

# Cancer Crushing Prevention and Early Detection





In 2015 the Tri-Cities Cancer Center, Kennewick, Wash., partnered with the Blue Mountain Oncology Program in an effort to better understand the annual number of cancer patient cases diagnosed in our area and their stage of diagnosis, with the goal of identifying opportunities for improvement. The Blue Mountain Oncology Program functions as the cancer center's local tumor registry and is responsible for collecting important patient data. In turn, these data help the Tri-Cities Cancer Center decide where to focus its efforts to prevent or detect cancer earlier so our team can save more lives by providing world-class cancer care, including survivorship support. The cancer center began to consider a new value proposition for the residents in our community by asking the question, "What matters to you?" That is, what can the Tri-Cities Cancer Center do to improve the health and well-being of its residents?

After conducting a data review, our team at Tri-Cities Cancer Center identified breast, lung, colorectal, and prostate cancer as the most prevalent cancers diagnosed in our region (see Table 1, page 46). This finding corresponds to cancer rates identified in other parts of the state and the nation. These data showed that Tri-Cities Cancer Center was doing an outstanding job in identifying breast cancer at an early stage (Figure 1, page 47). However, as we looked closer at the regional data in comparison to both state and national data, we identified the need to improve early diagnosis in lung and colorectal cancer. These data showed our region to be experiencing a higher rate of lung and colorectal cancer diagnosed at a late stage (see Figures 2 and 3, page 48). In addition, through conversations with local primary care providers, we identified an opportunity to increase patient compliance with recommended cancer screenings.

Through our innovative community education campaigns and workplace wellness program, Tri-Cities Cancer Center has sparked a community conversation to significantly impact cancer screening compliance rates.

With this information in hand, we turned our attention to increasing our community education efforts. We developed a marketing campaign that used creative messaging to highlight facts and figures related to mortality rates to bring attention to the issues. Unfortunately, this approach did not result in the desired compliance results, so our team decided to take a new approach.

### **A Dose of Education Through Humor**

Our director of strategy and business development suggested a video concept that would use humor to deliver strong messaging meant to catch and hold the community's attention. The team at Tri-Cities Cancer Center developed initial concepts and then worked with a local marketing partner to fine-tune them. The cancer center budgeted for the public outreach and education

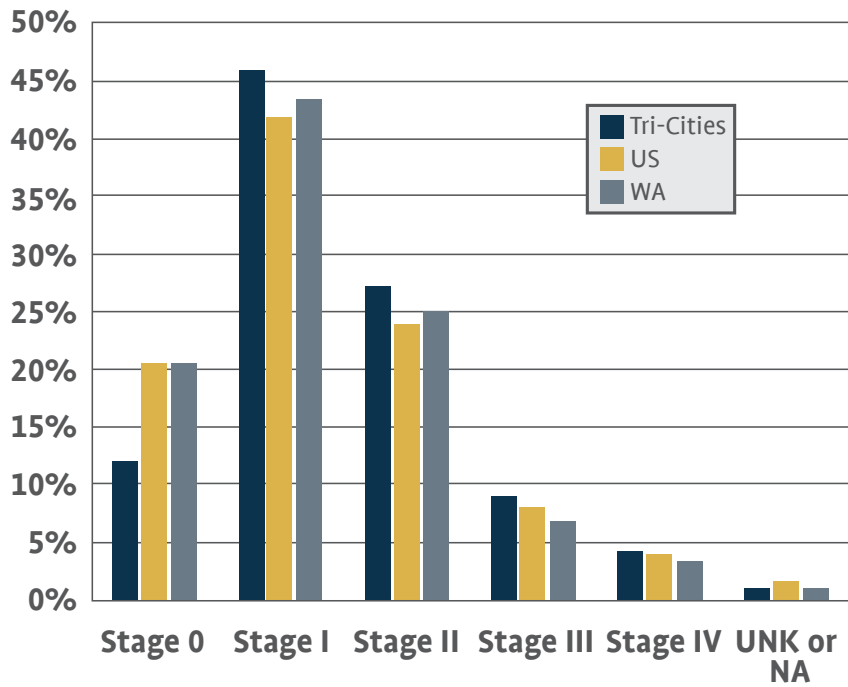
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**Table 1. Comparison of Tri-Cities and Surrounding Areas Versus Regional, Statewide, and National Data for Most Frequently Diagnosed/Treated Primary Sites<sup>a</sup>**

