



2019–2022
Community Benefit
Implementation Plan


**Seattle
Cancer Care
Alliance**

Fred Hutch · Seattle Children's · UW Medicine

**Better
together.**

Table of Contents

Introduction	3
2019–2022 Community health needs and priorities	3
Priority 1: Culture and Language	5
Priority 2: Cancer prevention and screening	6
Priority 3: Access to care	7
Priority 4: Indigenous health	9
Priority 5: Community benefit infrastructure	10

Introduction

Seattle Cancer Care Alliance (SCCA) brings together the leading research teams and cancer specialists of Fred Hutchinson Cancer Research Center, Seattle Children’s Hospital, and UW Medicine. We transform groundbreaking research into lifesaving realities for patients with cancer. As a nonprofit, mission-driven organization, SCCA takes seriously our commitment to serving our community.

SCCA has six treatment centers throughout Seattle, Kirkland, Poulsbo and Issaquah, as well as two patient housing buildings in Seattle’s South Lake Union neighborhood. We also work with community-based physicians at partner organizations throughout the Northwest, Alaska and Hawaii to provide access to the latest information in cancer research and treatment to oncologists and patients.

SCCA’s reach extends far and wide, with patients from across the state, region and world, but for the purposes of our community-based efforts to improve cancer-related population health outcomes, we focus our efforts in the Puget Sound region, where most of SCCA’s patients reside and where we can have the greatest impact. Consistent with our previous community health needs assessments and community benefit plans, we define our community for 2019–2022 as everyone in King, Pierce and Snohomish counties.



2019–2022 Community health needs and priorities



In June 2019, SCCA published a Community Health Needs Assessment (CHNA) that identified four major areas of cancer-related health needs in our community, based on input from community stakeholders and a review of cancer-related public health data. These four areas include **culturally and linguistically appropriate outreach, cancer prevention and screening, access to care, and Indigenous health**. The assessment process also identified opportunities for SCCA to continue its community benefit work with a stronger internal infrastructure as well as further trust- and relationship-building with community partners. At the core of SCCA’s priority areas and community benefit activities is the commitment to advancing health equity for our diverse community.

SCCA plans to address all the needs identified and we have organized our implementation plan and goals for 2019–2022 around these priority areas.

Indigenous health is recognized specifically as a priority area due to the CHNA process highlighting opportunities to engage with Indigenous populations across our community to address cancer morbidity, mortality and non-ceremonial tobacco use. Interwoven throughout the 2019–2022 priorities is an emphasis on addressing Indigenous-specific health through earning trust and establishing partnerships. Additionally, the CHNA identified several other populations to engage in relationship building and community benefit activities, including Asian, Black/African-American, Hispanic/Latino/a/x, low-income individuals and immigrants.

We welcome collaboration and partnership with community members and organizations across our service area who can advise SCCA and help to advance this important work. Please direct comments or questions to Lauren Baba at lbaba@seattlecca.org.



Priority 1: Culture and Language

Our communities are increasingly diverse, and many individuals are uncomfortable seeking health care due to limited health literacy, historical mistrust of the healthcare system and language barriers. To build trust and partnership with community members and organizations, our communication must be culturally and linguistically appropriate for the intended audience and the messages delivered in a humble and meaningful manner. SCCA's community health needs assessment identified an overarching need to engage with communities in ways that acknowledge and incorporate cultural norms and beliefs to make health promotion and navigation of the health care system culturally and linguistically appropriate for various populations. The following objectives outline how SCCA will incorporate culture and language considerations into our outreach to the community and into our support for underserved individuals who seek care at our facilities.

→ ***Vision: We will improve the services provided to our increasingly diverse community, particularly those affected by inequities associated with race, ethnicity, language, cultural norms and beliefs or education.***

Objective 1.1: Increase translated materials to better serve community members who speak a language other than English or prefer visual communication.

Goal 1.1.1: By 2020, assess the needs of populations with limited English proficiency (LEP) or visual communication preferences for cancer prevention and screening patient education materials.

