Concurrent Session A 
Message and Mechanisms: What Works to Increase Cancer Screening?
9:30am – 11:00am 
Room: A169

This panel discussion will look at barriers and identify strategies to recruit low-income and/or minority individuals for breast, cervical and colorectal cancer screening.

Panelists

Debi Howe
Susan G. Komen for the Cure, Southwest Michigan
200 N. Park Street
Kalamazoo, MI 49007
Debihowe39@aol.com

Aisha Langford, MPH
University of Michigan Comprehensive Cancer Center
301 E. Liberty, Suite 130
Ann Arbor, MI 48104
alangfor@umich.edu

Erin Reese-Burks, MSHA
St. Joseph Mercy Oakland
44405 Woodward Avenue
Pontiac, MI 48341
burkser@trinity-health.org

Moderator

Voncile Brown Miller
American Cancer Society, Great Lakes Division, Inc.
Metro Detroit Area Service Center
20450 Civic Center Drive
Southfield, MI 48076
Voncile.brown-miller@cancer.org
“Pink Saturdays”

Southwest Michigan Mammography Screening Program

Presented by: Debi Howe

WHERE is Southwest Michigan?
Service Area
8 counties

WHAT LED US TO INITIATE THESE PROGRAMS?
Mammography Rates

- In 2005 no one had accurate annual mammography rates in Southwest Michigan. Only available data from a telephone survey based on having had a mammogram in past 2 years.
- We discovered in a Michigan utilization report that some facilities report mammography numbers.

Calculating Mammography Rate

- **New Method** –
- Divide the population of women age 40+ in county by the number of screening mammograms administered by hospitals in that county
- All facilities now provide us annually with their number of screening mammograms.
Southwest Michigan Mammography Rates

- We discovered the annual Southwest Michigan screening mammography rates to be alarmingly low—averaging 30%.

- No one in Southwest Michigan seemed to be aware of the low rates—it was a newsworthy issue.

Affiliate Strategic Plan = Increase mammography rates.

1st Step = Educational Program

Mammograms Matter®

- Education Materials for Patients
- NEJM Reprint to health care professionals
- Vouchers for Gift Cards to Clinics for baselines
- $10 Gift Cards good at Meijer stores & gas to mammography facilities (25-50 each)
- PSA’s – radio & TV
- Build relationships with hospitals & clinics
**Mammograms Matter® Materials**

- Office Posters
- Q & A Patient Brochure
- Patient Reminder Postcards
- Button Pins

20,000+ Items Ordered/Delivered
to 45+ Hospitals and Clinics

4,000 $10 Gift Cards to Date

---

**2nd Step**

**How to Deliver Mammograms to Underserved Populations**
How to Deliver Mammograms to Underserved Populations?

- Mobile Mammography? – GR, Detroit cost per patient too high
- BCCCP limited in patient numbers serving only 1500 in 2005--how to increase the numbers?
- 32,000 estimated uninsured in SW MI
- Get patients to mammography facilities??

Delivering Mammograms Project

- Objective
  To provide free mammography screenings to uninsured women age 40+ on Saturdays (or other days) during October. Hospitals do not usually schedule mammograms on Saturdays. Would not interfere with regular mammography business.
**Key Players**

- West Michigan Cancer Center
- Borgess Medical Center
- Premier Radiology
- Bronson Healthcare
- Bronson Advanced Radiology-Kalamazoo
- Southwest Michigan BCCCP
- Kalamazoo Center for Medical Studies
- Southwest Michigan Susan G. Komen for the Cure
- *Pink Saturdays Breast Cancer Screening, Inc.*

**Press Conference with Key Players**
Task Forces

- Screening Criteria, Process, Follow-up
  Terry McKay, West Michigan Cancer Center, Dorothy Bennett, KCMS/MSU, Lynne Jones BCCCP, Pam Haines (Bronson) & Hospital Mammography representatives, Bunny LaDuke, Pink Saturdays Breast Cancer Screening, Inc.

