

2015 Community Health Needs Assessment

Introduction

Located in Midtown Detroit (Wayne County) Michigan, the Barbara Ann Karmanos Cancer Institute is Michigan's only hospital dedicated exclusively to fighting cancer. The Institute is one of only 45 National Cancer Institute-designated Comprehensive Cancer Centers in the United States. Affiliated with the McLaren Health Care and Wayne State University, Karmanos' mission is to serve as "a unique center of research, patient care and education, dedicated to the prevention, early detection, treatment and eradication of cancer." Karmanos cares for nearly 6,000 new patients annually, and conducts more than 800 active, cancer-specific clinical trials and research investigations. Karmanos offers access to more than 90 cancer treatments.

Karmanos facilities include an inpatient hospital comprised of three medical/surgical oncology units, a stem cell transplant unit, an Ambulatory Care Center (ACC) and a critical care unit. Ambulatory services include the Joseph Dresner Family Clinic for Hematologic Malignancies & Stem Cell Transplantation, the Eisenberg Center for Translational Therapeutics (Phase I Clinical Trials Program), the Alexander J. Walt Comprehensive Breast Center, the Vic and Lucille Wertz Clinic and Infusion Center. The Institute also has infusion and radiology services at the Lawrence and Idell Weisberg Cancer Treatment Center located in Farmington Hills (Oakland County), Michigan.

Background

In preparation for the 2012 CHNA, in 2010 key informant interviews with community organizations, leaders and customers were held. The needs assessment survey was developed, reviewed/evaluated and distributed in spring/summer 2012. Data was tabulated and presented to Karmanos leadership in fall 2012. The survey was shared with community leaders and made available to the public in 2013.

Survey results highlighted the following barriers that the community might face in receiving cancer care; a lack of awareness and knowledge about the importance of cancer screenings and the services that are available. Survey limitations included a lack of survey returns which

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reflected the cultural, gender and lower economic diversity found metropolitan Detroit. To decrease these barriers, the following action and improvement plan was developed and implemented.

1. Translate cancer awareness fact sheets into languages serviced by Karmanos patients and families.
2. Collaborate with community partners to distribute culturally diverse fact sheets.
3. Collaborate with community partners to increase cancer awareness through health fairs and community education presentations.
4. Distribute survey in ways which will include more a culturally, gender and lower economically diverse populations.
5. Collaborate with community partners to assist with distribution of a more focus needs assessment survey.

Progress

1. Arabic and Spanish translations of Men's and Women's Cancer Awareness Fact Sheets are available online and in print.
2. Community partner collaboration resulted in increased community cancer awareness presentations and health fairs in the Arabic and Hispanic community.
3. Certified Arabic and Spanish translations of the 2015 CHNA survey were completed and distributed for this CHNA cycle.

Description of the Community Served by Karmanos Cancer Institute

For the fiscal year 2013-14, most of the patients serviced by Karmanos resided in southeastern Michigan. The majority of patients resided in southeast Michigan's most populated counties — Wayne, Oakland and Macomb. The Michigan Department of Health and Human Services (MDHHS) identifies that each of these counties has approximately 1 million residents. Karmanos also had patients from the other less populated counties in southeast Michigan; St. Clair

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(160,469), Livingston (184,443), Washtenaw (345,240) and Monroe (150,376). Much of the information derived from the previous CHNA continues to reflect the latest statistics available for this report. The Michigan Department of Community Health’s County Health Profile Chartbook data outlined that the majority of the population in both Region 2S (Detroit and Wayne County) and 2N (Oakland and Macomb counties) is between the ages of 40-49. Women make up the majority of the population in both regions. The racial and ethnic distribution in Region 2S, is approximately 50 percent White, 35 percent Black, 5 percent Hispanic, 3 percent Asian and less than 1 percent American Indian. The racial and ethnic distribution in Region 2N is approximately 85 percent White, 10 percent Black, 4 percent Asian, 3 percent Hispanic and less than 1 percent American Indian. According to American Arab Institute, Michigan has one of the largest populations of Middle Eastern residents in the United States. Capturing actual numbers can be challenging as there are more than 22 different Arab countries and cultures, however the number is approximately 350,000. The jobless rate in both regions is above the Michigan average of 10 percent at 10.5 percent (2N) and 11.5 percent (2S). Both regions are significantly above the Healthy People 2020 Access to Care target of 9 percent at 16.5 percent (2S) and 14 percent (2N).

In 2013, the Wayne (2,934), Oakland (2,587) and Macomb County (2,299) Health Departments reported that cancer continues to be the second leading cause of death in each county (MDCH, 2016). The primary diagnoses were prostate, lung, breast and colorectal cancer.