Goal 1.1.2.: By 2022, based on assessment results, translate and adapt prevention and screening patient education materials to share with tribal communities, community-based organizations and federally qualified health centers (FQHCs).

Objective 1.2: Enhance patient navigation to better serve individuals facing inequities such as non-English language skills, different cultural norms and beliefs, limited health literacy, and hesitation to engage with the health system.

Goal 1.2.1: By 2022, expand SCCA's patient navigation program to better serve specific populations who experience a disproportionate cancer burden, including Indigenous and Black/African-American populations.

Potential partners

- Community-based organizations and federally qualified health centers identified in SCCA's CHNA
- Fred Hutch Office of Community Outreach & Engagement (OCOE)
- Fred Hutch OCOE Community Action Coalition
- SCCA Patient Education
- SCCA Interpreter Services
- SCCA h̄eliʔil Indigenous Tribal Liaison
- SCCA Supportive Care
- Seattle Children's Research Institute
- University of Washington

Priority 2: Cancer prevention and screening

SCCA has long sought to reduce cancer incidence and mortality through community outreach that emphasizes the importance of healthy behaviors and recommended screenings to help prevent cancer or diagnose it early. Through the SCCA Mammogram Van, thousands of breast cancer screenings have been delivered to patients who otherwise may not have access. The Living Tobacco Free program also provides tobacco cessation education, counseling and nicotine-replacement therapy to community members and our patients' caregivers and family members. SCCA has also raised awareness about the availability of lung cancer screening, which is still relatively new compared to other screenings, for community members who are or have been heavy smokers.



Data from the 2019 CHNA once again underscored the importance of cancer prevention and screening outreach. Rates of screening for breast, colorectal and cervical cancer remain low for certain populations in SCCA's community. Tobacco use, e-cigarettes, obesity/nutrition and education about the importance of preventive care were also identified as areas of need by community stakeholders and in public health data. The following objectives outline how SCCA will continue to address these needs through promotion of healthy behaviors and cancer screenings where there is a strong evidence base or national screening guidelines.

→ ***Vision: We will promote knowledge of healthy lifestyles and regular cancer screenings to decrease the prevalence and severity of cancer.***

Objective 2.1: Educate members of our communities on the importance of healthy behaviors and recommended screening to reduce cancer risk.

Goal 2.1.1: Every year, participate in at least five community health events reaching priority populations such as Black/African-American, Latino/a/x, Asian and Indigenous people.

Goal 2.1.2: By 2022, educate and train at least 150 providers at FQHCs about cancer prevention and screening.

Goal 2.1.3: By 2022, educate at least 300 community members about lung cancer screening, especially those who are medically underserved, low-income, Black/African-American or Indigenous.

Objective 2.2: Collaborate with community-based organizations, tribal nations and government agencies to reduce the rate of non-ceremonial tobacco use in our communities.

Goal 2.2.1: By 2022, provide at least 60 tobacco counseling sessions for priority populations.

Goal 2.2.2: By 2022, provide 36 tobacco cessation education sessions for priority populations, with at least

two different venues each year.

Goal 2.2.3: By 2022, provide at least 15 educational sessions for medical and support service providers in the community about screening patients for tobacco use and tobacco cessation.

Goals 2.2.4: By 2022, explore investing in a mobile unit with low-dose CT scanning capabilities to screen for early-stage lung cancer.

Objective 2.3: Increase the number of medically underserved members from priority populations who are receiving recommended breast cancer screening.

Goal 2.3.1: Invest in an additional Mammogram Van to begin operations in 2022.

Goal 2.3.2: Every year, deliver at least 1,500 mammography screenings in at least seven different community settings through the Breast, Cervical, and Colon Cancer Health Program (BCCHP) via the Mammogram Van.

Goal 2.3.3: By 2022, explore opportunities with UW Medicine or other partners to provide additional cancer screening via one of the mobile vans to at least one priority population in SCCA's three-county service area.

