

Annual Community Outreach Summary 2019, Standard 1.8

Standard 4.1 Prevention Program						
Type of cancer	Date need was discussed	Guidelines used to design activity	Date of activity	Participants (target audience, # in attendance)	Outcomes/Follow-up process for participants with positive findings	Effectiveness of Activity (value, lessons learned, recommendations for improvements)
Colon Cancer	2/7/19	-American Cancer Society (ACS) recommends that average-risk adults aged 45 years or older undergo regular screening with either a high-sensitivity stool-based test or a structural (visual) exam, based on personal preferences and test availability. As a part of the screening process, all positive results on non-colonoscopy screening tests should be followed up with timely colonoscopy.	March 25, 2019 to June 30, 2019	-Target participants were individuals who were 45 years or older who were at average risk based on ACS guidelines. We placed fliers, posters and guideline recommendations at all PeaceHealth facilities in the Northwest Network (Bellingham, Sedro-Woolley, Friday Harbor, Ketchikan) with a phone overlay for tracking of appointments.	-Overall, PeaceHealth received 30 calls directly tied to the phone overlay. (15 calls received in Bellingham, 12 calls received in Sedro-Woolley, and 3 calls received in Ketchikan).	-Network campaign was well received, but we did not have a good tracking system of how many calls led to screening appointments. -Future recommendations is better tracking of patients after the call, of how many received screening. Pre- and Post-surveys to see if the campaign taught individuals about screening guidelines.
Breast Cancer	9/18/19	-American Cancer Society (ACS) recommends women aged 40 to 44 years should have the choice to start annual breast cancer screening with mammograms if they wish to do so. The risks of screening as well as the potential benefits should be considered. Women aged 45 to 54 years should get mammograms every year. Women aged 55 years and older should switch to mammograms every two years or have the choice to continue yearly screening. Screening should continue as long as a woman is in good health and is expected to live 10 or more years or longer.	October 18, 2019	As recommended by the ACS our target audience was women ages 40 and over, who hadn't had a mammogram yet or who was up for their annual mammogram.	We talked with a total of 12 women, of which 10 were well overdue for their annual breast exam.	-To measure effectiveness, we used verbal pre- and post- surveys to determine the level of education patients had on breast cancer and guideline recommendations, as well as, if they hadn't had their breast exam/mammogram how likely they were to follow-up with their primary care provider/screening mammogram. -We also offered breast exams onsite and of the 12 we surveyed, all 12 proceeded with a breast exam given by physician Dr. Patricia Franklin. -0/12 patients presented with positive findings on their breast exam but were recommended to follow-up with their primary care physician/screening mammogram. -Future recommendations is tracking the patient through the process of their screening mammogram and finding out how likely they were to stay on track with their screening mammogram as recommended by ACS guidelines.

Standard 4.2 Screening Program						
Type of cancer	Date need was discussed	Guidelines used to design activity	Date of activity	Participants (target audience, # in attendance)	Outcomes/Follow-up process for participants with positive findings	Effectiveness of Activity (value, lessons learned, recommendations for improvements)
Breast Cancer	9/18/19	American Cancer Society (ACS) recommends women aged 40 to 44 years should have the choice to start annual breast cancer screening with mammograms if they wish to do so. The risks of screening as well as the potential benefits should be considered. Women aged 45 to 54 years should get mammograms every year. Women aged 55 years and older should switch to mammograms every two years or have the choice to continue yearly screening. Screening should continue as long as a woman is in good health and is expected to live 10 or more years or longer.	October 16-18, 2019	As recommended by the ACS our target audience was women ages 40 and over, who hadn't had a mammogram yet or who was up for their annual mammogram.	<p>October 16, 2019: We screened a total of 25 women, 24 of which had negative findings, however one woman needed additional imaging and biopsy.</p> <p>October 17, 2019: We screened a total of 25 women, 23 of which had negative findings, however two women needed additional imaging.</p> <p>October 18, 2019: We gave breast exams to 12 women, 12 of which had negative findings and were referred to primary care physician/mammogram screening for annual care.</p> <p>The follow-up process from the screening is as follows:</p> <ol style="list-style-type: none"> 1. Radiologist reads images, creates recommendation either normal or needs additional imaging. 2. Primary physician is notified of the results. 3. Patient is notified by letter if the reading is normal. If additional imaging is needed the patient is called. 4. If additional imaging is needed the physician is contacted for a referral. 5. Patient is scheduled for a follow-up, i.e. additional view or ultrasound. 6. If normal, the patient is put back into the mammography tracking system. 7. If abnormal, the patient is moved onto the next stage of care. 	<p>-The value of this screening event was tremendous, offering walk-in availability for women to come get their mammograms was stress-free and made it easier for women to come in when it was convenient for them.</p> <p>-We offered a total of two onsite screenings, and then we continued the third day up at the Upper Skagit Tribe Women's health fair and we were able to complete a prevention and screening activity meeting women where they were already at.</p> <p>-Through the live-remote with KAPS radio, we were able to discuss the importance of having a mammogram and the preventative measures women can take to lower their risks of breast cancer.</p> <p>-From 2017 to 2019 this event had more than doubled in size and we were able to offer scholarships for mammograms to our most vulnerable patients.</p> <p>-Future recommendations would be to host a free mammogram event, where participants of any kind are able to receive a free mammogram to entice more to come in and have their screening regardless of their ability to pay.</p>