

HAYWOOD

REGIONAL MEDICAL CENTER

A Duke LifePoint Hospital

Cancer Program Administration

COMMUNITY NEEDS ASSESSMENT

2017-2018



Purpose:

The purpose of this assessment is to identify cancer related needs within Haywood County and other communities reached by Haywood Regional Medical Center.

Goal:

The goal of this assessment is to :

1. Decrease cancer incidence rates of the communities served by Haywood Regional Medical Center by:
 - a. Identifying at risk populations
2. Improve the lives of the communities served by Haywood Regional Medical Center by:
 - a. Developing and implementing community outreach, prevention and screening programs that will decrease cancer health disparities in the population
 - b. Creating cancer related resources to ensure the underserved population has more readily available access to quality care close to home.

The top five cancers diagnosed and treated at Haywood Regional Medical Center for 2016-2017 were Lung, Breast (female), Prostate, Colorectal and Urinary Bladder. This assessment will highlight these cancer sites as a priority for the cancer program. The cancer program will work to identify the areas that put our community at risk for developing these cancers.

Methods:

The cancer program has chosen data analysis as the tool for this assessment.

Demographics & Socioeconomics:

As the first county hospital in North Carolina, Haywood Regional Medical Center is a 159 bed hospital serving the towns of Waynesville, Maggie Valley, Clyde, Canton and surrounding counties. It is the largest hospital west of Asheville. Services encompass over 30 medical specialties. Services provided include hematology & oncology, general surgery, MRI, CT, mammography, Breast Center and an on-site Health & Fitness Center. Haywood Regional is designated as a center of excellence in lung cancer by the Bonnie J. Addario Lung Cancer Foundation.

Demographics & Socioeconomics	
Population	61,084
High School Grad or higher	87%
Median Household Income	\$43,097
Persons Below Poverty Level	15.9%
Persons 65>	24.4%
White	96.2%
African American	1.3%
Hispanic or Latino	3.9%

U.S. Census Bureau

Individuals with lower socioeconomic status have a higher cancer death rate than individuals with higher socioeconomic status. These patients are less likely to survive after a cancer diagnosis due to the cancer being detected at a more advanced stage. The education level of an individual can impact their health outcomes; those with a higher education are less likely to have behavioral risk factors that impact their health. 28.8% of children in Haywood County live in poverty according to the countyhealthrankings.org.

Behavioral Health Factors

Haywood County ranks 44 out of 100 counties in NC in health outcomes and 44 in length of life according to County Health Rankings and Roadmaps 2018. Haywood County and the State of NC are similar when comparing lifestyle factors such as Obesity, Inactive lifestyle and Tobacco Use.

RISK FACTOR	Haywood County	WNC	State	US
Obesity	27.9%	28.8%	29.4%	29.0%
Inactive Lifestyle	24.2%	19.2%	26.6%	20.7%
Tobacco Use	24.1%	19.3%	30.3%	14.9%

**PRC Community Health Surveys; Behavioral Risk Factor Surveillance System Survey Data (BRFSS); US Dept. of Health & Human Services. Healthy People 2020*

With behavior modifications and a transition to a healthier lifestyle, a portion of cancers can be prevented. The American Cancer Society states that cancers caused by cigarettes and alcohol can be prevented completely. In 2015, almost 171,000 of the estimated 589,430 cancer deaths will be caused by tobacco use. According to the World Health Organization, (WHO), tobacco related diseases are the most preventable cause of death in the US. In the 20th Century tobacco killed 100 million, and will kill 1 billion if the trends continue. The WHO estimates that in 2012 1.6 million people worldwide died from lung cancer.

Lung Cancer is the most known cancer caused by tobacco and contributes to the following cancers: oral cavity and pharynx, esophagus, stomach, colorectal, liver, pancreas, larynx, uterine cervix, ovary, urinary bladder, kidney and myeloid leukemia.

It is important to note that Haywood County has a higher smoking rate at 24.1% than Western North Carolina and the State which are at 19.3% and 20.3% respectively and all are above the US average of 14.9%. Cigarette smoking among high school students was estimated to be at 13.1% in 2015 with the US average around 10%. Also of note is the use of smokeless tobacco. Haywood County has 11.2% reporting utilization. The state is at 4.3% and the US is even lower at 4.0%. According to the 2015 PRC Community Health Survey, 5.3% of residents in Haywood County report use of E-Cigarettes.

