



ONCOLOGY: Community Cancer Needs Assessment

Cancer Committee
December, 2015

Oncology Community Health Needs Assessment

The regulations set forth the following required elements:

- A definition of the community served by the hospital & a description of how the community was determined -- defined on our accreditation sites', which was the base county for each individual hospital location
- A description of how the hospital took into account input from persons who represent the broad interests of the community it serves -- inputs from patient advisory council, NKY Health Department, Physicians groups, nurses and caretakers of current and former cancer patients. Statistical analysis from St. Elizabeth & Kentucky Cancer Registry data in addition to CDC State Cancer Profiles
- A description of the significant health needs of the community, along with a description of the process & criteria used in identifying certain health needs as significant & prioritizing such significant health needs -- see pages 19-20
- A description of the potential measures & resources identified through the CHNA to address the significant health needs -- see pages 19-20

2015 Oncology CHNA Process - Timeline

May/June/July

- Review preliminary CHNA providing input & edits
- Make recommendations on processes & action options
- Narrow the identified community health needs to 5-10 (Early July)
- Review of CHNA draft
- Forward preliminary CHNA & priority list to Full Cancer Team for review (Late July)

August/September

- Review recommendation list with Full Team at Quarterly Cancer Committee Meeting
- Update CHNA with Team's recommendations
- Conduct additional research & edits as appropriate

October/November

- Updates from additional research if necessary
- Submit Plan to Full Team for review, including measurement criteria

December

- Post plan to St. Elizabeth website for public viewing (by 12/31)

January 2016

- Implement 2016 – 2018 CHNA
- Monitor & evaluate progress - Provide Cancer Committee Team with quarterly updates

Kentucky Health Rankings

Kentucky continues to rank at the bottom in most national health rankings.
 (Overall Rank: 47th per America's Health Ranking 2014)

State Rankings for Region	Kentucky	Indiana	Ohio
Cancer Deaths	50	42	41
Poor Mental Health Days	50	40	30
Preventable Hospitalizations	50	41	45
High Cholesterol	49	37	19
Smoking	49	39	43
Drug Deaths	48	35	43
Heart attack & Heart Disease	48	28	36
Stroke	47	32	40
High Blood Pressure	46	33	33
Obesity	46	42	24

Source: Healthy People 2020

<http://www.healthypeople.gov/2020/topicsobjectives2020/default>

Overall – Kentucky is ranked
 50th in Cancer Deaths

	%Population by Age				
	Boone	Campbell	Grant	Kenton	Kentucky
0-24	35.7%	32.5%	35.6%	33.2%	32.8%
25-34	12.0%	14.1%	11.8%	14.2%	12.7%
35-44	14.0%	12.1%	13.0%	13.3%	12.8%
44-54	14.7%	13.7%	14.2%	13.8%	14.0%
55-64	12.0%	13.3%	12.3%	12.7%	13.1%
65-74	7.3%	8.1%	8.2%	7.6%	8.6%
75+	4.2%	6.1%	4.7%	5.2%	6.2%

All four counties skew younger than the state average, with Boone the youngest & Campbell the oldest, but by only a few points.

	%Population by Household Income				
	Boone	Campbell	Grant	Kenton	Kentucky
<\$15,000	7.9%	11.7%	12.1%	12.6%	16.8%
\$15,000 - \$24,999	8.2%	10.5%	9.4%	10.5%	12.7%
\$25,000 - \$49,999	21.0%	22.3%	28.5%	24.1%	25.9%
\$50,000 - \$99,999	36.2%	31.6%	33.2%	33.5%	28.5%
\$100,000 +	26.8%	24.0%	16.8%	19.3%	16.1%

Race is not a differentiating factor in our primary service area as all counties are 90-97% white

Male/Female ratio is consistent across counties

Median Household income in KY was \$43K, National Average was \$53K

- Boone and Grant County residents, 41% of outpatient patients & 45% of inpatient, do not go to Ft. Thomas – if services were provided for certain cancers only in Ft. Thomas, would they travel?
- Patients choose to stay in their home county, when possible, for both IP and OP services – may need to extend access to some OP services to locations “close to home” to maintain access needs

St. Elizabeth Healthcare Cancer Patient Origins

Total In-Patient Cancer Discharges for 2014

Patient County of Origin	Edgewood			Fort Thomas			Florence			Grant			Grand Total		
	#	% Facility	% County	#	% Facility	% County	#	% Facility	% County	#	% Facility	% County	#	% Facility	% County
Kenton	399	43%	89%	24	11%	5%	22	14%	5%	2	11%	0%	447	33%	100%
Boone	226	24%	68%	8	4%	2%	98	60%	29%	1	6%	0%	333	25%	100%
Campbell	117	13%	43%	151	67%	56%	1	1%	0%		0%	0%	269	20%	100%
Grant	50	5%	61%	1	0%	1%	19	12%	23%	12	67%	15%	82	6%	100%
Other	139	15%	68%	40	18%	20%	22	14%	11%	3	17%	1%	204	15%	100%
Total	931	100%	70%	224	100%	17%	162	100%	12%	18	100%	1%	1,335	100%	100%

