





Contents

Message from Mike Glenn, CEO	4
Message from Dr. Ann Murphy	5
Cancer Committee Members	7
Jefferson Healthcare Oncology Services	8
Support Services	9
Oncology Nursing	10
Clinical Trials	11
Cancer Conference	12
Performance Improvement	13
Cancer Registry Data	14
Case and Staging Distribution	15
Spotlight on Breast Cancer	16
Cancer Prevention Program	18
Community Screening Program	19

A message from Mike Glenn, CEO

Jefferson Healthcare's mission is working together to serve our community with personalized care and medical excellence.

Traveling for cancer services puts both a physical and financial strain on our patients. Our goal is to provide as many local services as possible. Expanding our oncology service is one way to meet this goal.

This year we completed our new Emergency and Specialty Services Building. The third floor of this building houses the Oncology Clinic and Infusion Center where patients can see their oncologist and receive their treatment. We increased the number of clinic rooms with additional space for private consultation with nutritionists, pharmacists and psycho-social services. There is also space for education and family conferences. The new Infusion Center also has more private rooms and almost double the number of chairs for treatment.

The Oncology staff has always provided quality, patient-centered care to our patients seeking cancer care. The new Oncology, Infusion and Wound Care Clinic will give staff more of the tools they need to take this service to a higher level.



Mike Glenn | CEO



A message from Ann Murphy, MD

We have come a long way in the last few years, from a vision of partnering with referring oncologists to providing locally-based chemotherapy and supportive care to the realization of a fully-staffed Oncology Clinic here in Jefferson County. Our Oncology Clinic embodies the mission statement of Jefferson Healthcare: *Working together to serve our community with personalized care and medical excellence*. We strive to provide state of the art cancer care, focused on the needs of our patients and their families.

There are some achievements I am extremely proud of:

When I joined Jefferson Healthcare in 2012, Jeinell Harper, RN was the nursing director for the Medical Short Stay Department. At this time, there was already a solid foundation of leadership focused on quality and patient centered care. Through her ongoing leadership and the commitment of the nursing staff, the clinic has assembled a team of chemotherapy-certified nurses providing expert clinical care, along with personalized treatment. With Ms. Harper and the Jefferson Healthcare's leadership team, a specific goal was put forth to pursue Commission on Cancer Accreditation.

The Commission on Cancer (CoC)—a program of the American College of Surgeons—recognizes cancer care programs for their commitment to providing comprehensive, multidisciplinary, high quality and patient-centered care. The CoC sets standards for cancer programs to ensure patients who receive care in their accredited programs receive excellent care that encompasses all of a patient's needs. Our Jefferson Healthcare leadership team used these standards for excellence in cancer care outlined by the CoC as a template for building our program.

I am proud to report that at every point where resources were requested to accomplish this—including support for nutrition counseling, social work, cancer committee



Ann Murphy, MD | Medical Oncology

meetings and cancer conference (tumor board) meetings, additional staff, and a tumor registrar—the answer has always been: *Yes! We can do that*. We are well into the CoC process and anticipate a survey next year that will lead to our accreditation.

Another major accomplishment has been the partnership developed with the Northwest Community Oncology Research Program (NW NCORP) based at MultiCare in Gig Harbor. This national cancer institute program is a national network of academic centers and community oncologists conducting cancer clinical trials in local communities across the United States. As a member of NW NCORP we are able to offer patients the opportunity to participate in cancer clinical trials without the need to travel.

As we settle into our new clinic space, we remain focused on providing the best possible cancer care for our friends and neighbors in our community.

My wife and I would like to take this opportunity to express our sincerest gratitude and appreciation for the outstanding treatment I have received and continue to receive from Dr. Ann Murphy and her entire oncology staff.

I first became associated with Dr. Murphy in 2010 when I was diagnosed with multiple myeloma which suddenly and unexpectedly manifested itself with vertebrae compression fractures. She carefully orchestrated my initial recovery through a short hospital stay, radiation, and successful kyphoplasty surgery while monitoring the myeloma until I was healthy enough to begin chemotherapy. In 2011, Dr. Murphy—after nursing me back to overall health with a very systematic and obviously well planned protocol—suggested that I may be a viable transplant candidate at Seattle Cancer Care Alliance. For this opportunity we will be ever grateful. I underwent what ultimately resulted in a successful transplant in 2012.

