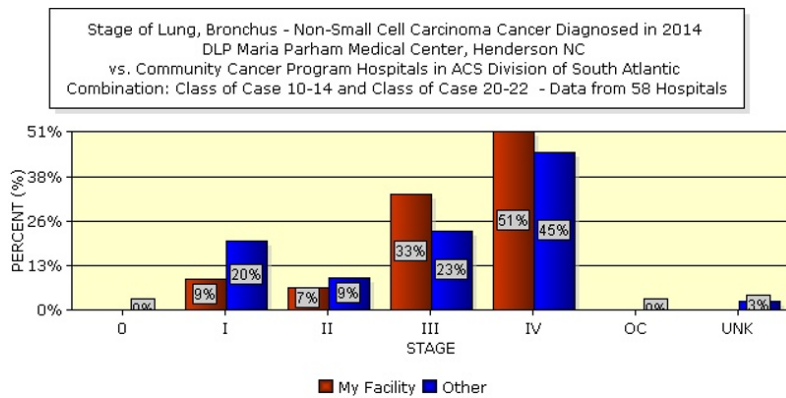


2018 Community Outreach Report

4.1 Prevention Program

Lung Cancer Prevention

The focus on prevention of lung cancer was chosen by the Cancer Committee because lung cancer is the leading cause of death in Vance and Granville counties. The majority of our patients present with Stage III & IV lung cancer; Stage III is 33% and Stage IV is 51%. Compared to other Community Cancer Program Hospitals in South Atlantic, this is at least 10% over other facilities (according to 2014 NCDB Hospital Benchmark Report data; see tables below). On November 1, 2018, we hosted a Lung Cancer Prevention event. This event was used to make the community aware of the low dose CT screening now offered at Maria Parham Health.



| | 0 | I | II | III | IV | OC | UNK |
|-------------|----|-----|----|-----|-----|----|-----|
| My Facility | | 9% | 7% | 33% | 51% | | |
| Other | 0% | 20% | 9% | 23% | 45% | 0% | 3% |

Stage of Lung, Bronchus - Non-Small Cell Carcinoma Cancer Diagnosed in 2014

DLP Maria Parham Medical Center, Henderson NC
vs. Community Cancer Program Hospitals in ACS Division of
South Atlantic
Combination: Class of Case 10-14 and Class of Case 20-22 -
Data from 58 Hospitals

| # | Stage | My (N) | Oth. (N) | My (%) | Oth. (%) |
|-------------------|-------|-----------|-------------|-------------|-------------|
| 1. | 0 | . | 3 | . | 0.21% |
| 2. | I | 4 | 282 | 8.89% | 19.8% |
| 3. | II | 3 | 134 | 6.67% | 9.41% |
| 4. | III | 15 | 322 | 33.33% | 22.61% |
| 5. | IV | 23 | 644 | 51.11% | 45.22% |
| 6. | OC | . | 2 | . | 0.14% |
| 7. | UNK | . | 37 | . | 2.6% |
| Col. TOTAL | | 45 | 1424 | 100% | 100% |



ARE YOU A SMOKER OR FORMER SMOKER?

A Low-Dose CT Scan Could Save Your Life!

The National Lung Screen Trial (NLST) findings reveal that those who received low-dose CT scans had a 15-20% lower risk of dying from lung cancer than those that received standard chest X-rays. So, ask yourself the following questions:

What's My Risk?

Number of packs
smoked per day

Years you have
smoked

Packs per year
history

_____ X _____ = _____

You are considered High Risk if you are:

- A current or former smoker age 55-74 AND you have a 30 pack per year history
- Older than age 50 with a 20+ pack per year history or
 - Radon or occupational carcinogen exposure (asbestos, arsenic, diesel fumes, etc.)
 - Family history of lung cancer
 - COPD or pulmonary fibrosis
 - Personal history of cancer or lymphoma

NOTE: If you quit smoking less than 15 years ago, you are still considered High Risk.

