

Cancer Annual Report

2019

Jefferson

Healthcare



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A message from Mike Glenn, CEO

The mission of Jefferson Healthcare is to hold the trust and improve the health of the community through compassionate care, innovative and medical excellence. Without a doubt, our cancer services caregivers live this mission. And by doing so help us to deliver quality, comprehensive care to patients undergoing oncology treatment right here at home.

Under Jeinell Harper, RN and Anne Murphy, MD's leadership, the program continues to grow, add new providers, treatments and protocols and educates our community on the most effective cancer treatment; screening and preventive measures. We will continue to provide the highest quality care available because we believe cancer care is best delivered close to home.



A message from Ann Murphy, MD

I am once again happy to be able to contribute to Jefferson Healthcare's Fourth Cancer Program Annual Report for December 2019. Here are some of this year's achievements that I am especially proud of: Our program was accredited by the Commission on Cancer (CoC) in 2017; The CoC is a program of the American College of Surgeons which sets standards for cancer programs; a CoC-accredited program ensures high quality care that encompasses all of a patient's needs. Each year, as part of the requirements for accredited programs, we participate in several initiatives to assess our program, develop plans for improvement and measure our work. This is important work, and we take seriously our obligation to continually improve what we do. This year we added staff to address needs for more support for our patients, based on these assessments. We welcomed Tess Taft, MSW to provide counseling in her role as Oncology Counselor, Marriage and Family Therapist. This month we will welcome another social worker, Jessica Piper, SW.

Another change this year was our clinical trials partner; we had been associated with Northwest Community Oncology Research Program (NW NCORP) based at MultiCare in Gig Harbor, since 2015. This year, we along with MultiCare, joined Colorado Cancer Research Program, in the newly formed Western States NCORP. As a member, we can continue to offer our patients participation in cancer clinical trials without the need to travel.

We are growing! In addition to our new social work staff, we further expanded our team of providers and support staff this year. We welcomed Dr. Deborah Abrams in January, and Dr. Gregory Smith in November. Both doctors are board certified in both medical oncology and hematology. We have added a full-time clinical trials nurse (Ayla Skipper, RN, BSN, OCN) whose work will be critical to our goal of ensuring access to clinical trials for our patients.

When I consider our bustling clinic, I am so thankful for the support and encouragement we have received from the leadership at Jefferson Healthcare. Without their vision these accomplishments would not have been possible.

I wanted to recognize and highlight all of members of our clinical group: Working with Drs. Norman, Abrams, Smith and myself, are ARNPs Rebecca Kimball and Mary Towns.

Our infusion center director Jeinell Harper oversees the work of oncology nurses Lynn Fosket, Rick Fourmont, Josie Gonser, Mary Ihlen, Leitha Patton, LuAnn Rogers, Sue Rose, Ayla Skipper Emmy Lou Stein and Elizabeth Wright.

Our clinic support staff is headed by Kalie Fountain, with front desk staff Kim Kjeldgaard, Emma Rorie, and Carolyn Spragg Our medical assistant team, led by Carolyn Wood, CMA, includes Dayna Campbell and Penny Ganz.

Another hearty welcome to our two social workers: Jessica Piper and Tess Taft.

And lastly, I want to thank our wonderful volunteers, who bring welcome comfort items and deliver food to our patients: Katharine Bratman, Leslie Faxon, James Goldberg, Don Hasley, Cynthia Madison and Evie Zimmerman.

Our Oncology clinic provides exceptional care powered by patient-centered collaboration of all these people, and my appreciation for their work knows no bounds.

We look forward to the coming year, and to continued work to provide the best possible cancer care to our friends and neighbors in our community. Ann Murphy, MD

2019 Cancer Committee Membership

Jefferson Healthcare's Cancer Committee plays a very important role. Cancer program success depends on an effective multidisciplinary committee. The cancer committee is responsible for goal setting, planning, initiating, implementing, evaluating and improving all cancer related activities in the program. Below is a list of committee members.

Marc Koenig, MD Diagnostic Radiology	Kelly Lloyd, MD Pathology	Ann Murphy, MD Medical Oncology
Heath Foxlee, MD Radiation Oncology	Joseph Mattern, MD Cancer Liaison Physician	David Schwartz, DO General Surgery
Mitra Jafari, MD General Surgery	Tina Toner, RN Chief Nursing Officer	Carla Woodward, MSW, CTR Cancer Registry
Jeinell Harper, RN Director Oncology	Christine Curtis Quality Coordinator	Brittany Huntingford Cancer Conference Coordinator
Lanny Turay, R.PH. Pharmacy	Kathy Anderson, RD Dietician	Mitzi Hazard, DPT Rehabilitation
Ryan Whisnant ACS Representative	Mary Fortman, LICSW Social Work	John Nowak Community Outreach
Rebecca Kimball, ARNP Survivorship Coordinator	Ayla Skipper, RN, OCN Clinical Research	Tess Taft, LICSW Social Work
Tina Herschelman Community Outreach	Tammy Tarsa, RN, MSN Palliative Care	Christina Manzoni Pastoral Care

How Many People Alive Today Have Ever Had Cancer?

More than 15.5 million Americans with a history of cancer were alive on January 1, 2016, most of whom were diagnosed many years ago and have no current evidence of cancer. (American Cancer Society. *Cancer Facts & Figures 2019*.)