- Marketing
  Debi Howe (Komen PR Chair) & Hospital PR representatives

- Distribution & Education
  Bunny LaDuke and Linda Compton (Komen Education Chair) & volunteers

Roles

- **Komen (now WMCC)** – Committed to organizing, providing funds and resources for program through grants.
- **Hospitals** – Mammograms ($40/mammogram).
- **Radiology Organizations** – Interpretations ($10/interpretation after first 100 free).
- **KCMS/MSU** – Managing all calls, data input & scheduling ($20,000).
- Default medical group in each county to handle follow-up with women w/o a doctor.
- **BCCCP** – Follow-up mgt for women ages 50-64.
- **Pink Saturdays Breast Cancer Screening, Inc.** – Follow-up mgt for women ages 40-49.
**Funding through Grants**

Grants from Komen, Kalamazoo Foundation, United Way, other community organizations, will provide funding to cover costs.
- $40 per mammogram in grant to hospital. ($10 per mamm in 2009 to some hospitals)
- $10 per interpretation over 150 free
- 50% of any follow up care, up to $1,200.00 per patient or paid at BCCCP rates.

**Patients Needing Follow-Up**

Approximately 10% of patients having mammograms will require further work-up/follow-up.

- 300 patients = 30 patients
- 600 patients = 60 patients
- 1200 patients = 120 patients
**Screening Criteria**

- Only screening mammograms
- 40-64 years old
- No previous diagnosis of breast cancer
- No insurance
- At least one year since last mammogram
- Family income not to exceed $50,000

**“Pink Saturdays 2010” Promotion**

- PSA announcements – radio & TV.
- Advertise in local papers.
- Send mailings to health care professionals.
- Mailings to patients outlining “Pink Saturdays” – give phone number to make appointment (no doctor referral necessary).
- 2,000 Posters—some at businesses in every community with 800 # tear-off sheets.
“Pink Saturdays 2010”

Scheduling Process

- Publicize program with 800 phone number to make an appointment
- Answering service takes name, address, phone number, pertinent medical information (previous mammograms, etc.), answers questions, schedules the appointment at the appropriate facility.
- Answering service posts schedules for each facility on a safe portal -- online scheduler web site
- Hospitals call to confirm appointment a few days ahead of time.
- Patients show up at site.
**Education Component**

- Provide exhibits with literature to 6 largest hospitals
- Staff exhibits with Komen volunteers
- Provide literature packets to all hospitals

**2009 & 2010 Participating Hospitals w/ Radiology Orgs**

- Allegan General Hospital & Southwest Michigan Radiology
- Battle Creek Health System & Radiology Consultants, L.C.
- Borgess Medical Center Kalamazoo & Premier Radiology Kalamazoo
- Borgess Westside Kalamazoo
- Borgess Pipp Plainwell
- Borgess Lee Dowagiac
- Borgess Woodbridge Portage
- Bronson Methodist Hospital Center for Women Kalamazoo & Bronson Radiology Services –Kalamazoo Division
- Bronson Lakeview Paw Paw
- Bronson Vicksburg
- Bronson Diagnostics Woodbridge Portage
- Community Hospital Watervliet
- Lakeland Center for Outpatient Services St. Joseph & Lakeland Community Hospital Niles
- Oaklawn Hospital Marshall
- South Haven Community
- Sturgis Hospital
Other Organizations

- Organization/Management:
  West Michigan Cancer Center

- Scheduling:
  Kalamazoo Center for Medical Studies – Michigan State University & Answer United Company

- Handling Patient Follow-up:
  Southwest Michigan BCCCP – women 50-64
  Pink Saturdays Breast Cancer Screening, Inc. – women 40-49
  Medical Clinics Handling Patient Follow-up
  (at least one per county)

Poster

Pink Saturdays

Are you over 40? Uninsured? Call today to schedule your FREE MAMMOGRAM!
in OCTOBER
Allegan, Berrien, Calhoun, Cass, Kalamazoo St. Joseph and Van Buren Counties

For more information, go to www.WMCC.org

Call today to schedule your FREE MAMMOGRAM in OCTOBER
1-800-873-0649
Pink Saturdays

- PSA - click below
Pink Saturdays - 2008

- 5,000+ Phone Calls
- 1,400+ Mammograms Scheduled
- 19 Mammography Facilities
- 8 Komen Exhibits
- 1,389 Screening Mammograms
- 160+ Women Received Follow-up
- 2 Women Diagnosed

Pink Saturdays - 2009

- 1,229 screening mammograms
- 17 hospitals & 6 radiology organizations
- 12 clinics and medical offices
- 4 nonprofit health organizations
- 8 exhibits + literature to hospitals
- women received follow-up
- 5 women diagnosed with breast cancer
Pink Saturdays 2010

