



# Minnesota Cancer Plan 2025

## *Five-Year Progress Report*

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**J U L Y 2 0 2 0**

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## Background

The Minnesota Cancer Alliance (MCA) was established in 2015 through funding from the Centers for Disease Control (CDC) as a broad partnership of organizations and leaders working to reduce the burden of cancer in Minnesota. The CDC provides funding to every state to establish a cancer alliance through the state's health department.

The MCA's work is guided by the Minnesota Cancer Plan 2025 ("the Cancer Plan"), which was developed by Minnesota Department of Health's (MDH's) Comprehensive Cancer Control Program, the MCA Steering Committee, and a Legacy Advisory Team, through feedback from 30 listening sessions and online feedback from representatives across the state. The Cancer Plan includes five goal areas (prevention, detection, treatment, survivorship, and health equity) and 19 objectives, encompassing over 90 strategies.

The ten-year plan is intended to provide a framework for action for the MCA and member organizations. This report provides an update of MCA's progress, halfway through the Cancer Plan implementation, on statewide data measuring progress toward each of the 19 objectives and information about specific MCA efforts. It highlights key successes, as well as areas for ongoing work, to inform MCA planning moving forward.

## About the MCA

The MCA is made up of a series of committees and collaborative groups working to advance the objectives of the Cancer Plan. These include:

**Committees.** The MCA is led by a Steering Committee, which provides leadership and strategic direction to the MCA. In addition, there are four other committees that provide administrative and strategic support: Membership and Communications, Policy, Evaluation Advisory, and the Cancer Health Equity Network.

**Networks.** Two networks are set up to increase collaboration and coordination around strategic initiatives. The Commission on Cancer (COC) Network, which brings together representatives from COC hospitals and clinics, the American Cancer Society, and the MCA to improve cancer prevention, treatment, research, education, support services, survivorship, and end of life care. The Colon Cancer Network includes representatives from health insurance, health care clinics, and patient advocate groups to improve state colon cancer screening rates and reduce disparities.

**Strategy Action Groups (SAGs).** SAGs are self-organized groups, supported by the MCA, that work to align resources and efforts around specific Cancer Plan objectives. “Piloted SAGs” receive funding through the MCA, whereas “supported SAGs” are funded through other sources but receive other support from the MCA. In 2018, the MCA provided funding to five piloted SAGs and five supported SAGs. In 2019, the MCA funded seven SAGs.

MDH. MDH provides administrative support for the MCA and manages the contract with the CDC. Representatives from MDH also attend all committee meetings.

**MCA members and member organizations.** In addition to the formal structures of the MCA, the MCA includes individuals, organizations, and ad hoc committees who participate in MCA activities and work to reduce the burden of cancer in their communities.

## Cancer Plan progress overview

The following sections show progress and MCA efforts related to each of the Cancer Plan objectives.

**Progress based on indicators.** To assess progress, updated data for each indicator was obtained and compared with baseline data. Tracking progress through statewide data remains a work in progress. In some cases, reliable measures are not currently available. In others, measures are in development. Wilder Research worked with the Evaluation Advisory Committee to explore alternative measures when data for the original measures in the Cancer Plan were not available. (Measures that have been added are noted in the sections below.) The MCA continues to explore opportunities to partner with agencies and advocate for greater access to reliable, publicly available data.

Currently, 10 of the 19 outcomes have assigned indicators with reliable measures available (Figure 2). Green represents some improvement, orange indicates little or mixed change (where some measures showed progress and others indicated a worsening of the situation), and pink indicates the indicator has worsened. Gray indicates a reliable measure is not currently available or has not been identified.

**MCA efforts.** MCA efforts were assessed by reviewing 2019 MCA committee and network meeting notes, 2018 and 2019 Strategy Action Group reports, 2019 and 2020 newsletters, website analytics, and the 2019 report to the CDC. Information from these sources was categorized by the different Cancer Plan objectives (Figure 2). Similarly, green indicates some MCA activity between 2018 and 2020, orange represents a little activity, and gray indicates no activity.<sup>1</sup>

The MCA efforts described in this report and considered in the ratings do not reflect all of the activities and efforts undertaken by individuals and organizations who are members of the MCA. The MCA is a large and diverse alliance, with members working on a wide variety of efforts aligned with Cancer Plan objectives but whose work may be supported and impacted by a number of factors. This report describes efforts that happened specifically as a result of the MCA or activities that were led by MCA members and highlighted in the newsletter. Likewise, changes in the indicators may be influenced by MCA efforts, but there are likely many factors and initiatives that have contributed to any movement.

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<sup>1</sup> MCA and member activity is limited to what was in the documentation listed above. Future evaluation efforts may include a more comprehensive documentation of cancer work being done throughout Minnesota.

## 1. Rating scales for indicators and MCA activity

Color code	Interpretation of rating	
	Progress based on indicators	MCA efforts
Some	Some indication of progress	Some MCA activity
Little	Little change or mixed progress	A little MCA activity
Worse	Some indication the situation has worsened	--
N/A	Data not available	No MCA activity

## 2. Summary of progress toward Cancer Plan objectives

Goal Area	Progress based on indicators	MCA efforts
Objective 1: Data	Little	Little
Objective 2: Breast, Cervical, and Colorectal Cancer Screening	Little	Some
Objective 3: Genetic counseling and testing	N/A	Some
Objective 4: Lung cancer screening	N/A	Some
Objective 5: Support services	N/A	Some
Objective 6: Patient navigation	N/A	Some
Objective 7: Survivorship care plans	N/A*	N/A
Objective 8: Financial and legal burdens	N/A	Some
Objective 9: Rehabilitation	N/A	N/A
Objective 10: Clinical trials	N/A	Little
Objective 11: Tobacco use – general	Little	Little
Objective 12: Tobacco use – disparities	Little	Little
Objective 13: Obesity/healthy lifestyles	Little	N/A
Objective 14: HPV vaccination	Some	Some
Objective 15: Radon	N/A*	Some
Objective 16: Sunburn and indoor tanning	Some	N/A
Objective 17: Advance care planning	Little	Some
Objective 18: Palliative care	N/A	Some
Objective 19: Hospice	N/A	N/A

\* Measures have been assigned to these objectives but the most recent data available are the baseline data and so progress cannot be assessed at this time.

