



# SEATTLE CANCER CARE ALLIANCE

Fred Hutchinson Cancer Research Center  
UW Medicine  
Seattle Children's



## Community Health Needs Assessment

*2012-2015*

In compliance with the Patient Protection and Affordable Care Act, the following is the Community Health Needs Assessment report of Seattle Cancer Care Alliance.

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# Overview

As part of the recently enacted Health Care Reform Legislation, specifically the Patient Protection and Affordable Care Act, requires that hospitals identified as not-for-profit tax status, conduct a community health needs assessment every three years and in addition must implement strategies aimed at meeting the needs as identified by the assessment. In order to maintain the hospital's federal tax exempt status, the organization must conduct and make widely available to the public their community health needs assessment. The law maintains that the following elements be reported:

- A definition of the community served by the hospital facility
- Demographics of the community
- Existing health care facilities and resources within the community that are available to respond to the health needs of the community
- An explanation of how data was obtained
- A description of the health needs of the community
- A description of the primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups
- A description of the process for identify and prioritizing the community health needs and services to meet the community health needs
- A description of the process for consulting with persons representing the community's interests
- An explanation of the information gaps that limit the hospital facility's ability assess the community's health needs

The following report aims to provide the public with current information of the Community Health Needs Assessment as identified by the Seattle Care Alliance.



# Background

The Seattle Cancer Care Alliance (SCCA) 2012 Community Health Needs Assessment provides an overview of the impact of cancer in Washington State. Among the assessment's findings:

- ❑ Four out of every 10 people in Washington State will be diagnosed with cancer.
- ❑ In 2006, 24 percent of the deaths in Washington were due to cancer.
- ❑ Incidence rates for cancer in Pierce and Snohomish counties are above national and state averages.
- ❑ Pierce County is considered a medically underserved community by the Washington State Department of Health.
- ❑ Leading causes of cancer death in Washington in 2010 were:
  - Lung and bronchus cancer
  - Prostate cancer
  - Female breast cancer
  - Colorectal cancer
  - Pancreatic cancer
- ❑ The top newly diagnosed cancers in Washington in 2006 were:
  - Female breast cancer
  - Prostate cancer
  - Lung and bronchus cancer
  - Melanoma
  - Colorectal cancer



1. Washington State Comprehensive Cancer Control Plan, 2009 – 2013, Version 4, April 2010. Washington Cares About Cancer Partnership



# Collaborators

## King County CHNA Collaborative Participating Healthcare Organizations

The following organizations are members of the King County Community Health Needs Assessment Collaborative (KC CHNA) Collaborative:

- Evergreen Health
- Franciscan Health System (St. Elizabeth, St. Francis hospitals)
- Group Health Cooperative-Central
- Highline Medical Center
- MultiCare - Auburn
- Overlake Hospital
- Seattle Cancer Care Alliance
- Seattle Children's Hospital
- Snoqualmie Valley Hospital
- Seattle-King County Public Health
- Swedish Health System (Ballard, Cherry Hill, Edmonds, First Hill, Issaquah hospitals)
- UW Medicine (Harborview, Northwest, Valley Medical Center hospitals)
- Virginia Mason Medical Center

### Washington State Hospital Association

Chelene Whiteaker  
Policy Director, Member Advocacy  
Washington State Hospital Association

### American Cancer Society

Amber Guinotte  
Quality of Life Manager  
Great West Division  
American Cancer Society, Inc.

King County Public Health and the Collaborative members provided analytic support and consultation throughout the process in creating this Community Health Needs Assessment.

American Cancer Society provided feedback that transportation and housing have been identified as a top need for oncology patients within the region.

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# Service Area

Seattle Cancer Alliance provides state-of-the-art, patient and family centered care; support the conduct of cancer clinical research and education; enhance access to improved cancer interventions; and advance the standard of cancer care regionally and beyond.



Patients who come to SCCA for oncology treatment range from local to international visitors, however, a significant proportion of our patient population are from King, Pierce and Snohomish counties. Patients referred to SCCA for services are typically arranged through primary care providers in their local areas.

- King, Snohomish and Pierce counties represent 60% of all patients seen at SCCA for care in 2010.
- These counties comprise 51% of Washington State’s population\* based on the US Census 2010

\*US Census 2010 population estimates

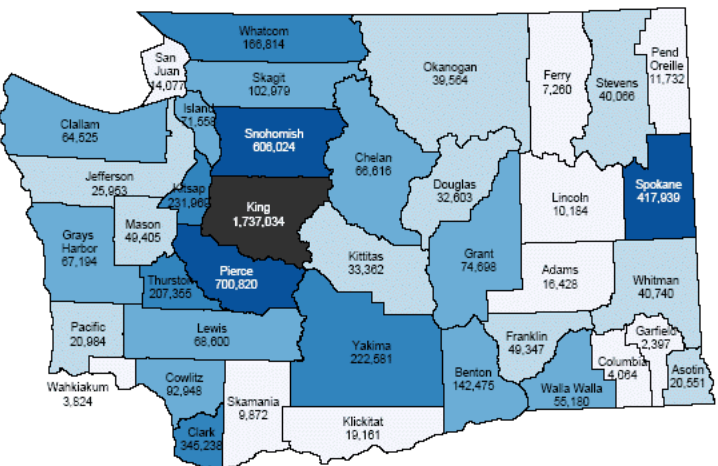
\*\*SCCA 2010 patient population using the EPIC Clarity Data Model and summarized using Microsoft Excel 2010

The Puget Sound region has continued to grow with globally recognized companies such as Starbucks, Microsoft and Boeing attracting newcomers to the areas. Population projections both past and future demonstrate consistent growth in the region.

## Population Distribution in 2000

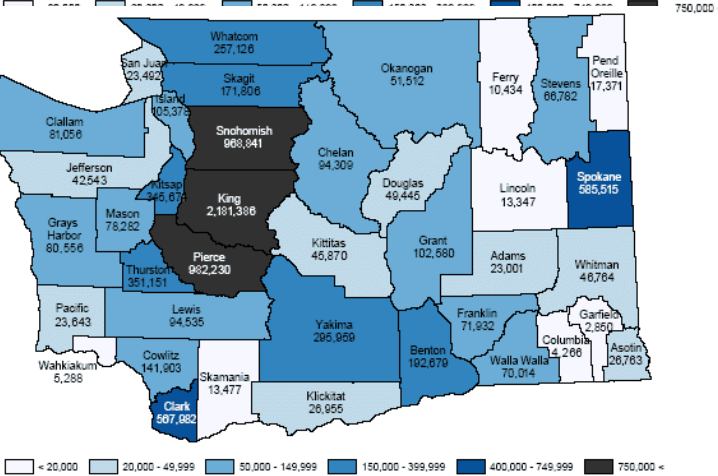
Source: Washington State Office of Financial Management

<http://www.ofm.wa.gov/localdata/king.asp?vm=r>



With the continued population growth in these areas, the potential of amplifying the currently identified needs is anticipated to increase if left unaddressed.