Jefferson Healthcare Oncology Services

The Cancer Program at Jefferson Healthcare treats many types of cancer each year. In 2018 there were 211 new patients diagnosed with or seen for first course treatment of cancer at Jefferson Healthcare, with the most common primary sites of prostate, breast, melanoma of the skin, bladder, colorectal and lung.

Jefferson Healthcare Cancer Program's goal is to provide high quality patient centered cancer care close to home. 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 2019 Jefferson Healthcare continued to provide medical oncology and infusion services on the third floor in its new Cancer Center. The Cancer Center offers a warm, caring and supportive environment to patients and families, as well as expanded services such as a survivorship program, on site radiation oncology consultation, genetic counseling and support groups all at one convenient location.

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

Support Services

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

- **Cancer Navigation Services** – Available to all cancer patients throughout and after treatment, our nurse navigator is a contact to assist patients' needs as they journey through the health care system.
- **Medical Social Work Services**- Available to all our cancer patients. These services address physical, psychological, social, spiritual and financial support needs that result from a cancer diagnosis and help ensure the best possible outcomes for our patients.
- **Genetic Counseling** – In partnership with Myriad, Color and Foundation One Labs. For 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** – Located in the waiting room of the oncology clinic. Resources easily visible and accessible for all cancer patients and their families.
- **Lymphedema Treatment** – A Certified Lymphedema Therapist helps patient experiencing this side effect of the disease and treatment.
- **Nutrition Services** – A registered Dietician is available to for nutrition -related problems, comprehensive nutrition assessment, nutrition counseling and education.
- **Home Health Services** - Provides skilled nursing, social work and rehabilitation services in the home.
- **Palliative Care** – Helps improve a patient's quality of life by lessening the physical, emotional and spiritual pain he or she is experiencing.
- **Pain Management Services** - Patients receive pain management services through the Oncology Clinic but can also be referred for consultation.
- **Rehabilitation Services** - Includes physical, occupational and speech therapy to assist patients with strengthening and activities of daily living. These services assist cancer patients and survivors to improve functional status and quality of life.
- **Survivorship Program** – Offered to all patients as they complete treatment to disseminate a treatment summary and follow-up plan.
- **Tai Chi**- A specially designed 8-form Tai Chi class focusing on balance, strength and function movement, also a chance to build a social network over the 12-week series.
- **Harmony Hill** – Offers retreats for cancer patients, their loved ones and care givers to help cope with the effects of cancer.
- **Hospice** – Offers holistic care to patients with a terminal diagnosis. Supports both the patient and their family at the end of life.
- **Support Groups** – Jefferson Healthcare provides 3 different support groups. Breast cancer support, an advanced cancer support group and a caregiver's support group for those caring for loved ones with a cancer diagnosis.
- **Tess Taft, MSW, LICSW** provides therapy sessions to our cancer patients and their family.

Clinical Trials

In 2019 Jefferson Healthcare's Cancer partnership with MultiCare changed to Western States Cancer Research NCORP. Founded in 1983, WSCR-NCORP partners with physicians, hospitals, and health care systems to disseminate clinical trials focused on improving the lives of cancer patients through treatment, prevention, symptom control and cancer care delivery research. Jefferson Healthcare's participation in WSCR 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 to find better ways to treat and eventually prevent cancer. Through clinical trials, researchers can 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.

WSCR- 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 offer this option for our local community.

Learn more about WSCR- NCORP at westernstatesncorp.org.



Cancer Conference

Cancer Conferences, sometimes referred to also as tumor board, provide current information to the medical staff and consulting services to the clinicians about specific cancer cases presented at the conference. At Cancer Conference physicians present a brief medical history of the patient, presenting symptoms and staging evaluations. Radiology and Pathology representatives discuss the pertinent information from the diagnostic work-up. This multidisciplinary approach and discussion is important to high quality care for patients.

Discussions at Cancer Conference can include:

- Staging information
- Treatment options for newly diagnosed patients
- National treatment guidelines used for treatment planning
- Options for clinical trials
- Genetic testing
- Additional treatment and recurrence preventions for patients in treatment or who have completed their treatment
- Retrospective discussions
- Palliative and supportive care

Jefferson Healthcare's multidisciplinary Cancer Conference is held monthly. In 2019 one hundred twenty-two cases were presented.



Performance Improvement

Performance Improvement has continued to be a key strategic initiative in the Cancer Committee, and we have carefully chosen two projects that would have immediate impact on our community's health and well-being.

Breast Cancer Screening

Our first project was centered on breast cancer screenings. Data suggested there is an opportunity to study care gap closure for breast cancer screenings. Timely screens for breast cancer can diagnose cancer earlier, improving the likelihood of treatment and cure. We studied 3,239 women who met the CMS guidelines for receiving a mammogram. 47% of the women in the study did not meet the guidelines and further study showed no evidence of receiving a reminder call, letter, or discussions for their returning mammograms.

Teaming up with Primary Care and Diagnostic Imaging a new automatic reminder system workflow was identified as needing improvement. They worked together to create a new streamlined reminder workflow. Here is an example of the new workflow.



