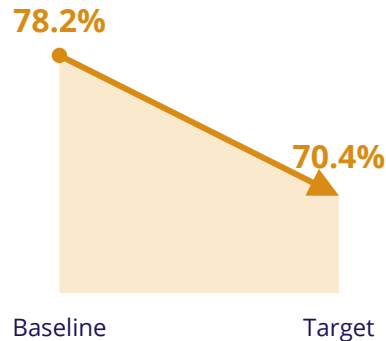
9

OBJECTIVE NINE

Decrease the proportion of adolescents who were **not physically active for at least 60 minutes per day** in the last week.

Data Target

Decrease inactivity from 78.2% to 70.4%.



Strategies

- Enhance school-based physical education (PE) to increase the amount of time students spend in moderate- or vigorous-intensity physical activity (MVPA) during PE classes.
- Provide classroom activity breaks during school hours (e.g., add short bouts of activity to existing classroom activities; encourage activity during recess, lunch, and other break periods; and promote environmental or systems change approaches, such as providing physical activity and game equipment, teacher training, and organized physical activity during breaks before and after school).

Disparity Spotlight, Youth



NO SIGNIFICANT DISPARITY



SIGNIFICANT DISPARITY



DATA SUPPRESSED OR NOT AVAILABLE

RACE & ETHNICITY	
Comparison: White	
African American	✓
Native American	✓
Asian/Pacific Islander	●
Hispanic	✓
Arab	●
SEXUAL ORIENTATION/ GENDER IDENTITY	
Comparison: Straight	
Gay/Lesbian	✓
Trans	●
EDUCATION	
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High School Diploma or Less	●

INSURANCE	
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Medicaid	●
INCOME	
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POPULATION DENSITY	
Comparison: Suburb	
Rural	●
Urban	●

Data Source: 2019 Youth Risk Behavior Survey



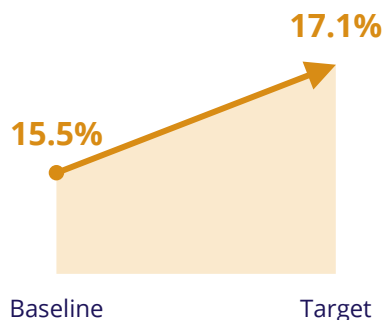
10

OBJECTIVE TEN

Increase the percent of adults who consume fruits and vegetables five or more times per day.

Data Target

Increase fruit & vegetable consumption from 15.5% to 17.1%.



Strategies

- Raise public awareness and integrate messaging about nutrition into existing literature related to cancer prevention.
- Increase the number of municipalities and employers who have implemented policies or standards to encourage changes to their food environments aimed at increasing consumption of and access to fruits and vegetables among adolescents and children. Examples include incorporation of healthy food options at meetings/events, establishment of farmers markets, and creation of incentives for local convenience stores to offer fresh fruits and vegetables.

Disparity Spotlight, Adult



NO SIGNIFICANT DISPARITY



SIGNIFICANT DISPARITY



DATA SUPPRESSED OR NOT AVAILABLE

RACE & ETHNICITY	
Comparison: White	
African American	✓
Native American	●
Asian/Pacific Islander	✓
Hispanic	✓
Arab	✓
SEXUAL ORIENTATION/ GENDER IDENTITY	
Comparison: Straight	
Gay/Lesbian	●
Trans	●
EDUCATION	
Comparison: Some College or More	
High School Diploma or Less	—

INSURANCE	
Comparison: Privately Insured	
Uninsured	✓
Medicaid	✓
INCOME	
Comparison: More than \$50k	
Less than \$50k	—
POPULATION DENSITY	
Comparison: Suburb	
Rural	✓
Urban	✓

Data Source: 2017 Michigan Behavioral Risk Factor Survey





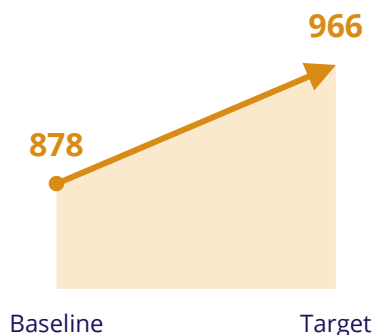
11

OBJECTIVE ELEVEN

Increase the number of cases who have achieved **viral clearance** of Hepatitis C.

Data Target

Increase cases achieving **clearance** from 878 to 966.



Strategies

- Provide support to local health departments to implement Hepatitis C testing and linkage to care programs to increase the number of individuals linked to care and treatment through follow-up and education.
- Develop initiatives to improve Hepatitis C treatment capacity among primary care and advanced-practice providers based on responses from an HCV Prescriber Survey that identifies provider barriers and facilitators.

Disparity Spotlight, Adult



NO SIGNIFICANT DISPARITY



SIGNIFICANT DISPARITY



DATA SUPPRESSED OR NOT AVAILABLE

RACE & ETHNICITY	
Comparison: White	
African American	●
Native American	●
Asian/Pacific Islander	●
Hispanic	●
Arab	●
SEXUAL ORIENTATION/ GENDER IDENTITY	
Comparison: Straight	
Gay/Lesbian	●
Trans	●
EDUCATION	
Comparison: Some College or More	
High School Diploma or Less	●

INSURANCE	
Comparison: Privately Insured	
Uninsured	●
Medicaid	●
INCOME	
Comparison: More than \$50k	
Less than \$50k	●
POPULATION DENSITY	
Comparison: Suburb	
Rural	●
Urban	●

Data Source: 2019 Michigan Disease Surveillance System



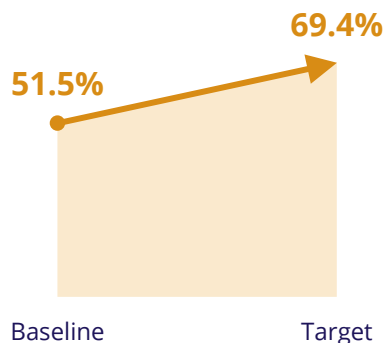
12

OBJECTIVE TWELVE

Increase the number of non-white women who report **breastfeeding** for a 3-month duration.

Data Target

Increase rates from 51.5% to 69.4%.



Strategies

- Increase access to breastfeeding support before, during, and after pregnancy with an emphasis on increasing the diversity of professionals and peers for a more representative workforce.
- Develop and promote consistent breastfeeding education materials and messages that are culturally responsive and use images that reflect the audience.
- Develop breastfeeding awareness messaging and/or a public awareness campaign that links breastfeeding with infant and maternal health outcomes including protection from certain types of breast cancer.

Disparity Spotlight, Adult



NO SIGNIFICANT DISPARITY



SIGNIFICANT DISPARITY



DATA SUPPRESSED OR NOT AVAILABLE

RACE & ETHNICITY	
Comparison: White	
African American	—
Native American	●
Asian/Pacific Islander	●
Hispanic	✓
Arab	●
SEXUAL ORIENTATION/ GENDER IDENTITY	
Comparison: Straight	
Gay/Lesbian	●
Trans	●
EDUCATION	
Comparison: Some College or More	
High School Diploma or Less	—

INSURANCE	
Comparison: Privately Insured	
Uninsured	✓
Medicaid	—
INCOME	
Comparison: More than \$50k	
Less than \$50k	—
POPULATION DENSITY	
Comparison: Suburb	
Rural	●
Urban	●

Data Source: 2018 Michigan Pregnancy Risk Assessment Monitoring Survey (PRAMS)



# EARLY DETECTION

Detect cancer at its earliest stages.



## About

For certain cancers, screening tests can discover cancer before a person shows disease signs or symptoms. When caught early, survival rates improve greatly.



I believe early detection is one of the most important ways to reduce the cancer burden. It is SO IMPORTANT that everyone know when they are **due for their cancer screenings**, and that providers are doing all they can to reinforce that message. When cancer is found early, the survival rates are exponentially higher.

- ABBY MOLER, AMERICAN CANCER SOCIETY, INC.