Upon post-transplant release from SCCA, I rejoined Dr. Murphy, now at the Jefferson Healthcare Oncology Clinic. The attentive, humane, understanding care I have received here is without equal. Dr. Murphy's professional experience and knowledge, positive attitude and concern for quality of life were significant to my recovery. And the praise and recognition goes well beyond her to her entire staff as well as the administration of the clinic. Every person on the staff that I came in contact with over the last two years of biweekly and occasionally more frequent appointments is to be commended for their professionalism, positive attitude, welcoming demeanor, and sincere interest in the welfare of the patient. The breadth of their combined professional knowledge and experience to resolve in a timely manner a plethora of issues related both directly and indirectly to myeloma treatment is unparalleled. The front desk administration is to be commended for its ongoing support and flexibility in scheduling appointments, both internally and with external testing agencies, while honoring our personal plans and commitments, another manifestation of the quality of life interest that refreshingly permeates the clinic and impacts so positively upon patient attitude.

Although Cheryl and I understand that multiple myeloma is medically incurable, Dr. Murphy and her truly outstanding staff have given me the opportunity for extended life, present and future happiness, and the ability to once again live a normal life. I would not be where I am today were it not for Dr. Murphy.

“The attentive, humane, understanding care I have received here is without equal.”

Jefferson Healthcare is very fortunate to have Dr. Murphy and her oncology team as a most valuable asset. The term “total supportive care” best summarizes and defines my experience with the Oncology Clinic. They are all truly devoted to their profession and patient welfare and are highly deserving of recognition and credit for a “job well done” on a daily basis, in a challenging medical environment. Kudos to all!

- JIM & CHERYL O'NEIL

2016 Cancer Committee

Cancer program success depends on an effective multidisciplinary Cancer Committee. The Jefferson Healthcare Cancer Committee is responsible for goal setting, planning, initiating, implementing, evaluating and improving all cancer related activities in the program.

Marc Koenig, MD,
Diagnostic Radiology

John Hoyt, MD
Pathology

Jay Lawrence, DO
General Surgery

Ann Murphy, MD
Medical Oncology

Heath Foxlee, MD
Radiation Oncology

Joseph Mattern, MD
Cancer Liaison Physician

Lisa Holt, PHD(c), MS, RN
Chief Ancillary Officer

Jeinell Harper, RN, OCN
Oncology Director

Lisa Lawrence, LICSW
Social Work

Carla Woodward, MSW, CTR
Cancer Registry

Brandie Manuel, BS, CPHQ
Quality/Patient Safety

Bernie Ward-Crixall, BA, MDiv
Pastoral Care/Palliative Care

Lanny Turay, R.PH.
Pharmacy

Irene Marble, BS, CDN
Dietician

Mitzi Hazard, DPT
Rehabilitation

Amy Dziseru
ACS Representative

Mary Fortman, LICSW
Social Work

Kate Burke, BS
Community Outreach

Rebecca Kimball, ARNP
Oncology

LuAnn Rogers, RN, OCN
Clinical Research

Brittany Huntingford
Cancer Conference Coordinator

Recent statistics from the American Cancer Society estimate that one out of every two American men, and one out of every three women will be diagnosed with cancer at some point in his or her lifetime. Cancer is and has remained the leading cause of death in Jefferson County as it is in the whole of Washington State.

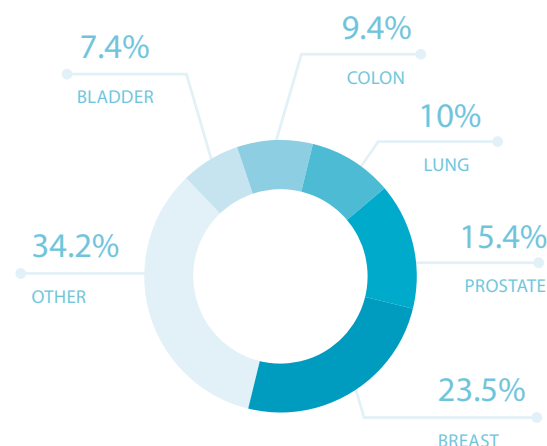
(Community needs assessment 2014)

Jefferson Healthcare Oncology Services

It is the goal of the Jefferson Healthcare Cancer Program to provide high quality, patient-centered cancer care. Jefferson Healthcare strives to offer as many cancer treatment services as possible, so patients do not have to travel outside of their community for their cancer care.