Number of Cases Diagnosed and/or Treated								
Primary Site	Tri-Cities Cancer Center, 2016		Blue Mountain Oncology Program Region, 2016		Washington State Cancer Registry, 2014		National Cancer Database, 2014	
	#	%	#	%	#	%	#	%
Breast	286	19.7	461	20.7	6,859	17.6	227,781	18.8
Lung/bronchus	217	16.0	288	12.9	4,373	11.2	154,723	12.8
Colorectal/anus	103	7.6	186	8.3	3,050	7.8	106,460	8.8
Prostate	115	8.5	209	9.4	4,004	10.3	95,389	7.9
Lymphomas	56	4.1	104	4.7	1,720	4.4	53,060	4.4
Thyroid	50	4.0	93	4.2	1,007	2.6	37,523	3.1
Blood/bone marrow	89	6.5	138	6.2	1,598	4.1	44,380	3.7
Bladder	77	5.7	124	5.6	1,646	4.2	48,520	4.0
Brain/central nervous system	38	2.8	59	2.6	542	1.4	26,243	2.2
Kidney/renal pelvis	51	3.8	78	3.5	1,223	3.1	45,123	3.7
Uterus/endometrium	36	2.6	70	3.1	1,071	2.7	43,940	3.6
Melanoma of skin	53	3.9	82	3.7	3,893	10.0	51,845	4.3
Other sites	206	15.2	342	15.3	8,004	20.5	276,964	22.9
Totals	1,359	100	2,234	100	38,990	100	1,211,951	100

<sup>a</sup>Latest available data from Blue Mountain Oncology Program, the tumor registry that captures newly diagnosed patient data in southeast Washington and northeast Oregon. In total, the Blue Mountain Oncology Program abstracts patient data from nine hospitals and cancer centers in the region.

Figure 1. Breast Cancer in the Tri-Cities Region by American Joint Committee on Cancer Stage. Data from Blue Mountain Oncology Program



Tri-Cities Cancer Center North Entrance

Figure 2. Lung Cancer in the Tri-Cities Region by American Joint Committee on Cancer Stage. Data from Blue Mountain Oncology Program