Along with tobacco, poor diet and lack of exercise are among the biggest risk factors impacting cancer today. In 2015, Haywood County residents reported consuming an average of 7.6 Vegetables a week and 6.8 fruits in a week. According to the CDC, just 1 in 10 adults meet the federal fruit or vegetable recommendations. Depending on their age and sex, federal guidelines recommend at least 1 ½ -2 cups of fruits and 2-3 cups per day of vegetables. Yet in 2015, just 9% of adults met the recommended intake for vegetables and only 12% met the recommendations for fruits. Seven of the top ten leading causes of death in the United States are from chronic diseases. Eating a diet rich in fruits and vegetables daily can help reduce the risk of many leading causes of illness and death, heart disease, some cancers and obesity.

In 2015, 55.4% of Haywood County residents reported meeting the recommended physical activity recommendations of at least 5 times a week for 30 minutes at a time and according to county health rankings, 26% reported being physically inactive, (percentage of adults over age 20 that reporting no leisure time physical activity).

Haywood Regional Hospital Top Cancer Sites

2017 Cancer Registry Data indicates the following cancers as the top five cancers sites diagnosed and or treated at the facility: Lung (58 cases), Breast (48 cases), Prostate (44 cases), Colorectal (33), and Urinary Bladder (22). Data shows that 22 lung cancer cases were identified as stage IV and 12 as stage III, 9 at Stage II and 12 at Stage 1. Thirty-five of the breast cancer cases were diagnosed as early stage cancers at Stage 1 and II.

According to the American Cancer Society, in 2018, over 600,000 people will die of cancer, and 1,735,350 new cancer cases are expected to be diagnosed. Cancer is the second leading cause of death in the US, accounting for 1 of every 4 deaths. In the next 10 years, cancer is expected to become the leading cause of death in the United States. The estimated numbers of Northcarolinians that will lose their life to cancer in 2018 is 20,380.

The following tables show the 2018 estimates in cancer death and diagnoses for HRMC top five cancer sites in the US and North Carolina:

Estimated number of New Cancers-2018

Cancer Site	US	NC
Lung	234,030	8,490
Breast	268,670	7,760
Prostate	164,690	5,580
Colorectal	140,250	4,440
Urinary Bladder	81,090	2,530

Estimated number of Cancer Deaths-2018

Cancer Site	US	NC
Lung	154,050	5,770
Breast	41,400	1,370
Prostate	29,430	940
Colorectal	50,630	1,570
Urinary Bladder	17,240	550

American Cancer Society, 2018

In 2018 it is projected that the leading cause of cancer death in both males and females will be lung and bronchus. Males tallied 83,550 deaths, accounting for 26% of the cancer deaths among this demographic. The number of female lung and bronchus deaths was 70,500 accounting for 25% of the cancer deaths among this group. Breast ranks second as the cause of cancer deaths in 2018, 40,920 deaths total 14% of the cancer deaths among females. Colon and Rectum cancers ranks third in both new cancer cases diagnosed and deaths in males and females. Pancreatic cancer is estimated to be the fourth leading cause of cancer deaths among both males and females. The other top cancer diagnosed at HRMC is Prostate and it is ranked as the number one newly diagnosed cancer among men at 164,690 representing 19% of newly diagnosed cancers types in males. Urinary Bladder ranks fourth among men in newly diagnosed cases with 62,380 projected cases, (7%).

Cancer Health Disparities and Barriers

According to the National Health Institute, access to healthcare is a key element that greatly contributes to cancer health disparities. Access to healthcare is influenced by different factors such as, insurance status, high cost of treatment, proximity to healthcare facilities and obesity. In 2015, 20.8% of adults aged 18-64 in the county reported no insurance coverage compared to 15.1% nationwide. 9.3% reported that they were unable to get needed medical care at some point in the past year.

The Center for Advancing Health reports a study that cost concerns prevent 18% of Americans from getting needed health care and 21% delay health care due to non-financial reasons such as unable to take time off from work and not being able to make an appointment to see a physician during office hours; too busy with family and other commitments and taking too long to get an appointment to see a doctor. In 2015, 69% of Haywood county residents reported having had a checkup in the past year. That is lower than the state average of 73.2%. This can affect access and education regarding cancer screenings and testing.

HRMC has worked to reduce identified barriers when possible. Evening events have been held so women can receive mammograms after working hours. The hospital worked with the contracted radiologists to offer the Low Dose CT lung cancer screening at a reduced, out of pocket fee for those that don't meet all of the stated criteria so that they may have access to the screening.