What You Need To Know

The majority of lung cancers are often caused by cigarette smoking and usually not detected until symptoms develop. By that time, the disease is often more advanced, making a cure much less likely.

- Lung cancer is the leading cause of cancer-related deaths in the U.S.
- Over half of those with lung cancer die within one year of being diagnosed.
- Low-dose CT scans provide earlier detection, when lung cancer is most treatable and curable.
- All patients must be asymptomatic

What You Can Do

- If you are a smoker, STOP SMOKING.
- Avoid exposure to secondhand smoke.
- Make your home and work environment smoke-free.
- Test your home for radon.
- Be aware of industrial compounds.

THE BEST WAY TO PREVENT LUNG CANCER IS TO NEVER

According to the American Cancer Society, the estimates for 2017 are as follows: “About 222,500 new cases of lung cancer (116,990 in men and 105,510 in women) and about 155,870 deaths from lung cancer (84,590 in men and 71,280 in women).”

The American Cancer Society also reports, “Lung cancer is by far the leading cause of cancer death among both men and women; about 1 out of 4 cancer deaths are from lung cancer. Each year, more people die of lung cancer than of colon, breast, and prostate cancers combined.”

This event was marketed through targeted mailers sent out in Vance, Warren , Granville and Franklin counties. Fliers were made available throughout the hospital to increase awareness amongst employees and within the organization. Interested people were able to register via phone for the event but this was not mandatory. Ads were placed in the local newspapers.

The event took place at the main entrance of the hospital. Attendees stopped at the first table to receive a pen and blue card. The blue card read as follows:

Let's Prevent Lung Cancer Together

Please turn in card before you leave and receive your gift and snack.

Are you a smoker? **Yes** **No** How long have you been a smoker? _____

Are you interested in quitting? **Yes** **No**

Do you live in a house with smokers? **Yes** **No**

Please visit tables to learn more about lung cancer prevention and complete below.

Was this event helpful? **Yes** **No**

Did you know about low dose CT screening? **Yes** **No**

Did you find helpful resources? **Yes** **No**

Would you like to participate in a smoking cessation program? **Yes** **No**

Name: _____

Phone Number: _____

After filling out the first part of the blue card, attendees were encouraged to browse other tables. These included a radiology table, smoking cessation table, and general information regarding lung cancer. There was also a table with representation from the NC Lung cancer alliance group and a table from our local respiratory therapist employed here at Maria Parham Health. At the end of the event, participants completed the blue card and placed it in the basket to receive their snack and gift bag. Guests were given a lung cancer awareness magnet, additional lung cancer educational materials, pen, snacks and a bottle of water.

Those participants who qualified for low dose CT screening were instructed back to their PCP with information. After the visit with their PCP, a decision would then be made concerning if and when to order the screening.

Effectiveness: At the conclusion of the event, 50 cards were collected. Out of 50 cards, 12 people reported being a smoker, and 11 indicated they desired to quit smoking, 5 indicated they were interested in a smoking cessation program, 6 were not interested and 1 did not answer the question. 49 people indicated this event was helpful, 1 did not answer the question. 26 guests indicated they did not know about low dose CT screening, 20 indicated they were aware of low dose CT screening and 4 did not answer the question. 47 found the available resources to be helpful, 3 did not answer the question.

Improvements: Unfortunately, the group representing information regarding smoking cessation, cancelled at the last minute and was unable to attend. We provided support, education, referral information and materials to the best of our abilities. Next year, our plan is to have trained staff available on site. We may consider conducting the program off site or involve hospital staff to increase staff awareness. We will increase marketing in the community by placing fliers in visible locations and continue to use mailers.