Potential partners

- Community-based organizations and community health centers
- Federally-qualified health centers, including Neighborcare Health, Sea Mar Community Health Centers and International Community Health Services
- Fred Hutch Office of Community Outreach & Engagement (OCOE)
- SCCA Living Tobacco Free
- SCCA h̄eliʔil Indigenous Tribal Liaison
- SCCA Imaging
- Public Health - Seattle & King County
- University of Washington

Priority 3: Access to care

As SCCA continues to advance the standard of cancer care through delivering innovative treatments and developing best practices for oncology, we seek to make access to these services equitable for all members of our community. Patients may, however, experience financial or other barriers to receiving care, such as lack of health insurance, housing instability, transportation barriers, or challenges paying for supplies or their insurance's cost-sharing (i.e., copays and coinsurance).

SCCA has a robust financial assistance program, also known as charity care, that addresses one hundred percent of demonstrated need for patients who meet eligibility criteria. This helps our patients overcome financial barriers related to the cost of medical care. SCCA's Housing & Family Assistance Fund also supports patients who need housing while receiving care in Seattle or need help with other living expenses that are not the cost of medical care but are still essential to our patients' wellbeing (e.g. transportation, groceries, electricity/water utilities). Furthermore, SCCA's Shine retail store has an assistance fund for customers needing oncology products, such as mastectomy bras,

prosthetics, compression garments, canes, wigs and head coverings.

The following objectives outline how SCCA will continue to address these needs through existing programs and development of new projects to further reduce barriers to care, whether they are financial or other needs.

→ ***Vision: We will improve access to high quality cancer care along the cancer care continuum, from prevention and screening through survivorship.***

Objective 3.1: Reduce financial barriers to care.

Goal 3.1.1: By 2022, double the number of SCCA staff trained and certified to be able to help community members looking for health insurance coverage options through Washington Healthplanfinder.

Goal 3.1.2: Every year, provide education to at least four policymakers about state and federal opportunities to improve patient access to high quality cancer care.

Objective 3.2: Reduce socio-economic and other barriers to accessing care for patients in need.

Goal 3.2.1: By quarter one of each calendar year, select one community benefit priority area as a Commission on Cancer (COC) focus for the upcoming year. By quarter four of each calendar year, share with SCCA's COC Committee a report that includes the priority area selected, barriers identified, resources used to address barriers, metrics related to outcomes of reducing the chosen barrier and plans for the future.

Goal 3.2.2: By 2022, provide at least \$600,000 in assistance to patients and families who have non-medical financial needs for transportation, lodging, food security and other needs.

Goal 3.2.3: By 2022, explore partnership opportunities with the King County Hospitals for a Healthier Community collaborative and with transportation agencies and providers about supporting patients for whom transportation is a barrier to accessing health care.

Potential partners

- American Cancer Society
- King County Hospitals for a Healthier Community collaborative
- King County Metro
- Ride share companies
- SCCA Housing & Family Assistance
- SCCA Revenue Cycle
- SCCA Transportation
- Seattle Children's Hospital
- Seattle Department of Transportation
- Sound Transit
- University of Washington



SCCA House, affordable apartment-style units within blocks of the SCCA outpatient clinic on Lake Union.

Priority 4: Indigenous health

The 2019 CHNA identified Indigenous populations in our community as experiencing a consistently high burden of cancer morbidity, cancer mortality and non-ceremonial tobacco use. In addition, the CHNA process highlighted that there are many Indigenous tribes, individuals and organizations throughout SCCA's service area. Community stakeholders we talked to were also interested in partnering with SCCA to deliver cancer prevention, screening and navigation services for Indigenous patients. As such, we are committing to earn trust, build relationships and collaborate on services for Indigenous populations.

SCCA is fortunate to have received support to establish a new program, called *həliʔil*, to engage with tribal nations across our service area and guide SCCA as a collaborative partner in Indigenous health promotion. The name *həliʔil* was gifted to the program from the Snoqualmie Tribe. The name derives from the Coast Salish territories and is of the Lushootseed language. It is considered a great honor to be gifted the name *həliʔil*, which translates to: become well/heal.

The following objectives outline how the *həliʔil* program is coordinating with Community Benefit.

→ ***Vision: We will engage with Indigenous communities in ways that build trust and develop relationships, particularly about tobacco use and lung cancer screening.***

Objective 4.1: Build relationships with tribal communities and Indigenous individuals and foster collaboration between them and SCCA healthcare providers.