## Disparity Spotlight

**60%**  
LOWER

The odds of being counseled on **prostate cancer screening** is 60% lower among Asian males compared to white males.

**140%**  
HIGHER

The odds of Black females being diagnosed with **cervical cancer** at a late stage is 140% higher compared to white females.

**70%**  
HIGHER

The odds of Native American females being diagnosed with **breast cancer** at a late stage is 70% higher compared to white females.



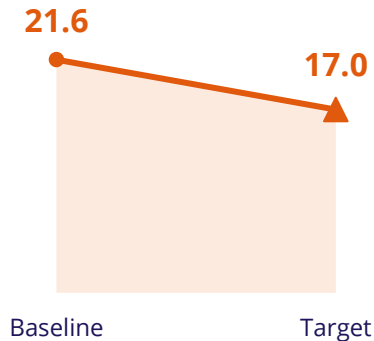
## 1

### OBJECTIVE ONE

By 2030, reduce female **breast cancer** death rate.

### Data Target

**Reduce deaths** per 100,000 from 21.6 **to 17.0**.



### Strategies

- By 2030, increase the proportion of females aged 50-74 who received a breast cancer screening (mammogram) based on USPSTF guidelines.
- Provide patient navigation services for diagnostic, treatment, clinical trials, and follow-up care.
- Improve process for collection of family history information including: collection and discussion, documentation, and appropriate referrals for genetic counseling and testing for hereditary cancers.

### Disparity Spotlight



**NO SIGNIFICANT DISPARITY**



**SIGNIFICANT DISPARITY**



**DATA SUPPRESSED OR NOT AVAILABLE**

RACE & ETHNICITY	
Comparison: White	
African American	—
Native American	✓
Asian/Pacific Islander	✓
Hispanic	✓
Arab	●
SEXUAL ORIENTATION/ GENDER IDENTITY	
Comparison: Straight	
Gay/Lesbian	●
Trans	●
EDUCATION	
Comparison: Some College or More	
High School Diploma or Less	●

INSURANCE	
Comparison: Privately Insured	
Uninsured	●
Medicaid	●
INCOME	
Comparison: More than \$50k	
Less than \$50k	●
POPULATION DENSITY	
Comparison: Suburb	
Rural	●
Urban	●

Data Source: 2018 Vital Records



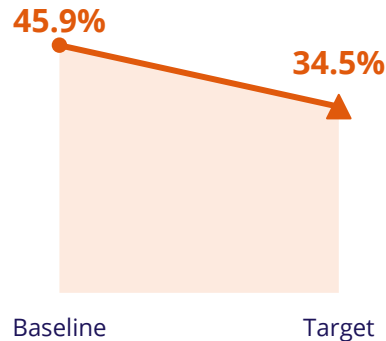
## 2

### OBJECTIVE TWO

By 2030, reduce the percent of **Triple Negative breast cancer** diagnosed at a late stage in African Americans.

### Data Target

**Reduce late stage diagnoses from 45.9% to 34.5%.**



### Strategies

- Increase the number of Triple Negative breast cancers that are sent for genetic counseling and testing.
- Increase cascade screening.
- Improve patient education on how to inform family members of their diagnosis and need for genetic counseling and testing as appropriate.

### Disparity Spotlight, *Breast Cancer Diagnosed at Late Stage*



**NO SIGNIFICANT DISPARITY**



**SIGNIFICANT DISPARITY**



**DATA SUPPRESSED OR NOT AVAILABLE**

RACE & ETHNICITY	
Comparison: White	
African American	—
Native American	—
Asian/Pacific Islander	✓
Hispanic	●
Arab	●
SEXUAL ORIENTATION/ GENDER IDENTITY	
Comparison: Straight	
Gay/Lesbian	●
Trans	●
EDUCATION	
Comparison: Some College or More	
High School Diploma or Less	●

INSURANCE	
Comparison: Privately Insured	
Uninsured	●
Medicaid	●
INCOME	
Comparison: More than \$50k	
Less than \$50k	●
POPULATION DENSITY	
Comparison: Suburb	
Rural	●
Urban	●

Data Source: 2012-2016 Michigan Cancer Surveillance Program



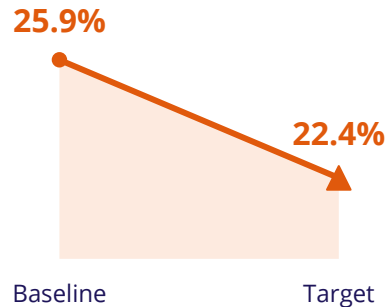
## 3

### OBJECTIVE THREE

By 2030, reduce the percent of **breast cancer** diagnosed at a **late stage**.

### Data Target

**Reduce late stage diagnoses** from 25.9% to **22.4%**.



### Strategies

- Address barriers to screening (e.g., transportation, mobile screening units).
- Increase patient education platforms (i.e., social media).
- Utilize current USPSTF guidelines and other nationally recognized guidelines.
- Use Quality Improvement to analyze and improve current screening policies and procedures.

### Disparity Spotlight



**NO SIGNIFICANT DISPARITY**



**SIGNIFICANT DISPARITY**



**DATA SUPPRESSED OR NOT AVAILABLE**

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Comparison: White	
African American	—
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Gay/Lesbian	●
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EDUCATION	
Comparison: Some College or More	
High School Diploma or Less	●

INSURANCE	
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Uninsured	●
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INCOME	
Comparison: More than \$50k	
Less than \$50k	●
POPULATION DENSITY	
Comparison: Suburb	
Rural	●
Urban	●

Data Source: 2012-2016 Michigan Cancer Surveillance Program



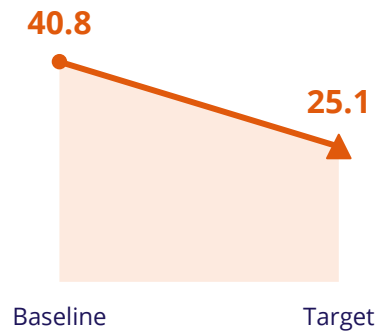
## 4

### OBJECTIVE FOUR

By 2030, reduce the **lung cancer** death rate.

### Data Target

**Reduce deaths** per 100,000 from 40.8 **to 25.1**.



### Strategies

- Increase appropriate referrals for lung cancer screening (e.g., by improving education and public knowledge of the benefit and availability of lung cancer screening).
- Utilize 5As and quantify and record tobacco use history and relate to: eligibility for lung cancer screening, and referral to tobacco treatment services.
- Provide patient navigation services: diagnostic, treatment, clinical trials, and follow-up care.
- Expand physician understanding of the Center for Medicare & Medicaid Services (CMS) requirements of lung cancer screening with education as it revolves around the concept of centralized screening programs.

### Disparity Spotlight



**NO SIGNIFICANT DISPARITY**



**SIGNIFICANT DISPARITY**



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African American	—
Native American	—
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Hispanic	✓
Arab	●
SEXUAL ORIENTATION/ GENDER IDENTITY	
Comparison: Straight	
Gay/Lesbian	●
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EDUCATION	
Comparison: Some College or More	
High School Diploma or Less	●

INSURANCE	
Comparison: Privately Insured	
Uninsured	●
Medicaid	●
INCOME	
Comparison: More than \$50k	
Less than \$50k	●
POPULATION DENSITY	
Comparison: Suburb	
Rural	●
Urban	●

Data Source: 2012-2016 Michigan Cancer Surveillance Program



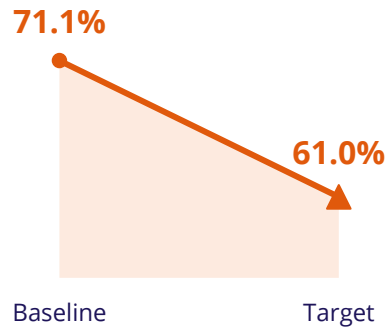
5

## OBJECTIVE FIVE

By 2030, reduce the percent of **lung cancer** diagnosed at a **late stage**.