## Projected Population Distribution in 2030





# Community Demographic Profile

County	King County	Pierce County	Snohomish County
<b>Gender</b>	<ul style="list-style-type: none"> <li>Per 2010 census data, residents in King County are 50% female and 50% male</li> <li><b>Patients seen at the SCCA clinic from King County are primarily female at 68%</b> while 32% of patients from the county are male.</li> </ul>	<ul style="list-style-type: none"> <li>Per 2010 census data, residents in Pierce County are 51% female and 49% male</li> <li><b>Patients seen at the SCCA clinic from Pierce County are primarily female at 58%</b> while 42% of patients from the county are male.</li> </ul>	<ul style="list-style-type: none"> <li>Per 2010 census data, residents in Snohomish County are 50% female and 50% male</li> <li><b>Patients seen at the SCCA clinic from Snohomish County are primarily female at 66%</b> while 34% of patients from the county are male.</li> </ul>
<b>Ethnicity</b>	69% White 15% Asian 9% Hispanic/Latino 6% Black  <ul style="list-style-type: none"> <li>Per 2010 self-report patient registration data, SCCA patients from King County are:               <ul style="list-style-type: none"> <li>– 62% White</li> <li>– 11% Asian</li> <li>– <b>2% Hispanic/Latino</b></li> <li>– 9% Black</li> </ul> </li> </ul>	78% White 9% Asian 9% Hispanic/Latino 3% Black  <ul style="list-style-type: none"> <li>Per 2010 self-report patient registration data, SCCA patients from Pierce County are:               <ul style="list-style-type: none"> <li>– 69% White</li> <li>– 6% Asian</li> <li>– <b>2% Hispanic/Latino</b></li> <li>– 3% Black</li> </ul> </li> </ul>	74% White 6% Asian 9% Hispanic/Latino 7% Black  <ul style="list-style-type: none"> <li>Per 2010 self-report patient registration data, SCCA patients from Snohomish County are:               <ul style="list-style-type: none"> <li>– 68% White</li> <li>– 3% Asian</li> <li>– <b>2% Hispanic/Latino</b></li> <li>– 5% Black</li> </ul> </li> </ul>

## Race

Report Area	White	Black	Asian	Native American / Alaska Native	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Races
Pierce	76.01%	6.78%	5.91%	1.15%	1.25%	2.51%	6.40%
King	70.51%	6.08%	14.39%	0.76%	0.73%	2.88%	4.64%
Snohomish	82.18%	2.37%	9.52%	1.25%	0.44%	0.16%	4.08

## Uninsured

- ❑ Pierce county is considered a ‘medically underserved area’ by the Washington State Department of Health <sup>1</sup>
- ❑ Over a fourth of eligible adults in these counties do not get preventive screenings for breast, cervical and colorectal cancers <sup>2</sup>

1. Washington State Department of Health: Office of Community and Rural Health

2. WA Behavioral Risk Factor Surveillance System, Chronic Disease Profile

Demographics	King County, Washington	Pierce County, Washington	Snohomish County, Washington
	Uninsured Population Estimate	Uninsured Population Estimate	Uninsured Population Estimate
<b>Total population</b>	240,642	111,201	94,221
<b>AGE</b>			
Under 18 years	9.1%	11.0%	9.5%
Under 6 years	2.3%	3.1%	2.4%
18 to 64 years	90.3%	88.7%	89.5%
18 to 24 years	16.6%	18.5%	16.9%
65 years and older	0.6%	0.4%	1.0%
65 to 74 years	0.4%	N	0.6%
<b>SEX</b>			
Male	56.0%	54.5%	52.6%
Female	44.0%	45.5%	47.4%
<b>RACE AND HISPANIC OR LATINO ORIGIN</b>			
One race	96.1%	92.7%	96.9%
White alone	60.8%	71.0%	73.3%
Black or African American alone	10.5%	7.0%	3.0%
American Indian and Alaska Native alone	1.2%	1.0%	0.9%
Asian alone	14.4%	6.7%	12.1%
Native Hawaiian and Other Pacific Islander alone	0.8%	0.9%	0.7%
Some other race alone	8.3%	6.0%	7.0%
Two or more races	3.9%	7.3%	3.1%
Hispanic or Latino (of any race)	23.4%	16.3%	18.1%
White alone, not Hispanic or Latino	47.1%	62.0%	62.4%

2011 American Community Survey 1-Year Estimates

## Poverty Level

Report Area	Total Population	Population with Income at or Below 200% FPL	Percent Population with Income at or Below 200% FPL
<b>Report Area</b>	3,344,490	793,532	23.73%
<b>King County, WA</b>	1,880,029	422,740	22.49%
<b>Pierce County, WA</b>	769,896	216,638	28.14%
<b>Snohomish County, WA</b>	694,565	154,154	22.19%
<b>Washington</b>	6,519,490	1,862,090	28.56%
<b>United States</b>	298,788,000	97,686,536	32.69%

Data Source: U.S. Census Bureau, 2007-2011 American Community Survey 5-Year Estimates.



## Causes of Death

In comparing the leading causes of death among the three counties (King, Snohomish and Pierce), cancer is found to be a predominant factor, which is then followed by varying rates between heart disease and cerebrovascular disease and subsequent chronic diseases.

Cause of Death	Ranking for Washington State	Ranking for King County	Ranking for Pierce County	Ranking for Snohomish County
<b>Cancer</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>1</b>
Heart Disease	2	2	1	2
Cerebrovascular Disease/Stroke	6	3	4	NA
Alzheimer's Disease	3	4	5	NA
Unintentional Injury	5	5	6	3
Chronic Lower Respiratory Disease	4	6	3	5
Diabetes	7	7	7	6
Influenza and Pneumonia	10	8	9	NA
Suicide	8	9	8	7
Chronic Liver Disease and Cirrhosis	9	10	10	4

Source: Death Certificate Data: Washington State Department of Health, Center for Health Statistics 1990-2008 \*Only 7 leading causes provided for Snohomish County

## Cancer Incidence and Mortality: King, Snohomish and Pierce

### Cancer Incidence- Age Adjusted Rates per 100,000

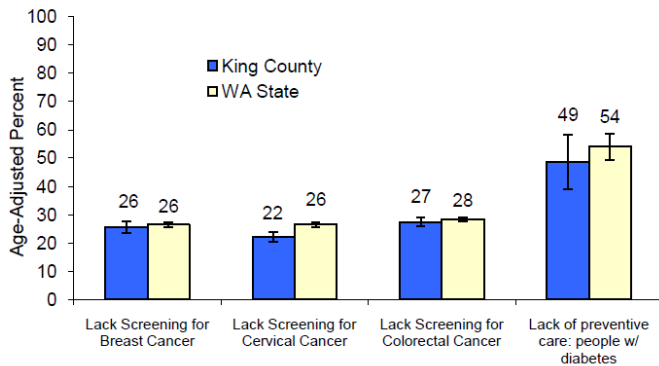
Cancer Type	Washington State	King County	Pierce County	Snohomish County
Breast	1	1	1	1
Prostate	2	2	2	2
Lung	3	3	3	3
Melanoma of the skin	4	4	5	5
Colorectal	5	5	4	4

- **King county** cancer averages are favorable when compared to peer counties of similar size and demographic profile.\*
- **Pierce County** cancer averages are favorable when compared to peer counties of similar size and demographic profile, **with the exception of Lung cancer.\***
- **Snohomish County** cancer averages are favorable when compared to peer counties of similar size and demographic profile, **with the exception of Lung and Colon cancer.\***

\*U.S Department of Health & Human Services:  
Community Health Status Indicators CHSI 2009