(GUIDELINES) American Cancer Society Guidelines for the Early Detection of Cancer

Lung cancer

The American Cancer Society does not recommend tests to check for lung cancer in people who are at average risk. However, we do have screening guidelines for those who are at high risk for lung cancer due to cigarette smoking. Screening might be right for you if you are all of the following:

- 55 to 74 years of age
- In good health
- Have at least a 30 pack-year smoking history AND are either still smoking or have quit within the last 15 years (A pack-year is the number of cigarette packs smoked each day multiplied by the number of years a person has smoked. Someone who smoked a pack of cigarettes per day for 30 years has a 30 pack-year smoking history, as does someone who smoked 2 packs a day for 15 years.)

Screening is done with an annual low-dose CT scan (LDCT) of the chest. If you meet the criteria above, talk to a health care provider if you want to start screening.

Low-Dose CT Lung Cancer Screening Program Launched:

In July 2016, MPMC launched a low-dose CT Lung Cancer Screening Program. To date, a total of 83 low-dose CT lung cancer screenings have been completed in our facility. The low-dose CT lung cancer screening report, including the recommendations for follow up, are sent to the ordering physician. The ordering physician is responsible for coordination of further care. Travis Thomas,

Director of Imaging will be reporting the outcomes.

4.2 Screening Programs

Prostate

Because of age, incidence rates indicated in the data we reviewed, as well as information in the CNA, we provided the Prostate Screening Program in 2018. Attempting to reach more of the targeted population, we connected with social media and newspaper advertising.

On September 19, 2018, MPH hosted a Prostate Screening. American Cancer Society Guidelines for the Early Detection of Cancer were utilized. Men were provided questionnaires, PSAs and DREs.