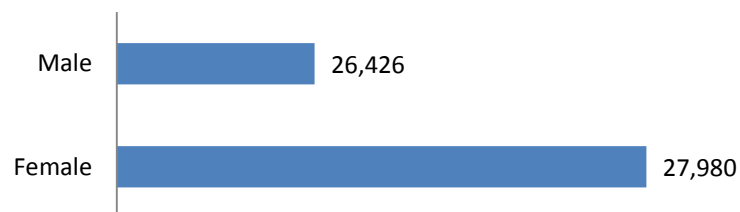
The following provides a snapshot of information about Karmanos for the Fiscal Year (FY) 2013-14:

Employees - 1067 total employees/927 full-time
Total certified/operating beds - 123/80
Admissions with discharges - 3820
Average Length of Stay – 3 (medical/surgical/CC units) to 6 (stem cell transplant unit)

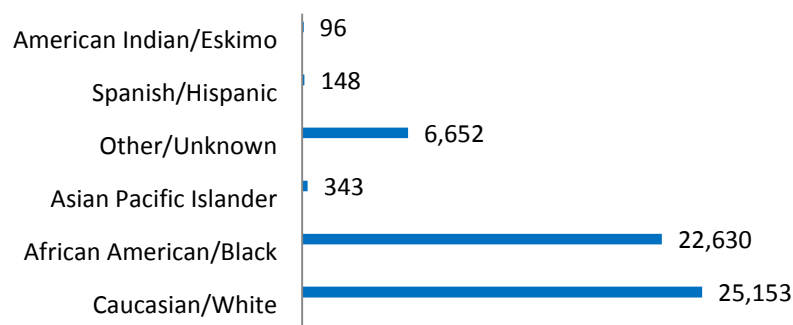
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A large part of Karmanos services occur in an ambulatory setting. For FY 2013-14, there were a total of 54,392 clinic visits. The patients were predominantly female. Races and cultures identified were Caucasian, African American, Asian, Hispanic, American Indian and “other.” Inference was made that those of Middle Eastern descent identified as culturally “other,” rather 36 percent of patients had Medicare or Medicare Advantage Insurance. Twenty one percent of the visits were covered by Medicaid and Medicaid HMO insurance plans. The remainder of the visits were covered by Blue Cross Trust and Traditional plans, various commercial and HMO plans. The majority of patients were Wayne County residents, followed by Macomb and Oakland County. However, because of Karmanos has a reputation for outstanding cancer care in the region, zip code data reflect that significant numbers of patients traveled to the facility from every county in southeast Michigan including, Washtenaw, Livingston, Monroe, St. Clair, Genesee, Huron, Lapeer, Saginaw and Jackson.