### Data Target

**Reduce late stage diagnoses** from 71.1% to **61.0%**.



### Strategies

- Increase the proportion of males and females who received lung cancer screening (e.g., implement client reminder systems, implement provider reminder and recall systems, utilize provider assessment and feedback, utilize small media).
- Utilize current USPSTF guidelines and other nationally recognized guidelines.
- Use Quality Improvement to analyze and improve current screening policies and procedures.

### Disparity Spotlight



NO SIGNIFICANT DISPARITY



SIGNIFICANT DISPARITY



DATA SUPPRESSED OR NOT AVAILABLE

RACE & ETHNICITY	
Comparison: White	
African American	—
Native American	—
Asian/Pacific Islander	✓
Hispanic	●
Arab	●
SEXUAL ORIENTATION/ GENDER IDENTITY	
Comparison: Straight	
Gay/Lesbian	●
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EDUCATION	
Comparison: Some College or More	
High School Diploma or Less	●

INSURANCE	
Comparison: Privately Insured	
Uninsured	●
Medicaid	●
INCOME	
Comparison: More than \$50k	
Less than \$50k	●
POPULATION DENSITY	
Comparison: Suburb	
Rural	●
Urban	●

Data Source: 2012-2016 Michigan Cancer Surveillance Program





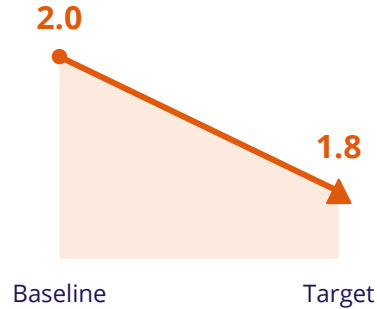
6

## OBJECTIVE SIX

By 2030, decrease the mortality from cervical cancer.

### Data Target

Reduce deaths per 100,000 from 2.0 to 1.8.



### Strategies

- Increase the HPV immunization rate in males and females.
- Provide patient navigation services for diagnostic, treatment, clinical trials and follow-up care.

### Disparity Spotlight



NO SIGNIFICANT DISPARITY



SIGNIFICANT DISPARITY



DATA SUPPRESSED OR NOT AVAILABLE

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Comparison: White	
African American	—
Native American	●
Asian/Pacific Islander	●
Hispanic	—
Arab	●
SEXUAL ORIENTATION/ GENDER IDENTITY	
Comparison: Straight	
Gay/Lesbian	●
Trans	●
EDUCATION	
Comparison: Some College or More	
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INSURANCE	
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POPULATION DENSITY	
Comparison: Suburb	
Rural	●
Urban	●

Data Source: 2012-2016 Michigan Cancer Surveillance Program



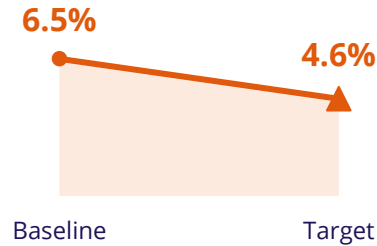
## 7

### OBJECTIVE SEVEN

By 2030, reduce the percent of cervical cancer diagnosed at a **late stage**.

### Data Target

**Reduce late stage diagnoses** from 6.5% to **4.6%**.



### Strategies

- Increase the proportion of females aged 21-65 who receive a cervical cancer screening (Pap test) in past three years.
- Utilize current USPSTF guidelines and other nationally recognized guidelines.
- Provider education.
- Patient education (e.g., use of social media).
- Ensure ease of transition between care providers (e.g., reducing time between appointments and follow-up testing).
- Use Quality Improvement to analyze and improve current screening policies and procedures.

### Disparity Spotlight



NO SIGNIFICANT DISPARITY



SIGNIFICANT DISPARITY



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Comparison: White	
African American	—
Native American	✓
Asian/Pacific Islander	✓
Hispanic	●
Arab	●
SEXUAL ORIENTATION/ GENDER IDENTITY	
Comparison: Straight	
Gay/Lesbian	●
Trans	●
EDUCATION	
Comparison: Some College or More	
High School Diploma or Less	●

INSURANCE	
Comparison: Privately Insured	
Uninsured	●
Medicaid	●
INCOME	
Comparison: More than \$50k	
Less than \$50k	●
POPULATION DENSITY	
Comparison: Suburb	
Rural	●
Urban	●

Data Source: 2012-2016 Michigan Cancer Surveillance Program



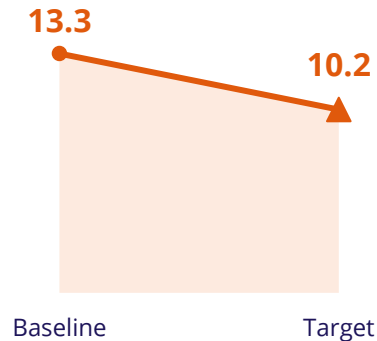
## 8

### OBJECTIVE EIGHT

By 2030, reduce the mortality from **colorectal cancer**.

### Data Target

**Reduce deaths** per 100,000 from **13.3 to 10.2**.



### Strategies

- Provide patient navigation services for diagnostic, treatment, clinical trials, and follow-up care.
- Family history information: collection, documentation, and referrals for genetic counseling for hereditary cancers.
- Educate patients on the importance of above, family history of diagnosis of polyps—especially adenomas, and information links on genetic mutations that can lead to colorectal cancer.
- Promote/educate providers on asking specifically about family history of polyps.

### Disparity Spotlight



NO SIGNIFICANT DISPARITY



SIGNIFICANT DISPARITY



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Comparison: White	
African American	—
Native American	✓
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Hispanic	✓
Arab	●
SEXUAL ORIENTATION/ GENDER IDENTITY	
Comparison: Straight	
Gay/Lesbian	●
Trans	●
EDUCATION	
Comparison: Some College or More	
High School Diploma or Less	●

INSURANCE	
Comparison: Privately Insured	
Uninsured	●
Medicaid	●
INCOME	
Comparison: More than \$50k	
Less than \$50k	●
POPULATION DENSITY	
Comparison: Suburb	
Rural	●
Urban	●

Data Source: 2012-2016 Michigan Cancer Surveillance Program



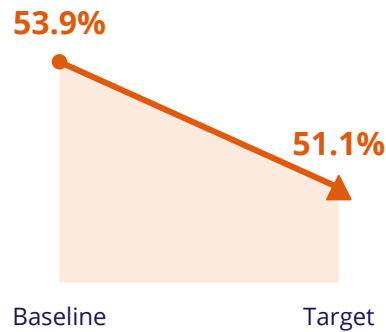
## 9

### OBJECTIVE NINE

By 2030, reduce the percent of colorectal cancer diagnosed at a late stage.

### Data Target

Reduce late stage diagnoses from 53.9% to 51.1%.



### Strategies

- Increase the proportion of adults aged 50-75 years who are up-to-date on appropriate colorectal cancer screening (e.g., implement client reminders systems, utilize one on one and small media patient education, implement provider reminder and recall systems, utilize provider assessment and feedback, and reduce structural barriers).
- Utilize current USPSTF guidelines and other nationally recognized guidelines.
- Use Quality Improvement to analyze and improve current screening policies and procedures.