Total Out-Patient Cancer Discharges for 2014

Patient County of Origin	Edgewood			Fort Thomas			Florence			Grant			Grand Total		
	#	% Facility	% County	#	% Facility	% County	#	% Facility	% County	#	% Facility	% County	#	% Facility	% County
Kenton	793	38%	94%	46	10%	5%	1	20%	0%	3	2%	0%	843	31%	100%
Boone	472	23%	94%	20	4%	4%	4	80%	1%	6	4%	1%	502	18%	100%
Campbell	286	14%	46%	339	70%	54%		0%	0%		0%	0%	625	23%	100%
Grant	89	4%	46%		0%	0%		0%	0%	104	62%	54%	193	7%	100%
Other	435	21%	77%	79	16%	14%		0%	0%	54	32%	10%	568	21%	100%
Total	2,075	100%	76%	484	100%	18%	5	100%	0%	167	100%	6%	2,731	100%	100%

Cancer Incidence Highlights

Red font = local country rates higher/over than state and/or national averages

Sites where KY rate was extremely > US rate rates

- Lung Cancer – KY rate 98.5 vs. US rate 64.9. **Grant County** rates > state (106.2). **Other 3 cty** rates > US rate but < KY.
- Colorectal – KY rate 52.7 vs. US rate 43.3. **Campbell & Grant County** rates (54.4 & 59.5 respectively); **Kenton cty** > US (47.6)
- Melanoma – KY 38.5 vs US rate 19.7. **Campbell & Boone County** > KY rate (51.3/42.7 respectively). **Kenton cty** > US rate (37.9).
KY 9th in nation.

Sites where KY rate was marginally > US rate rates

- Larynx – KY rate 5.6 vs. US rate 3.5. **Kenton cty** > KY rate (6.0), **Campbell County** > US rate rate (4.4)
- Oral Cavity/Pharynx – KY rate > US rate rate (13.5 vs. 11.2), **Campbell & Grant County** > KY rate (16.4 & 13.9 respectively).

Sites where KY rate was minimally > US rate rates

- Kidney/renal pelvis 19.6/15.9, NHL 20.6/19.3, leukemia 14.2/13.0, brain 7.3/6.4, cervix 8.7/7.8, pancreas 12.2/12.1.
- Esophageal – KY rate > US rate (5.0 vs 4.8). Highest **Grant cty** at 14.0, **Campbell cty** 6.4, Boone cty 5.5, Kenton 5.3).

Sites where KY rate is lower than US rate

- Breast Cancer – KY rate 120.7 vs. US rate 122.8. However, all SE cty rates are > state/US rate avgs with **Grant cty** (125.7), **Campbell cty** (127.2) > US rate rate of 122.8.
- Uterine Cancer – KY rate 23.8 vs. US rate 25.0. **Boone** (32.0), **Kenton** (27.9), & **Campbell** (27.1) cty rates are > state/US rate
- Ovarian – KY rate 11.2 vs. US rate 12.0. However, **Kenton cty** (15.5) & **Boone cty** (13.2) rates are > state/US rate avgs
- Prostate Cancer – KY rate 128.8 vs. US rate 142.5. **Boone cty** rates (137.8) > KY rate of 128.8

Cancer Mortality Highlights

Sites where KY rate was > US rate/KY rates

- **Lung Cancer** – avg 4 counties = 66.57. **All counties** above US rate avg of 48.4, but < KY rate of 72.0
- Breast Cancer – avg 4 counties = 22.27. > state (22.8), **Kenton**(23.9), **Campbell cty** (23.6)
- Prostate Cancer - avg 4 counties = 20.2. > state (22.3), **Campbell cty** (24.0)
- Colorectal Cancer – avg 4 counties = 19.45. > state (18.9), **Kenton** (19.1), **Campbell** (19.0), **Grant** (23.9)-4th highest rate in KY
- Other sites in order (avg 4 counties) = pancreas, ovarian, NHL, leukemia, esophagus, kidney-renal pelvis, brain, melanoma, oral cavity/pharynx, uterine, cervix, larynx

2008-2012 Invasive Cancer Incidence Age-Adjusted Rates 5-year profile

	KCR Kenton County		KCR Campbell County		KCR Boone County		KCR Grant County		KCR/USCS Kentucky Rate	USCS US Rate
	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate		
Breast, Female	540	120.9	334	127.2	377	122.3	78	125.7	120.7	122.8
Lung	735	93.3	450	93.0	428	85.9	125	106.2	97.7/98.5	64.9
Larynx	49	6.0	23	4.4	20	3.4	12	9.2!	5.8/5.6	3.5
Prostate	449	120.5	283	125.2	361	137.8	69	116.4	122.6/128.8	142.5
Colorectal	383	47.6	267	54.4	219	41.9	71	59.5	51.4/52.7	43.3
Pancreas	87	11.1	63	12.9	42	8.6	12	10.9!	12.2/12.2	12.1
Uterine	129	27.9	73	27.1	103	32.0	12	18.1!	23.8/23.8	25.0
Ovarian	68	15.5	28	10.9	40	13.2	6	9.5!	11.0/11.2	12.0
Melanoma	313	37.9	244	51.3	238	42.7	25	19.9	38.5 /23.8 9 th	19.7
Cervix	29	7.2	18	7.5	19	6.5	6	9.7!	8.7/8.7 10 th	7.8
Esophagus	43	5.3	31	6.4	28	5.5	16	14.0	4.9/5.0	4.8
Kidney, renal pelvis	149	18.1	85	17.7	102	18.0	25	20.1	19.6/19.6 2 nd	15.9
NH lymphoma	148	18.9	105	21.7	106	17.9	26	20.6	20.8/20.6 11 th	19.3
Oral Cavity/ Pharynx	107	12.8	84	16.4	67	11.4	17	13.9	13.6/13.5	11.2
Leukemia	105	13.2	65	13.8	59	11.3	16	15.7	14.9/14.2 11 th	13.0
Brain, CNS	57	7.1	47	9.6	55	9.5	5	4.2!	7.5/7.3 11 th	6.4