## Prevention and Screening

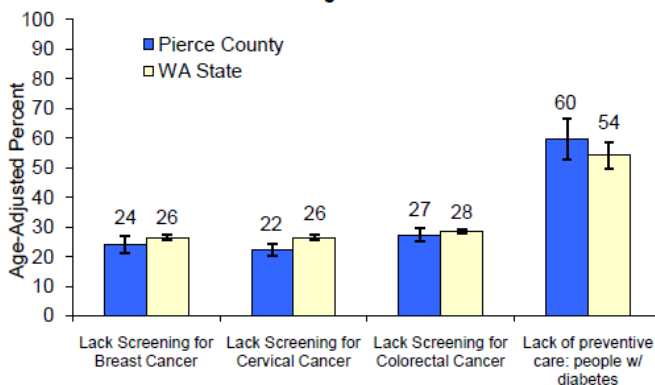
Preventive Care Among Adults in King County and Washington State



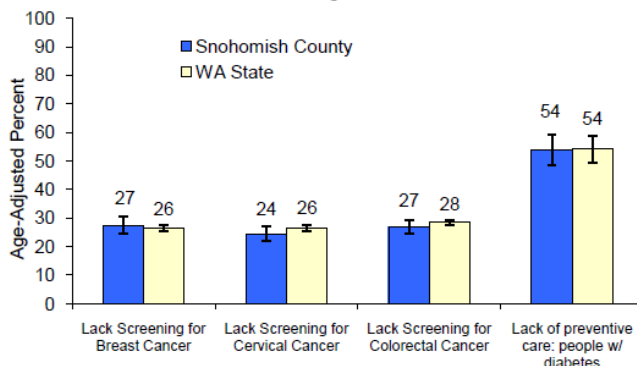
- Between 24% and 27% of women age 40 and over have not been screened for breast cancer
- Between 22% and 24% of women age 18 and over have not been screened for cervical cancer
- 27% of men and women age 50 and over have not been screened for colorectal cancer

### Adult Preventive Care

Preventive Care Among Adults in Pierce County and Washington State



Preventive Care Among Adults in Snohomish County and Washington State



These statistics show that individuals at risk for cancer are not being screened.

Prompting the question of “why not”?

- Lack of insurance?
- Fear?
- Lack of accurate information about treatments available?

See answers from our survey beginning on page 21.

The Health of King County April 2012 Eva Wong, PhD; Assessment, Policy Development & Evaluation Unit, Public Health: Seattle & King County. Data

Data Source: WA Behavioral Risk Factor Surveillance System, 2006&2008 (cancer screening) 2007-2009 (diabetes preventive care).



# Health and Risk Behavior

## Obesity- Nutrition, Physical Activity

- Approximately 30% of adults in the three counties is considered obese.<sup>1</sup>

Data Source: [Centers for Disease Control and Prevention, National Diabetes Surveillance System, 2009](#)

Report Area	Total Population Age 20+	Population with BMI > 30.0 (Obese)	Percent Population with BMI > 30.0 (Obese)
<b>Report Area</b>	2,549,359	651,084	25.36%
<b>King County, WA</b>	1,465,723	328,322	22.30%
<b>Pierce County, WA</b>	577,294	178,961	30.70%
<b>Snohomish County, WA</b>	506,342	143,801	28.10%
<b>Washington</b>	4,918,511	1,341,720	27.13%
<b>United States</b>	223,576,989	61,460,308	27.35%

## Tobacco Use and Second hand Smoke Exposure



Smoking rates in the three counties ranges from 13-17% of the adult population.<sup>1</sup>

1.WA Behavioral Risk Factor Surveillance System, Chronic Disease Profile

Obesity and smoking are two health behaviors that have shown to have a significant impact at increasing risks for cancer. The data reveals that the three counties follow the national trend for prevalence.

Report Area	Total Population Age 18+	Estimated Population Regularly Smoking Cigarettes	Percent Estimated Population Regularly Smoking Cigarettes
<b>Report Area</b>	2,581,421	364,055	14.10%
<b>King County, WA</b>	1,474,280	173,965	11.80%
<b>Pierce County, WA</b>	585,619	107,168	18.30%
<b>Snohomish County, WA</b>	521,522	82,922	15.90%
<b>Washington</b>	4,822,670	776,450	16.10%
<b>United States</b>	207,962	20,796	10%

Data Source: [Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2005-2011.](#)

# Gathering Community Input

Seattle Cancer Care Alliance (SCCA) conducted an online survey using Survey Monkey to collect information about health concerns pertaining to cancer. The survey was sent to 58 individuals and organizations representing healthcare providers, community partners, cancer supportive services, foundations, media, and other educational providers as well as community and business leaders and cancer survivors, from predominately King, Pierce and Snohomish Counties.

Seattle Cancer Care Alliance staff members first sent a personal e-mail to participants to alert them to the survey, inform them of the survey goals, and seek their participation. This e-mail was followed by the survey and a message from Debby Gentzen, Chief Strategy Officer and Vice President at SCCA. This personal outreach resulted in a response rate of over 55 percent.

Participants in the survey were asked to:

- Identify the most critical cancer healthcare issues in King, Snohomish and Pierce Counties;
- Identify efforts that could be undertaken to help lower an individual's risk for cancer and other diseases;
- Recommend ways to help individuals learn about cancer prevention and treatment resources;
- Identify resources that would encourage most individuals to be screened for cancer;
- Determine the preferred venues to learn more about cancer;
- Identify preferred communications tools for SCCA to use to address cancer information and screening needs.

Participants were also asked to provide comments on the survey questions and express their concerns. You can read the survey results beginning on page 21.



# SCCA Patient Advisory Panel

SCCA posed the question to our Patient Advisory Panel members for their input on how the organization might better meet the oncology needs of patients. The following comments highlight the need for SCCA to improve community visibility and to further engage community members through educational and outreach efforts.

Question on Survey:

**What opportunities do you think exist for Seattle Cancer Care Alliance to meet the oncology needs of the Seattle area community?**

- *“Partnering with other community groups to help with screenings on a wider basis. Patient education is always important so bringing that knowledge to the community would be great. More free lectures to the community?”*
- *“Things that could be turned into PSAs, events and articles – it seems to me that prevention would be an excellent topic to focus on.”*
- *“Provide more visibility to the current classes offered at SCCA.”*
- *“Partner with UW for a few lectures per year by staff at the UW and Fred Hutch. The topics should provide info for people to live a healthier lifestyle combined with current research. The Alumni lectures and Seattle Arts & Lectures at the UW are very well attended.”*





# Current SCCA Community Engagement Efforts

## Education and Prevention

SCCA offers local health care providers the latest education on screening and treatment for cancer patients through the SCCA Network. Outreach efforts include local organizations such as SeaMar who serve a predominant Latino community. In addition, the SCCA Network also provides Network Members the opportunity to participate in clinical trials and to contribute in national quality measure aimed at improving cancer therapies. The following are the SCCA Network Members and activities that SCCA has been a part of.