# Progress by objective

## Objective 1: Data

Progress based on indicators	MCA efforts
Little	Little

### Objective:

Expand the scope and quality of data used to measure the success of cancer control efforts.

### Strategies:

- 1.1 Advocate for increased funding for the Minnesota Cancer Reporting System to expand its capacity for data analysis, community engagement, and cancer communications to the public.
- 1.2 Standardize the collection and reporting of race, ethnicity, preferred language, and country of origin for cancer-related datasets.
- 1.3 Engage under-represented communities in identifying critical data gaps.
- 1.4 Collect aggregate data from Commission on Cancer-accredited programs to assess progress on cancer plan objectives for detection, treatment, and survivorship.
- 1.5 Explore the feasibility of using the Minnesota All Payer Claims Database to monitor strategic priorities.
- 1.6 Develop and conduct a statewide survey to assess survivorship needs and services.

### *Progress based on indicators*

When the Cancer Plan was developed, meaningful measures of success were identified for 10 of the 19 objectives. Four additional objectives were assigned measures that were in development at the time. Five did not have measures, although the Minnesota All Payer Claims Database was cited as a potential source of data for several of these objectives.

In 2020, Wilder Research worked with the MCA to update the indicators, including gathering the most recent data and exploring data sources for objectives without measures. From this work, some measures from the original Cancer Plan were discarded because the data were not available longitudinally or because new measures were found to be more appropriate. Other measures were added. Currently, ten objectives have meaningful measures, three have measures that are in development, and six remain without measures. Although the total number of objectives with meaningful measures of success has remained unchanged, the MCA has made some progress in updating and identifying gaps in data and exploring new measures.

### 3. Indicators for Objective 1: Data

Indicator (data source)	Baseline (Year)	Most recent data (Year)	Target
Number of cancer plan objectives that have meaningful measures of success (Cancer Plan Minnesota 2025)	10 (2016) <sup>a</sup>	10 (2020)	19

<sup>a</sup>The original Cancer Plan noted the baseline as 12.

#### *MCA efforts*

##### **MCA committees**

As described above, the MCA and the Evaluation Advisory Committee worked with Wilder Research to gather updated data for existing measures and identify new measures for the remaining objectives. Among other datasets, the All Payer Claims Database was explored as a potential source of data for several objectives (strategy 1.5), but was determined to be impractical. (The dataset includes total numbers of claims without a clear denominator and so it would be difficult to calculate percentages for monitoring over time.) Wilder Research will prepare recommendations for the Steering Committee about ways the MCA can support or advocate for the development of new measures.

The MCA has shared other data via the newsletter to inform policy and practice, including state-by-state metrics from the American Cancer Society and reports from other agencies working in cancer fields.

## Objective 2: Breast, cervical, and colorectal cancer screening

Progress based on indicators	MCA efforts
Little	Some

### Objective:

Increase risk-appropriate screening for breast, cervical, and colorectal cancers.

### Strategies:

- 2.1 Partner with community organizations to develop culturally appropriate cancer screening education and outreach programs to reduce disparities.
- 2.2 Encourage health care providers to use consistent messaging for patients to begin breast cancer screening and colorectal cancer screening based on personal, family history, genetic-risk, and/or relevant risk factors.
- 2.3 Share best practices on how to increase screening.
- 2.4 Reduce financial and structural barriers to screening and diagnostic services.
- 2.5 Encourage health care providers to recommend multiple colorectal cancer screening test options for average risk patients.

### *Progress based on indicators*

Breast, cervical, and colorectal cancer screening rates have generally remained stable since 2015, with slight increases in colorectal cancer screening among men and women enrolled in Minnesota health care programs, mammography screening among women insured by other purchasers, and women age 23-64 screened for cervical cancer. Rates of mammography screening among women enrolled in Minnesota health care programs and colorectal cancer screening among men and women insured by other purchasers declined slightly.

#### 4. Indicators for Objective 2: Breast, cervical, and colorectal cancer screening

Indicator (data source)	Baseline (Year)	Most recent data (Year)	Target
Mammography screening among women enrolled in Minnesota health care programs (MN Community Measurement)	61.5% (2015)	60.4% (2018)	80.0%
Mammography screening among women insured by other purchasers (MN Community Measurement)	76.8% (2015)	77.8% (2018)	85.0%
Colorectal cancer screening among men and women enrolled in Minnesota health care programs (MN Community Measurement)	53.9% (2015)	55.8% (2018)	74.0%
Colorectal cancer screening among men and women insured by other purchasers (MN Community Measurement)	74.3% (2015)	73.3% (2018)	84.0%
Percentage of women age 23-64 who were screened for cervical cancer (Uniform Data System - UDS) <sup>a</sup>	54.4% (2016)	56.0% (2018)	TBD

<sup>a</sup> The original Cancer Plan included the indicators “cervical cancer screening among women enrolled in Minnesota Health Care Programs” and “cervical cancer screening among women insured by other purchasers” with measures from Minnesota Community Measurement. Updated data are not currently available through Minnesota Community Measurement, and so a different measure from UDS was included instead.

#### MCA efforts

##### MCA committees

The Policy Committee supported a bill for coverage of digital breast tomosynthesis (3D mammography) as a preventative service for patients at risk of breast cancer, which passed the Minnesota Legislature in 2019. The Policy Committee supported legislation for colorectal cancer screening coverage.

##### Strategy Action Groups

In 2018, the MCA funded three piloted SAGs related to colorectal cancer screening:

- A SAG made up of representatives from the Colon Cancer Coalition, the American Cancer Society, Minnesota Gastroenterology, and the MDH Sage Scopes program led outreach efforts to federally qualified community health centers, and healthy systems and chambers of commerce in greater Minnesota to increase participation in colon cancer public awareness efforts as part of Colon Cancer Awareness Month. The SAG developed “Ask Me Why I’m Blue” print materials and buttons for sites to use, resulting in 71 locations across Minnesota being lit blue or hosting awareness efforts.