- 15 hospitals plus radiology orgs
- 6 medical clinics to handle patients without physicians
- 1,100 packets of educational materials
- 2,000 posters distributed
- Radio and TV PSA’s
- 1,100 mammogram slots filled by Oct 15

Ages of Women

- Women Ages 40-49  508
- Women Ages 50-64  721
- Total           1229
2009 - All Uninsured by Ethnicity

- American Indian/Alaskan  5  0.34%
- Asian  13  0.89%
- Black/African American  130  8.93%
- Caller Refused  121  8.32%
- Hispanic or Latino  60  4.12%
- Other  13  0.89%
- White  1,113  76.49%
- Total  1,445  100.00%
Pink Saturdays

State Representative, Tonya Schuitmaker arriving at Bronson Center for Women, Kalamazoo

Patients examining the breast model at Komen exhibit during Pink Saturdays

Tonya and a Happy Patient!

"Pink Saturdays"

Additional Benefits:

• Hospitals **no longer** require physician referrals for mammograms – BIG obstacle removed.
• BCCCP has received additional slots because of handling follow-up w/PS patients.
• Relationships with hospitals continues to grow with additional collaborative activities.
• Organization’s image within community is enhanced.

All slides in this presentation are the property of the presenter. Please do not duplicate slides without the written permission of the presenter.
Introduction

- Rates of cervical cancer in the US & Michigan have fallen significantly since the introduction of the Pap test.

- Up to 70 percent of women who die from cervical cancer have either never had a Pap test or have not had a Pap test in the five years prior to the development of cancer.

- Many of the women developing invasive cervical cancer are older, may be members of minority groups, and are likely to not have a regular source of health care.

*Executive Summary from the State of Michigan: Governor’s Task Force on Cervical Cancer Report*
In Michigan...

- During 2006, 375 women in Michigan were diagnosed with invasive cervical cancer.

- In 2007, 108 women in Michigan died of the disease.

- Women less likely to receive cervical cancer screening within the past three years include those with low incomes, less than a high school education, and/or between the ages of 18 and 29 and over the age of 70.

Why is a Pap Test Important?

- Women who have cervical cancer may not have any symptoms.

- Regular Pap tests and treatment, when needed, can prevent most cervical cancer.

- If cancer or pre-cancer develops, it can be found early and treated.

*Michigan Department of Health, Cervical Cancer Awareness Fact Sheet January 2010
UMHS Partners

• Briarwood Center for Women Children & Young Adults
• Cancer AnswerLine
• Comprehensive Cancer Center
• Department of Obstetrics and Gynecology
• Department of Pathology
• Department of Social Work
• Public Relations & Marketing Communications
• Women’s Health Program

External Partners

• Oncology Nursing Society
• Planned Parenthood
• Ann Garvin – Michigan Department of Community Health
• Karen Jennings – Washtenaw County BCCCP Coordinator
Planning Process

- Monthly meetings, starting in September
- Assigned tasks
- Consensus decisions
- Planning team comprised of nurses, social worker, community outreach coordinators, physicians, administrators, and clinic manager

Screening components

- Just the Pap test itself
- Pelvic exams, breast exams, or mammograms were not included
- Providers visually identified abnormalities on several women and instructed them at the time of the screening to seek appropriate follow-up care
Event Details

• Saturday, January 30, 2010

• 10 am – 2 pm

Briarwood Building 2, Suite B
400 E. Eisenhower Pkwy
Ann Arbor, MI 48108

Appointments

• Appointment slots were booked at 15 minute intervals by our Cancer AnwerLine nurses

• Participants not entered into the UMHS registration system
### Eligibility Criteria

- Women who had not had a Pap test in the last two years and did not have medical coverage for a Pap test.
- Any woman who was at least 21 years of age and met these criteria was eligible to schedule an appointment.
- Emphasis placed on screening a racially and ethnically diverse group of women.

### Advertising

- Press release (picked up on Channel 2 News)
- E-mail blasts to list serves
- Flyers mailed to local agencies, churches, and non-profit organizations
- Community calendars
- Facebook
Costs Involved

- Minimal (<$1300)
- Physician time and pathology reports donated
- Most costs were associated with flyers, mailings, lunch for volunteers, and medical supplies

Participants

- 75 women received a free Pap Test
- 44% of women were minorities
- Most women between the ages of 25 – 54
- Most from Washtenaw County
Immediately follow the test

• Every participant received a list of local resources for free or low-cost health care

• Women’s Health Program had additional materials available about cervical cancer and HPV

Results

• 66 women had normal Pap results.