### Disparity Spotlight



NO SIGNIFICANT DISPARITY



SIGNIFICANT DISPARITY



DATA SUPPRESSED OR NOT AVAILABLE

RACE & ETHNICITY	
Comparison: White	
African American	✓
Native American	—
Asian/Pacific Islander	✓
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Arab	●
SEXUAL ORIENTATION/ GENDER IDENTITY	
Comparison: Straight	
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EDUCATION	
Comparison: Some College or More	
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INSURANCE	
Comparison: Privately Insured	
Uninsured	●
Medicaid	●
INCOME	
Comparison: More than \$50k	
Less than \$50k	●
POPULATION DENSITY	
Comparison: Suburb	
Rural	●
Urban	●

Data Source: 2012-2016 Michigan Cancer Surveillance Program



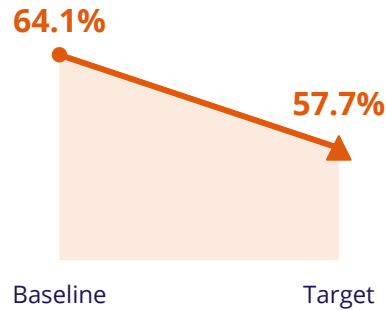
10

## OBJECTIVE TEN

By 2030, reduce the percent of **oral cancer** diagnosed at a **late stage**.

### Data Target

Reduce late stage diagnoses from 64.1% to 57.7%.



### Strategies

- Increase oral cancer routine exam rates.
- Educate public on chewing tobacco risk and providers on asking about chewing tobacco.
- Increase the HPV immunization in males and females.
- Utilize current American Dental Association guidelines and other nationally recognized guidelines.

### Disparity Spotlight



NO SIGNIFICANT DISPARITY



SIGNIFICANT DISPARITY



DATA SUPPRESSED OR NOT AVAILABLE

RACE & ETHNICITY	
Comparison: White	
African American	—
Native American	✓
Asian/Pacific Islander	✓
Hispanic	●
Arab	●
SEXUAL ORIENTATION/ GENDER IDENTITY	
Comparison: Straight	
Gay/Lesbian	●
Trans	●
EDUCATION	
Comparison: Some College or More	
High School Diploma or Less	●

INSURANCE	
Comparison: Privately Insured	
Uninsured	●
Medicaid	●
INCOME	
Comparison: More than \$50k	
Less than \$50k	●
POPULATION DENSITY	
Comparison: Suburb	
Rural	●
Urban	●

Data Source: 2012-2016 Michigan Cancer Surveillance Program



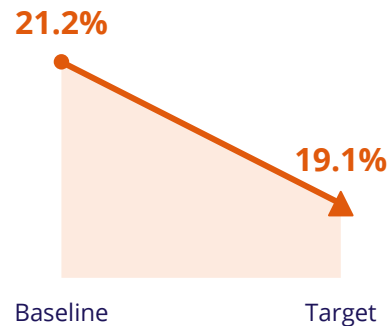
11

## OBJECTIVE ELEVEN

By 2030, reduce the percent of prostate cancer diagnosed at a late stage.

### Data Target

Reduce late stage diagnoses from 21.2% to 19.1%.



### Strategies

- Increase the proportion of adult males who are counseled on prostate cancer screening.
- Utilize current USPSTF guidelines and other nationally recognized guidelines.
- Family history information: collection, documentation, and referrals for genetic counseling for hereditary cancers.

### Disparity Spotlight



NO SIGNIFICANT DISPARITY



SIGNIFICANT DISPARITY



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RACE & ETHNICITY	
Comparison: White	
African American	—
Native American	✓
Asian/Pacific Islander	—
Hispanic	●
Arab	●
SEXUAL ORIENTATION/ GENDER IDENTITY	
Comparison: Straight	
Gay/Lesbian	●
Trans	●
EDUCATION	
Comparison: Some College or More	
High School Diploma or Less	●

INSURANCE	
Comparison: Privately Insured	
Uninsured	●
Medicaid	●
INCOME	
Comparison: More than \$50k	
Less than \$50k	●
POPULATION DENSITY	
Comparison: Suburb	
Rural	●
Urban	●

Data Source: 2012-2016 Michigan Cancer Surveillance Program



# DIAGNOSIS & TREATMENT

Diagnose and treat all patients using the most effective and appropriate methods.



## About

For patients diagnosed with cancer, access to quality evidence-based treatment is critical. Cancer treatment varies by type of cancer, stage at diagnosis, age of the person undergoing treatment and general health status.



I believe that it is imperative that we continue to strive to reduce the cancer burden in the state of Michigan, specifically reducing barriers to access and time to treatment.

- THOMAS LANNI, BEAUMONT HEALTH SYSTEM

## Disparity Spotlight

**50%**  
LOWER

The odds of **having a Microsatellite Instability (MSI) screening test ordered** for someone with colorectal cancer is 50% lower among Black Michiganders compared to white Michiganders.

**227%**  
HIGHER

The odds of a cancer survivor **being a current smoker** is 227% higher among those with a household income of less than \$50,000 compared to those with an income of \$50,000 or higher.

**50%**  
LOWER

The odds of **participating in a clinical trial** is 50% lower among rural cancer survivors compared to suburban cancer survivors.





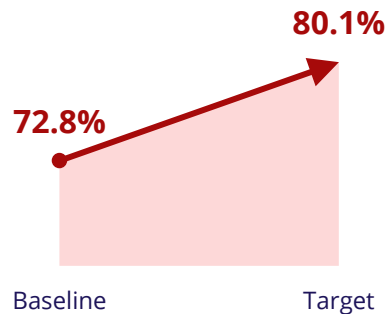
## 1

### OBJECTIVE ONE

Increase the percent of cases in the cancer registry that have **family history recorded**.

### Data Target

**Increase percentage** of cases from 72.8% to **80.1%**.



### Strategies

- Promote the use of family history questionnaires as a method of collecting a complete family history.
- Educate providers on the importance of: a 3-generation family history which includes maternal and paternal family members, cancer type and age of diagnosis, family members with and without cancer, and how the family is related to the patient; ethnicity, particularly Ashkenazi Jewish ancestry, and; family history of rare cancers or cancers with a higher chance of being hereditary.

### Disparity Spotlight



**NO SIGNIFICANT DISPARITY**



**SIGNIFICANT DISPARITY**



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Urban	●

Data Source: 2012-2016 Michigan Cancer Surveillance Program



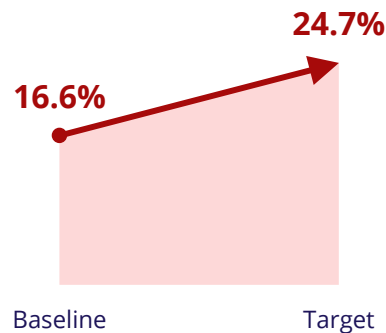
## 2

### OBJECTIVE TWO

Increase the proportion of those diagnosed with colorectal cancer who **receive MSI tumor testing.**

### Data Target

**Increase proportion** receiving MSI tumor testing from 16.6% **to 24.7%.**



### Strategies

- Educate providers on the benefits of screening colorectal cancers and endometrial cancers for Lynch Syndrome using MSI and Immunohistochemistry (IHC) screening.
- Increase organizational readiness for implementation of universal Lynch Syndrome screening among health systems.
- Develop the criteria for identifying and promote the use of champions for MSI tumor testing within health systems.

### Disparity Spotlight



**NO SIGNIFICANT DISPARITY**



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Rural	●
Urban	●

Data Source: 2012-2016 Michigan Cancer Surveillance Program



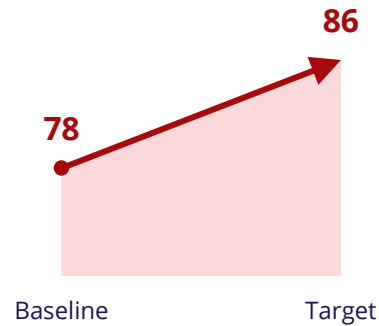
## 3

### OBJECTIVE THREE

Increase the number of hospital-based **palliative care services** in Michigan.

### Data Target

**Increase number** of services from 78 **to 86**.



### Strategies

- Promote policy and system changes that encourage the screening of all people diagnosed with cancer regardless of prognosis for palliative care needs at their initial visit, at appropriate intervals, as clinically indicated to promote patient quality of life and survival.
- Educate the health care team on what palliative care is, how to talk to patients about its role in cancer care and where to find helpful resources.
- Educate patients and families about palliative care and the integral role it plays in comprehensive cancer care.

