

**FY 2012-2015 Community Health Needs
Assessment: Implementation Strategy**
by
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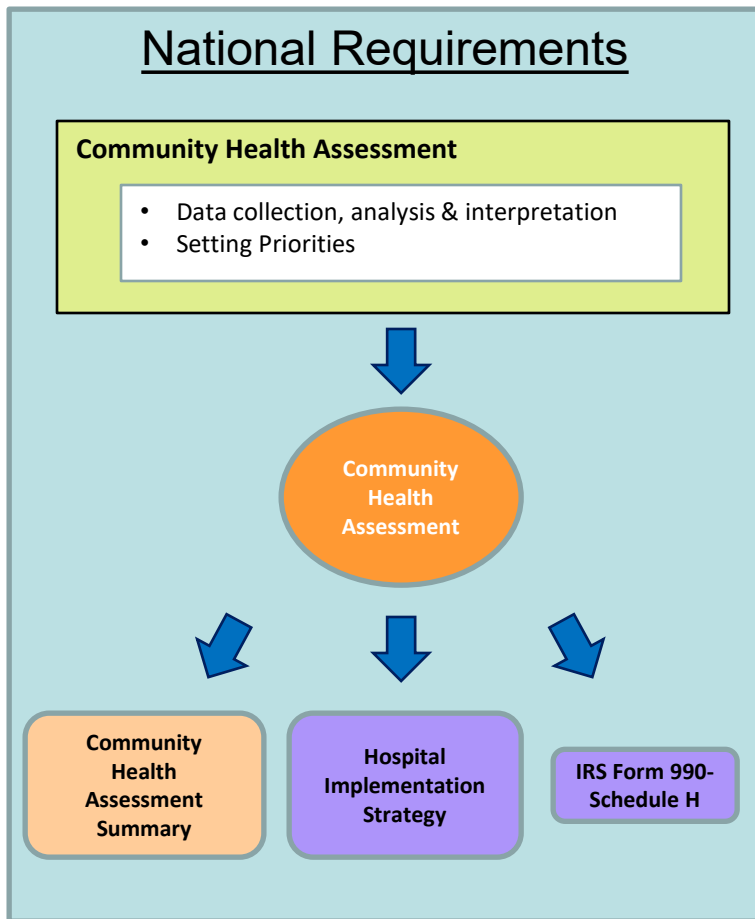
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Gaps identified and prioritized for the CHNA

- The SCCA Community Health Needs Assessment implementation plan will focus on cancer prevention and screening activities in King, Pierce and Snohomish counties
- Areas of focus:
 - Tobacco cessation education
 - Lung cancer screening and early detection
 - Enhance outreach to the Hispanic/Latino community
 - Breast cancer screening and early detection
 - Colorectal prevention, treatment and screening with an emphasis on Pierce and Snohomish counties