• 2 women had atypical cells but both were found to be HPV negative and required no additional follow up.

• 7 women required some type of additional follow up.
Follow Up

- All women received a letter with their results

- Women requiring follow up care received a phone call from physicians from the Department of Obstetrics & Gynecology to report results and provide necessary follow-up instructions

Follow Up

- If women needed more information about how and where to receive care, they were contacted by a licensed social worker to discuss options.

- We facilitated follow up care at Planned Parenthood for a few women.
Letter from participant

“I am writing to express my gratitude to the University for providing this valuable service at no cost to the participants…I had been putting off scheduling the test because of the cost involved. When I discovered that the Clinic was being held, I was elated, and immediately scheduled an appointment.”

“I would like to compliment everyone who was involved in the Cervical Cancer Screening Clinic. From the women who processed my paperwork, to the Cancer Answerline nurse who explained the procedure…everyone was terrific, and thoroughly professional.”

Lessons Learned

- Needed more small specula, less medium.

- Have a broad range of materials in the resource room. Women requested information about various topics including nutrition, heart disease, and diabetes.

- Have information on smoking cessation. Some women were heavy smokers.
Lessons Learned

• Involve interpreter services. A few social workers in the community asked if Spanish speakers would be on site.

• Think about using radio advertisements.

• Host screening in warmer months.

Lessons Learned

• Ask permission to leave a voice message on the consent form

• We didn’t need 15 minutes for each patient. Next year, we can see twice as many women

• A Pap test screening is very needed in the community

• A free Pap screening is feasible for a large health system to implement
Resources

American Cancer Society  
www.cancer.org

Centers for Disease Control and Prevention  
www.cdc.gov/cancer/cervical/

Governor’s Task Force on Cervical Cancer  

Michigan Department of Community Health  
www.michigan.gov/mdch

Michigan Cancer Consortium  
www.michigancancer.org

National Cancer Institute  
www.cancer.gov

Contact Information

Aisha T. Langford, MPH, 
Director of Community Outreach  
U-M Comprehensive Cancer Center  
2800 Plymouth Rd. (SPC 2800)  
Building 200, Room 246  
Ann Arbor, MI 48109–2800  
Phone: 734 998 7073  
E-mail: alangfor@umich.edu  
www.mcancer.org/outreach

All slides in this presentation are the property of the presenter. Please do not duplicate slides without the written permission of the presenter.
Message and Mechanisms: What Works to Increase Cancer Screening

A Colorectal Cancer Awareness Campaign

Erin Reese Burks, MHSA
St. Joseph Mercy Oakland

All slides in this presentation are the property of the presenter. Please do not duplicate slides without the written permission of the presenter.
• Colorectal Cancer is the third most common cancer in men and women.

• An estimated 102,900 cases of colon cancer are expected to occur in 2010.
Colorectal cancer incidence rates have been decreasing for the past two decades due to increases in the use of colorectal cancer screening.

The five year survival rate is 91% when detected at an early, localized stage.
Your Path to a Healthier Colon: The Facts

- Disparities exist in screening, diagnosis, treatment and survival.

- Cancer Disparities are based on variability in:
  - Socioeconomic status
  - Racial and Ethnic backgrounds
  - Geography
  - Public Policy
Statistics show there are clear racial disparities in colorectal cancer survival rates.

Disparities can be attributed in part to underutilization of screening by African-American and Hispanic populations.
The NIH calls for a number of measures aimed at increasing screening rates, including:

- Tailoring specific approaches to match characteristics and preferences of target population groups.

- Implementing systems to ensure appropriate follow-up of positive colorectal cancer screening results.

- Eliminating financial barriers to colorectal cancer screening and appropriate follow-up.
Your Path to a Healthier Colon:
Program Design

- In 2009, SJMO sought to expand its annual colorectal screening program to include a critical awareness and education program in the Pontiac and surrounding community neighborhoods.