!= not enough cases to be statistically significant

Leading causes of cancer death in our 4-county region are Lung, Prostate & Colorectal

2007-2011 Cancer Mortality Age-Adjusted Rates - Invasive Cancer

	Kenton County		Campbell County		Boone County		Grant County		KCR KY/ USCS KY Rate	USCS US Rate
	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate		
Breast	105	23.9	65	23.6	55	19.8	14	21.8!	22.6 / 22.8	22.2
Lung 1	539	69.6	332	70.5	287	59.6	75	66.6	71.3 / 72.0 ↑	48.4
Larynx	10	1.2!	8	1.6!	9	1.7!	0	0	1.4 / 1.2 9 th	1.1
Prostate 2	57	21.7	41	24.0	30	19.3	9	15.7!	22.1 / 22.3	22.3
Colorectal 3	145	19.1	91	19.0	73	15.8	27	23.9	18.7 / 18.9 4 th	15.9
Pancreas	74	9.5	53	11.2	46	10.3	8	7.4!	10.8 / 11.0	10.9
Uterine	8	1.6!	7	2.5!	6	1.9!	0	0	1.6 / 3.5	4.3
Ovarian	47	10.8	22	7.9	22	8.2	7	10.4	7.6 / 7.7	7.9
Melanoma	19	2.4	12	2.6	23	4.5	6	4.7!	3.3 / 3.4 4 th	2.7
Cervix	8	1.9	9	4.0!	0	0	0	0	3.0 / 1.5	1.6
Esophagus	37	4.7	24	4.7	26	5.3	7	7.0!	4.5 / 4.5	4.2
Kidney, renal pelvis	31	4.2	25	5.4	21	4.3	6	5.3!	4.6 / 4.7 7 th	4.0
NH lymphoma	64	8.6	31	6.6	18	3.9	9	8.0!	6.8 / 7.0 4 th	6.3
Oral Cavity Pharynx	35	4.3	13	2.8!	9	1.9	0	0	2.7 / 2.7 11 th	2.5
Leukemia	47	6.3	33	7.2	34	7.2	5	5.3!	7.2 / 7.5 15 th	7.0
Brain, CNS	39	4.7	24	5.1	26	4.6	-	-	4.6 / 4.6 18 th	4.3

Thyroid & Pancreatic cancer is expected to grow at a 3-4% rate each year thru 2019.

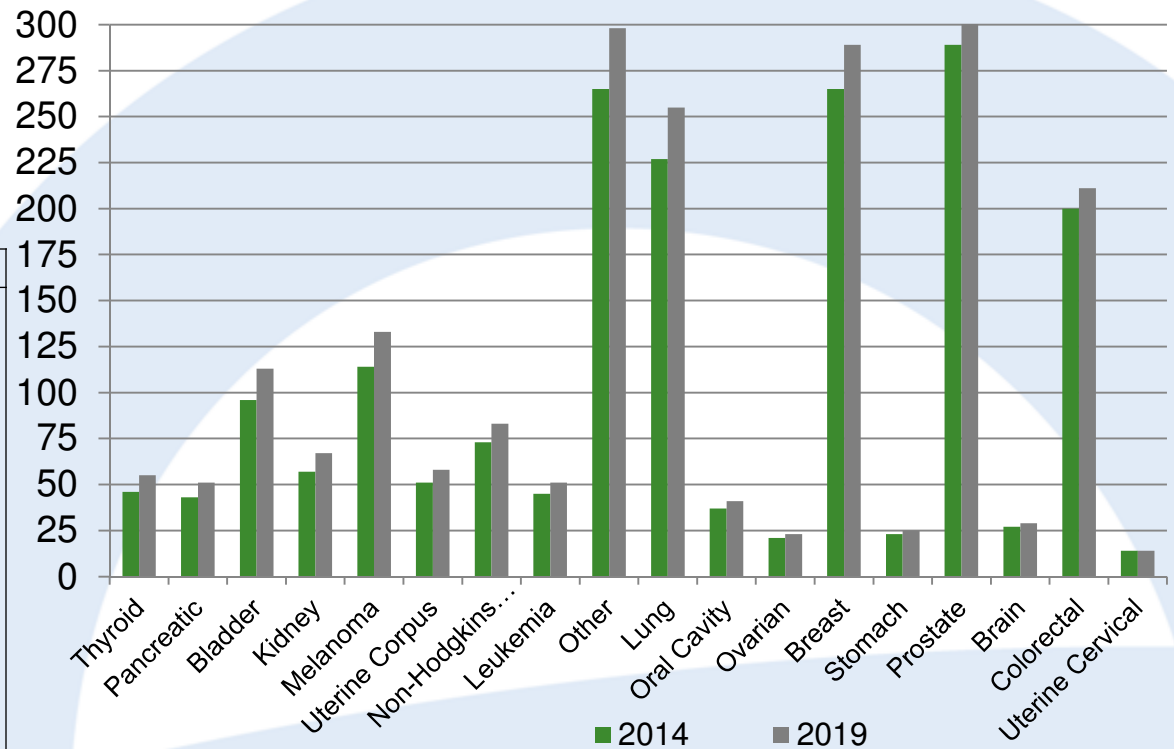
Lung cancer is expected to grow at 2.4% per year, with Breast & Prostate cancers growing at <2%. These 3 cancers have the highest incident rates in our PSA.