- The Native American Community Clinic, the American Indian Cancer Foundation, American Cancer Society, MDH Sage Scopes Program, and the Colon Cancer Coalition partnered to expand supports for patients who may lack transportation or someone to check them out after getting a colonoscopy. Through this work, the SAG established new partnerships with several health care agencies who have contracts with taxi services or use community health workers (CHWs) to facilitate check-out processes.
- The American Indian Cancer Foundation, in partnership with the Colon Cancer Coalition, MDH Sage Scopes Program, and a colon cancer survivor and advocate from the Red Lake Nation, shared survivor stories through six pow-wows, as well as through social media and videos.

### **Other efforts**

MCA member organizations offered a number of breast cancer screening and educational programs.

- Sisters Standing Up has provided over 700 breast cancer screenings to African American women in its first six years.
- The Sage Screening Program through MDH has offered free breast cancer screenings for over 150,000 women at over 450 sites since 1991.
- Breast Cancer Education Association has done a series of educational webinars on cancer related topics for patients, caregivers, and professionals in the cancer community.

In addition to these programs, events were held in October for Breast Cancer Awareness Month and in March for Colorectal Cancer Awareness Month.

## Objective 3: Genetic counseling and testing

Progress based on indicators	MCA efforts
N/A	Some

### Objective:

Increase the use of genetic counseling and testing for hereditary breast, ovarian and colorectal cancers.

### Strategies:

- 3.1 Conduct targeted outreach and education to segments of the population at elevated risk for hereditary breast, ovarian, and colorectal cancer.
- 3.2 Identify and increase referral of women diagnosed with breast cancer under age 45; triple negative breast cancer under age 60; or with a family history of these cancers.
- 3.3 Identify and refer all women with ovarian cancer or a family history of ovarian cancer.
- 3.4 Promote universal Lynch syndrome screening for all new diagnoses of colon and uterine cancer through tumor or direct gene testing.
- 3.5 Advocate for policies that reduce insurance barriers to genetic counseling and testing.

### *Progress based on indicators*

The current indicator for Objective 4 is “percent of women with breast cancer age 45 or younger who are referred for genetic counseling.” Currently no data source has been identified as a measure for this indicator.

### *MCA efforts*

#### **Strategy Action Groups**

In 2019, DNATalks, in partnership with the American Cancer Society, the Colon Cancer Coalition, and the Minnesota Ovarian Cancer Alliance, led efforts to create a statewide survey of genetic services and resources to identify statewide trends, strengths, and gaps. An interactive statewide map of sites where cancer genetic services are available was created and made available to the public. The Strategy Action Group also began developing a communications plan, identifying opportunities for more coordinated efforts to increase public awareness and provider education and improve referral and billing processes within health systems for genetic services.

## Objective 4: Lung cancer screening

Progress based on indicators	MCA efforts
N/A	Some

Objective:

Increase low-dose CT scan screening among persons at high risk for lung cancer.

### Strategies:

- 4.1 Educate primary care providers about lung cancer screening guidelines based on age and smoking history.
- 4.2 Add pack-years to smoking history captured in data systems to determine who is eligible for lung cancer screening.
- 4.3 Expand public awareness of lung cancer screening guidelines.
- 4.4 Conduct targeted outreach activities in populations with high rates of smoking and lung cancer.
- 4.5 Provide eligible quitline users with information about lung cancer screening programs.

### *Progress based on indicators*

The current indicator for Objective 4 is “utilization of low-dose computed tomography (CT) screening.” Currently, there is no available measure of lung cancer screening in Minnesota.

### *MCA efforts*

#### Strategy Action Groups

MCA funded a piloted SAG consisting of A Breath of Hope Lung Foundation, the American Cancer Society, and the American Lung Association in Minnesota to convene lung cancer “thought leaders” to identify ways to improve lung cancer screening rates. In spring 2018, the organization held its first event with 24 individuals from 13 organizations. Two additional meetings were held in fall 2018 with 70 individuals from 28 organizations. As a result of these meetings, the Minnesota Lung Cancer Screening Task Force was established to support further collaboration with the mission to “decrease lung cancer mortality in Minnesota through increased screening.” The task force will focus on education and support for primary care physicians, and screening guidelines in order to increase screening for lung cancer.

## Objective 5: Support services

Progress based on indicators	MCA efforts
N/A	Some

### Objective:

Connect cancer patients and caregivers with the support services they need (clinical and non-clinical) when diagnosed with cancer, during active treatment, and thereafter.

### Strategies

- 5.1 Strengthen the ability of cancer programs to implement cancer navigation processes that assess needs and make connections to needed resources and services.
- 5.2 Convene providers to promote best practices and evidence-based protocols for shared decision-making during cancer treatment.
- 5.3 Promote psychosocial distress screening for cancer patients.
- 5.4 Build community capacity to address the non-clinical support needs of cancer patients and their caregivers.
- 5.5 Promote tools that help providers talk with clients who have low health literacy.

### *Progress based on indicators*

The current indicator for Objective 5 is “percent of cancer patients, caregivers and survivors who receive needed clinical and non-clinical support services.” At this time, there are no meaningful measures of support service use in Minnesota. However, the Cancer Plan includes the strategy of developing a statewide survey of survivorship needs (1.6), which would provide opportunities to gather data about support service use.

### *MCA efforts*

The Policy Committee advocated for a state law passed in 2020 that ensures women diagnosed with breast or cervical cancer through an initiative funded by the CDC’s National Breast and Cervical Cancer Early Detection Program is automatically eligible for Medicaid for her treatment.

### Strategy Action Groups

In 2019, the White Earth Health Center, in partnership with the American Indian Cancer Foundation, received SAG funding to create pink shawls and hold a talking circle with

women diagnosed with breast cancer. Health center staff created 42 shawls and gave them to women during a talking circle attended by 30 individuals.

### Other efforts

MCA members and member organizations held multiple events to support cancer patients and their families, such as events for children with parents who have cancer (e.g., Camp Angel), celebrations or seminars for survivors (e.g., the Minnesota Blue Reception), seminars for caregivers or spouses (e.g., Jack’s Bag), and supports for those grieving the loss of a loved one (e.g., Brighter Days resource fair). Many organizations also held fundraisers for cancer treatment or support services (e.g., the Randy Shaver Cancer Research Fund and American Indian Cancer Foundation).