### Washington:

- Seattle Cancer Care Alliance Affiliate Network in King, Pierce and Snohomish counties provide education and training to support a higher standard of oncology care and prevention in the community
  - **SCCA Network CME Symposiums**
  - **Survivorship Seminars**
1. Columbia Basin Hematology Oncology (Tri Cities)
  2. Group Health (Bellevue, Olympia, Seattle and Tacoma)
  3. MultiCare Health Systems (Auburn, Covington, Gig Harbor, Puyallup and Tacoma)
  4. Olympic Medical Center (Port Angeles and Sequim)
  5. Skagit Valley Hospital (Arlington and Mount Vernon)
  6. Wenatchee Valley Medical Center (Omak, Moses Lake and Wenatchee)

### Alaska:

7. Providence Alaska Medical Center (Anchorage)

### Montana:

8. Bozeman Deaconess Hospital (Bozeman)

### Community Outreach Partner:

9. SeaMar Community Health Centers

SeaMar and Seattle Cancer Care Alliance have been community outreach partners since 2009:

- SCCA participation in two Latino health events annually: Binacional Health Week and Latino Health Forum - topics range from screening and prevention including smoking cessation, free mammograms, colorectal cancer screening
- SCCA participation at SeaMar's annual National Celebration Fiestas Patrias
- SCCA participation at SeaMar's annual primary care conference to support screening in the primary care community
- SCCA Network and SeaMar clinics – fostering continued communication for care coordination of oncology patients

## **Housing and Transportation**

SCCA offers temporary housing for patients who are from out of town and seeking medical treatment. Although not publicly advertised, SCCA partners with local area hospitals (Swedish Medical Center, Harborview, Virginia Mason and University of Washington Medical Center) to allow their patients and caregivers the same opportunity to reserve a room at either SCCA House or the Pete Gross House.

In addition, SCCA offers free transportation for patients and caregivers to the University of Washington Medical Center, Swedish Medical Center and Harborview. We also assist in arranging free transportation from SCCA to the airport.



## **Partnership with King County Public Health- Washington State Breast and Cervical Health Program (WSBCHP)**

Through our mobile mammography service, SCCA works closely with King County Public Health to offer free breast and cervical screen in areas that are particularly underserved. SCCA recognized that transportation poses a significant barrier for women to be able to access preventative screening. Through the partnership, SCCA has been able to provide educational materials in various languages.

## **Partnership with Fred Hutchinson- Health Disparities Research Center (HDRC)**

The HDRC is focused on creating a forum to enable Fred Hutchinson Cancer Research Center (FHCRC) with SCCA faculty and staff to collaborate on health disparities research and to foster relationships with diverse communities in Washington State. The HDRC aims to:

- \* Advance scientific research to better understand and improve cancer prevention and early detection in practice.
- \* Enhance delivery and access to cancer treatment and preventive services for patients, their families, and persons at risk, and further cancer epidemiology and public health research.

# Identified Health Needs

The populations that comprise King, Snohomish, and Pierce counties reveal a diverse population in race and socioeconomic backgrounds. Based on the assessment findings cancer prevalence in the Washington state continues to grow, yet despite newer therapies and technology available, the population encounters significant barriers to access appropriate health services. Preventative efforts such as screening and early diagnosis appear to be underutilized in communities where socioeconomic factors and ethnic minorities are at a disadvantage, raising questions to how these communities are informed of resources and how are they provided with screening opportunities.

The assessment brought to light the need to improve community outreach efforts. The following Community Health Needs Assessment table and the corresponding implementation strategies emphasize the importance of providing communities with resource information, education and preventative health messages that are culturally and linguistically appropriate

In the course of this assessment, SCCA recognizes that it must continue to identify opportunities for outreach and maintain an ongoing effort to strengthen current community relationships in order to truly understand how to help those experiencing barriers to health care services.

## Summary

In the process of conducting the health assessment, the following needs have been identified:

Identified Need	Plan	Measure of Success
Tobacco Cessation	<ul style="list-style-type: none"> <li>• Partner with MammoVan during community outreach</li> <li>• Set up table with information specific to the needs of a particular area’s language.</li> </ul> <p>Example: SouthPark area in Seattle, Spanish based tobacco cessation materials. Provide age-appropriate/reading level</p> <ul style="list-style-type: none"> <li>• Partner with Community Agencies representative of the area population.</li> </ul>	<p>Identify the underserved areas</p> <ul style="list-style-type: none"> <li>• Measure how frequently we visit area</li> <li>• Number of people attending</li> <li>• Number of materials distributed</li> </ul>
Hispanic/Latino Community Outreach	<ul style="list-style-type: none"> <li>• Explore marketing opportunity through various methods: (Social Media, Radio, Library Outreach)</li> <li>• Increase medical community’s understanding of complex interplay as it relates to Latino community</li> <li>• Work with community agencies/organizations who currently interface with the Latino community</li> </ul>	<p>Identify the areas that have a prominent Latino population</p> <ul style="list-style-type: none"> <li>• Measure how frequently we visit areas</li> <li>• Capture number of visits to social media sites</li> <li>• Capture number of in-person attendance (Library Outreach)</li> </ul>

Identified Need	Plan	Measure of Success
MammoVan Outreach	<ul style="list-style-type: none"> <li>Expand services to underserved communities</li> <li>Maintain/expand relationships with multi-cultural communities</li> <li>Expand marketing messages on prevention to reach underserved communities.</li> <li>Provide educational materials in other languages and various formats.</li> </ul>	Identify the underserved communities <ul style="list-style-type: none"> <li>Measure how frequently we visit area</li> <li>Number of people attending</li> <li>Number of materials distributed</li> </ul>
Colon Cancer-Educational Outreach	<ul style="list-style-type: none"> <li>Expand colorectal educational outreach efforts</li> <li>Participant in the Healthy Hospitals Initiative</li> <li>Community outreach through partnership with MammoVan outreach efforts</li> </ul>	Identify the underserved communities <ul style="list-style-type: none"> <li>Measure how frequently we visit area</li> <li>Number of people attending</li> <li>Number of materials distributed</li> </ul>
Access To Health Care	<ul style="list-style-type: none"> <li>In collaboration with the King County Community Health Needs Assessment promote campaign for Health Exchange and Medicaid enrollment.</li> </ul>	<ul style="list-style-type: none"> <li>Track number of individuals who have signed up on site for health plan.</li> <li>Work with King County Public Health and the Collaborative to determine progress of anticipated volumes.</li> </ul>



# Other Needs Identified In the CHNA but Not Addressed In This Plan

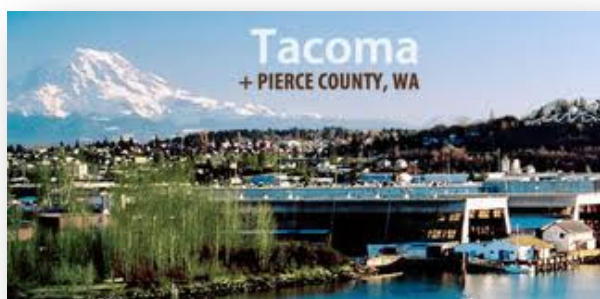
While all the identified needs pose a variety of opportunities for the organization to consider, SCCA has had to take into consideration current resources and priorities. The following areas, although identified, will not be addressed at this time due to constrained resources and specialized services that SCCA provides.

