



Maine Cancer Foundation Grantmaking Outcome Evaluation Report FY25

January 2026



Hope

Acknowledgements

Commented [PM1]: @Allison Update report cover please.

The analysis and report were sponsored by Maine Cancer Foundation (MCF).



To measure the outcomes and impact of Maine Cancer Foundation's grantmaking.

We would like to thank all the Maine Cancer Foundation grantees who provided information and data related to the grants so that outcomes could be calculated for this report.

The report was prepared by the research team at Market Decisions Research of Portland, Maine (www.marketdecisions.com).



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Background

Maine Cancer Foundation's mission is to reduce the impact of cancer in Maine, and we do that through grant-based financial support and coalition building. Feedback from cancer stakeholders across the state and ongoing evaluation of MCF's own efforts have led the organization to focus its grantmaking on the following three pillars: cancer prevention, early detection and screening, and improving patient outcomes. Since 2015, targeted grantmaking in these three categories include:

- Cancer Screening (including Breast, Cervical, Colorectal, Lung, Skin)
- Environmental Factors that Impact Cancer
- Genetic Screening
- HPV Vaccinations
- Patient Navigation
- Tobacco Prevention and Treatment
- Transportation & Lodging
- Sun Safety

Maine Cancer Foundation funds projects using evidence-based approaches to cancer prevention, screening, and access to care that will directly and positively affect the rate of cancer screenings, and/or improve and expedite the treatment process for cancer patients in Maine. Given the time it takes to coordinate and implement grant projects and see lasting change, most MCF grants are funded for multiple years.

This outcome analysis and evaluation conducted by Market Decisions Research examines MCF's grant-making activities on an annual basis. The goal of the outcome evaluation is to quantify the short and longer-term outcomes and cost-effectiveness of MCF grant funding.

To accomplish this, MDR used information and data previously reported by grantees as part of their initial grant evaluation report. The MDR team also collected new data from MCF grantees to fill in gaps and quantify outcomes. MDR worked closely with MCF to refine and develop outcome metrics for each grant area, review the information already collected and identify where gaps exist, collect additional data needed to calculate outcomes, and conduct an outcome and cost-effectiveness analysis (where possible). The results of this effort are presented in this report.

Please note that the data and results presented in this report represent a point in time estimate that covers the period of MCF grants from 2015 to December 2024. Due to the nature of how MCF awards multi-year grants and the fact that many are still ongoing, more recent grant funding, activities and outcomes may not be captured in the current reporting cycle.

Executive Summary

Between 2015 and December 2024, Maine Cancer Foundation has funded 391 grants, for a total of \$20,891,506 dollars, to reduce the impact of cancer in the state of Maine. MCF has funded grants in the areas of transportation and lodging, patient navigation, tobacco prevention and treatment, cancer screening (related to colorectal, lung, breast, skin, and cervical cancers), general operations, sun safety, HPV vaccination, and research. Across these topics, grantees focused on improving patient outcomes, improving screening rates, and preventative cancer incidence. Each grant emphasized several specific areas of improvement including collaboration, awareness, infrastructure, training, and capacity, and expanding access to care. In 2024, several grants focus on improving a wide range of cancer outcomes among New Mainers in the state.

Grantees are leveraging MCF funds to effect significant changes in Maine’s cancer population and those at risk of developing cancer.

- Patient screening rates for colorectal and lung cancer have increased among grantees working to address these topics.
- Patient navigators connected a significant number of patients with resources and worked to increase referral conversions and follow-ups for cancer screening.
- HPV vaccination rates rose significantly among children at participating pediatric practices.
- Tobacco grantees reported a significant number of tobacco users quit or reduced their tobacco use after attending grant-funded programs.
- General operations funding increased organizational capacity and has enabled grantees to generate additional funds through grants and fundraising.
- MCF funding allowed Maine’s largest lung cancer network to grow into a stakeholder coalition addressing patient access, provider education, and improvements in screening and lung cancer care.
- A youth tobacco prevention media campaign was conducted, strategically reaching Maine youth via digital media platforms with information on the dangers and effects of smoking as well as tobacco companies’ manipulative marketing tactics.
- Several grantees worked to provide sun safety education and supply much-needed sunscreen to high-risk populations across the state.
- Hospice grantees expanded their services and streamlined their operations to serve more clients each year.
- Environmental grantees provided arsenic and PFAS testing for household wells, focusing on lower income communities and communities with heavily contaminated drinking water, and provided access to mitigation resources and education for those who needed it.

Overall, organizations funded by Maine Cancer Foundation’s grants have dramatically impacted cancer prevention, detection, and patient support efforts in Maine. Funding distributed to date has brought novel screening and care to practices across the state while expanding access to vulnerable populations, including those with limited resources and those at high risk of developing cancer. Each grant category

has fulfilled its aim to increase screening, improve outcomes, and prevent future cases of cancer. Funding from MCF has enabled grantees to achieve a considerable amount of progress in the areas of cancer prevention, screening, and improving patient outcomes in Maine.

Key Findings, Organized by Grant Topic Area

Note: Data represented in key findings represent the percentage of grants where data are available either from the evaluation forms provided to MCF by the grantees or from follow-up requests made by the MDR team.

Cancer Screening

Colorectal Cancer

- Maine Cancer Foundation has awarded 28 colorectal cancer screening grants totaling \$1,958,102.
- A total of 104 new staff members (across 15 organizations) were hired as a result of the grants.
- MCF grants have resulted in 62,242 additional CRC screenings (most commonly colonoscopies or FOBT/FITs), resulting in an estimated 3,181 life years saved and 220 fewer cancer deaths.

Lung Cancer

- Maine Cancer Foundation has awarded 13 lung cancer screening grants totaling \$1,079,730.
- This has resulted in 15,201 patients newly identified for lung cancer screening, 15,277 patients receiving low-dose CT scans, and the identification of an estimated 306 new lung cancer cases.

Breast Cancer

- Six breast cancer screening grants have been awarded, totaling \$440,000.
- A total of 17,312 women were reached through MCF breast cancer grants, 8,328 of whom received screenings (6,828 by mammogram), resulting in an estimated 3-14 deaths averted due to increased screening efforts.

Skin Cancer

- One skin cancer screening grant has been awarded, totaling \$80,000.
- This has resulted in 49 additional skin cancer screenings so far.

Trained 19 rural healthcare providers in early melanoma detection.

Cervical Cancer

- Maine Cancer Foundation has awarded 4 cervical cancer screening grants totaling \$138,436.
- This has resulted in 178 additional colposcopies, resulting in an estimated 58.7 life-years gained.

Screening for Multiple Types of Cancer

- Seven screening grants were awarded from 2022-2024 targeting multiple types of cancer totaling \$485,000.

- This has resulted in 99 educational sessions, reaching over 2,550 individuals as well as over 400 new cancer screenings.

Transportation and Lodging

- Maine Cancer Foundation has awarded 99 transportation and lodging grants totaling \$3,681,864.
- This has resulted in 77,973 additional rides for Mainers and a total of 8.6 million miles traveled, reducing barriers for rural and low-income patients, and supporting access to care.
- [Any lodging specific data re: night stays?]

Patient Navigation

- To help increase Maine patients' access to cancer care, Maine Cancer Foundation awarded 27 patient navigation grants totaling \$4,113,753.
- This has resulted in 21,473 patients being newly identified for screening, 5,442 additional referrals for diagnostic follow-ups, and over 1,000 individuals connected to cancer care resources, reducing time to follow-up and improving screening rates.

HPV Vaccination

- Maine Cancer Foundation has awarded 6 HPV vaccination grants totaling \$887,773.
- This has resulted in 698 additional HPV vaccinations, roughly 13% of the eligible population, with improved provider education and EHR tracking.

Tobacco Prevention and Treatment

- Maine Cancer Foundation has awarded 40 tobacco grants totaling \$3,310,251.
- This has resulted in over 36,334 individuals receiving tobacco prevention education, in addition to over 10,493 individuals who were referred to tobacco cessation services, resulting in 619 confirmed quits or persons reducing their tobacco use.
- In partnership with the Maine Centers for Disease Control and Prevention and Rinck Advertising, Maine Cancer Foundation invested \$750,000 over three years to a statewide youth tobacco media campaign.
 - Maine youth were provided education around tobacco company marketing tactics, the dangers and effects of tobacco use, and empowered youth to reject the manipulative tactics used by the tobacco companies.
 - Nearly half of teens reporting seeing a "You Are the Target" campaign ad or video. 25% of youth/young adult tobacco users quit or thought about quitting as a result of the campaign.

Sun Safety

- Maine Cancer Foundation has awarded 9 sun safety grants totaling \$473,193.
- This has resulted in 6,724 individuals receiving education on sun safety, the installation of 306 sunscreen dispensers, and 305,000 individuals receiving at least one application of sunscreen at a cost of \$1.34 per person.

Environmental Factors that Impact Cancer

- Three grants targeting education and testing for environmental carcinogens, including radon and arsenic, were awarded in 2024 totaling \$122,320.
- This has resulted in educational sessions reaching over 250 individuals, providing information and navigation to specific resources to high-risk and underserved communities and schools, as well as advocacy with policymakers to expand testing and mitigation resources.

General Operating Support

- Maine Cancer Foundation has awarded 11 general operating support grants totaling \$380,000.
- General operations funding has increased organizational capacity, allowed for restructuring and greater focus on programs, and has enabled grantees to generate additional funds through grants and fundraising.

Cancer Research

- Maine Cancer Foundation has awarded 4 research grants totaling \$1,050,784.
- This funded no-cost fluid and tissue access for researchers, a successful PCRI shared decision-making program for lung screening, a telemedicine program, ongoing EHR database consolidation, and a breast cancer diagnostic trial.

Hospice General Operating Support

- In partnership with the John T. Gorman Foundation, Maine Cancer Foundation has awarded 12 hospice general operations grants totaling \$108,819.
- Hospice grantees expanded their services to more clients, increased marketing and education efforts, hired and trained more volunteers, and developed self-sustaining funding streams for end-of-life care.

Genetic Screening

- One genetic screening grant has been awarded totaling \$199,891.
- To date, more than 90% of Maine medical oncologists have enrolled in the initiative from all Maine cancer practices.

1. Cancer Screening

1A. Colorectal Cancer Screening

Background

Colorectal cancer (CRC) is one of the most commonly diagnosed cancers in Maine. The age-adjusted CRC rate of 36.5 per 100,000 population makes it the fourth most diagnosed cancer in Maine.¹ It is also the third most likely cause of cancer death in the state, resulting in over 240 deaths per year. Maine's CRC rate is similar to that of the U.S. (36.7), and it is cancer that impacts males at a slightly higher rate than females.¹

Studies have shown that colorectal cancer screening reduces mortality by preventing and detecting the disease early, thus increasing the likelihood of survival.² Regular CRC screening can help to identify and treat colorectal polyps before they have the chance to become cancerous. Screening can also find colorectal cancer early when it's small and easier to treat.²

The U.S. Preventative Services Task Force recommends screening for colorectal cancer starting at age 45 and continuing until age 75.³ People at increased or high risk of colorectal cancer might need to start colorectal cancer screening earlier, be screened more often, and/or get specific tests. For complete information about colorectal cancer screenings, please visit the U.S. Preventative Services Task Force.

Maine Cancer Foundation has awarded 28 colorectal cancer screening grants totaling \$1,958,102.

This has resulted in 18,470 additional CRC screenings, resulting in 3,181 life years saved and 220 fewer cancer deaths.

Summary of MCF Grants

Since 2015, Maine Cancer Foundation has made significant investments in organizations around Maine with the goal of improving colorectal cancer screening rates. These organizations have implemented evidenced-based interventions, such as Electronic Health Record (EHR) systems that track and coordinate provider and patient screening reminders, that have been shown to increase CRC screening rates⁴. Many of these projects also included evidence-based components to provide education, increase awareness, and increase access for individuals who have difficulty obtaining care^{4,5}.

From 2015-2024, Maine Cancer Foundation has awarded \$1,958,102 through 28 colorectal cancer screening grants to 23 organizations, including:

Organization	Project Title	Year Issued	Amount	Category	Grantee Location	
LincolnHealth	Strategy for Identification and Screening of Unscreened Patients at LincolnHealth (LH)	2016	\$29,235	CRC Screening	Damariscotta	ME
MaineGeneral Medical Center	Expansion of the Role of Community Health	2016	\$29,937	CRC Screening	Augusta	ME

Organization	Project Title	Year Issued	Amount	Category	Grantee Location	
	Workers to Increase Colon Cancer Screening Rates					
MaineHealth - Maine Medical Center	Building Capacity at MaineHealth to Enhance Colorectal Cancer Screening	2016	\$28,863	CRC Screening	Portland	ME
Mid Coast Hospital	Developing Systems to Increase Colorectal Screening Rates through Patient Identification	2016	\$29,848	CRC Screening	Brunswick	ME
Mount Desert Island Hospital	A Novel System to Increase Colorectal Screenings and Ensure Compliance in a Targeted Subset of Patients at Mount Desert Island Hospital	2016	\$7,481	CRC Screening	Bar Harbor	ME
Penobscot Community Health Care	Provider Reminder and Recall System for Colorectal Cancer Screening	2016	\$30,000	CRC Screening	Bangor	ME
City of Portland, Minority Health Program	Colorectal Cancer Screening for Vulnerable Populations	2017	\$100,000	CRC Screening	Portland	ME
Healthy Community Coalition of Greater Franklin County	One-by-One-Colorectal Cancer Screening and Navigation	2017	\$99,832	CRC Screening	Farmington	ME
MaineGeneral Medical Center	80% Colon Cancer Screening Project	2017	\$99,627	CRC Screening	Augusta	ME
Penobscot Community Health Care	Expanding Systems to Increase Colorectal Cancer Screening through Patient Outreach and Recall	2017	\$100,000	CRC Screening	Bangor	ME
Waldo County General Hospital	Waldo Screen to Save	2017	\$44,566	CRC Screening	Belfast	ME
Cary Medical Center	Screen Aroostook	2018	\$98,516	CRC Screening	Biddeford	ME
Healthy Androscoggin /	Colon Health Rx: A Unique Approach to Cancer	2018	\$93,051	CRC Screening	Lewiston	ME

Organization	Project Title	Year Issued	Amount	Category	Grantee Location	
Central Maine Community Health	Screening in Lewiston's Immigrant Community					
Pen Bay Medical Center	Pen Bay Medical Center: Screen to Save - Knox County	2018	\$32,055	CRC Screening	Rockport	ME
Penobscot Community Health Center	Improving Colorectal Screening Rates via Use of a Medical Support Assistant	2018	\$100,000	CRC Screening	Bangor	ME
Sebasticook Valley Health	An Outreach, education, and Navigation Program to Increase Colorectal Cancer Screenings for Eligible Adults in the Sebasticook Valley Region	2018	\$85,791	CRC Screening	Pittsfield	ME
Harrington Family Health Center	Increase Colorectal Screening through the reduction in FIT Test Barriers and Increased Community Education	2019	\$100,000	CRC Screening	Harrington	ME
Healthy Acadia	Downeast Colorectal Cancer Screening Initiative	2019	\$100,000	CRC Screening	Ellsworth	ME
Maine Access Immigrant Network	Colorectal Cancer Prevention and Screening Outreach and Education in MAIN's Communities	2019	\$45,906	CRC Screening	Portland	ME
MaineGeneral Medical Center	Mobilizing CHWs to increase access for high-risk patients due for surveillance colonoscopy screening	2019	\$96,629	CRC Screening	Augusta	ME
Penobscot Community Health Center	Improving Colorectal Screening Rates via Community Support Workers -- A Pilot Project	2019	\$100,000	CRC Screening	Bangor	ME
Islands Community Medical Services	Increasing Cancer Screenings at ICMS	2020	\$100,000	CRC Screening	Vinalhaven	ME
MaineHealth dba Maine Medical Center	Cancer Genetic ECHO: Extending Genetic Services to Maine's Colorectal Cancer Patients	2020	\$89,055	CRC Screening	Portland	ME

Organization	Project Title	Year Issued	Amount	Category	Grantee Location	
	and their At-Risk Family Members					
Northern Light A.R. Gould Hospital	Removing Stigma and Barriers: Increasing Colorectal Screenings in Aroostook County	2020	\$70,710	CRC Screening	Presque Isle	ME
Maine Primary Care Association	Colorectal Cancer Screening Project	2021	\$20,000	CRC Screening	Augusta	ME
St. Joseph Hospital - Community Care Partnership of Maine	Pre-Visit Planning: Colorectal Cancer Screening	2023	\$80,000	CRC Screening	Bangor	ME
Healthy Community Coalition/Maine Health (Farmington)	Franklin County Cancer Screening - CRC: Addressing Screening Barriers with Community Health Works	2024	\$67,000	Cancer Screening - CRC	Farmington	ME
Penobscot Community Health Center, Inc. (PCHC)	Improving Colorectal Cancer Screening in Primary Care	2024	\$80,000	Cancer Screening - CRC	Bangor	ME

Grant Results

The CRC grants provided by MCF from 2015-2024 resulted in many positive outcomes for grantees, Maine's communities, and those experiencing colorectal cancer in Maine. A summary of some of these outcomes is provided below.

- Grant funding resulted in 237 new or expanded partnerships with outside organizations.
- 96% of grants developed materials that were distributed to raise awareness of colorectal cancer.
- 68% utilized patient outreach and media advertising events.
- 83% of projects involved modification of CRC screening policies or protocols, and 85% provided reminders for appointment screenings and scheduling.
- 89% of grantees included components to increase patient access (i.e., provide transportation).
- 41,360 new patients who had never received CRC screening were identified for screening.
- 24 grantees saw an improvement in their CRC screening rates comparing the start of the grant period to the end. Screening rates improved from a baseline average of 60% to 69%.
- A total of 104 new staff members across 15 organizations were hired as a result of the grants.
- 96% of grants resulted in staff receiving additional training related to colorectal cancer screening, with 736 staff members receiving training in total.
- Grantees activities resulted in 18,470 additional CRC screenings among individuals 50-70 years old.

In addition, grant activities often focused on specific high-risk populations, including those without health insurance, and those lacking transportation to reach their provider.

Impact of MCF Grants

The effectiveness of CRC screening on reductions in mortality and the cost-effectiveness of screening have been well documented in clinical studies, starting in 1993 when the efficacy of CRC screening with guaiac FOBT was demonstrated.⁶ From 1993 to 2009, a total of 55 studies were published examining 32 unique cost-effectiveness models. All studies found that colorectal cancer screening was cost-effective or even cost-saving compared with no screening.⁶

Using estimates derived from modeling conducted by the Cancer Intervention and Surveillance Modeling Network (CISNET), the U.S. Preventive Services Task Force provides estimated number of life-years gained, colorectal cancer deaths averted, lifetime colonoscopies required, and resulting complications per 1,000 screened adults aged 50 to 75 years for each of the screening strategies³. According to these estimates:

- The number of life-years gained per 1,000 individuals screened ranges from a low of 264 to a high of 310, depending on the type of screening tests performed.
- The number of colorectal cancer deaths averted per 1,000 individuals screened ranges from a low of 23 to a high of 27.

These ranges are based on the use of 5 different types of screening tests recommended by the US Preventative Services Task Force. These tests are stool-based tests with high sensitivity, colonoscopy, computed tomography (CT) colonography, and flexible sigmoidoscopy.³ Currently, none of these testing strategies is recommended over the others.³ These strategies each have their own harms, benefits, and costs. Selecting a screening strategy might be subject to personal preferences or individual risk and should be discussed by an individual patient and their physician. Ultimately, as specified by the U.S. Preventive Services Task Force, the best CRC screening test is the one that gets done.⁷

Methods for calculating life-years saved and cost-effectiveness

This analysis focused primarily on life-years saved and deaths averted due to the interventions and the cost per life-year. The basis for the analysis is the number of additional screenings that occurred because of the intervention. This was calculated using the reported increase in CRC screening rates and projecting each reported rate increase on the reported patient populations eligible for screening for each grantee. This yielded a subset of the total screenings conducted by each grantee which can be attributed to the increase in screening rates achieved using grant funding.

The additional screenings were adjusted to a 60% compliance rate to reflect the national average for screening compliance as not all individuals will maintain a screening regimen during the recommended ages of 50-75³. Estimates in Table 1 are averaged across the grantees who provided data for this evaluation. High and low estimates are provided to illustrate the range of potential benefits and are based on estimates of life-years saved per 1,000 individuals screened provided by the U.S. Preventive Services Task Force.

Table 1: Outcomes for MCF Colorectal Cancer Screening Grants

Total CRC Screenings Provided	Adjusted Screenings with Compliance Rate*	Number of Life-Years Saved*			Number of Cancer Deaths Averted*		
		Low	Mid	High	Low	Mid	High
18,470	11,082	2,926	3,181	3,435	203	220	238

* Based on CISNET estimates and a 60% compliance rate for anticipated screenings

Table 2: Cost-Effectiveness of MCF Colorectal Cancer Screening Grants

Total CRC Screenings Provided	Adjusted Screenings with Compliance Rate*	Grant \$ Per Life-Year Saved*			Grant \$ Per Cancer Death Averted*		
		Low	Mid	High	Low	Mid	High
18,470	11,082	\$429	\$394	\$365	\$6,182	\$5,687	\$5,266

* Based on CISNET estimates and a 60% compliance rate for anticipated screenings

Results

Assuming an estimated 60% compliance rate, **an additional 11,082 individuals are expected to continue a recommended CRC screening protocol as a result of the grants issued through 2024, resulting in an estimated 220 cancer deaths averted.** In terms of life years saved, this translates to between 2,926 and 3,435 years. The cost per life year saved in dollars ranges from \$365 to \$429.

Discussion

Maine Cancer Foundation colorectal cancer grants have shown to be highly effective at increasing CRC screening rates, which will, in turn, save the lives of many Mainers. In addition to the many operational and procedural improvements that were made as a result of the grants, grantees reported identifying 41,360 new patients for screening, resulting in 18,470 additional CRC screenings for these patients. A considerable number of lives are being saved compared to the number of screenings being performed and the relatively low cost of a CRC screening. At a cost of \$365 to \$429 grant dollars per life-year saved, the intervention is extremely cost-effective.

Based on the results of the analysis and the estimates it produced, the colorectal cancer grantees are making significant progress towards reducing the rates of colorectal cancer incidence and mortality in Maine. However, the results of this analysis do have some limitations. While MDR has taken many efforts to ensure the validity of the data and results, the calculations are based off data provided by grantees, which may be inconsistently reported or not reported at all. Life-years saved and cancer deaths averted are calculated based on estimates for the U.S. developed by the U.S. Preventive Services Task Force. There may be confounders specific to the state that might make the estimates less accurate for Maine specifically and less representative of what will happen over time.

Also, note that the cost and number of life-years saved is an estimate of the impact the entire pool of CRC grant money had on the reported population of eligible patients. Individual grants may have overperformed or underperformed compared to this estimate. To illustrate this, the estimated low cost per life-year ranged from \$90 to \$9,072 by the grantee. Despite the variability, the data strongly suggest that CRC grants are having a significant positive impact both individually and overall.

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1B. Lung Cancer Screening

Background

Lung cancer is the leading cause of cancer death in Maine for both men and women, with an age-adjusted mortality rate of 35.7 per 100,000.¹ The incidence of lung cancer in Maine (60.1 per 100,000) is significantly higher than the national average (49.4). Lung cancer is causally linked to several environmental factors including smoking, secondhand smoke, and radon exposure.² These causes are very common in Maine, particularly tobacco use and radon. Among Maine adults, 15.6% are current smokers.³ This is higher than the national rate of 14.4%.³ According to the American Lung Association, radon exposure is the second-leading cause after smoking.⁴ One in three Maine homes tested was found to be above the recommended radon level.

Maine Cancer Foundation has awarded **13 lung cancer grants** totaling **\$1,079,730**.

This has helped Maine Lung Cancer Coalition develop a statewide initiative that has resulted in **4,314** referrals for services and screening and **15,277** low-dose CT scans.

Currently, lung cancer screening by low-dose CT (LDCT) scan is recommended for adults aged 50-80 years old who have a history of smoking at least 20 packs a year who currently smoke or quit within the last 15 years.⁵

Summary of MCF Grants

Since 2015, Maine Cancer Foundation has made a significant investment in Maine with the goal of reducing lung cancer incidence and mortality. In 2016, MCF awarded a lung cancer grant to [Maine Lung Cancer Coalition](#). This grant totaled \$400,000. The MLCC is implementing a multi-pronged set of interventions directed at two specific aims:

- Engaging and educating the general public, patients, health care providers, health care payers, and policymakers about evidence-based lung cancer prevention and screening practices and;
- Developing, implementing, and disseminating innovative strategies to increase access to evidence-based lung cancer prevention and screening services to the entire Maine population, focusing on high-risk individuals in rural, underserved areas of the state.