## Objective 6: Patient navigation

Progress based on indicators	MCA efforts
N/A	Some

### Objective:

Expand the cancer workforce to include more CHWs, patient navigators, and care coordinators.

### Strategies

- 6.1 Increase the availability of and access to certificate programs for community health workers.
- 6.2 Work to integrate a high-quality cancer curriculum in community health worker training and certificate programs.
- 6.3 Promote cancer care training and certification programs to prepare health care professionals to serve as cancer patient navigators and care coordinators.
- 6.4 Conduct an assessment of community health worker certificate holders and lay patient navigators to determine their level of employment in cancer-related activities.
- 6.5 Promote policies, including payment reform, that support the effective deployment of community health workers.
- 6.6 Advocate for financial reimbursement for cancer patient navigators and care coordinators.

### Progress based on indicators

The current indicator for Objective 6 is “the number of community health workers, cancer patient navigators, and cancer care coordinators in the workforce.” There is no existing measure of community health workers, cancer patient navigators, and cancer care coordinators available but the Minnesota Community Health Workers Alliance recently

received funding to establish a registry of community health workers, which may provide opportunities to track this information in the future.

### ***MCA efforts***

In 2019, the MCA, in partnership with Sage Screening Program, Hennepin Healthcare, and the Breast Cancer Education Association held a training for CHWs called “Cancer in Your Community.”

### **Strategy Action Groups**

Between 2018 and 2019, the MCA supported several SAGs related to Objective 6.

- In 2018, CHEN conducted focus groups and key informant interviews with CHWs and CHW supervisors to learn more about needs and opportunities for CHWs doing cancer-related work. Focus groups and interviews were conducted in the metro and greater Minnesota.
- Through the same SAG, CHEN created a 90-second video to raise community awareness of CHWs in cancer outreach, education, and screening. The video was aired on Emergency, Community, Health, and Outreach (ECHO), the Twin Cities Public Television program for Minnesota’s immigrant and refugee populations.
- In 2019, the Minnesota Community Health Worker Alliance partnered with Hennepin Healthcare and the American Indian Cancer Foundation to develop a series of webinars about culturally responsive cancer education and outreach. The webinars were directed toward CHWs, supervisors, and the broader community, with a focus on African American, American Indian, and Hmong populations. The webinars were led by CHWs from the partner organizations and were recorded and shared through a variety of platforms.

### **Other efforts**

MCA members supported patient navigation through additional trainings and efforts.

- In 2019, the Minnesota Community Health Workers Alliance held a leadership development program for CHWs.

The use of telemedicine in cancer care has also grown significantly, with more employers offering telemedicine as part of benefit plans and use increasing significantly in Minnesota (Quinn, 2020)<sup>2</sup>. Teleoncology has included remote diagnosis through television microscopy, as well as supervision, palliative care, and education. There has also been an increase in the number of apps to facilitate healthy lifestyles and connect cancer patients with support.

## Objective 7: Survivorship care plans

Progress based on indicators	MCA efforts
Little	N/A

### Objective:

Increase the use of survivorship care plans.

### Strategies

- 7.1 Educate patients and health care providers (including nurse practitioners, physician assistants, primary care physicians, surgeons, and oncologists) about the key components of survivorship care, including the development and communication of survivorship care plans.
- 7.2 Improve communication between the oncology team and primary care providers and devise efficient, timely methods to get survivorship care plans from oncology to primary care.
- 7.3 Expand the survivorship care plan to include referrals to services.
- 7.4 Promote policies that support adequate reimbursement for development of survivorship care plans by a multi-disciplinary team and communication of the plan to the patient.

### Progress based on indicators

The current indicator for Objective 7 is the “percent of cancer patients who receive a survivorship care plan” with data from the Minnesota Behavioral Risk Factor Surveillance Survey (BRFSS). In 2014, 49% of cancer patients had a survivorship care plan. The MCA has set a target of 75%. Updated data will be reported again in 2020.

### MCA efforts

Between 2018 and 2020, the MCA has not taken on any direct efforts related to survivorship care plans.

<sup>2</sup> Quinn, S. (2020, March/April). *Telemedicine in cancer care and treatment*. Collective Action (Minnesota Cancer Alliance Newsletter). <https://mailchi.mp/9506e9838699/minnesota-cancer-alliance-newsletter-march-april-2702363>

## Objective 8: Financial and legal burdens

Progress based on indicators	MCA efforts
N/A	Some

### Objective:

Reduce financial and legal burdens on cancer patients.

### Strategies

- 8.1 Develop initiatives, including medical-legal partnerships, which address the financial and legal issues cancer patients face during and after treatment.
- 8.2 Advocate for local, state, and national policies to enhance and protect financial security when facing cancer (for example, mandatory paid sick leave, decreased wait periods for Social Security Disability Insurance (SSDI) cash benefits and Medicare coverage).
- 8.3 Use hospitals' Community Health Needs Assessments to demonstrate cancer patients' need for financial support and legal care services.
- 8.4 Advocate for inclusion of financial and legal care provisions in bundled oncology care packages and other payment mechanisms.
- 8.5 Work with nonprofit hospitals to direct community benefit dollars to agencies and partnerships that provide financial support and legal care services to cancer patients in need.
- 8.6 Develop and pilot a short course on the social determinants of health and cancer for medical and law school students.

### *Progress based on indicators*

The current indicator for Objective 8 is the “percent of cancer patients and survivors who experience financial and legal burdens.” Currently, there are no meaningful measures of financial and legal burdens among cancer patients and survivors in Minnesota, but there may be opportunities to include questions related to these issues in the statewide survey of survivorship needs proposed in Cancer Plan strategy 1.6.

## **MCA efforts**

### **MCA committees**

During the 2019 legislative session, the Policy Committee submitted a letter of support for continued funding of the Health Care Access Fund (HCAF), which provides MinnesotaCare health insurance for lower-income Minnesotans, through a provider tax. The Policy Committee also supported the federal Stop the Wait legislation to reduce the number of months disabled persons have to wait for SSDI payments.