FY 2013/2014 - Gender

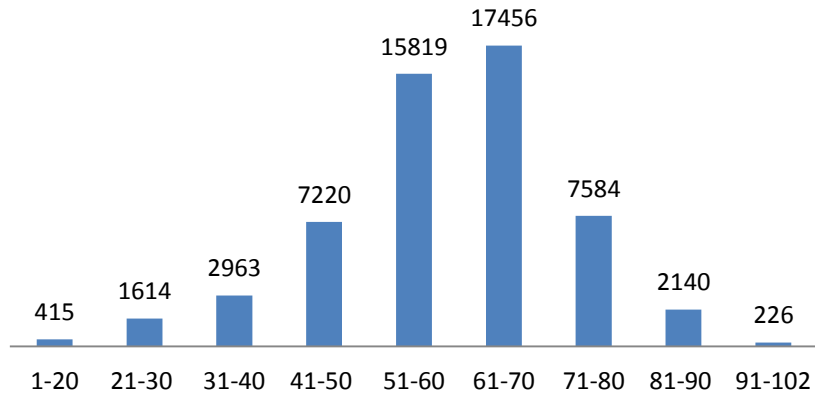


FY 2013/2014 - Race/Culture

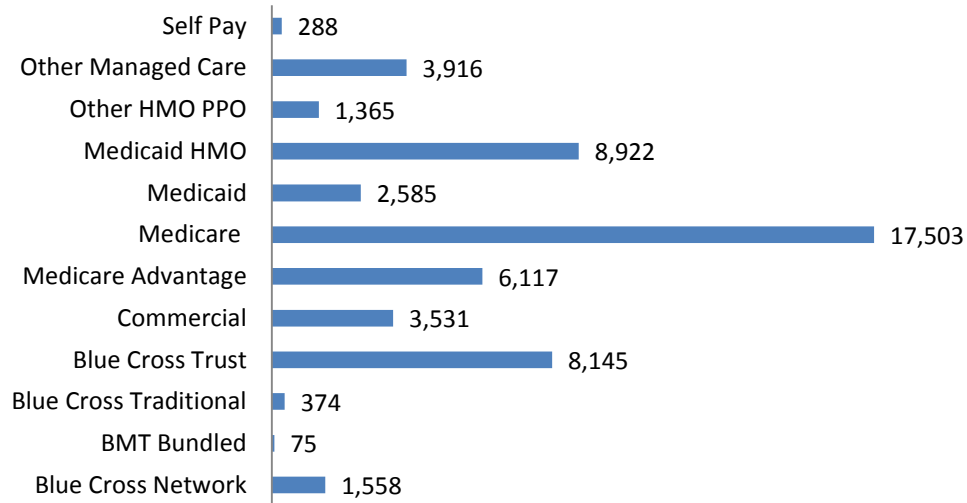


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FY 2013/2014 - Age Range

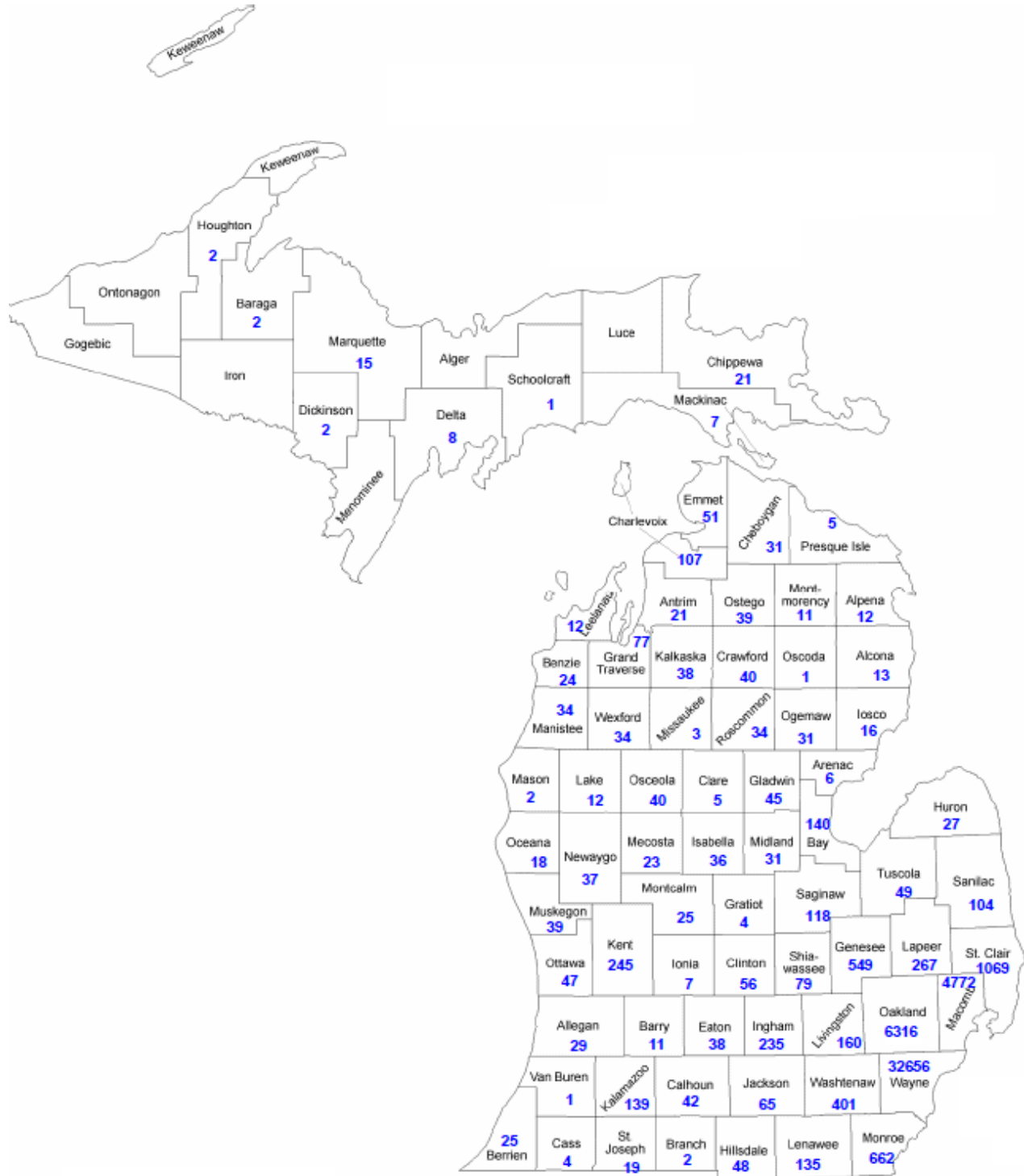


FY 2013-2014 Insurance



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FY 2013/2014 – Patient Visits per Michigan County