Additional lung cancer grants were awarded in 2018, 2021, and 2022 with the goal of increasing lung cancer screening and prevention efforts in the state. These organizations have focused on activities including developing new lung cancer screening guidelines, disseminating educational materials related to smoking cessation services, and implementing interventions to address barriers in access to care, including through targeting underserved and low-income regions of Maine.

Maine Cancer Foundation has awarded \$1,079,730 dollars through 13 lung cancer screening grants, including:

Organization	Project Title	Year Issued	Amount	Category	Grantee Location	
Maine Medical Center Research Institute	Integrating personalized risk information in Low-Dose CT (LDCT) screening for lung cancer	2015	\$100,000	Lung Cancer Screening	Scarborough	ME
Maine Medical Center	Maine Lung Cancer Coalition	2016	\$400,000	Lung Cancer Screening	Scarborough	ME
Maine Medical Center	Maine Primary Care Provider Lung Cancer Screening Survey	2018	\$3,674	Lung Cancer Screening	Scarborough	ME
Healthy Acadia	Downeast Cancer Screening Initiative	2021	\$40,000	Lung Cancer Screening	Ellsworth	ME
MaineHealth - Medical Center	Dissemination and Implementation of New Lung Cancer Screening Guidelines	2021	\$39,979	Lung Cancer Screening	Portland	ME
Cary Medical Center	Screen Aroostook for Lung Cancer	2021	\$40,000	Lung Cancer Screening	Caribou	ME
MaineHealth - Coastal Healthcare Alliance	Coastal Healthcare Alliance Comprehensive Lung Cancer Screening Program	2021	\$39,650	Lung Cancer Screening	Rockport	ME
St. Joseph Hospital - Community Care Partnership of Maine	Lung Cancer Prevention and Early Detection Project	2021	\$39,946	Lung Cancer Screening	Bangor	ME
MaineHealth - Maine Medical Center	Maine Lung Cancer Coalition - 2nd Generation	2021	\$99,961	Lung Cancer Screening	Portland	ME
MaineHealth - Healthy Community Coalition	Reducing Barriers to Lung Cancer Screening in Franklin County	2022	\$99,824	Lung Cancer Screening	Portland	ME
MaineHealth - Maine Medical Center	Improving Lung Cancer Mortality Through Increased Screening Capacity at MMC Cancer Institute	2022	\$96,823	Lung Cancer Screening	Portland	ME

Maine Lung Cancer Coalition	Maine Lung Cancer Coalition	2023	\$49,873	Cancer Screening - Lung	Portland	ME
Snell Foundation	Low-to-No-Cost Mobile Lung CT Screenings	2024	\$30,000	Cancer Screening - Lung	Scarborough	ME

Grant Results

MCF lung cancer grantees detailed a number of significant accomplishments with data to support their efforts. Among them include the following:

- Development of and launch of a new educational and informational website: <https://mainelungcancercoalition.org>
- 169 new partnerships have been formed between grantees and other organizations.
- 346 outreach events have been conducted. Members of the MLCC have delivered presentations both in community and academic settings.
- Two learning modules were designed to educate providers about integrating tobacco treatment along the continuum of lung cancer screening.
- 8 projects involve one-on-one or group educational sessions, with 1,603 individuals participating in these sessions
- 198 staff received training and 14 new staff members have been hired.
- Provider education has been provided through webinars and learning communities. The MLCC has also engaged hospitals currently implementing or considering LDCT (low dose computed tomography) screening programs.
- At least 5 projects updated lung cancer screening policies or protocols.
- 15,201 individuals were newly identified for lung cancer screening as a result of grantee activities.
- 4,314 patients were provided with referrals to tobacco cessation programs or services.
- 15,277 low-dose CT (LDCT) scans were performed.
- An estimated 306 new cases of lung cancer have been identified as a result of LDCT screenings from MCF funding.

Maine Lung Cancer Coalition

The grant provided to the Maine Lung Cancer Coalition resulted in many achievements benefitting patients and met or exceeded the expectations they outlined at the start of the grant. Year one was spent building relationships and infrastructure and following years have focused on these partnerships working together to execute the MLCC's goals and deliverables. MLCC has been successful in forming relationships, building new partnerships, disseminating findings, and growing its membership and capacity.

The development and growth of the Lung Cancer Screening Learning Community exceeded expectations. The Learning Community has allowed MLCC to engage a wide range of providers who are leading or interested in establishing LDCT programs. The AEC has been successful in building data sets, preparing publications, and presenting findings nationally over a short period of time.

According to MaineHealth's 2018 annual report, the MLCC is also engaging in health policy advocacy. It has been working with its partners to build capacity to collect and track patient screening and lung cancer diagnoses. As of 2018, 18 screening sites had been established across the state. These sites can provide LDCT scans to detect lung cancer at an early stage.

Screenings

The grants awarded to organizations have resulted in 15,277 additional LDCT scans performed among at risk individuals. **It is estimated that these screening regimens prevented an estimated 91 cancer deaths and resulted in 1,285 life years gained.**

Methods for calculating life-years saved and cost-effectiveness

Studies have found that low dose computed tomography (LDCT) is an effective method of detecting lung cancer and reducing associated mortality. When screening adherence is high (over 90%) lung cancer mortality is reduced by at least 20%.⁵ However, adherence to the yearly screening schedule is currently low. According to the 2024 National Health Interview Survey, an estimated 12.76 million U.S. adults were eligible for lung cancer screening according to the US Preventative Services Task Force (USPSTF) eligibility criteria, but only 18.7% of eligible adults reported being up to date with lung cancer screening. According to study, getting screened according to published guidelines yields the following outcomes:

- A reduction in lung cancer mortality by about 20% among high-risk individuals.
- If every eligible person in the U.S. received annual lung cancer screening as recommended by the USPSTF, an estimated 62,110 lung cancer deaths would be prevented and 872,270 life years saved over 5 years.

Overall, MCF grants have resulted in an additional 15,277 LDCT scans being provided to patients. Receiving even one screening has significant potential to improve health outcomes by catching lung cancer cases as early as possible, as shown by one grantee who provided data on 2,438 screenings resulting in the diagnosis of 31 new lung cancer cases. This is significantly higher than the average amount of cases predicted to be detected per screening when the population is adhering to yearly LDCT screening, indicating that these grants are increasing screening among an at-risk population that needs increased resources, access, outreach, and education.

Using estimates from the USPSTF and 2024 National Health Interview Survey, the long-term outcomes of grant activities are predicted below:

Table 3: Outcomes for MCF Lung Cancer Screening Grants

Number of Screenings Provided	Deaths Averted Per Screening	Estimated Number of Cancer Deaths Averted*	Number of Life-Years Saved Per Screening	Estimated Number of Life-Years Saved*
15,277	0.006	91	0.084	1,285

* Calculated from 2024 National Health Interview Survey data and models developed by researchers at the American Cancer Society.⁷

Table 4: Outcomes for MCF Lung Cancer Screening Grants

Grant \$ per Screening	Grant \$ per Death Averted	Grant \$ per Life Year Saved
\$50.60	\$8,452	\$602

Impact of MCF Grants

The Maine Lung Cancer grants achieved many significant milestones and continues to grow on these achievements. These grants have accomplished significantly more in terms of building infrastructure and capacity than similarly funded projects in other grant categories. As a result of these efforts, thousands of patients have been referred for screening and to tobacco cessation programs or services and at least 15,277 LDCT scans were performed on Maine patients.

Due to these screening efforts, an estimated **91 lung cancer deaths have been prevented** resulting in **1,285 life years gained**. Note that this is a general estimate that does not account for the eligibility or demographic profile of those individuals receiving screening. Nonetheless, the organizational infrastructure building efforts, expansion of access, and community education efforts that have resulted from this grant have the potential to increase the overall screening and adherence rate now and in the future, resulting in greater benefit to these communities.

There are likely to be additional outcomes from MCF’s lung cancer grants not summarized in this report, as four grantees did not yet have data on the number of screenings provided or the change in screening rate.

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1C. Breast Cancer Screening

Background

Among women, breast cancer is the leading cause of cancer mortality and the second most common type of cancer after skin cancer.¹ If breast cancer continues to occur in the U.S. at the current rate, 1 in 8 women born now will develop breast cancer at some point in their life, and 2.6% will die from it.³ Most breast cancers are invasive, and commonly metastasize to the lymph nodes, lung, liver, and bone.⁴ In Maine, the breast cancer incidence rate is estimated to be 134.3 per 100,000, compared to the US rate of 132.9 per 100,000.⁵ The Maine mortality rate for breast cancer is estimated to be 17.5 per 100,000, compared to the national rate of 18.9 per 100,000.⁵

Maine Cancer Foundation has awarded **6 breast cancer screening grants** totaling **\$440,000**.

This has resulted in **8,328 additional screenings** to date.

The U.S. Preventative Services Task Force recommends that women receive mammograms every other year from age 40-74.³ Having a family or personal history of breast cancer, genetic predisposition, dense breast tissue, or prior exposure to radiation all increase the risk of breast cancer.⁴ Women with these risk factors are recommended to receive earlier or more frequent screening.⁴ Breast cancer mortality has decreased over the past two decades, however, disparities in outcomes persist. Despite screening from breast cancer at similar or higher rates than other demographic groups, Black women are more likely to be diagnosed with advanced stage breast cancer and 40% more likely to die from breast cancer.⁴

Summary of MCF Grants

Since 2021, Maine Cancer Foundation has awarded 6 grants focusing on breast cancer screening totaling \$440,000 to the following organizations:

Organization	Project Title	Year Issued	Amount	Category	Grantee Location	
Northern Light Sebasticook Valley Hospital	An Outreach, Education, and Navigation Program to Increase Breast Cancer Screening Rates at Northern Light Sebasticook Valley Hospital	2023	\$80,000	Cancer Screening - Breast	Pittsfield	ME
Penobscot Community Health Center	Improving Breast Cancer Screening in Primary Care	2023	\$80,000	Cancer Screening - Breast	Bangor	ME
Northern Light Eastern Maine Medical Center	Increasing Breast Cancer Screening and reducing barriers	2021	\$40,000	Cancer Screening - Breast	Bangor	ME

	through the Caring Connections program with the Bangor Region YMCA					
Northern Light CA Dean	Piscataquis County Mobile Mammography Project	2023	\$80,000	Cancer Screening - Breast	Greenville	ME
Northern Light Eastern Maine Medical Center	Culture of Caring: Reducing Barriers to Breast Cancer Screenings - SDOH, Gender Identity and Trauma	2024	\$80,000	Cancer Screening - Breast	Bangor	ME
Sacopee Valley Health Center - Community Care Partnership of Maine	Women's Preventative Health: Breast Cancer Screening	2024	\$80,000	Cancer Screening - Breast	Porter	ME

These grants focus on improving screening rates for breast cancer, leading to earlier identification, less severe disease, and higher survivorship rates. Grantees have implemented social media outreach, developed outreach materials, held educational events, and trained staff. Practices have reduced barriers to access by providing transportation support and childcare, streamlining scheduling processes, and addressing cost barriers.

Grant Results

The four breast cancer screening grants awarded by MCF from 2021 to 2024 have allowed grantees to expand service offerings and increase resources dedicated to breast cancer screenings. A summary of grant outcomes is provided below.

- A total of 17,312 women were reached as a result of MCF breast cancer grants, 8,328 of whom received screenings (6,828 by mammogram).
- All five grants involved the development and distribution of educational materials, and at least 4 utilized social media outreach.
- A total of 89 current staff members received additional training across all 5 grantees, and 2 grantees reported that they hired additional staff.
- 3 grants involved newly identifying at-risk patients for screening, with 1,709 total at-risk patients identified.
- Among the 4 grants that provided scheduling assistance or appointment reminders, 8,847 patients received increased outreach.
- All 4 grants with available data saw an increase in screening rate, resulting in a cumulative increase of 12% across the population served.
- The breast cancer screenings funded by MCF grants are estimated to have saved at least 5 to 13 lives.

Impact of MCF Grants

Breast cancer screening has been recommended for women in some form for decades. Mammograms have been recommended for women since 1976. Currently, the U.S. Preventative Services Task Force recommends that women at average risk of developing breast cancer receive mammograms every other year from age 40-74.³

Currently, more research is needed comparing the mortality outcomes and potential harms associated with different screening modalities, namely digital breast tomosynthesis (DBT) vs digital mammography.⁶ There is also ongoing research to determine if providing supplemental MRIs to people classified as having dense breasts could increase the number of breast cancer cases identified and treated at early stages. Initial findings have suggested that there are higher cancer detection rates with supplemental MRIs but have also found substantially higher rate of false positives.

The U.S. Preventive Services Task Force provides estimates of the number of cancer deaths averted per 10,000 women screened by mammography over a 10-year period.

- Among women at average risk of breast cancer, ages 50-59, there are 8 fewer breast cancer deaths per 10,000 women receiving screenings over a 10-year period.
- Among women ages 60-69, there are 21 fewer breast cancer deaths.

Methods for calculating life-years saved and cost-effectiveness

Both the data provided by grantees and the U.S. Preventive Services Task Force estimates of screening mortality outcomes were used to estimate the number of breast cancer deaths averted due to screening as a result of MCF grants. Grantees directly reported the number of screenings conducted due to the grant. Given that the number of deaths averted will vary due to the age at which screening begins, we have provided a low estimate, that assumes all patients are aged 50-59; a high estimate, that assumes all patients are aged 60-69; and a mid-range estimate, that assumes half of patients are aged 50-59 and half are aged 60-69. These methods are based on the previous USPSTF guidelines.

The additional screenings were adjusted to a 76% adherence rate to match national adherence rates as not all individuals will maintain the recommended screening regimen.⁷

Table 5: Outcomes of MCF Breast Cancer Screening Grants

Total Number of Screenings	Estimated # Adhering to Screening Regimen	Estimated Number of Cancer Deaths Averted		
		Low (Ages 50-59)	Mid-Range	High (Ages 60-69)
8,328	6,329	5	10	13

Table 6: Outcomes of MCF Breast Cancer Screening Grants

Mammograms	Other Screenings	Grant \$ per Screening
6,828	1,500	\$43.23

Results

Across the population of 35,604 individuals served through MCF breast cancer grants that have reportable data, 6,828 patients received mammograms and another 1,500 received another type of breast cancer screening. If 76% of these patients continue to receive breast cancer screenings over the next 10 years, an estimated 5-13 breast cancer deaths will be averted from this initial group of patients.

The grants with reportable data on the number of screenings provided received a total of \$360,000 in grant funds. Grantees provided 6,828 mammograms and 1,500 screenings by other methods for a total of 8,328 screenings, resulting in an additional screening for every \$43.23 in grant dollars provided by MCF.

Discussion

Results show that MCF grants increased the number of breast cancer screenings provided to women in Maine and the screening rates among the targeted population, raising the screening rate of the entire targeted population by 12% overall. The breast cancer screening regimens as a result of these grant funds are estimated to help avert between 5-13 breast cancer deaths.

The full impact of the mammograms provided by these grants is likely higher. The U.S. Preventive Services Task Force mortality estimates are based off the assumption that all women screened fall into “average risk” categories. These estimates do not account for the inclusion of patients in higher risk categories due to chance or due to the higher likelihood that clinicians might refer them to screening.

Beyond these outcomes related to screening, grantees used grant money to build lasting organizational capacity. They hired new staff, trained existing staff, developed informational materials, held educational events, and increased community outreach.

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1D. Skin Cancer Screening

Background

Skin cancer is exceedingly common in the U.S. and worldwide and are estimated to cost nearly \$75 billion per year in the US alone.¹ Both malignant and non-malignant skin cancers are caused by chronic and acute exposure to solar UV radiation.² Prevention includes staying indoors during times of day with high UV radiation or utilizing sun protection barriers such as sunscreen or clothing. In Maine, the melanoma incidence rate is estimated to be 27.1 per 100,000, compared to the US rate of 23.8 per 100,000.³ Maine's incidence is approximately 545 new cases of melanoma per year.³ While the melanoma mortality rate decreasing in the country overall, Maine's melanoma mortality rate is increasing.⁴

Maine Cancer Foundation has awarded 1 skin cancer screening grant totaling \$80,000.

This has resulted in 49 additional skin cancer screenings so far.

While progress has been made treating and detecting melanoma in recent years, disparities persist in rural communities.⁵ Generally, rural patient health outcomes are negatively impacted by limited healthcare infrastructure, socioeconomic inequality, distance barriers, and lower access to specialized care. Studies have found that lower-income patients are more likely to initially develop melanoma, due to lack of access to resources and knowledge about prevention.⁵ Among rural patients, the prevalence of melanoma is 2.6 times higher than urban populations.⁵ There is also a direct positive correlation between thickness of melanoma and distance from care.⁵ Given the increased melanoma risk and unique systematic barriers to treatment faced by rural patients, reducing disparities in melanoma outcomes for rural populations requires increasing education and access through a highly tailored, systematic approach.

Skin cancer screening through total body skin examination is noninvasive, safe, and "possibly the most cost-effective screening test in medicine".⁶ Despite this, only 8% of patients who saw a primary care provider in the last year received a total body skin examination.⁶ In Maine, a recent study of a rural health system found that rural patients in areas with low appointment availability are more likely to receive their melanoma diagnoses in primary care offices, as opposed to dermatology offices.³ Older patients and non-working patients were particularly likely to struggle to be evaluated when care may be available but would require travelling a large distance. The study concluded that in Maine, primary care provider accuracy when diagnosing melanoma or providing referrals was essential for improving rural patient outcomes.³

Summary of MCF Grants

In 2023, MCF awarded their first grant focused on increasing access to skin cancer screenings.

Organization	Project Title	Year Issued	Amount	Category	Grantee Location	
Maine Medical Center -	Enhanced Melanoma Screening in Rural Primary Care	2023	\$80,000	Skin Cancer Grantee	Portland	ME

Grant Results

A summary of the results of this grant since it was awarded in 2023 is available below:

- The grant resulted in 2 additional partnerships between the grantee and outside organizations.
- The grant helped develop and distribute educational materials and allowed 19 rural primary care providers to participate in educational sessions.
- The grant included both training existing staff and hiring new staff.
- The grant focused on increasing skin cancer screening in primary care offices for rural patients without access to a dermatologist.
- The project involved newly identifying at-risk patients for skin cancer screening.
- As of data collection, 49 patients were screened through visual examination.

Results

This grant provided \$80,000 to increase melanoma screening in rural primary care by training care providers to provide dermoscopy and biopsy within primary care offices.⁷ This grant focused on four rural counties in Maine, identified as having the highest prevalence of melanoma and insufficient resources.

The results of this grant are difficult to evaluate quantitatively at this stage in the process, given that the data provided on the number of screenings appears to be in an early collection stage. Additionally, many portions of this grant - namely increased education, outreach, and provider education - will target the higher prevalence of melanoma among rural populations through increasing prevention awareness in areas where it is less available. The results of these prevention interventions will likely be seen in future years.

Discussion

Prior research has identified that rural communities face unique risks from melanoma. Melanoma is 2.6 times more prevalent in rural communities, and rural patients experience unique barriers to care that make it more difficult to access prevention education, timely detection, and treatment. In Maine, studies have found these barriers increase the importance of primary care offices as sites of melanoma detection, particularly for older and non-working patients.

This grant addresses the challenges unique to rural Maine communities by increasing the capacity of primary care providers to identify and biopsy melanoma in primary care offices. This allows patients to receive a diagnosis without making additional trips to see a specialist, who might have limited availability or be further away than their primary care office. This grant also increased outreach and education for rural populations, addressing a key factor theorized to contribute to higher melanoma prevalence for rural patients.

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1E. Cervical Cancer Screening

Background

According to the National Institutes of Health, almost all cervical cancer cases are caused by HPV infection.¹ Over time, abnormal, pre-cancerous cells can form. If not detected and removed, they can progress into cervical cancer. Cervical cancer is highly preventable and treatable with HPV vaccination and regular screening to detect high-risk HPV infections and abnormal cells.¹ Most cervical cancer deaths occur in women who have not been screened according to recommendations.²

In Maine, the cervical cancer incidence rate is estimated to be 6.3 per 100,000.³ Maine's incidence is approximately 47 new cases of cervical cancer per year.³ The Maine mortality rate for cervical cancer is estimated to be 1.6 per 100,000.³

The US Preventative Services Task Force currently recommends that women aged 21-29 are screened for cervical cancer every 3 years by cytology. For women aged 30-65, continuing to test by cytology every 3 years is recommended, as well as screening every 5 years by high-risk HPV testing alone or co-testing.²

Maine Cancer Foundation has awarded **4 cervical cancer screening grants** totaling **\$138,436**.

This has resulted in **178 additional colposcopies**, resulting in an estimated **58.7 life-years gained**.

Summary of MCF Grants

From 2022-2024, MCF awarded 4 grants focused on increasing access to cervical cancer screening, totaling \$138,436.

Organization	Project Title	Year Issued	Amount	Category	Grantee Location	
Maine Family Planning	Request to support cervical cancer screening	2022	\$28,436	Cervical Cancer Grantee	Lewiston	ME
Penobscot Community Health Center	Improving Cervical Cancer Screening in Primary Care	2022	\$100,000	Cervical Cancer Grantee	Bangor	ME
Maine Family Planning	Increasing Access to Cervical Cancer Screenings for Rural and Uninsured/Underinsured Patients	2024	\$5000	Cancer Screening - Cervical	Lewiston	ME
Sacopee Valley Health Center - Community Care Partnership of Maine	Women's Preventative Health: Cervical Cancer Education	2024	\$5,000	Cancer Screening - Cervical	Porter	ME

Grant Results

The cervical cancer screening grants provided by MCF have resulted in several positive outcomes for the targeted populations. A summary of some of these outcomes is provided below.

- The grants provided further training for 4 staff members.
- One grant increased the number of providers that could perform colposcopies, allowing patients to be screened at a clinic closer to their home.
- One grant used funds to provide screenings to uninsured or underinsured patients.
- Two grants identified at risk patients for cervical screening and provided appointment reminders or scheduled follow ups.
- 8,310 patients were screened via cervical cytology and/or HPV test and 178 patients were screened via colposcopy.
- One grantee reported the screening rate among the targeted population increased by 5.5%.

A total of 151 patients have been screened by colposcopy, resulting in an estimated 58.7 life-years saved.

Impact of MCF Grants

According to the US Preventive Services Task Force, when carrying out screening and referring women for colposcopies according to the current recommendations 1 life year is gained per every 3 colposcopies performed.⁴ This model assumes that all women are 100% vaccinated for HPV. In reality, this number might be higher, as not all women are vaccinated against HPV and might experience higher rates of cancer or pre-cancer detected by colposcopy.

Methods for calculating outcomes

Table 7: HPV Vaccination Outcomes

Additional colposcopy screenings	Percentage increase in screening rate	life-years gained per colposcopy	Estimated total life-years gained from MCF grants
178	5.5%	0.33	58.7

Results

The screening efforts of these grantees lead to an additional 178 colposcopies being performed, resulting in an estimated 58.7 life-years gained among those participating in the grantees programs. An additional 8,310 patients received screening via cervical cytology or HPV test.

Discussion

Results indicate that MCF's cervical cancer screening grants were successful in increasing access by both making screenings more accessible to where patients live and by providing appointment reminders and scheduled follow ups to patients who otherwise might not get screened. The result was an increased number of colposcopies among patients in the participating practices. Initial estimates (from one of the participating grantees) suggest that additional colposcopy screenings will result in significant life-years saved and will reduce morbidity and mortality rates of cervical cancer. In addition, both grants are relatively new, so it is likely the full and longer-term effects on the rates of cervical cancer in Maine will likely continue to be seen in future years.

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1F. Multiple Types of Cancer Screening

Background

There are many individual and structural factors that contribute to disparities in cancer screening rates, cancer treatment, and long-term recovery, including lack of insurance, structural barriers to health care, language difficulties, and cultural norms.^{1,2} Immigrant communities in the U.S. persistently experience lower cancer screening rates, despite efforts to increase access.¹ Studies have shown that women who immigrated to the US in the past 10 years are the least likely demographic group to receive cancer screening, even compared to uninsured patients.²

In Maine, a study conducted at a Portland clinic among Cambodian, Vietnamese, and Somali women found that women cited these barriers as factors influencing their screening decisions, as well as specific issues like lack of transportation and discomfort with male clinicians.² When asked how they would like to learn about cancer screening, respondents chose written information in their own language and videos in their own language that explained the screening process.² The study also found that out of the groups included in the study, Somali women were the least likely to undergo all 4 types of screening (Pap test, CBE, mammography, colonoscopy, and FOBT).²

Maine Cancer Foundation has awarded **7 screening grants targeting multiple types of cancer totaling \$485,000.**

This has resulted in **99 educational sessions, reaching over 2,550 individuals as well as over 400 new cancer screenings.**

Summary of MCF Grants

Grantees in the above sections focused their screening projects on one particular type of cancer screening (breast, cervical, colorectal, lung, or skin), while the grantees in this section chose to focus their efforts on multiple types of screening in order to more broadly reach their target audiences. To help address barriers that impact a wide range of cancer types and improve outcomes among specific populations, MCF has awarded 7 grants focused on increasing access to multiple types of cancer screenings, totaling \$485,000.