In 2019, the Public Health Advocacy Student Alliance presented to the Steering Committee to discuss policy efforts related to the establishment of a functional repository of unused cancer medications. The Steering Committee considered steps to advocate for the inclusion of individual donations, which were taken out of current legislation, and additional funding for safety net prescription programs.

### **Strategy Action Groups**

In 2018, a Strategy Action Group led by Cancer Legal Care Group, conducted an environmental scan to identify promising practices in screening for financial and legal needs among cancer patients. The group conducted a literature review, reviewed existing tools, and conducted surveys with over 60 Cancer Legal Care clients; over 40 social workers, care coordinators, navigators; and over 50 medical professionals. From this work, the group developed a screening tool that will be piloted at three sites. The group hopes to build on these efforts to develop screening guidelines and resources related to financial and legal support for patients, as well as a toolkit for hospitals and cancer centers to create legal clinics.

### **Other efforts**

Cancer Legal Care supports patients with legal challenges related to their care or support services.

## Objective 9: Rehabilitation

Progress based on indicators	MCA efforts
N/A	N/A

### Objective:

Increase access to cancer rehabilitation and wellness services.

### Strategies:

- 9.1 Work with major medical training programs in Minnesota to develop a curriculum and coursework in cancer rehabilitation and cancer exercise.
- 9.2 Develop innovative technologies and programs to provide access to rehabilitation services in areas where they are not available.
- 9.3 Work with state payers on models of care that lead to better outcomes by providing adequate coverage for rehabilitation and cancer fitness/wellness services.

### *Progress based on indicators*

The indicator for Objective 9 is “percent of cancer survivors referred for (or who receive) cancer rehabilitation and wellness services.” Currently, there is no meaningful measure of referrals for these services, but there are opportunities to include items related to rehabilitation and wellness services in the statewide survey of survivorship needs proposed in Cancer Plan strategy 1.6.

### *MCA efforts*

Between 2018 and 2020, the MCA has not taken on any direct efforts related to rehabilitation.

## Objective 10: Clinical trials

Progress based on indicators	MCA efforts
N/A	Little

### Objective:

Increase participation in cancer treatment clinical trials.

### Strategies:

- 10.1 Implement a statewide, culturally and linguistically appropriate media campaign to increase public awareness about the benefits of participating in clinical trials.
- 10.2 Create a statewide, centralized clinical trial database that enables health care providers and patients to locate current and accurate information about open trials.
- 10.3 Establish and fund a Cancer Care Equity Program to help patients overcome financial barriers to participating in a clinical trial.
- 10.4 Ensure that insurance companies provide coverage for participation in clinical trials.

### *Progress based on indicators*

The current indicator for Objective 10 is “number of cancer patients participating in cancer treatment clinical trials.” At the time of this report, no meaningful measures of cancer clinical trial participation have been identified, but a SAG led by representatives of CHEN focused on clinical trials is working toward establishing measures for this objective.

### *MCA efforts*

The MCA, Policy Committee, and CHEN supported legislation that passed in 2020 that requires Medicaid to cover routine costs incurred during a clinical trial for people enrolled in the insurance program.

### **Other efforts**

In 2019, the National Cancer Institute awarded \$20 million to the Metro-Minnesota Community Oncology Research Consortium to support patient enrollment in cancer treatment trials. Launched in 2018, the Masonic Cancer Center’s Minnesota Cancer Clinical Trials Network has also coordinated trials across Minnesota.

In addition, several organizations shared findings or information about upcoming trials in the MCA newsletter, including:

- A trial to improve interventions to engage low-socioeconomic status smokers in tobacco treatment through Minnesota’s National Breast and Cervical Cancer Early Detection Program (Sage)
- HealthPartners Cancer Research Center’s mesothelioma clinical trial
- Metro-Minnesota Community Clinical Research Consortium (MMCORC)’s mammographic imaging screening trial

## Objective 11: Tobacco use – general

Progress based on indicators	MCA efforts
Little	Little

### Objective:

Reduce use of commercial tobacco and nicotine delivery devices.

### Strategies:

- 11.1 Maintain high prices for commercial tobacco products and electronic nicotine delivery systems (e-cigarettes, for example).
- 11.2 Restrict the retail sale of menthol and other flavored tobacco products and electronic nicotine delivery systems.
- 11.3 Increase the minimum legal age to purchase commercial tobacco products age 21.
- 11.4 Continue compliance and enforcement of existing policies and laws with dedicated resources.
- 11.5 Assure the ongoing administration of the Minnesota Student Survey, the Youth Tobacco Survey, and the Adult Tobacco Survey.

### *Progress based on indicators*

Minnesota has made some progress around commercial tobacco use, especially with cigarette use, but there are areas that warrant continued monitoring. The percentage of adults who smoke declined slightly from 14.4% to 13.8% between 2017 and 2018. Likewise, the percentage of 11<sup>th</sup> graders who smoked a cigarette in the last 30 days declined from 8.4% in 2016 to 5.3% in 2019. However, vaping and e-cigarette use has increased among young people, from 17.1% in 2016 to 26.4% in 2019.

## 5. Indicators for Objective 11: Tobacco use – general

Indicator (data source)	Baseline (Year)	Most recent data (Year)	Target
Percentage of adults who smoke (Minnesota Adult Tobacco Survey)	14.4% (2014)	13.8% (2018)	10.5%
Percentage of 11 <sup>th</sup> graders smoked a cigarette in the last 30 days (Minnesota Student Survey) <sup>a</sup>	8.4% (2016)	5.3% (2019)	TBD
Percentage of 11 <sup>th</sup> graders who vaped or used an electronic cigarette in the last 30 days (Minnesota Student Survey) <sup>a</sup>	17.1% (2016)	26.4% (2019)	TBD

<sup>a</sup> These two indicators were not in the original Cancer Plan but were added to be able to track youth tobacco use.