In 2016 Jefferson Healthcare added a new building to its campus. The third floor of this new building houses a brand new cancer center. Cancer treatment is provided in this center offering a warm, caring and supportive environment. This new cancer center will offer expanded services such as a survivorship program, on-site radiation, oncology consultation, genetic counseling and support groups — at one convenient location.

Jefferson Healthcare's Cancer Center believes in a team-oriented approach that includes board certified medical oncologists, an oncology ARNP, oncology certified nurses, pharmacists, social workers, dietitians, and physical therapist.



In 2016 there were 170 new cancer patients who were diagnosed or received treatment at Jefferson Healthcare, with the most common sites of breast (23.5%), prostate (15.4%), lung (10%), colon (9.4%), and bladder (7.4%).

My purpose in writing you is to express my profound respect and appreciation for the Oncology team at Jefferson Healthcare. Back in May, a close personal friend was diagnosed with metastatic lung cancer. He had moved here from Baltimore the previous August to start a new life in Port Townsend, before he learned of his cancer. He was extremely grateful to have such a high quality health care system so close by—only two blocks from his home.

His circle of friends here in Port Townsend got him enrolled in the oncology program at JHC and Dr. Kurt Norman became his oncologist. Rebecca Kimball, ARNP in the Oncology Clinic was his intake nurse and one of his lead care givers in the clinic. Jeinell Harper and her team of nurses and support staff—Emmy Lou, LuAnn, Sue, Kalie, Rick, Ayla, and all those whose names I can't remember—became his lifeline there. The Oncology Clinic front desk, Shannon, Tammy Joe, and the others were always there to check Chris in and cheer him up.

You have every right to be proud of your Oncology team. I certainly am. I regret that my friend Chris Delaporte did not find out about his cancer soon enough to live through the ordeal, but I can assure you and your oncology team that the last months of his life were enhanced by the care he got and relationships he enjoyed in your care. I am forever grateful for the loving care he received at Jefferson Healthcare.

I spent many days at the hospital with Chris as he received chemotherapy and also immunotherapy, as well as the myriad of CT scans, MRIs, and other tests. One of my great treats of that time was getting to have lunch at the cafeteria. And Chris always enjoyed his meals there. Chef Aaron and his crew are truly amazing.

- LARRY DENNISON

Support Services

Jefferson Healthcare offers many support services to help patients deal with their cancer.

Cancer Navigation Services

Medical social workers provide support and resources through cancer diagnosis, treatment and recovery. This service is available to all cancer patients throughout and after their treatment.

Genetic Counseling

In partnership with Myriad Labs, this service is available to cancer patients and those at risk for the disease. Results are shared by a certified genetic counselor in coordination with the patient's physician.

Oncology Resource Center

This library is available to all patients and is conveniently located on the oncology unit.

Lymphedema Treatment

A certified Lymphedema therapist helps patients experiencing this side effect of the disease and treatment.

Nutrition Services

A registered Dietician helps patients experiencing difficulty with nutrition during cancer treatment.

Home Health Services

In-home skilled nursing, social work and rehabilitation services are available for patients.

Look Good Feel Better

This program, supported by the American Cancer Society, helps women cope with the appearance-related effects of cancer treatment.

Palliative Care

This service focuses on improving quality of life for patients by lessening physical, emotional and spiritual pain.

Cancer Support Groups

Emotional support and education is readily available to patients.

Pain Management Services

Patients receive pain management services through the Oncology Clinic but can also be referred for further consultation.

Rehabilitation Services

Physical, occupational and speech therapy helps improve activities of daily living through increased strength and mobility

Survivorship Program

This program is available to patients as they complete treatment to disseminate a treatment summary and follow-up plan.

Harmony Hill

Retreats for cancer patients, as well as loved ones and caregivers, to help cope with the effects of cancer.

Hospice

Holistic care for patients with a terminal diagnosis supports both patients and their families at the end of life.



Oncology Nursing

At Jefferson Healthcare, all of our nursing staff who administer chemotherapy are oncology certified. Rapid scientific and technological advances in cancer care mean that nurses must maintain current and highly specialized knowledge to provide quality care.