Organization	Project Title	Year Issued	Amount	Category	Grantee Location	
AK Health and Social Services	Boosting Cancer Screening Rates For Immigrants, Refugees and BIPOC Communities in Maine	2022	\$15,000	Cancer Screening – Multiple Types	Lewiston	ME
Greater Portland Health	Increasing Cancer Screenings Through Culturally Responsive Care	2022	\$90,000	Cancer Screening - Multiple Types	Portland	ME

New Mainers Public Health Initiative	Cancer Education and Awareness Project	2022	\$50,000	Cancer Screening - Multiple Types	Lewiston	ME
AK Health and Social Services	Evidence Based Intervention to Increase Cancer Screening Rates in Androscoggin County	2024	\$80,000	Cancer screening - Multiple types	Lewiston	ME
Greater Portland Health	Improving Cancer Outcomes for the Underserved	2024	\$80,000	Cancer screening - Multiple types	Portland	ME
Islands Community Medical Services	Increasing Cancer Screenings	2022	\$100,000	Cancer Screening - Multiple Types	Vinalhaven	ME
City of Portland (Health and Human Services)	Portland Free Clinic's Cancer Screening & Early Detection Initiative	2024	\$70,000	Cancer Screening - Multiple Types	Portland	ME

Grant Results

The grants provided by MCF under the Cancer Screening - Multiple Types category supported a range of strategies to increase access to cancer screening among underserved populations. While five of the seven grants specifically focused on New Mainers, two grants targeted broader uninsured and low-income populations. A summary of some of these outcomes among 5 grants reporting data is provided below.

- 5 grants focused on breast and cervical cancer screening. Four also addressed colorectal and lung cancer screening, and one included skin cancer screening.
- 4 organizations established new partnerships using grant funds, resulting in a total of 10 new partnerships.
- 4 projects involved the development and distribution of educational materials.
- 3 grantees conducted educational or media outreach activities, holding a total of 99 outreach events and reaching an estimated 2,550 individuals with educational information.
- 11 current staff members received training across three grantees.
- 2 grants supported the hiring of new staff, resulting in three new staff members.
- 3 projects increased access to health care by offering appointment navigation, transportation support, translation and interpretation services, expanded digital resources, and financial assistance.
- 999 new patients were identified for screening.
- 406 patients received additional appointment reminders or assistance with scheduling screenings.

Outcomes Among New Mainer–Focused Grants

All five grants that specifically targeted New Mainers reported increased cancer screening activity within their priority populations. One grantee provided detailed screening counts to date, reporting 39 additional breast cancer screenings, 321 cervical cancer screenings, and 44 colorectal cancer screenings among New Mainer patients.

Impact of MCF Grants

These grants have resulted in several positive outcomes for the populations served, and more outcomes will be measurable as projects continue. One grantee, AK Health and Social Services, used their 2022 grant to conduct a needs assessment in Androscoggin County, gathering data on screening rates among immigrant, refugee, asylum seeker, and BIPOC communities. They then used this data to design a program to increase screening rates among the target population and applied for a second grant, awarded in 2024. The full impact of this sequence of grants will be seen in future years. Another grantee, New Mainers Public Health Initiative, conducted educational workshops in French, Portuguese, and Somali offering information on the benefits of screening and early cancer detection to increase. The goal of these educational sessions is to build trust in the medical community and increase the rates that attendees sign up for screening.

Greater Portland Health received multiple grants, using funds to provide in-depth appointment navigation, patient tracking, and translation services, focusing on uninsured or underinsured patients.

Table 8: Screenings

Population	Breast Cancer Screenings	Percent of Population	Cervical Cancer Screenings	Percent of Population	Colorectal Cancer Screenings	Percent of Population
1,455	39	2%	321	22%	44	3%

Discussion

Results indicate that while several of these grants are in the early stages and their full impacts have not yet been seen, these grants are having a positive impact on the target community. Increasing accessible outreach and education is one of the main intended outcomes of these grants. Together, three of the grantees conducted 99 outreach events, reaching over 2,550 individuals.

One grantee so far has reported data on screenings provided, reporting 39 additional breast cancer screenings, 321 cervical cancer screenings, and 44 colorectal cancer screenings, suggesting screening rate percentages of 2%, 22%, and 3% respectively per screening method among a target population of 1,455. Further impacts of these grants will be seen as grant programs reach later stages, and as the impact of educational efforts become measurable.

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1G. Genetic Screening

Background

Genomic sequencing can be used effectively to better understand cancer as a disease and develop targeted treatments for individual patients. Exploring the ways cancer develops and grows can provide important information about the genomic changes that underly the disease. A key hurdle to harnessing genomic sequencing and bioinformatics in the treatment of cancer is clinician training. Developing training standards and application guidelines is a key step toward increasing clinician confidence with interpreting genomic testing results. Increasing clinician confidence will lead to more frequent use of testing, better communication of results, and ultimately, better patient outcomes. The grant will be used to support oncology clinicians by enhancing their skills, knowledge, and confidence using genomic information to inform cancer care. This information will help clinicians identify and choose treatments that are likely to be more effective for a specific patient, improving quality of life and survival. Additionally, genomic testing can help clinicians identify when a patient may have an underlying hereditary cancer syndrome.

Maine Cancer Foundation has awarded **1 genetic screening grant** totaling **\$199,891**.

To date, **more than 90%** of Maine medical oncologists have enrolled in the Initiative from all Maine cancer practices.

Summary

As part of its grantmaking efforts, Maine Cancer Foundation made a novel investment in genetic screening efforts.

Maine Cancer Foundation has awarded \$199,891 through 1 grant to the following organization:

Organization	Project Title	Year Issued	Grant Amount	Grant Category	Grantee Location	
The Jackson Laboratory	Developing an educational curriculum to support community oncology clinicians use of genomics in patient care	2019	\$199,891	Genetic Screening	Bar Harbor	ME

Grant Results

The Maine Cancer Genomics Initiative (MCGI) is focused on increasing the capacity of community-based oncology clinicians to deliver genomically informed cancer care to their patients. They are doing this by

providing access to genomic tumor testing and supporting the appropriate use of testing through provider education. They want to ensure that the educational tools they develop meet the needs of MCGI clinicians, including building knowledge, skills, and confidence to incorporate genomic information into their practices. They propose to develop and deliver resources monthly throughout the project (approximately 24 resources total) that are designed to support providers' confidence, skills, and knowledge associated with genomic tumor testing.

By doing this, they hope to help improve patient care by 1) supporting good communication between clinicians and patients about the benefits, limitations, and risks of genomic tumor testing and 2) increasing access to information that may impact treatment choices.

Short-term outcomes will include provider engagement in education materials and reported provider satisfaction. Long-term outcomes of MCGI include provider knowledge, confidence, and self-efficacy regarding genomic tumor testing, and the clinical use of genomic tumor testing; as well as patient uptake of MCGI research participation and reported satisfaction with tumor testing.

To date, they have enrolled more than 90% of Maine medical oncologists on the Initiative from all Maine cancer practices. Together with their staff, the oncologists will continue to benefit from the genomic education described in this proposal through already well established communication pathways with the providers.

Impact

By supporting clinicians' appropriate use of genomic information, MCGI will contribute to the Maine Cancer Foundation's mission of reducing cancer incidence and mortality. Genomic data will enable patient care teams to identify treatments and/or clinical trials that can prolong their patients' lives. And, for patients with an underlying hereditary syndrome, unaffected family members can be tested, closely screened and monitored in order prevent cancer or identify it at its earliest stage.

2. Transportation and Lodging

Background

Among the common barriers to health care, transportation stands out as both a geographically and economically challenging hurdle for cancer patients. Without personal transportation, patients face unfavorable odds in their efforts to access care. Even if a patient owns transportation, approximately 40% of Maine’s population lives in rural areas far from the cancer care centers located in the metropolitan areas and neighboring states.¹ Previous research conducted by Maine Cancer Foundation and MDR found that patients living in rural areas of the state can travel well over 100 miles one way to receive cancer care within the state (not including out of state travel).²

Coordinating long distance travel or access to transportation, treatment schedule, and lodging can be significant obstacles to patients whose health is in decline or those with limited resources. Compounding the stress of coordinating travel is the financial burden of traveling long distances for care multiple times per month or week. These trips can quickly become costly in terms of fuel, highway tolls, and vehicle maintenance, and these additional costs disproportionately impact low-income and rural residents in Maine.² Overall, these transportation barriers are associated with greater rates of missed appointments, postponed prescriptions, and poorer care outcomes.⁶

Maine Cancer Foundation has awarded **99 transportation grants** totaling **\$3,681,864**.

This has helped thousands of Mainers travel to cancer care appointments by providing a total of **77,973 additional rides**, resulting in **over 8.8 million miles traveled**.

Summary of MCF Grants

Since 2015, Maine Cancer Foundation has made significant investments in organizations around Maine with the goal of improving transportation for cancer patients. These organizations have implemented interventions such as utilizing volunteer and employee drivers to provide rides to patients, distributing gas cards or reimbursements for non-mileage expenses, participating in patient navigation programs at cancer care centers, and offering housing or lodging services/reimbursements to reduce the need to travel back and forth to cancer care centers. Some of the projects implemented awareness building components, but most served pre-established populations of need.

Maine Cancer Foundation has awarded \$3,681,864 through 99 transportation grants to 46 organizations, including:

Organization	Project Title	Year Issued	Amount	Category	Grantee Location	
Angel Flight Northeast	Changing Lives One Flight at a Time	2018	\$30,000	Transportation	North Andover	MA

Organization	Project Title	Year Issued	Amount	Category	Grantee Location	
Angel Flight Northeast	Changing Lives One Flight at a Time	2020	\$40,000	Transportation	North Andover	MA
Angel Flight Northeast	Bridging the Gap Between Distance and Medical Care	2022	\$60,000	Transportation	North Andover	MA
Aroostook County Action Program	Project TEACH (Transportation, Education, Access, Care, and Housing)	2021	\$35,000	Transportation	Presque Isle	ME
Aroostook Regional Transportation System	ARTS Cancer Assistance Fund	2022	\$60,000	Transportation	Presque Isle	ME
Beth C. Wright Cancer Resource Center	Access to Cancer Treatment	2015	\$7,000	Transportation	Ellsworth	MA
Beth C. Wright Cancer Resource Center	Access to Cancer Treatment	2016	\$15,000	Transportation	Ellsworth	MA
Beth C. Wright Cancer Resource Center	Access to Cancer Treatment	2017	\$7,500	Transportation	Ellsworth	MA
Beth C. Wright Cancer Resource Center	Access To Cancer Treatment	2017	\$50,000	Transportation	Ellsworth	MA
Beth C. Wright Cancer Resource Center	Access To Cancer Treatment	2019	\$60,000	Transportation	Ellsworth	MA
Beth C. Wright Cancer Resource Center	Access To Cancer Treatment	2021	\$50,000	Transportation	Ellsworth	MA
Brians Ride Cancer Fund	Transportation and Lodging Assistance for Cancer Patients	2018	\$40,000	Transportation	Caribou	ME
Brian's Ride Cancer Fund	Transportation and Lodging Assistance for Cancer Patients	2020	\$40,000	Transportation	Caribou	ME
Cancer Resource Center of Western Maine	Cancer Resource Center of Western Maine:	2018	\$10,000	Transportation	Norway	ME

Organization	Project Title	Year Issued	Amount	Category	Grantee Location	
	Access to Cancer Care through Transportation					
Cancer Resource Center of Western Maine	2020-21 Transportation and Lodging Grant for Cancer Patients in Western Maine	2019	\$30,000	Transportation	Norway	ME
Cancer Resource Center of Western Maine	2022-23 Transportation and Lodging Grant for Cancer Patients	2021	\$40,000	Transportation	Norway	ME
Central Maine Medical Center	Interim Transportation Coverage	2022	\$31,120	Transportation	Lewiston	ME
Community Concepts	Transportation	2015	\$10,000	Transportation	Lewiston	ME
Community Concepts	Transportation	2016	\$15,000	Transportation	Lewiston	ME
Community Concepts	The Cancer Patient Transportation Project	2017	\$50,000	Transportation	Lewiston	ME
Community Concepts	Community Concepts Transportation for Cancer Patients	2019	\$60,000	Transportation	Lewiston	ME
Dean Snell Cancer Foundation	Patient Transportation Assistance Program	2015	\$10,000	Transportation	Brunswick	ME
Dean Snell Cancer Foundation	Patient Transportation Assistance Program	2016	\$15,000	Transportation	Brunswick	ME
Dean Snell Cancer Foundation	Patient Transportation Assistance Program	2017	\$7,500	Transportation	Brunswick	ME

Organization	Project Title	Year Issued	Amount	Category	Grantee Location	
Dean Snell Cancer Foundation	Patient Transportation Program	2017	\$45,000	Transportation	Brunswick	ME
Dean Snell Cancer Foundation	Patient Transportation and Lodging Program	2019	\$60,000	Transportation	Brunswick	ME
Dean Snell Cancer Foundation	Patient Transportation & Lodging Program	2021	\$50,000	Transportation	Brunswick	ME
Dempsey Center	The Maine Fund for Cancer Patients	2015	\$4,000	Transportation	Lewiston	ME
Dempsey Center	The Maine Fund for Cancer Patients	2016	\$4,000	Transportation	Lewiston	ME
Dempsey Centers for Quality Cancer Care	Clayton's House, a Hospitality Home for Cancer Patients	2021	\$35,000	Lodging	Ellsworth	ME
Downeast Community Partners	DCP Rides for a Cure	2017	\$50,000	Transportation	Ellsworth	ME
Downeast Community Partners	DCP Rides for a Cure	2019	\$60,000	Transportation	Ellsworth	ME
Downeast Community Partners	DCP Rides for a Cure	2021	\$50,000	Transportation	Ellsworth	ME
Edgar J. (Guy) Paradis Cancer Fund	Support for Transportation to and from Cancer Services for St. John Valley Residents	2020	\$40,000	Transportation	Fort Kent	ME
Friends in Action	Friends in Action transportation	2018	\$30,000	Transportation	Ellsworth	ME
Friends in Action	Cancer Patient Transportation	2020	\$20,000	Transportation	Ellsworth	ME
Friends in Action	Friends in Action Transportation	2022	\$28,250	Transportation	Ellsworth	ME
Hospitality Homes	Hospitality Homes Maine	2017	\$38,000	Lodging	Boston	MA

Organization	Project Title	Year Issued	Amount	Category	Grantee Location	
	Boston Network (MBN)					
Hospitality Homes	Ensuring Free Lodging and Transportation for Maine Cancer Patients Seeking Care in Boston	2019	\$60,000	Lodging	Boston	MA
Hospitality Homes	Ensuring Free Lodging and Transportation for Maine Cancer Patients Seeking Care in Boston	2021	\$50,000	Lodging	Boston	MA
Island Connections	Support Increased Demand for Existing Programs	2022	\$5,000	Transportation	Bar Harbor	ME
Joe Andruzzi Foundation	Alleviating the Barrier of Transportation for Maine Residents Pilot Program	2021	\$30,000	Transportation	North Attleborough	MA
Kennebec Valley Community Action Program	KVCAP Cancer Transportation Project	2017	\$50,000	Transportation	Waterville	ME
Kennebec Valley Community Action Program	Transportation for cancer related services	2019	\$50,000	Transportation	Waterville	ME
Kennebec Valley Community Action Program	Transportation for Cancer Patients	2022	\$60,000	Transportation	Waterville	ME
Lake Region Senior Service	Healthcare Access Program	2015	\$10,000	Transportation	Bridgton	ME
Lake Region Senior Service	Healthcare Access Program	2016	\$15,000	Transportation	Bridgton	ME
Lake Region Senior Service	Cancer Patient Transportation	2017	\$36,000	Transportation	Bridgton	ME
Lake Region Senior Service	Healthcare Access Program	2017	\$7,500	Transportation	Bridgton	ME

Organization	Project Title	Year Issued	Amount	Category	Grantee Location	
Lake Region Senior Service	Cancer Patient Transportation Program	2019	\$38,570	Transportation	Bridgton	ME
Lake Region Senior Service	Cancer Patient Transportation Program	2022	\$27,000	Transportation	Bridgton	ME
Lake Region Senior Service	Transportation Mini-Grant	2022	\$10,000	Transportation	Bridgton	ME
Leukemia & Lymphoma Society	Increased Patient Transportation and Lodging for Maine Patients	2021	\$50,000	Transportation	Portland	ME
MaineHealth - Maine Medical Center	Rideshare for Cancer Care	2019	\$34,560	Transportation	Portland	ME
Northern Light AR Gould Cancer Care	RideLink: Supporting Cancer Patient Transportation and Wellbeing	2020	\$40,000	Transportation	Presque Isle	ME
Northern Light EMMC	Supporting a Systemic Approach to Transportation and Lodging Assistance for Rural Cancer Care Patients	2022	\$60,000	Transportation	Bangor	ME
Northern Light Mercy Hospital	Piloting Uber Health as a Resource to Provide Reliable Transportation for Cancer Patients in the Portland Area	2020	\$16,560	Transportation	Portland	ME
Northern Light Eastern Maine Medical Center	Creating a Systematic Approach to Transportation and Lodging Assistance for Rural Cancer Care Patients	2020	\$40,000	Transportation	Bangor	ME

Organization	Project Title	Year Issued	Amount	Category	Grantee Location	
Passamaquoddy Tribe Pleasant Point Health Center	Pleasant Point Patient Assistance	2019	\$45,840	Transportation	Perry	ME
Passamaquoddy Tribe Pleasant Point Health Center	Cancer Patients Transportation and Lodging Assistance	2022	\$59,998	Transportation	Perry	ME
Passamaquoddy Tribe Pleasant Point Health Center	Transportation and Lodging for Cancer Patients	2022	\$5,000	Transportation	Perry	ME
Patient AirLift Services	Eliminating Transportation Barriers for Cancer Patients in Maine	2022	\$60,000	Transportation	Farmingdale	NY
Patient Airlift Services	Eliminating Transportation Barriers for Patients in Maine	2018	\$30,000	Transportation	Farmingdale	NY
Patient Airlift Services	Eliminating Transportation Barriers for Cancer Patients in Maine	2020	\$40,000	Transportation	Farmingdale	NY
Penquis CAP	Accessing Cancer Care	2021	\$50,000	Transportation	Bangor	ME
Penquis CAP	Access to Cancer Care	2015	\$10,000	Transportation	Bangor	ME
Penquis CAP	Access to Cancer Care	2016	\$15,000	Transportation	Bangor	ME
Penquis CAP	Access to Cancer Care	2017	\$7,500	Transportation	Bangor	ME
Penquis CAP	Accessing Cancer Care	2017	\$50,000	Transportation	Bangor	ME
Penquis CAP	Accessing Cancer Care	2019	\$60,000	Transportation	Bangor	ME
Snell Foundation	Transportation & Lodging Assistance Program	2020	\$10,000	Transportation	Biddeford	ME

Organization	Project Title	Year Issued	Amount	Category	Grantee Location	
St. Mary's Regional Medical Center	Showing Up: Improving Access to Care for Patients with Cancer	2022	\$15,000	Transportation	Lewiston	ME
The Boston House	Access for Maine Children	2020	\$40,000	Lodging	Brookline	MA
The Leukemia & Lymphoma Society	Other Medical Expenses (OME)	2018	\$50,000	Transportation	Wellesley	MA
Waldo Community Action Partners	MCPT-PBMC-WCGH Collaboration for Cancer Care Transportation	2017	\$49,966	Transportation	Belfast	ME
Waldo Community Action Partners	Midcoast Cancer Care Transportation Network	2019	\$60,000	Transportation	Belfast	ME
Waldo Community Action Partners	Midcoast Cancer Care Transportation Network	2021	\$50,000	Transportation	Belfast	ME
Washington Hancock Community Action	Transportation	2016	\$12,000	Transportation	Ellsworth	ME
Western Maine Transportation Services	Cancer Care-Related Transportation	2022	\$20,000	Transportation	Auburn	ME
York County Community Action Corporation	Connecting to Cancer Care	2015	\$10,000	Transportation	Sanford	ME
York County Community Action Corporation	Connecting to Cancer Care	2017	\$50,000	Transportation	Sanford	ME
York County Community Action Corporation	Connecting to Cancer Care	2019	\$60,000	Transportation	Sanford	ME
York County Community	Connecting to Cancer Care	2021	\$30,000	Transportation	Sanford	ME

Organization	Project Title	Year Issued	Amount	Category	Grantee Location	
Action Corporation						
St. Mary's Regional Medical Center	Get Moving - Ensuring Access to Care for Patients with Cancer	2023	\$22,000	Transportation	Lewiston	ME
ITNAmerica	Sponsored Rides for Cancer Treatment, Prevention, and Screening	2023	\$30,000	Transportation	Westbrook	ME
MaineHealth dba Maine Medical Center	MaineHealth Cancer Care Network Patient Support Services FY24	2023	\$30,000	Transportation	Scarborough	ME
Snell Foundation	Snell Foundation Transportation & Lodging Assistance Program	2023	\$30,000	Transportation	Scarborough	ME
Brians Ride Cancer Fund	Transportation and Lodging Assistance for Cancer Patients	2023	\$40,000	Transportation	Caribou	ME
York County Community Action Corporation	Connecting to Cancer Care	2023	\$42,000	Transportation	Biddeford	ME
Cancer Resource Center of Western Maine	2023 Transportation and Lodging Grant for Cancer Patients	2023	\$50,000	Transportation	Norway	ME
MaineGeneral Health	Transportation and Lodging Assistance for Patients of the Harold Alfond Center for Cancer Care	2023	\$50,000	Transportation	Augusta	ME

Organization	Project Title	Year Issued	Amount	Category	Grantee Location	
Beth C Wright Cancer Resource Center	Access to Cancer Treatment	2023	\$60,000	Transportation	Ellsworth	ME
Dean Snell Cancer Foundation	Patient Transportation & Lodging Program	2023	\$60,000	Transportation	Brunswick	ME
Downeast Community Partners	DCP Rides for a Cure	2023	\$60,000	Transportation	Ellsworth	ME
Northern Maine Medical Center/Paradis Cancer Fund	Support for Transportation To and From Cancer Services for St. John Valley Residents & Support People	2023	\$60,000	Transportation	Fort Kent	ME
Penquis CAP	Accessing Cancer Care	2023	\$60,000	Transportation	Bangor	ME
Waldo Community Action Partners	Midcoast Cancer Care Transportation Network	2023	\$60,000	Transportation	Belfast	ME
Wabanaki Public Health and Wellness	Increasing Connection and Reducing Barriers for Wabanaki Cancer Patients	2023	\$100,000	Transportation	Bangor	ME
Angel Flight of New England		2022	\$60,000	Transportation	North Andover	MA

Grant Results

The transportation and lodging grants provided by MCF from 2015-2023 resulted in several positive outcomes for grantees, Maine's communities and those receiving cancer care in Maine. A summary of some of these outcomes is provided below.

- 57 grantees reported building partnerships with outside organizations, resulting in a total of 333 additional partnerships.
- 68% involved the development and distribution of informational materials.
- 62% utilized outreach and media advertising events, resulting in a total of 521 events statewide.

- A total of 3,727 individuals in the target population were educated about transportation options through education and outreach.
- A total of 1,969 volunteers and 481 employees provided one or more rides for cancer patients.
- Grantees provided a total of 3,812 gas cards averaging \$89 per card (ranging from \$25 - \$200).
- 77,973 trips were made with an average round trip of 113 miles per trip.
- The average operational cost for transportation providers is \$1.04 per mile.
- A total of 8,248 repeat rides were provided to patients.
- An estimated total of 8,808,666 miles were traveled as a result of the grants providing mileage data.
- 25 transportation grantees provided individuals with additional reimbursements for lodging or other expenses.
- Starting in 2025, information was collected on access for specific populations. Ten (10) grantees focused on providing transportation access to uninsured or underinsured individuals, 2 focused on LGBTQ+ groups, 1 on youth/students, and 1 on Indigenous groups.

As a result of transportation efforts, nearly 78,000 trips were provided to individuals in Maine to help them attend cancer care appointments; this includes populations from both rural and urban settings. MCF funding helped grantees provide an average of 1,344 rides per grant received, which resulted in an average of 153,720 miles driven or flown per organization.

In addition to overall findings on transportation grant outcomes and activities spanning from 2015 to 2023, the summary below provides detailed findings from grantees reporting from 2021-2023. Beginning in 2021, MDR and MCF adapted the existing survey to allow grantees to provide more specific information on the lodging and flight services they provide. Prior to 2021, several grantees did provide flight and lodging services, but this data could not be integrated into these more detailed findings and is not reflected below.