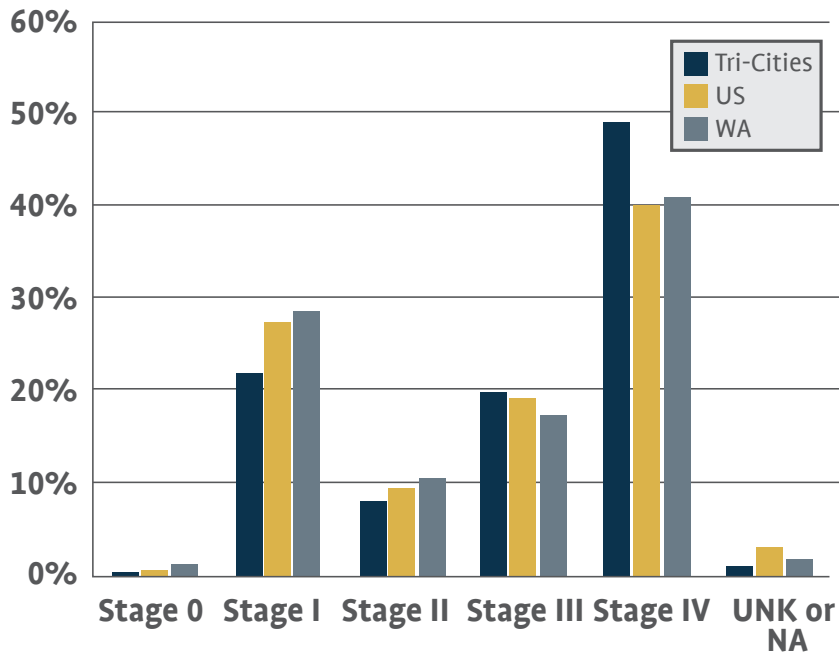
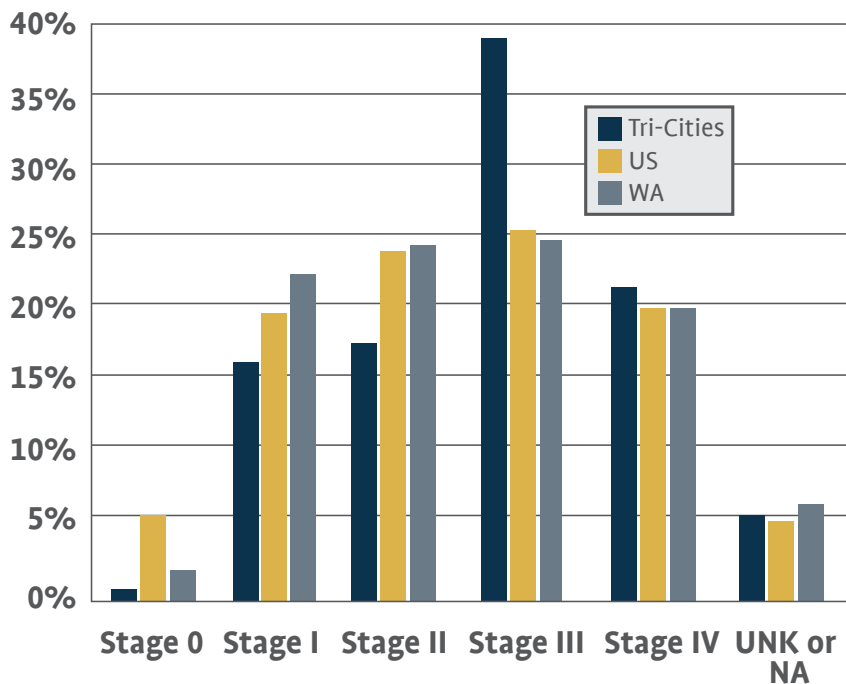


Figure 3. Lower Gastrointestinal Tract Cancer in the Tri-Cities Region by American Joint Committee on Cancer Stage. Data from Blue Mountain Oncology Program







From top left: Resource Library; Serenity Garden; Clinic Lobby; Wellness Center Donor Wall; North Entrance; Tri-Cities Cancer Center 25th Anniversary Staff Photo; Henry & Edith Smith Family Entrance.



(continued from page 45)

campaign, but money was tight and we needed to keep costs to a minimum. By leveraging the cancer center's staff and talented volunteers to bring videos to life, we were able to keep costs low. The entire process took about two months, and our main cost was for recording time with our marketing partner.

The videos produced used "tough talk" and a healthy dose of humor to educate the men and women in our local community about cancer prevention and early detection. For example, through our "BE A MAN" video campaign, Tri-Cities Cancer Center called attention to the leading cancer killers of men (and also cancers exclusive to men), such as lung, prostate, colorectal, and testicular cancers. View our "BE A MAN" video online at: [tccancer.org/men](http://tccancer.org/men). A similar message, titled "Woman Up!," highlighted serious cancerous diseases impacting women, including cervical, breast, colorectal, and lung cancers. View our "Woman Up!" video online at: [tccancer.org/womanup](http://tccancer.org/womanup).

Our cancer center received a great deal of anecdotal feedback that the humor used in our video campaigns was appreciated and helped to increase cancer awareness in our community. During 2017 and 2018, we saw a combined 29 percent increase in the number of patients treated at our facility, as well as a 25 percent increase in visitors to our website. Though this cannot be fully attributed to the video campaign, we recognize that these videos have helped us reach more people in our community with our prevention and early detection efforts, including the importance of cancer screenings.