### Disparity Spotlight



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**SIGNIFICANT DISPARITY**



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Comparison: White	
African American	●
Native American	●
Asian/Pacific Islander	●
Hispanic	●
Arab	●
SEXUAL ORIENTATION/ GENDER IDENTITY	
Comparison: Straight	
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INCOME	
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Less than \$50k	●
POPULATION DENSITY	
Comparison: Suburb	
Rural	●
Urban	●

Data Source: 2012-2016 Michigan Cancer Surveillance Program



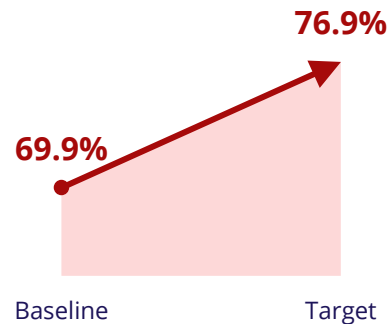
## 4

### OBJECTIVE FOUR

Increase the percent of MCC member organizations that report that they promote or provide navigation services to help **reduce barriers to care or coordinate care services.**

### Data Target

**Increase percentage** from 69.9% **to 76.9%.**



### Strategies

- Provide a full spectrum of navigation services that include financial navigators, nurse navigators, and patient/lay navigators to address health care disparities, barriers to care, and paying for the cost of cancer care.
- Encourage organizations to facilitate formal benefit reviews, discussions on the cost of cancer care, and financial assistance strategies with patients within 4 weeks of diagnosis.

### Disparity Spotlight



**NO SIGNIFICANT DISPARITY**



**SIGNIFICANT DISPARITY**



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African American	●
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EDUCATION	
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INSURANCE	
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Medicaid	●
INCOME	
Comparison: More than \$50k	
Less than \$50k	●
POPULATION DENSITY	
Comparison: Suburb	
Rural	●
Urban	●

Data Source: 2018 Michigan Cancer Consortium Annual Survey



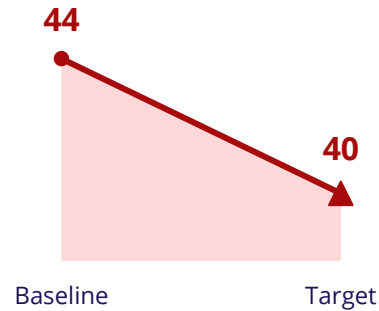
## 5

### OBJECTIVE FIVE

Decrease the average **time between** cancer diagnosis and treatment.

### Data Target

Reduce average days from 44 to 40.



### Strategies

- Promote policy change and advocacy related to minimizing delays in prior authorization for treatment and healthcare provider availability.
- Educate patients and caregivers on the importance of timely informed decision-making, including potential long-term and late effects.
- Promote programs providing transportation assistance to and from treatment and medical appointments, support groups, education sessions, and other support services.

### Disparity Spotlight



NO SIGNIFICANT DISPARITY



SIGNIFICANT DISPARITY



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Comparison: White	
African American	●
Native American	●
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Less than \$50k	●
POPULATION DENSITY	
Comparison: Suburb	
Rural	●
Urban	●

Data Source: 2012-2016 Michigan Cancer Surveillance Program



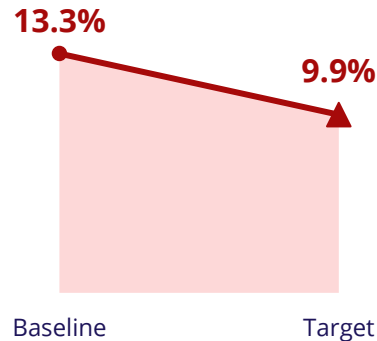
## 6

### OBJECTIVE SIX

Decrease the percentage of people with a cancer diagnosis who **smoke**.

### Data Target

**Reduce percentage** of smokers from 13.3% to **9.9%**.



### Strategies

- Educate patients, families, and caregivers on the benefits of quitting smoking, including the Michigan Tobacco Quit Line or another evidence-based cessation service.
- Educate healthcare providers and health systems of the resources locally and state-wide to assist with smoking cessation.
- Distribute educational materials to healthcare providers and systems to include within their informational packets following a cancer diagnosis.

### Disparity Spotlight



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Comparison: White	
African American	—
Native American	✓
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Gay/Lesbian	●
Trans	●
EDUCATION	
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High School Diploma or Less	—

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Medicaid	—
INCOME	
Comparison: More than \$50k	
Less than \$50k	—
POPULATION DENSITY	
Comparison: Suburb	
Rural	✓
Urban	✓

Data Source: 2016-2017 Michigan Behavioral Risk Factor Survey



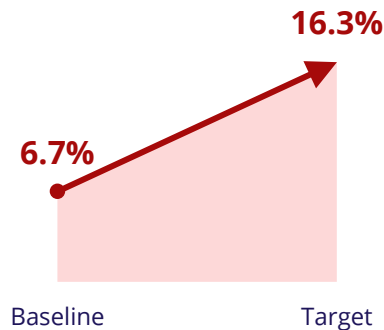
## 7

### OBJECTIVE SEVEN

Increase the percentage of Michigan adults participating in **cancer treatment clinical trials.**

### Data Target

**Increase percentage** from 6.7% **to 16.3%.**



### Strategies

- Educate healthcare providers, including tumor boards and people diagnosed with cancer, on the availability, purpose, and benefits of clinical trials and treatments that include genomic approaches.
- Promote policy and system changes to assess and address barriers (where possible) to clinical trial participation including multi-disciplinary discussions.
- Partner with local cancer organizations to enhance relationships with health systems to match potential patients with clinical trials.

### Disparity Spotlight



**NO SIGNIFICANT DISPARITY**



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RACE & ETHNICITY	
Comparison: White	
African American	✓
Native American	●
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SEXUAL ORIENTATION/ GENDER IDENTITY	
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Gay/Lesbian	●
Trans	●

EDUCATION	
Comparison: Some College or More	
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INSURANCE	
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Uninsured	✓
Medicaid	✓

INCOME	
Comparison: More than \$50k	
Less than \$50k	✓

POPULATION DENSITY	
Comparison: Suburb	
Rural	—
Urban	✓

Data Source: 2016-2017 Michigan Behavioral Risk Factor Survey





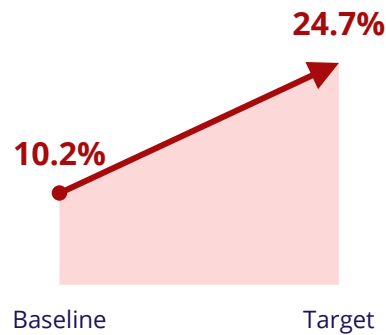
## 8

### OBJECTIVE EIGHT

Increase the percentage of **non-white** Michigan adults participating in cancer treatment **clinical trials**.

### Data Target

**Increase percentage** from 10.2% **to 24.7%**.



### Strategies

- Promote policy and system changes to assess and address the barriers to clinical trial participation for non-white Michigan adults.
- Develop the criteria for identifying and promote the use of champions for clinical trials within the target minority groups to enhance recruitment and retention of non-white Michigan adults diagnosed with cancer.
- Utilize patient advocates, peer mentors, patient navigators, and representatives of target minority groups to enhance recruitment and retention in clinical trials.

### Disparity Spotlight



**NO SIGNIFICANT DISPARITY**



**SIGNIFICANT DISPARITY**



**DATA SUPPRESSED OR NOT AVAILABLE**

RACE & ETHNICITY	
Comparison: White	
African American	✓
Native American	●
Asian/Pacific Islander	●
Hispanic	●
Arab	✓
SEXUAL ORIENTATION/ GENDER IDENTITY	
Comparison: Straight	
Gay/Lesbian	●
Trans	●
EDUCATION	
Comparison: Some College or More	
High School Diploma or Less	✓

INSURANCE	
Comparison: Privately Insured	
Uninsured	✓
Medicaid	✓
INCOME	
Comparison: More than \$50k	
Less than \$50k	✓
POPULATION DENSITY	
Comparison: Suburb	
Rural	—
Urban	✓

Data Source: 2016-2017 Michigan Behavioral Risk Factor Survey



## 9

### OBJECTIVE NINE

Increase the percent of MCC member organizations that report that they **promote or provide telehealth services** to help reduce barriers to care.