Cancer Incidence & Growth expectations within Boone, Campbell, Kenton & Grant counties

	2014	2019	CAGR
Thyroid	46	55	3.6%
Pancreatic	43	51	3.5%
Bladder	96	113	3.3%
Kidney	57	67	3.3%
Melanoma	114	133	3.1%
Uterine Corpus	51	58	2.6%
Non-Hodgkins Lymphoma	73	83	2.6%
Leukemia	45	51	2.5%
Other	265	298	2.4%
Lung	227	255	2.4%
Oral Cavity	37	41	2.1%
Ovarian	21	23	1.8%
Breast	265	289	1.7%
Stomach	23	25	1.7%
Prostate	289	313	1.6%
Brain	27	29	1.4%
Colorectal	200	211	1.1%
Uterine Cervical	14	14	0.0%

Source: Truven Analytics

Cancer incidents within Boone, Campbell, Kenton & Grant counties



Cancer Growth Expectation thru 2019 within all 4 counties

- Melanoma CAGR 3.1% annually
- Lung CAGR 2.4% annually
- Oral Cavity CAGR 2.1% annually
- Breast CAGR 1.7% annually
- Prostate CAGR 1.5% annually
- Colorectal CAGR 1.1% annually

St. Elizabeth Diagnosis Stage - # Cases Invasive 2008-2012

(UNK/NA stage not shown but calculated in total)

		Lung		Prostate		Breast		Gynecological*		Colorectal		Melanoma	
		# Cases	% Total	# Cases	% Total	# Cases	% Total	# Cases	% Total	# Cases	% Total	# Cases	% Total
Kenton	Stage 0	1	0.2%	0	0.0%	86	16.2%	33	14.0%	12	3.9%	6	14.6%
	Stage 1	129	21.7%	2	1.5%	224	42.1%	82	34.7%	68	22.3%	17	41.5%
	Stage 2	26	4.4%	109	81.3%	144	27.1%	16	6.8%	88	28.9%	6	14.6%
	Stage 3	164	27.6%	8	6.0%	42	7.9%	54	22.9%	77	25.2%	5	12.2%
	Stage 4	265	44.6%	14	10.4%	32	6.0%	37	15.7%	48	15.7%	2	4.9%
	Total	594	100.0%	134	100.0%	532	100.0%	236	100.0%	305	100.0%	41	100.0%
Campbell	Stage 0	1	0.3%	0	0.0%	41	13.8%	17	14.5%	7	3.1%	6	20.0%
	Stage 1	71	20.0%	0	0.0%	124	41.8%	56	47.9%	45	20.0%	7	23.3%
	Stage 2	16	4.5%	77	81.9%	86	29.0%	9	7.7%	63	28.0%	7	23.3%
	Stage 3	82	23.1%	8	8.5%	24	8.1%	19	16.2%	73	32.4%	5	16.7%
	Stage 4	173	48.7%	8	8.5%	21	7.1%	8	6.8%	29	12.9%	2	6.7%
	Total	355	100.0%	94	100.0%	297	100.0%	117	100.0%	225	100.0%	30	100.0%
Boone	Stage 0	1	0.3%	0	0.0%	85	20.8%	15	8.5%	11	5.8%	1	4.5%
	Stage 1	69	18.8%	1	0.8%	174	42.5%	92	52.0%	38	20.0%	8	36.4%
	Stage 2	19	5.2%	107	83.6%	95	23.2%	11	6.2%	50	26.3%	2	9.1%
	Stage 3	88	23.9%	9	7.0%	34	8.3%	31	17.5%	46	24.2%	5	22.7%
	Stage 4	180	48.9%	10	7.8%	18	4.4%	15	8.5%	35	18.4%	3	13.6%
	Total	368	100.0%	128	100.0%	409	100.0%	177	100.0%	190	100.0%	22	100.0%
Grant	Stage 0	0	0.0%	0	0.0%	16	18.2%	3	10.3%	2	3.2%	1	100.0%
	Stage 1	22	21.2%	0	0.0%	28	31.8%	15	51.7%	10	15.9%	0	0.0%
	Stage 2	8	7.7%	13	68.4%	28	31.8%	4	13.8%	10	15.9%	0	0.0%
	Stage 3	29	27.9%	3	15.8%	7	8.0%	5	17.2%	24	38.1%	0	0.0%
	Stage 4	43	41.3%	2	10.5%	6	6.8%	2	6.9%	14	22.2%	0	0.0%
	Total	104	100.0%	19	100.0%	88	100.0%	29	100.0%	63	100.0%	1	100.0%
Kentucky	Stage 0	41	0.2%	0	0.0%	3,321	17.3%	1,250	16.3%	1,424	10.7%	3,461	39.3%
	Stage 1	4,875	20.3%	43	0.3%	7,572	39.5%	3,211	41.9%	2,889	21.7%	3,856	43.8%
	Stage 2	1,095	4.6%	10,714	75.1%	4,913	25.6%	563	7.4%	2,790	20.9%	813	9.2%
	Stage 3	5,782	24.0%	1,176	8.2%	1,823	9.5%	1,114	14.5%	2,763	20.7%	445	5.1%
	Stage 4	10,107	42.0%	893	6.3%	919	4.8%	739	9.7%	2,290	17.2%	228	2.6%
	Total	24,045	100.0%	14,272	100.0%	19,165	100.0%	7,658	100.0%	13,328	100.0%	8,803	100.0%