Lodging

- 27 grantees helped 1,215 patients receive lodging or hotel services, totaling 3,556 nights of lodging provided since 2021.

Flights

- Three reporting flight grants have provided air travel services, totaling 767 flights and 141,561 miles flown since 2021.
- 363 volunteer or employee pilots have provided 1 or more rides, and 178 commercial flights have been booked.
- The average number of flights received per person is 5.

Table 8: Transportation Results

Number of Trips Provided*	Average Round Trip Distance to Appointments*	Total Miles Driven or Flown*	Number of Gas Cards Distributed	Total Value of Gas Cards Distributed
77,643	113	8,808,666	3,812	\$337,720

* Among 56 grantees providing data on number of trips and mileage

Impact of MCF Grants

Published literature studying transportation initiatives is limited. More common are studies that have highlighted the extreme need for transportation services for cancer patients. As previously discussed, poorer populations are more likely to report transportation barriers when accessing health care in general. A systematic review of transportation and health needs literature suggests that between 10-51% impoverished patients experience transportation barriers that prevent care and may worsen health outcomes.⁴ Another review found strong correlations between travel burden and patient quality of life and prognosis.⁵ Recent research suggests that telemedicine may mitigate the burden of treatment for the most rural of cancer patients when routine care is needed, but this is reliant on a patient's access to appropriate technology and fails to relieve the travel burden when treatments such as radiation, chemotherapy, or surgery and diagnostics are needed.⁶ Telemedicine may alleviate a portion of the travel burden, but it will never eliminate it for patients requiring ongoing treatment.

Discussion

Results suggest that Maine Cancer Foundation transportation grants are achieving their short and mid-term outcomes of 1) increasing number of people in Maine utilizing transportation and lodging services to get to cancer treatments services, 2) increasing the ability of health care providers and patients to utilize transportation and lodging services made available by grantees; 3) increasing the number of patients receiving services for cancer care; and 4) decreasing the financial burden on patients with cancer or in recovery.

A total of 77,973 rides were provided to patients to receive cancer treatment, covering over 8.6 million miles of distance. It is likely that some of the patients who received transportation through these grants would not have been able to get to treatment without these services, resulting in missed appointments, lower compliance rates for screening or follow-ups, or possibly even a lack of treatment altogether. In addition, those who may have found alternative transportation may have had to pay for it themselves, potentially creating a financial burden for those unable to afford it.

Maine Cancer Foundation lodging grants between 2021 and 2024 provided Maine cancer patients with 3,556 nights of lodging, which allowed patients to stay close to their treatment center. As previously stated, many Maine patients must travel long distances to access their care, and when a patient's diagnosis requires specialty care or treatment outside the state, the distance between home and care can become especially challenging. Through MCF lodging grants, Maine patients were able stay in free or significantly reduced cost housing close to treatment centers. Similar to transportation support, without these lodging resources, it is likely that some patients would not have been able to adhere to their treatment protocols, thus impacting their overall outcomes.

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3. Patient Navigation

Background

Patient navigation focuses heavily on reducing barriers to cancer care. The barriers addressed by navigators vary widely but commonly include timeliness of care, finances and insurance, transportation, and general support during the patient's experience with cancer care. Benefits from patient navigation are largely expressed during the early stages of intervention which include prevention, screening, and diagnostics.¹

Studies have demonstrated that patient navigation can significantly reduce the time to resolution for abnormal screening results.^{1,2} Improvements to the diagnostic resolution timeframe are most pronounced among socioeconomically disadvantaged populations, particularly when portions of the population are uninsured or have low levels of health literacy.^{3,4}

A study of patient navigator programs in Pennsylvania hospitals found that most navigator time was spent on issues related to financial problems, transportation, and end-of-life issues such as arrangements for dependent care.⁵ On average, 169 minutes were spent on financial navigation, 74 on transportation, and between 60 to 65 for end-of-life issues.⁵ The navigators play an important role helping patients coordinate the various and often overwhelming aspects of their care and personal lives following abnormal screening and positive diagnostic results.

Summary of MCF Grants

Since 2015, Maine Cancer Foundation has made significant investments in organizations around Maine with the goal of providing patient navigation services for cancer patients. In support of these efforts, Maine Cancer Foundation awarded three-year capacity-building grants to organizations to develop, implement, and sustain patient navigation programs that support patients through a cancer diagnosis. These organizations have implemented evidenced-based interventions, such as providing navigation for topics like insurance and financial strategies, transportation, and the coordination of cancer care. These strategies have been demonstrated to reduce the time to diagnostic resolution which, in cases of cancer positive diagnoses, can result in more expedient intervention and better health outcomes. Many of these projects involved systems changes, but also include components to provide education, increase awareness, and increase access to individuals who have problems getting preventative treatment and screening.

Since 2015, Maine Cancer Foundation has awarded \$4,113,753 through 27 multi-year patient navigation grants to 15 organizations, including:

Maine Cancer Foundation has awarded **27 patient navigation grants** totaling **\$4,113,753**.

This has resulted in **21,473 patients identified for screening** and **5,442 additional referrals for diagnostic follow-up** provided.

Organization	Project Title	Year Issued	Amount	Category	Grantee Location	
Aroostook Medical Center	Early Access Patient Navigator	2015	\$164,000	Patient Navigator	Presque Isle	ME
Caring Connections/Bangor YMCA	Caring Connections Patient Navigator Position	2017	\$110,386	Patient Navigator	Bangor	ME
Cary Medical Center	Navigating the Journey	2018	\$161,557	Patient Navigator	Caribou	ME
Central Maine Medical Center	Lung Screening Navigator with Tracking and Reporting Software System	2017	\$164,000	Patient Navigator	Lewiston	ME
Greater Portland Health	Patient navigator to reduce cancer incidence and mortality rates among minority populations	2018	\$164,000	Patient Navigator	Portland	ME
Healthy Acadia	Downeast Cancer Patient Navigation	2016	\$164,000	Patient Navigator	Ellsworth	ME
Healthy Acadia	Downeast Cancer Patient Navigation through Continuum of Care	2019	\$111,368	Patient Navigator	Ellsworth	ME
Healthy Acadia	Downeast Cancer Patient Navigation Across the Continuum of Care	2022	\$130,000	Patient Navigator	Ellsworth	ME
Healthy Community Coalition of Greater Franklin County	Franklin's Navigator Program for Colorectal Cancer Screening	2015	\$164,000	Patient Navigator	Farmington	ME
Katahdin Valley Health Center	KVHC Patient Navigator Project	2018	\$164,000	Patient Navigator	Patten	ME
Maine Mobile Health Program	Maine Immigrant Patient navigation Project	2016	\$138,725	Patient Navigator	Augusta	ME
MaineGeneral Medical Center	Reducing Barriers to Cancer Care for Low Income, Rural Residents	2017	\$161,562	Patient Navigator	Augusta	ME
Mount Desert Island Hospital	Establishing a Patient Navigator Program at Mount Desert Island Hospital	2017	\$161,614	Patient Navigator	Bar Harbor	ME

Organization	Project Title	Year Issued	Amount	Category	Grantee Location	
Pen Bay Medical Center	Pen Bay Medical Center, Patient Navigator Program	2017	\$161,388	Patient Navigator	Rockland	ME
Penobscot Community Health Care	Eliminating Barriers to Cancer Screening through Use of Navigator Medical Assistants	2015	\$164,000	Patient Navigator	Bangor	ME
Sebasticook Valley Health	Patient Navigation Outreach Program	2015	\$137,248	Patient Navigator	Pittsfield	ME
Southern Maine Health Care	Ambulatory Nurse Navigator with emphasis on Lung Cancer	2016	\$164,000	Patient Navigator	Biddeford	ME

Grant Results

The patient navigation grants provided by MCF from 2015-2023 resulted in several positive outcomes for grantees, Maine’s communities and those receiving cancer care in Maine. A majority of the grant-funded programs that began with seed funding from Maine Cancer Foundation continue to exist and remain sustained by the applying organization. A summary of some of these outcomes is provided below.

- More than 50,913 individuals were targeted/eligible for services as a part of the patient navigation grants.
- Grants resulted in 151 additional partnerships with 94% of grantees reporting efforts to build new partnerships.
- 94% developed materials that were distributed to raise awareness of available resources.
- 75% utilized outreach and media advertising events.
- 100% of grants resulted in staff receiving additional training related to patient navigation services, with 124 current staff members receiving training.
- 88% of the grants hired additional staff. A total of 31 new staff members were hired as a result of the grants.
- 93% of grants included components to increase patient access to care.
- More than 21,473 patients were newly identified for cancer screening.
- 5,442 referrals for follow-ups were provided.
- 83% of grantees reduced the time between referral and follow-up screening or diagnostics.
- 70% of grantees reported improved screening rates for one or more of the following – breast, lung, cervical, colorectal, and skin cancer.
- 1,002 individuals were provided with financial resources.
- 501 individuals were assisted with insurance navigation.
- 476 individuals were provided with social services.

- 592 individuals were assisted with transportation services.
- 691 individuals were assisted with other services.

It is estimated that due to patient navigator efforts, more than 1,000 individuals were connected with cancer care resources. This includes specific high-risk populations, including those without health insurance, and those lacking transportation to reach their provider. Given the continuation of many of these navigation programs, it can be assumed that this number will continue to grow over the lifetime of the programs.

Impact of MCF Grants

The primary focus of patient navigation is increasing the expediency of diagnostic resolution and providing reliable guidance to patients as they navigate the cancer care pathway. Most patient navigation relates to issues with insurance, transportation, and coordinating care. Successful programs have been shown to reduce the diagnostic resolution time and speed up care. Additionally, navigators assisting patients with accessing resources can increase the quality of the experience and patient satisfaction.

Methods for calculating outcomes

The metrics for patient navigation were chosen based on the most complete data supplied by the grantees. A challenge in measuring patient navigation outcomes is that many grantees were focused on different aspects of the patient navigation experience – some with increasing access and reducing barriers for patients, others connecting patients with resources, and still others with identifying patients for screening and increasing screening rates.

Table 10: Patient Navigation Outcomes – Referrals and Reducing Follow-up Time

Number of grants working to reduce time between identification and follow-up/diagnosis	Number of patients newly identified for screening	Referrals for diagnostic follow-up provided	Time between identification and follow-up/diagnosis	
			Baseline	Post
10	21,473	5,442	72 days*	30 days*

*Note: Only three grantees measured and provided data on pre/post follow up times. Use caution when drawing conclusions for the larger population.

Table 11: Patient Navigation Outcomes – Increased Screening

Number of grants with components to improve screening rates	% of grants improving screening rates	Lung Cancer Screening Rate		Cervical Cancer Screening Rate		Colorectal Cancer Screening Rate		Breast Cancer Screening Rate	
		Base	Post	Base	Post	Base	Post	Base	Post
7	67%*	22%	23%	61%	63%	55%	63%	61%	65%

*Among grantees who provided data on pre/post screening rates

Results

Among newly identified patients needing screening, 5,442 received referrals for follow-up diagnostics. Patient navigators connected more than 1,000 patients with some type of resource or assistive services, including financial, insurance, transportation, social, food, and other services. These individuals received final assistance, health insurance navigation, connections with transportation and social services, as well as other help. In addition to these resources, grantees saw improvement in their screening rates with lung, cervical, colorectal and breast cancer screening rates all improving from baseline.

Discussion

Given the variety of activities and work being conducted by patient navigation grantees, it is difficult to summarize the overall impact or cost effectiveness of MCF's grants. However, among the data that was provided by grantees, the results suggest that MCF funding is being effectively used to hire and train navigators and other staff, educate patients, provide referrals for screening and treatment, and provide various types of resources that includes financial help, education, transportation, and help navigating insurance or coordinating care. While based on limited data from two grantees, the percentage of patients who were unable to access care decreased after receiving patient navigation services as a result of the grant efforts, from 70% at baseline to 34%. Screening rates for lung, cervical, colorectal and breast cancer at participating organizations improved between 1% and 8%.

Navigators can help reduce the amount of time between abnormal cancer screening tests and follow-up diagnostics by communicating and helping patients with appointments, insurance issues, and other barriers. This is especially true among low-income, uninsured, and minority populations. Nine grantees reported working on reducing the time for diagnostic follow-up and all reported a reduction in wait times. Only three grantees reported data on the number of days between diagnosis and follow-up. While all showed improvement in the days between diagnosis and follow-up (from 72 days down to 30 days), this limited information may not accurately reflect totals across all grantees. This component of patient navigation should be monitored going forward to confirm these positive findings.

Another potential issue with patient navigation is the lower rate of conversion from identification of patients needed screening to actual referrals and appointments with providers. While grantees noted 21,218 individuals were newly identified for screening, only a small percentage of individuals were provided with an actual referral. As was noted by some grantees there can be significant capacity constraints that prevent grantees from reaching out to everyone. Limited staffing, coupled with the personalized service required from patient navigation, means there simply aren't enough hours in the day to contact everyone. In addition, reluctance, or refusal from individuals to receive cancer screening and a lack of providers or availability of providers can also make it limit the ability of navigators to provide referrals to those in need of screening.

As we continue to get more complete data from grantees going forward, it will help confirm the positive impact of patient navigators in the state and allow for a more robust description of overall grant-making effectiveness. The summary statistics and estimated metrics provided here likely underrepresent the overall impact of these patient navigation grants to those in the state.

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4. HPV Vaccination

Background

HPV is causally associated with cervical, vaginal, vulvar, penile, anal, and oropharyngeal cancers, and is the primary cause of cervical cancer among women worldwide.¹ Cervical cancer is highest in women 50+, caused by early infection that slowly progresses to cancer.² From 2018-2022 in Maine, there were an estimated annual average of 170 malignant cancer cases attributable to HPV infection.¹ HPV-related cancers are associated most frequently with two strains of the virus, types 16 and 18, but there are over 200 variants of HPV found in the human body.³ Vaccines in the U.S. protect against these two types 16 and 18 in addition to about ten others depending on the vaccine variant. Both boys and girls ages 9 to 26 are encouraged to get a two or three dose vaccine sequence per the CDC's recommendations.³

Maine Cancer Foundation has awarded 6 HPV vaccination grants totaling \$887,773.

This has resulted in 698 additional HPV vaccinations, roughly 13% of the eligible population.

The efficacy of HPV vaccines has been demonstrated in clinical trials evaluating HPV-associated conditions and persistent infection. In addition, modeling studies have shown consistently that the routine vaccination is a cost-effective use of public health resources, as long as vaccine duration of protection is sufficient.⁴ Given that the HPV vaccine was first recommended for use in the US in 2006, more time is needed to fully assess its population-level effects on HPV associated cancers in the US. However, early studies based on incidence trends have predicted a decrease in cervical cancer among vaccinated women.⁵ When received prior to first HPV infection, the vaccine is highly protective against strains 16/18, achieving between 91-100% efficacy among women under 26.²

Summary of MCF Grants

Maine Cancer Foundation has made a significant investment to improve HPV vaccination rates in Maine. Since 2015 Maine Cancer Foundation has awarded 6 HPV grants totaling \$887,773 to the following organizations:

Organization	Project Title	Year Issued	Amount	Category	Grantee Location	
Maine Quality Counts**	HPV Vaccination Learning Collaborative	2017	\$264,201	HPV Vaccination	Manchester	ME
Maine Pharmacy Association	HPV Vaccination Continuous Learning Programming with Maine Pharmacy Association	2019	\$2,269	HPV Vaccination	Augusta	ME
Maine Quality Counts	Maine HPV Project ECHO	2019	\$91,916	HPV Vaccination	Manchester	ME

Maine Medical Education Trust	HPV ECHO No-Cost Extension	2020	\$24,238	HPV Vaccination	Manchester	ME
Maine Medical Association Center for Quality Improvement	Creating Innovative Medical and Dental Pathways for HPV Vaccination Education to Increase HPV Vaccination Rates in Maine	2021	\$190,948	HPV Vaccination	Manchester	ME
Central Maine Community Health / Healthy Androscoggin	Community Immunity: A Collaborative Effort to Raise HPV Vaccinations Rates in Androscoggin County	2024	\$50,000	HPV Vaccination	Lewiston	ME

***Grantee implemented funding across four separate practices.*

The primary focus of the HPV vaccination grants is increasing vaccination rates with the goal of preventing HPV-associated cancers. Grantee organizations implemented evidence-based interventions and provider reminder systems linked to patient EHRs, that have been shown to increase HPV vaccination rates. Projects also involved extensive health care provider education, capacity assessments of participating practices, and significant updates to EHR systems used to track vaccination status and HPV data.

Grant Results

The HPV vaccination grants provided by MCF between 2017 and 2023 resulted in several positive outcomes for the targeted pediatric practices and their patients. A summary of some of these outcomes is provided below.

- A total of 5,474 individuals were identified for vaccination.
- The grants resulted in 34 additional partnerships with participating practices.
- 4 grants included the development and distribution of educational materials to the participating practices.
- 3 grants involved one-on-one or group education sessions about HPV vaccination, with 761 individuals participating.
- All 5 grants included the development and distribution of educational materials to the participating practices.
- 4 grants provided training to practice staff, a total of 235 were trained.
- All grants included components to expand patient access to services including establishing vaccine-only clinics, setting up nurse administered vaccine appointments, providing education for parents and patients, and enabling children and young adults to receive vaccines while at the dentist's office.
- All 3 grants reporting vaccination rates saw an increased vaccination rate across the participating practices, with an average increase of 8% across all practices.
- The grants resulted in at least 698 additional HPV vaccinations.

Impact of MCF Grants

HPV vaccination has been demonstrated to be highly effective at preventing infections from common cancer-causing strains in men and women aged 9-26, particularly when received before first HPV exposure. While more time is needed to evaluate full population-level impacts of widespread HPV vaccination, early models predict a decrease in cervical cancer and cervical pre-cancers caused by HPV have dropped by 40% among vaccinated women.⁶

Results

Table 12: HPV Vaccination Grant Outcomes

Total number of patients	Number of patients identified for HPV vaccination	Estimated Additional Vaccinations Provided	Grant Dollar per Vaccination
8,724	5,474	698	\$478.67

Among the 2 practices targeted by these grants that have reported on population served and vaccination rate, an additional 13% of the eligible population had received HPV vaccination (698 vaccinations) at an estimated cost of \$478.67 per vaccination. This is based on the total amount invested into the projects relative to the number of vaccinations completed. It is expected that the cost per vaccination will continue to decrease as both grants continue.

Discussion

Results indicate that the HPV vaccination grants increased the rate of HPV vaccination among adolescents in the participating practices. Increased vaccination rates are likely to have long-term reductive effects on the rates of HPV-related cancer among both men and women. The procedural and infrastructural changes implanted in this initiative have proven to be successful models for increasing vaccination rates. It is likely that these methods would be highly successful in other areas as well. It appears that these grants produced productive, well-organized, and impactful efforts to address insufficient HPV immunization among Maine children.

Grantees have also worked on building infrastructure and facilitating provider education to help increase vaccination rates. New EHRs, provider trainings, and revisions of processes and protocols were necessary to boost the rates at each practice. Please note that while the quality of the data provided by the grantees is high, two of the five grantees were unable to provide data on vaccinations or pre-/post-intervention vaccination rates, meaning that the grant outcomes reported here likely underrepresent the overall impact of MCF's HPV grants.

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5. Tobacco Prevention & The Youth Tobacco Media Campaign

Background

Tobacco use is one of the most well-studied causes of cancer and the leading cause of preventable disease, disability and death in the US.¹ Using tobacco is associated with higher rates of cancer incidence and mortality for lung cancer and many other types of cancer.² The rate of tobacco-related cancer, excluding lung and bronchus cancer, in Maine is 132.3 per 100,000 each year, significantly higher than the US rate of 125.8.³ The Maine rate of lung and bronchus cancer (60.1 per 100,000) is also significantly higher than the national rate (49.2).⁴ Tobacco-related cancers are the leading cancer in Maine both by incidence and mortality (2,548 and 1,026 in 2017).³

Reducing tobacco use requires a multipronged approach involving “educational, clinical, regulatory, economic, and social strategies” aimed at increasing quitting, reducing use and secondhand smoke exposure, preventing youth from becoming new smokers, and addressing tobacco disparities between socioeconomic groups.⁵ The CDC has funded tobacco interventions from the federal to local levels, and their research has found that the longest running programs are the most effective at reducing both tobacco use and tobacco-related cancer incidence.⁵ Reductions in tobacco use among youth in Florida were 50% and 35% among middle and high school students following a youth-focused media campaign.⁵ California, the state maintaining the longest-running tobacco control program, reduced the adult smoking prevalence from 22.7% to 11.9% in a 22-year period while its lung cancer incidence rate declined four times faster than the rest of the country.⁵

In 2021, 15.6% of adults in Maine reported using cigarettes.⁶ Cigarette use among Maine youth is lower; 5.5% of high schoolers report currently smoking cigarettes.⁷ Including all tobacco use, however, this figure is much higher; 18.6% of Maine high school youth reported currently using any tobacco product including e-cigarettes in 2021.⁷ Tobacco companies spend an estimated \$48 million in Maine to market their products.⁸ Tobacco companies deny marketing to youth, but use branding, particularly for e-cigarettes, with colors and flavors appealing to young people, and 9 out of 10 daily smokers start before they are 18 years old. Tobacco companies continually look to gain replacement smokers for their products. Youth are highly influenced through digital engagement, and one in four Maine high school students report experimenting with smoking.⁹

In an effort to prevent Maine youth from using tobacco products, a collaboration between Maine Cancer Foundation, Maine Center for Disease Control and Prevention, and Rinck Advertising formed to develop a youth tobacco prevention campaign. Utilizing qualitative data from Maine youth focus groups, “**You Are the Target**” was a counter-marketing campaign that strategically intercepts youth via digital media platforms. Effective and long-term programs are crucial to reducing tobacco use and decreasing the incidence of tobacco-related cancers.

Maine Cancer Foundation has awarded **40 tobacco grants** totaling **\$3,310,251**.

This has resulted in **10,493 individuals receiving referrals to tobacco cessation services** and **36,334 receiving tobacco prevention education**.

Summary of MCF Grants

Since 2015, Maine Cancer Foundation has made significant investments to reduce tobacco use and tobacco-related cancers in the state of Maine. The organizations receiving MCF grants have implemented a number of evidenced-based interventions which have included increasing outreach to youth, referring individuals who smoke to programs and quitting resources, and implementation of media campaigns that have been shown to reduce tobacco use. Many of these projects involved outreach and awareness aimed at connecting individuals who smoke or those considering smoking with cessation and prevention services. Referrals to cessation classes, counseling, programs, and the Maine Tobacco Quit Link comprise the bulk of grantee activities outside of awareness building.