Goal 4.1.1: By 2022, facilitate and staff at least 30 community health fairs, pow wows or community health resource visits to SCCA.

Goal 4.1.2: By 2022, connect with each of the Community Health Representatives (CHRs) in the 46 tribal communities in Washington state.

Objective 4.2: Partner in Indigenous health promotion.

Goal 4.2.1: By 2022, explore opportunities to collaborate with the Seattle Indian Health Board and at least two other organizations led by or serving Indigenous people.

Objective 4.3: Build internal capacity and cultural responsiveness so that every patient who identifies as an Indigenous person receives support according to their preferences.

Goal 4.3.1: By 2020, provide at least six training opportunities to staff and providers about cultural norms, traditional healing, intergenerational trauma and best practices for care of Indigenous individuals and communities.

Goal 4.3.2: By 2022, provide a one-on-one consultation with an SCCA Indigenous community health worker (CHW) to every patient who identifies as Indigenous.

Potential partners

- Community organizations led by or serving Indigenous people
- Fred Hutch Office of Community Outreach & Engagement (OCOЕ)
- SCCA Living Tobacco Free

- SCCA hǎliʔil Indigenous Tribal Liaison
- Tribal nations
- Tribal Community Health Representatives
- University of Washington Indigenous Wellness Research Institute

Priority 5: Community benefit infrastructure

For SCCA to effectively implement its community benefit activities, our program must operate with a strong foundation. This includes coordination and collaboration across staff in various departments, input from community stakeholders on program management on a consistent basis and alignment with other initiatives across SCCA to embrace diversity, equity and inclusion. There are also community benefit activities that are a central part of SCCA's operations as a comprehensive cancer center, such as training new health professionals, which help increase overall capacity in our community to address cancer-related health needs. The objectives below outline our continued commitment of resources toward these activities.

→ ***Vision: We will improve the systems and structures that support SCCA's community benefit priorities to facilitate their success.***

Objective 5.1: Focus resources strategically and sustainably to enhance the ability to meet and meaningfully address current and emerging community health needs.

Goal 5.1.1: By 2020, establish a quarterly SCCA Community Benefit Coordination Committee to track progress of the Community Benefit Implementation Plan, identify potential internal and external partnerships and collaborations, and explore opportunities to improve SCCA's impact in our communities.

Goal 5.1.2: By 2022, invest in a staff member dedicated to Community Health and Benefit.

Goal 5.1.3: At least twice each year, in coordination with the Fred Hutch OCOE Community Action Coalition, solicit community input on community benefit activities from various stakeholders to improve joint cancer prevention and treatment efforts.

Objective 5.2: Enhance ability to analyze data at a granular level to better understand the burden of cancer in our communities, including greater SCCA patient segmentation by race and ethnicity.

Goal 5.2.1: By 2022, partner with SCCA's Diversity, Equity & Inclusion Council and Fred Hutch's Office of Community Outreach & Engagement to assess opportunities to reduce the percentage of SCCA patients and clinical trial enrollees whose race/ethnicity is marked as 'unknown' in their patient profiles.

Objective 5.3: Improve the knowledge of cancer care among healthcare and allied health providers and students.

Goal 5.3.1: Participate in at least five physician, allied health professional and/or interpreter education programs per year.

Goal 5.3.2: By 2022, further scientific knowledge of cancer through development of at least two white papers or manuscripts and at least 20 conference presentations per year.

Goal 5.3.3: Every year, provide opportunities to at least 34 apprentices, undergraduate and graduate

students, residents and fellows to train at SCCA.

Potential partners

- Fred Hutch's Pathways Undergraduate Researchers
- Local universities and colleges including Seattle Pacific University, South Seattle College and Highline Community College
- Puget Sound Oncology Nursing Society
- SCCA Affiliate Network
- Seattle Nursing Research Consortium
- Seattle University School of Nursing
- University of Washington Fellows



Seattle
Cancer Care
Alliance



Fred Hutch · Seattle Children's · UW Medicine