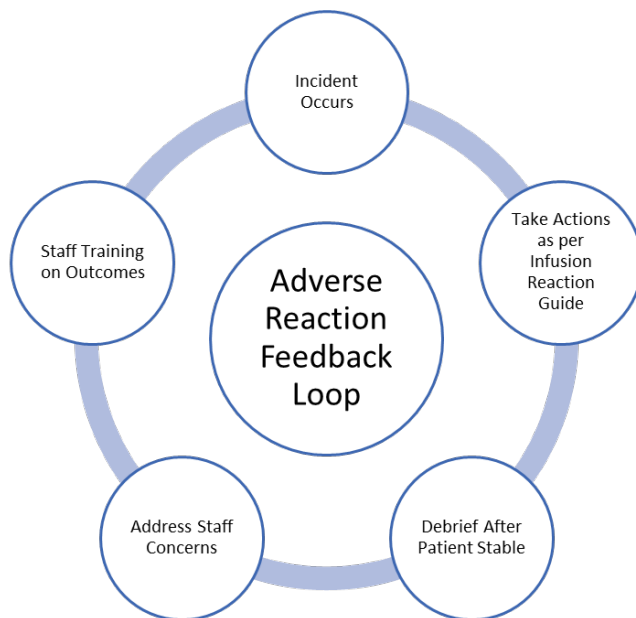
As a result of the corrective actions the rate of patients getting their mammograms on time rose 5.2%. This improvement is just the beginning though because it takes almost a year for the cycle to complete and see the new reminder system fully in place. The team anticipates this improvement trend to continue to rise

Adverse Medication Events

Reviewing staff reactions and education around adverse medication reactions was our second project. Oncology and Infusion administers high risk medications to patients, with little room for error. Therefore, safe medication practices are essential in administering high risk medications such as chemotherapy. It is suggested that patients could benefit from a more streamlined risk-based assessment.

Six cases were identified where patients developed adverse reactions as a result of the medications they received. After reviewing each case for patterns it was decided that staff didn't consistently respond to the symptoms in the adverse reactions based on identified and approved actions. Staff were failing to go into the PRN to know what to do based on reaction level. This was due to the fact it was inside the Epic electronic health record and staff didn't have the time in emergencies to open Epic, complete the sign on process, and find what they needed.

Training, policy improvements, and communication methods were either implemented or improved. Here is an example of the new feedback loop that was created that addresses the risks associated with the administration of high-risk medications.



Staff now have tools at their fingertips to easily know what to do in an emergency situation. Staff have more confidence and understand the new or updated workflows.

- 87% of staff surveyed understand the differences of the 4 different grade reactions.
 - This is a 44% improvement from the original survey
- 62% of staff know the necessary interventions of each grade.
 - This is a 12% improvement from the original survey

Cancer Registry Data

Commission on Cancer accreditation challenges cancer programs to enhance patient care by addressing patient-centered needs and measuring the quality of the care they deliver against national standards. Like all CoC-accredited facilities, Jefferson Healthcare maintains an onsite cancer registry program.

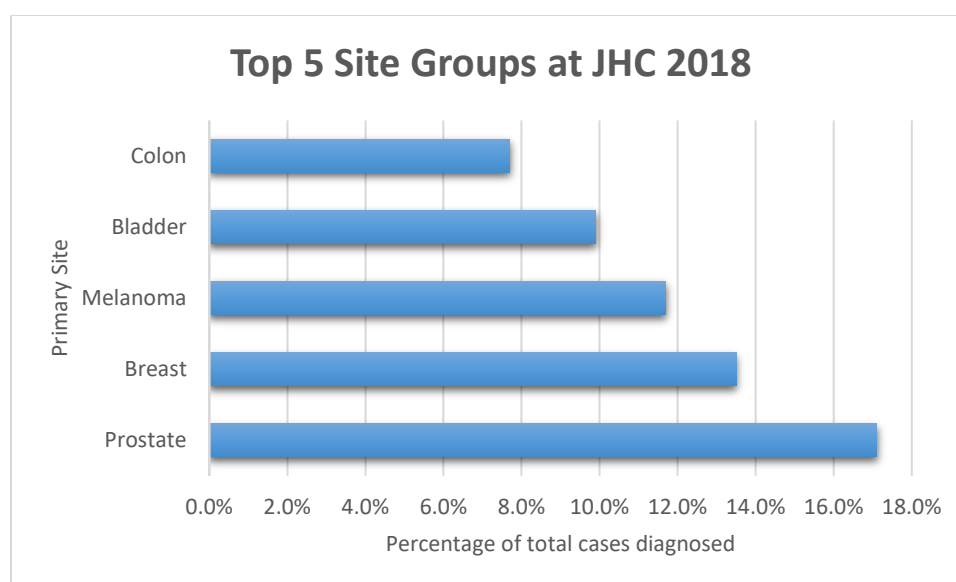
Complete, computerized abstracts containing demographic, diagnostic, treatment, and outcome information on all cases diagnosed since January 1, 2014 are maintained in the registry and updated annually. The Jefferson Healthcare cancer registry currently contains records of 1,389 individual tumor occurrences grew by over 250 cases in the last year.

Jefferson Healthcare Cancer Registry made its first data submission to the National Cancer Data Base (NCDB) on April 5, 2018, and its second full submission in May of 2019. The NCDB is a joint program of the CoC and American Cancer Society. This nationwide oncology outcomes database is the largest clinical disease registry in the world. Data on all types of cancer are tracked and analyzed through the NCDB and used to explore trends in cancer care.

