



Fox Chase Cancer Center **COMMUNITY HEALTH NEEDS ASSESSMENT IMPLEMENTATION PLAN**

FY25 PROGRESS REPORT

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FISCAL YEAR 2025 PROGRESS REPORT HIGHLIGHTS

We are pleased to share the following results from our 2022-2025 Community Health Needs Assessment Implementation Strategy.

As part of the Temple University Health System (TUHS), Fox Chase Cancer Center (FCCC) remains an integral part of its community delivering a strong benefit for the surrounding catchment area and beyond. FCCC was one of the first cancer centers designated by the National Cancer Institute as comprehensive, the highest possible designation from the agency that sets national standards for cancer care and research. More than 100 years later, it is still going strong as can be seen in its performance in fiscal year 2025.

Fox Chase Cancer Center is deeply committed to its community. Specific to the goals of our 2022-2025 Community Health Needs Assessment Implementation Strategy, we accomplished the following during FY25:

- To enhance cancer care access:
 - Conducted 86 screening events and provided breast cancer screenings to 956 women via the Mobile Screening Unit. Four of these women were diagnosed with breast cancer this year.
 - No cost mammograms were provided to 194 uninsured women.
 - 99 patients were provided navigation services (appointment reminders and accompanying them to appointments).
 - FCCC has expanded its clinical trial portfolio at Temple University Hospital (TUH) to increase access to research opportunities. Several new studies have been activated, the number of faculty has been expanded, and work has been done with the Office of Community Outreach and Engagement to increase awareness of trials.
- To lower the burden of chronic disease:
 - Our Office of Community Outreach and Engagement conducted bilingual outreach to 2,474 people through 67 education sessions. FCCC was able to participate in an additional 92 outreach events this year and reached 4,260 people with cancer information. This totaled 7,094 people reached during FY25. These programs are designed to help patients become more active in their healthcare by gaining a stronger understanding of cancer, risk factors and screening guidelines.
 - To better serve our growing Russian and Hispanic population, brochures were translated into these languages on clinical trials and cancer screening. In addition, a brochure on bladder cancer was developed in English.
 - The tobacco treatment program has expanded. The number of unique patients receiving tobacco treatment services in FY25 was 414. There was a total of 853 visits scheduled with the tobacco program. In addition, 28 patients participated in the navigation program. The navigation program provided more in-depth tobacco treatment services and referrals to additional resources.

- To address racial, ethnic and other healthcare disparities:
 - TUHS hosted an annual Cultural Competence Symposium and 156 staff members participated.
 - Human resources offered several related. In FY25, 101 courses taken by a FCCC employee were reported, including Introduction to LGBTQ Patients, Civil Treatment for Employees, and Inclusive Workforce.
- To increase behavioral health support:
 - In FY25, for the Patient-to-Patient Network (P2PN) there were 160 volunteer encounters with FCCC patients. There were 118 completed P2PN matches, and 18 new volunteers trained.
 - In FY25, there were 17 completed caregiver matches.
 - In FY25, there were 341 support group participants addressing multiple cancer sites.
 - The Cognitive Behavioral Therapy (CBT) for pain group had 4 participants and the Music Wellness Program increased participation to 413 individuals.

Plan Title:
Enhance Cancer Care Access

Executive Sponsor(s):

Martin Edelman, MD, Chair, Department of Hematology/ Oncology, FCCC

Linda Hammell, Director, Community Cancer Screening Program, Office of Community Outreach and Engagement, FCCC

Summary

Community members identified healthcare access as a major health need in the 2022 Community Health Needs Assessment. Barriers to specialty and primary care and cancer screening include lack of neighborhood providers, affordability, medical insurance, transportation, immigration status, language/cultural barriers, misinformation and fear. In response, FCCC's Community Advisory Board recommended increased public education on cancer healthcare services, mobile health screening and cancer home-based testing, such as a colorectal Fecal Immunochemical Test (FIT) test.

Health Equity Goals:

1. Increase availability of community cancer screening services to underserved communities.
2. Increase access to research/clinical trials opportunities, especially among high-risk, underrepresented minorities.
3. Provide healthcare navigation services to patients that need follow-up services or have financial, language, transportation or other barriers.
4. Provide cancer screening services to patients in the FCCC survivorship clinics and their families.

Objectives:

1. Provide cancer screening to 1,500 people via the Community Cancer Screening Program each fiscal year.
2. Provide healthcare navigation services to all patients needing follow-up care.
3. Increase the diversity and number of research participants.