| Section I (To be completed by patient) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|--------------------------------|-----------------|-------------------------------------|----------------------------------|-------------------------------------|--------------------------|-------------------------------------|-------------------|-------------------------------------|--------------------------|-------------------------------------|-----------------|-------------------------------------|--|--------------------------|------------------|--------------------------|--------------------------|--------------------------|----------------------|--------------------------|--------------------------|---------------------------|-------------------------------|--------------------------|--------------------------|--------------------------|--|--|
| Name _____ Date of Birth _____ | | FOR OFFICE USE ONLY DO NOT FILL IN HOSPITAL NAME _____ HOSPITAL ID # _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Street Address _____ Apt. _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City _____ State _____ Zip Code _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Phone _____ Social Security Number _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City () _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 Race <input type="checkbox"/> White <input type="checkbox"/> Spanish/Hispanic <input type="checkbox"/> Black/African-American <input type="checkbox"/> Oriental/Asian Other (specify) _____ | | 3 Personal Physician's Information (If Known) Name _____ Street Address _____ City _____ State _____ Zip Code _____ Phone _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 Height Feet Inches Weight Lbs. | | 5 When did you last have a rectal exam? (circle below) Within the last year More than 5 years ago 1 - 2 years ago Never 2 - 5 years ago Don't know Was it performed by a urologist? Yes No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 When did you last have a complete physical exam by a doctor? (circle below) Within the last year More than 5 years ago 1 - 2 years ago Never 2 - 5 years ago Don't know | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 Please circle the answer that best applies to you. I smoke I used to smoke, but quit I was never a smoker | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Medical History | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 Have you ever had any of the following? (Check one box for each item listed below.) | | 8 Over the past month, HOW OFTEN have you had any of the following: (0 = Never; 3 = 1/2 time; 5 = Always) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <table border="1"> <thead> <tr> <th></th> <th>Yes Have Had</th> <th>No Have Not Had</th> <th>Don't Know</th> </tr> </thead> <tbody> <tr> <td>Prostate infection (prostatitis)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Enlarged prostate</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Prostate cancer</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Any other cancer</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Vasectomy</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Relative with prostate cancer</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table> | | Yes Have Had | No Have Not Had | Don't Know | Prostate infection (prostatitis) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Enlarged prostate | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Prostate cancer | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Any other cancer | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Vasectomy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Relative with prostate cancer | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Not emptying bladder after urination012345 Urinating again within 2 hours012345 Stopped and started again while urinating012345 Difficult to postpone urination012345 Weak urinary stream.....012345 Pushing or straining to start urinating012345 Blood/pus in the urine.....012345 Blood in the ejaculate/semen.....012345 Times typically get up at night to urinate012345 How would you feel living with your current urinary condition 0 = Good 6 = Bad 0123456 | |
| | Yes Have Had | No Have Not Had | Don't Know | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Prostate infection (prostatitis) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Enlarged prostate | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Prostate cancer | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Any other cancer | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vasectomy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Relative with prostate cancer | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If yes, which relative? (Check appropriate box below and enter age when diagnosed, if known.) | | 9 How did you learn about the screening? (circle which applies) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <thead> <tr> <th></th> <th>Approximate Age When Diagnosed</th> </tr> </thead> <tbody> <tr> <td>Father</td> <td><input type="checkbox"/> _____ yrs.</td> </tr> <tr> <td>Brother</td> <td><input type="checkbox"/> _____ yrs.</td> </tr> <tr> <td>Son</td> <td><input type="checkbox"/> _____ yrs.</td> </tr> <tr> <td>Grandfather</td> <td><input type="checkbox"/> _____ yrs.</td> </tr> <tr> <td>Uncle</td> <td><input type="checkbox"/> _____ yrs.</td> </tr> <tr> <td>(Specify) _____</td> <td><input type="checkbox"/> _____ yrs.</td> </tr> </tbody> </table> | | | Approximate Age When Diagnosed | Father | <input type="checkbox"/> _____ yrs. | Brother | <input type="checkbox"/> _____ yrs. | Son | <input type="checkbox"/> _____ yrs. | Grandfather | <input type="checkbox"/> _____ yrs. | Uncle | <input type="checkbox"/> _____ yrs. | (Specify) _____ | <input type="checkbox"/> _____ yrs. | <table border="1"> <tbody> <tr> <td>Radio</td> <td>Television</td> <td>Newspaper</td> </tr> <tr> <td>AARP Convention</td> <td>Veteran's Convention</td> <td>Poster/flier</td> </tr> <tr> <td>Friend/family</td> <td>National Cancer Institute</td> <td></td> </tr> </tbody> </table> | | Radio | Television | Newspaper | AARP Convention | Veteran's Convention | Poster/flier | Friend/family | National Cancer Institute | | | | | | |
| | Approximate Age When Diagnosed | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Father | <input type="checkbox"/> _____ yrs. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Brother | <input type="checkbox"/> _____ yrs. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Son | <input type="checkbox"/> _____ yrs. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Grandfather | <input type="checkbox"/> _____ yrs. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Uncle | <input type="checkbox"/> _____ yrs. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (Specify) _____ | <input type="checkbox"/> _____ yrs. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Radio | Television | Newspaper | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AARP Convention | Veteran's Convention | Poster/flier | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Friend/family | National Cancer Institute | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Effectiveness: Dr. Ogle led the group of physicians that participated in the digital rectal exam. The MPMC lab department performed the PSA draws. This event targeted males over 50 or any male at high risk for prostate cancer. The men were provided with questionnaires prior to their exams. 96 men participated. 96 men were screened with 3 abnormal exam findings and 8 participants had elevated PSA levels. A local urologist reviewed each finding and provided instruction for necessary follow-up.

Value: This event is valuable to the men of our community because a free prostate screening can offer an increased opportunity for early detection that would not otherwise be available to them. There were 50 more men screened this year than last year. We mailed information to local churches and delivered educational materials to local barber shops.

Follow Up: Letters were sent to all men instructing them of findings and appropriate follow-up. Subsequent phone calls were made to participants with abnormal findings to ensure they understood the necessity for follow-up. Resources and assistance were available to any men who needed it. All eleven had appropriate follow-up.

Future Plans: We plan to continue the event next year. We will mail information to local churches and distribute materials to local barber shops again as well.

