



# THE HOSPITAL OF FOX CHASE CANCER CENTER

Community Health Needs  
Implementation Strategy  
FY16 Progress Report

 TEMPLE HEALTH

**Temple University Health System  
AOH – Fox Chase Cancer Center (FCCC)  
Community Health Needs Assessment  
Annual Report  
Fiscal Year 2016**

**Implementation Strategy Title:** Develop a system-wide approach to enhance coordination and participation in Temple University Health System (TUHS) research.

**Strategy Team Lead:** Carolyn Fang, PhD, Associate Professor, Cancer Prevention and Control

**Goal of the Strategy:** Identify and track clinical and population-based cancer research and its contributing risk factors across TUHS to identify opportunity for collaboration and approaches to increase patient and community participation.

**Summary of the Methods/Tactics Implemented:** As an NCI-designated Comprehensive Cancer Center, our researchers are at the forefront of scientific discoveries in cancer prevention, cancer control, and cancer clinical trials. Ultimately, these discoveries should lead to benefit for our community members and the diverse patient populations we treat at FCCC and TUHS. Thus, an important goal is to identify opportunities for collaboration and for increasing patient and community participation in clinical and population-based research.

Towards this end, we have developed a database and corresponding procedures for assessing current research activities that can be utilized in various ways. The development of a system-wide approach for reporting cancer-related research activities has directly led to greater collaborative opportunities between FCCC and TU. In particular, many of these new collaborations are designed to facilitate research activities that benefit the underserved populations in our region. **Table 1** presents selected examples of recent or newly formed collaborations that have emerged from this initiative, which are focused on enhancing the health of our surrounding communities.

**Graph or Table of Metrics Achieved (compared to goals or benchmarks)**

**Table 1. Recent or Newly Formed Collaborative Studies**

Investigator (s)	Priority Audience	Funding Agency	Title
<b>FY 15</b>			
Bass (TU) / Fleisher & Geynisman (FCCC)	African American	TU/FCCC Nodal Grant to examine factors associated with clinical trial participation among African Americans, a group that is traditionally underrepresented in clinical research	Decision Making about Clinical Trial Participation
Collins & Lepore (TU)	African American, Latino	R01 CA188813 to reduce infant smoke exposure	<i>Babies Living Safe &amp; Smokefree (BLISS)</i> – a study of maternal smoking and baby’s tobacco smoke exposure (TSE)
Fang (FCCC) / Rao (TU)	Chinese American	NIDDK R01DK104176 – newly funded collaboration to explore etiology of diabetes and other chronic disease risk among Chinese immigrants living in Philadelphia	Biobehavioral Model of Diabetes Risk in Chinese Americans
Fang (FCCC) / Ma (TU)	Korean American	Pending R01 submitted to NCI to implement self-sampling for HPV testing among KA women who are non-adherent to cervical cancer screening guidelines	Randomized Trial of HPV Self-Sampling in Underserved Korean American Women
Ma (TU) /Fang (FCCC)	Asian Americans	PCORI – implementation and dissemination of a community-based intervention to improve outcomes in Asian Americans at risk or diagnosed with hepatitis B (funded Fall 2014)	A comparative trial of improving care for underserved Asian Americans infected with HBV
Miller (FCCC) / Miyamoto (TU)	African American	NCI R01 CA158019- a randomized trial of a novel internet intervention to enhanced survivorship outcomes among prostate cancer survivors	RCT of an online multimedia program to boost coping & function for PCA survivors
Ragin (FCCC) / Liu (TU)	African American	ACS RSG-14-033-01-CPPB; FCCC Translational Research Grant–these studies will provide novel data on environmental and biological factors contributing to disparities in head and neck cancer risk and outcomes among Blacks	Molecular modeling, genomics, and racial disparities in HNSCC
<b>FY16</b>			
Ma (TU) / Fang	Vietnamese	NIMHD U01 MD010627 – a randomized trial to improve colorectal cancer screening rates	A multilevel CBPR intervention to improve colorectal cancer screening in underserved Vietnamese Americans

(FCCC)	American	among Vietnamese Americans (funded April 2016)	
Hall (FCCC) / Bass (TU)	African American	New ACS grant to develop and evaluate a decision support aid for patients undergoing tumor genomic profiling (TGP) –under review	The E-IMPART Decision Support Aid (DSA) for patients and Brief Online Training (BOT) for oncologists

**Outcomes:** This strategy has been successfully implemented.

**Conclusions/Recommendation:** A system-wide process for reporting cancer-related research activities has been developed and it has led to greater collaborative opportunities between FCCC and TU. The approach includes an annual retreat where researchers share current work and opportunities for collaboration. In addition, researchers also share funding announcements. A new software system has been implemented in order to assist with data collection and allows researchers to identify ongoing collaborations with ease.