Metrics Data Dashboard:

Data Element	Baseline- FY22	FY23	FY24	FY25
Total number of individuals screened	<ul style="list-style-type: none">• 1,640 screened• 327 uninsured	<ul style="list-style-type: none">• 1,208 screened• 309 uninsured	<ul style="list-style-type: none">• 987 screened• 305 uninsured	<ul style="list-style-type: none">• 956 Screened• 194 uninsured

Data Element	Baseline- FY22	FY23	FY24	FY25
Number and type of healthcare navigation services provided.	86 <ul style="list-style-type: none"> - Screening reminders - Navigation to screening - Follow-up for diagnostic appointments 	112 <ul style="list-style-type: none"> - Screening reminders - Navigation to screening - Follow-up for diagnostic appointments 	101 <ul style="list-style-type: none"> - Screening reminders - Navigation to screening - Follow-up for diagnostic appointments 	99 <ul style="list-style-type: none"> - Screening reminders - Navigation to screening - Follow-up for diagnostic appointments
Number of screenings provided in Fox Chase Cancer Prevention Clinic	N/A, clinic launched in FY23	12 patients screened Clinic soft launch in FY23	The pilot phase revealed the need for additional planning and resources.	The pilot phase revealed the need for additional planning and resources.
Number of activities to increase awareness of research/clinical trials	N/A, program launched in FY23	3 <ul style="list-style-type: none"> • Expanded clinical trials at TUH • Increased research staff at TUH • Worked with Community Outreach and Engagement 	4 <ul style="list-style-type: none"> • Expanded clinical trials at TUH • Increased research staff at TUH • Worked with Community Outreach and Engagement • Awarded grants to increase trial awareness 	8 <ul style="list-style-type: none"> • Expanded clinical trials at TUH • Increased research staff at TUH • Increased physicians that have clinics at TUH and FCCC • Worked with Community Outreach and Engagement • Awarded grants to increase trial awareness

Data Element	Baseline- FY22	FY23	FY24	FY25
				<ul style="list-style-type: none"> • Digital health project • Community media project • Dissemination of project

Metric Progress Summary:

1. Total number of individuals screened and underserved/uninsured screened.
 - a. During FY22, FCCC conducted 116 screening events and provided breast cancer screenings to 1,640 women through the Community Cancer Screening Program. No-cost mammograms were provided to 327 uninsured women (20%). Most of these women (1,543) were screened at community and physician practice sites. Thirty-nine of these screening events were held in underserved North Philadelphia and 443 women received breast cancer screenings at these events.
 - b. During FY23, FCCC conducted 94 screening events and provided breast cancer screenings to 1,208 women through the Community Cancer Screening Program. No-cost mammograms were provided to 309 uninsured women (25%). Most of these women (1,150) were screened at community and physician practice sites. Thirty-one of these screening events were held in underserved North Philadelphia and 329 women received breast cancer screenings at these events.
 - c. During FY24, FCCC conducted 82 screening events and provided breast cancer screenings to 987 women through the Community Cancer Screening Program. No-cost mammograms were provided to 305 uninsured women (31%). All women (987) were screened at community and physician practice sites. Twenty-three of these screening events were held in underserved North Philadelphia and 248 women received breast cancer screenings at these events. Due to a national shortage of mammography technicians, FCCC experienced a staff shortage that negatively impacted our ability to provide additional breast cancer screenings via our mobile screening unit, leading to a decrease in the number of women screened from FY22 to FY23 and again in FY24.
 - d. During FY25, FCCC conducted 86 screening events and provided breast cancer screenings to 956 women through the Community Cancer Screening Program. No cost mammograms were provided to 194 uninsured women (20%). Most of the women (916) were screened at community and physician practice sites. Nineteen of these screening events were held in underserved North Philadelphia and 183 women received breast cancer screenings at these events. A national

shortage of mammography technologists continued to impact our ability to increase breast cancer screenings via our mobile screening unit. Other barriers included equipment issues, staff training and accreditation (DOH, ACR). The national decline in mammography screening has been indicated by other mobile mammography programs as well as our own. Our rates reflected this in FY22-FY25.

