Monitoring Community Outreach Standard 1.8

Richard Robinson, Public Affairs Director
Community Outreach Coordinator; Public Affairs Director
Kaiser Permanente Sacramento Medical Center and Roseville Medical Center

Objectives

1. Understand compliance thresholds for Standard 1.8
2. Obtain helpful guidance for how to effectively meet standard
Standard 1.8

Each calendar year, the Community Outreach Coordinator, under the direction of the cancer committee, monitors the effectiveness of prevention, screening, and outreach activities. The activities and monitoring results are documented in an annual community outreach activity summary that is presented to the cancer committee at the end of each calendar year.

“Commission on Cancer surveyors and staff have noticed a pattern of noncompliance in regards to Standard 1.8.”

--CoC Source in 2015
Standard 1.8

Each calendar year, the Community Outreach Coordinator, under the direction of the cancer committee, monitors the effectiveness of prevention, screening, and outreach activities.

The activities and monitoring results are documented in an annual community outreach activity summary that is presented to the cancer committee at the end of each calendar year.

The Basics

The report must contain the following information:

• Identified areas of community need
• Specific community outreach activities performed
• Summary of effectiveness of each activity
Common Issues Frequently Seen
--CoC Source in 2015

• The annual summary report is not provided; it may consist of just a marketing flyer or a basic Excel spreadsheet listing the names and dates of programs.
• Non-applicable community outreach activities are listed (including survivorship events, relay races, open houses, general health fairs).
• The summary report is not shared with the cancer committee and documented in the meeting minutes.
• The most common deficiency criterion is that the “summary reports” do not document that the coordinator and cancer committee are monitoring the effectiveness of the activities and programs offered each year.

Our Journey

Kaiser Permanente Roseville and Sacramento Medical Centers

Comprehensive Community Cancer Programs
2014 Annual Report
10 Learnings from the Process

1) Choose right community outreach coordinator

Appropriate individual is appointed each calendar year at the first cancer committee meeting (Standard 1.2).

The coordinator is chosen on the basis of their specialty, knowledge, skills, and interest.

Professionals who can fill the Community Outreach Coordinator role may include:
• The director or staff member of the program’s outreach department.
• A physician or a non-physician with screening and prevention program knowledge/experience.
• Cannot be the American Cancer Society representative.

2) Establish an effective way to determine community need
Objectives of Our Community Health Needs Assessment

1. Provide information for hospital to develop an implementation strategy specific to the service area
2. Identify communities and specific groups within the service area experiencing health disparities
3. Identify contributing factors that create both barriers and opportunities for these populations to live healthier lives

Community Health Needs Assessment Data Collection

• Quantitative
  – Socio-demographic Data
  – Health Outcomes
  – Behavioral and Environmental Indicators

• Qualitative
  – Key Informant Interviews in Sacramento and Yolo Counties (31 total)
  – Focus Groups (9 total comprised of 109 community members)
Community Health Needs Assessment

Health Indicators

<table>
<thead>
<tr>
<th>ED Visits &amp; Hospitalization</th>
<th>Mortality</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accidents</td>
<td>Heart Disease</td>
</tr>
<tr>
<td>Assault</td>
<td>Tobacco</td>
</tr>
<tr>
<td>Injuries</td>
<td>Asthma</td>
</tr>
<tr>
<td>Diabetes</td>
<td>Stroke</td>
</tr>
<tr>
<td>Heart Disease</td>
<td>Mental Health</td>
</tr>
<tr>
<td>Hypertension</td>
<td>Cancer</td>
</tr>
</tbody>
</table>

10 Learnings from the Process

3) Choose prevention and screening activities that support that need

SKIN CANCER
This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of skin cancer, excluding Basal and Squamous, 2008-09.

<table>
<thead>
<tr>
<th>Report Area</th>
<th>Total Population, ACS (2013)</th>
<th>Area% Incident</th>
</tr>
</thead>
<tbody>
<tr>
<td>El Dorado County</td>
<td>10,791</td>
<td>232</td>
</tr>
<tr>
<td>Placer County</td>
<td>187,781</td>
<td>446</td>
</tr>
<tr>
<td>Yolo County</td>
<td>204,584</td>
<td>321</td>
</tr>
<tr>
<td>Sacramento County</td>
<td>5,348,208</td>
<td>20</td>
</tr>
<tr>
<td>California</td>
<td>36,940,029</td>
<td>17.6</td>
</tr>
</tbody>
</table>

LUNG CANCER
This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of Lung cancer adjusted to 2000 U.S. standard population age groups (Under age 1, 1-4, 5-9, ... 80-84, 85 and older).

<table>
<thead>
<tr>
<th>Report Area</th>
<th>Total Population, ACS (2000)</th>
<th>Annual Incidence</th>
<th>Annual Incidence Rate (per 100,000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Report area</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nonmetropolitan Area</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sacramento (Nonmetro)</td>
<td>8,304,165</td>
<td>453</td>
<td>54.94</td>
</tr>
<tr>
<td>Yolo County</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>El Dorado County</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>California</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>United States</td>
<td>200,081,604</td>
<td>223,025</td>
<td>55,40</td>
</tr>
</tbody>
</table>

© American College of Surgeons 2016—Content cannot be reproduced or repurposed without written permission of the American College of Surgeons.
10 Learnings from the Process

4) Choose screening and prevention programs that allow for tracking effectiveness

*Example of Effectiveness of Screening Programs:* Rate of cancer diagnosis in the group screened or an increase in participation of the screening program because of a new tool or new communication strategy. Number of positive findings, what is the follow-up process.

*Example of Effectiveness of Prevention Programs:* Tracking the number of individuals who stopped smoking or ceased using tanning beds, or who began to change their lifestyle after participating in the prevention program.

10 Learnings from the Process (continued)

- How many participants? Is this less or more than the last activity? Why?
- How do you measure if programs are valuable and useful to your community? What is the impact?
- How are these programs designed to reduce the incidence of a specific cancer type or decrease the number of patients with late-stage diseases?
- How are you ensuring (tracking) that participants with positive findings at screening programs are following-up with the appropriate health care professionals? Is your follow-up process functioning properly? Are people being notified of positive results? Could your referrals process be confusing or unhelpful to the screened individuals?
- How many people quit smoking? Smoked less? Changed their habits?
- Based on the results of your analysis/monitoring, do you need to make any changes to the outreach programs?
5) Do one program well before you take on others

Standards 4.1 and 4.2 only require the cancer committee to provide at least ONE prevention and ONE screening program each year.

6) Be diligent about follow-up

7) Report outcomes annually

Sample format of annual report:

<table>
<thead>
<tr>
<th>Prevention Programs</th>
<th>Activities</th>
<th>Date/Year</th>
<th># of participants</th>
<th>Guidelines used</th>
<th>Date discussed</th>
<th>Summary of Effectiveness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer Prevention</td>
<td>Screenings</td>
<td>2012</td>
<td>100</td>
<td>Yes</td>
<td>01/01/2013</td>
<td>Increase awareness</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Screening Programs</th>
<th>Activities</th>
<th>Date/Year</th>
<th># of participants</th>
<th>Guidelines used</th>
<th>Date discussed</th>
<th>Summary of Effectiveness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer Screening</td>
<td>Screenings</td>
<td>2012</td>
<td>100</td>
<td>Yes</td>
<td>01/01/2013</td>
<td>Increase awareness</td>
</tr>
</tbody>
</table>
10 Learnings from the Process

8) Have a robust evaluation discussion with committee

9) Don’t be afraid to make changes if things aren’t working or need change

10) Celebrate your success
Questions?