Since 2015, Maine Cancer Foundation has awarded **\$3,310,251** through 40 tobacco grants, including:

Organization	Project Title	Year Issued	Amount	Category	Grantee Location	
Aroostook County Action Program	Tobacco Cessation for Aroostook County Adults	2019	\$79,310	Tobacco Treatment	Houlton	ME
Bangor Public Health and Community Services	Tobacco Treatment Partnership in Bangor	2022	\$99,126	Tobacco Treatment	Bangor	ME
Breathe Easy Coalition of Maine, City of Portland	Addressing Disparities in Tobacco Use and Exposure through Policy and Environmental Change	2015	\$74,101	Tobacco Prevention	Portland	ME
Down East AIDS Network and the Health Equity Alliance	LGBTQ Tobacco Equity Project	2015	\$57,669	Tobacco Prevention	Ellsworth	ME
Healthy Acadia	Reducing Tobacco Use in Downeast Maine	2017	\$75,477	Tobacco Prevention	Ellsworth	ME
Healthy Androscoggin	Tobacco Education and Cessation Support for Adults in Androscoggin Country	2017	\$52,419	Tobacco Treatment	Lewiston	ME
Healthy Androscoggin	Preventing Youth Smoking Through Community Education: The Tobacco 21 Law	2018	\$94,816	Tobacco Prevention	Lewiston	ME
Healthy Androscoggin	Tobacco Support Group	2019	\$9,123	Tobacco Treatment	Lewiston	ME
Healthy Androscoggin	New Mainer focused tobacco interventions	2022	\$80,000	Tobacco Treatment	Lewiston	ME

Organization	Project Title	Year Issued	Amount	Category	Grantee Location	
Healthy Communities of the Capital Area	Reaching More Moms, their Friends and Family	2017	\$25,000	Tobacco Treatment	Gardiner	ME
Healthy Communities of the Capital Area	Expanding Partners and Increasing Tobacco Prevention, Assessment, and Treatment for LGBTQ+ Youth and Young Adults	2022	\$100,000	Tobacco Prevention	Gardiner	ME
Healthy Community Coalition of Greater Franklin County	Tobacco Free Franklin (Two Year Request)	2015	\$199,976	Tobacco Treatment	Farmington	ME
Kennebec Behavioral Health	KBH Clubhouse Tobacco Cessation Needs Assessment	2019	\$7,500	Tobacco Treatment	Augusta	ME
Kennebec Behavioral Health	Continuing Tobacco Cessation at KBH Clubhouses	2022	\$2,500	Tobacco Treatment	Augusta	ME
Maine General Health	Quitting smoking is hard, finding support shouldn't be: Expanding individual and group treatment options in central Maine	2022	\$100,000	Tobacco Treatment	Augusta	ME
Maine Public Health Association	MPHA Tobacco Coalition Cancer Prevention	2017	\$10,000	Tobacco Prevention	Augusta	ME
Maine Public Health Association	Maine Tobacco Coalition for Cancer Prevention	2017	\$99,264	Tobacco Prevention	Augusta	ME
Maine Public Health Association	Tobacco Prevention and Control Communications Project	2018	\$94,275	Tobacco Prevention	Augusta	ME
Maine Transgender Network	Transgender Cancer reduction through Provider Education	2022	\$80,000	Tobacco Prevention	Portland	ME
MaineGeneral Medical Center	Engaging Rural, Low-Income Populations in Tobacco Cessation: A Community-Based Approach	2018	\$91,959	Tobacco Treatment	Waterville	ME

Organization	Project Title	Year Issued	Amount	Category	Grantee Location	
MaineHealth – Center for Tobacco Independence	Building Capacity in Primary Care to Address Tobacco Dependence	2016	\$50,000	Tobacco Treatment	Portland	ME
MaineHealth - MaineHealth Cancer Care Network	Reducing tobacco use in oncology patients who continue to smoke while receiving treatment	2019	\$71,398	Tobacco Treatment	Scarborough	ME
MaineHealth Care at Home	Tobacco Treatment Groups and Support	2019	\$56,437	Tobacco Treatment	Saco	ME
Mid Coast Hospital	Increasing Capacity to Provide Group Tobacco Treatment at Mid Coast Hospital	2018	\$28,987	Tobacco Treatment	Brunswick	ME
Mid Coast Hospital - Access Health	Midcoast Youth Tobacco Intervention	2015	\$16,099	Tobacco Prevention	Brunswick	ME
New Mainers Public Health Initiative	Smoking Prevention Campaign for New Mainers	2019	\$100,000	Tobacco Prevention	Lewiston	ME
Penobscot Bay YMCA/Knox County Community Health Coalition	Fresh Quit Knox County	2018	\$90,307	Tobacco Treatment	Rockport	ME
Penobscot Community Health Care	Peer-Led Tobacco Cessation Training at Unlimited Solutions Clubhouse	2017	\$26,116	Tobacco Treatment	Bangor	ME
Portland Public Health Division	Portland Smoke Free Downtown Initiative	2022	\$40,000	Tobacco Prevention	Portland	ME
Public Health Research Institute	Wetamawe (Tobacco)	2017	\$100,000	Tobacco Prevention	Deer Isle	ME
Rinck Advertising	Youth Tobacco Prevention Campaign	2017	\$750,000	Tobacco Prevention	Lewiston	ME
Wabanaki Public Health and Wellness	Wetamaweyi (Tobacco in Penobscot)	2022	\$100,000	Tobacco	Bangor	ME
Waldo County General Hospital	Reducing Smoking Rates among Patients with COPD	2018	\$96,240	Tobacco Treatment	Rockland	ME
Reigon 8 Mid-Coast School of Technology	Restorative Approach to Teen Smoking and Vaping	2023	\$8,500	Tobacco Prevention	Rockland	ME
Mount Desert Island Hospital	Establishing a Tobacco Treatment and Prevention Program at	2023	\$12,966	Tobacco Treatment	Ellsworth	ME

Organization	Project Title	Year Issued	Amount	Category	Grantee Location	
	Mount Desert Island Hospital					
Healthy Androscoggin	Secondhand and Thirdhand Smoke and Pets	2023	\$41,000	Tobacco Treatment	Lewiston	ME
Aroostook County Action Program	Prevention Through Youth Engagement	2023	\$80,000	Tobacco Prevention	Presque Isle	ME
Capital Kids dba Augusta Teen Center	Roads to Success - Tobacco	2023	\$80,000	Tobacco Prevention	Augusta	ME
New Mainers Public Health Initiative	Combustible Cigarettes and Hookah Smoking Intervention Project in Lewiston-Auburn	2023	\$80,000	Tobacco Treatment	Lewiston	ME
Pen Bay Medical Center/Waldo County General Hospital	Pharmacist-Engaged Pilot to Increase Access to Tobacco Cessation Resources	2024	\$49,686	Tobacco Treatment	Rockport	ME

Grant Results

The tobacco prevention and treatment grants provided by MCF from 2015-2023 resulted in several positive outcomes for grantees, Maine’s communities, and individuals who smoke. A summary of some of these outcomes is provided below.

- A total of 327,202 individuals were identified as eligible to receive tobacco-related programming in the state.
- 100% of projects resulted in new or expanded partnerships with outside organizations, totaling 268 partnerships across 40 organizations.
- 69% utilized outreach and media advertising events.
- A total of 631 outreach events were held around the state.
- 83% of grants resulted in staff receiving additional training related to tobacco cessation and prevention, with 785 staff members receiving training.
- 48% of the grants hired additional staff. A total of 19 new staff members were hired with the grants.
- 10,493 individuals were referred to cessation programs, 36,334 people received tobacco prevention education, and 22,982 received tobacco cessation education.
- 77% of projects provided referrals to Maine QuitLink, 46% provided referrals to cessation classes, and 43% provided referrals to one-on-one counseling.
- A total of 11,316 tobacco users were identified as a result of grantee programs.

- 59% of grants included components to increase patient access to care, including increased access for uninsured/underinsured individuals and students, transportation services, and support for non-English speakers.

As a result of tobacco grantee efforts, a total of 662 individuals were confirmed to have quit or reduced their tobacco use, and many more who likely quit or reduced their use. This includes both youth and adult smokers of varying socioeconomic statuses from across the state.

Maine Cancer Foundation conducted a survey of Maine youth aged 13 to 18, representative of the population targeted with the media campaign. The survey contained a series of questions regarding awareness and perception of the “You Are the Target” campaign. Results of the survey showed that:

- Nearly half of teens (46%) said they saw a “You Are the Target” ad or video in the past year.
- Among those who saw a video, two-thirds were able to correctly describe the message of the campaign (*tobacco companies target youth with their marketing*).
- Overall, 19% of teens talked to one of their friends about tobacco or quitting after seeing the ads, while 7% said they quit using tobacco or thought about quitting.
- Among current tobacco users, 24% said they thought about quitting or reducing their use after seeing the ads.
- Based on the results of the survey, it is estimated that 41,170 teens saw an ad/video in the past year, and as a result of exposure to the campaign, nearly 8,000 Maine teens talked to one of their friends about tobacco or quitting and 3,000 quit using tobacco or thought about quitting.

Impact of MCF Grants

The Surgeon General’s report, *Health Consequences of Smoking—50 Years of Progress*, concludes that, “The burden of death and disease from tobacco use in the United States is overwhelmingly caused by cigarettes and other combusted tobacco products;” and “comprehensive tobacco control programs and policies have been proven effective for controlling tobacco use.”⁹

Numerous studies have validated the efficacy of tobacco control and cessation programs. This includes the Maine QuitLink (formally Maine Tobacco HelpLine), which has been demonstrated to produce 6-month quit rates of between 12% and 23% among current smokers.¹⁰ Studies have also attempted to quantify the medical costs and quality-adjusted life years associated with smoking. These results have proven more varied, given the complex methods and assumptions required to produce the estimates. However, results from the Cancer Prevention Study II found:

Life expectancy among smokers who quit at age 35 exceeded that of continuing smokers by 6.9 to 8.5 years for men and 6.1 to 7.7 years for women. Smokers who quit at younger ages realized greater life extensions. However, even those who quit much later in life gained some benefits: among smokers who quit at age 65 years, men gained 1.4 to 2.0 years of life, and women gained 2.7 to 3.7 years.¹¹

Additional studies have produced similar results, showing that while quitting earlier in life produces a larger benefit, even older adults who quit smoking add years to their lives and reduce their risk of cancer.

The outcomes for the tobacco prevention and treatment grants focused on the number of individuals seeking or being directed to cessation services and how many identified smokers reported themselves as successful quitters or reduced use. The number of individuals reporting quitting or reducing their use was estimated using the data supported rate of quit/reduction and the population reportedly served by the grants. The results of the grant effectiveness analysis are tabulated below:

Table 13: Tobacco Prevention and Cessation Outcomes

# Received Tobacco Prevention Education	# Referred To Cessation Services	Tobacco Users Newly Identified
22,982	10,493	11,316

Table 14: Cessation Among Identified Tobacco Users*

Tobacco Users Newly Identified	Quits	Reductions in Use	Total Quits or Reductions	% Decreasing Tobacco Use or Quitting**
11,316	272	390	662	8%

* This table includes data on quitters/reduced use from the 16 grantees that tracked and provided this information in full including follow up data, out of the 44 total grantees working on tobacco cessation or prevention.

** Note that calculation excludes some grantees who did not provide follow-up information on quit status.

Results

Among the grantees reporting data, approximately 33,475 individuals sought help from a tobacco program and were referred to cessation services or were provided tobacco prevention education. A total of 11,316 tobacco users were identified and participated in grantee programming, with 272 individuals reporting quitting and 390 reducing their tobacco use.

Among the grantees who tracked and provided data on both tobacco users and quits (note that not all grantees provided data on both), 619 out of 7,481 tobacco users reported successfully quitting or reducing their tobacco use following exposure to the program. The average estimated quit or reduced use rate is 8% for smokers accessing these programs.

Maine youth were exposed to a tobacco awareness campaign through a variety of platforms and received messages that provided education about tobacco company marketing tactics, built awareness of the dangers and effects of tobacco use, and empowered youth to reject the manipulative messaging used by the tobacco companies.

Discussion

Grantees addressing tobacco prevention and treatment are engaged in a wide variety of activities making it difficult to collect and aggregate data to summarize the impact and cost-effectiveness of MCF grant funding. However, the data available for MCF Tobacco prevention and treatment grantees show that they

are reaching a large target population (317,202), building important partnerships with collaborators (268 new partnerships), providing much needed training to public health workers (785 staff members trained), and providing prevention education and treatment referrals to both youth and adults across the state.

Among those who reported quit data, 662 tobacco users confirmed to have quit or reduced their tobacco use, achieving a successful 8% quit/reduction success rate following exposure to one or more of the grantee programs or referrals. Among the grantees that provided tobacco treatment data, MCF funding is effectively reducing tobacco use and helping tobacco users who want to quit.

These results suggest that the education and assistance provided to individuals who smoke and referral services have been effective. From this analysis, grantees who reported quantitative data about their referrals, number of people interacted with, and post-program outcomes are making a positive impact on the rates of tobacco use in the short-term and cancer incidence long-term. It is reasonable to extrapolate based on life expectancy studies that MCF grant funding for tobacco prevention and treatment has (conservatively) saved thousands of years of life combined for those that have quit as a result of the programs.

Additional outcome tracking and data reporting would be necessary to fully summarize the impact of MCF grant funding on tobacco use in Maine. A lack of data on short-term outputs/outcomes such as quit attempts for many of the grantees makes it challenging to quantify the overall impact of the grants. We acknowledge that there are significant gaps in the data for some of the reported summary and outcome metrics.

Only 14 grantees supplied data about the number of individuals who smoke and the post-program outcomes, and the 8% quit and reduction rate is based on these data. It is likely that additional data from other grantees and more accurate data from currently reporting grantees would affect the rate and estimated numbers of quits and reduced use.

With more data, Maine Cancer Foundation would have a better understanding of the cumulative tobacco program effectiveness, the number of tobacco users being referred and going to various tobacco programs, how many are quitting or reducing their use, and how many begin using tobacco again in the long-term. These data would help support a more thorough assessment of how these interventions are performing and the per dollar impact the grants have had on smoking and tobacco-related cancer in Maine.

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6. Sun Safety

Background

Skin conditions are exceedingly common in the U.S. and worldwide and are estimated to cost nearly \$75 billion per year in the US alone.¹ In Maine, the melanoma incidence rate is estimated to be 27.1 per 100,000, compared to the US rate of 23.8 per 100,000.² Maine's incidence is approximately 545 new cases of melanoma per year². Most melanomas are curable if diagnosed early.^{2,3}

Both malignant and non-malignant skin cancers are caused by chronic and acute exposure to solar UV radiation.⁴ Exposure can be reduced using physical barriers such as clothing or staying indoors during the most intense periods of sun during the day. Protection of exposed skin is best achieved using sunscreens and sun blocks which have been demonstrated to reduce the incidence of cancerous skin lesions in fair-skinned persons.⁵ An intervention in Australia demonstrated that long-term daily use of sunscreen can dramatically reduce the incidence of skin cancers. After a four-year intervention period, a subsequent analysis projected that daily lifetime sunscreen use in the intervention group (approximately 812 persons) would prevent 33 melanomas, 168 cutaneous carcinomas, and 4 melanoma deaths.⁶ The authors concluded that daily sunscreen use is a cost-effective intervention that can meaningfully reduce the incidence of skin cancer among fair-skinned people.⁶ Researchers estimate that a 10-year public health intervention program moderately increasing the uptake of regular sunscreen use in the US could prevent 231,053 melanomas by 2031.⁷

Maine Cancer Foundation has awarded **9 sun safety grants** totaling **\$473,193**.

This has resulted in as many as **305,000 individuals** receiving at least one application of sunscreen at a cost of **\$1.34 per person**.

Summary of MCF Grants

Since 2016, Maine Cancer Foundation has made significant investments in organizations around Maine with the goal of increasing sun safety practices. Most of these projects involved building infrastructure, training employees at intervention sites, and educating the population to increase sun safety awareness.

Maine Cancer Foundation has awarded 9 sun safety grants to 4 organizations totaling \$473,193, including:

Organization	Project Title	Year Issued	Amount	Category	Grantee Location	
City of Portland - Public Health	Sun Safety at Casco Bay	2016	\$5,000	Sun Safety	Portland	ME
City of Portland - Public Health	Sun Safety at the Portland Sea Dogs	2017	\$20,000	Sun Safety	Portland	ME
Dempsey Center	Sun Safe on the Slopes	2016	\$5,750	Sun Safety	Lewiston	ME

Organization	Project Title	Year Issued	Amount	Category	Grantee Location	
Impact Melanoma	Practice Safe Skin – Maine	2018	\$78,543	Sun Safety	Concord	MA
Impact Melanoma	Reducing the Burden of Skin Cancer for Maine Residents	2020	\$20,000	Sun Safety	Concord	MA
Impact Melanoma	Sunscreen at Maine State Parks	2021	\$53,900	Sun Safety	Concord	MA
Impact Melanoma	Sun Safety in Maine	2022	\$120,000	Sun Safety	Concord	MA
Impact Melanoma	Skin Cancer Partners in Prevention	2024	\$130,000	Sun Safety	Concord	MA
Northern Light AR Gould Hospital	Aroostook County Sun Safety Collaborative	2024	\$40,000	Sun Safety	Presque Isle	ME

Grant Results

The sun safety grants provided by MCF from 2016-2024 resulted in several positive outcomes for grantees, Maine’s communities and those at risk of developing skin cancer. A summary of some of these outcomes is provided below.

- 2,487,080 individuals were included in the target population of these grants.
- All 9 grants involved building new or expanding partnerships with outside organizations, resulting in 138 additional or expanded partnerships.
- 6 grants included training for dispenser site staff and/or skin care and beauty professionals.
- 306 sunscreen dispensers have been installed.
- 195 staff have been trained at the dispenser sites.
- 55 skin care or beauty professionals were trained
- 8 of the projects facilitated outreach and media advertising events, for a total of 110 events.
- 6,724 individuals in the target population participated in at least one educational session.
- Over 305 cases of sunscreen were used.

It is estimated that because of sun safety grantee efforts, as many as 305,000 individuals were able to apply at least one application of sunscreen over the course of these grants. The per application cost is estimated to be \$1.34.

Impact of MCF Grants

Skin cancer results primarily from exposure to ultraviolet radiation from the sun. Both acute and long-term exposure can induce the mechanisms which cause cancer to develop. Exposure can be reduced by

limiting time outdoors or by wearing clothing and sunscreen. Daily use of sunscreen has been demonstrated to reduce the incidence of skin cancers in fair-skinned population. However, long-term medical follow-up is critical to assessing the effectiveness of a sunscreen-based intervention.

There is currently limited research on the impact of sunscreen dispensers on sunscreen use. A research letter published in JAMA Dermatology in 2016 suggests that a decline in skin cancer incidence and mortality in New England may be tied to the region’s strong cancer prevention programs, including the Practice Safe Skin initiative, which involved funded sunscreen dispensers in public and recreational areas.⁸

This is an area of expanding research, but in the years since, a few peer-reviewed studies have explored and ultimately supported the conclusion that public sunscreen dispensers could increase sunscreen use. One study in a municipality of Prince Edward Island, Canada, analyzed observations of user interactions with public sunscreen dispensers, concluding that the dispensers could have an impact by reducing the financial barrier, simplifying access, allowing for social influence, and providing sunscreen awareness education.⁹ Another observational study of sunscreen dispensers noted public receptiveness to the idea, with 17,000 people utilizing the sunscreen over a 12-day state fair, with lower use on overcast days.¹⁰

While studies find sunscreen dispensers to be a promising public safety and education measure, there is currently no research measuring the impact of dispensers on long-term sunscreen use. The lack of research studies makes it difficult to quantify the impact of MCF grants in this area beyond the short-term outcomes of awareness and knowledge about the importance of sun safety and increase in sunscreen usage. This analysis estimates the number of people who benefited from the sun safety grant activities. It focuses on the number of sunscreen applications provided by the installed dispensers and seeks to estimate the cost per application and what percentage of the population is being protected from sun exposure.

The results of the grant effectiveness analysis are tabulated below:

Table 15: Sun Safety Outcomes

Number of sunscreen dispensers installed	Cases of sunscreen used*	# of applications of sunscreen*	\$ per application*
306	305	305,000	\$1.34

* Two grantees did not provide data on cases of sunscreen used and are excluded from cost calculations.

Results

Seven grants have provided 306 sunscreen dispensers to the public, dispensing more than 305 cases of sunscreen for an estimated 305,000 applications of sunscreen. The per application cost is estimated to be \$1.34, which can be expected to decrease given the current funding status of this initiative. Assuming the entire target population had access to these dispensers, approximately 12% or 305,000 individuals could have used a single application. If the assumption is that each person used two applications, 6% or 152,500 people would have gotten an application of sunscreen.

In addition to the sunscreen dispensers, 6,724 individuals participated in educational sessions about sun safety, 138 partnerships with outside organizations were created or expanded, and 110 outreach events were facilitated.

Discussion

Results from the analysis of MCF sun safety grants indicate that grantees successfully implemented their proposed activities, including the installation of public sunscreen dispensers and delivery of education and outreach to employees in outdoor work environments. These implementation successes reflect strong grantee capacity and effective use of grant resources. At the same time, establishing a clear link between these activities and downstream sun safety behaviors or skin cancer outcomes remains challenging, given that these outcomes depend on repeated exposure, sustained behavior change, and long time horizons.

Research on sun safety suggests that sunscreen dispensers may exert meaningful influence even when they are not directly used. Dispensers can function as a form of passive education, increasing the awareness of sun protection and keeping sun safety “top of mind” for people moving through outdoor spaces. This awareness effect extends to individuals who rely on personal sunscreen or who choose not to apply sunscreen at a particular moment.¹¹

Importantly, a consistent finding across studies is that limited sun protection behaviors are often driven less by gaps in knowledge and more by gaps in access. One study with adolescents and young adults found that many youth were already aware of the importance of sunscreen use and the risks associated with skin cancer; however, sunscreen was frequently unavailable or inconvenient when sun exposure occurs.¹² In this context, publicly accessible dispensers address a practical barrier by making sunscreen readily available in locations where exposure is likely, such as beaches, parks, and outdoor work settings. This access-oriented approach suggests that dispensers may complement, rather than duplicate, educational messaging by enabling individuals to act on knowledge they already possess.

Despite these promising mechanisms, limitations remain in the current evaluation framework. As noted previously, grantees face substantial structural and methodological challenges in measuring actual sunscreen use, frequency of application, and adherence to best-practice guidelines. The presence of a dispenser does not guarantee correct or consistent use, and existing grant data do not capture seasonal variation, reapplication behavior, or cumulative exposure over time. As a result, it is not possible to directly connect dispenser installation to reductions in sunburns or skin cancer incidence using available data alone.

A more comprehensive evaluation approach would be needed to better assess both behavioral and health impacts. Pre- and post-intervention data collection among populations that regularly encounter dispensers could help quantify changes in awareness, perceived access, norms, and self-reported protection behaviors. To support claims about impacts on skin cancer, longer-term follow-up and integration with screening or surveillance data would be required. In the absence of such data, conclusions about reduced skin cancer incidence must remain cautious.

Moving forward, MCF may wish to assess sun safety grant proposals based not only on their educational components, but also on their ability to reduce access barriers and reinforce sun-safe norms over time. Proposals that demonstrate intentional placement of dispensers, consistent sunscreen supply, and feasible plans for monitoring awareness, access, and behavioral indicators may be best positioned to demonstrate impact. Aligning funding priorities with both access-oriented intervention theory and evaluation-ready designs could strengthen the evidence base for sun safety investments in Maine.

Commented [KM2]: Is there anything to be said here about the public awareness component of the sunscreen dispensers? Evidence for the dispensers is limited, but I wonder if the impacts of educational signage, the reminder of the importance of sunscreen, and an overall awareness of cancer prevention efforts has some promising impact... Might be grasping at straws here but it came to mind!

Commented [PM3R2]: Rewritten the discussion section to incorporate this information based on more recent research. Yes, those findings in the literature seem to be consistent with your thoughts. Also note that (at least among teens/young adults), sunscreen dispensers may also increase access/reduce barriers to sunscreen, which as a parent of teenagers I can confirm they never go anywhere prepared with what they should need.

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7. Environmental Factors that Impact Cancer

Background

Exposure to certain environmental factors, including radon, arsenic, and Per- and polyfluoroalkyl substances (PFAS), is known to increase cancer risk. These carcinogens are often found in air, water, or food and can be difficult to detect or avoid (NCI).¹

Radon gas, the primary natural source of radiation exposure, is the second leading cause of lung cancer after smoking and the leading cause among non-smokers.² In Maine, radon naturally occurs in soil and can accumulate in homes, workplaces, and schools, or dissolve into well water. According to a 2023 survey of Maine residents, only 33% of Mainers reported that their homes had been tested for radon, a percentage that has largely held steady since 2021.³ Widespread testing and support with necessary mitigation can help prevent radon from causing harm.

Arsenic is often present in drinking water, with 1 in 10 wells in Maine containing arsenic levels above safe limits. Arsenic exposure through drinking water is associated with higher rates of skin, lung, liver, and bladder cancer, among others.⁴

PFAS are a collection of synthetic chemicals used in common household products. These chemicals, also known as “forever chemicals,” are resistant to breaking down and have accumulated in the environment. The most studied PFAS chemical has been officially designated as a carcinogen, and studies have found links between PFAS and kidney, testicular, and breast cancers. Recent studies have linked PFAS in drinking water to multiple cancers, prompting calls for further research.⁵

Summary of MCF Grants

To help combat the risks posed by these exposures in Maine, MCF awarded their first 3 grants focused on raising awareness of environmental carcinogens in 2024, as well as increasing testing and access to mitigation, totaling \$122,320.

Organization	Project Title	Year Issued	Amount	Category	Grantee Location	
Jefferson Cary Foundation	Detecting Radon in ME	2024	\$22,324	Radon	Caribou	ME
Defend Our Health	Primary Cancer Prevention via Well Testing and Mitigation (Arsenic, PFAS)	2024	\$49,996	Arsenic	Portland	ME
Maine Indoor Air Quality Council	Reducing the Risk of Lung Cancer from	2024	\$50,000	Radon	Augusta	ME

Maine Cancer Foundation has awarded **3 screening grants targeting environmental carcinogens** totaling **\$122,320**.

This has resulted in **educational sessions** reaching over **250 individuals**, assisting households with mitigation resources, and advocacy at the state level.

Organization	Project Title	Year Issued	Amount	Category	Grantee Location
	Exposure to Radon Gas Within a School Community				

Grant Results

Two grants awarded by MCF that aimed to reduce harm from environmental carcinogens provided data on their grant activities. A summary of some of these outcomes is provided below.

- Both grants resulted in new partnerships with outside organizations.
- One organization held one-on-one or group educational sessions, with 250 people participating.
- One organization utilized social media outreach and distributed educational materials.

Impact of MCF Grants

Defend Our Health’s project provided arsenic and PFAS testing for household wells, focusing on lower income communities and communities with heavily contaminated drinking water. They also provided navigation to mitigation resources and education for those who needed it. Additionally, they engaged in advocacy at the state level. They met with state policymakers about implementing required arsenic well testing and expanding PFAS well testing.