### Data Target

Data target to be determined.



### Strategies

- Promote the use of telehealth services to access mental health care, rehabilitation, genetic counseling, palliative care, and other support services following diagnosis.
- Utilize telehealth services to address limited local provider access.
- Increase insurance coverage of telehealth services.

### Disparity Spotlight



NO SIGNIFICANT DISPARITY



SIGNIFICANT DISPARITY



DATA SUPPRESSED OR NOT AVAILABLE

RACE & ETHNICITY	
Comparison: White	
African American	●
Native American	●
Asian/Pacific Islander	●
Hispanic	●
Arab	●
SEXUAL ORIENTATION/ GENDER IDENTITY	
Comparison: Straight	
Gay/Lesbian	●
Trans	●
EDUCATION	
Comparison: Some College or More	
High School Diploma or Less	●

INSURANCE	
Comparison: Privately Insured	
Uninsured	●
Medicaid	●
INCOME	
Comparison: More than \$50k	
Less than \$50k	●
POPULATION DENSITY	
Comparison: Suburb	
Rural	●
Urban	●

Data Source: 2018 Michigan Cancer Consortium Annual Survey



# QUALITY OF LIFE

Optimize quality of life for every person affected by cancer.



## About

Quality of life encompasses a person’s physical, social, and spiritual needs of people during cancer treatment and beyond. Taking care of these needs physical, social, and spiritual needs of people during cancer treatment and beyond ensures a high quality of life.



Many of the quality of life challenges are preventable or manageable with effective interventions. If we can provide resources to persons living with and beyond cancer, their caregivers and the health care community, we will potentially bring purpose and joy back to their lives. This positively affects the community in which they live.

- DEB DOHERTY, MICHIGAN PHYSICAL THERAPY ASSOCIATION

## Disparity Spotlight

**220%**  
HIGHER

The odds of being in **physical pain post-cancer treatment** is 220% higher for Black Michiganders compared to white Michiganders.

**200%**  
HIGHER

The odds of a cancer survivor **being depressed** is 200% higher among those with a household income of less than \$50,000 compared to those with an income of \$50,000 or higher.

**180%**  
HIGHER

The odds of a cancer survivor **receiving inadequate physical activity** is 180% higher among those who are uninsured compared to those who are insured.



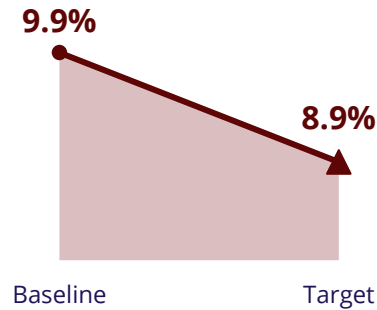
1

## OBJECTIVE ONE

Decrease the percent of Michigan adults diagnosed with cancer who report **current physical pain** due to cancer treatment.

### Data Target

**Decrease percent** from 9.9% **to 8.9%.**



### Strategies

- Promote survivor 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.
- Educate providers on current evidence-based guidelines for managing pain.
- Promote public education campaigns that address the risks and stigma around prescription and non-prescription drug misuse.

### Disparity Spotlight



**NO SIGNIFICANT DISPARITY**



**SIGNIFICANT DISPARITY**



**DATA SUPPRESSED OR NOT AVAILABLE**

RACE & ETHNICITY	
Comparison: White	
African American	—
Native American	●
Asian/Pacific Islander	●
Hispanic	●
Arab	✓

SEXUAL ORIENTATION/ GENDER IDENTITY	
Comparison: Straight	
Gay/Lesbian	✓
Trans	●

EDUCATION	
Comparison: Some College or More	
High School Diploma or Less	—

INSURANCE	
Comparison: Privately Insured	
Uninsured	✓
Medicaid	—

INCOME	
Comparison: More than \$50k	
Less than \$50k	—

POPULATION DENSITY	
Comparison: Suburb	
Rural	✓
Urban	✓

Data Source: 2016-2017 Michigan Behavioral Risk Factor Survey



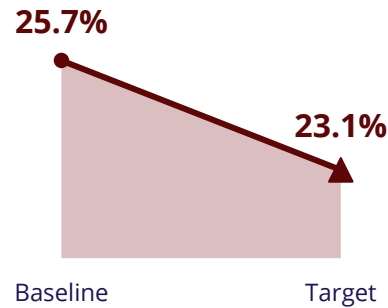
2

OBJECTIVE TWO

Decrease the percent of Michigan adults over age 18 who have ever received a diagnosis of cancer who report **poor physical health** in the past 14-30 days.

Data Target

Decrease percent from 25.7% to 23.1%.



Strategies

- Improve the quality of life for cancer survivors by assessing the need for and providing referrals to rehabilitation services.
- Encourage the use of immunizations as recommended by evidence-based guidelines in all cancer and transplant survivors, unless contraindicated by the cancer survivor’s health care provider.
- Promote tobacco cessation in cancer survivors.

Disparity Spotlight



NO SIGNIFICANT DISPARITY



SIGNIFICANT DISPARITY



DATA SUPPRESSED OR NOT AVAILABLE

RACE & ETHNICITY	
Comparison: White	
African American	✓
Native American	✓
Asian/Pacific Islander	✓
Hispanic	●
Arab	✓
SEXUAL ORIENTATION/ GENDER IDENTITY	
Comparison: Straight	
Gay/Lesbian	●
Trans	●
EDUCATION	
Comparison: Some College or More	
High School Diploma or Less	—

INSURANCE	
Comparison: Privately Insured	
Uninsured	—
Medicaid	—
INCOME	
Comparison: More than \$50k	
Less than \$50k	—
POPULATION DENSITY	
Comparison: Suburb	
Rural	—
Urban	✓

Data Source: 2016-2017 Michigan Behavioral Risk Factor Survey



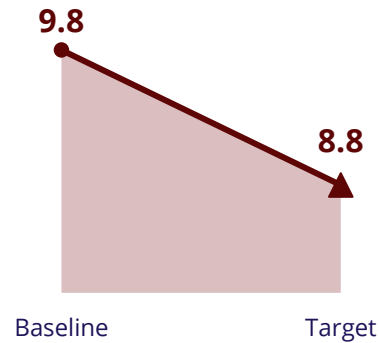
3

OBJECTIVE THREE

Decrease the number of days Michigan adults over age 18 who ever received a diagnosis of cancer who report **feeling depressed** in the past 30 days.

Data Target

Decrease number of days from 9.8 to 8.8.



Strategies

- Educate providers to present information on cancer treatment and its follow-up in an appropriate manner to ensure comprehension (i.e., age, culture, language, and education/literacy level).
- Educate providers, survivors, and caregivers on evidence-based care for the adverse effects of cancer and its treatment related to depression.
- Promote policy and system change to screen for psychosocial distress and/or quality of life issues and provide multidisciplinary referrals to support services within the health system and community as needed.