Prostate cancer Recommendations:

The American Cancer Society recommends that men make an informed decision with a health care provider about whether to be tested for prostate cancer. Research has not yet proven that the potential benefits of testing outweigh the harms of testing and treatment. We believe that men should not be tested without first learning about what we know and don't know about the risks and possible benefits of testing and treatment.

Starting at age 50, men should talk to a health care provider about the pros and cons of testing so they can decide if testing is the right choice for them.

If you are African American or have a father or brother who had prostate cancer before age 65, you should have this conversation with a health care provider starting at age 45.

If you decide to be tested, you should get a PSA blood test with or without a rectal exam. How often you will be tested will depend on your PSA level

Breast Cancer Screening Program Event

Breast cancer is the most frequently occurring and third leading cause of death in North Carolina from 2010-2014 according to the North Carolina Central Cancer Registry, State Center of Health Statistics. In 2017, the

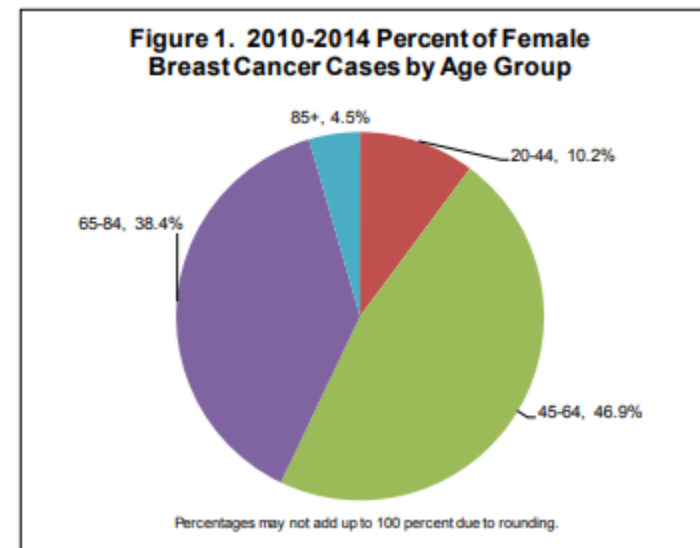
prediction was made that approximately 10,279 females in North Carolina would be diagnosed with breast cancer and 1,428 would die of the disease. Between the years 2010-2014 over half of breast cancer diagnoses were made at the localized stage.

Cancer Incidence and Mortality Rates, 2009-2013

| Location | Colon | | Lung | | Female Breast | | Prostate | | Pancreatic | | All | |
|------------------|-----------|-----------|-----------|-----------|---------------|-----------|-----------|-----------|------------|-----------|-----------|-----------|
| | Incidence | Mortality | Incidence | Mortality | Incidence | Mortality | Incidence | Mortality | Incidence | Mortality | Incidence | Mortality |
| Granville County | 56.0 | 20.1 | 88.9 | 52.6 | 154.2 | 22.1 | 149.8 | 17.1 | 10.5 | 10.5 | 559.8 | 189.2 |
| Franklin County | 44.0 | 15.6 | 83.2 | 58.8 | 142.0 | 22.6 | 159.8 | 23.3 | 10.4 | 10.4 | 497.9 | 182.6 |
| Vance County | 58.8 | 22.5 | 75.1 | 53.4 | 162.5 | 23.8 | 160.8 | 24.1 | 13.4 | 13.4 | 519.9 | 199.8 |
| Warren County | 54.3 | 20.6 | 85.4 | 71.9 | 148.6 | 15.2 | 152.0 | 21.5 | n/a | n/a | 485.2 | 184.4 |
| North Carolina | 39.8 | 14.5 | 71.9 | 51.6 | 157.0 | 21.7 | 139.4 | 22.1 | 10.6 | 10.6 | 488.9 | 173.3 |


Source: NC State Center for Health Statistics, County Health Data Book (2015). Rates per 100,000 population.