Identified Need	Reason for no implemented strategies
Young adults (those 18 years of age and younger)	<ul style="list-style-type: none"> <li>• Need to further explore how to be most effective in this population while optimizing strained resources.</li> <li>• Current effort → “Do One Thing” campaign with local high school radio station</li> </ul>
Lesbian Gay Bisexual Transgender (LGBT) Community	<ul style="list-style-type: none"> <li>• Need to further explore how to be most effective in this population while optimizing strained resources.</li> <li>• Current effort → MammoVan outreach/regular participant for Pride Day</li> </ul>
Health Screening for males	<ul style="list-style-type: none"> <li>• Need to further explore how to increase health screening targeted for male population</li> <li>• Promote messaging effective to male population</li> <li>• Assess access to health screening- barriers?</li> </ul>



# References

- Behavioral Risk Factor Surveillance System SMART DATA <http://apps.nccd.cdc.gov/BRFSS>- Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, [2010]
- Centers for Disease Control and Prevention, National Diabetes Surveillance System, 2009. <http://apps.nccd.cdc.gov/DDTSTRS/>
- County Health Rankings & Roadmaps, <http://www.countyhealthrankings.org/app/washington/2013/rankings/outcomes/overall/by-rank>
- SCCA 2010 patient population using the EPIC Clarity Data Model and summarized using Microsoft Excel 2010
- Eva, Wong. The Health of King County April 2012. Assessment, Policy Development & Evaluation Unit, Public Health: Seattle & King County. Data
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- U.S. Census Bureau, 2000 Census of Population and Housing, Summary File 1; U.S. Census Bureau, 2010 Census of Population and Housing, Summary File 1.
- U.S. Department of Commerce United States Census Bureau Quick Facts, <http://quickfacts.census.gov/qfd/states/53000.html>
- U.S. Department of Health & Humans Services: Community Health Status Indicators [2009], <http://wwwn.cdc.gov/CommunityHealth/homepage.aspx?j=1>
- Washington State Department of Health Vital Statistics Data 1990-2008, <http://www.doh.wa.gov/DataandStatisticalReports/VitalStatisticsData.aspx#topic>





# Thank You to CHNA Survey Participants

Thank you to the many organizations and individuals, who participated in our community consultations and our online survey, including:

American Cancer Society Cancer Action Network

Bon Appetit Management Company

Breathe Deep Seattle

Bristol-Myers Squibb, Healthcare Alliance Liaison – NW

Connie Niva

DC Health

Dziedzic Public Affairs

Gilda's Club Seattle

Head and Neck Cancer Alliance – WA Chapter

King County Public Health

Ksenia Koon, Educational Consultant

Leukemia and Lymphoma Society, Washington/Alaska Chapter

Melanoma Research Foundation

Mercer Island Rotary – Half Marathon

Point B

Sea Mar Community Health Centers

Skanska

Skip Kotkins -Chairman, SWL Holdings Inc.

Susan Adler, NWABR Executive Director Emeritus

United Way of King County

UW School of Medicine

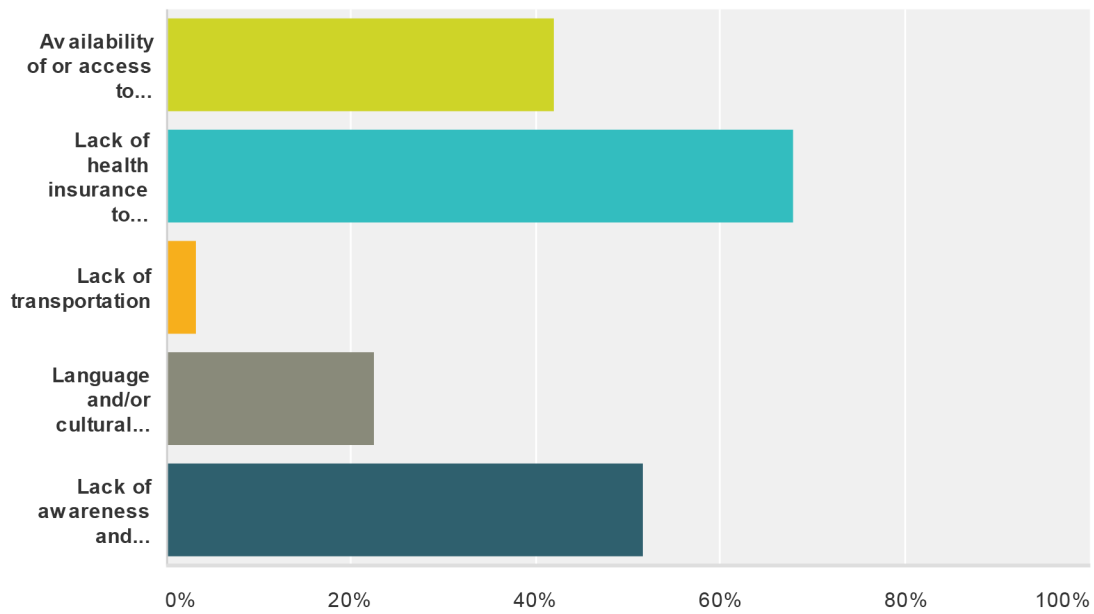
Vital Content PR

WBBA

Washington State Hospital Association

Wings of Karen

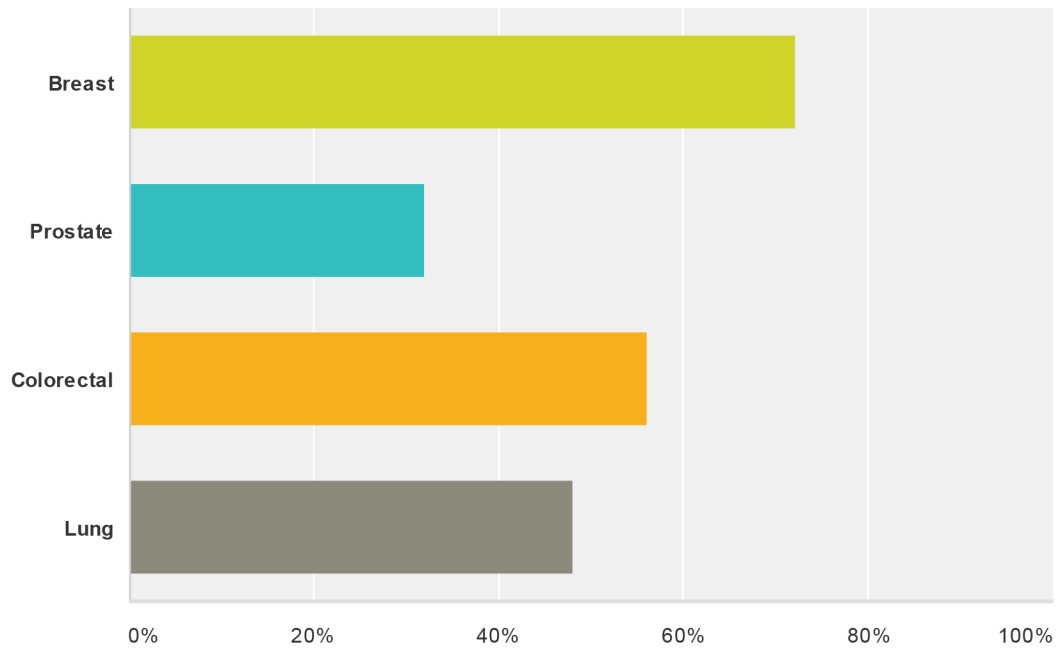
### Q1 What do you think are the most critical cancer healthcare issues in King, Snohomish, and Pierce counties?