**Next Steps:** This strategy will not be featured in the CHNA for Fiscal Year 2017 as it is no longer an implementation strategy, but is now part of our standard operating procedures.

**Temple University Health System  
AOH – Fox Chase Cancer Center (FCCC)  
Community Health Needs Assessment  
Annual Report  
Fiscal Year 2016**

**Implementation Strategy Title:** To enhance access to evidence-based cancer prevention and cancer care.

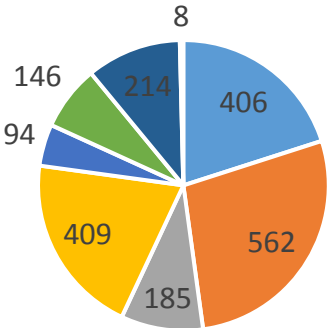
**Strategy Team Lead:** Evelyn, González, MA, Sr. Director, Office of Community Outreach

**Goal of the Strategy:** To enhance access through education, screening, navigation, behavioral and translational research, and best practices for community engagement.

**Summary of the Methods/Tactics Implemented:** Improving the overall health of the community begins with education. Our bilingual community speaker's bureau provides free education to community-based organizations. The education sessions are designed to increase the public's awareness of cancer risk factors, screening guidelines, prevention practices and the importance of research participation. In addition to education, we are committed to addressing access to care issues by bringing cancer screening to the community via our mobile screening program. Currently, we provide breast, skin, and head and neck screenings. Individuals screened on the mobile screening unit that require additional diagnostic tests or follow-up visits are referred back to Fox Chase. Our community navigation program enables us to support these individuals throughout their follow-up appointments by scheduling transportation, arranging for certified medical interpreters, assisting patients with applications to *PA HealthyWoman* (to cover the costs of treatment for medically underserved women), accompanying patients to their appointments, and providing additional resources as needed.

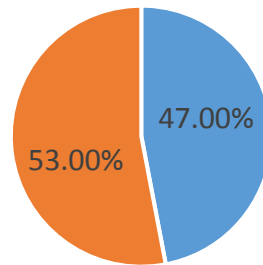
**Graph or Table of Metrics Achieved (compared to goals or benchmarks)**