2. Number and type of healthcare navigation services provided.
 - a. In FY22, 86 women received navigation services. Sixty-nine women received navigation services to ensure they were able to access screenings and attend follow-up diagnostic appointments. Twenty-eight women received screening reminders.
 - b. In FY23, 112 women received navigation services. Seventy-four women received navigation services to ensure they were able to attend screenings and follow-up diagnostic appointments. Thirty-eight women received screening reminders.
 - c. In FY24, 101 women received navigation services. Ninety women received navigation services to ensure they were able to attend screenings and follow-up diagnostic appointments at. Eleven women received screening reminders.
 - d. In FY25, 99 women received navigation services. Eighty-five women received navigation services to ensure they were able to attend screenings and follow-up diagnostic appointments. Fourteen women received screening reminders.
3. Number of screenings provided in Fox Chase Cancer Prevention Clinic.
 - a. In FY23, the clinic had a soft launch and established a baseline of cancer screening services provided to patients in FCCC survivorship clinics. The number of patients screened was 12.
 - b. The clinic was operating as a pilot project. The pilot phase for the prevention clinic revealed the need for additional planning and resources.
4. Number of activities to increase awareness of research/clinical trials
 - a. In FY23, FCCC expanded its clinical trial portfolio at TUH to increase access to research opportunities. New studies began in response to community interest in reducing toxicity and improving patient support. The Office of Community Outreach and Engagement worked to increase awareness of trials and the public's knowledge of research.
 - b. In FY24-25, we continue to work on expanding opportunities in clinical research for patients at TUH and to facilitate entry of patients from TUH on studies that are only available at the Cottman Avenue campus. We work with community groups (who received independent funding associated with our grant from Stand Up to Cancer) to facilitate patient transportation and provide additional community-based education. The Office of Community Outreach and Engagement continued to increase awareness of trials and to increase the public's knowledge of research.
 - c. In FY23, FCCC received a two-year *Stand Up to Cancer* grant to expand the clinical trial infrastructure at TUH. We expanded faculty from 4 FTE to 6.5 FTE

with the addition of one new senior physician as well as several new junior faculty.

- d. In FY24, FCCC received a 5- year, \$2.4M grant, sponsored by the *Leukemia and Lymphoma Society*, which builds upon the prior two-year *Stand Up to Cancer* grant to expand the clinical trial infrastructure and awareness of trials in underserved populations throughout TUHS. We have further expanded faculty at TUH with the recruitment of a part time palliative care specialist at TUH beginning Fall 2024. We are recruiting additional faculty, including a palliative and supportive care physician.
- e. In FY24, the Office of Community Outreach and Engagement conducted capacity-building training to develop a cohort of community members from underrepresented populations in medical research on the importance of research and research participation. Four community ambassadors completed the training. In FY25, eight community ambassadors completed the training.
- f. In FY24, the Office of Community Outreach and Engagement also collaborated with two Philadelphia NCI Cancer Centers (Sidney Kimmel Cancer Center and Abramson Cancer Center) to provide research training to community members from underrepresented populations in medical research. In total 16 people were trained.
- g. In FY25 we continued to expand our enrollment to trials that offer unique therapeutics and address the needs of our community. Since January 2025, three additional clinical trials (including one early phase) have been opened at Temple Medical Oncology. The TUH research group has now been authorized to open trials independent of other sites, allowing for a more tailored trial portfolio focused on the specific needs of patients at TUH. There are currently eight open to accrual along with 12 closed to accrual studies with patients remaining on follow-up. The research pipeline includes 11 clinical trials, with three exclusively being evaluated to open at TUH.
- h. We continue to integrate the faculties through joint conferences and other meetings. Two physicians currently have clinical responsibilities spanning both campuses. Disease site groups (e.g. thoracic, GU, etc.) actively discuss and refer patients between campuses for trials.
- i. Patients at TUH frequently present at advanced stages of disease and have high symptom burdens. Both to improve routine care as well as optimize treatment on clinical trials, we increased supportive oncology and palliative care (SOPC) services at TUH. In FY25 we recruited two SOPC specialized physicians. They will have clinics at both TUH and FCCC. The first received 137 referrals and saw 106 patients. The second will commence a second clinic at TUH by the third quarter of 2025.

- j. Referral workflows, including transportation and guest services, have been integrated into routine processes with the clinical trials office and social work at both campuses.
- k. Initiated the Digital Health Project to implement the First Consult Visit module from MyCareCompass (MCC - an EMR driven patient education platform) and the mychoice™ to all Medical Oncology patients at TUH. Both are currently being provided to patients at FCCC and it is being integrated into workflows and systems at TUH.
- l. In FY25, the Stand Up 2 Cancer team initiated the Community Media Project, working with Community Ambassadors and our Office of Community Outreach and Engagement, to develop film and video vignettes that can be used in various outreach activities including a joint event with community partners.
- m. We are building on the comprehensive patient navigation assessment conducted with a national leader in oncology navigation in the Fall of 2024. We have reviewed the report with key leaders at both sites and have an action plan to implement the recommendations from this assessment championed by our Chief Nursing Officer at FCCC. In addition, TUH Medical Oncology leadership requested an orientation/training on clinical trials for their nurse navigators to continue to build the culture of clinical trials. We are adapting the Community Ambassador training for the nurse navigator orientation which will be implemented this summer.
- n. Dissemination – developing abstracts (e.g. AACR Health Disparities) for upcoming scientific meeting and publication plan.
- o. The Lewis Katz School of Medicine has committed to the creation of a Clinical Research Unit (CRU) focused on new drug development (in all specialties).