Discussion

While all three MCF Environmental grants have been recently awarded and require more time to display their full impact, preliminary results indicate that these grants have had a positive impact on the target community so far. One grantee provided data on their efforts to raise awareness, holding educational sessions reaching 250 people in the target community, as well as utilizing social media outreach and educational materials. Additionally, they were able to provide increased access to arsenic and PFAS testing and helped recipients access mitigation resources and education. It’s clear that addressing these environmental risks through testing, mitigation, and continued research is essential to protecting public health in Maine.

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8. General Operating Support

Background

General operating support funding is a category of grant funding that grant-funded organizations are increasingly reliant on. General operations are those functions which keep organizations running and able to fulfill their missions. Among the common general operations are asset building and development, institutional services, provision of assets and services, research, networking, community building, and individual economic assistance.¹ Internally, these are activities like payroll, financial management, human resources, and in many cases, hiring grant writers to secure additional funds for mission-oriented operations. Externally, general operations can include fundraising, advocacy work, and civic engagement.¹

General operations funding covers these types of activities that are vital to many organizations' daily function. Funding for specific outcomes such as increasing cancer screening rates or reducing tobacco use often does not finance the general operations activities. For grant-funded organizations to achieve their institutional missions and those of their funders, they must be able to keep the bedrock of their operations in working order. General funding allows organizations to keep their doors open and continue doing their work.

Maine Cancer Foundation has awarded **11 general operations grants** totaling **\$380,000**.

General operations funding has increased organizational capacity, allowed for restructuring and greater focus on programs, and has enabled grantees to generate additional funds through grants and fundraising.

Summary of MCF Grants

Since 2017, Maine Cancer Foundation has made investments to support the general operations of organizations around Maine whose missions align closely with the Foundation's goals to reduce the impact of cancer in Maine. Many of these organizations work to address multiple areas of cancer prevention, care, and support for Maine residents. Several have additional grants in areas such as colorectal cancer screening, transportation, and patient navigation. The general operating funds allow these organizations to keep their administrative, financial, and other routine operations running smoothly as they focus on cancer care from multiple angles.

Between 2017 and 2024, Maine Cancer Foundation has awarded 11 general operations grants totaling \$380,000 to 7 organizations, including:

Organization	Project Title	Year Issued	Amount	Category	Grantee Location	
Beth C. Wright Cancer Resource Center	General Operating Support	2017	\$15,000	General Operating	Ellsworth	ME

Organization	Project Title	Year Issued	Amount	Category	Grantee Location	
Beth C. Wright Cancer Resource Center	General Operating Support	2018	\$25,000	General Operating	Ellsworth	ME
Beth C. Wright Cancer Resource Center	General Operating Support	2019	\$30,000	General Operating	Ellsworth	ME
Beth C. Wright Cancer Resource Center	General Operating Support	2021	\$56,000	General Operating	Ellsworth	ME
Beth C. Wright Cancer Resource Center	General Operating Support	2023	\$60,000	General Operating	Ellsworth	ME
Cancer Resource Center of Western Maine	General Operating Support	2021	\$40,000	General Operating	Norway	ME
Cancer Resource Center of Western Maine	General Operating Support	2023	\$50,000	General Operating	Norway	ME
Christine B. Foundation	General Operating Support	2021	\$30,000	General Operating	Bangor	ME
Christine B. Foundation	General Operating Support	2023	\$50,000	General Operating	Bangor	ME
Healthy Acadia	General Operating Support	2017	\$50,000	General Operating	Ellsworth	ME
Healthy Acadia	General Operating Support	2018	\$50,000	General Operating	Ellsworth	ME
Healthy Androscoggin / Central Maine Community Health	General Operating Support	2019	\$50,000	General Operating	Lewiston	ME
Healthy Androscoggin / Central Maine Community Health	General Operating Support	2020	\$35,000	General Operating	Lewiston	ME
Healthy Androscoggin / Central Maine Community Health	General Operating Support	2021	\$40,000	General Operating	Lewiston	ME
Healthy Communities of the Capital Area	General Operating Support	2017	\$50,000	General Operating	Gardiner	ME

Organization	Project Title	Year Issued	Amount	Category	Grantee Location	
Healthy Community Coalition of Greater Franklin County	General Operating Support	2017	\$50,000	General Operating	Farmington	ME
Maine Public Health Association	General Operating Support	2020	\$15,000	General Operating	Augusta	ME
Maine Public Health Association	General Operating Support	2021	\$50,000	General Operating	Augusta	ME
Maine Public Health Association	General Operating Support	2023	\$50,000	General Operating	Augusta	ME
Sarah's House of Maine	General Operating Support	2017	\$10,000	General Operating	Holden	ME
Sarah's House of Maine	General Operating Support	2018	\$25,000	General Operating	Holden	ME
Sarah's House of Maine	General Operating Support	2019	\$25,000	General Operating	Holden	ME
Sarah's House of Maine	General Operating Support	2020	\$25,000	General Operating	Holden	ME
Sarah's House of Maine	General Operating Support	2021	\$50,000	General Operating	Holden	ME
Sarah's House of Maine	General Operating Support	2023	\$60,000	General Operating	Holden	ME

The primary focus of general operations fund is supporting the various cancer care and support activities grantees are engaged in.

Grant Results

The general operations grants provided by MCF from 2017-2023 resulted in several positive outcomes for grantees and the communities they serve. Because the general operations activities differ for each grantee, they are evaluated individually below. Proposed goals from the grant applications are used as the progress metric for each grantee, and the midyear progress reports are treated as the supplied data.

Achieved Outcomes

- Increased fundraising capacity including diversification of organizational funding structures, securing additional funding for programming, and developing fundraising campaigns.
- Improved organization's Information Technology through new hardware and upgraded software infrastructures to assure HIPAA compliancy and enhanced security.
- Hired staff to improve infrastructure, including bookkeeper and development staff.
- Invested in staff and board development.

- Improved organizational outreach through development of marketing plans and increased awareness of services.
- Expanded programming related to chronic disease management, health and wellbeing for cancer patients, support groups for cancer patients, and cancer prevention.
- Improved and increased collaboration with other organizations.
- Underwent strategic planning efforts.
- Established a critical reserve of funds for public health programming.
- Expanded current cancer prevention and screening programming.
- Collaboration with three transportation programs to improve the allocation of transportation resources for residents in Hancock and Washington counties.
- Increased development capacity by hiring a full-time Development Director.
- Established a critical reserve of funds for public health programming.

Discussion

Across the general operations grantees, grantees continue to achieve their organizational goals, due in part to the funds obtained from Maine Cancer Foundation. Grant funds support a wide array of activities and processes that are separate from the program-specific activities. Administrative, financial, and technological improvements are among the more common applications of the general operating funds. Improving these aspects of organizational operation is an integral component to sustaining the long-term viability of programs the grantees oversee.

A cost-effectiveness analysis was not conducted due to the unique ways each grantee implemented their funds and the impact those implementations had on the various programs at each organization. In addition, data were not available on the specifics of how the funding was used by each grantee. Shared metrics for future cost-effectiveness analyses could include infrastructure and awareness building activities, as well as tracking additional funding that may have been procured as a result of the additional capacity of the grantees.

While a traditional cost-effectiveness analysis is not possible, recipients of the 2018 funding reported many and varied outcomes. One grantee said that general operating funds allowed them to secure an additional \$163,000 from other funding sources that was then utilized to support additional programs. Another grantee funded expansion of programs for diabetes management, chronic disease management, and Tai-chi classes, serving more than 600 people in one year across the three. A grantee that provides housing and transportation services to cancer patients has served 369 guests in a few short years and has continually expanded support for their guests thanks to MCF funding.

The impact of these general operations efforts is intertwined with the programmatic work grantees are doing to address cancer in Maine. It is difficult to parse out the effect on cancer incidence and mortality, but it is reasonable to conclude that keeping these organizations open and even improving their operations is likely to positively impact the cancer outcomes. However, there is no presently available framework for assessing the per dollar contribution to incidence and mortality. A better assessment would focus on operational efficiency and performance. If the general funding ultimately improves both, the conclusion is that general funding has a net positive benefit.

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9. Cancer Research

Background

Investments in scientific research are crucial to the forward progress of cancer care. Research helps to drive bodies of knowledge and understanding regarding cancer that is integral to successfully treating existing cancer and preventing future cases. The primary focus of the research grants is advancing the edge of scientific and academic knowledge about cancer and the best medical practices for its treatment.

Summary of MCF Grants

Since 2015, Maine Cancer Foundation has made investments in organizations around Maine with the goal of advancing research efforts related to cancer care.

Maine Cancer Foundation has awarded \$1,050,784 through 5 research grants to 4 organizations, including:

Maine Cancer Foundation has awarded **5 research grants** totaling **\$1,050,784**.

This funded no-cost fluid and tissue access for researchers, a successful PCRI shared decision-making program for lung screening, a telemedicine program, and ongoing EHR database consolidation and a breast cancer diagnostic trial.

Organization	Project Title	Year Issued	Amount	Category	Grantee Location	
Eastern Maine Medical Center Cancer Care	Creating a statewide tissue banking network to promote cancer research	2015	\$199,940	Research	Bangor	ME
Maine Medical Center Research Institute	Creating a Centralized Biospecimen Resource for Cancer Research	2015	\$199,830	Research	Scarborough	ME
Maine Medical Center Research Institute	Tumor Registry Electronic Medical Record Linked Data Resource: TREMR	2015	\$191,230	Research	Scarborough	ME
Maine Dartmouth Family Medicine Residency	Structured care for individuals at risk for familial cancer syndromes	2015	\$84,784	Research	Augusta	ME
University of New England	Methods and Diagnostics for Cancer Detection and Treatment Monitoring	2017	\$375,000	Breast Cancer Screening	Portland	ME

Impact of MCF Cancer Research Grants

Each of the five grantees that concluded their research has successfully met their stated objectives and outcomes. The grant exploring breast cancer is currently in the clinical trial phase, but the investigators expect promising results upon the study's conclusion.

As stated previously, due to the lack of measurable outcomes and data from grantees, it is difficult to measure the effectiveness of MCF grant-making in this area. In the future, more data may become available that would allow a more quantitative analysis of the impact of the research grants.

Qualitatively, the investments in the research grants likely have significant long-term benefits for the field of cancer and prevention in Maine. The provision of no-cost fluid and tissue samples for cancer research, for example, reduces the cost barrier of carrying out research efforts. The successfully piloted PCRI method for LDCT screening shows promise for improving the shared decision-making process among patients at risk for lung cancer. Similarly, the remaining grantees contributed positive knowledge and outcomes to their fields of study. The net benefit of these efforts may be difficult to assess in the short-term, but over many years after they are implemented across the state, cost savings and reductions in cancer incidence and mortality are outcomes.

10. Hospice General Operating Support

Background

Cancer requires multiple types of medical care to manage symptoms, treat the disease, and ease suffering toward the end of a person’s life. Hospice fulfills the latter and focuses on palliative care for those whose cancer is no longer being treated, are unlikely to be cured, or who have less than 6 months to live. Hospice care draws on multiple care disciplines to ease suffering and alleviate symptoms related to the cancer or previous treatments. Common types of care include nursing, home health, various types of therapy, and assistance with equipment. Hospice also addresses social needs including counseling, spiritual support, and social work assistance with end-of-life decisions.

Collectively, hospice care aims to help people transition from treatment to a stage where they can live as fully as possible until their passing. This often means spending less time at the doctor’s office and more time meeting personal goals and being with friends or family. In some cases, hospice care can even help an individual live longer by making them more comfortable. Given the importance of hospice in the spectrum of cancer care, Maine Cancer Foundation has invested heavily in hospice volunteer organizations across Maine to increase access to this critical service in underserved communities. The non-medical support to hospice patients and their families provided by Hospice Volunteer organizations is a critical complement to medical hospice care and enriches a patient’s experience at end of life. Hospice Volunteer organizations coordinate this type of non-medical care that can include such services as caregiver respite, end of life preparations, grocery shopping, pet care, transportation to care, and so much more.

Maine Cancer Foundation has awarded **12 hospice general operations grants** totaling **\$108,819**.

Hospice grantees expanded their services to more clients, increased marketing and education efforts, hire and train more volunteers, and develop self-sustaining funding streams.

Summary

In partnership with funds from the John T. Gorman Foundation, Maine Cancer Foundation made significant investments in hospice volunteer organizations since 2018.

Maine Cancer Foundation has awarded \$355,809 through 33 grants to 6 organizations, including:

Organization	Project Title	Year Issued	Grant Amount	Grant Category	Grantee Location	
Down East Hospice Volunteers	General Operating Support	2018	\$8,300	Hospice	Calais	ME
Down East Hospice Volunteers	General Operating Support	2019	\$8,819	Hospice	Calais	ME

Organization	Project Title	Year Issued	Grant Amount	Grant Category	Grantee Location	
Down East Hospice Volunteers	General Operating Support	2020	\$17,520	Hospice	Calais	ME
Down East Hospice Volunteers	General Operating Support	2022	\$8,760	Hospice	Calais	ME
Down East Hospice Volunteers	General Operating Support	2023	\$8,710	Hospice	Calais	ME
Down East Hospice Volunteers	General Operating Support	2024	\$9,000	Hospice	Calais	ME
Hospice Volunteers of Hancock County	General Operating Support	2018	\$5,000	Hospice	Ellsworth	ME
Hospice Volunteers of Hancock County	General Operating Support	2019	\$10,000	Hospice	Ellsworth	ME
Hospice Volunteers of Hancock County	General Operating Support	2020	\$20,000	Hospice	Ellsworth	ME
Hospice Volunteers of Hancock County	General Operating Support	2022	\$10,000	Hospice	Ellsworth	ME
Hospice Volunteers of Hancock County	General Operating Support	2023	\$10,000	Hospice	Ellsworth	ME
Hospice Volunteers of Hancock County	General Operating Support	2024	\$10,000	Hospice	Ellsworth	ME
Hospice Volunteers of Somerset County	General Operating Support	2018	\$6,700	Hospice	Skowhegan	ME
Hospice Volunteers of Somerset County	General Operating Support	2019	\$10,000	Hospice	Skowhegan	ME
Hospice Volunteers of Somerset County	General Operating Support	2020	\$3,000	Hospice	Skowhegan	ME
Hospice Volunteers of Waldo County	General Operating Support	2018	\$10,000	Hospice	Belfast	ME

Organization	Project Title	Year Issued	Grant Amount	Grant Category	Grantee Location	
Hospice Volunteers of Waldo County	General Operating Support	2019	\$10,000	Hospice	Belfast	ME
Hospice Volunteers of Waldo County	General Operating Support	2020	\$10,000	Hospice	Belfast	ME
Hospice Volunteers of Waldo County	General Operating Support	2022	\$10,000	Hospice	Belfast	ME
Hospice Volunteers of Waldo County	General Operating Support	2023	\$10,000	Hospice	Belfast	ME
Hospice Volunteers of Waldo County	General Operating Support	2024	\$10,000	Hospice	Belfast	ME
Hospice Volunteers of Waterville Area	General Operating Support	2018	\$10,000	Hospice	Waterville	ME
Hospice Volunteers of Waterville Area	General Operating Support	2019	\$10,000	Hospice	Waterville	ME
Hospice Volunteers of Waterville Area	General Operating Support	2020	\$10,000	Hospice	Waterville	ME
Hospice Volunteers of Waterville Area	General Operating Support	2022	\$10,000	Hospice	Waterville	ME
Hospice Volunteers of Waterville Area	General Operating Support	2023	\$10,000	Hospice	Waterville	ME
Hospice Volunteers of Waterville Area	General Operating Support	2024	\$10,000	Hospice	Waterville	ME
Pine Tree Hospice	General Operating Support	2018	\$10,000	Hospice	Dover-Foxcroft	ME
Pine Tree Hospice	General Operating Support	2019	\$10,000	Hospice	Dover-Foxcroft	ME
Pine Tree Hospice	General Operating Support	2020	\$10,000	Hospice	Dover-Foxcroft	ME

Organization	Project Title	Year Issued	Grant Amount	Grant Category	Grantee Location	
Pine Tree Hospice	General Operating Support	2022	\$10,000	Hospice	Dover-Foxcroft	ME
Pine Tree Hospice	General Operating Support	2023	\$10,000	Hospice	Dover-Foxcroft	ME
Pine Tree Hospice	General Operating Support	2024	\$10,000	Hospice	Dover-Foxcroft	ME

Grant Results

The hospice general operations grants provided by MCF in 2018 and 2024 resulted in several positive outcomes for grantees and the communities they serve. Proposed goals from the grant applications are used as the progress metric for each grantee, and the progress reports are treated as the supplied data.

Achieved Outcomes

- Expanded support group services through increased availability of space and hours allotted to group sessions.
- Increased number of clients served across hospice, bereavement, and child services
- Provided creative and non-mandated support in such forms as rides to oncology appointments, housing for out-of-town family, bedside vigils in the last hours of life, and bereavement groups.
- Increased the number of “End Stage” presentations explaining the necessity for early end of life care discussions with family and loved ones.
- Expanded bereavement program services by partnering with the local funeral home and utilizing grief counselors.
- Invested in office management staff to improve organizational efficiency.
- Increased the number of joint services delivered in collaboration with partnering agencies, leading to more comprehensive awareness among shared clientele.
- Enhanced community programs to better fit the needs of the serviced communities.
- Professional development for staff to attend trainings.
- Recruitment efforts for hospice volunteers in the community.

Impact

Relative to investments in other grant sectors, Maine Cancer Foundation’s total spending in hospice is smaller, but the impact is profound. Hospice programs that received funding are located in more rural places in Maine, places where both median and average income are lower, residents are more likely to be on public assistance, and access to critical medical care is reduced by financial and other logistical barriers.

MCF grant funds enabled the six grantees to continue serving their current number of clients and, in several cases, expand their client base. Using MCF funding, most grantees were able to recruit additional volunteers, hire more staff, and pay for needed training. This kind of capacity building is critical for smaller organizations in rural areas. Several grantees leveraged MCF funding to expand their marketing, education, and outreach efforts to increase their presence in the community. As a result of reaching more people, grantees successfully provided services to more clients. Overall, hospice grantee efforts have built new capacity and used it to improve client quality of life.

11. COVID-19 Response

Background

COVID-19 grants provided by MCF in 2020 helped to address immediate needs of Maine cancer patients and the unique challenges introduced or heightened by COVID-19 pandemic. According to the Centers for Disease Control (CDC), cancer patients and cancer survivors are at increased risk for severe illness or death if they contract Covid-19 (cdc.gov, 2022). Due to this increased risk, many patients were unable to work and relied on support from others to provide them daily necessities during the onset of the pandemic and through 2021.

COVID-19 grant funds were focused on addressing needs related to transportation, food insecurity, and other basic needs to assist patients with the many financial, health and safety obstacles posed by the pandemic.

Maine Cancer Foundation awarded 13 **COVID-19 Response grants** in 2020 totaling **\$93,000** to help meet the immediate needs of patients and providers impacted by the pandemic.

Summary

During the height of the COVID-19 pandemic, Maine Cancer Foundation provided Covid-19 Response Grants to support cancer patients impacted by the pandemic. MCF awarded \$93,000 through 13 grants to the following organization:

Organization	Project Title	Year Issued	Grant Amount	Grant Category	Grantee Location	
Beth C. Wright Cancer Resource Center	COVID-19 Response Grant	2020	\$8,000	COVID-19	Ellsworth	ME
Cancer Resource Center of Western Maine	COVID-19 Response Grant	2020	\$10,000	COVID-19	Norway	ME
Cary Medical Center / Brian's Ride Cancer Fund	COVID-19 Response Grant	2020	\$5,000	COVID-19	Caribou	ME
Christine B. Foundation	COVID-19 Response Grant	2020	\$5,000	COVID-19	Bangor	ME
Coastal Healthcare Alliance	COVID-19 Response Grant	2020	\$10,000	COVID-19	Rockland	ME
Dean Snell Cancer Foundation	COVID-19 Response Grant	2020	\$5,000	COVID-19	Brunswick	ME
Healthy Acadia	COVID-19 Response Grant	2020	\$5,000	COVID-19	Ellsworth	ME

MaineGeneral Harold Alfond Center for Cancer Care	COVID-19 Response Grant	2020	\$10,000	COVID-19	Augusta	ME
MaineHealth - Maine Medical Partners	COVID-19 Response Grant	2020	\$5,000	COVID-19	Sanford	ME
MaineHealth Cancer Care Network	COVID-19 Response Grant	2020	\$10,000	COVID-19	Scarborough	ME
Mid Coast Hospital	COVID-19 Response Grant	2020	\$5,000	COVID-19	Brunswick	ME
Northern Light A.R. Gould Hospital	COVID-19 Response Grant	2020	\$5,000	COVID-19	Presque Isle	ME
Northern Light Eastern Maine Medical Center	COVID-19 Response Grant	2020	\$10,000	COVID-19	Bangor	ME

Grant Results

Maine Cancer Foundation provided funding to 10 organizations to help meet the immediate needs of Maine cancer patients and/or oncology providers who were impacted by the COVID-19 pandemic. The grant funds were used to address food insecurity, fuel costs, social isolation, and other challenges faced by patients during the pandemic.

Achieved Outcomes

- Initiated or expanded food assistance programs for cancer patients across the state through several avenues (grocery gift cards, health meal kits, food bags, etc.)
- Provided financial relief in the form of gas cards, transportation, and lodging assistance for patients traveling to appointments and treatment.
- Fuel credits for patients were provided to prepare for winter heating costs.
- Increased access to telemedicine opportunities through smart tablets purchased; allowing caregivers/family members to be involved in discussion of treatment plans with providers.
- Expanded opportunities for social engagement and promote physical/mental health to reduce impact of social isolation during the pandemic.

References

1. Henley SJ, Dowling NF, Ahmad FB, Ellington TD, Wu M, Richardson LC. [COVID-19 and other underlying causes of cancer deaths—United States, January 2018–July 2022](#). *MMWR* 2022.

Appendix A

Methodology

Outcome Metrics

The outcome metrics for MCF's grant-making activities were previously defined in the grantmaking evaluation plan. MDR worked closely with MCF to review and refine the metrics at the start of the project based on the current circumstances of the grantees and additional data that were available on grant activities. It is important to note that metrics that are not feasible to collect data on or measure due to the cost/level of effort required were retained in the final outcome list, even though they are not reported on.

In addition to the outcomes previously identified in the evaluation plan, MDR conducted a cost-effectiveness analysis (where possible) to quantify the effectiveness of MCF grant funding across the multiple areas of focus. This return on investment for MCF funding was calculated as the number of life years saved, costs saved, etc. per MCF grant dollar awarded.

Outcome Metrics

Transportation & Lodging

- Reduced barriers to care
- Expanded treatment options for patients
- # of life-years saved as a result of intervention
- What is the cost-effectiveness of MCF transportation and lodging funding?

Patient Navigation

- Financial/ economic assistance, health insurance navigation, transportation, social services, lodging
- Increased rate of recommended cancer screenings for patient panel
- Increased rate of patients screened that have never been screened before
- Increased rate of high-risk patients screened
- Higher rate of early detection
- Reduced barriers to screening and care
- Improved quality of life and wellbeing of patients
- More early diagnoses/decreased % of late-stage diagnoses
- Increased workflow effectiveness
- # of life-years saved as a result of intervention
- What is the cost-effectiveness of MCF patient navigation funding?

Tobacco

- Increased number of tobacco users who successfully quit
- Decreased tobacco and other nicotine delivery systems use
- Reduced number of youth who initiate tobacco and other nicotine delivery systems use

- Decreased exposure to secondhand smoke
- Increased access to smoke-free housing options for low-income renters
- Reduction in tobacco-related cancers
- # of life-years saved as a result of intervention
- What is the cost-effectiveness of MCF tobacco funding?

Colorectal Cancer Screening

- Increased rate of recommended cancer screenings for patient panel
- Increased rate of patients screened that have never been screened before
- Increased rate of high-risk patients screened
- Higher rate of early detection
- Decreased % of late-stage diagnoses
- Increased adoption of genetic counseling
- Reduce barriers to screening and care
- Expand treatment options for patients after early detection
- Reduction in CRC rates
- What is the cost-effectiveness of MCF CRC funding?
- # of life-years saved as a result of intervention

Lung Cancer Screening

- Increased rate of patients screened that have never been screened before
- Increased rate of high-risk patients screened
- Higher rate of early detection
- Decreased % of Late-Stage Diagnoses
- Increased Use of Low-Dose CT scans
- Increased rate of smoking cessation program utilization cooccurring with screening
- Reduced barriers to screening and care
- Expanded access to and utilization of specialty care services for patients after early detection
- Reduction in lung cancer rates
- # of life-years saved as a result of intervention
- Increased provider knowledge and use of LDCT
- What is the cost-effectiveness of MCF lung cancer screening funding?