- We applied for and received grant funding from the Michigan Public Health Institute to develop an innovative education and awareness campaign for colorectal cancer.
Your Path to a Healthier Colon: Program Design

• In order to execute our plan, the Oncology Service line built upon existing partnerships with the American Cancer Society (ACS), Faith-Based Nursing, the Community Health Promotion team and our community partners.

• Community partners included strategically located and selected churches, St. Vincent, St. Michael, Apostolic, and New Springfield, The Pontiac Public Library and the Bowen Senior Center in Pontiac.
We targeted **modifiable factors** that increase the risk of **colorectal cancer** including:

- obesity,
- physical inactivity,
- diets high in red or processed meats,
- heavy alcohol consumption,
- long-term smoking,
- Possibly, inadequate intake of fruits and vegetables
“Your Path to a Healthier Colon” included 4 major stops along the way:

1) Health Education & Awareness
2) Screening
3) Healthy Nutrition & Cooking
4) Fitness & Exercise.
Program Design: Education and Awareness

- Scheduled and standing educational seminars
- Materials in Spanish
- Incentives for participation
- Baseline and Post program knowledge assessment Signs, symptoms, risk factors
- ACS Body & Soul Program
- Knowledge-based quizzes

Get the Facts
Colorectal cancer or cancer of the colon or rectum is the second leading cause of cancer-related deaths in the United States, claiming more than 56,000 lives each year. An estimated 131,000 men and women will be diagnosed with colorectal cancer this year alone. Approximately 3,100 new cases of colorectal cancer will be diagnosed in Michigan in the coming year.

Know the Colorectal Cancer Risk Factors
According to the American Cancer Society, several lifestyle factors have been linked to colorectal cancer. In fact, the link between weight, exercise and colorectal cancer risk are some of the strongest for any type of cancer.

Risks that can be controlled:
- Diet
- Lack of exercise
- Obesity
- Smoking
- Heavy alcohol use
- Type 2 diabetes

COLORECTAL CANCER FACTS AND RISK FACTORS

Risks That Can Be Controlled:
Diet
- A diet high in red meats, (beef, pork and lamb) and processed meats (hot dogs, bologna, luncheon meat) can increase colorectal cancer risk.
- Cooking meats at very high temperatures by methods such as frying, broiling or grilling create chemicals that might increase cancer risk.
- Diets high in fruits and vegetables have been linked with decreased risk of colorectal cancer.

Lack of Exercise:
- If you do not get exercise or physical activity, you have a greater chance of developing colorectal cancer.
- Increasing your activity may help reduce your risk.

Obesity:
- Those who are very overweight have an increased risk of developing and dying from colorectal cancer.

Smoking:
- Long-term smokers are more likely than non-smokers to develop and die from colorectal cancer.

Heavy Alcohol Use:
- The heavy use of alcohol has been linked to colorectal cancer.
- It is wise to limit alcohol use to no more than two drinks per day for men and one drink per day for women.
Program Design: Incentives for Participation

- a “think green” recyclable grocery bag.
- a slick new water bottle to promote drinking water on a regular basis.
- a higher-end pedometer to promote exercise and calorie counting.
We Took the Test! So Should You!

Pick Up Your Free Colorectal Cancer Screening Test Kit Today

St. Joseph Mercy Oakland Is Making Free Colorectal Cancer Screening Test Kits Available Throughout Our Community February 28- March 31

The Facts:
Colorectal cancer is the third most common cancer and the second leading cause of cancer death in both men and women in the United States. Unfortunately early colorectal cancer has no symptoms.

The Good News:
When detected early, colorectal cancer is 90 percent curable with treatment.

Who Should Be Screened?
If you are age 50 or older or have other high-risk factors such as a family history of colorectal cancer or bowel disease, you should be screened. This test is simple—there is no special diet to follow and you only have to collect one sample on a day that’s convenient for you.

To find out where you can pick up your free test, or for more information, call 800-372-6094 or log on to stjoesoakland.org.
Program Design: Screening

- Partnered with more than 80 churches and physician offices to educate and distribute FOBT kits
- Marketing efforts included direct mail, press releases to local media, on-hold messages, flyers
- Hospital departments included Oncology, Faith Community Nursing, Community Programs, Laboratory, Physician Relations & Marketing
• Faith Community nurses and CHP staff provided face-to-face education and instructions.
• FOBT kits were easy-to-use one time sampling, increasing the compliance rate over traditional screening kits.
• Self-addressed and stamped return envelopes used with clear directions.
In 2008, participants came from more than 10 counties, (38% from outside Oakland county).