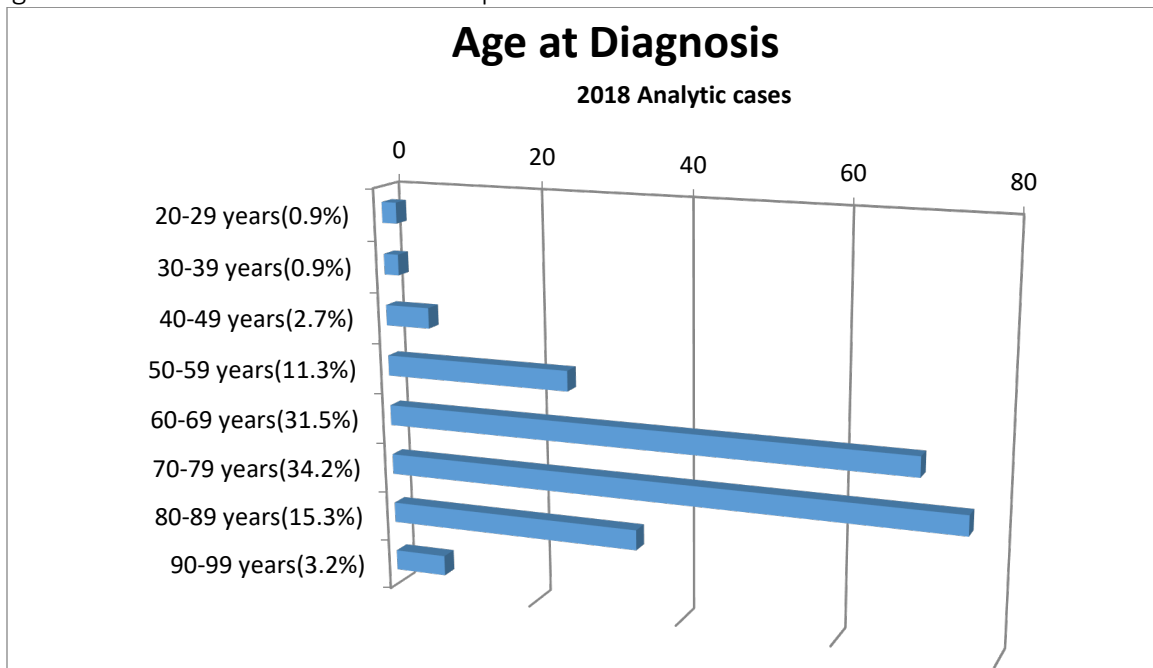
CoC-accredited cancer centers have access to information derived from this data analysis, which is used to create national, regional, and state benchmark reports. These reports help CoC facilities with quality improvement efforts.

In 2018, the most recent complete year of available data, 222 new cancer records were added to the JHC registry for cases in which a cancer was diagnosed at or in which the patient received all or part of their first course of treatment at Jefferson Healthcare.

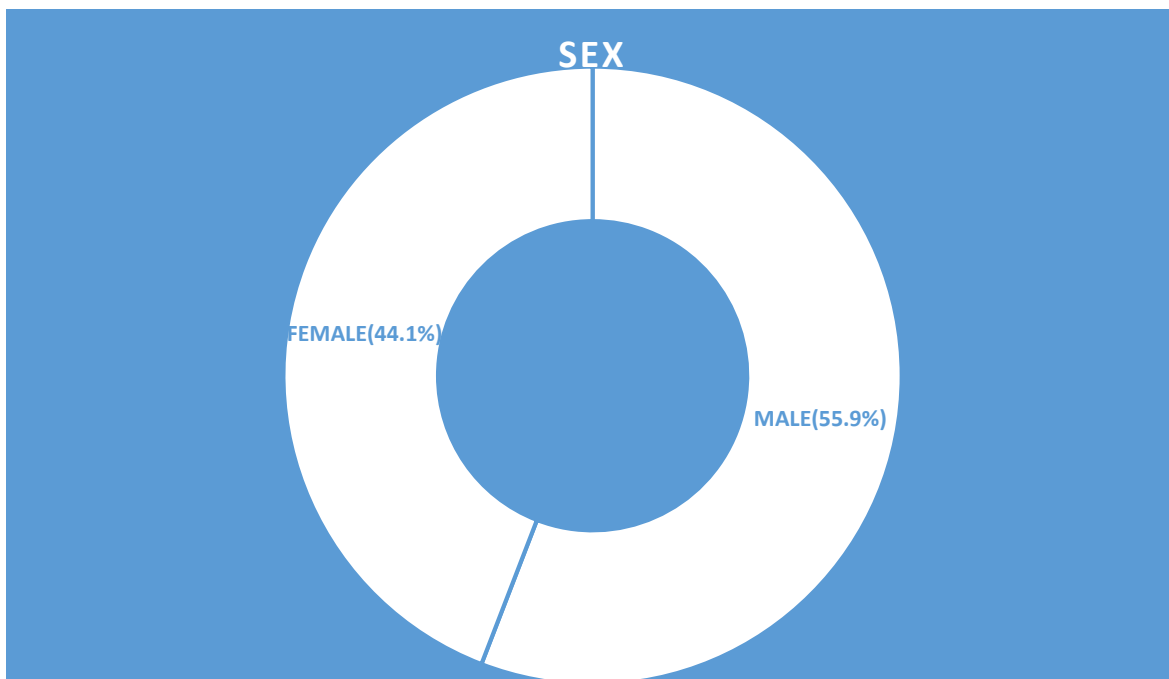
The most frequent primary sites of cancer diagnosed or treated at JHC in 2018 were: Prostate (17.1%), Breast (13.5%), Melanoma (11.7%), Bladder (9.9%) and Colon (7.7%)