Action Plans Implementation Summary:

1. FCCC worked with Temple University Health System (TUHS) to continue a Colorectal Cancer Screening home-based Fecal Immunochemical Test (FIT) program with high-risk populations in North Philadelphia and surrounding areas. FCCC conducted education sessions at TUH, Bethel Deliverance Church, and Enon Tabernacle Church. These sessions reached approximately 757 people. At the sessions, attendees learned about colorectal cancer and screening guidelines. To reinforce its education, staff utilized a 12' inflatable colon. Attendees could walk through and observe the different colon sections, which showed normal colon tissue as well as abnormal growths, which could progress into cancer if left untreated. Health educators were on hand to explain what people were viewing in the colon and provide additional details. Outreach staff worked with Temple Faculty Physicians and TUH-Main Campus' Department of Internal Medicine to distribute free Fecal Immunochemical Testing (FIT) kits. These kits are a quick, easy, and innovative way for people to screen at home. This team made follow-up phone calls to

all that took the tests to determine their results. Those with positive findings need further testing and consultation with GI. These patients were scheduled with Temple GI for a follow-up appointment, if they didn't already have an appointment scheduled with their own providers.

2. This year we continued community breast cancer-screening efforts with current and new partners via mobile screening unit (MSU), specifically for at-risk communities. Through our network partners, we screened in both physician and community settings. Within the community, the MSU works to ensure equal access to care among the medically underserved audiences that may have many barriers to obtaining proper healthcare including a lack of health insurance. Post screening surveys indicate that over 40% of women screened stated that if not for the mobile screening unit, they would not have obtained a mammogram.
3. Continuing to work with our bilingual patient navigator and nurse navigators to support patients requiring follow-up care who do not speak English as their primary language. Patient navigators with extensive experience in the community and with our community partners worked closely with patients who have inconclusive or abnormal screening results and/or who have barriers (e.g. financial, language), to ensure that these individuals can access follow-up services as needed.
4. In depth analysis of the regional cancer burden and identification of high-risk populations informs our selection of clinical studies that most appropriately address this burden.
5. FCCC has been working to extend research participation to the Temple University Hospital (TUH) community. FCCC was awarded a 5- year, \$2.4M grant, sponsored by the *Leukemia and Lymphoma Society*, which builds upon the prior two-year *Stand Up to Cancer* grant to expand the clinical trial infrastructure and awareness of trials in underserved populations throughout TUHS. We have expanded faculty at TUH with the recruitment of two supportive oncology and palliative care physicians to have clinics at TUH and FCCC. We continue to expand our enrollment to clinical trials that offer unique therapeutics and address the needs of our community. In addition, the Lewis Katz School of Medicine has committed to the creation of a Clinical Research Unit (CRU) focused on new drug development (in all specialties).

Conclusion & Next Steps:

In the next fiscal year, the community cancer screening program will continue to screen patients with both community and corporate partners, with a focus on underserved communities. Additionally, the screening program will provide healthcare navigation services to patients that need follow-up services or have financial, language, transportation or other barriers.

Work will continue to increase access to research/clinical trials opportunities, especially among high-risk, underrepresented groups. Additionally, new studies are launching, and we are continuing to extend participation to the TUHS community.

Plan Title:**Lower Burden of Chronic Disease****Executive Sponsor(s):**

Charnita Zeigler Johnson, PhD, MPH, Associate Director, Office of Community Outreach and Engagement, FCCC

Summary:

Community members identified the need for chronic disease prevention programs during the 2022 Community Health Needs Assessment. Conditions recognized include cancer, heart disease, stroke and respiratory diseases. Cancer mortality rates are the highest in Delaware and Philadelphia Counties and there is a regionally higher burden of lung, liver and breast cancer in the FCCC community area. Lack of cancer understanding, especially related to different types, prognoses and outcomes leads to stigma, fear and avoidance of getting screening or treatment. In response, the community requested public education and implementation of evidence-based cancer prevention interventions.

Health Equity Goals:

1. Increase evidence-based cancer education and resources to address the regional cancer burden.
2. Increase bilingual cancer education materials to strengthen outreach to diverse communities.
3. Enhance evidence-based smoking cessation services to reduce community's tobacco use.

Objectives:

1. Provide bilingual cancer education sessions and resources to 1,000 people each fiscal year.
2. Reduce community tobacco use following participation in community Tobacco Treatment Program.
3. Increase number of patients and those using navigation services for the in-house Tobacco Treatment Program.