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Process and Methodology

The information contained in the 2015 CHNA was obtained from focus groups and a direct mail random survey. Three of the focus groups included Karmanos healthcare providers including physicians, social workers and staff who coordinate care across the continuum; community partner representatives including the American Cancer Society (ACS) and the Arab Community Center for Economics and Social Services (ACCESS); and the Karmanos Patient and Family Advisory Council. Each group is knowledgeable about Karmanos services and the environment in and around the metropolitan Detroit tri-county area. Each group was given a set of questions. Below are the questions with a compilation of the responses.

Health Care Providers/Staff

<p>1. What are KCI's strengths?</p> <ul style="list-style-type: none"> a. NCI Comprehensive Cancer Center status b. Research c. Clinical Care/Cutting edge treatment and care d. The staff e. Compassion f. Knowledge g. Multidisciplinary approach
<p>2. What are KCI's weaknesses?</p> <ul style="list-style-type: none"> a. Location b. Under appreciation of staff c. Transparency d. Certain specialties are like Orthopedics are missing
<p>3. What are the healthcare needs in KCI's community?</p> <ul style="list-style-type: none"> a. Access to comprehensive care b. Access to high quality cancer care without fear about being able to pay c. Lack of financial and social support d. Transportation e. Insurance

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f. Education
4. What barriers to healthcare do your patients face? <ul style="list-style-type: none">a. Poor socio-economic status/Lack of financial and social supportb. Transportationc. Educationd. Limited resourcese. Medical debt concerns for the insured
5. What changes can KCI make to better respond to your patients needs? <ul style="list-style-type: none">a. Better relationship with Detroit Medical Center (DMC)b. Focus on supporting the staffc. Enhance efficiencyd. Provide a consistent structure/pathway to clinical caree. Better understanding of the needs of the patients

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Community Partners

<p>1. What are the greatest strengths of healthcare in the community you serve?</p> <ul style="list-style-type: none">a. Diversityb. Availability of culturally and linguistically appropriate community clinics that people can trustc. Top notch facilities throughout southeast Michigand. Access to some of the best healthcare resources in the community (for those with proper transportation)
<p>2. What are the greatest weaknesses of healthcare in the community you serve?</p> <ul style="list-style-type: none">a. Availability of primary care physicians (PCPs)b. Long waiting periods to get an appointment with PCPsc. Access to follow-up care, especially for undocumented patientsd. Reliable transportatione. Access for uninsured and underinsured
<p>3. What are the greatest healthcare needs in the community?</p> <ul style="list-style-type: none">a. Follow up with specialty careb. Education and awareness of healthcare, insurance and health needsc. Smoking cessationd. Cancer awareness
<p>4. What barriers do your community residents face when trying to obtain healthcare?</p> <ul style="list-style-type: none">a. Access to careb. Lack of ability to pay for treatmentc. Lack of education on what is available and how to go about getting resources
<p>5. What would make access to healthcare easier for your community?</p> <ul style="list-style-type: none">a. Communication about available resourcesb. Transportationc. Financial assistanced. Educatione. Partnerships with key organizations to disseminate information on availability of services

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Patient/Family Advisory Group

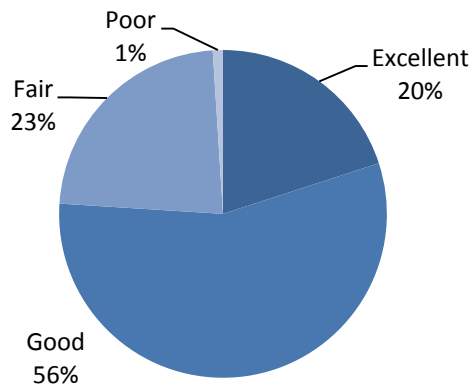
<p>1. What are the greatest healthcare needs in your community?</p> <p>a. Primary Care Physicians</p>
<p>2. Did you have any problems getting healthcare at KCI?</p> <p>a. None at all</p> <p>b. Self-registered and given an appointment quickly</p>
<p>3. What are KCCs strengths?</p> <p>a. Excellent physicians and nursing staff</p> <p>b. Research program with access to many clinical trials</p> <p>c. Ability to get an appointment quickly</p>
<p>4. What are KCC's weaknesses?</p> <p>a. Limitations to expand facility</p> <p>b. Lack of space</p>
<p>5. What changes can KCC make to better respond to patient/community needs?</p> <p>a. Survivorship care planning</p>