Lung Cancer

- Late stage disease Stage III/IV higher than state & nation in all 4 counties.
- Early diagnosis Stage 1 better than state/nation.
- Of the Lung Cancer diagnoses, 6% are non-smokers

Melanoma

- Not doing as well catching early stage disease. Boone & Campbell highest rates of Stage III/IV disease.

Colorectal

- Not doing as well as state catching early stage disease. All counties drastically lower.
- Stage IV higher than state in Grant & Boone.

Gynecological *

- Stage IV rates higher in Kenton
- Stage 0 rates lower in Campbell

Prostate

- Not doing as well as state catching early stage disease.
- Stage III/IV higher in all counties than state rate.

Breast

- Stage 0 disease lower/Stage IV disease higher in Campbell
- Stage 1 disease lower/Stage IV disease higher in Grant

* Breakdown of Gynecological on next page

St. Elizabeth Diagnosis Stage - # Gynecological Cases Invasive 2008-2012

(UNK/NA stage not shown but calculated in total)

		Cervix (Gardasil)		Endometrial		Ovarian		Gynecological*	
		# Cases	% of Total	# Cases	% of Total	# Cases	% of Total	# Cases	% of Total
Kenton	Stage 0	0	00.00%	1	0.94%	0	00.00%	33	14.0%
	Stage 1	7	28.00%	63	59.42%	11	19.64	82	34.7%
	Stage 2	3	12.00%	5	4.72%	4	7.15%	16	6.8%
	Stage 3	8	32.00%	16	15.10%	21	37.51%	54	22.9%
	Stage 4	7	28.00%	13	12.26%	16	28.57%	37	15.7%
	Total	25	100%	106	100.00%	56	100%	236	100.0%
Campbell	Stage 0	0	00.00%	0	00.00%	0	00.00%	17	14.5%
	Stage 1	6	42.85%	39	76.47%	6	30.00%	56	47.9%
	Stage 2	2	14.29%	3	5.88%	0	00.00%	9	7.7%
	Stage 3	3	21.43%	5	9.80%	8	40.00%	19	16.2%
	Stage 4	3	21.43%	1	1.96%	4	20.00%	8	6.8%
	Total	14	100.00%	51	100.00%	20	100.00%	117	100.0%
Boone	Stage 0	0	00.00%	0	00.00%	0	00.00%	15	8.5%
	Stage 1	10	58.82%	67	70.53%	11	28.95%	92	52.0%
	Stage 2	2	11.76%	8	8.43%	1	2.63%	11	6.2%
	Stage 3	4	23.53%	8	8.42%	15	39.47%	31	17.5%
	Stage 4	1	5.88%	7	7.37%	9	23.68%	15	8.5%
	Total	17	100.00%	95	100.00%	38	100.00%	177	100.0%
Grant	Stage 0	0	00.00%	0	00.00%	0	00.00%	3	10.3%
	Stage 1	3	50.00%	9	90.00%	1	14.29%	15	51.7%
	Stage 2	2	33.33%	0	0.00%	2	28.58%	4	13.8%
	Stage 3	0	00.00%	1	10.00%	3	42.86%	5	17.2%
	Stage 4	1	16.67%	0	0.00%	1	14.29%	2	6.9%
	Total	6	100.00%	10	100.00%	7	100.00%	29	100.0%
Kentucky	Stage 0	0	00.00%	46	1.42%	0	00.00%	1,250	16.3%
	Stage 1	455	44.58%	2179	67.69%	344	23.97%	3,211	41.9%
	Stage 2	134	13.42%	185	5.74%	115	8.01%	563	7.4%
	Stage 3	184	18.43%	291	9.04%	471	32.82%	1,114	14.5%
	Stage 4	149	14.92%	171	5.31%	329	22.92%	739	9.7%
	Total	998	100.00%	3219	100.00%	1435	100.00%	7,658	100.0%

Cervical

- average late stage disease III & IV (37%) slightly higher than state rate of 33.35%.
- Kenton county showed ↑ highest rates of late stage disease/ followed by Campbell county.