Overview

Federal Requirements

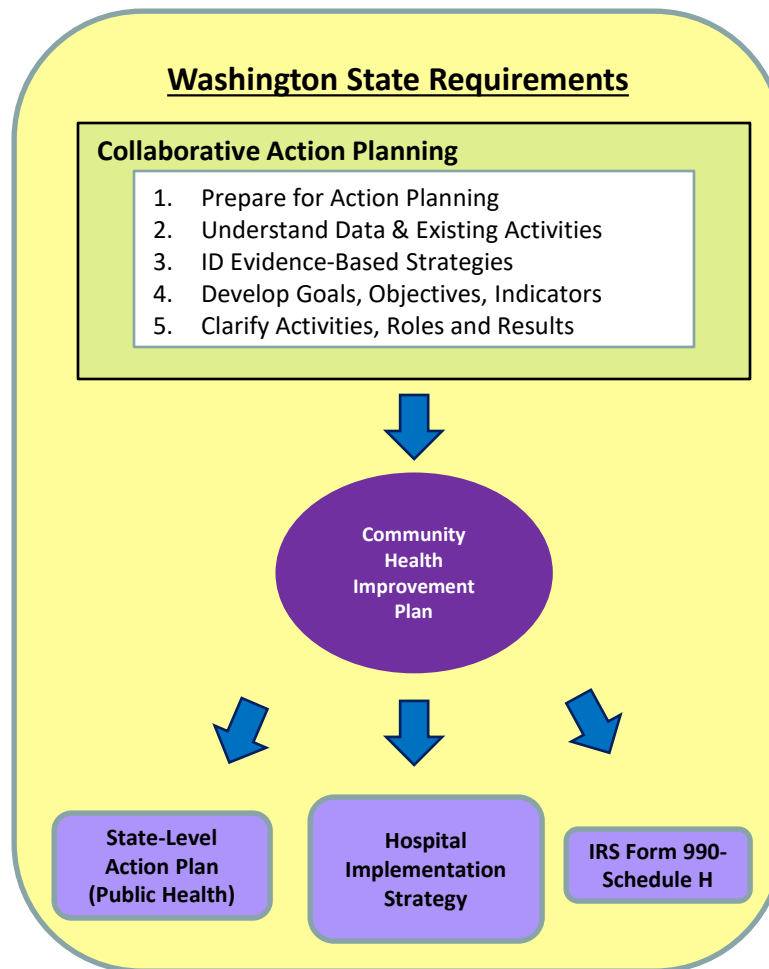


- The Treasury and IRS by virtue of the Affordable Care Act have specified that they will now require 501(3)(c) tax exempt cancer centers to address community health needs through a Health Needs Assessment

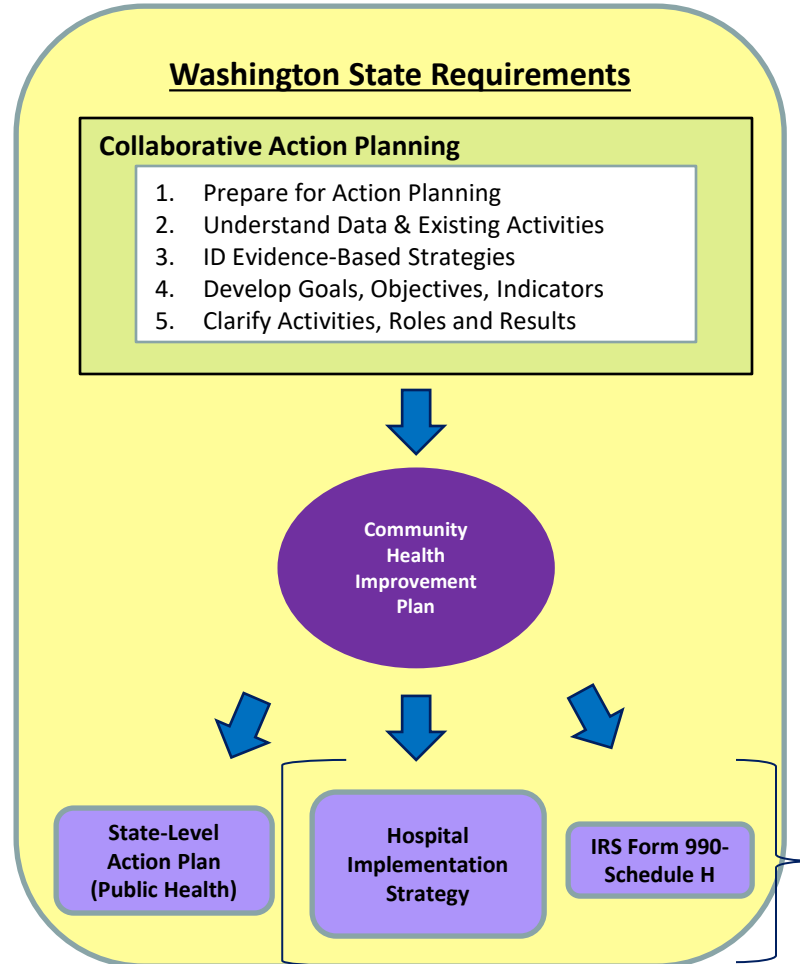
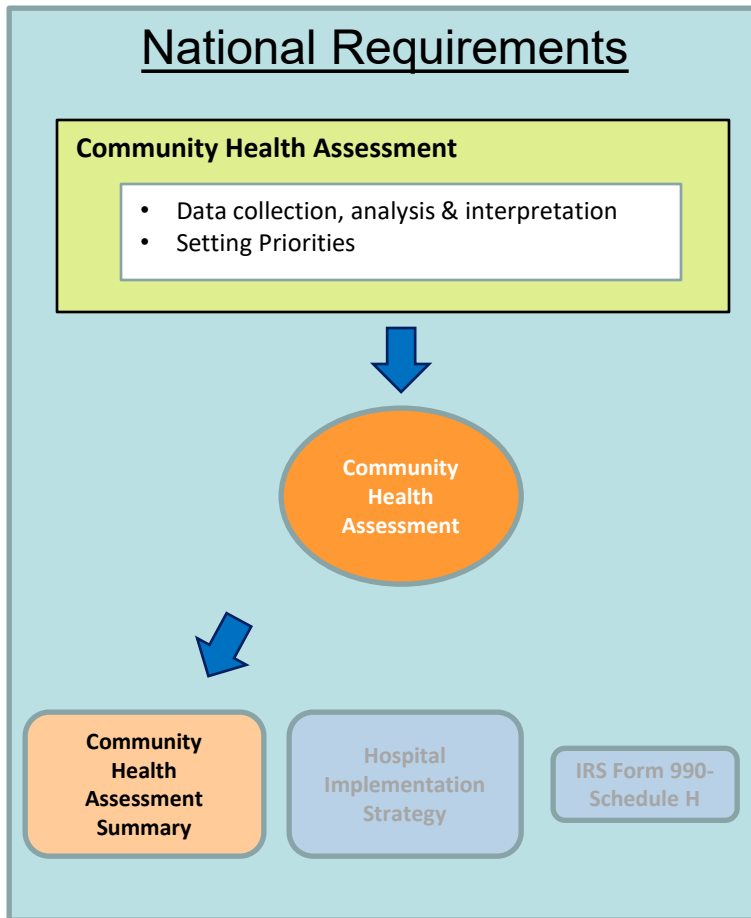
Overview