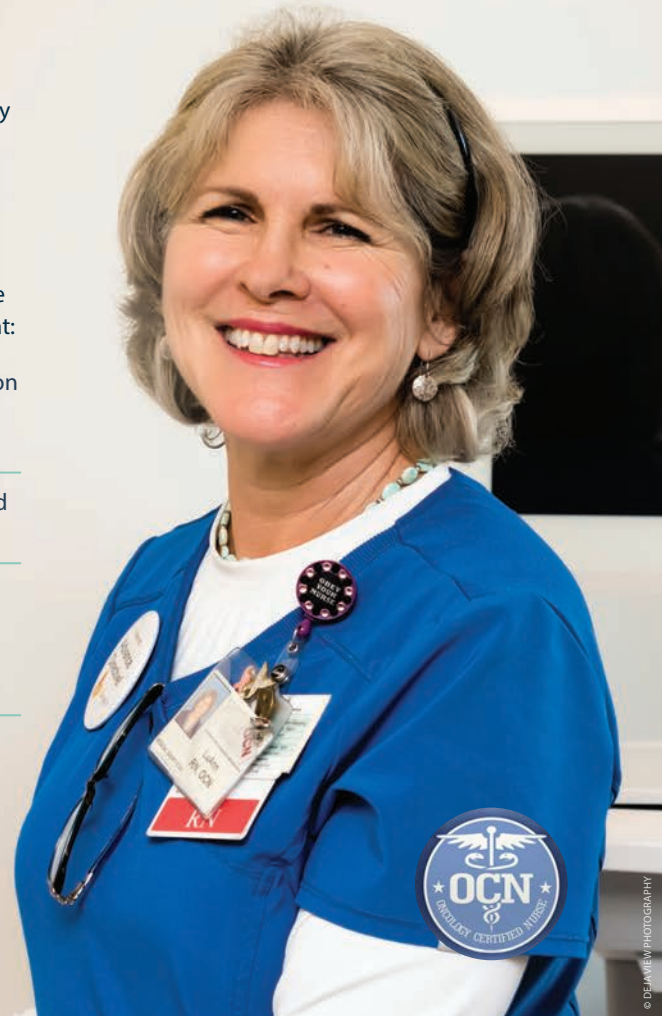
Oncology nursing certification provides validation of this specialized knowledge and the experience required for competent performance. It is the position of the Oncology Nursing Society (ONS) and Jefferson Healthcare that:

Oncology nursing certification provided by Oncology Nursing Certification Corporation (ONCC) is sound and beneficial to patients and society at large. ONS encourages oncology nurses to become certified.

ONCC certification programs are rigorous and meet nationally recognized standards that are reliable.

Regardless of the healthcare setting, certification benefits patients and their families, nurses, and employers. Oncology nursing certification validates that nurses have met stringent requirements for knowledge and experience and are qualified to provide competent oncology care.

Employers demonstrate their commitment to providing the highest quality of care to patients with cancer throughout the health and illness continuum by hiring certified nurses, supporting nurses in attaining and maintaining certification, rewarding nurses who become certified, and informing patients and the public about the certification status of their nursing staff. Healthcare consumers have a right to know the qualifications of those responsible for their care.



Jefferson Healthcare's Oncology Clinic has provided me with the "best" healthcare providers imaginable. I was diagnosed with stage four stomach cancer in August 2015 and referred to this amazing facility. My prognosis was three months without treatment and nine months with. That was over a year ago and I am still enjoying life. I cannot say enough about Dr. Norman and his medical care team. I am so blessed to be under their care. They have become family and I look forward to their smiles, hugs and compassion.

I could never ask for a better doctor than Dr. Norman. He is compassionate, a professional yet a friend. His big smile and welcoming hand shake never fail to make me feel comfortable. God bless Dr. Norman and his staff and this oncology clinic.

- DIANE M. WITCHER

**"No questions go unanswered.
No processes go unexplained."**

Clinical Trials

In 2015, Jefferson Healthcare's cancer program joined the Northwest NCI Community Outreach Research Program (NW NCORP) spearheaded by MultiCare Health System, Virginia Mason Medical Center, Intermountain Healthcare and other health partners from Alaska to Utah. Jefferson Healthcare's participation in NW NCORP allows patients to be entered into cancer clinical trials without leaving our community.