Endometrial

- average late stage disease III & IV (16%) slightly higher than state rate of 14.35%.

Ovarian

- average late stage disease III & IV all counties (62.0%) higher than state rate of 55.74%

	2015 Cancer Health Risk Factors					
	Boone	Campbell	Grant	Kenton	Kentucky	US
% Obese	30%	33%	36%	29%	33%	29%
% Smokers	18%	24%	27%	27%	30%	18%
% Excessive Drinking	18%	22%	n/a	20%	14%	18%
% Diabetic	10%	10%	11%	11%	11%	10%
High School Graduation Rate	83%	79%	77%	82%	83%	86%
Unemployment Rate	7.1%	7.6%	8.3%	7.4%	8.3%	7.4%
% Children in Poverty	12%	19%	26%	21%	32%	20%
Teen Birth Rate (per 1,000) ^(A)	34	40	63	52	40	27
% Mammography ^(B)	60.1%	54.2%	46.8%	56.6%	70%	76%
Colonoscopy ^(C)					64%	65%
PAP Tests (>18, within 3yrs)						69%
HPV Vaccine ^(D) (13-17 yrs) girls/boys					27%/ n/a	38%/14%
Access -Physical Activities	76%	82%	43%	90%		
Limited Access-Healthy Food	5%	6%	8%	7%		

A) Teen Birth Rate is defined as, Teens between the ages of 15-19 per 1000

B) Mammography is defined as the Percent of women of over 40 who have had a mammogram in the last 2 years

C) Colonoscopy Rates include both Colonoscopy and Sigmoidoscopy rates together

D) HPV Vaccine numbers are defined as series of 3 shots, rather than people who have had only one HPV vaccine or part of the series. Several states currently require this vaccine for admission to public schools per CDC.

NKY Health Department Strategies for Physical Activity, Nutrition, Tobacco 2015 – 2016

Nutrition & Physical Activity

1. Continue to work with 45 childcare centers on Nutrition & Physical Activity Self Assessment in Child Care (NAPSACC). Work with up to 25 in-home childcare centers in Boone, Campbell, Grant & Kenton Counties to implement all aspects of NAPSACC program over the course of 1 year with a focus on physical activity & active role modeling.
2. Continue to work with 47 schools on policy system & environment change in physical activity, nutrition & tobacco free environments. By June 2016, assist at least 4 new NKY schools with process of implementing policy & environmental change in nutrition & physical activity.
3. Implement Safe Routes to Schools program in Williamstown Schools & Grant County Schools.
4. Continue to serve as fiscal agent & assist with implementation of FFLAG's "starting with Children Grant. "FFLAG—Starting With Children" will **increase play spaces & walking routes; improve student food selections at schools; & address food fundraisers so that children in our community have the ability to make the healthy choice, the easy choice.**
5. Continue implementation work with Grant County on complete streets city policies/resolutions. By June 2016, at least 3 municipalities will be educated on the benefits & the need for a local complete streets policy with at least one complete streets policy being adopted in NKY.
6. Assist Planning & Development Services (PDS) & Center for Great Neighborhoods to complete necessary groundwork to establish a local Food Policy Council (tying into the larger Regional FPC through Green Umbrella).
7. Assist with planning, promotion & implementation of at least 4 NKY community initiatives Derby Dash, Friendship City 5K, Bike-to-Work, Mud Run that support opportunities for physical activity &/or **nutrition through structured programming.**
8. Increase the proportion of NKY adults who have had their blood pressure measured within the preceding 3 years & can state whether their blood pressure was normal or high. By June 2016, exp& the CARE Collaborative protocol into NKHD Vitality Check program.
9. Continue to provide ongoing consultation to NKY diabetics referred to certified diabetic educators. Provide diabetes education & support to at least 300 persons with diabetes Boone, Campbell, Grant & Kenton Counties by May 30, 2016.
10. Provide diabetes prevention education "Power of Diabetes Prevention" to at least 50 "at risk" for diabetes (pre-diabetes) contacts in Boone, Campbell & Kenton counties by May 30, 2015.
11. **Provide at least 8 diabetes education community opportunities (supermarket tours)** Boone, Campbell, Grant & Kenton Counties reaching at least 160 community members.

Tobacco

1. By June 2016, there will be a 100% increase in calls from Boone, Campbell, Grant & Kenton Counties to Quit Now Kentucky (Implement media campaign to promote Quit Now Kentucky by November 2015 & work with National Jewish Health to provide 4 weeks of nicotine patches to participants enrolling in Quit Now Kentucky).
2. June 2016, 20% of participants in the low socioeconomic status cessation intervention at Covington Housing Authority will be smoke-free.
3. June 2016, 20% of participants in the pregnant women cessation pilot will be smoke-free at the end of the program (counties TBD).
4. **By June 2016, develop & implement a comprehensive community plan to increase smoke free environments in NKY counties** (Create & implement comprehensive plan in partnership with Tobacco Free NKY Coalition).
5. Evaluate outcomes of smoke free housing policy of Housing Authority of Covington properties by June 2016.