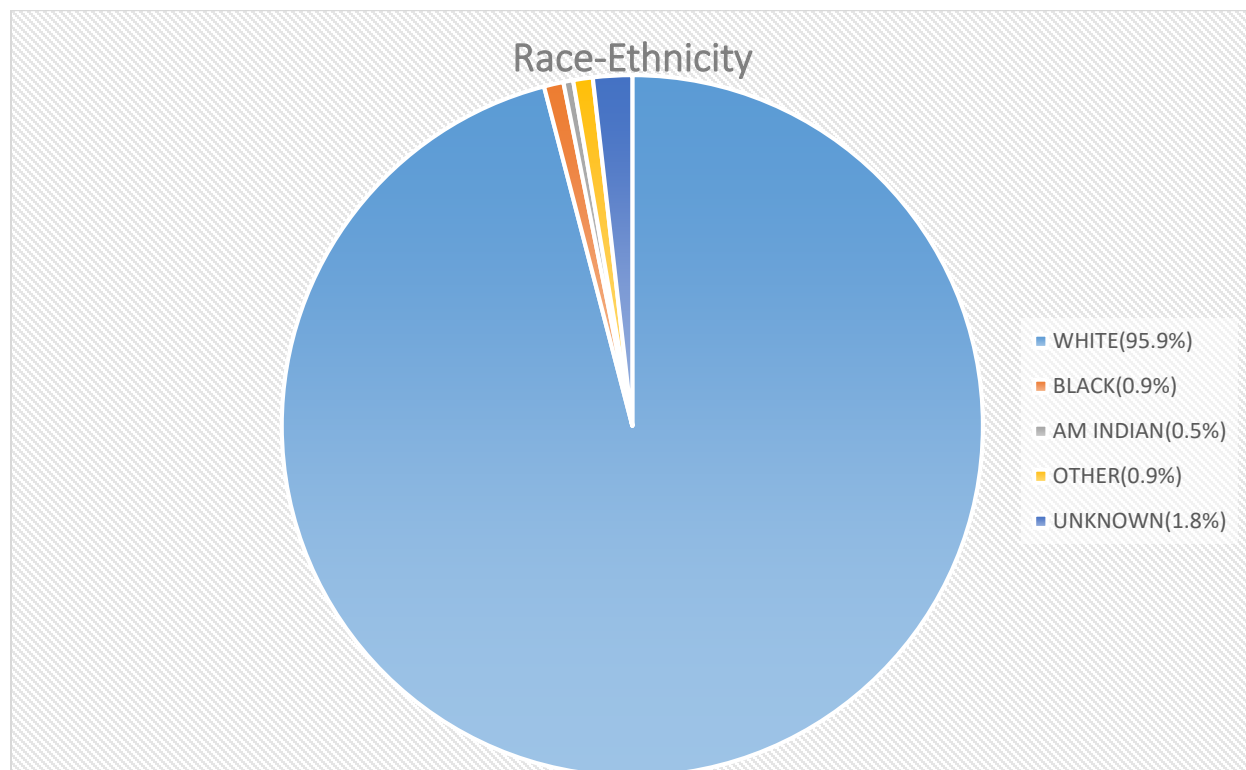
Patient age at diagnosis ranged from 20s (0.9%) to age 90 or older (3.2%). The majority of patients were age 60 and older, with the greatest number of cases clustered in the age range of 70-79 (34.2%). Patients under age 50 constituted less than 5% of all patients.



55.9% of patients diagnosed or treated in 2018 were male, and 44.1% percent were female.



Almost 96% of patients diagnosed with or treated for cancer at JHC in 2018 were white. Less than one percent of patients identified themselves as being of Spanish/Hispanic ethnic origin.



American Joint Commission on Cancer (AJCC) TNM staging distribution shows that 110 patients diagnosed in 2018 had stage 0, I, or II cancers (49.5%). Patients with stage III disease represented 13.5 percent of cases, while 18.5 percent had stage IV cancers at diagnosis. AJCC staging information was insufficient for 5.4 percent of all analytical patient cases, and not applicable for 13 percent of cases.



Spotlight on Medical Social Work

The role of the oncology social worker is to help patients, their families, and caregivers cope with the experience of facing cancer. Social workers are educated and skilled to assist with the psychological, social, emotional, and spiritual issues that people can have with a cancer diagnosis and care. Social workers are there to help people with practical needs, like finding resources in the institution and the community, and with such complex needs such as adjusting to an illness, grief and loss, managing transitions and decision-making, navigating cultural issues, and communicating with family members, friends, and health care providers. Social workers meet with patients and family members individually and/or as a family, run support and education groups, and work as part of oncology care teams.



Tess Taft, LICSW joined the Jefferson Healthcare Oncology team in April of this year, bringing 40 years of oncology family therapy experience with her. She works directly with patients, families and their loved ones to provide oncology psychotherapy. Her work is focused on helping them build and maintain the skills to manage frightening thoughts and feelings, physical pain and the spiritual turmoil that comes with a cancer diagnosis.



We've increased our services by adding what we call a "resource queen", hiring, Jessica Piper, Medical Social Worker, who has had valuable experience as a patient resource provider and counselor with severely ill patients. She joined our team November 25th and in this short time has already been an immense help to our patients.

Below are notes from a few of our patients on their experiences.