Metrics Data Dashboard:

Data Element	Baseline-FY22	FY23	FY24	FY25
Number of cancer educational sessions and attendees.	<ul style="list-style-type: none"> • 34 education sessions, 380 people • 21 outreach events, reached 1,035 people 	<ul style="list-style-type: none"> • 65 education sessions, 2,412 people • 54 outreach events, reached 2,969 people 	<ul style="list-style-type: none"> • 71 education sessions, 1,662 people • 78 outreach events, reached 3,896 people 	<ul style="list-style-type: none"> • 67 education sessions, 2,474 people • 92 outreach events, reached 4,620 people
Number and topic of plain language, bilingual outreach materials.	<ul style="list-style-type: none"> • 1, Liver cancer 	<ul style="list-style-type: none"> • 1, HPV 	<ul style="list-style-type: none"> • 6, HPV, breast density, cancer screening, clinical trials FAQ, breast, colorectal cancer 	<ul style="list-style-type: none"> • 3, bladder cancer, clinical trials myths and facts (Spanish), Cancer Screening (Russian)
Number of community <i>Tobacco Treatment Program</i> sessions and attendees.	<ul style="list-style-type: none"> • One session, 1 attendee 	<ul style="list-style-type: none"> • Two sessions, 3 attendees 	<ul style="list-style-type: none"> • Two sessions, 5 attendees 	<ul style="list-style-type: none"> • None
Number of patients utilizing in-house tobacco treatment services	<ul style="list-style-type: none"> • 420 patients 	<ul style="list-style-type: none"> • 401 patients 	<ul style="list-style-type: none"> • 409 patients 	<ul style="list-style-type: none"> • 414 patients

Metric Progress Summary:

1. Number of cancer educational sessions and attendees.
 - a. In FY 22, FCCC conducted bilingual outreach to 380 people through 34 sessions and participated in 21 outreach events that reached 1,035 people, reaching a total of 1,415 people.
 - b. In FY23, FCCC conducted bilingual outreach to 2,412 people through 65 sessions and participated in 54 outreach events that reached 2,969 people with cancer information, reaching a total of 5,381 people.

- c. In FY24, FCCC conducted bilingual outreach to 1,662 people through 71 sessions and participated in 78 outreach events that reached 3,896 people with cancer information, reaching a total of 5,558 people.
 - d. In FY25, FCCC conducted bilingual outreach to 2,474 people through 67 sessions and participated in 92 outreach events that reached 4,620 people with cancer information, reaching a total of 7,094 people.
- 2. Number and topic of plain language, bilingual outreach materials.
 - a. In FY22, plain language materials were developed on liver cancer in English and Spanish.
 - b. In FY23, a plain language English brochure on HPV was developed.
 - c. In FY24, the HPV brochure was finalized and translated into Spanish. In addition, a brochure on breast density was developed and translated into Spanish. A fact sheet outlining current screening guidelines was developed and translated into Spanish and Chinese. Our breast and colorectal cancer brochures were translated into Chinese. Lastly, a Clinical Trials FAQ brochure was developed in English.
 - d. In FY25, the fact sheet on cancer screening was translated into Russian and a Clinical Trials FAQ brochure was translated into Spanish. Additionally, a brochure on bladder cancer was developed. Next fiscal year it will be translated.
- 3. Number of community Tobacco Treatment Program sessions and attendees.
 - a. One 5-week virtual session of this program was implemented in FY22 and one person completed the program. They reported smoking less cigarettes at the end of the program.
 - b. Two 4-week virtual sessions of this program were implemented in FY23 and three people completed the program. They reported smoking less cigarettes at the end of the program.
 - c. Two 4-week in-person sessions of this program were implemented in FY24 and five people completed the program. They reported smoking less cigarettes at the end of the program and two participants had quit smoking after the program and at 3-month follow-up.
 - d. In FY25, the community tobacco treatment program was not held. Instead, program staff worked on a pilot program with a community partner that involved an educational event on tobacco cessation at a local church and a community insight meeting and survey about quitting smoking.
- 4. Number of patients utilizing in-house tobacco treatment services.
 - a. In FY22, 420 patients were utilizing the in-house tobacco treatment program.
 - b. In FY23, in-house efforts focused on increasing tobacco assessments of new patients, building a tobacco registry and developing additional processes to engage and track cessation services. The number of unique patients receiving tobacco treatment services was 401. There was a total of 784 visits scheduled with the tobacco program. In addition, 23 patients participated in the navigation program. The navigation program provides the patient with 2 phone calls with a tobacco treatment specialist navigator in between their regular tobacco

treatment appointments. On these phone calls, the navigator answers patient questions and addresses patient barriers, referring them to internal FCCC and external smoking cessation resources as needed.