With a rapidly growing Hispanic population, our cancer center recognized the need to broaden its reach and establish a relevant presence within our entire patient population. To do this, our team developed brief "Cancer Talks" vignettes, in both English and Spanish, to emphasize the need for breast, colon, and lung cancer screenings, and to promote our free "Quit Tobacco" program.

We strategically partnered with local media to improve the traction and frequency of our outreach and prevention education messages across all media platforms. For example, we invited the media to our campus for a free luncheon in their honor where we recognized and thanked them for partnering with the cancer center. We shared outreach and prevention education strategies and asked for the media's assistance in getting these important messages to the public. Local media outlets quickly became ambassadors to our cause, calling upon us to provide content experts throughout the year. Because of this partnership, our outreach and prevention education messages have been delivered through social media, print, television, radio, and in person at large group settings. We have now made our media luncheon an annual event.

In 2018 Tri-Cities Cancer Center partnered with the American Cancer Society and the Benton-Franklin Health District on a campaign to educate parents on the importance of vaccinating children against human papillomavirus. We are excited to be leading the promotion of human papillomavirus vaccination in our region, because it offers the opportunity to prevent many future cancers.

## A Focus on the Workplace

In addition to our community outreach and prevention education campaigns, we increased our outreach and compliance efforts by launching the Cancer Crushing Executives workplace health and wellness program in late 2017. The program promotes evidence-based practices to keep employees and their families healthy by targeting the leading causes of cancer-related death, such as smoking and obesity. In partnership with the University of Washington, the Washington State Department of Health, and senior leaders from 23 of the region's largest employers, Tri-Cities Cancer Center is developing workplace wellness programs to help decrease smoking, increase physical activity, and assist with weight control. These workplace wellness programs also help improve employee morale and promote team-building, show a concern for employee well-being, and affect recruitment and retention.

Cancer Crushing Executives gives organizations a great deal of autonomy in the structure of their wellness programs. One local city management team developed an ongoing employee walking program to encourage activity throughout the workday. Another organization is in the process of overhauling an underutilized stairwell by adding lighting and murals painted by artistic employees to encourage employees to take the stairs instead of the elevator. Several organizations have partnered with a local fruit delivery company to bring weekly fresh fruit selections to their break rooms, ensuring fresh, healthy food options. A few partner organizations have also initiated on-site health and wellness fairs to ensure that employees have easy access to available resources. The Cancer Crushing Executives program is about building healthy habits and long-term success, so developing and implementing personalized workplace policies is vital.

Collectively, organizations participating in Cancer Crushing Executives represent 30,000 employees—100,000 lives when you take family members into consideration. This represents one-third of our region's population. The program has already been a catalyst for conversations in the workplace about the need to get screened. With the senior business leaders as champions, we expect to see a shift in culture toward wellness and an increase in screening compliance from participating organizations.

## Closing Thoughts

Through our innovative community education campaigns and workplace wellness program, Tri-Cities Cancer Center has sparked a community conversation to significantly impact cancer screening compliance rates. We are looking to improve the health of our community, diagnose cancer earlier as measured through our tumor registry, and provide patients with more tools to stay healthy.

*Chuck DeGooyer is the CEO of the Tri-Cities Cancer Center, Kennewick, Wash.*

## Reference

1. American Cancer Society. Who gets cancer? Available online at: [cancer.org/treatment/understanding-your-diagnosis/after-diagnosis/who-gets-cancer.html](http://cancer.org/treatment/understanding-your-diagnosis/after-diagnosis/who-gets-cancer.html). Last accessed December 27, 2018.



## A Growing Region

Consisting of the cities of Kennewick, Pasco, Richland, and West Richland, the Tri-Cities is one of the fastest-growing communities in the state of Washington. Located in the heart of Washington Wine Country, it is an area known for its pleasant weather, agriculture, and outdoor recreational activities (see Figure 4, below). Thirty percent of the area’s residents are over the age of 50, with the most significant increase in residents over the age of 65 (see Table 2, page 52). According to the American Cancer Society, “Cancer can happen at any age, but nearly 9 out of 10 cancers are diagnosed in people ages 50 and older.”<sup>1</sup> We have also noted a change in the ethnic makeup of our population as seen in Table 3, page 52.

