

Orange County Cancer Collaborative Action Plan

AS PART OF THE 2019-2021 COMMUNITY HEALTH IMPROVEMENT PLAN
DRAFT AS OF JULY 26, 2019

PRIORITY AREA: PREVENTING CHRONIC DISEASE

FOCUS AREA 3: Increase access to High Quality Chronic Disease Preventative Care and Management in Clinical and Community Settings

GOAL 1.1: Increase screening rates for breast, cervical and colorectal cancers, especially among disparate populations in the cities of Newburgh, Middletown and Port Jervis.

OBJECTIVE #1: By December 31, 2021, increase the percentage of adults receiving breast cancer, cervical, and colorectal cancer screenings based on the most recent screening guidelines by 5%. (Baselines: 74.5% Breast Cancer Screening; 85.7% Cervical Cancer Screening and 71% Colorectal Cancer Screening)

(Data source: NYS Behavioral Risk Factor Surveillance Survey 2016)

STRATEGIES THAT ADDRESS DISPARITY: 1, 2 and 3

| ACTION PLAN | | | | | |
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| Evidence Based Strategy | Activities | Lead Partners | Timeframe | Evaluation Measure | Outcome: Product/Result |
| (1) Remove structural barriers to cancer screening by working with employers to provide employees with paid leave or the option to use flex time for cancer screenings | Work with the Chamber of Commerce's Health Means Business Committee to connect to worksites to establish paid leave policies for screenings | Staff Time: <i>Orange County Department of Health (OCDOH), Chamber of Commerce Health Means Business Committee, Orange County Cancer Services</i> | January 2019-December 2021 | Number and type of worksites that adopt practices and policies that reduce structural barriers to cancer screening | Increased number of people able to receive cancer screenings |
| | Recruit worksites with current policies in development to host one-time on-site screening events | | | Number of employees that have worksites with policies for flex time or paid time off for cancer screenings | |

| ACTION PLAN | | | | | |
|--|--|--|---------------------------|---|--|
| Evidence Based Strategy | Activities | Lead Partners | Timeframe | Evaluation Measure | Outcome: Product/Result |
| (2) Use small media and health communications to build public awareness and demand | Develop one consistent branded message across all entities | <i>OCDOH, Crystal Run Healthcare, Orange County Cancer Services, Montefiore St. Luke's Cornwall Hospital (SLCH), Bon Secours Charity Hospital System (BSCH), Orange Regional Medical Center (ORMC), Hudson River Healthcare (HRHC) Cornerstone</i> | June 2019-December 2019 | Number and type of locations where materials were distributed Number of surveys responses after public campaigns using street outreach | Change in knowledge and awareness for need of cancer screening |
| | Work with SUNY Orange Graphic Design Department for poster designs for public health awareness campaign and messaging for breast, colorectal cancer and cervical cancers | <i>SUNY Orange students, OCDOH, Crystal Run Healthcare, Orange County Cancer Services, SLCH, BSCH, ORMC, HRHC, Cornerstone</i> | August 2019-December 2020 | Number of designs submitted for consideration for breast, colorectal and cervical cancers | One consistent branded message about the importance of breast, cervical and colorectal cancer screenings being utilized as many Orange County healthcare organizations as possible |

| ACTION PLAN | | | | | |
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| Evidence Based Strategy | Activities | Lead Partners | Timeframe | Evaluation Measure | Outcome: Product/Result |
| (2 cont.) Use small media and health communications to build public awareness and demand | Evaluate how patients have found cancer screenings through surveys (i.e. newspaper, mailings, flyers, word of mouth, social media or other) | <i>Cornerstone, SLCH, ORMC, BSCH</i> | June 1, 2019-December 2019 | Number of surveys distributed Percentages of how patients found cancer screenings by type | Increased knowledge of how patients are finding cancer screening services |
| (3) Link patients with primary care and ensure access to health insurance to reduce barrier to screening | Survey patients from other facility-sponsored events to establish a baseline of patients who have health insurance and whether they have a primary care provider (PCP) | <i>Cornerstone, SLCH, ORMC, BSCH</i> | April 23 rd 2019-December 31 st 2019 | Number of survey participants Percentage of patients with a PCP Percentage of patients with health insurance | Established baseline for both PCP and health insurance status sample |
| | Utilize in-house urgent care facilities to make referrals to primary care | <i>Cornerstone, SLCH, ORMC, BSCH</i> | July 1, 2019-December 2021 | Number of referrals Number/percentage of patients referred to PC attending primary care appointments | Increased number of patients enrolled in primary care |
| | Provider outreach to the community | <i>Cornerstone, SLCH, ORMC, BSCH</i> | April 2019-December 2021 | Number and type of events from providers Number of attendees at each event | Increased trust among the public/patients with the medical community to get recommended procedures including cancer screening |

| PERFORMANCE MEASURES | | | |
|---|---|--------------------------|---------------------|
| Short Term Process Indicators | Baseline | Source | Frequency |
| By October 2019, create the infrastructure for a shared calendar for the collaborative to share events for Breast Cancer, Colorectal Cancer and Cervical Cancer Awareness Months. | N/A | N/A | One-time |
| By October 2019, create a registry of Orange County CSP providers. | N/A | CHIP Evaluation Database | Updated yearly |
| By June 2020, create a registry of Orange County navigators for non-profit organizations to refer clients. | N/A | CHIP Evaluation Database | Updated quarterly |
| By December 2020, increase the number of worksites with screening policies. | Baseline to be determined by June 2020 | CHIP Evaluation Database | Quarterly |
| By December 2020, increase the number of outreach events collectively by 5%. | Baseline to be determined by January 2020 | CHIP Evaluation Database | Bi-monthly meetings |

| PERFORMANCE MEASURES | | | | |
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| Long Term Outcome Indicators | Baseline | NYSDOH P.A. Goal | Source | Frequency |
| By December 2021, increase the percentage of women ages 50-74 receiving breast cancer screening by 5% from 74.5% (2016) to 78.2%. | 74.5% (2016) | 80 % by 2018 HP2020: 81.1% | New York State Behavioral Risk Factor Surveillance Survey | Every four years |
| By December 2021, increase the percentage of adults aged 50-75 receiving colorectal screening by 5% from 71% (2016) to 74.6%. | 71% (2016) | 80% by 2018 HP2020: 70.5% | New York State Behavioral Risk Factor Surveillance Survey | Every four years |
| By December 2018, increase the percentage of women ages 21-65 receiving cervical cancer screening by 5% from 85.7 (2016) to 90%. | 85.7% (2016) | 88% by 2018 HP2020: 93% | New York State Behavioral Risk Factor Surveillance Survey | Every four years |