- c. In FY24, the number of unique patients receiving tobacco treatment services was 449. There was a total of 832 visits scheduled with the tobacco program. In addition, 62 patients participated in the navigation program.
- d. In FY25, the number of unique patients receiving tobacco treatment services was 414. There was a total of 853 visits scheduled with the tobacco program. In addition, 28 patients participated in the navigation program.

Action Plans Implementation Summary:

- 1. FCCC delivered cancer education to underserved communities and populations experiencing a high cancer burden in the region. Bilingual outreach was conducted to 2,474 people through 67 sessions.
- 2. FCCC developed plain language brochures in multiple languages. Cancer screening was developed in Russian, a Clinical Trials FAQ brochure was developed in Spanish, and a Bladder Cancer brochure was developed in English.
- 3. FCCC participated in community events to disseminate cancer prevention and screening information using trusted community leaders to share cancer related information. FCCC was involved in 92 outreach events and reached 4,620 people with cancer information.
- 4. The Tobacco Treatment Program was expanded to provide navigation services and smoking cessation support to referred patients across TUHS via the Temple Healthy Chest Initiative. In addition, a study that provided navigation services to cancer patients completed enrollment. In FY25, there were 414 unique patients receiving tobacco treatment services across TUHS.

Conclusion & Next Steps:

We intend to continue our education goals and conduct Community Speakers Bureau and other educational sessions in FY26. We are also planning to participate in health fairs, where we can reach large audiences with cancer information. During FY26, the Office of Community Outreach and Engagement is planning to translate materials on bladder cancer into Spanish, Russian, and Chinese. We will continue work on broadening access to the Tobacco Treatment program. Smoking cessation services are provided across TUHS, and we will spread awareness of the program.

Plan Title:**Address Racial, Ethnic & Other Healthcare Disparities****Executive Sponsors:**

Camille Ragin, PhD, MPH, Associate Director, Cancer Disparities Research and Research Integration, Office of Research Initiatives for Strategic Excellence (RISE), FCCC

Summary

The 2022 Community Health Needs Assessment incorporated the federal health priorities established by the Department of Health and Human Services Department. Racial and ethnic healthcare disparities were recognized as an ongoing public health crisis in need of collective attention. Communities of color expressed mistrust of healthcare providers because of health disparities and perceived discriminatory treatment in healthcare settings, which can lead to patients forgoing needed care. Equitable and affirming healthcare was a concern for LGBTQ+ community members. In response, the community expressed a need for healthcare workforce with lived experience that reflected that of the community and increased training programs in healthcare institutions to meet the needs of a diverse community. More culturally concordant healthcare providers and resources to address language barriers, including high quality oral and written language translation resources were also requested.

Health Equity Goals:

1. Implement training for faculty and staff on implicit bias, diversity awareness, and trauma-informed care to support culturally and linguistically appropriate care.
2. Foster a diverse, equitable, and inclusive environment for patients, healthcare providers and other staff from historically marginalized backgrounds.
3. Establish an LGBTQ+ Affirming Healthcare Provider training process. This designation identifies providers dedicated to providing compassionate care to LGBTQ+ communities.

Objectives:

1. Increase number of staff and physicians educated on the delivery of culturally competent and affirming care for diverse communities.
2. Provide high quality, safe and culturally appropriate care to patients with language needs.
3. Increase number of affirming LGBTQ providers at FCCC.

Metrics Data Dashboard/Progress Summary:

Data Element	Baseline-FY22	FY23	FY24	FY25
Number of language services requests and top languages requested.	<ul style="list-style-type: none"> 7,289 language service requests Top languages requested- Spanish, Russian, Vietnamese, Mandarin, 	<ul style="list-style-type: none"> 8,783 language service requests Top languages requested- Spanish, Russian Vietnamese, Mandarin, 	<ul style="list-style-type: none"> 11,908 language service requests Top languages requested- Spanish, Russian Vietnamese, Korean 	<ul style="list-style-type: none"> 16,140 language service requests Top languages requested- Spanish, Russian Vietnamese, Mandarin
Number of cultural competence, anti-racism, diversity awareness trainings provided to staff.	N/A started in FY23	1	1	1
Number of affirming LGBTQ providers at FCCC.	0	5	5 (same providers from FY23)	5 (same providers from FY23)

Metric Progress Summary:

1. Number of language services requests and top languages requested.
 - a. In FY22, there were 7,289 language requests. Top language requests in FY22 were: Spanish – 2,991, Russian – 1,351, Vietnamese – 727, and Mandarin – 606.
 - b. In FY23, there were 8,783 language requests. Top language requests in FY23 were: Spanish – 3,616, Russian – 1,902, Vietnamese – 851, and Mandarin – 769.
 - c. In FY24, there were 11,908 language requests. Top language requests in FY24 were: Spanish – 5,825, Russian – 2,489, Vietnamese – 886, and Korean – 415.
 - d. In FY25, there were 16,140 language requests. Top language requests in FY25 were: Spanish – 8,205, Russian – 3,240, Vietnamese – 1,014, and Mandarin – 586.