Answer Choices	Responses
Availability of or access to healthcare facilities and services which provide cancer care	41.94%
Lack of health insurance to pay for medical treatments	67.74%
Lack of transportation	3.23%
Language and/or cultural barriers	22.58%
Lack of awareness and knowledge about cancer or cancer prevention resources such as screenings	51.61%

#	Other (please specify)
1	Lack of support in quitting tobacco.
2	Funding for cancer research capacity
3	Insurer cost management (barriers to access) practices
4	lack of ability of patients to easily get into and participate in trials

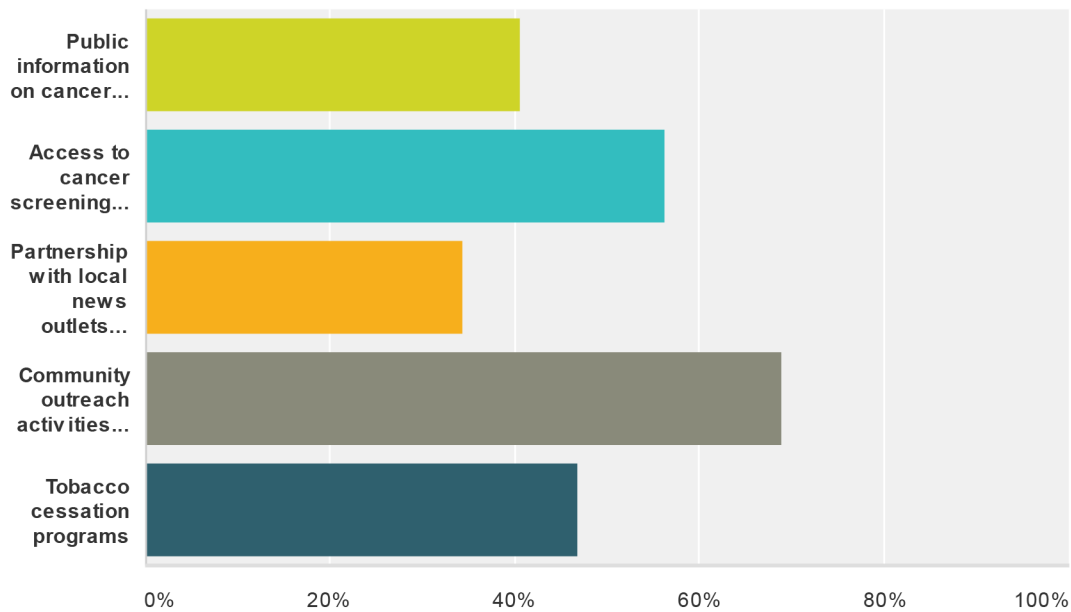
**Q2 Which of the following cancers are you most concerned about:**



Answer Choices	Responses
Breast	72%
Prostate	32%
Colorectal	56.00%
Lung	48%

#	Other (please specify)
1	all
2	Melanoma
3	all
4	Skin Cancer
5	Head and neck
6	Blood Cancers such as Lymphoma, Leukemia, etc.
7	All are important, all need to be concerned about
8	brain, plus very obscure ones where knowledge may not be widespread
9	Leukemia, Lymphoma
10	All
11	OVARIAN

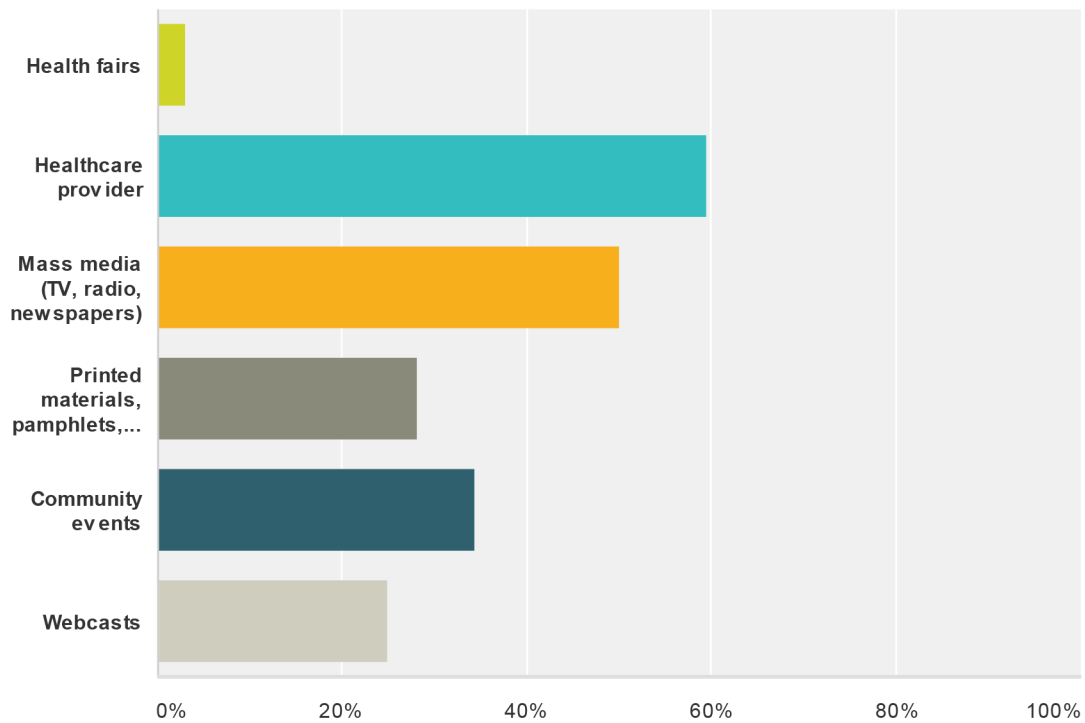
### Q3 Which of the following efforts could be undertaken to help lower an individual's risk for cancer and other diseases?



Answer Choices	Responses
Public information on cancer detection and prevention	40.63%
Access to cancer screening resources in the community such as our Mobile Mammography Van	56.25%
Partnership with local news outlets to provide educational information about ways to reduce cancer risks	34.38%
Community outreach activities to inform the local community about cancer risk and resources	68.75%
Tobacco cessation programs	46.88%

#	Other (please specify)
1	Programs about healthy lifestyles
2	FREE open to the public, year-round tobacco cessation support
3	nutrition info, if well founded. It's hard when you read lots of conflicting info
4	Public policy interventions, namely tobacco control, physical fitness/obesity/healthy weight, and funding for biomedical/cancer research
5	Working with government and industry to eliminate toxins from our environment. Lung cancer is not only caused by smoking as most people assume...so, then, how did the non-smokers get it??
6	Most people listen to and trust their primary care doctors, but increasingly, people are substituting that for the store-front drop-in clinics. Either way, the GP or the ER doc has the most influence over patient's healthcare. Therefore, directing efforts to get those doctors to be more aware of risk factors, to be more aware of screening and early-detection resources, and to be proactive in advising their patients to seek screening, has a better chance than public awareness campaigns.

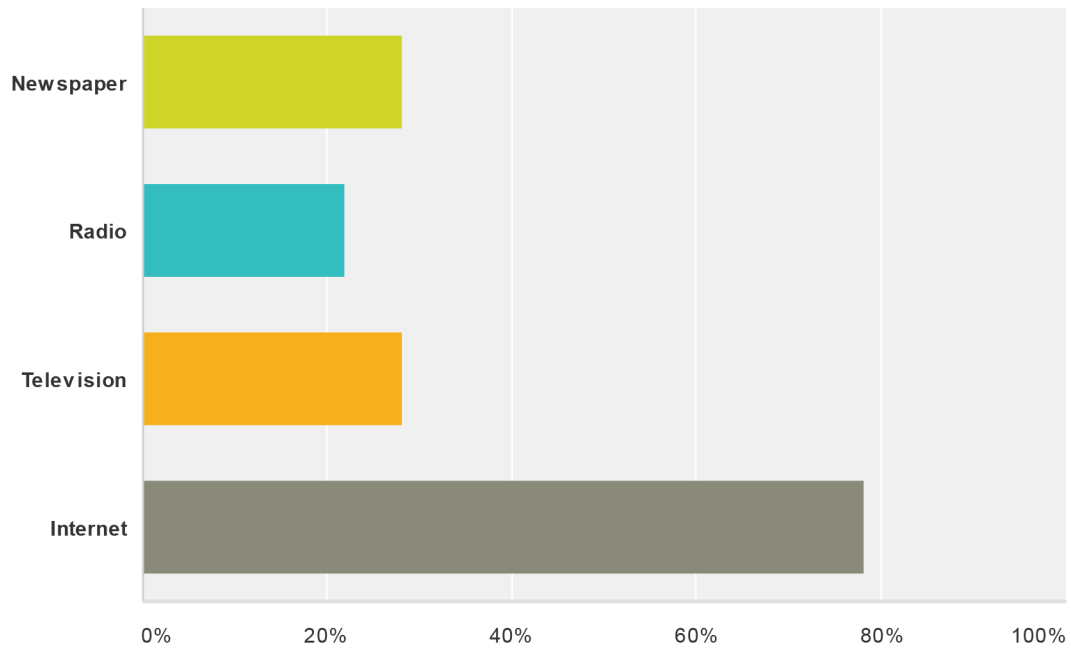
### Q4 How would you most like to learn about cancer prevention and treatment resources?