### MCA efforts

#### MCA committees

In 2019, the Policy Committee signed a number of letters of support for statewide and county T21 policies, raising the age of tobacco sales to 21. Statewide legislation was signed in law by Governor Waltz in May 2020, laws were established in a number of counties.

## Objective 12: Tobacco use – disparities

Progress based on indicators	MCA efforts
Little	Little

#### Objective:

Reduce disparities in commercial tobacco use.

#### Strategies:

- 12.1 Establish consistent and reliable funding for tobacco control at the level recommended by the Centers for Disease Control and Prevention to fund best practices in tobacco control.
- 12.2 Create partnerships to develop and implement community driven solutions to eliminate nicotine dependence.
- 12.3 Advocate for policies to create indoor and outdoor environments free of tobacco and e-cigarettes.
- 12.4 Collect data on commercial tobacco use and tobacco-related disease from communities that have high rates of tobacco use, employing sufficiently large and culturally appropriate sampling strategies.

## Progress based on indicators

Between 2014 and 2018, the percentage of Minnesotans with a high school education or less who smoked remained relatively stable, from 21.7% in 2014 to 21.4% in 2018.

### 6. Indicators for Objective 12: Tobacco use – disparities

Indicator (data source)	Baseline (Year)	Most recent data (Year)	Target
Percentage of Minnesotans with no education beyond high school who smoke (Minnesota Adult Tobacco Survey)	21.7% (2014)	21.4% (2018)	18.5%

### MCA efforts

The Policy Committee advocated for the following laws that passed during the 2019 legislative session.

- Funding for statewide tobacco cessation programs and services.
- E-cigarettes were added to Minnesota’s statewide clean indoor air law.

### Other efforts

Several MCA member organizations have launched campaigns to address disparities in commercial tobacco use and the related health impacts.

- In 2019, the Association for Nonsmokers-Minnesota launched a new campaign called Don't Discount My Life to keep tobacco prices high and limit discount programs targeted toward communities of color and with lower socioeconomic status.
- In partnership with numerous MCA members, Association for Nonsmokers-Minnesota also worked with local jurisdictions to pass policies limiting the sale of flavored tobacco products, including menthol.
- WellShare International began partnering with community-based organizations to overcome high rates of commercial tobacco use in Minnesota’s East African communities.

## Objective 13: Obesity and healthy lifestyles<sup>3</sup>

Progress based on indicators	MCA efforts
Little	N/A

### Objective:

Reduce the prevalence of obesity.

### Strategies:

- 13.1 Promote healthy eating in schools, child care settings, worksites, health care facilities, and communities by supporting the Minnesota Food Charter strategies.
- 13.2 Implement state and local policies that foster safe and accessible opportunities for physical activity.
- 13.3 Improve community infrastructure to promote safe and accessible opportunities for physical activity (for example, comprehensive street design, bicycle parking at work places and transit stops, multi-use trail networks, and way-finding signs).
- 13.4 Promote physical activity in schools through quality physical education, active recess, active classrooms, before and after school programs, and safe routes to school.

### *Progress based on indicators*

Obesity rates in Minnesota have risen since 2015, from 26.1% in 2015 to 30.1% in 2018. At the same time, rates of physical activity have risen slightly, from 78.2% reporting they engaged in any physical activity in the past month in 2015 to 79.5% in 2018. In 2017, the most recent year for which data are available, 67.7% of respondents reported eating at least one serving of fruit a day and 82% reported eating one or more servings of vegetables.

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<sup>3</sup> The original title for Objective 13 was “Obesity” but the EAC has recommended that the title be changed to “Obesity and Healthy Lifestyles” to reflect that healthy lifestyles can play a strong role in cancer risk beyond obesity alone.

## 7. Indicators for Objective 13: Obesity and healthy lifestyles

Indicator (data source)	Baseline (Year)	Most recent data (Year)	Target
Percentage of Minnesotans who are obese (Minnesota Behavioral Risk Factor Surveillance Survey)	26.1% (2015)	30.1% (2018)	23.1%
Percentage of Minnesotans who engaged in any physical activity in the last month (Minnesota Behavioral Risk Factor Surveillance Survey) <sup>a</sup>	78.2% (2015)	79.5% (2018)	TBD
Percentage of Minnesotans who eat one or more servings of fruit a day (Minnesota Behavioral Risk Factor Surveillance Survey) <sup>a</sup>	67.7% (2017)	--	TBD
Percentage of Minnesotans who eat one or more servings of vegetables a day (Minnesota Behavioral Risk Factor Surveillance Survey) <sup>a</sup>	82.0% (2017)	--	TBD

<sup>a</sup>These indicators were not included in the original Cancer Plan but were added to reflect the broader focus on healthy lifestyle factors in addition to obesity.

### **MCA efforts**

#### **MCA committees**

In 2019, the Policy Committee submitted a letter of support for continued funding of the Good Food Access Fund, which supports projects to increase access to healthy, affordable food for all Minnesotans.

## Objective 14: HPV vaccination

<b>Progress based on indicators</b>	<b>MCA efforts</b>
Some	Some

### Objective:

Increase HPV vaccination.

### Strategies:

- 14.1 Include HPV (human papillomavirus) vaccination as a standard immunization measure.
- 14.2 Improve public understanding about the safety of the HPV vaccine and its importance in cancer prevention.
- 14.3 Conduct outreach activities to motivate populations that experience disproportionate numbers of HPV cancers and those with low vaccination rates.
- 14.4 Create regular opportunities to teach health care personnel about the HPV vaccine and how to effectively recommend it to patients.
- 14.5 Support and promote opportunities for health care organizations to participate in quality improvement programs aimed at improving HPV vaccination rates.

### *Progress based on indicators*

The percentage of HPV vaccine coverage among adolescents (meaning having received one or more doses) has risen steadily from 59.1% in 2016 to 68.1% in 2017 to 76.7% in 2018.

Starting in 2016, CDC dosage recommendations were changed to two doses for young people age 11-14 (reduced from three doses). Three doses are still recommended for young people who start the vaccine at age 15 or older.