2. Number of cultural competence and diversity awareness trainings provided to staff.
 - a. This program began in FY23. During its first year, one training on cancer disparities and FCCC's response was conducted and had 37 attendees. Other activities included sharing articles and meeting announcements. In FY25, no training was conducted, however resource articles and meeting announcements were shared.
 - b. TUHS hosts an annual Cultural Competence Symposium and in FY25 it was held at FCCC and 156 staff members participated.
 - c. Human resources offered several related trainings. In FY25, 101 courses taken by a FCCC employee were reported, including Introduction to LGBTQ Patients, Civil Treatment for Employees, and Inclusive Workforce.
3. Number of affirming LGBTQ providers at FCCC.
 - a. There are currently five LGBTQ affirming providers and no additional providers received this designation in FY25.

Action Plans Implementation Summary:

1. In FY25, the Office of Diversity, Equity, Inclusion, and Accessibility (ODEIA), established in 2022, was replaced by the Office of Research Initiatives for Strategic Excellence (RISE) — reflecting our commitment to embedding inclusion into the core of research strategy. This shift aligns with a broader institutional focus on collaboration, equity, and research excellence.
2. The aims for RISE are:
 - a. Aim 1: Establish strategies for identifying and empowering the most promising and meritorious future leaders by providing career navigation that will advance research careers to Center Membership and Leadership
 - b. Aim 2: Increase retention of faculty, trainees, and staff by cultivating a sense of connectedness to promote research excellence by advancing skills for successful team building
 - c. Aim 3: Establish criteria for monitoring and evaluation of progress
3. In FY25, FCCC funded 3 RISE Scholars. This program was designed to provide opportunities to expose students to research and career paths in academic medicine.
4. Language services has provided ongoing education to staff regarding language access and availability of multi-language resources. This work will continue as FCCC ensures all who need language services receive assistance. In addition, FCCC will investigate opportunities to have more onsite medical interpreters and/or staff certified in medical interpretation. Also, educational materials will continue to be developed in languages needed by the community we serve, including Spanish, Vietnamese, Mandarin, and Russian.
5. FCCC has developed their own LGBTQ Task Force. The task force relaunched in FY23 and has continued to meet during FY25.

Conclusion & Next Steps:

FCCC will continue to offer language services and provide culturally and linguistically appropriate care. We will work to ensure patients are aware of services (signage) and services are offered in top language service requests. To support culturally and linguistically appropriate care, trainings will be planned for faculty and staff covering topics such as trauma-informed care, implicit bias, and diversity awareness . In addition, work will continue with the LGBTQ task force.

Plan Title:**Increase Behavioral Health Support****Executive Sponsor(s):**

Emmie Chen, MD- Director, Psychiatry Department, FCCC

Summary

Community members identified behavioral health as a top need exacerbated by the pandemic during the 2022 Community Health Needs Assessment. Significant mental health needs are indicated by high rates of depression and frequent mental distress. Patients diagnosed with cancer experience mental distress and depression, especially those diagnosed with advanced cancer. In response, community members requested improved care coordination and increased access to support groups and behavioral health services in community settings. To optimize cancer care, integrated mental health services, stress management and social supports were requested.

Health Equity Goals:

1. Increase cancer patients and caregivers' access to support groups and other behavioral health supports, including Spanish-language patients and community members.
2. Provide evidence-based mental health services for patients with anxiety, depression, fear of recurrence, insomnia, chronic pain and end of life distress.
3. Increase community awareness of behavioral health services and resources available at FCCC and in the community.

Objectives:

1. Increase number of volunteers and matches in P2PN/Caregiver Network.
2. Increase support group utilization by patients and community members.
3. Increase referrals to behavioral health services.