Answer Choices	Responses
Health fairs	3.13%
Healthcare provider	59.38%
Mass media (TV, radio, newspapers)	50%
Printed materials, pamphlets, brochures	28.13%
Community events	34.38%
Webcasts	25%

#	Other (please specify)
1	Online/Web newsletter subscription (Like Sloan Kettering's 'Cure' Magazine -- education/impact of diet/exercise/environmental on random/blind studies in particular
2	websites
3	Schools, social media
4	The first line of contact is the family physician, the GP etc. See answer to #3 above.

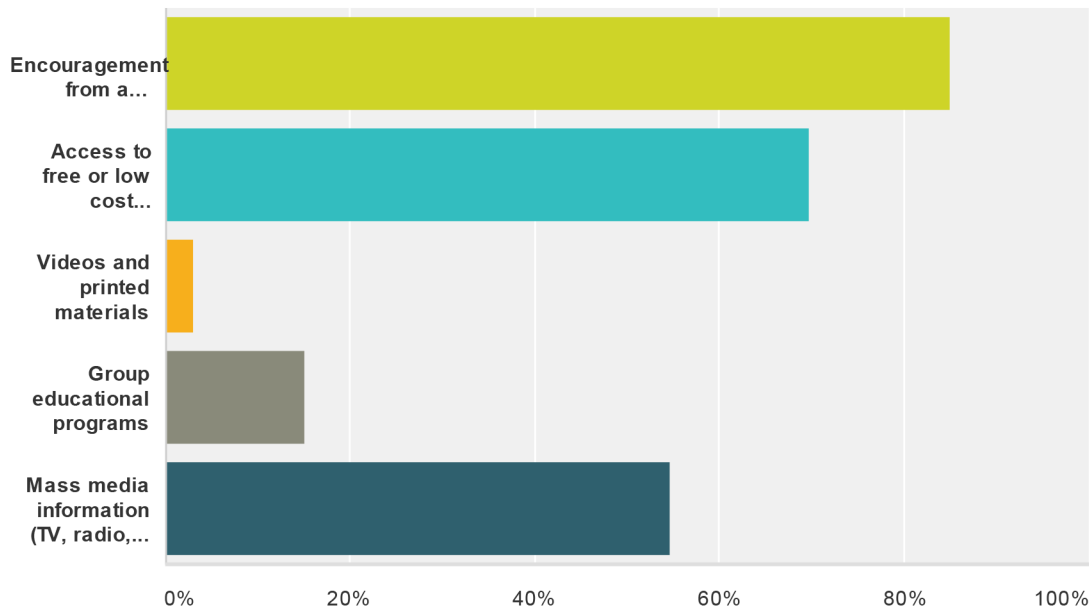
**Q5 Which sources of media do you prefer to get your health information from?**



Answer Choices	Responses
Newspaper	28.13%
Radio	21.88%
Television	28.13%
Internet	78.13%