### 8. Indicators for Objective 14: HPV vaccination

Indicator (data source)	Baseline (Year)	Most recent data (Year)	Target
Percentage of vaccine coverage among adolescents 13-17 (National Immunization Survey-Teen)	59.1% (2016)	76.7% (2018)	85.0%

## **MCA efforts**

### **MCA networks**

In 2019, the Minnesota Commission on Cancer Network held a presentation on increasing HPV vaccinations designed for medical professionals. Topics included information on the HPV vaccine, the importance of getting vaccinated, how to talk to families about the vaccination, quality improvement systems within health care centers to increase vaccination rates and using social media to promote vaccination.

### **Strategy Action Groups**

In 2019, the MCA funded the Annex Teen Clinic, in partnership with the American Cancer Society, to train young leaders to share information with their peers about HPV vaccinations and other STIs. This was accompanied by a social media campaign and the development of a resource for young people to talk to their parents or caregivers about getting vaccinated. Annex Teen Clinic staff are also developing educational resources for parents about HPV and helping their children navigate health care, and were trained on the Minnesota Immunization Information Connection (MIIC) database.

### **Other efforts**

Since 2019, the Minnesota Department of Health (MDH) and the American Cancer Society have convened an HPV Strategic Action Team, which has focused on developing messages for a coordinated public awareness campaign for parents of 11 and 12 year olds to stress the importance of on-time vaccination in preventing HPV-related cancers.

In addition to these efforts, over 30 organizations signed onto the national *We're In! 2020* initiative in early 2020 to increase HPV vaccination rates in health systems.

# Objective 15: Radon

Progress based on indicators	MCA efforts
N/A	Some

## Objective:

Reduce exposure to radon in residential properties and other buildings.

## Strategies:

- 15.1 Develop partnerships that will promote and increase testing and mitigation in residential properties and other buildings.
- 15.2 Secure funding or policies that offset the cost of radon mitigation in low-income neighborhoods.
- 15.3 Require landlords in rental properties to test for radon and notify renters about radon levels in their building.
- 15.4 Require building owners to test for and disclose radon in non-residential buildings such as schools and child care locations.
- 15.5 Enhance data collection to compare the impact of radon in different geographic and socioeconomic communities.
- 15.6 Build public awareness about the link between radon and lung cancer.

## Progress based on indicators

Based on 2014 and 2018 data from the MDH Indoor Air Unit Radon Survey, 12.4 of every 10,000 households in Minnesota have received radon mitigation. About one third (30.6%) of households in neighborhoods in the lowest quartile of radon mitigation are low income (compared to 22.6% in the second lowest quartile, 15.2% in the third quartile, and 9.6% in the top quartile). 2014-2018 are the most recent dates for which data are available.

## MCA efforts

### MCA committees

The Policy Committee supported three radon bills in the 2019 legislative session, though none passed. They were related to the disclosure and mitigation of radon in rental housing, radon testing schools, and exempting licensed residential building contractors from having a second radon mitigation license. The school testing bill received media attention from local stations.

## Strategy Action Groups

The MCA has funded several SAGs to support radon mitigation over the last two years.

- In 2018, a SAG made up of representatives from Midwest Radon Specialists, A Breath of Hope Lung Foundation, and MDH’s Indoor Air Unit piloted a process for identifying and completing mitigation control for low-income residents; 21 residences were tested for radon, and eight were selected for mitigation. The SAG developed a framework for replicating and expanding the program. The project was featured on several media outlets, and the members are continuing to explore partnerships to continue the program.
- In 2019, MDH, the American Cancer Society, and St. Luke’s Regional Cancer Center and Hospital in Duluth partnered to distribute 300+ radon test kits in northeast Minnesota and develop a public education campaign about radon testing.

## Other efforts

In 2019, MDH created a map showing disparities in radon testing across state, which they presented to the MCA Steering Committee. Residents of neighborhoods with the lowest incomes and renters showed higher risks of radon exposure.

January is National Radon Action Month. In January 2020, MDH partnered with local public health departments and other organizations to raise awareness of radon through news media and made test kits available to Minnesotans at low or no cost.

## Objective 16: Sunburn and indoor tanning

Progress based on indicators	MCA efforts
Some	N/A

### Objective:

Reduce exposure to ultraviolet light.

### Strategies:

- 16.1 Promote shade planning and individual sun-protective behaviors in outdoor settings, including schools, worksites and recreational areas.
- 16.2 Strengthen existing laws governing indoor tanning facilities.
- 16.3 Conduct an education campaign on the harms of indoor tanning.

## Progress based on indicators

Indoor tanning has been declining since 2016. The percentage of white female 11<sup>th</sup> graders who tan indoors dropped from 9.0% in 2016 to 6.2% in 2019. There has been an even bigger decline among American Indian female 11<sup>th</sup> graders who tan indoors, from 8.0% in 2016 to 3.5% in 2019.

### 9. Indicators for Objective 16: Sunburn and indoor tanning

Indicator (data source) <sup>a</sup>	Baseline (Year)	Most recent data (Year)	Target
Percentage of white female 11 <sup>th</sup> graders who tan indoors (Minnesota Student Survey)	9.0% (2016)	6.2% (2019)	1.0%
Percentage of American Indian female 11 <sup>th</sup> graders who tan indoors (Minnesota Student Survey)	8.0% (2016)	3.5% (2019)	1.0%

<sup>a</sup>The original Cancer Plan also included the indicator “Percent of adults who report sunburn in the last 12 months” through the Minnesota State Survey from the University of Minnesota. Items related to sunburn were only included in the 2013 version of the survey, and it was recommended that this measure be taken out because it is not possible to track change over time.

### MCA efforts

The MCA did not take any direct efforts related to sunburn and indoor tanning between 2018 and 2020.

### Other efforts

In 2019, MDH released a video about rising rates of melanoma and the importance of sunscreen use and forgoing indoor tanning.

## Objective 17: Advance care planning

Progress based on indicators	MCA efforts
Little	Some

### Objective:

Increase the use of advance care planning.