As a patient with an incurable cancer, it has been of great benefit to me to be a member of one of Tess Taft's support groups. Tess has worked with patients and families for many years and her experience shines through at each meeting. The atmosphere that Tess creates in her office (which feels like a living room) has always felt extremely peaceful. This atmosphere is conducive to

helping people open up to sharing their feelings and experiences in a very safe environment. Tess's calm demeanor sets people at ease and enables one to relax. Tess is a good listener and facilitator. When I'm in her group I always feel ready to learn something new from the others in the group and from Tess. After about two years of attending support group gatherings I can honestly say that Tess has enhanced my life and enabled me to learn how to deal with the different myriad of feelings that arise when coping with cancer. Her experiences with helping people deal with this tough diagnosis benefits all who are in her groups. Tess's expertise is a true gift to us all.

~ Anonymous Patient

Tess has been my emotional guide for the last eight months. I would be lost without her. My life went into a physical and emotional tailspin in October 2018 when I was diagnosed with MBC. While my doctors take care of my Cancer there was nowhere for me to take my emotions. Until I met Tess. We meet privately, with my husband and twice a month Tess has an advanced Cancer group that I attend. These meetings are so important to me. They have helped me to stabilize emotionally and have allowed me to move forward with my "new normal". My family and I are forever grateful.

~ Anonymous Patient

I have had the good fortune of doing counseling with Tess Taft, at Jefferson Healthcare. I saw her for individual counseling, as I needed help to know how to best support my loved one who is living with terminal brain cancer. I am very grateful for her compassion and knowledge about the difficult emotional effects of cancer on patients and their loved ones. When I felt helpless to do anything for my partner, she gave me a wonderful technique of sending love and healing to him from a distance. And when I felt I needed to be firm with him, she helped me find a compassionate way of expressing myself. She also helped me remember the importance of taking care of myself, even as I supported my partner. I have also seen Tess with my partner, for couples counseling. She has been fair and supportive of both of us. I have appreciated her ability to get right to the "heart of the matter," and ask the important questions. She seems to know that anyone dealing with a terminal illness deserves an honest and frank appraisal of things, and she is able to offer immense support for how to deal with the many fears and pains that patients and their families are going through. Tess is able to deliver her message in a powerful way, teaching us to be honest with ourselves and each other and to always remember to return to our own "center," as we navigate the challenges we face.

~ Anonymous Patient

Cancer Prevention Program

Cancer Screening 2019 Project Colon Cancer Screening Event

Program Rationale

Washington State and Jefferson County colon cancer incidence rates:

Jefferson Healthcare provided clinical assessment and/or treatment services to 154 patients who were diagnosed with cancer in 2015. Colorectal cancer was the third most common primary site grouping treated or diagnosed at Jefferson Healthcare, after breast and prostate cases.

While our age adjusted incidence rate of colon cancer remains low when compared to state and national rates, *our county's residents in the 65 and older category made up 31.8 percent of its population compared to 14.1 percent of the state's population, making colon cancer and its early screening and detection an identified need in our community.*

Age adjusted annual colorectal cancer incidence rates:

Location	Time Period of data	Age adjusted colorectal cancer rates per 100,000
Jefferson County	2011-2015	35.7
Washington State	2011-2015	34.3
United States	2011-2015	39.2

Source: Washington State Cancer Registry

Washington State and Jefferson County colon cancer screening rates:

- From the 2014 Jefferson Healthcare Cancer Program Community Needs Assessment:
 - As of 2013 slightly more than 75% of men and women age 50 and over in Jefferson County had been screened for colorectal cancer. These rates did not differ statistically from those of Washington State. (Per BRFSS 2013 data)
- The National **Colorectal Cancer Roundtable** has set a goal of 80% screening
- From the CDC BRFSS Prevalence and Trends 2016 dataset - Percent of respondents aged 50-75 who have fully met the USPSTF recommendation for colorectal cancer screening:

	Met USPSTF recommendations	Did not meet USPSTF recommendations for testing
Washington State	70.7%	29.3%
95% CI	69.3-72.2%	30.7-27.8%
National Colorectal Cancer Roundtable Goal* 80% Goal by 2018		

Source: CDC BRFSS Prevalence and Trends 2016, *NCCRT 80% by 2018

National guidelines/evidence-based interventions:

From the 2016 Washington Health Alliance report to the Colorectal Cancer Roundtable:

- Although the incidence of and death rate from colorectal cancer is declining in Washington, the impact remains significant.
- Screening remains an essential tool in minimizing the impact of colorectal cancer.

Program Summary:

The most important component of Colon Cancer prevention is screening. Colorectal cancer is a leading cause of cancer death for both men and women in the US. But the death rate (the number of deaths per 100,000 people per year) of colorectal cancer has been dropping for several decades. One reason for this is that colorectal polyps are now more often found by screening and removed before they can develop into cancers.

When colorectal cancer is found at an early stage before it has spread, the 5-year relative survival rate is about 90%. But only about 4 out of 10 colorectal cancers are found at this early stage. When cancer has spread outside the colon or rectum, survival rates are lower.

Program Goals:

Hold a Colon Cancer screening event in March (Colon Cancer Prevention month) for the community. Have registration available to make appointments for patients with their primary care provider to discuss options for screening. Have 10 people attend the event and have 3 schedule a follow-up.