In 2009, 94% of participants were from Oakland county, another 3% from Macomb county and the remaining from 6 other counties.

In 2010, a trend of repeat users is clearly developing.
Program Design: Healthy Nutrition & Cooking

- Programs co-instructed by ACS Body & Soul staff and SJMO staff.
- Emphasis on greater intake of fruits & vegetables.
- Emphasis on incorporating substitutions for high fat, salt and sugar recipes.
- Spanish translation services were provided.
Program Design:
Healthy Recipe Contest & Community Dinner

- Contest criteria based on information provided at educational sessions and written literature.
- Evaluated by registered dieticians.
- Judged by hospital and community leaders.
- Dinner held in the heart of the Pontiac community at the Bowen Senior Center.
Hattie Manley of Pontiac, center, receives her recipe contest grand prize award from Joy Calloway, left, director of Community Programs, and Erin Reese-Burks, administrative director, Business Development, Oncology.

cards for their winning recipe entries in different categories (salad, main dish, side dish, dessert).

Twenty-nine recipes were submitted for the contest. SJMO clinical nutritionists determined the nutritional content of each submission, and selected the top three in each category. A celebrity panel then taste-tested those recipes and selected the winners in each category. The winning recipes were prepared by SJMO Chef Mike Whisnant and served at a June 11 community dinner at Bowen Center in Pontiac. The winning recipes can be accessed at http://sjmoweb.trinity-health.org/docs/latestnews_/prizewinningrecipes/prizewinningrecipes.doc.

The community-wide healthy recipe contest was one component of a Michigan Public Health Institute grant the hospital received to raise awareness within the city of Pontiac regarding the risk factors and symptoms of colorectal cancer.
Program Design: Fitness & Exercise

- New and established **Senior Fit** program offered by the hospital in the community.
- Increased existing program participation.
- Provided springboard for new project participants.
- Facilitated by a qualified exercise physiologist.
Colorectal Awareness Campaign
Program Results: 2009

- 5 community sites provided educational sessions.
- 18 colorectal cancer awareness and ACS Body & Soul sessions were held.
- 4 Senior Fit Exercise sessions were held.
- 179 people participated in the educational series.
- 6,700 households received information on colorectal cancer.
- 29 recipes were submitted from program participants and community members.
- 100 people participated in the community dinner.
- 82 people completed the dinner time quiz.
Screening Results: 2008 – 2010

- 80 churches and physician offices distributed FOBT kits.
- 4,492 kits distributed, 1,123 kits returned (25%), 135 tests positive (12%) in 2008.
- 2,720 kits distributed, 968 kits returned (36%), 74 tests positive (8%) in 2009.
- 2,924 kits distributed, 1,099 kits returned (38%), 51 tests positive (5%).
- 100% of patients with positive results were contacted by phone to discuss the results and referred for care.
- 100% of PCPs were contacted re: positive results.
Colorectal Awareness and Screening Campaigns: Lessons Learned

- Remember your audience when communicating verbally and with written materials – they may not be the same.
- Insure consistency in program design, roll-out and message when working with multiple sites and staff.
- Always offer food and giveaways at your events!
- Continuously improve and refine your process.

All slides in this presentation are the property of the presenter. Please do not duplicate slides without the written permission of the presenter.
 Highlights of Michigan Public Health Institute (MPHI) Project Evaluation

• Target audience included adults 50 years of age or older in the project community – the City of Pontiac.

• 404 completed telephone surveys completed at baseline and 301 completed surveys at project follow-up.

• % of respondents who reported receiving information about CRC increased 8.2% from baseline (31.3%) to follow-up (39.5%).
• FOBT was the most common test among those who had a CRC screening in the past 6 months up from 8.7% at baseline to 11.4% at follow-up.
• The average screening rate in Pontiac was found to be higher (64.6%) than the state-wide average (60.8%).
• The report concluded that “reducing disparities requires repeated efforts and a tailored approach for optimal outcomes.”
• 2008, *Spirit of Collaboration Award* from *The Michigan Cancer Consortium (MCC).*

• 2009, *$80 Grant Recipient* of the *Michigan Public Health Institute (MPHI).*

• Continuously recognizing the Colorectal Cancer Awareness and Screening program has served as a model for other hospital outreach efforts.