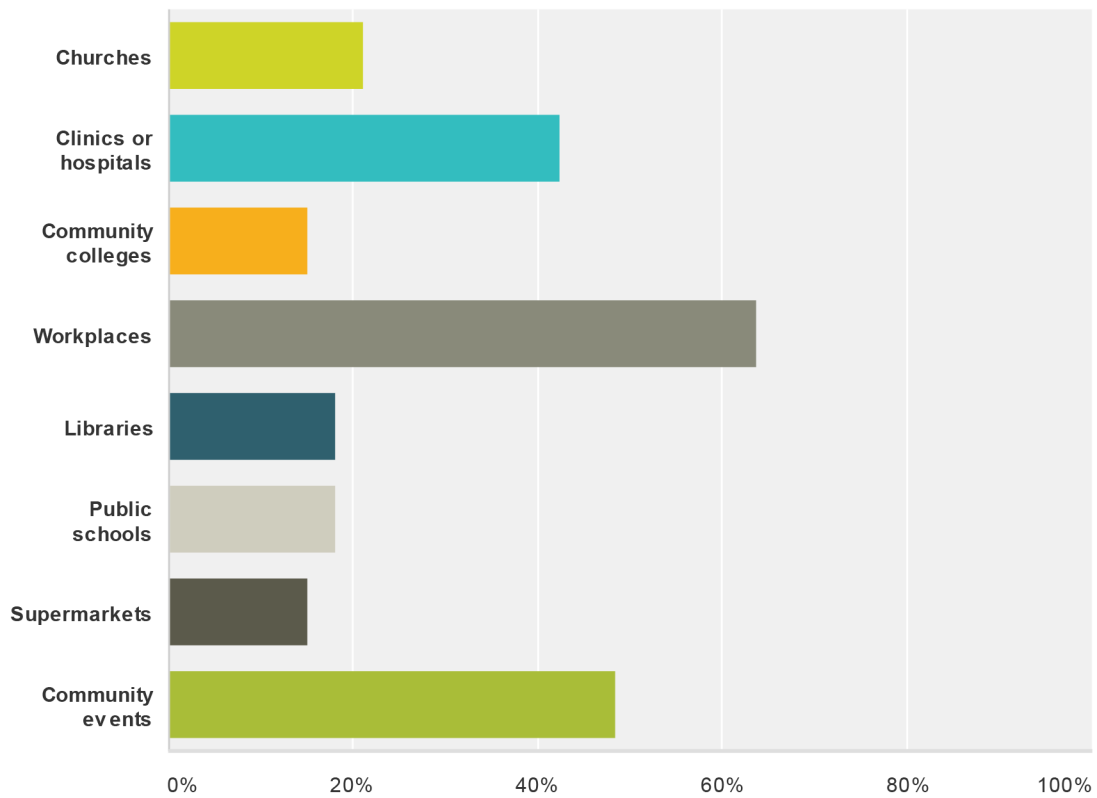


**Q6 What resources would encourage most individuals to be screened for cancer?**



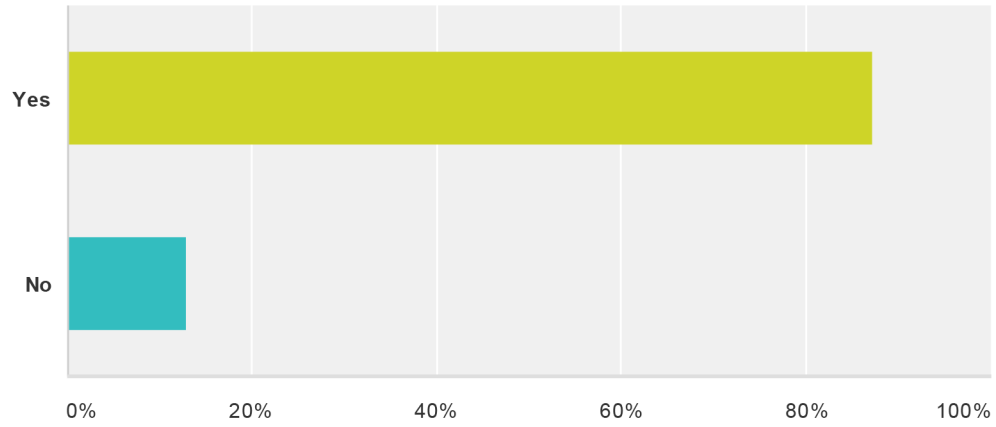
Answer Choices	Responses
Encouragement from a healthcare provider	84.85%
Access to free or low cost screenings	69.70%
Videos and printed materials	3.03%
Group educational programs	15.15%
Mass media information (TV, radio, newspapers)	54.55%

**Q7 There are a number of venues in which to help people learn more about cancer. Which one would be best?**



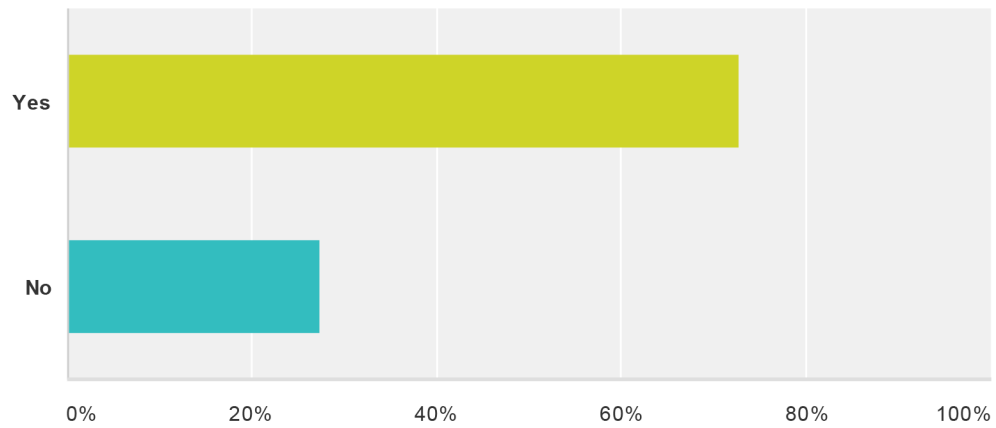
Answer Choices	Responses
Churches	21.21%
Clinics or hospitals	42.42%
Community colleges	15.15%
Workplaces	63.64%
Libraries	18.18%
Public schools	18.18%
Supermarkets	15.15%
Community events	48.48%

**Q8 Would a web page or quarterly newsletter or e-mail to partner organizations about cancer information and screening opportunities be helpful/useful?**



Answer Choices	Responses
Yes	87.10%
No	12.90%

**Q9 Would social media such as Facebook, Twitter and LinkedIn be useful sources for you to use for information about resources, health tips and local events?**



Answer Choices	Responses
Yes	72.73%
No	27.27%

**Q10 Please provide any comments that you may have about cancer concerns for your community.**

#	Responses
1	I would like to see major healthcare providers work more closely together as it relates to prevention and treatment of cancer. More like a community approach versus silos working independently. It seems like you could make more of an impact that way.
2	Cancer is such a scary thing to be faced with so navigating the system can be complex and overwhelming. I haven't spent a ton of time surfing various provider sites but if I was newly diagnosed I would turn to a provider that was informative and easy to access. Of course talking to a real person helps but navigating an online resource to address common terminology, the pathway of treatment steps etc helps reduce the stress. I like the SCCA personal stories on the www site. Also it is really important to me to get the naturopathic perspective on wellness and accessing a provider that treats the whole person in terms of natural remedies, nutrition, yoga, acupuncture etc. is important. All the toxic treatment needs to be counterbalanced. I esp am impressed with the providers in S Calif that offer massage at each visit, open group therapy/exercise studios etc in normal course of patient treatment.
3	I am concerned that treatment for cancer is provided without simultaneously providing tobacco cessation free resources. Many cancer patients don't know that if they quit tobacco prior to treatment, the treatment has a much better chance of working. It appears that oncology providers often miss the opportunity to help people truly recover from cancer by missing this crucial step. Tobacco is one of the main causes of multiple cancers. Let's treat cessation as a priority along with cancer treatments by offering free cessation support/resources at the same time.
4	Excellent survey. Thoughtful questions. Multiple strategies that integrate messaging clearly are much needed. If the messaging is confusing in any way, it will defeat the outreach efforts.
5	Head and neck cancer is not very well-known or publicized. Many of these cancers are detected too late because many healthcare providers are not as aware as they could be. Increasingly, these cancers are caused by HPV and many people are not aware that a vaccination could help prevent these fast growing, deadly cancers.
6	Doing health fairs as I do the common statement to me is "I remember what your program is about and told somebody". This came after the second to third time I set up for the health fair. It often takes a bit of persistence to make it clear programs are available and you need to use the resources before it's too late.
7	the links between behaviors you can control, and cancer, and also the impact of things outside one's control and cancer are useful to know about. Understanding that cancer is a broad term and differences between cancers is important, as well as treatment and palliative options. I believe people don't generally understand enough about the impact of treatment before making decisions, and I think the health care sector needs to give more voice to the economic burdens of some treatments and open up to dialogue about palliative options.
8	I'd like to see greater emphasis placed on increasing the number of insured, improving the state/region's cancer research capacity, and cancer prevention public policy interventions. I believe grassroots advocacy & public policy are essential in each of these areas. Furthermore, I believe it is important for this community's key leaders & institutions to champion these issues in a way that would rally community (including business) involvement.
9	Funding for cancer prevention programs like the Tobacco Prevention and Control Program at the DOH has been slashed. These programs need to be funded at the state level in order to continue reducing the rate of cancer.
10	Collaborating with chronic care coalitions and other groups that advocate for unrestricted access to care will help. We find researchers aren't aware of the barriers to access patients and providers navigate in order to get appropriate care. If people can't get the innovative therapies, investors won't help them get made. Fail first, prior authorizations, specialty tiers and even pathways can be used to simply hassle people out of newer therapies. Insurers tend to dismiss newer therapies as "lifestyle" fluffs rather than treatment that keep people working, contributing to the economy and increasing compliance.

## SCCA Community Health Needs Assessment Survey

11	<p>Webpages are no good. They are a passive medium, meaning that someone has to make the decision to go there. Email is the only non-passive electronic medium. It is active, someone receives it whether they want to or not, and unless they delete it, they read it. Websites are great resources for those people who are already proactive. But the goal is to reach those who are not already taking charge of cancer prevention, and those are not the proactive ones. It is essential to segment the market and target efforts to those who are NOT already getting the information they need.</p>
12	<p>The problem is lack of understanding and transparency. Detected early, cancer is beatable. Detected late, it's a killer. Most people don't know that simple, regular checkups and reasonable scans or procedures can radically improve outcomes. It's clear that aggressive informational opportunities are critical. Get out in front. Be witty, approachable. Urge to action. That's the winning hand.</p>