Effectiveness: There were 44 participants, 43 were screened. 11 women were noted to have a normal exam and did not require further testing. 27 women had normal clinical breast exams and needed annual screening mammograms. 5 women had abnormal clinical breast exams and were referred for diagnostic mammograms and ultrasound. 1 participant has been referred for surgical biopsy. All participants were screened. 90% of participants stated they would not have been able to receive a free clinical breast exam elsewhere. Out of the 27 that were recommended for annual screening mammograms, 4 were uninsured. These women were linked with the BCCCP program on site for enrollment and appointments. The remaining 23 were counseled and referred according to need. The 11 women who did not need further testing were also informed about available resources should the need present itself. The 5 women receiving radiology services were navigated through the entire process.



Follow Up: After leaving the event, patients were called to ensure their understanding of the results. All results were faxed to the PCP given by the patient. We continue to follow the patient that requires a surgical biopsy.

Improvements: We plan to market this event differently next year by sending out flyers to area churches, distribute throughout the community and use the ad on the front page of the newspaper in Vance and Warren counties.

|  Annual Community Outreach Summary 2018 | | | | | | | |
|---|------------------------------------|-------------------|--|---|--|--|---|
| Standard 4.1 - Lung Cancer Prevention Event | | | | | | | |
| Type of cancer | Meeting date need was discussed | Type of Activity | Guidelines used to design activity | Date of Activity | Participants (target audience, # in attendance) | Outcomes/Follow-up process for participants w/positive findings (Screening only) | Effectiveness of Activity (Value, Insights, Recommendations for Improvements) |
| <p>Lung (MPH, The focus on prevention of lung cancer was chosen by the Cancer Committee because lung cancer is the leading cause of death in Vance and Granville counties. The majority of our patients present with Stage III & IV lung cancer; Stage III is 33% and Stage IV is 52%. Compared to other Community Cancer Program Hospitals in South Atlantic, this is at least 12% over other facilities (according to 2014 NCDB Hospital Benchmark Report data).</p> | <p>3rd Qtr Mtg 4th Qtr Mtg</p> | <p>Prevention</p> | <p>ACS Guidelines for early detection.</p> | <p>On November 1, 2018, we hosted a Lung Cancer Prevention event. "Let's Prevent Lung Cancer Together". The fundamental purpose of this event was to increase awareness in the community regarding the low dose CT screening test now offered at Maria Parham Health.</p> | <p>Smokers, Population below the poverty level, Uninsured or Underinsured. 50 participants</p> | <p>Outcomes: • 50 participants</p> | <p>This event was marketed through targeted mailers sent out in Vance, Warren, Granville and Franklin counties. Flyers were made available to the community. Although not mandatory, interested people were able to register for the event via phone. Ads were placed in the local newspapers and on the radio. The event took place at the main entrance of the hospital. Attendees stopped at the first table to receive a pen and blue card. The blue card read as follows: Are you a smoker, How long have you been a smoker, Are you interested in quitting, Do you live in a house with smokers? After filling out the first part of the blue card, attendees were encouraged to browse through the other tables. These included a radiology table, smoking cessation table, and general information regarding lung cancer. At the end of the event, participants who completed the blue card (Value) were offered a snack and gift bag. Guests were given a lung cancer awareness magnet, additional lung cancer educational materials, pen, water bottle and bag. Effectiveness: At the conclusion of the event, 50 cards were collected. Out of 50 cards, 12 people reported being a smoker, 11 indicated a desire to quit smoking, 5 indicated they were interested in a smoking cessation program, 8 were not interested and 1 did not answer the question. Value: 49 people indicated this event was helpful, 1 did not answer the question. 26 guests indicated they did not know about low dose CT screening, 20 indicated they were aware of low dose CT screening and 4 did not answer the question. 47 found the available resources helpful, 3 did not answer the question. Improvements: The group representing the smoking cessation program cancelled last minute and was unable to attend. We provided support, education, referral information and materials to the best of our abilities. Next year, our plan is to have trained staff available on site. A possibility to consider is conducting the program off site or involving hospital staff in order to increase staff awareness. Increase marketing in the community by placing flyers in visible locations and continue to use mailers.</p> |