Cancer clinical trials are research studies or protocols that test how well detection methods and therapies work in people, with the goal of finding better ways to treat and eventually prevent cancer. Through clinical trials, researchers determine the safety and effectiveness of new treatments under the supervision of a physician and other research professionals.

Volunteers who participate in clinical trials receive new, innovative research treatments before they are widely available. Knowledge on treatments gained from clinical trials can influence cancer care and help prevent cancer or treat people with cancer in the future.

NW NCORP brings researchers together with community-based physicians to conduct high quality studies for cancer patients and people at risk of cancer in their local setting—where most people receive their care.

Jefferson Healthcare is proud to be able to offer this option for our local community.



To learn more about NW NCORP visit nwncorp.org.



We came down from Alaska to have treatment at the Seattle Cancer Care Alliance, but rented a place in Port Townsend. After a few months, I ended up in the Jefferson Healthcare emergency room with a terrible infection. The emergency room staff were very kind and quickly diagnosed me and sent me upstairs. Besides having a room with an incredible view, the staff went overboard in their care. I was thin, weak, unable to eat and very depressed. They sent someone up daily from the kitchen to try and find something I could ingest. They came up with protein shakes, different flavors for each meal that I could slowly sip and gain nutrients.

The hospitalist, Dr. Chris Geidt, looked after me but went way above the usual doctor relationship. Besides good medical care, he made sure we had his contact info and followed up with us after I went to Swedish for further care. He became invaluable to us at that time. He was someone we could trust and he liaised with Swedish for us. He was adamant they find the cause of the infection and not just send me home after getting the infection under control.

Once back in Port Townsend, I had daily visits to the outpatient facility. I had good treatment at SCCA, but no care. I was still weak and depressed when Rebecca Kimball took us under her wing. We ended up transferring our care to Jefferson Healthcare because of Rebecca and the personalized cancer care I have received has been amazing.

Everyone in oncology knows my name and my health situation and they all make a point of saying hello when I come in for my drips. They have given me moral support as well as life saving healthcare. The treatment is working and I am now strong enough to take a break while we pursue our next step. We have since moved here because of the kindness and involvement we have received here. I am deeply grateful for the care and treatment I have received.

- ALEXANDRA FEIT



Cancer Conference and Tumor Board

The goal of Cancer Conference is to provide current information to the medical staff and to provide consulting services to the clinicians about specific cancer cases presented at the conference.

Physicians present a brief medical history of the patient, presenting symptoms and staging evaluations. Radiology and pathology discuss the pertinent information of the diagnostic work-up. This multidisciplinary approach and discussion is important to improving the care of the cancer patients.

Cancer Conference is held monthly.
In 2016, 117 cases were presented.
The cases presented can include:

Newly diagnosed patient where treatment has not yet been initiated

Newly diagnosed patients where treatment has been initiated but additional treatment is needed

Previously diagnosed cases where initial treatment is completed but discussion about treatment to prevent reoccurrence is needed

Previously diagnosed cases and discussion of palliative care is needed

Performance Improvement

In addition to providing a new home for our cancer program and working with MultiCare on providing locally based clinical trials, the Jefferson Healthcare cancer program, under the direction of the Cancer Committee, also sought to improve the patient experience by shortening the time from check-in to when chemotherapy infusion was started. A study of the process found that the average time from check-in to infusion was 94 minutes. We set a goal to reduce that time by at least 10 minutes.

Our first area of focus was on the time it took to receive results from the lab once a patient's blood was drawn. Working with laboratory personnel we developed a process to alert staff when an oncology specimen arrived in the lab in need of test results. This change in process, took the average check-in to infusion time from 94 minutes down to 63 minutes—a 31-minute reduction in patient wait time.

Even though we exceeded our goal, we decided we could still do better. Additional findings from our study showed some variability from the time medication was ordered to when it was delivered by our pharmacy. An influencing factor was the scheduling of multiple, complex chemotherapy regimens at the same time, which was

putting a strain on our pharmacy. Providing our front office schedulers with more training about the different types of treatments patients could receive led to an improved scheduling process and a more evenly distributed workload for our pharmacy and nursing staff.