Disparity Spotlight



NO SIGNIFICANT DISPARITY



SIGNIFICANT DISPARITY



DATA SUPPRESSED OR NOT AVAILABLE

RACE & ETHNICITY	
Comparison: White	
African American	✓
Native American	●
Asian/Pacific Islander	●
Hispanic	−
Arab	✓
SEXUAL ORIENTATION/ GENDER IDENTITY	
Comparison: Straight	
Gay/Lesbian	●
Trans	●
EDUCATION	
Comparison: Some College or More	
High School Diploma or Less	−

INSURANCE	
Comparison: Privately Insured	
Uninsured	−
Medicaid	●
INCOME	
Comparison: More than \$50k	
Less than \$50k	−
POPULATION DENSITY	
Comparison: Suburb	
Rural	✓
Urban	✓

Data Source: 2016-2017 Michigan Behavioral Risk Factor Survey





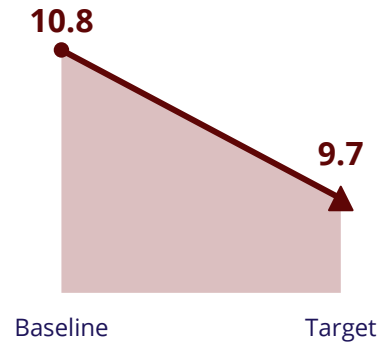
4

OBJECTIVE FOUR

Decrease the number of days Michigan adults over age 18 who ever received a diagnosis of cancer who report **feeling anxious** in the past 30 days.

Data Target

Decrease number of days from 10.8 to 9.7.



Strategies

- Educate providers to present information on cancer treatment and its follow-up in an appropriate manner to ensure comprehension (i.e., age, culture, language, and education/literacy level).
- Educate providers, survivors, and caregivers on various interventions and strategies available to manage anxiety and improve quality of life.
- Promote policy and system changes to screen for psychosocial distress and/or quality of life issues and provide multidisciplinary referrals to support services within the health system and community as needed.

Disparity Spotlight



NO SIGNIFICANT DISPARITY



SIGNIFICANT DISPARITY



DATA SUPPRESSED OR NOT AVAILABLE

RACE & ETHNICITY	
Comparison: White	
African American	✓
Native American	–
Asian/Pacific Islander	●
Hispanic	✓
Arab	●
SEXUAL ORIENTATION/ GENDER IDENTITY	
Comparison: Straight	
Gay/Lesbian	●
Trans	●
EDUCATION	
Comparison: Some College or More	
High School Diploma or Less	–

INSURANCE	
Comparison: Privately Insured	
Uninsured	–
Medicaid	●
INCOME	
Comparison: More than \$50k	
Less than \$50k	–
POPULATION DENSITY	
Comparison: Suburb	
Rural	✓
Urban	✓

Data Source: 2016-2017 Michigan Behavioral Risk Factor Survey





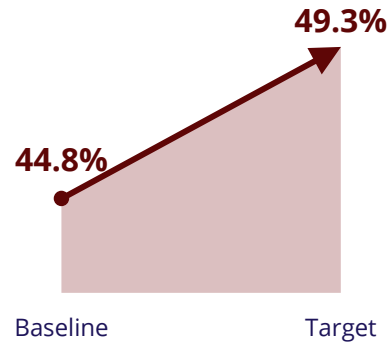
5

OBJECTIVE FIVE

Increase the proportion of MCC member organizations who **promote advance care planning** to adult patients with an advanced cancer diagnosis.

Data Target

Increase percent from 44.8% to **49.3%**.



Strategies

- Educate health care providers on facilitating culturally responsible and critical conversations about advance care planning.
- Promote policy and system change interventions regarding the use of electronic medical records to prompt provider and patient conversations about completion of advance care planning health care directives for end-of-life.

Disparity Spotlight



NO SIGNIFICANT DISPARITY



SIGNIFICANT DISPARITY



DATA SUPPRESSED OR NOT AVAILABLE

RACE & ETHNICITY	
Comparison: White	
African American	●
Native American	●
Asian/Pacific Islander	●
Hispanic	●
Arab	●
SEXUAL ORIENTATION/ GENDER IDENTITY	
Comparison: Straight	
Gay/Lesbian	●
Trans	●
EDUCATION	
Comparison: Some College or More	
High School Diploma or Less	●

INSURANCE	
Comparison: Privately Insured	
Uninsured	●
Medicaid	●
INCOME	
Comparison: More than \$50k	
Less than \$50k	●
POPULATION DENSITY	
Comparison: Suburb	
Rural	●
Urban	●

Data Source: 2018 Michigan Cancer Consortium Annual Survey



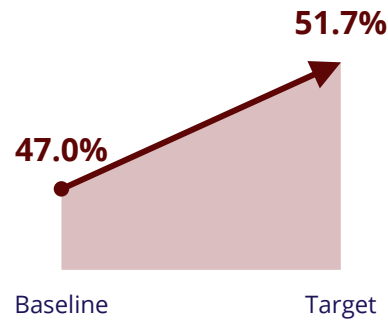
6

OBJECTIVE SIX

Increase the proportion of MCC organizations that worked to **promote or provide hospice care.**

Data Target

Increase percent from 47.0% to **51.7%.**



Strategies

- Educate health care providers on facilitating timely, culturally responsible, and critical conversations about hospice care.
- Promote the use of survivor education materials to provide survivors and family members with information on hospice care in a timely manner.

Disparity Spotlight



NO SIGNIFICANT DISPARITY



SIGNIFICANT DISPARITY



DATA SUPPRESSED OR NOT AVAILABLE

RACE & ETHNICITY	
Comparison: White	
African American	●
Native American	●
Asian/Pacific Islander	●
Hispanic	●
Arab	●
SEXUAL ORIENTATION/ GENDER IDENTITY	
Comparison: Straight	
Gay/Lesbian	●
Trans	●
EDUCATION	
Comparison: Some College or More	
High School Diploma or Less	●

INSURANCE	
Comparison: Privately Insured	
Uninsured	●
Medicaid	●
INCOME	
Comparison: More than \$50k	
Less than \$50k	●
POPULATION DENSITY	
Comparison: Suburb	
Rural	●
Urban	●

Data Source: 2018 Michigan Cancer Consortium Annual Survey



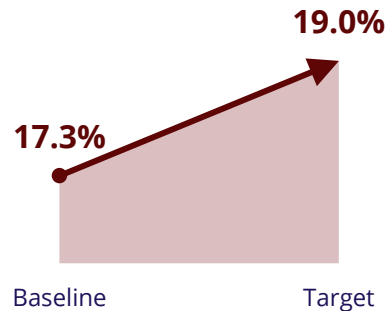
## 7

### OBJECTIVE SEVEN

Increase the percent of Michigan adults over 18 who have ever been diagnosed with cancer who meet the objectives for **aerobic physical activity** and for **muscle-strengthening activity**.

### Data Target

**Increase percent** from 17.3% to **19.0%.**



### Strategies

- Educate survivors on the benefits of physical activity to support the prevention of new or recurring cancers or to treat the side effects of cancer or its treatment.
- Educate survivors and providers on the importance of referrals to physical therapists for safe and appropriate exercise prescription.
- Educate providers on current physical activity guidelines for people in cancer treatment and post-treatment survivorship and encourage them to refer survivors to behavioral support interventions to assist them in adopting and maintaining a physically active lifestyle (i.e. short-term supervised exercise, motivational interviewing, and support groups).

### Disparity Spotlight, *Inadequate Physical Activity*



**NO SIGNIFICANT DISPARITY**



**SIGNIFICANT DISPARITY**



**DATA SUPPRESSED OR NOT AVAILABLE**

RACE & ETHNICITY	
Comparison: White	
African American	✓
Native American	●
Asian/Pacific Islander	●
Hispanic	●
Arab	●

SEXUAL ORIENTATION/ GENDER IDENTITY	
Comparison: Straight	
Gay/Lesbian	●
Trans	●

EDUCATION	
Comparison: Some College or More	
High School Diploma or Less	—

INSURANCE	
Comparison: Privately Insured	
Uninsured	—
Medicaid	—

INCOME	
Comparison: More than \$50k	
Less than \$50k	—

POPULATION DENSITY	
Comparison: Suburb	
Rural	✓
Urban	✓

Data Source: 2016-2017 Michigan Behavioral Risk Factor Survey



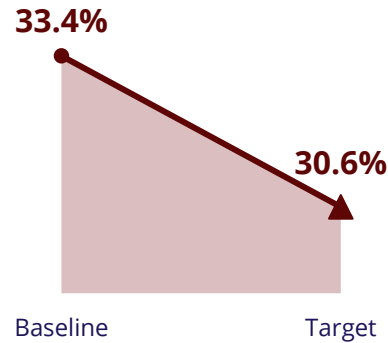
8

OBJECTIVE EIGHT

Decrease the percent of Michigan adults over 18 who have ever been diagnosed with cancer and are obese.