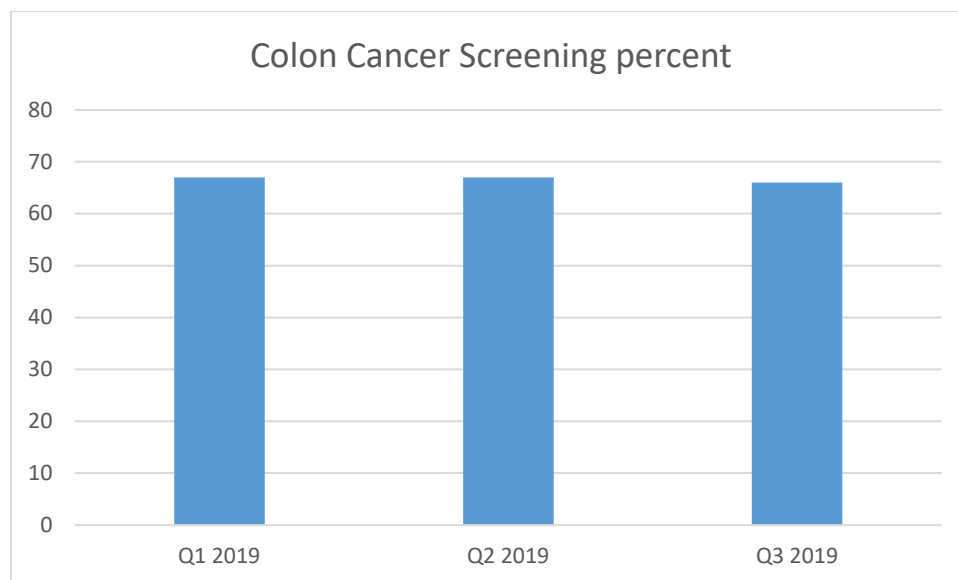
Program Outcomes:

A community presentation on Colon Cancer Screening was held on March 13th. Two presenters created a 60-minute program with information about Colon Cancer Screening Methods and Recommendations. Ten members of the public attended. Follow-up was not done because of HIPAA concerns.

Conclusion:

The number of community members attending the presentation was at the goal. Numbers of patients receiving the Colon Cancer Screen have not significantly increased in 2019 (see that data below). We did learn a valuable lesson about including the permission to ask attendee's if we can follow-up with them about the screening at the event. This should be part of any screening event we hold in the future.

More effort needs to be expended to increase the awareness about this screening. We need to continue our efforts to encourage members of our community to have this screening.



Kelsea Peterman, DO




David Schwartz, DO

Drs. Peterman and Schwartz present
*Colorectal Cancer Awareness:
Screening Methods and Recommendations*

WHEN	March 13, 5:00 pm
PLACE	Dirksen Room, Jefferson Healthcare 834 Sheridan Street, Port Townsend
COST	Free

March
COLON CANCER
 AWARENESS MONTH
 preventable • treatable • beatable



David Schwartz, DO, Member American Osteopathic Association,
 American College of Osteopathic Surgeons, Kansas City
 University of Medicine and Biosciences, Doctor of Osteopathy




Kelsea Peterman, DO, Member American Osteopathic Association,
 American College of Osteopathic Surgeons, Western University
 of Health Sciences, Doctor of Osteopathy


Meet our new surgeons—local expertise when you need it.

Drs. Schwartz and Peterman will present a free seminar entitled
Colorectal Cancer: Screening Methods and Recommendations.

WHEN	March 13, 5:00 pm
PLACE	Dirksen Room, Jefferson Healthcare, Port Townsend



SURGICAL ASSOCIATES



Schedule: 360.385.5444
JeffersonHealthcare.org

Cancer Prevention Event

Standard 4.1: “Each calendar year, the cancer committee organizes and offers at least one cancer prevention program designed to reduce the incidence of a specific cancer type and targeted to meet the prevention needs of the community. Each prevention program is consistent with evidence-based national guidelines for cancer prevention.”

Program Rationale:

A population-based study using BMI and cancer incidence data from the GLOBOCAN project estimated that, in 2012 in the United States, about 28,000 new cases of cancer in men (3.5%) and 72,000 in women (9.5%) were due to overweight or obesity (32). The percentage of cases attributed to overweight or obesity varied widely for different cancer types but was as high as 54% for gallbladder cancer in women and 44% for esophageal adenocarcinoma in men.

A 2016 study summarizing worldwide estimates of the fractions of different cancers attributable to overweight/obesity reported that, compared with other countries, **the United States had the highest**

fractions attributable to overweight/obesity for colorectal cancer, pancreatic cancer, and postmenopausal breast cancer (33).

Nearly all of the evidence linking obesity to cancer risk comes from large cohort studies, a type of observational study. However, data from observational studies can be difficult to interpret and cannot definitively establish that obesity causes cancer. That is because obese or overweight people may differ from lean people in ways other than their body fat, and it is possible that these other differences—rather than their body fat—are what explains their different cancer risk.

Despite the limitations of the study designs, there is consistent evidence that higher amounts of body fat are associated with increased risks of a number of cancers, including:

- Colorectal cancer: People who are obese are slightly (about 30%) more likely to develop colorectal cancer than normal-weight people.
- A higher BMI is associated with increased risks of colon and rectal cancers in both men and in women, but the increases are higher in men than in women.

Obesity is lower than the state average for Jefferson County but has been increasing in the last 3 years.