Our performance improvement specialist did additional direct observations looking for more opportunities. During these observations, it was also noted how many times staff had to interrupt the oncologists to ask questions about a patient's plan for the day. As a result, oncology and nursing staff implemented a "morning huddle" with the goal to improve overall team communication. At this meeting, the oncologists, clinic staff, nursing staff, social workers and pharmacist discuss the day's patients, get questions answered, and ensure everyone has an understanding of the plan for the day.

Following these improvements, the most recent study now shows our average time from check-in to infusion is 56 minutes. We believe these changes have had a positive impact and we will continue to look for ways to make the experience for patients receiving cancer treatment at Jefferson Healthcare as positive as possible.

My cancer was squamous cell carcinoma, more commonly known as throat cancer. In my case the cancer was in my tonsils. After numerous doctor visits, blood work, X-rays, CT scans, biopsies, a surgery, and a PET scan, I was on my way to treatment with absolutely no idea where to go or who to talk to. My wife and I were told that the treatment would be very uncomfortable and commuting would be difficult. After consulting with my radiology team, and armed with a very positive referral, we made an appointment with the Oncology Department at Jefferson Healthcare in Port Townsend. We met with the doctors and immediately felt at home. I felt an added benefit in knowing many of my care providers personally. Throughout the treatment process, my team always made time when we had

questions or concerns. When discomfort is your day-to-day, it is of great importance to be seen and heard. The doctors, treatment regimen, the reception and nursing staff in the Oncology Department shined for me and my family every day. I believe that I received the best care possible with the added benefit of being minutes from my home. Now with the new Oncology wing at Jefferson Healthcare the facility will match the care.

- JOE DAUBENBERGER

2015 Cancer Registry Data



In 2015, Jefferson Healthcare undertook the development of an on-site managed cancer registry program with a trained consultant from the American College of Surgeons’ Committee on Cancer. The Jefferson Healthcare cancer registry currently contains 582 cases and is growing at the rate of approximately 160 new accessions per year. Beginning with January 1, 2014 cancer cases maintained in the registry include complete, computerized, abstracts of demographic, diagnostic, treatment, and outcome information. Data collected includes patient demographic information, cancer identification, diagnostic procedures, cancer-directed treatment, and survival. This data can be analyzed, de-identified, and distributed for the benefit of cancer patients as well as for the education of the medical professionals and the community. The cancer registry also maintains an annual follow up, as per the American College of Surgeons’ Commission on Cancer.

In 2015, 170 analytical patient cases were added to the Cancer Registry Database. Analytical cases are those having their diagnosis made and/or receiving all or part of their first course of treatment at Jefferson Healthcare. The top five primary sites of all analytical cases in order of decreasing frequency were: breast (23.5%), prostate (15.4%), lung (10%), colon (9.4%), and bladder (7.4%).

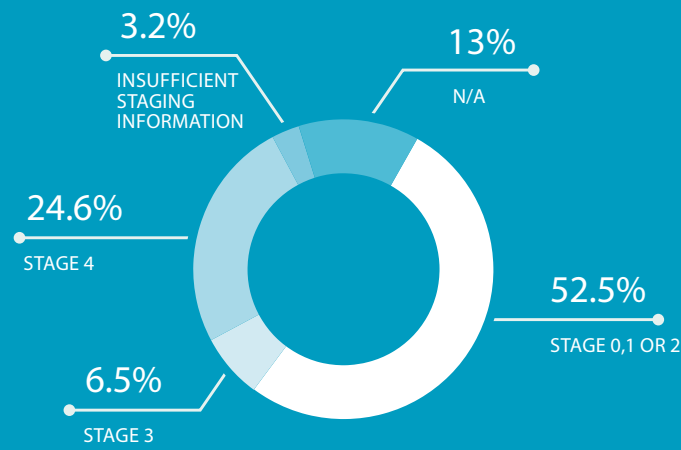
The age of patients ranged from 30s (2%) to age 90 or older (4%). The majority of patients were older than age 60, with the greatest number of cases clustered in the age range of 60-69 (33%). Patients under age 50 constituted only 5% of all patients.