State Requirements

- Washington State responded to the Affordable Care Act with additional requirements for Tax Exempt Hospitals



Overview



Reallocated by State Requirements

Implementation Requirements

- Hospitals shall consult with community-based organizations (King County Public Health, other hospitals- UWMC, Children's, Swedish= King County (KC) Community Health Needs Assessment (CHNA) Collaborative)
- Implementation strategies must be “Evidence-based” when available and/or the strategy must be supported by “evaluation measures”
- Implementation Plan must be approved by Governing Body
- The Strategic Implementation Plan must be made publicly available. Proposal is to be combined with our CHNA on our Internet Page
- Reminder: Our CHNA is already posted on our SCCA external website

King County Community Health Needs Assessment Collaborative Pathway (KC CHNA Collaborative)

King County Collaborative is here

SCCA is here

Organize for Success

In Progress

- Create Leadership Team
- Agree on leadership and decision-making process
- Establish common vision
- Define & approve work plan and budget
- Set meeting dates/times. Create communications plan

Assess Needs & Resources

- Review & summarize community assessment from prior 2 years
- Identify vulnerable populations not identified in prior community assessments
- Describe community demographics
- Identify & select set of essential health indicators & benchmarks
- Collect, analyze and interpret data
- Develop tables, graphs, maps and narrative for data
- Identify community asset & resources to address needs

Interpret Assessment Findings

- Compare community identified health priorities to analysis of health status and identified health indicators
- Draft #1: Summarize community health needs including cross-cutting issues
- Ask additional questions and gather additional data as needed (key informant interviews with stakeholders)

Prioritize Community Health Needs

- Engage community stakeholders
- Summarize and prioritize community health needs resulting in draft #2.
- Present priorities and identify cross-cutting issues (1-2 step process) with hospital collaboration & existing community coalitions (by region)
- Prepare final draft of CHNA**

Reporting & Compliance

- Prepare PDF documentation of CHNA report
- Share key findings with decision makers and public.
- Plan for collective implementation strategy**