### Strategies:

- 17.1 Conduct a large-scale community awareness and education campaign about advance care planning (See also Objective 18 and Objective 19).
- 17.2 Educate health care professionals about tools and resources they can use to facilitate meaningful, culturally sensitive conversations with patients and families about advance care planning.
- 17.3 Collaborate with electronic medical record vendors and health care systems to develop best practices for accessing, storing, and retrieving advance care planning materials in the electronic medical record.
- 17.4 Promote the use of advance care planning resources shortly after the time of diagnosis or early in treatment for cancer.
- 17.5 Partner with payers to improve reimbursement for advance care planning conversations to supplement Centers for Medicare and Medicaid Services payment rates.
- 17.6 Work to mandate advance care planning services for all Minnesotans.
- 17.7 Partner with health care systems to work collaboratively to promote expanded and effective use of advance care planning.

### Progress based on indicators

The percentage of adults who completed a health care directive has increased slightly from 31.6% in 2014 to 33.9% in 2017 according to the data from BRFSS.

### 10. Indicators for Objective 17: Advance care planning

Indicator (data source)	Baseline (Year)	Most recent data (Year)	Target
Percentage of adults who have completed a health care directive (Behavioral Risk Factor Surveillance Survey)	31.6% (2014)	33.9% (2017)	40.0%

## MCA efforts

### Strategy Action Groups

The MCA supported two SAGs in 2018 related to advance care planning.

- Through a piloted SAG, Minnesota Oncology contracted with Honoring Choices to provide Advance Care Planning (ACP) trainings with 29 oncology professionals about the importance of advance care directives, state and federal laws governing them, and how to support families in creating directives. All participants reported increased knowledge and comfort with creating advance care directives on a post-workshop survey.
- Through a supported SAG, a group of MCA member organizations has been working to establish a statewide advance care planning advisory council. The group is focusing on engaging partners and doing outreach in three geographic communities (Hastings, Duluth, and International Falls) and two cultural communities (African American and Native American communities). Efforts have included advance care planning trainings for health care providers and community members, partnering with higher education institutions, and developing public relations campaigns including Time to Talk Turkey in November and National Healthcare Decisions Day in April 2018.

## Objective 18: Palliative care

Progress based on indicators	MCA efforts
N/A	Some

### Objective:

Increase the utilization of palliative care services.

### Strategies:

- 18.1 Conduct a large-scale community awareness and education campaign that uses consistent messaging about palliative care.
- 18.2 Support collaborative learning ventures among partners that help establish and grow new palliative care programs.
- 18.3 Increase the number of health professionals trained in adult and pediatric palliative care.
- 18.4 Promote systems change to integrate palliative care, following practice guidelines, with routine cancer care.
- 18.5 Educate health care professionals about tools and resources they can use to facilitate meaningful, culturally sensitive conversations with patients and families about palliative care.

## ***Progress based on indicators***

The current indicator for Objective 18 is “claims for palliative care services.” A meaningful measure for this indicator has yet to be identified.

## ***MCA efforts***

### **MCA committees**

- The Policy Committee monitored and supported a bill to fund the Palliative Care Advisory Council during the 2019 legislative session; the bill did not pass.

### **Strategy Action Groups**

In 2018, the MCA supported one SAG related to palliative care.

- The Palliative Care Advisory Council (PCAC) was established in the 2017 legislative session, and has been tasked with assessing the availability of palliative care and access barriers in Minnesota and making recommendations for action. In 2018, the MCA provided funding to PCAC to hold a strategic planning retreat where the group identified focus areas for their work and established workgroups around each area. The group also established a definition of palliative care, as “care that focuses on improving the quality of life and relieving suffering of people living with serious illness, as well as their families.” In addition, the group launched a survey of palliative care professionals to better understand the availability of services in Minnesota.

### **Other efforts**

MCA member organizations sponsored two events in April 2020 related to palliative care and hospice that were cancelled due to COVID-19.

## Objective 19: Hospice

Progress based on indicators	MCA efforts
N/A	N/A

### Objective:

Increase the utilization of hospice services.

### Strategies:

- 19.1 Conduct a large-scale community awareness and education campaign that uses consistent messaging about palliative care and hospice.
- 19.2 Educate health professionals, including those in training, about tools and resources that can help them to have meaningful, culturally sensitive conversations with patients and families about hospice and palliative care services.
- 19.3 Increase the number of primary care providers receiving continuing medical education about hospice care.
- 19.4 Increase the number of nurses completing palliative care training courses.

### *Progress based on indicators*

The current indicator for Objective 19 is “median length of stay in hospice for cancer patients (Hospice Analytics).” While we have attempted to get statewide data from the National Hospice and Palliative Care Organization (NHPCO), no data have been provided.

### *MCA efforts*

Between 2018 and 2020, there have not been any MCA efforts directly related to palliative care.

### **Other efforts**

MCA member organizations sponsored two events in April 2020 related to palliative care and hospice that were cancelled due to COVID-19.

## Recommendations

Five years into the Cancer Plan, there is some evidence of progress toward its goals and objectives based on statewide indicators, especially regarding HPV vaccinations and indoor tanning. In other areas, progress remains slow or mixed. The MCA has played an important role in facilitating collaboration across individuals, organizations, and health systems to advance change. The following recommendations are designed to help the MCA and its member organizations continue to make and track progress toward the Cancer Plan objectives.

- Move forward with developing the statewide survivorship survey, which could provide important insight into survivor needs and care.
- Establish strategic priorities for the next 1-5 years focusing on one or more Cancer Plan objectives or consider opportunities to address objectives where there has been less statewide action.
- Consider other ways the MCA can support collaboration and action beyond current committees, networks, and Strategy Action Groups.
- Revisit Cancer Plan strategies to ensure they are still relevant and actionable in the next five years of the plan.
- Continue to identify, update, and revise measures for the Cancer Plan objectives.
- Consider ways the MCA can play a role in supporting or advocating for the collection or reporting of data in areas where meaningful data are not currently available.
- Develop a system for monitoring and tracking statewide efforts outside of formal MCA activities related to each Cancer Plan objective.

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Wilder Research, a division of Amherst H. Wilder Foundation, is a nationally respected nonprofit research and evaluation group. For more than 100 years, Wilder Research has gathered and interpreted facts and trends to help families and communities thrive, get at the core of community concerns, and uncover issues that are overlooked or poorly understood.

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