St.Elizabeth Healthcare - IP	Volume			Market Share				
	2012	2013	2014	2012	2013	2014	2012-14	2013-14
Overall Oncology - PSA Residents	1,235	1,171	1,144	81.9%	78.7%	79.4%	-2.5%	0.7%
Boone County	322	327	321	82.6%	77.7%	80.7%	-1.9%	3.0%
Campbell County	300	229	275	82.0%	71.1%	78.8%	-3.2%	7.7%
Grant County	96	115	86	79.8%	83.2%	78.6%	-1.2%	-4.6%
Kenton County	517	500	460	92.3%	80.4%	87.8%	-4.6%	7.3%
Boone Co- East (Florence)	162	154	172	86.6%	86.5%	86.0%	-0.6%	-0.5%
Boone Co- West (Hebron,Burlington, Petersburg)	89	102	95	80.2%	72.3%	81.9%	1.7%	9.6%
Boone Co- South (Union, Walton,Verona)	71	71	54	77.2%	69.6%	65.9%	-11.3%	-3.8%
Campbell Co- North (Newport, Bellevue, Dayton)	127	90	110	80.4%	77.6%	79.1%	-1.2%	1.6%
Campbell Co- Central (Ft. Thomas, Cold Spring)	98	80	87	83.1%	64.5%	76.3%	-6.7%	11.8%
Campbell Co- South (Alexandria, California)	75	59	78	83.3%	72.0%	81.3%	-2.1%	9.3%
Grant Co- North (Crittenden, Dry Ridge)	70	85	55	93.3%	83.3%	90.2%	-3.2%	6.8%
Grant Co- Central (WilliamsTown)	18	25	21	100.0%	75.8%	80.8%	-19.2%	5.0%
Grant Co- South (Corinth, Mason)	8	5	10	72.7%	62.5%	90.9%	18.2%	28.4%
Kenton Co- North (Covington)	136	148	127	75.6%	77.1%	79.9%	4.3%	2.8%
Kenton Co- Central (Edgewood, Ft. Mitchell, Erlanger)	326	276	264	81.5%	87.1%	78.1%	-3.4%	-9.0%
Kenton Co- South (Independence, Morning View)	55	76	69	80.9%	82.6%	78.4%	-2.5%	-4.2%
Oncology (Medical)	Volume			Market Share				
Hospital	2012	2013	2014	2012	2013	2014	2012-14	2013-14
St. Elizabeth Edgewood	828	796	799	54.9%	53.5%	55.5%	0.6%	2.0%
St. Elizabeth Fort Thomas	274	197	189	18.2%	13.2%	13.1%	-5.0%	-0.1%
St. Elizabeth Florence	123	164	142	8.2%	11.0%	9.9%	1.7%	-1.2%
St. Elizabeth Grant	10	14	14	0.7%	0.9%	1.0%	0.3%	0.0%
St. Elizabeth Healthcare	1,235	1,171	1,144	81.9%	78.7%	79.4%	-2.5%	0.7%
Cincinnati Childrens Hospital Medical Center	114	134	145	7.6%	9.0%	10.1%	2.5%	1.1%
University of Cincinnati Medical Center	79	83	55	5.2%	5.6%	3.8%	-1.4%	-1.8%
The Christ Hospital	48	55	52	3.2%	3.7%	3.6%	0.4%	-0.1%
The Jewish Hospital	16	25	28	1.1%	1.7%	1.9%	0.9%	0.3%
Good Samaritan Hospital	9	10	10	0.6%	0.7%	0.7%	0.1%	0.0%
Bethesda North Hospital	4	3	4	0.3%	0.2%	0.3%	0.0%	0.1%
Mercy Health Fairfield Hospital		2	1	0.0%	0.1%	0.1%	0.1%	-0.1%
West Chester Hospital	2	2	1	0.1%	0.1%	0.1%	-0.1%	-0.1%
Mercy Health Anderson Hospital	1	2		0.1%	0.1%	0.0%	-0.1%	-0.1%
PSA Total	1,508	1,487	1,440	100.0%	100.0%	100.0%	0.0%	0.0%

Market share indicates where those who do seek treatment choose to go. In 2012, 82% chose St. Elizabeth facilities, in 2014 that figure had dropped to 79%

- Due to physician access, residents of all 4 counties chose to go to non-St. Elizabeth facilities more often in 2014 than in 2012.

Market share decline-Central Grant County and Southern Boone county residents may indicate a need for St. Elizabeth focus within those locales, although #'s small.

- S. Boone county decline-increase in patients to UC Health from Verona
- Grant county's change-Williamstown leveraging CHMC

St. Elizabeth lost in-patient market share with Kentucky residents between 2012-14, with largest decline at Fort Thomas Hospital (-5%), largest increase in adult services at Florence Hospital (+1.7%).