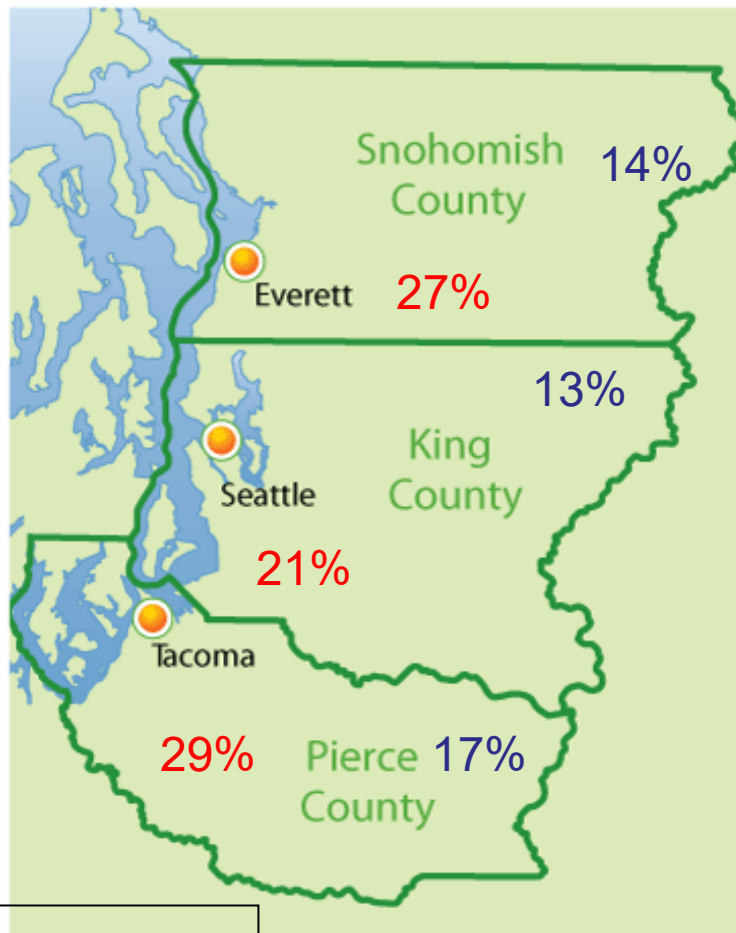
Tobacco Use and Obesity Rates

Obesity Rates:

“Obese” defined as having a BMI greater or equal to 30.0

Snohomish-27%
King County-21%
Pierce-29%

(DOH 2012 Data)



Tobacco Use:

Snohomish- 27%
King-13%
Pierce-14%

Source:

<http://www.doh.wa.gov/DataandStatisticalReports/DiseasesandChronicConditions/ChronicDiseaseProfilesbyCounty.aspx>

Findings from the SCCA CHNA

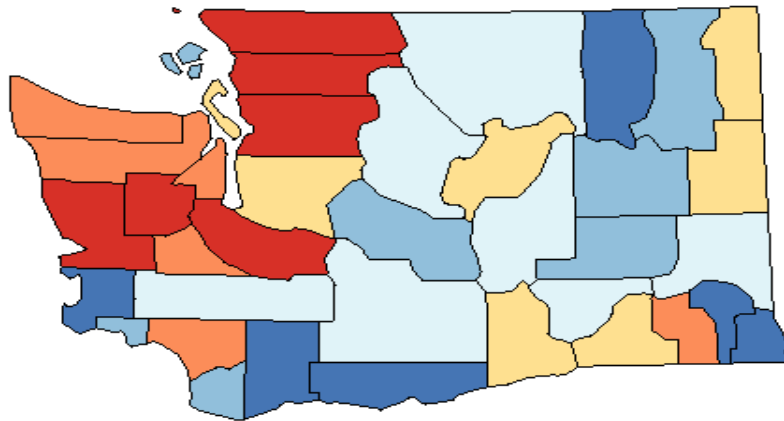
Gaps identified and prioritized for the community health needs assessment

- The SCCA Community Health Needs Assessment implementation plan will focus on cancer prevention and screening activities in King, Pierce and Snohomish Counties



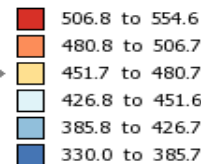
Cancer Incidence and Mortality: King, Pierce and Snohomish

Incidence Rates[†] for Washington, 2005 - 2009
All Cancer Sites
All Races (includes Hispanic), Both Sexes, All Ages



Age-Adjusted
Annual Incidence Rate
(Cases per 100,000)

[Quantile Interval](#)



US (SEER + NPCR)
Rate (95% C.I.)
465.0 (464.7 - 465.4)

Washington
Rate (95% C.I.)
476.8 (474.4 - 479.1)

Created by statecancerprofiles.cancer.gov on 07/30/2012 6:17 pm.