Age at Diagnosis	Number	Percent
30-39	3	1.8
40-49	4	2.4
50-59	18	10.6
60-69	54	31.8
70-79	54	31.8
80-89	30	17.6
90-99	6	3.5
100-120	1	0.6
TOTAL	170	100

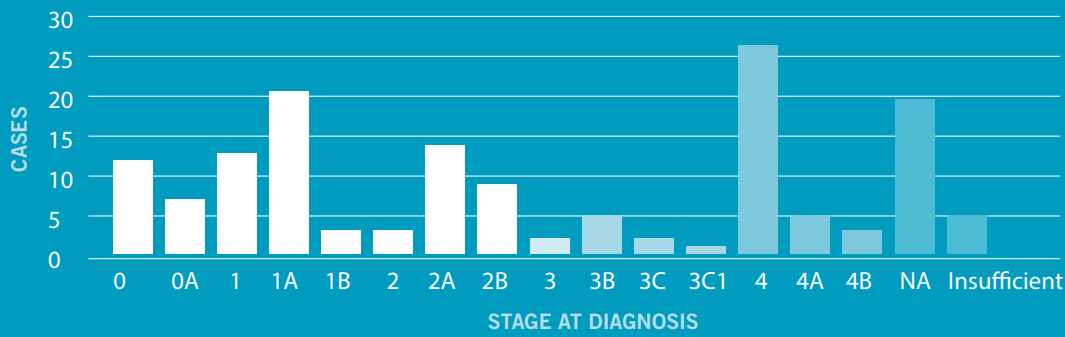
Case and Staging Distribution

Of the analytical cases, 52% were female, and 48% were male. 97.4% were Caucasian, 1.3% were African American or Native American, and 1.3% had no race designation specified. 4% of patients identified themselves as being of Spanish/Hispanic ethnic origin.

American Joint Commission on Cancer (AJCC) staging distribution shows that approximately 81 of the analytical patients had stage 0, I, or II cancers (52.5%). Patients with stage III disease represented 6.5% of cases, while 24.6% had stage IV cancers at diagnosis. AJCC staging information was insufficient for 3.2% of all analytical patient cases, and not applicable for 13% of cases.



2015 Jefferson Healthcare Cases



Spotlight on Breast Cancer

Cancer occurs when cells in the body grow out of control. With the exception of skin cancer, breast cancer is the most common type of cancer in women. Breast cancer is a leading cause of cancer death among women second only to heart disease. Every year there are 220,000 newly diagnosed cases of breast cancer in women and 2,000 in men. The risk of getting cancer is due to a combination of factors. The main factor is gender and age. Women are much more likely to be diagnosed with cancer if they are fifty or older.

Early detection of breast cancer saves lives. Mammograms play a central role in the early detection of breast cancer because they can detect changes in the breast that are too small or subtle to be felt but are early signs of breast cancer. Regular mammograms can often detect breast cancer at an early stage when it is the easiest to treat.

Digital Breast Tomosynthesis—also known as three-dimensional (3D) mammography—is an advanced form of breast imaging where multiple images of the breast from different angles are reconstructed into an image. Many studies have shown superior breast cancer detection rates with 3D mammography. Studies have demonstrated a 10-30% increase in overall breast cancer detection with 3D mammography. In 2015, Jefferson Healthcare was able to purchase a new mammography camera. Through community support, Jefferson Healthcare Foundation raised funds to purchase this state-of-the-art technology.



For more information go to:
jeffersonhealthcare.org/mammo

Other risk factors include:

Genetic mutations: Inherited changes to certain genes

Early menstrual period: Women who start their period before the age of 12

Late or no pregnancy

Start menopause after age 55

Not being physically active

Being overweight after menopause

Having dense breasts

Using combination hormone therapy

Taking hormones to replace missing estrogen and progesterone for more than five years

Taking oral contraceptives

Family or personal history of breast cancer

Drinking alcohol and/or smoking

Oncology • Infusion • Wound Care



The American Cancer Society makes the following recommendations for breast exams:

Women ages 40 to 44 should have the choice to start annual breast cancer screening with mammograms (x-rays of the breast) if they wish to do so.

Women age 45 to 54 should get mammograms every year.

Women 55 and older should switch to mammograms every 2 years, or can continue yearly screening.

Screening should continue as long as a woman is in good health and is expected to live 10 more years or longer.

Some women — because of their family history, a genetic tendency, or certain other factors — should be screened with MRIs along with mammograms. (The number of women who fall into this category is very small.) Talk with a health care provider about your risk for breast cancer and the best screening plan for you.