General Operating

- What is the cost-effectiveness of MCF general operations funding?
- How has general operations funding improved Maine's cancer system?

Human Papilloma Virus (HPV) Vaccinations

- Increased rate of patients receiving HPV vaccinations
- Reduction in HPV-related cancers
- # of life-years saved as a result of HPV vaccination interventions
- What is the cost-effectiveness of MCF HPV vaccinations funding?

Sun Safety

- Increased rate of patients receiving skin cancer screenings
- Higher rate of early detection
- Decreased % of Late-Stage Diagnoses
- Reduction in skin cancer rates
- # of life-years saved as a result of sun safety interventions
- What is the cost-effectiveness of MCF sun safety funding?

Note that actual grant activities do not necessarily cover all outcomes listed above. Grantees may have only worked on some of the outcomes. In addition, it may not be feasible to collect data or estimate some outcomes, such as reduction in cancer incidence rates.

Data Collection

MCF and MDR developed a survey instrument to facilitate data collection. The survey was designed and programmed to ask questions that are relevant to each grant type; questions were based on the activities and outcomes specific to that area’s logic model. The goal was to collect information from grantees on their actions and outcomes, using the logic model to estimate longer-term outcomes based on the established evidence-based literature that each set of programs was based on. Note that the survey is modified slightly year-to-year to ensure that it reflects changes to MCF’s grantmaking and new areas of focus (such as grants that cover multiple types of cancer screening in 2023 and environmental carcinogens grants in 2025).

All surveys were completed on MDR’s Voxco survey software. MDR sent a link to the survey via email to 83 grantees and followed up with those who did not provide information within four-six weeks. Data collection took place from April 2025 through September 2025. A total of 58 grantees completed the survey.

To supplement survey data collection, MCF provided MDR with all previous evaluation data and documentation that was collected. The data that grantees provide related to their activities (such as the number of patients that received colorectal cancer screening as a result of the intervention) to be used in the analysis to estimate or model impact and cost-effectiveness.

Summary of Data Collection Results Among Grantees

Area	Total Grants (2015-2025)	Responding Grants 2025*
Transportation & Lodging	99	21
Patient Navigation	27	1
Tobacco	40	12
Colorectal Cancer Screening	28	3
Lung Cancer Screening	13	3
General Operating Support	11	N/A
HPV Vaccinations	6	1
Sun Safety	9	3
Research	5	N/A
Genetic Screening	1	1

Hospice General Operating Support	12	N/A
Miscellaneous	20	1
Breast Cancer Screening	6	4
Skin Cancer Screening	1	1
Cervical Cancer Screening	4	2
Multiple Types	7	3
Environmental Carcinogens	3	2

**Grantees whose projects were still active at time of data collection were asked to complete a 2025 survey. Since many grant projects have already been completed, their reporting is finalized, and they were not required to complete a survey again in 2025.*

Analysis

The analysis combined the primary data collected from grantees and information from published literature on the outcomes and cost effectiveness of MCF’s evidence-based activities. By combining expected outcomes with data on program activities and reported outcomes, MDR calculated the impact and effectiveness of each grant submitting data in addition to measuring the overall impact of MCF funding.

Cost-effectiveness analysis provides a tool to weigh and synthesize benefits, harms, and costs of interventions and thus can inform the decision process for adopting population screening. Cost-effectiveness analysis cannot determine which the optimal intervention is, but rather which intervention will provide the greatest health benefits, given the decision maker’s willingness to pay for a unit of benefit.

Two types of cost-effectiveness ratios are often reported in the literature: 1) a cost-effectiveness ratio comparing each intervention strategy to the standard of care, often a “no intervention” scenario; and 2) an incremental cost-effectiveness ratio comparing each strategy with the next most effective alternative, which may or may not be a “no intervention” scenario. The grants funded by MCF increase access, screening, etc. among those who would otherwise not have access to high-quality cancer care. Therefore, the cost-effectiveness analysis conducted by MDR compared grant activities against a “no intervention” scenario (where applicable). That is, we compared the results of the grant-funded interventions to a scenario where the grants were not provided (i.e., no intervention).

Where possible, MDR looked at a basic cost-effectiveness model that examines the number of life years saved compared to the amount of grant funding received. In cases where life years cannot be estimated, other cost-effectiveness metrics were developed and reported to assess the impact and relative cost-benefit of the grant funding.

Limitations

The data and results presented in this report are subject to limitations. Note that some of these MCF grants have been recently awarded and are ongoing, meaning that outcomes for many grantees are not yet available. Additional data will need to be collected from these grantees in the future to create a more comprehensive and complete picture of MCF grant funding. Given the long-term nature of cancer prevention programs, it will likely be many years before all the benefits of MCF funding will be seen.

Also note that there are gaps in the data presented in this report where grantees chose not to follow up with our additional requests. Therefore, the results of MCFs grant-making activities presented here are likely underreported due to this non-response missing data. It also limits our ability to extrapolate the results – **meaning that MCF’s grants likely had more overall impact across the state than what the data suggest here.**

Appendix B

Complete Grant List

Organization	Project Title	Year Issued	Amount	Category	Grantee Location	
Cancer Screening						
LincolnHealth	Strategy for Identification and Screening of Unscreened Patients at LincolnHealth (LH)	2016	\$29,235	CRC Screening	Damariscotta	ME
MaineGeneral Medical Center	Expansion of the Role of Community Health Workers to Increase Colon Cancer Screening Rates	2016	\$29,937	CRC Screening	Augusta	ME
MaineHealth - Maine Medical Center	Building Capacity at MaineHealth to Enhance Colorectal Cancer Screening	2016	\$28,863	CRC Screening	Portland	ME
Mid Coast Hospital	Developing Systems to Increase Colorectal Screening Rates through Patient Identification	2016	\$29,848	CRC Screening	Brunswick	ME
Mount Desert Island Hospital	A Novel System to Increase Colorectal Screenings and Ensure Compliance in a Targeted Subset of Patients at Mount Desert Island Hospital	2016	\$7,481	CRC Screening	Bar Harbor	ME
Penobscot Community Health Care	Provider Reminder and Recall System for Colorectal Cancer Screening	2016	\$30,000	CRC Screening	Bangor	ME

Organization	Project Title	Year Issued	Amount	Category	Grantee Location	
City of Portland, Minority Health Program	Colorectal Cancer Screening for Vulnerable Populations	2017	\$100,000	CRC Screening	Portland	ME
Healthy Community Coalition of Greater Franklin County	One-by-One-Colorectal Cancer Screening and Navigation	2017	\$99,832	CRC Screening	Farmington	ME
MaineGeneral Medical Center	80% Colon Cancer Screening Project	2017	\$99,627	CRC Screening	Augusta	ME
Penobscot Community Health Care	Expanding Systems to Increase Colorectal Cancer Screening through Patient Outreach and Recall	2017	\$100,000	CRC Screening	Bangor	ME
Waldo County General Hospital	Waldo Screen to Save	2017	\$44,566	CRC Screening	Belfast	ME
Cary Medical Center	Screen Aroostook	2018	\$98,516	CRC Screening	Biddeford	ME
Healthy Androscoggin / Central Maine Community Health	Colon Health Rx: A Unique Approach to Cancer Screening in Lewiston's Immigrant Community	2018	\$93,051	CRC Screening	Lewiston	ME
Pen Bay Medical Center	Pen Bay Medical Center: Screen to Save - Knox County	2018	\$32,055	CRC Screening	Rockport	ME
Penobscot Community Health Center	Improving Colorectal Screening Rates via Use of a Medical Support Assistant	2018	\$100,000	CRC Screening	Bangor	ME
Sebasticook Valley Health	An Outreach, education, and Navigation Program to Increase Colorectal Cancer Screenings for Eligible Adults in the Sebasticook Valley Region	2018	\$85,791	CRC Screening	Pittsfield	ME

Organization	Project Title	Year Issued	Amount	Category	Grantee Location	
Harrington Family Health Center	Increase Colorectal Screening through the reduction in FIT Test Barriers and Increased Community Education	2019	\$100,000	CRC Screening	Harrington	ME
Healthy Acadia	Downeast Colorectal Cancer Screening Initiative	2019	\$100,000	CRC Screening	Ellsworth	ME
Maine Access Immigrant Network	Colorectal Cancer Prevention and Screening Outreach and Education in MAIN's Communities	2019	\$45,906	CRC Screening	Portland	ME
MaineGeneral Medical Center	Mobilizing CHWs to increase access for high-risk patients due for surveillance colonoscopy screening	2019	\$96,629	CRC Screening	Augusta	ME
Penobscot Community Health Center	Improving Colorectal Screening Rates via Community Support Workers -- A Pilot Project	2019	\$100,000	CRC Screening	Bangor	ME
Islands Community Medical Services	Increasing Cancer Screenings at ICMS	2020	\$100,000	CRC Screening	Vinalhaven	ME
MaineHealth dba Maine Medical Center	Cancer Genetic ECHO: Extending Genetic Services to Maine's Colorectal Cancer Patients and their At-Risk Family Members	2020	\$89,055	CRC Screening	Portland	ME
Northern Light A.R. Gould Hospital	Removing Stigma and Barriers: Increasing Colorectal Screenings in Aroostook County	2020	\$70,710	CRC Screening	Presque Isle	ME
Maine Primary Care Association	Colorectal Cancer Screening Project	2021	\$20,000	CRC Screening	Augusta	ME
St. Joseph Hospital - Community Care Partnership of Maine	Pre-Visit Planning: Colorectal Cancer Screening	2023	\$80,000	CRC Screening	Bangor	ME

Organization	Project Title	Year Issued	Amount	Category	Grantee Location	
Healthy Community Coalition/MaineHealth (Farmington)	Franklin County Cancer Screening - CRC: Addressing Screening Barriers with Community Health Works	2024	\$67,000	Cancer Screening - CRC	Farmington	ME
Penobscot Community Health Center, Inc. (PCHC)	Improving Colorectal Cancer Screening in Primary Care	2024	\$80,000	Cancer Screening - CRC	Bangor	ME
Maine Medical Center Research Institute	Integrating personalized risk information in Low-Dose CT (LDCT) screening for lung cancer	2015	\$100,000	Lung Cancer Screening	Scarborough	ME
Maine Medical Center	Maine Lung Cancer Coalition	2016	\$400,000	Lung Cancer Screening	Scarborough	ME
Maine Medical Center	Maine Primary Care Provider Lung Cancer Screening Survey	2018	\$3,674	Lung Cancer Screening	Scarborough	ME
Healthy Acadia	Downeast Cancer Screening Initiative	2021	\$40,000	Lung Cancer Screening	Ellsworth	ME
MaineHealth - Medical Center	Dissemination and Implementation of New Lung Cancer Screening Guidelines	2021	\$39,979	Lung Cancer Screening	Portland	ME
Cary Medical Center	Screen Aroostook for Lung Cancer	2021	\$40,000	Lung Cancer Screening	Caribou	ME
MaineHealth - Coastal Healthcare Alliance	Coastal Healthcare Alliance Comprehensive Lung Cancer Screening Program	2021	\$39,650	Lung Cancer Screening	Rockport	ME
St. Joseph Hospital - Community Care Partnership of Maine	Lung Cancer Prevention and Early Detection Project	2021	\$39,946	Lung Cancer Screening	Bangor	ME
MaineHealth - Maine Medical Center	Maine Lung Cancer Coalition - 2nd Generation	2021	\$99,961	Lung Cancer Screening	Portland	ME
MaineHealth - Healthy Community Coalition	Reducing Barriers to Lung Cancer Screening in Franklin County	2022	\$99,824	Lung Cancer Screening	Portland	ME

Organization	Project Title	Year Issued	Amount	Category	Grantee Location	
MaineHealth - Maine Medical Center	Improving Lung Cancer Mortality Through Increased Screening Capacity at MMC Cancer Institute	2022	\$96,823	Lung Cancer Screening	Portland	ME
Maine Lung Cancer Coalition	Maine Lung Cancer Coalition	2023	\$49,873	Cancer Screening - Lung	Portland	ME
Snell Foundation	Low-to-No-Cost Mobile Lung CT Screenings	2024		Cancer Screening - Lung	Scarborough	ME
Transportation						
Angel Flight Northeast	Changing Lives One Flight at a Time	2018	\$30,000	Transportation	North Andover	MA
Angel Flight Northeast	Changing Lives One Flight at a Time	2020	\$40,000	Transportation	North Andover	MA
Angel Flight Northeast	Bridging the Gap Between Distance and Medical Care	2022	\$60,000	Transportation	North Andover	MA
Aroostook County Action Program	Project TEACH (Transportation, Education, Access, Care, and Housing)	2021	\$35,000	Transportation	Presque Isle	ME
Aroostook Regional Transportation System	ARTS Cancer Assistance Fund	2022	\$60,000	Transportation	Presque Isle	ME
Beth C. Wright Cancer Resource Center	Access to Cancer Treatment	2015	\$7,000	Transportation	Ellsworth	MA
Beth C. Wright Cancer Resource Center	Access to Cancer Treatment	2016	\$15,000	Transportation	Ellsworth	MA
Beth C. Wright Cancer Resource Center	Access to Cancer Treatment	2017	\$7,500	Transportation	Ellsworth	MA
Beth C. Wright Cancer Resource Center	Access To Cancer Treatment	2017	\$50,000	Transportation	Ellsworth	MA
Beth C. Wright Cancer Resource Center	Access To Cancer Treatment	2019	\$60,000	Transportation	Ellsworth	MA

Organization	Project Title	Year Issued	Amount	Category	Grantee Location	
Beth C. Wright Cancer Resource Center	Access To Cancer Treatment	2021	\$50,000	Transportation	Ellsworth	MA
Brians Ride Cancer Fund	Transportation and Lodging Assistance for Cancer Patients	2018	\$40,000	Transportation	Caribou	ME
Brian's Ride Cancer Fund	Transportation and Lodging Assistance for Cancer Patients	2020	\$40,000	Transportation	Caribou	ME
Cancer Resource Center of Western Maine	Cancer Resource Center of Western Maine: Access to Cancer Care through Transportation	2018	\$10,000	Transportation	Norway	ME
Cancer Resource Center of Western Maine	2020-21 Transportation and Lodging Grant for Cancer Patients in Western Maine	2019	\$30,000	Transportation	Norway	ME
Cancer Resource Center of Western Maine	2022-23 Transportation and Lodging Grant for Cancer Patients	2021	\$40,000	Transportation	Norway	ME
Central Maine Medical Center	Interim Transportation Coverage	2022	\$31,120	Transportation	Lewiston	ME
Community Concepts	Transportation	2015	\$10,000	Transportation	Lewiston	ME
Community Concepts	Transportation	2016	\$15,000	Transportation	Lewiston	ME
Community Concepts	The Cancer Patient Transportation Project	2017	\$50,000	Transportation	Lewiston	ME
Community Concepts	Community Concepts Transportation for Cancer Patients	2019	\$60,000	Transportation	Lewiston	ME
Dean Snell Cancer Foundation	Patient Transportation Assistance Program	2015	\$10,000	Transportation	Brunswick	ME
Dean Snell Cancer Foundation	Patient Transportation Assistance Program	2016	\$15,000	Transportation	Brunswick	ME
Dean Snell Cancer Foundation	Patient Transportation Assistance Program	2017	\$7,500	Transportation	Brunswick	ME
Dean Snell Cancer Foundation	Patient Transportation Program	2017	\$45,000	Transportation	Brunswick	ME
Dean Snell Cancer Foundation	Patient Transportation and Lodging Program	2019	\$60,000	Transportation	Brunswick	ME

Organization	Project Title	Year Issued	Amount	Category	Grantee Location	
Dean Snell Cancer Foundation	Patient Transportation & Lodging Program	2021	\$50,000	Transportation	Brunswick	ME
Dempsey Center	The Maine Fund for Cancer Patients	2015	\$4,000	Transportation	Lewiston	ME
Dempsey Center	The Maine Fund for Cancer Patients	2016	\$4,000	Transportation	Lewiston	ME
Dempsey Centers for Quality Cancer Care	Clayton's House, a Hospitality Home for Cancer Patients	2021	\$35,000	Transportation	Ellsworth	ME
Downeast Community Partners	DCP Rides for a Cure	2017	\$50,000	Transportation	Ellsworth	ME
Downeast Community Partners	DCP Rides for a Cure	2019	\$60,000	Transportation	Ellsworth	ME
Downeast Community Partners	DCP Rides for a Cure	2021	\$50,000	Transportation	Ellsworth	ME
Edgar J. (Guy) Paradis Cancer Fund	Support for Transportation to and from Cancer Services for St. John Valley Residents	2020	\$40,000	Transportation	Fort Kent	ME
Friends in Action	Friends in Action transportation	2018	\$30,000	Transportation	Ellsworth	ME
Friends in Action	Cancer Patient Transportation	2020	\$20,000	Transportation	Ellsworth	ME
Friends in Action	Friends in Action Transportation	2022	\$28,250	Transportation	Ellsworth	ME
Hospitality Homes	Hospitality Homes Maine Boston Network (MBN)	2017	\$38,000	Transportation	Boston	MA
Hospitality Homes	Ensuring Free Lodging and Transportation for Maine Cancer Patients Seeking Care in Boston	2019	\$60,000	Transportation	Boston	MA
Hospitality Homes	Ensuring Free Lodging and Transportation for Maine Cancer Patients Seeking Care in Boston	2021	\$50,000	Transportation	Boston	MA
Island Connections	Support Increased Demand for Existing Programs	2022	\$5,000	Transportation	Bar Harbor	ME

Organization	Project Title	Year Issued	Amount	Category	Grantee Location	
Joe Andruzzi Foundation	Alleviating the Barrier of Transportation for Maine Residents Pilot Program	2021	\$30,000	Transportation	North Attleborough	MA
Kennebec Valley Community Action Program	KVCAP Cancer Transportation Project	2017	\$50,000	Transportation	Waterville	ME
Kennebec Valley Community Action Program	Transportation for cancer related services	2019	\$50,000	Transportation	Waterville	ME
Kennebec Valley Community Action Program	Transportation for Cancer Patients	2022	\$60,000	Transportation	Waterville	ME
Lake Region Senior Service	Healthcare Access Program	2015	\$10,000	Transportation	Bridgton	ME
Lake Region Senior Service	Healthcare Access Program	2016	\$15,000	Transportation	Bridgton	ME
Lake Region Senior Service	Cancer Patient Transportation	2017	\$36,000	Transportation	Bridgton	ME
Lake Region Senior Service	Healthcare Access Program	2017	\$7,500	Transportation	Bridgton	ME
Lake Region Senior Service	Cancer Patient Transportation Program	2019	\$38,570	Transportation	Bridgton	ME
Lake Region Senior Service	Cancer Patient Transportation Program	2022	\$27,000	Transportation	Bridgton	ME
Lake Region Senior Service	Transportation Mini-Grant	2022	\$10,000	Transportation	Bridgton	ME
Leukemia & Lymphoma Society	Increased Patient Transportation and Lodging for Maine Patients	2021	\$50,000	Transportation	Portland	ME
MaineHealth - Maine Medical Center	Rideshare for Cancer Care	2019	\$34,560	Transportation	Portland	ME
Northern Light AR Gould Cancer Care	RideLink: Supporting Cancer Patient Transportation and Wellbeing	2020	\$40,000	Transportation	Presque Isle	ME

Organization	Project Title	Year Issued	Amount	Category	Grantee Location	
Northern Light EMMC	Supporting a Systemic Approach to Transportation and Lodging Assistance for Rural Cancer Care Patients	2022	\$60,000	Transportation	Bangor	ME
Northern Light Mercy Hospital	Piloting Uber Health as a Resource to Provide Reliable Transportation for Cancer Patients in the Portland Area	2020	\$16,560	Transportation	Portland	ME
Northern Light Eastern Maine Medical Center	Creating a Systematic Approach to Transportation and Lodging Assistance for Rural Cancer Care Patients	2020	\$40,000	Transportation	Bangor	ME
Passamaquoddy Tribe Pleasant Point Health Center	Pleasant Point Patient Assistance	2019	\$45,840	Transportation	Perry	ME
Passamaquoddy Tribe Pleasant Point Health Center	Cancer Patients Transportation and Lodging Assistance	2022	\$59,998	Transportation	Perry	ME
Passamaquoddy Tribe Pleasant Point Health Center	Transportation and Lodging for Cancer Patients	2022	\$5,000	Transportation	Perry	ME
Patient AirLife Services	Eliminating Transportation Barriers for Cancer Patients in Maine	2022	\$60,000	Transportation	Farmingdale	NY
Patient Airlift Services	Eliminating Transportation Barriers for Patients in Maine	2018	\$30,000	Transportation	Farmingdale	NY
Patient Airlift Services	Eliminating Transportation Barriers for Cancer Patients in Maine	2020	\$40,000	Transportation	Farmingdale	NY
Penquis	Accessing Cancer Care	2021	\$50,000	Transportation	Bangor	ME

Organization	Project Title	Year Issued	Amount	Category	Grantee Location	
Penquis CAP	Access to Cancer Care	2015	\$10,000	Transportation	Bangor	ME
Penquis CAP	Access to Cancer Care	2016	\$15,000	Transportation	Bangor	ME
Penquis CAP	Access to Cancer Care	2017	\$7,500	Transportation	Bangor	ME
Penquis CAP	Accessing Cancer Care	2017	\$50,000	Transportation	Bangor	ME
Penquis CAP	Accessing Cancer Care	2019	\$60,000	Transportation	Bangor	ME
Snell Foundation	Transportation & Lodging Assistance Program	2020	\$10,000	Transportation	Biddeford	ME
St. Mary's Regional Medical Center	Showing Up: Improving Access to Care for Patients with Cancer	2022	\$15,000	Transportation	Lewiston	ME
The Boston House	Access for Maine Children	2020	\$40,000	Transportation	Brookline	MA
The Leukemia & Lymphoma Society	Other Medical Expenses (OME)	2018	\$50,000	Transportation	Wellesley	MA
Waldo Community Action Partners	MCPT-PBMC-WCGH Collaboration for Cancer Care Transportation	2017	\$49,966	Transportation	Belfast	ME
Waldo Community Action Partners	Midcoast Cancer Care Transportation Network	2019	\$60,000	Transportation	Belfast	ME
Waldo Community Action Partners	Midcoast Cancer Care Transportation Network	2021	\$50,000	Transportation	Belfast	ME
Washington Hancock Community Action	Transportation	2016	\$12,000	Transportation	Ellsworth	ME
Western Maine Transportation Services	Cancer Care-Related Transportation	2022	\$20,000	Transportation	Auburn	ME
York County Community Action Corporation	Connecting to Cancer Care	2015	\$10,000	Transportation	Sanford	ME
York County Community Action Corporation	Connecting to Cancer Care	2017	\$50,000	Transportation	Sanford	ME
York County Community Action Corporation	Connecting to Cancer Care	2019	\$60,000	Transportation	Sanford	ME

Organization	Project Title	Year Issued	Amount	Category	Grantee Location	
York County Community Action Corporation	Connecting to Cancer Care	2021	\$30,000	Transportation	Sanford	ME
St. Mary's Regional Medical Center	Get Moving - Ensuring Access to Care for Patients with Cancer	2023	\$22,000	Transportation	Lewiston	ME
ITNAmerica	Sponsored Rides for Cancer Treatment, Prevention, and Screening	2023	\$30,000	Transportation	Westbrook	ME
MaineHealth dba Maine Medical Center	MaineHealth Cancer Care Network Patient Support Services FY24	2023	\$30,000	Transportation	Scarborough	ME
Snell Foundation	Snell Foundation Transportation & Lodging Assistance Program	2023	\$30,000	Transportation	Scarborough	ME
Brians Ride Cancer Fund	Transportation and Lodging Assistance for Cancer Patients	2023	\$40,000	Transportation	Caribou	ME
York County Community Action Corporation	Connecting to Cancer Care	2023	\$42,000	Transportation	Biddeford	ME
Cancer Resource Center of Western Maine	2023 Transportation and Lodging Grant for Cancer Patients	2023	\$50,000	Transportation	Norway	ME
MaineGeneral Health	Transportation and Lodging Assistance for Patients of the Harold Alfond Center for Cancer Care	2023	\$50,000	Transportation	Augusta	ME
Beth C Wright Cancer Resource Center	Access to Cancer Treatment	2023	\$60,000	Transportation	Ellsworth	ME
Dean Snell Cancer Foundation	Patient Transportation & Lodging Program	2023	\$60,000	Transportation	Brunswick	ME
Downeast Community Partners	DCP Rides for a Cure	2023	\$60,000	Transportation	Ellsworth	ME