[State Cancer Registries](#) may provide more current or more local data.

Data presented on the State Cancer Profiles Web Site may differ from statistics reported by the State Cancer Registries ([for more information](#)).

[†] Incidence rates (cases per 100,000 population per year) are age-adjusted to the [2000 US standard population](#) (19 age groups: <1, 1-4, 5-9, ... , 80-84, 85+). Rates are for invasive cancer only (except for bladder which is invasive and in situ) or unless otherwise specified. Rates calculated using SEER*Stat. Population counts for denominators are based on Census populations as modified by NCI. The US populations included with the data release have been adjusted for the population shifts due to [hurricanes Katrina and Rita](#) for 62 counties and parishes in Alabama, Mississippi, Louisiana, and Texas. The 1969-2009 US Population Data File is used with SEER November 2011 data. The 1969-2009 US Population Data File is used with NPCR January 2012 data.

- Pierce and Snohomish counties have annual age-adjusted incidence rates above the U.S. and Washington State rates
- King County falls within the U.S. and Washington State rate interval

NCI State Cancer Profiles, www.statecancerprofiles.gov

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



Every day, we turn cancer patients
into cancer survivors.

County Demographic Comparison

King County

King County by Gender:

- Per 2010 census data, residents in King County are 50% female and 50% male
- **Patients seen at the SCCA clinic from King County are primarily female at 68%** while 32% of patients from the county are male

King County by Ethnicity

- Per the 2010 census data King County residents are:
 - 69% White
 - 15% Asian
 - 9% Hispanic/Latino
 - 6% Black
- Per 2010 self report patient registration data, SCCA patients from King County are:
 - 62% White
 - 11% Asian
 - **2% Hispanic/Latino**
 - 9% Black

Pierce County

Pierce County by Gender:

- Per 2010 census data, residents in Pierce County are 51% female and 49% male
- **Patients seen at the SCCA clinic from Pierce County are primarily female at 58%** while 42% of patients from the county are male

Pierce County by Ethnicity

- Per the 2010 census data Pierce County residents are:
 - 78% White
 - 9% Asian
 - 9% Hispanic/Latino
 - 3% Black
- Per 2010 self report patient registration data, SCCA patients from Pierce County are:
 - 69% White
 - 6% Asian
 - **2% Hispanic/Latino**
 - 3% Black

Snohomish County

Snohomish County by Gender:

- Per 2010 census data, residents in Snohomish County are 50% female and 50% male
- **Patients seen at the SCCA clinic from Snohomish County are primarily female at 66%** while 34% of patients from the county are male

Snohomish County by Ethnicity

- Per the 2010 census data Snohomish County residents are:
 - 74% White
 - 6% Asian
 - 9% Hispanic/Latino
 - 7% Black
- Per 2010 self report patient registration data, SCCA patients from Snohomish County are:
 - 68% White
 - 3% Asian
 - **2% Hispanic/Latino**
 - 5% Black

Chronic Disease Risk Factors

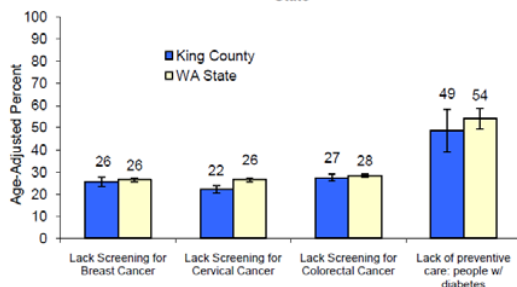
- Washington State, 15.7% of the adult population (aged 18+ years)—over 786,000 individuals—are current cigarette smokers. Across all states, the prevalence of cigarette smoking among adults ranges from 9.3% to 26.5%. Washington State ranks 6th among the states
- **In King County one out of eight adults (13%) currently smokes cigarettes**
 - Two percent of adults use smokeless tobacco
 - Six percent of adults are exposed to secondhand smoke in the home
 - Fewer King County adults smoke and fewer are exposed to secondhand smoke than the state average
- **In Pierce County one out of six adults (17%) currently smokes cigarettes**
 - Three percent of adults use smokeless tobacco
 - One out of twelve adults are exposed to secondhand smoke in the home
 - **More Pierce County adults smoke than the state average**
- **In Snohomish County one out of seven adults (14%) currently smokes cigarettes**
 - Two percent of adults use smokeless tobacco
 - One in 12 adults is exposed to second hand smoke in the home