- Increases at CHMC, TCH and Jewish related to accessibility of physician partners

Focus group feedback centered on need for individualized connection with primary care doctor and consistency of message (July-2015)

Ideas and Feedback by community (Patient Advisory Council) related to Oncology:

- **Education is key, focus on positives of change vs. negatives of not changing**
 - Individualize each patient's driver for change – and push it - patients have to want to make change; They have to WANT to help themselves; help them visualize the life they COULD have
 - Focus on healthy ways to celebrate the regions' culture or heritage
- **Outreach opportunities**
 - Can we do a mailing to reach rural folks who lack access and do more education?
 - Bring care to them and/or provide transportation options
- **Provide education on the treatments, because a lot of time the avoidance has to do with fear of finding out and facing treatment. It's 'easier' to not know.**
- **Will insurance cover treatment? Correct misperceptions... e.g., lung screen for ex-smokers**
- **Colonoscopy**
 - don't know the alternatives
 - options for preparation (e.g., choosing powder barium over liquid, etc.)
- **Consistency of testing recommendations across all Primary Care doctors**
- **Primer list/info to discuss with PCP**
- **Communicate about Gardasil and reposition away from making teens sexually active. (Normalize immunization)**
- **Obesity & Quality of Food**
 - Cost of "Good Food" is too high; make it more reachable; hold a farmers' market
 - Educate on how to eat well and hit on Why it's important for parents
 - Educate parents on what the bad food does to their kids
- **Develop our own incentive program like Humana Vitality**
- **Does FDA approval mean it's okay, or is it not necessarily safe in the far future?**

Prior Oncology findings (May-2013) from Focus groups centered on the need for individualized education & care

Perceptions of community related to Oncology:

- If diagnosed with “the ‘C’ word,” respondents would be scared, feel a general sense of fear, & have a strong need for more information.
 - Often patients felt the available information was insufficient, specifically because each case of cancer is unique.
- In relation to cancer, the following characteristics had an increased importance in consumer decision-making:
 - Diagnostics
 - Latest Methods of Care
 - Innovation
 - Personalized Planning
 - Specialist Relationship
- There was a higher sense of urgency for patients with cancer, as it related to planning & care paths.
- With a cancer diagnosis, there was an increased expectation of communication between specialists, PCPs, physicians & nursing.
- Given the specialized nature of the Mayo Clinic, respondents felt the MCCN relationship could be beneficial to them as St. Elizabeth cancer patients.
- Accreditations mattered to respondents with experience, specifically in oncology care.

High Level Strategies to reduce Cancer risk in NKY, based on team and community perspectives and research

- A. Education on strategies on how to eat better on a low income
- B. Focus on positive outcomes vs. negative penalties for smoking & drinking
- C. Consistent message to all patients/consumers on testing protocols, including discussion of options (partner with SEP/IT and implement in MyChart and EPIC)
- D. Education on the cancer prevention of Gardasil immunization (partner with SEP)
- E. Rural education and screening opportunities
- F. Education on insurance coverage for preventative testing – both Government and Commercial insurance
- G. Take fear out of diagnosis – encourage screening – education on opportunities to defeat cancer, regardless of disease stage
- H. All patients/consumers assigned a primary care doctor/practice home – outreach if not already assigned to an SEP primary care doctor

- Program areas must have an identified measurement to indicate improvements and positive impact on the community
- Focus leaders will lead each program with continuing support from overall Oncology team, specific individuals who would like to be involved, analytics and business case support for spending from Planning, with quarterly status reporting to Committee

Top Need Areas presented by team:

	Focus Priority	Current Statistics	Leads	How measure	Year
Prevention	Gardasil immunizations	KY: 35% US 38%	Deb Kennedy	Increase 20% in the number of Gardasil immunizations from 2015 #	2016
	County based legislation re: smoking bans	% Smokers: KY: 30%; US: 18%		Legislation passed and/or facilities ban expanded	2017
	Physical Activity awareness	Obesity Rates KY: 33%; US: 29% Exercise Opportunity Grant County 59%		Potential links to park sites – track hits	2018
Screening	Colonoscopies at low cost to patient, potential other GI screen recommendations (partner w/SEP's current program, extending into SEH)	Incidence: KY: 52.7%; US: 43.3% Colonoscopy rates (54-59%) below state/national rates	Abbie Hanka	Increase % of Inpatients 50-74 who have had colonoscopy within 10 years	2016
	CT Lung screening at no cost to patient (low dose)	Mortality Rate: KY: 72.0% US: 48.4%		Increased # of screenings	2017
	"Melanoma No More" awareness & expansion with nurse practitioners – focus on Boone & Campbell?	Incidence: US 19.7% Campbell: 51.3% Boone: 42.7% Kenton: 37.9%		Increased # of screenings	2018
Barriers to Care/Unmet Needs	Healthy Eating options & education - Collaborate with NKY Health Dept to develop 4 Corners projects to implement healthy food options in underserved populations. Provide resource information to the public & patients regarding healthy food options & how to obtain, in conjunction with Nutrition services and NKY Health Dept.	Obesity Rates 29-36% in PSA	Teri Bogan Toni Carle	-Two 4-Corner projects developed and deployed in 2 stores by 12/31/2016 -Provide 4 educational sessions in conjunction with Nutrition services and Northern Kentucky Health Depts.	2016
	Access issues – Doctor hrs., treatment/screening opportunities, possibly through mobile or B.Health	Low Phase I/II detection rates		Wknd/Eve Dr Hrs; Incr Mobile Visits, Incr BH sites	2017
	Understanding care options & costs program for patients & families			Program Developed & Executed	2018