The Nursing and Pharmacy Team (from left to right): Emmy Lou Stein, RN, Jeinell Harper, RN, Sue Rose, RN, Ayla Skipper, RN, Rick Fourmont, RN, Lanny Turay, Pharmacist, Leitha Patton, RN, LuAnn Rogers, RN

Cancer Prevention Program

Program Rationale

In 2014, a cancer related community needs assessment by the Jefferson Healthcare Cancer Program identified a higher than average rate of teen smoking in Jefferson County youths. This was further identified as a risk factor for lung and other cancers in this population later in life. Evidence-based interventions to reduce the risk of lung cancer diagnoses in this population were reviewed with the Jefferson County Health Department prevention specialist. Ultimately the Cancer Committee selected to offer the Kick Butts Program to youths in the Chimacum School District, where rates of teen smoking have been high.



Program Summary

On March 16, 2016, Jefferson Healthcare partnered with the Chimacum High School Prevention Club—a group of 14 high school students—and Ciela Meyer, MA, the school's counselor, to host a Kicks Butts Day event. Jefferson Healthcare's Pharmacist Brenda DiPrete and Kate Burke, Community Outreach Coordinator/Marketing Manager helped with the event. A banner was created that included logos of Jefferson Healthcare and Chimacum Schools and the Kicks Butts character along with the Chimacum Prevention Club social norms statement: Most of us choose not to use. Let's make it all of us! The banner was hung in the cafeteria during the event which was held during the school's lunch period.

Students were educated on the importance of not using tobacco or nicotine products. Each student was given a list of questions about smoking, tobacco, and vaping in the format of a fun quiz. Students answering the questions correctly were given chances to win at a game and the Prevention Club handed out prizes. Each participant also had to make a pledge to not start using. Sixty-five students signed the "I will not start using tobacco or nicotine products" pledge.

A follow up survey to the students who pledged not to start revealed that about 89% maintained their pledge in the subsequent 30 days after March 16. The 11% who did use were 15 to 16 years old and most commonly used e-cigarettes or vaping products.

Community Screening Program

Program Rationale

Between 2009 and 2011, Jefferson County averaged about 300 new cancer diagnoses per year. Prostate, breast, and skin are the most common cancers within Jefferson County. Age-adjusted rates of prostate and skin cancer were higher for Jefferson County than Washington State overall, to a statistically significant degree. Washington's skin cancer rate is more than double the national rate, while the rate for Jefferson County is another 51% higher than our state rate. The higher-than-average skin cancer incidence in Jefferson County prompted us to develop a campaign promoting regular skin cancer screenings. We also conducted 30 skin cancer screenings at the Jefferson Healthcare Health, Wellness & Fitness Expo in an effort to decrease the number of patients initially diagnosed with late-stage of the disease.



Prevent. Detect. Live.™

Program Summary

In June 2016, Jefferson Healthcare hosted its second Health, Wellness & Fitness Expo at the Port Townsend Community Center. Because our location and time was aligned with the Saturday Market, we partnered with the Jefferson County Farmers Market to promote the event. The Health Expo is a free event that combines health screenings, wellness checks, and fitness demonstrations for the community. The goal is to empower and educate our community on the importance of understanding their health numbers, outcomes of screenings and wellness checks.

Gretchen Wambach, PA-C, from our Jefferson Healthcare Clinic conducted the skin cancer screenings. During the course of the event, Gretchen conducted skin cancer checks with 48 people and distributed SPOTme® skin cancer prevention information. Of those screened, 19 were recommended for additional care. Follow up contact was made with each of these participants. From the follow up phone calls to the 19 identified as needing further evaluation, ten had a scheduled appointment or were in the process of scheduling an appointment. Others were too busy, or checking on insurance coverage, or were not likely to schedule.

This year, we scheduled the event during June—Skin Cancer Awareness Month—and highlighted the importance of skin cancer prevention. Ads specific to skin cancer prevention and the invitation to join us at the Health Expo for a free skin cancer check were placed in the Peninsula Daily News. Along with ads in the Port Townsend Leader, The Health Expo program guide was included as an insert in the June 15 edition, reaching 7,200 subscribers.



Jefferson
Healthcare