Data Source:

WA Behavioral Risk Factor Surveillance System, Chronic Disease Profile CDC Data Statistics
State Highlights Tobacco Control

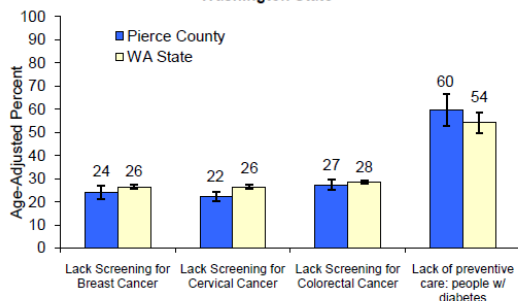
Prevention and Screening

Preventive Care Among Adults in King County and Washington State

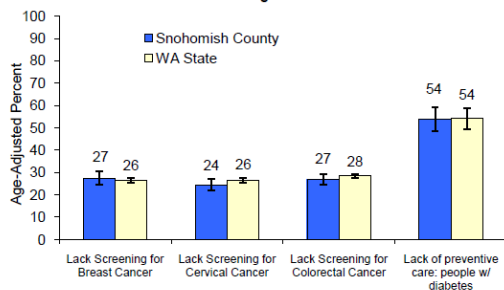


Adult Preventive Care

Preventive Care Among Adults in Pierce County and Washington State



Preventive Care Among Adults in Snohomish County and Washington State



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

The Health of King County April 2012 Eva Wong, PhD; Assessment, Policy Development & Evaluation Unit, Public Health: Seattle & King County. Data Source: WA Behavioral Risk Factor Surveillance System, 2006&2008 (cancer screening) 2007-2009 (diabetes preventive care).

Programs Currently Offered that Address Community Need in King, Pierce & Snohomish Counties

Education and Prevention

- **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
- **SCCA Network CME Symposiums provide ongoing education for Affiliate Network Providers**
 - Group Health Medical Centers
 - MultiCare Regional Cancer Center
 - Overlake Hospital Medical Center
 - Sea Mar Community Health Centers

Implementation Plan

Tobacco Cessation: Underserved Population

Plan: Expand tobacco cessation efforts to underserved communities.

1. Partner SCCA Tobacco Cessation partnering with the Mammovan
 - To maximize outreach, a Tobacco cessation table can accompany the mammovan with information in various languages, age-appropriate materials
2. Participate in health fairs in underserved areas
 - Areas: Rainier Valley, Beacon Hill, South Park
 - Communities: Asian Pacific Islander, East African, Latino
3. Work with community agencies/organizations that work with the homeless population (I.e. Pierce County Project Homeless Connect)
 - Provide educational talks on tobacco cessation, benefits of quitting smoking, connecting them with resources. Expand cancer prevention message related to smoking

Implementation Plan

Hispanic/Latino Community Outreach and Engagement

Plan: Evaluate and enhance outreach efforts to Hispanic/Latino community

- 1. Reassess effectiveness of current services and identify opportunities to improve/enhance delivery methods:**
 - SCCA provides: Interpreter Services, Social Work advocacy, Patient navigation and Patient Financial Counseling which includes bilingual staff (English-Spanish)
- 2. Engage staff to identify cultural/learning barriers:**
 - Increase medical community's understanding of complex interplay as it relates to Latinos who are immigrants and/or have limited financial resources
- 3. Work with community agencies/organizations that work with the Latino communities**
 - SeaMar and Seattle Cancer Care Alliance have been community outreach partners since 2009
 - **Seattle Cancer Care Alliance Affiliate Network is working with Sea Mar to further develop patient specific information aimed at : basic information about cancer, clinical research and topics in screening, prevention and nutrition**
 - Coordinate with community stakeholders/ partners on promotional health fairs and cultural events
 - Presentations to community based organizations regarding screening/prevention messages