Community Education  
N=2,097



■ Breast ■ Colorectal ■ Liver ■ Lung ■ Ovarian ■ Prostate ■ Skin ■ Other

## Community Screenings N=179 Events



■ Community ■ Corporate ■ ■

### Outcomes:

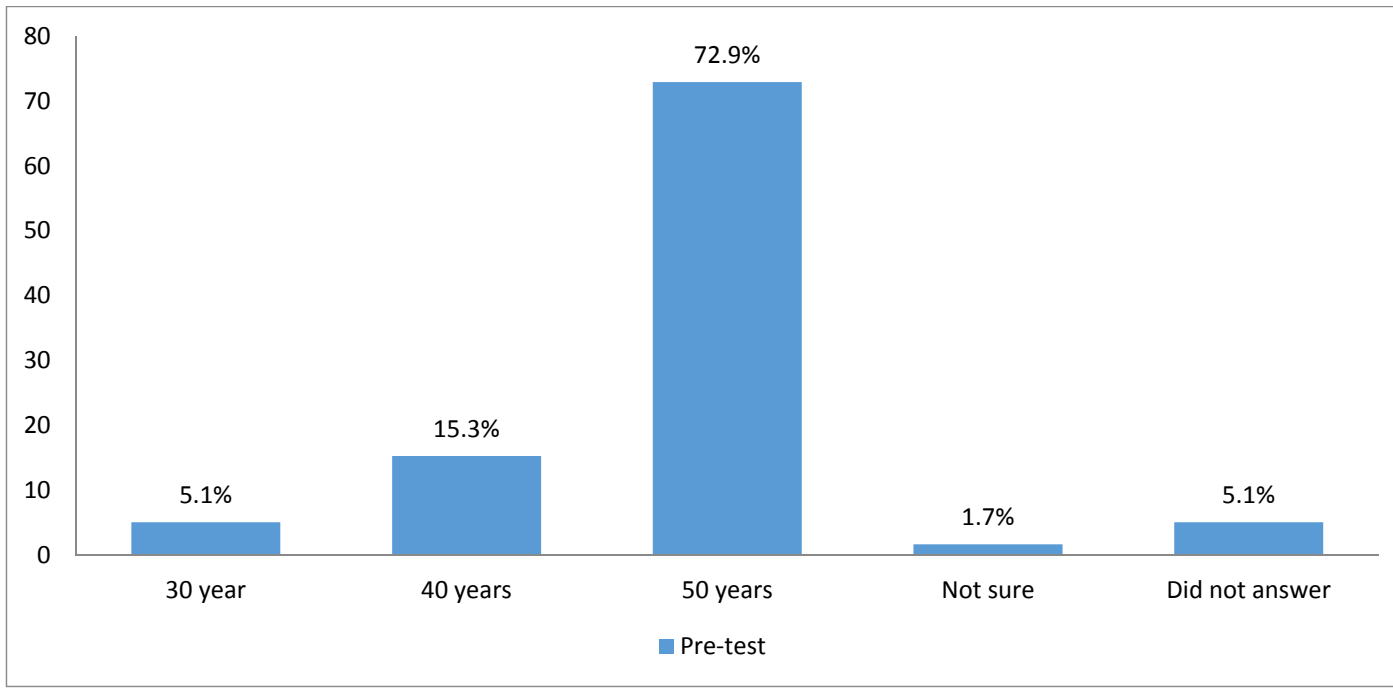
During this 12-month reporting period, we exceeded our goal to reach 2,000 individuals through our educational programs and we surpassed our goal of conducting 25% of cancer screenings in community settings, with 45% of our screenings being held at community sites. This was made possible by the institutional support and the acquisition of several grants, contracts and donations. In total, we reached 12,846 persons in FY 2016; 2,097 with evidence-based educational programming, 7,306 with resources, and 3,331 with cancer screening. In total, 9 individuals were diagnosed with cancer and are currently undergoing treatment.

**Conclusions/Recommendation:** Evaluation results show that increases in knowledge (example below), changes in attitudes, and greater likelihood to screen occur following our education sessions. When educated and asked about the likelihood of participating in research opportunities we have also recorded increases.

**Next Steps:** We intend to continue our education, screening and navigation goals in FY 17.

### Example from Colorectal Cancer Education Session

Question: At what age should a person start getting checked for colorectal cancer? (Answer: 50 years)





**Temple University Health System  
AOH – Fox Chase Cancer Center (FCCC)  
Community Health Needs Assessment  
Annual Report  
Fiscal Year 2016**

**Implementation Strategy Title:** To strengthen practices for providing culturally competent care.

**Strategy Team Lead:** Angel Pagan, MSM, Director, Cultural and Linguistic Services, TUHS

**Goal of the Strategy:** To educate staff and physicians about the diversity of the clients/patients we serve. To provide high quality, safe care to patients with language needs, including the deaf and hard of hearing. To strengthen practices for providing culturally competent care.

**Summary of the Methods/Tactics Implemented:** Efforts to becoming a culturally competence organization include the establishment of policies and procedures, education and training. To this end, we AOH-Fox Chase Cancer Center and the Temple University Health System as a whole, continue to embrace and augment services to meet the needs of a growing diverse population served.

**Outcomes:** Language services were requested 695 times in FY16 and will continue to be promoted through staff trainings. It has been observed that there has been an increase in use of language services following training.

**Conclusions/Recommendation: Next Steps:** We will continue to hold an annual symposium on cultural competence for AOH – TUHS staff. The workshop this past year was concentrated on health disparities among Arabic patients and over 135 staff and physicians of Temple Health participated. The cultural competency workshops for this upcoming year will discuss working with African American, Hispanic/Latino, Asian American, and Arab populations. As our patient population becomes more diverse, we will continue to strengthen and expand services to meet their needs. In addition, we will explore enhancements for language services on the mobile screening unit to serve deaf and hearing impaired audiences. These enhancements include the addition of Pocket Talkers (amplifiers to assist patients who are hard of hearing) and a video remote interpreting unit to also assist with sign-language translation for the deaf and hard of hearing.