As a new cancer program, cancer health disparities and barriers will continue to be monitored through the navigation process.

Prevention & Screening

Early detections through screenings are an effective way to detect cancers as early as possible. Through the cancer program, Haywood Regional has worked to increase patients receiving mammograms and colorectal screenings as well as lung cancer screenings. In 2017, 269 patients underwent lung cancer screenings. So far in 2018, 157 have been screened and enrolled in the program. In 2015, 80% of women aged 50-74, reported having had a mammogram in the past two years. That is higher than the average for WNC at 77.7% but lower than the National average of 83.6%. The National Cancer Institute reports that in North Carolina 74.9% of the population ages 50+ had a colorectal cancer test (home based or colonoscopy) (2016). Through the cancer program the hospital has worked the primary care offices to encourage offices to offer colonoscopies to appropriate patient populations to increase participation numbers in Haywood County. Numbers here we can report????????????

In 2017, HRMC partnered with Myriad to offer genetic testing for hereditary cancers. All women presenting to HRMC for a mammogram are screened and if appropriate offered genetic testing. Thus far, 4,427 have completed the family health questionnaire leading to 170 actually being reported on and 45% of them having a recommended management change to their care. This program is managed locally by a nurse navigator and a board certified general surgeon. HRMC has also made the investment to obtain 3-D mammography technology in 2018.

Area Resources & Partnerships

The hospital has sought to work with available resources to offer programs and support to cancer patients within the hospital as well as work with community partners. With the support of the cancer committee, the HRMC Health & Fitness center exercise physiologists and physical therapists and the General Surgeons worked to develop an exercise program called STEP where cancer patients participate in physical activity at an appropriate pace following treatment as well as nutrition information to aid in their recovery. This program is set to expand and grow in 2018 to the Fit For A Cure program.

The hospital also supports the Federally Qualified Health Center clinic that moved to the area in 2017 in their efforts to treat the under and uninsured. The local health Department offers the Breast and Cervical Cancer Prevention program to low income women and the hospital Nurse Navigator works closely with the BCCP program to make sure women have access to these screenings and assistance with treatments if necessary. The hospital is also supporting the HOPE cancer support group with speakers and in kind marketing support. The cancer program recognizes the need for additional resources and partnerships in the community and sees this as an opportunity for improvement for community cancer education, prevention and screening.

Access to Services

HRMC does not offer all the services for an accredited cancer program onsite, however, access to these services is available. The nurse navigator is instrumental in monitoring any barriers and assisting patients with accessing the available resources. Inpatient palliative care, Hospice, genetic counseling and infusion are all located at HRMC.

Conclusion

As a new cancer program at Haywood Regional, we will continue to look for ways to enhance our efforts in prevention, screenings and early detection of cancers. Some barriers to the utilization will continue to be the ability to communicate the coordination of cancer care that can be provided at HRMC and education among the population in regards to preventive medicine and screenings. The continued partnerships with area providers and organizations to enhance community outreach must be continued and expanded upon at every opportunity. Through education on lifestyle changes including; smoking cessation, exercise initiatives, and diet improvements, possibly the rates of cancer diagnoses can be lowered. By working with our physician offices and community partners to offer affordable, convenient screenings and treatment options we hope to have an impact on these cancers affecting our community. Making more coordinated efforts in cancer prevention and treatment at HRMC will improve the health of the community greatly in that patients who have quality screening tools close to their home will be more likely to take advantage of them. Additionally, the ability for HRMC to provide access for screening and treatment options to our population must be enhanced and low cost options made available county wide through the various organizations to ensure we are supporting efforts to lower the cancer morbidity rates in Haywood and surrounding counties.

Resources

North Carolina Cancer Registry

American Cancer Society, Cancer Facts & Figures 2018

<http://www.cancer.org/acs/groups/content>

PRC Community Health Surveys, Professional Research Consultants, Inc.

Behavioral Risk Factor Surveillance System Survey Data. Atlanta GA, United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); North Carolina Data

U.S. Census Bureau Haywood County quick facts:

<http://www.census.gov/quickfacts/fact/table/haywoodcountynorthcarolina/PST045217>

U.S. Census Bureau North Carolina quick facts:

<http://quickfacts.census.gov/qfd/states/>

County Health Rankings:

<http://www.countyhealthrankings.org/app/north-carolina/2018/rankingshaywood/county/outcomes/overall/snapshot>

National Cancer Institute

<https://statecancerprofiles.cancer.gov/quick-profiles/index.php?statename=northcarolina>