Organization	Project Title	Year Issued	Amount	Category	Grantee Location	
Northern Maine Medical Center/Paradis Cancer Fund	Support for Transportation To and From Cancer Services for St. John Valley Residents & Support People	2023	\$60,000	Transportation	Fort Kent	ME
Penquis CAP	Accessing Cancer Care	2023	\$60,000	Transportation	Bangor	ME
Waldo Community Action Partners	Midcoast Cancer Care Transportation Network	2023	\$60,000	Transportation	Belfast	ME
Wabanaki Public Health and Wellness	Increasing Connection and Reducing Barriers for Wabanaki Cancer Patients	2023	\$100,000	Transportation	Bangor	ME
Angel Flight of New England		2022	\$60,000	Transportation	North Andover	MA
Patient Navigation						
Aroostook Medical Center	Early Access Patient Navigator	2015	\$164,000	Patient Navigator	Presque Isle	ME
Caring Connections/Bangor YMCA	Caring Connections Patient Navigator Position	2017	\$110,386	Patient Navigator	Bangor	ME
Cary Medical Center	Navigating the Journey	2018	\$161,557	Patient Navigator	Caribou	ME
Central Maine Medical Center	Lung Screening Navigator with Tracking and Reporting Software System	2017	\$164,000	Patient Navigator	Lewiston	ME
Greater Portland Health	Patient navigator to reduce cancer incidence and mortality rates among minority populations	2018	\$164,000	Patient Navigator	Portland	ME
Healthy Acadia	Downeast Cancer Patient Navigation	2016	\$164,000	Patient Navigator	Ellsworth	ME

Organization	Project Title	Year Issued	Amount	Category	Grantee Location	
Healthy Acadia	Downeast Cancer Patient Navigation through Continuum of Care	2019	\$111,368	Patient Navigator	Ellsworth	ME
Healthy Acadia	Downeast Cancer Patient Navigation Across the Continuum of Care	2022	\$130,000	Patient Navigator	Ellsworth	ME
Healthy Community Coalition of Greater Franklin County	Franklin's Navigator Program for Colorectal Cancer Screening	2015	\$164,000	Patient Navigator	Farmington	ME
Katahdin Valley Health Center	KVHC Patient Navigator Project	2018	\$164,000	Patient Navigator	Patten	ME
Maine Mobile Health Program	Maine Immigrant Patient navigation Project	2016	\$138,725	Patient Navigator	Augusta	ME
MaineGeneral Medical Center	Reducing Barriers to Cancer Care for Low Income, Rural Residents	2017	\$161,562	Patient Navigator	Augusta	ME
Mount Desert Island Hospital	Establishing a Patient Navigator Program at Mount Desert Island Hospital	2017	\$161,614	Patient Navigator	Bar Harbor	ME
Pen Bay Medical Center	Pen Bay Medical Center, Patient Navigator Program	2017	\$161,388	Patient Navigator	Rockland	ME
Penobscot Community Health Care	Eliminating Barriers to Cancer Screening through Use of Navigator Medical Assistants	2015	\$164,000	Patient Navigator	Bangor	ME
Sebasticook Valley Health	Patient Navigation Outreach Program	2015	\$137,248	Patient Navigator	Pittsfield	ME
Southern Maine Health Care	Ambulatory Nurse Navigator with emphasis on Lung Cancer	2016	\$164,000	Patient Navigator	Biddeford	ME
Healthy Acadia	Downeast Cancer Patient Navigation	2019	\$111,368	Patient Navigator	Ellsworth	ME

Organization	Project Title	Year Issued	Amount	Category	Grantee Location	
	through Continuum of Care					
Healthy Community Coalition of Greater Franklin County	Franklin's Navigator Program for Colorectal Cancer Screening	2015	\$164,000	Patient Navigator	Farmington	ME
Katahdin Valley Health Center	KVHC Patient Navigator Project	2018	\$164,000	Patient Navigator	Patten	ME
Maine Mobile Health Program	Maine Immigrant Patient navigation Project	2016	\$138,725	Patient Navigator	Augusta	ME
MaineGeneral Medical Center	Reducing Barriers to Cancer Care for Low Income, Rural Residents	2017	\$161,562	Patient Navigator	Augusta	ME
Mount Desert Island Hospital	Establishing a Patient Navigator Program at Mount Desert Island Hospital	2017	\$161,614	Patient Navigator	Bar Harbor	ME
Pen Bay Medical Center	Pen Bay Medical Center, Patient Navigator Program	2017	\$161,388	Patient Navigator	Rockland	ME
Penobscot Community Health Care	Eliminating Barriers to Cancer Screening through Use of Navigator Medical Assistants	2015	\$164,000	Patient Navigator	Bangor	ME
Sebasticook Valley Health	Patient Navigation Outreach Program	2015	\$137,248	Patient Navigator	Pittsfield	ME
Southern Maine Health Care	Ambulatory Nurse Navigator with emphasis on Lung Cancer	2016	\$164,000	Patient Navigator	Biddeford	ME
HPV Vaccination						
Maine Quality Counts**	HPV Vaccination Learning Collaborative	2017	\$264,201	HPV Vaccination	Manchester	ME
Maine Quality Counts	HPV Vaccination Learning Collaborative	2017	\$264,201	HPV Vaccination	Manchester	ME

Organization	Project Title	Year Issued	Amount	Category	Grantee Location	
Maine Pharmacy Association	HPV Vaccination Continuous Learning Programming with Maine Pharmacy Association	2019	\$2,269	HPV Vaccination	Augusta	ME
Maine Quality Counts	Maine HPV Project ECHO	2019	\$91,916	HPV Vaccination	Manchester	ME
Maine Medical Education Trust	HPV ECHO No-Cost Extension	2020	\$24,238	HPV Vaccination	Manchester	ME
Maine Medical Association Center for Quality	Creating Innovative Medical and Dental Pathways for HPV Vaccination Education to Increase HPV Vaccination Rates in Maine	2021	\$190,948	HPV Vaccination	Manchester	ME
Central Maine Community Health / Healthy Androscoggin	Community Immunity: A Collaborative Effort to Raise HPV Vaccinations Rates in Androscoggin County	2024	\$50,000	HPV Vaccination	Lewiston	ME
Tobacco						
Aroostook County Action Program	Tobacco Cessation for Aroostook County Adults	2019	\$79,310	Tobacco	Houlton	ME
Bangor Public Health and Community Services	Tobacco Treatment Partnership in Bangor	2022	\$99,126	Tobacco Grantee	Bangor	ME
Breathe Easy Coalition of Maine, City of Portland	Addressing Disparities in Tobacco Use and Exposure through Policy and Environmental Change	2015	\$74,101	Tobacco	Portland	ME
Down East AIDS Network and the Health Equity Alliance	LGBTQ Tobacco Equity Project	2015	\$57,669	Tobacco	Ellsworth	ME
Healthy Acadia	Reducing Tobacco Use in Downeast Maine	2017	\$75,477	Tobacco	Ellsworth	ME

Organization	Project Title	Year Issued	Amount	Category	Grantee Location	
Healthy Androscoggin	Tobacco Education and Cessation Support for Adults in Androscoggin Country	2017	\$52,419	Tobacco Cessation	Lewiston	ME
Healthy Androscoggin	Preventing Youth Smoking Through Community Education: The Tobacco 21 Law	2018	\$94,816	Tobacco	Lewiston	ME
Healthy Androscoggin	Tobacco Support Group	2019	\$9,123	Tobacco	Lewiston	ME
Healthy Androscoggin	New Mainer focused tobacco interventions	2022	\$80,000	Tobacco Grantee	Lewiston	ME
Healthy Communities of the Capital Area	Reaching More Moms, their Friends and Family	2017	\$25,000	Tobacco	Gardiner	ME
Healthy Communities of the Capital Area	Expanding Partners and Increasing Tobacco Prevention, Assessment, and Treatment for LGBTQ+ Youth and Young Adults	2022	\$100,000	Tobacco Grantee	Gardiner	ME
Healthy Community Coalition of Greater Franklin County	Tobacco Free Franklin (Two Year Request)	2015	\$199,976	Tobacco	Farmington	ME
Kennebec Behavioral Health	KBH Clubhouse Tobacco Cessation Needs Assessment	2019	\$7,500	Tobacco	Augusta	ME
Kennebec Behavioral Health	Continuing Tobacco Cessation at KBH Clubhouses	2022	\$2,500	Tobacco	Augusta	ME
Maine General Health	Quitting smoking is hard, finding support shouldn't be: Expanding individual and group treatment options in central Maine	2022	\$100,000	Tobacco Grantee	Augusta	ME
Maine Public Health Association	MPHA Tobacco Coalition Cancer Prevention	2017	\$10,000	Tobacco	Augusta	ME
Maine Public Health Association	Maine Tobacco Coalition for Cancer Prevention	2017	\$99,264	Tobacco	Augusta	ME

Organization	Project Title	Year Issued	Amount	Category	Grantee Location	
Maine Public Health Association	Tobacco Prevention and Control Communications Project	2018	\$94,275	Tobacco	Augusta	ME
Maine Transgender Network	Transgender Cancer reduction through Provider Education	2022	\$80,000	Tobacco Grantee	Portland	ME
MaineGeneral Medical Center	Engaging Rural, Low-Income Populations in Tobacco Cessation: A Community-Based Approach	2018	\$91,959	Tobacco	Waterville	ME
MaineHealth – Center for Tobacco Independence	Building Capacity in Primary Care to Address Tobacco Dependence	2016	\$50,000	Tobacco	Portland	ME
MaineHealth - MaineHealth Cancer Care Network	Reducing tobacco use in oncology patients who continue to smoke while receiving treatment	2019	\$71,398	Tobacco	Scarborough	ME
MaineHealth Care at Home	Tobacco Treatment Groups and Support	2019	\$56,437	Tobacco	Saco	ME
Mid Coast Hospital	Increasing Capacity to Provide Group Tobacco Treatment at Mid Coast Hospital	2018	\$28,987	Tobacco	Brunswick	ME
Mid Coast Hospital - Access Health	Midcoast Youth Tobacco Intervention	2015	\$16,099	Tobacco	Brunswick	ME
New Mainers Public Health Initiative	Smoking Prevention Campaign for New Mainers	2019	\$100,000	Tobacco	Lewiston	ME
Penobscot Bay YMCA/Knox County Community Health Coalition	Fresh Quit Knox County	2018	\$90,307	Tobacco	Rockport	ME
Penobscot Community Health Care	Peer-Led Tobacco Cessation Training at Unlimited Solutions Clubhouse	2017	\$26,116	Tobacco Cessation	Bangor	ME
Portland Public Health Division	Portland Smoke Free Downtown Initiative	2022	\$40,000	Tobacco Grantee	Portland	ME

Organization	Project Title	Year Issued	Amount	Category	Grantee Location	
Public Health Research Institute	Wetamawe (Tobacco)	2017	\$100,000	Tobacco	Deer Isle	ME
Rinck Advertising	Youth Tobacco Prevention Campaign	2017	\$750,000	Tobacco Prevention	Lewiston	ME
Wabanaki Public Health and Wellness	Wetamaweyi (Tobacco in Penobscot)	2022	\$100,000	Tobacco Grantee	Bangor	ME
Waldo County General Hospital	Reducing Smoking Rates among Patients with COPD	2018	\$96,240	Tobacco	Rockland	ME
Reigon 8 Mid-Coast School of Technology	Restorative Approach to Teen Smoking and Vaping	2023	\$8,500	Tobacco Prevention	Rockland	ME
Mount Desert Island Hospital	Establishing a Tobacco Treatment and Prevention Program at Mount Desert Island Hospital	2023	\$12,966	Tobacco Treatment	Ellsworth	ME
Healthy Androscoggin	Secondhand and Thirdhand Smoke and Pets	2023	\$41,000	Tobacco	Lewiston	ME
Aroostook County Action Program	Prevention Through Youth Engagement	2023	\$80,000	Tobacco Prevention	Presque Isle	ME
Capital Kids dba Augusta Teen Center	Roads to Success - Tobacco	2023	\$80,000	Tobacco Prevention	Augusta	ME
New Mainers Public Health Initiative	Combustible Cigarettes and Hookah Smoking Intervention Project in Lewiston-Auburn	2023	\$80,000	Tobacco Treatment	Lewiston	ME
Pen Bay Medical Center/Waldo County General Hospital	Pharmacist-Engaged Pilot to Increase Access to Tobacco Cessation Resources	2024	\$49,686	Tobacco Treatment	Rockport	ME
City of Portland - Public Health	Sun Safety at Casco Bay	2016	\$5,000	Sun Safety	Portland	ME
Dempsey Center	Sun Safe on the Slopes	2016	\$5,750	Sun Safety	Lewiston	ME

Organization	Project Title	Year Issued	Amount	Category	Grantee Location	
City of Portland - Public Health	Sun Safety at the Portland Sea Dogs	2017	\$20,000	Sun Safety	Portland	ME
Impact Melanoma	Practice Safe Skin – Maine	2018	\$78,543	Sun Safety	Concord	MA
Impact Melanoma	Reducing the Burden of Skin Cancer for Maine Residents	2020	\$20,000	Sun Safety	Concord	MA
Impact Melanoma	Sunscreen at Maine State Parks	2021	\$53,900	Sun Safety	Concord	MA
Impact Melanoma	Sun Safety in Maine	2022	\$120,000	Sun Safety	Concord	MA
Northern Light AR Gould Hospital	Aroostook County Sun Safety Collaborative	2024	\$40,000	Sun Safety	Presque Isle	ME
Impact Melanoma	Skin Cancer Partners in Prevention	2024	\$130,000	Sun Safety	Concord	MA
Beth C. Wright Cancer Resource Center	General Operating Support	2017	\$15,000	General Operating	Ellsworth	ME
Beth C. Wright Cancer Resource Center	General Operating Support	2018	\$25,000	General Operating	Ellsworth	ME
Beth C. Wright Cancer Resource Center	General Operating Support	2019	\$30,000	General Operating	Ellsworth	ME
Healthy Acadia	General Operating Support	2017	\$50,000	General Operating	Ellsworth	ME
Healthy Acadia	General Operating Support	2018	\$50,000	General Operating	Ellsworth	ME
Healthy Androscoggin / Central Maine Community Health	General Operating Support	2019	\$50,000	General Operating	Lewiston	ME
Healthy Communities of the Capital Area	General Operating Support	2017	\$50,000	General Operating	Gardiner	ME
Healthy Community Coalition of Greater Franklin County	General Operating Support	2017	\$50,000	General Operating	Farmington	ME

Organization	Project Title	Year Issued	Amount	Category	Grantee Location	
Sarah's House of Maine	General Operating Support	2017	\$10,000	General Operating	Holden	ME
Sarah's House of Maine	General Operating Support	2018	\$25,000	General Operating	Holden	ME
Sarah's House of Maine	General Operating Support	2019	\$25,000	General Operating	Holden	ME
Eastern Maine Medical Center Cancer Care	Creating a statewide tissue banking network to promote cancer research	2015	\$199,940	Research	Bangor	ME
Maine Medical Center Research Institute	Creating a Centralized Biospecimen Resource for Cancer Research	2015	\$199,830	Research	Scarborough	ME
Maine Medical Center Research Institute	Tumor Registry Electronic Medical Record Linked Data Resource: TREMR	2015	\$191,230	Research	Scarborough	ME
Maine Dartmouth Family Medicine Residency	Structured care for individuals at risk for familial cancer syndromes	2015	\$84,784	Research	Augusta	ME
University of New England	Methods and Diagnostics for Cancer Detection and Treatment Monitoring	2017	\$375,000	Breast Cancer Screening	Portland	ME
Down East Hospice Volunteers	General Operating Support	2018	\$8,300	Hospice	Calais	ME
Down East Hospice Volunteers	General Operating Support	2019	\$8,819	Hospice	Calais	ME
Hospice Volunteers of Hancock County	General Operating Support	2018	\$5,000	Hospice	Ellsworth	ME
Hospice Volunteers of Hancock County	General Operating Support	2019	\$10,000	Hospice	Ellsworth	ME
Hospice Volunteers of Somerset County	General Operating Support	2018	\$6,700	Hospice	Skowhegan	ME

Organization	Project Title	Year Issued	Amount	Category	Grantee Location	
Hospice Volunteers of Somerset County	General Operating Support	2019	\$10,000	Hospice	Skowhegan	ME
Hospice Volunteers of Waldo County	General Operating Support	2018	\$10,000	Hospice	Belfast	ME
Hospice Volunteers of Waldo County	General Operating Support	2019	\$10,000	Hospice	Belfast	ME
Hospice Volunteers of Waterville Area	General Operating Support	2018	\$10,000	Hospice	Waterville	ME
Hospice Volunteers of Waterville Area	General Operating Support	2019	\$10,000	Hospice	Waterville	ME
Pine Tree Hospice	General Operating Support	2018	\$10,000	Hospice	Dover-Foxcroft	ME
Pine Tree Hospice	General Operating Support	2019	\$10,000	Hospice	Dover-Foxcroft	ME
The Jackson Laboratory	Developing an educational curriculum to support community oncology clinicians use of genomics in patient care	2019	\$199,891	Genetic Screening	Bar Harbor	ME
Beth C. Wright Cancer Resource Center	COVID-19 Response Grant	2020	\$8,000	COVID-19	Ellsworth	ME
Cancer Resource Center of Western Maine	COVID-19 Response Grant	2020	\$10,000	COVID-19	Norway	ME
Cary Medical Center / Brian's Ride Cancer Fund	COVID-19 Response Grant	2020	\$5,000	COVID-19	Caribou	ME
Christine B. Foundation	COVID-19 Response Grant	2020	\$5,000	COVID-19	Bangor	ME
Coastal Healthcare Alliance	COVID-19 Response Grant	2020	\$10,000	COVID-19	Rockland	ME
Dean Snell Cancer Foundation	COVID-19 Response Grant	2020	\$5,000	COVID-19	Brunswick	ME
Healthy Acadia	COVID-19 Response Grant	2020	\$5,000	COVID-19	Ellsworth	ME

Organization	Project Title	Year Issued	Amount	Category	Grantee Location	
MaineGeneral Harold Alfond Center for Cancer Care	COVID-19 Response Grant	2020	\$10,000	COVID-19	Augusta	ME
MaineHealth - Maine Medical Partners	COVID-19 Response Grant	2020	\$5,000	COVID-19	Sanford	ME
MaineHealth Cancer Care Network	COVID-19 Response Grant	2020	\$10,000	COVID-19	Scarborough	ME
Mid Coast Hospital	COVID-19 Response Grant	2020	\$5,000	COVID-19	Brunswick	ME
Northern Light A.R. Gould Hospital	COVID-19 Response Grant	2020	\$5,000	COVID-19	Presque Isle	ME
Northern Light Eastern Maine Medical Center	COVID-19 Response Grant	2020	\$10,000	COVID-19	Bangor	ME
Bangor YMCA	Increased Wellness Opportunities to Those Affected by Cancer through LIVESTRONG at the Bangor YMCA	2018	\$10,896	Miscellaneous	Bangor	ME
Beth C. Wright Cancer Resource Center	Charting a Course for Patient Navigation in Maine	2018	\$2,308	Miscellaneous	Ellsworth	ME
Beth C. Wright Cancer Resource Center	The Healing Circle: Skills for Reclaiming Wholeness on the Cancer Journey	2019	\$8,000	Miscellaneous	Ellsworth	ME
Beth C. Wright Cancer Resource Center	Virtual Support Group	2019	\$9,800	Miscellaneous	Ellsworth	ME
Christine B. Foundation	Cancer Resource Center Collaborative	2019	\$2,555	Miscellaneous	Brewer	ME
Dempsey Center	Sugarloaf Charity Summit	2018	\$54,687	Miscellaneous	Lewiston	ME
Dempsey Center	Sugarloaf Charity Summit	2019	\$63,410	Patient Support	Lewiston	ME
Environmental Health Strategy Center	Increase Testing for Arsenic-Contaminated Well Water	2017	\$10,000	Environmental Factors	Augusta	ME

Organization	Project Title	Year Issued	Amount	Category	Grantee Location	
Maine Pharmacy Association	HPV Vaccination Continuous Learning Programming	2019	\$2,269	Miscellaneous	Augusta	ME
MaineHealth – Let's Go Program	Obesity: Making the Connection to Cancer	2020	\$2,500	Mini-Grant Obesity	Portland	ME
Martha B. Webber Breast Cancer Center	Sugarloaf Charity Summit	2015	\$67,112	Miscellaneous	Farmington	ME
Martha B. Webber Breast Cancer Center	Sugarloaf Charity Summit	2016	\$79,836	Miscellaneous	Farmington	ME
Martha B. Webber Breast Cancer Center	Sugarloaf Charity Summit	2017	\$57,312	Miscellaneous	Farmington	ME
Martha B. Webber Breast Cancer Center	Sugarloaf Charity Summit	2018	\$54,687	Miscellaneous	Farmington	ME
Martha B. Webber Breast Cancer Center	Sugarloaf Charity Summit	2019	\$63,411	Patient Support	Farmington	ME
New Mainers Public Health Initiative	Community Education Workshops on Cancer for Refugees and Asylum Seekers	2018	\$25,000	Miscellaneous	Lewiston	ME
Penobscot Community Health Care	Improving Patient Outcomes via Dermatology eConsult	2018	\$12,174	Miscellaneous	Bangor	ME
Penquis CAP	Maine Regional Cancer Transportation Brochure	2018	\$545	Miscellaneous	Bangor	ME
Northern Light Sebasticook Valley Hospital	An Outreach, Education, and Navigation Program to Increase Breast Cancer Screening Rates at Northern Light Sebasticook Valley Hospital	2023	\$80,000	Breast Cancer Grantee	Pittsfield	ME
Penobscot Community Health Center	Improving Breast Cancer Screening in Primary Care	2023	\$80,000	Breast Cancer Grantee	Bangor	ME

Organization	Project Title	Year Issued	Amount	Category	Grantee Location	
Northern Light Eastern Maine Medical Center	Increasing Breast Cancer Screening and reducing barriers through the Caring Connections program with the Bangor Region YMCA	2021	\$40,000	Breast Cancer Grantee	Bangor	ME
Northern Light CA Dean	Piscataquis County Mobile Mammography Project	2023	\$80,000	Breast Cancer Grantee	Greenville	ME
Northern Light Eastern Maine Medical Center	Culture of Caring: Reducing Barriers to Breast Cancer Screenings - SDOH, Gender Identity and Trauma	2024	\$80,000	Cancer Screening - Breast	Bangor	ME
Sacopee Valley Health Center - Community Care Partnership of Maine	Women's Preventative Health: Breast Cancer Screening	2024	\$80,000	Cancer Screening - Breast	Porter	ME
Maine Medical Center - Melanoma	Enhanced Melanoma Screening in Rural Primary Care	2023	\$80,000	Skin Cancer Grantee	Manchester	ME
Maine Family Planning	Request to support cervical cancer screening	2022	\$28,436	Cervical Cancer Grantee	Lewiston	ME
Penobscot Community Health Center	Improving Cervical Cancer Screening in Primary Care	2022	\$100,000	Cervical Cancer Grantee	Bangor	ME
Maine Family Planning	Increasing Access to Cervical Cancer Screenings for Rural and Uninsured/Underinsured Patients	2024	\$5,000	Cancer Screening - Cervical	Augusta	ME
Sacopee Valley Health Center - Community Care Partnership of Maine	Women's Preventative Health: Cervical Cancer Education	2024	\$5,000	Cancer Screening - Cervical	Porter	ME

Organization	Project Title	Year Issued	Amount	Category	Grantee Location	
AK Health and Social Services	Boosting Cancer Screening Rates For Immigrants, Refugees and BIPOC Communities in Maine	2022	\$15,000	Multiple Types Cancer Grantee	Lewiston	ME
Greater Portland Health	Increasing Cancer Screenings Through Culturally Responsive Care	2022	\$90,000	Multiple Types Cancer Grantee	Portland	ME
New Mainers Public Health Initiative	Cancer Education and Awareness Project	2022	\$50,000	Multiple Types Cancer Grantee	Lewiston	ME
Islands Community Medical Services	Increasing Cancer Screenings at ICMS	2022	\$100,000	Cancer Screening - All Types	Vinalhaven	ME
City of Portland (HHS)	PCFC's Cancer Screening & Early Detection Initiative	2024	\$70,000	Cancer Screening - All Types	Portland	ME
Greater Portland Health	Improving Cancer Outcomes for the Underserved	2024	\$80,000	Cancer Screening - All Types	Portland	ME
AK Health and Social Services	Evidence Based Intervention to Increase Cancer Screening Rates in Androscoggin County	2024	\$80,000	Cancer Screening - All Types	Lewiston	ME
Environmental						
Jefferson Cary Foundation	Detecting Radon in ME	2024	\$22,324	Radon	Caribou	ME
Defend Our Health	Primary Cancer Prevention via Well Testing and Mitigation (Arsenic, PFAS)	2024	\$49,996	Arsenic	Portland	ME
Maine Indoor Air Quality Council	Reducing the Risk of Lung Cancer from Exposure to Radon Gas	2024	\$50,000	Radon	Augusta	ME

Organization	Project Title	Year Issued	Amount	Category	Grantee Location	
	Within a School Community					