Adult obesity

	2013	2014	2015	2016	2017
Jefferson County	25.1	25.3	23.3	24.5	26.8
Washington State	27.5	27.3	27.2	27.2	27

National guidelines/evidence-based interventions:

The ASCO Obesity Initiative

In 2013, ASCO launched an initiative focused on obesity and cancer. Key goals of the initiative follow:

- Increasing awareness of the evidence linking obesity and cancer
- Providing tools and resources to help oncology providers address obesity with their patients
- Building and fostering a robust research agenda to study the relationship between obesity and cancer and the impact of weight-management programs on cancer outcomes
- Advocating for policy and systems change to increase access to weight-management programs for cancer survivors

To date, this initiative has facilitated the development of patient and provider resources to promote healthy weight management, worked to build awareness of the relationship between obesity and cancer in the oncology community, and developed a set of recommendations for future obesity research in cancer populations.

The State Indicator Report on Fruits and Vegetables

Despite the health benefits of fruits and vegetables, Americans are not consuming enough in their daily diet. States and communities can help citizens consume more fruits and vegetables by making them convenient and affordable in the places where children and adults live, work, learn, and play. This is

particularly important for individuals and families that face food insecurity or lack access to stores selling quality produce at reasonable prices.

Poor diet quality is a leading risk factor associated with death and disability in the United States.^{1,2} Eating a diet rich in fruits and vegetables as part of an overall healthy diet can help protect against a number of serious and costly chronic diseases, including heart disease, type 2 diabetes, some cancers, and obesity. Fruits and vegetables also provide important vitamins and minerals that help the human body work as it should and fight off illness and disease.

The 2015–2020 Dietary Guidelines

For Americans the guidelines recommend that adults consume 1.5–2 cups of fruits and 2–3 cups of vegetables per day. Despite these recommendations, recent data show low consumption. Only 1 in 10 US adults eat the recommended amount of fruits or vegetables each day. Fruit and vegetable consumption among American youth is also low; just 9% of high school students meet the fruit recommendation, and only 2% meet the vegetable recommendation. Income-related disparities exist, as well, with 7% of adults who live at or below the poverty level meeting the daily vegetable recommendation, compared to 11.4% of adults with the highest household incomes.

Program Summary:

Develop and host a community event to teach about the relationship between BMI and cancer risk and to emphasize the importance of a diet rich in vegetables & fruits. The event will specifically include information from The American Cancer Society and their recommendations to reduce cancer risk:

- Eat at least 2½ cups of vegetables and fruits each day.
- Include vegetables and fruits at every meal and for snacks.
- Eat a variety of vegetables and fruits each day.
- Emphasize whole fruits and vegetables; choose 100% juice if you drink vegetable or fruit juices.
- Choose whole grains instead of refined grain products.
- Limit your intake of refined carbohydrate foods, including pastries, candy, sugar-sweetened breakfast cereals, and other high-sugar foods.
- Studies of nutritional supplements to reduce cancer risk have not all been disappointing, but for the most part, research does not support their use in lowering cancer risk; rather, the recommendation is to eat whole foods as part of an overall healthy diet as outlined in the ACS guideline, with special emphasis on controlling calorie intake to help get to and maintain a healthy weight.

Program Goals

Provide educational event to “know your BMI” and its associated cancer risks, and to encourage attendees to eat 2.5 cups of fruits and veggies every day as part of an overall healthy diet to maintain a healthy weight. To host 15 attendees at this event.

Program Outcomes:

At the event, nutritionist Karen Mullen personally counseled 25 individuals about their BMI and associated cancer risk, exceeding our goal.



Pictured: Chef Stark giving vegetable cooking demonstrations to a crowd at the event.



Pictured: Pop-up farmers market at the event.

Conclusion:

In addition to the nutritional counseling, a cooking demonstration by hospital chef educated attendees about preparing and cooking leafy green vegetables. A pop-up farmers market was on hand so attendees could subscribe to a Community Supported Agriculture (CSA) share, which would encourage them to eat the recommended amount of vegetables. The festival atmosphere contributed to the success of the event.

Testimonials

It is an honor and privilege to commend the oncology triage Staff for their stellar care this past year. Since autumn, 2018, I have been a patient in the care of Dr. Ann Murphy, the Entire certified oncology crew, and the vigilant triage staff, all of whom have provided seamless teamwork to ensure optimal healing for this reticent patient. Although I had read all the materials provide for my cancer Journey, I truly did not understand the need to mind critical protocol for communicating with the triage staff when my fever spiked. Hesitating to bother them with a call that my fever was past the danger zone, I tried to take care of it myself, and ended up in some deep weeds before finally calling. Whereas they could have scolded me, they instead received my call with incredible tenderness, swift efficiency, amazing lovingkindness, and unparalleled professionalism. Afterward, I received a firm lecture, from each triage member at separate times, on the consequences of fever leading to sepsis. No condescending finger-wagging- just the cold hard facts, and the assurance that I was special enough to them to use their services at any time.



Without this service, I may not be here today to share this with you. There are really no adequate words to describe the effects of chemotherapy, especially when a patient unwittingly decides not to heed the bold print cautions. I know I can call at any time with any concern, weather it is swelling, fever, cough, suspicious clots, or any uncertainty related to my cancer. I remain indebted to Jefferson Healthcare's state of the art oncology program for my current stable condition, and having learned my lesson, I shall confidently communicate with the triage staff in a time of need- at any hour of any day or night.

Connie L. Hillger