Within this growing, aging, and changing population, the Tri-Cities Cancer Center plays a vital role in providing cancer prevention and early detection, world-class cancer care, and survivorship support for the patients and families in our region. The Tri-Cities Cancer Center is located at the confluence of the Yakima, Snake, and Columbia rivers and is a joint venture of three local hospitals—Kadlec, Lourdes Health, and Trios Health—providing healthcare value to our community.

Over the past five years, in alignment with our strategic plan and in support of our owner hospitals, we have expanded our facility and acquired the latest radiation oncology technology to be able to care for patients at home, where they are surrounded by their support team. We launched our Survivorship Clinic to support our patients post-treatment (see Figure 5, below), and we were granted American Society for Radiation Oncology APEX accreditation in 2016 and National Accreditation Program for Breast Cancers accreditation in 2017 for our breast cancer program across our four locations. Tri-Cities Cancer Center was named one of Modern Healthcare’s Best Places to Work in Healthcare in both 2015 and 2017.

Figure 4. Tri-Cities Regional Snapshot. Data from Tri-City Development Council. Available online at [tridec.org](http://tridec.org)



Figure 5. Flyer Introducing the Survivorship Clinic at Tri-Cities Cancer Center

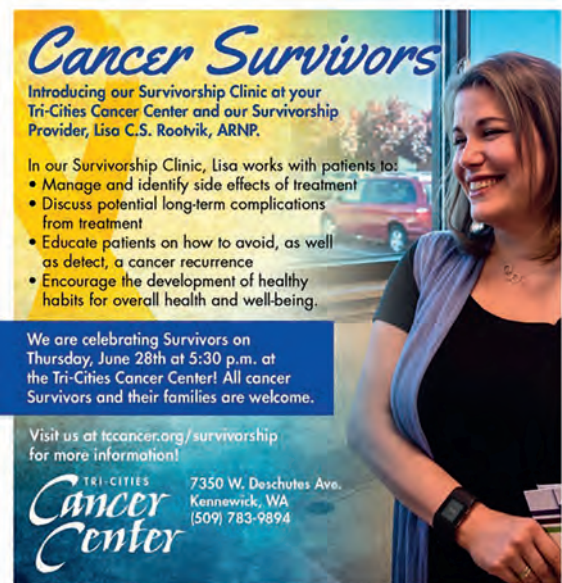




Table 2. Population of Tri-Cities Region by Age<sup>a</sup>

Population by Age	2010 Census (by Percentage of Total Population)	2018 Estimate (by Percentage of Total Population)
0-4	8.43	7.68
5-9	8.20	8.04
10-19	15.55	15.13
20-29	13.84	13.54
30-39	13.18	13.80
40-49	12.82	11.68
50-59	12.71	11.46
60-64	4.90	5.59
65+	10.37	13.09

<sup>a</sup> Data from Tri-City Development Council. Tri-Cities MSA Community Profile. Available online at [trytricitysites.org](http://trytricitysites.org). Last accessed January 30, 2019.

Table 3. Population of Tri-Cities Region by Race/Ethnicity<sup>a</sup>

Population by Race/Ethnicity	2000 Census (by Percentage of Total Population)	2010 Census (by Percentage of Total Population)	2018 Estimate (by Percentage of Total Population)
White	80.0	75.7	73.05
Black	1.3	1.5	2.23
American Indian	0.8	0.8	0.88
Asian or Pacific Islander	2.2	2.5	3.03
Other race	12.7	16.1	16.58
Multiracial	3.1	3.4	4.09
Hispanic ethnicity	21.3	28.7	31.31
Non-Hispanic or Latino	78.7	71.3	68.69

<sup>a</sup> Data from Tri-City Development Council. Tri-Cities MSA Community Profile. Available online at [trytricitysites.org](http://trytricitysites.org). Last accessed January 30, 2019.