Implementation Plan

Breast Cancer

Plan: Expand efforts to new areas and underserved communities

1. Mammovan

- Foster relationships with site sponsors in the various underserved communities (e.g. Rainier Clinic-Ethiopian community, Harborview-Asian Pacific Islander community)
- Utilize Bilingual Technologist assisting with Hispanic/Latino patients needing mammography screening
- Expand outreach areas (Southwest Washington and Eastern Washington areas). Acquisition of a second mammovan will help to reach more areas

2. Media

- Marketing message on prevention through various methods (Social Media etc.)
- Develop the SCCA Early Detection & Prevention internet page to increase public awareness of the range of screening opportunities available
- Consider messaging in other languages (Spanish news & radio outlets)

3. Education/Outreach

- Stock more prevention education materials in the mammovan (male audience, linkage to other community health services, more information on health screening tips etc.)

Implementation Plan

Colon Cancer

Plan: Expand Colorectal educational outreach efforts

1. Media

- Marketing message on prevention through various methods (Social Media, etc.)
- Consider messaging in other languages (Spanish news & radio outlets)

2. Healthy Hospitals Initiatives – Proposed by KC CHNA Collaborative

- Consider participating in HHI challenge aimed at providing healthier food within our organization and to support better nutritional behaviors our patient population

3. Community Outreach

- Pair Colorectal Screening information/scheduling opportunity with SCCA Mobile Mammography outreach and/or Tobacco Cessation outreach efforts
- Materials in other languages (e.g. Colonoscopy Screening Fact Sheet by Breast, Cervical, and Colon health program (BCChp))

Questions?



Development of the Implementation Strategy

The Treasury and the IRS intend to require a hospital organization (501(r)(3)(A)(ii)) to specifically address each of the community health needs identified through a CHNA for a hospital facility in an implementation strategy, rather than in the written report documenting the hospital facility's CHNA. Treasury and the IRS intend to require a hospital organization to attach to its annual Form 990 the most recently adopted implementation strategy for each of its hospital facilities.

“In 2009, tax-exempt hospitals varied markedly in the level of community benefits provided, with most of their benefit-related expenditures allocated to patient care services. Little was spent on community health improvement.”

NEJM, Provision of Community Benefit by Tax-Exempt U.S. Hospitals, Gary J. Young, J.D., Ph.D., Chia-Hung Chou, Ph.D., Jeffrey Alexander, Ph.D., Shoou-Yih Daniel Lee, Ph.D., and Eli Raver

IRS Penalty Related to CHNA Requirement

- Section 4959 imposes a \$50,000 excise tax on a hospital organization that fails to meet the CHNA requirements for any taxable year

Source: http://www.ofr.gov/OFRUpload/OFRData/2013-07959_PI.pdf

- “The IRS may revoke a hospital’s tax-exempt status in appropriate cases of noncompliance after taking into consideration all facts and circumstances, including whether the organization has had previous failures; the size, scope, and significance of the failure; and the reasons for the failure”

Source:

<http://www.treasury.gov/connect/blog/Documents/Treasury%20ACA%20Charitable%20Hospitals%20Fact%20Sheet.pdf>

Washington State Law

RCW 70.41.470

RCW 70.41.470

1. Following completion of the initial community health needs assessment, each hospital in accordance with the internal revenue service, shall complete and make widely available to the public an assessment once every three years
2. Shall make widely available to the public a community benefit implementation strategy within one year of completing its community health needs assessment. In developing the implementation strategy, hospitals shall consult with community-based organizations and stakeholders, and local public health jurisdictions, as well as any additional consultations the hospital decides to undertake
3. Implementation strategies must be evidence-based, when available; or development and implementation of innovative programs and practices should be supported by evaluation measures
4. For the purposes of this section, the term "widely available to the public" has the same meaning as in the internal revenue service guidelines