Metrics Data Dashboard:

Data Element	Baseline-FY22	FY23	FY24	FY25
Number of volunteers and matches in Patient-to-Patient (P2PN)/Caregiver Network.	P2PN matches: 113 P2PN volunteers trained: 22 Caregiver matches: 12 Caregiver volunteers trained: 13	P2PN matches: 90 P2PN volunteers trained: 25 Caregiver matches: 10 Caregiver volunteers trained: 2	P2PN matches: 114 P2PN volunteers trained: 15 Caregiver matches: 5 Caregiver volunteers trained: 0	P2PN matches: 118 P2PN volunteers trained: 18 Caregiver matches: 17 Caregiver volunteers trained: 0
Number of support group participants, including patient and non-patient community members.	8 community members/caregivers have attended all support groups combined	276 total participants	251 total participants	341 total participants
Number of patients with medical assistance seen in behavioral health services therapy groups and participants in Music Wellness Program open to FCCC community	N/A programs began in FY23	CBT for Pain group: 3 Music wellness program: 12 visits	CBT-Insomnia group: 1 Music Wellness Program: 250 visits	CBT for Pain group: 4 Music Wellness Program: 413

Metric Progress Summary:

1. Number of volunteers and matches in Patient-to-Patient (P2PN)/Caregiver Network.
 - a. In FY22, there were 113 P2PN matches and 22 P2PN volunteers trained.
 - b. In FY22, there were also 12 caregiver matches and 13 caregiver volunteers trained.

- c. In FY23, the P2PN and caregiver network expanded to TUH. There were 73 completed P2PN matches at Fox Chase and 17 completed matches at TUH. There were also 20 volunteers trained at FCCC and 5 trained at TUH.
 - d. In FY23, there were also 9 completed caregiver matches at FCCC and 1 at TUH. There were 2 caregiver volunteers trained.
 - e. In FY24, there were 97 completed P2PN matches at FCCC and 17 completed matches at TUH. There were also 15 volunteers trained at FCCC.
 - f. In FY24, there were also 4 completed caregiver matches at FCCC and 1 at TUH.
 - g. In FY25, there were 85 completed P2PN matches at FCCC and 33 completed matches at TUH. There were also 18 volunteers trained at FCCC.
 - h. In FY25, there were also 17 completed caregiver matches at FCCC.
- 2. Number of support group participants, including patient and non-patient community members.
 - a. In FY22, it was reported that 8 non-patient community members participated in support groups.
 - b. In FY23, there were 276 total support group participants.
 - c. In FY24, there were 251 total support group participants and 3 of them were community members.
 - d. In FY25, there were 341 total support group participants.
- 3. Number of patients referred to behavioral health services.
 - a. Programs designed to increase the referrals to behavioral health services launched in FY23.
 - b. The Cognitive Behavioral Therapy (CBT) for Pain behavioral health therapy group was launched in FY23 and has served 3 patients with medical assistance.
 - c. The CBT for Insomnia group served one patient with medical assistance during FY24.
 - d. In FY25 the CBT for Pain group treated 4 patients with Medical Assistance
 - e. The Music Wellness Program launched in FY23 and has served 12 participants.
 - f. The Music Wellness Program included 250 visits for FY24.
 - g. In FY25, the Music Wellness Program expanded to 413 visits

Action Plans Implementation Summary:

- 1. Promotion of the P2PN/Caregiver Network will continue at all campuses that are currently open and will occur at any new facilities. In FY 26, staff will continue weekly onsite P2PN promotion and recruitment of volunteers at TUH Cancer Center to increase participation. In FY24, we added a dedicated direct phone line for TUH patients to reach P2PN staff to request matches or volunteer. In FY25, we increased promotion of this dedicated line at TUH to ensure it is being utilized. This work will continue in FY26.
- 2. In the upcoming fiscal year, the Spanish-language training module for P2PN will be developed and recruitment of Spanish speaking volunteers will begin with a focus on TUH.

3. FCCC is working to increase promotion and utilization of P2PN and support groups to patients and community members.
4. The Psychiatry department staffing and services have been expanded to serve more patients. CBT for Pain group has continued with an emphasis on Medical Assistance patients. In addition, a Music Wellness Program has expanded for the FCCC community.
5. The psychiatry team is enhancing referrals to ensure patients are linked back to necessary behavioral health services. Psychiatry team members are meeting with various departments and providers, giving lectures to Advanced Practice Clinicians and fellows, and having ongoing meetings to collaborate with the social work team.
6. The psychiatry department is continuing to navigate patients to community-based behavioral health services and is developing a resource database of community-based behavioral health.
7. In FY25, the Psychiatry and Social Work Teams collaboratively launched a Triage Pilot with the Breast Service Line nurse navigators to reach patients in need of mental health support earlier in their cancer journey.

Conclusion & Next Steps:

We intend to continue our goals and increase access to support groups, and other behavioral health supports for cancer patients and their caregivers, including Spanish-language patients and community members. The development of the Spanish-language P2PN and continued promotion and expansion of the P2PN and caregiver support groups will help FCCC to meet these goals. In addition, the Psychiatry team will continue to provide evidence-based mental health services for patients with anxiety, depression, fear of recurrence, insomnia, chronic pain and end of life distress. They will continue to provide and expand current therapy groups. They will work to increase the community's awareness of behavioral health services and resources available through the development of a resource database.