Data Target

Decrease percent from 33.4% to 30.6%.



Strategies

- Encourage the use of multicomponent interventions that include technology-supported coaching or counseling to help individuals lose weight and maintain their weight loss.
- Promote policy and system change interventions to promote worksite programs that encourage healthy diet and physical activity among employees to reduce weight, such as with access to healthy food, drinks, and behavioral counseling.
- Educate providers and survivors on the risks of obesity and cancer, and interventions that support healthy lifestyle behaviors that would decrease obesity, including physical activity, nutrition, sleeping, counseling for stress reduction, and emotional wellness.

Disparity Spotlight



NO SIGNIFICANT DISPARITY



SIGNIFICANT DISPARITY



DATA SUPPRESSED OR NOT AVAILABLE

RACE & ETHNICITY	
Comparison: White	
African American	✓
Native American	—
Asian/Pacific Islander	✓
Hispanic	—
Arab	✓
SEXUAL ORIENTATION/ GENDER IDENTITY	
Comparison: Straight	
Gay/Lesbian	✓
Trans	●
EDUCATION	
Comparison: Some College or More	
High School Diploma or Less	✓

INSURANCE	
Comparison: Privately Insured	
Uninsured	✓
Medicaid	✓
INCOME	
Comparison: More than \$50k	
Less than \$50k	✓
POPULATION DENSITY	
Comparison: Suburb	
Rural	✓
Urban	✓

Data Source: 2016-2017 Michigan Behavioral Risk Factor Survey



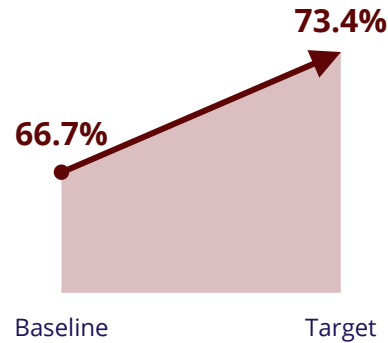
## 9

### OBJECTIVE NINE

Increase the percent of Michigan adults over 18 who have ever been diagnosed with cancer and get **sufficient sleep** (7 or more hours per 24 hours).

### Data Target

Increase percent from 66.7% to **73.4%**.



### Strategies

- Identify and disseminate survivor education materials on the importance of establishing good sleep habits and routine.
- Educate providers on the importance of assessing survivors for sleep disorders and referrals as needed.

### Disparity Spotlight



NO SIGNIFICANT DISPARITY



SIGNIFICANT DISPARITY



DATA SUPPRESSED OR NOT AVAILABLE

RACE & ETHNICITY	
Comparison: White	
African American	—
Native American	●
Asian/Pacific Islander	●
Hispanic	●
Arab	●
SEXUAL ORIENTATION/ GENDER IDENTITY	
Comparison: Straight	
Gay/Lesbian	●
Trans	●
EDUCATION	
Comparison: Some College or More	
High School Diploma or Less	✓

INSURANCE	
Comparison: Privately Insured	
Uninsured	—
Medicaid	●
INCOME	
Comparison: More than \$50k	
Less than \$50k	—
POPULATION DENSITY	
Comparison: Suburb	
Rural	✓
Urban	✓

Data Source: 2016-2017 Michigan Behavioral Risk Factor Survey



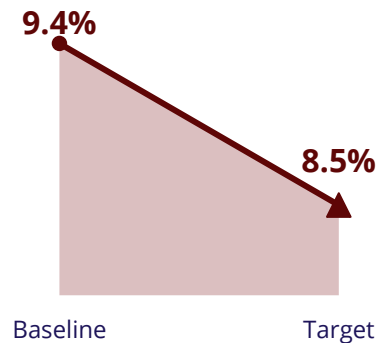
10

OBJECTIVE TEN

Decrease the percentage of Michigan adults over 18 who have ever been diagnosed with cancer who **needed to see a doctor in the last year but could not** because of cost.

Data Target

Decrease percent from 9.4% to 8.5%.



Strategies

- Promote policy and system change interventions that encourage health systems to adopt the practice of hiring financial navigators to support cancer survivors and reduce the impact of financial toxicity.
- Educate survivors on the roll of financial counselors in health systems and the benefit of working with a financial navigator to understand options for financial assistance and reducing the impact of financial toxicity.
- Educate providers, survivors, and caregivers on facilitating timely, culturally responsible and critical conversations about cancer related to finances.

Disparity Spotlight



NO SIGNIFICANT DISPARITY



SIGNIFICANT DISPARITY



DATA SUPPRESSED OR NOT AVAILABLE

RACE & ETHNICITY	
Comparison: White	
African American	✓
Native American	●
Asian/Pacific Islander	●
Hispanic	●
Arab	●

SEXUAL ORIENTATION/ GENDER IDENTITY	
Comparison: Straight	
Gay/Lesbian	✓
Trans	●

EDUCATION	
Comparison: Some College or More	
High School Diploma or Less	—

INSURANCE	
Comparison: Privately Insured	
Uninsured	—
Medicaid	—

INCOME	
Comparison: More than \$50k	
Less than \$50k	—

POPULATION DENSITY	
Comparison: Suburb	
Rural	✓
Urban	✓

Data Source: 2016-2017 Michigan Behavioral Risk Factor Survey

### 1

#### Implement Policy, Systems, & Environmental Changes

- Support policies that make it easy for Michiganders to make healthy choices, such as Complete Streets or smoke-free standards.
- Offer employee benefits that encourage wellness, such as offering flu clinics, mental health services, or providing time off for recommended cancer screenings and cancer treatment.
- Implement interventions, such as motivational interviewing or health coaching, to change individual health behaviors.
- Educate the public, employees, and policymakers about best practices for cancer screening, treatment, and survivorship support, including the importance of research funding.
- Offer patient navigation for cancer screening, treatment, and survivorship.
- Use electronic medical records and other reminder systems to keep individuals up-to-date on cancer screenings and vaccinations that prevent cancer.
- Allow for work accommodations to support cancer survivors.
- Support policies that reduce Michiganders' exposure to environmental carcinogens.

### 2

#### Develop & Maintain Active Partnerships

- Collaborate with community organizations to assist community members with accessing care.
- Work with community partners to address barriers, identify strategies, and target resources for cancer prevention, screening, treatment, and support.
- Engage community members, affected populations, and stakeholders to make decisions and design solutions that lead to equitable outcomes.
- Provide cancer information and resources that resonate with those you serve.

### 3

#### Demonstrate Outcomes through Evaluation

- Conduct systems analysis to uncover and address root causes of inequities.
- Conduct race equity impact assessment for all policies and decision making to examine how a proposed action or decision will likely affect different racial and ethnic groups.
- Continuously evaluate effectiveness by setting goals, tracking results, measuring progress, and adapting strategies.
- Collect, analyze, and use race, ethnicity, and other demographic data as part of continuing improvement efforts, quality assurance, supervision, and accountability processes.



## ACKNOWLEDGEMENTS

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The development of the 2021-2030 Michigan Comprehensive Cancer Control Plan is the result of ongoing collaboration among statewide organizations and individuals committed to improving the state's cancer incidence and mortality rates. Appreciation is extended to everyone who contributed to the development of the 2030 Michigan Cancer Plan, especially the Board of Directors and Evaluation Committee of the Michigan Cancer Consortium (MCC) who provided critical guidance for updating the Cancer Plan.

Michigan has a strong cancer community, demonstrated by the involvement of the individuals and organizations who provided their expertise, time, and commitment to updating the Comprehensive Cancer Control Plan.