4.2 - Prostate Cancer Screening Program Event

| Type of cancer | Meeting date need was discussed | Type of Activity | Guidelines used to design activity | Date of Activity | Participants (target audience, # in attendance) | Outcomes/Follow-up process for participants w/positive findings (Screening only) | Effectiveness of Activity (Value, Insights, Recommendations for Improvements) |
|---|---|------------------|--|------------------|---|---|---|
| Free Prostate Screening (health disparities; 28% of our community live below poverty/underserved/access to healthcare) MPH NCDB showed that in 2014, 17% of men were presenting w/stage IV prostate cancer. Due to age and incidence rates indicated in data and CNA, we continued w/ Free Prostate Screening in 2018. | 1st Qtr Mtg 2nd Qtr. Mtg 3rd Qtr Mtg 4th Qtr Mtg | Screening | ACS Guideline for the Early Detection of Prostate Cancer | 9/19/18 | 96 men participated | <p>Outcomes:</p> <ul style="list-style-type: none"> • 96 participants were screened. • 3 participants had abnormal exam findings. • 8 had elevated PSAs <p>Follow-up Process: Local urologist reviewed each finding and provided instruction for necessary follow-up. Letters were sent to all men informing them of findings and recommended follow up. Follow-up phone calls were made to each of the seven men with abnormal findings to ensure they understood these recommendations. Resources and assistance were available to any men who needed it. All seven had appropriate follow-up.</p> | <p>Effectiveness: Dr. Ogle led the group of physicians who conducted the digital rectal exams. The MPMC lab department performed the PSA draws. This event targeted males over 50 or any male at high risk for prostate cancer. The men were provided with questionnaires prior to their exams. Value: This event is valuable to the men of our community because it offers an opportunity for early detection from a free prostate screening which may otherwise not be available to them. There were 50 more men screened this year than last year. We mailed educational materials to local churches and delivered them to local barber shops.</p> <p>Future Plans: We plan to repeat the event next year. We will continue to network with mailings to local churches and hand-outs to local barber shops as well.</p> |

4.2- Breast Cancer Screening Program Event

| Type of cancer | Meeting date need was discussed | Type of Activity | Guidelines used to design activity | Date of Activity | Participants (target audience, # in attendance) | Outcomes/Follow-up process for participants w/positive findings (Screening only) | Effectiveness of Activity (Value, Insights, Recommendations for Improvements) |
|----------------|---|------------------|-------------------------------------|------------------|---|---|--|
| Breast | 1st Qtr Mtg 3rd Qtr Mtg 4th Qtr Mtg | Screening | ACS Guidelines for early detection. | 18-Oct-18 | 44 Participants Registered, 43 women screened | <p>11 Women had normal exams and required no further testing.</p> <p>27 Women had normal CBEs, recommended annual screening mammograms.</p> <p>5 Women had abnormal CBEs and were referred for DX mammograms and Ultrasound.</p> <p>1 referral for surgical biopsy.</p> | <p>All participants were screened. 90% of participants stated they would not have been able to receive a free clinical breast exam elsewhere. Out of the 27 that were recommended for annual screening mammograms, 4 were uninsured. These women were linked with the BCCCP program on site for enrollment and appointments. The remaining 23 were counseled and referred according to need. The 11 women with normal exam results were also informed about additional resources available to them. The 5 women receiving radiology services were navigated through the entire process. After leaving the event, patients were called to ensure their understanding of the results. All results were faxed to the PCP given by the patient. The 1 patient requiring surgical biopsy has been contacted on multiple occasions and is scheduled with a provider this week. Unfortunately, this patient had to leave her last appointment and reschedule. We will continue to follow this patient.</p> <p>Improvements: Consider a different marketing approach. Possibly send out flyers to churches, deliver to visible places in the community and utilize running ad on front page of newspaper.</p> |