The 2012 CHNA survey was 48 questions that assessed the perceived cancer-related needs and potential health care concerns of the community. For a population of 3 million, 4,000 surveys were mailed. The response rate was 14 percent. The 2015 CHNA survey was paired down to 18 questions targeted to obtain specific information on cancer prevention and screening knowledge, current behaviors and perceived barriers to care. Direct mail was used, however fewer surveys were mailed because a focused survey approach was used to address one of the major limitations of the original survey; the lack of responses from the diverse population served by Karmanos. Community partners agreed to assist with survey distribution to the Hispanic and Arabic communities. Surveys were also distributed to men's groups and those living in transitional housing.

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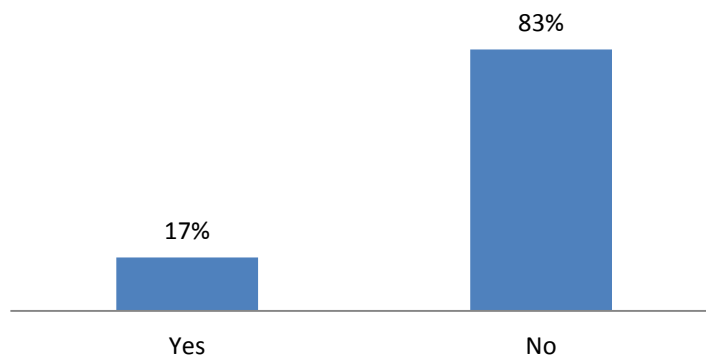
1. How would you describe your current health status?

Seventy-six percent of respondents stated they were either in good or excellent health. Twenty-three percent stated they were in fair health. The Michigan Department of Health and Human Services (MDHHS) 2014 Profiles, report that the leading causes of death for Wayne, Oakland and Macomb County residents were cardiovascular disease, cancer, chronic lower respiratory disease and stroke. The gap between cardiovascular and cancer deaths (Wayne County - 750, Oakland County - 391, Macomb County - 195) is closing.



2. Have you ever been diagnosed with cancer?

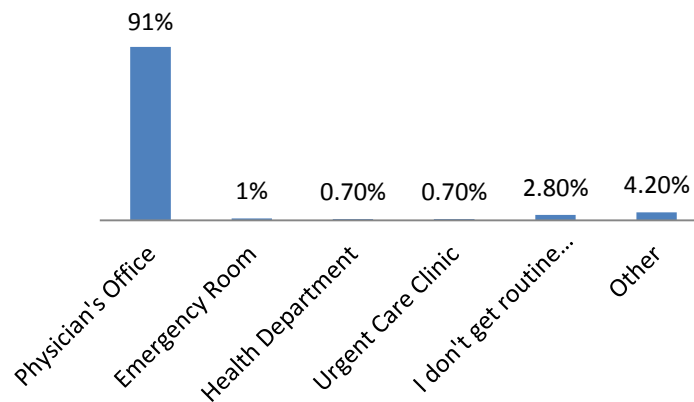
Eighty-three percent of respondents had never been diagnosed with cancer. The ACS estimates that there will be 57,420 new cases of cancer in Michigan residents in 2015 (ACS Cancer Facts & Figures, 2015).



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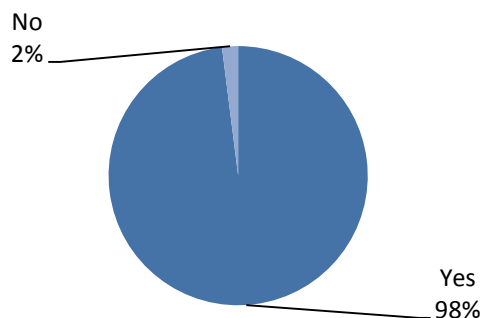
3. Where do you go for routine health care?

Ninety-one percent of respondents were able to go to a doctors office for care. Four percent stated “other,” which were identified as clinic visits. While access to care is included in the Health Departments for Wayne and Oakland Counties, the goal is to improve insurance navigation, pharmaceutical assistance programs, and initiate culturally acceptable awareness campaigns, rather than to increase availability of additional facilities.



4. Are you able to see a doctor when you need to?

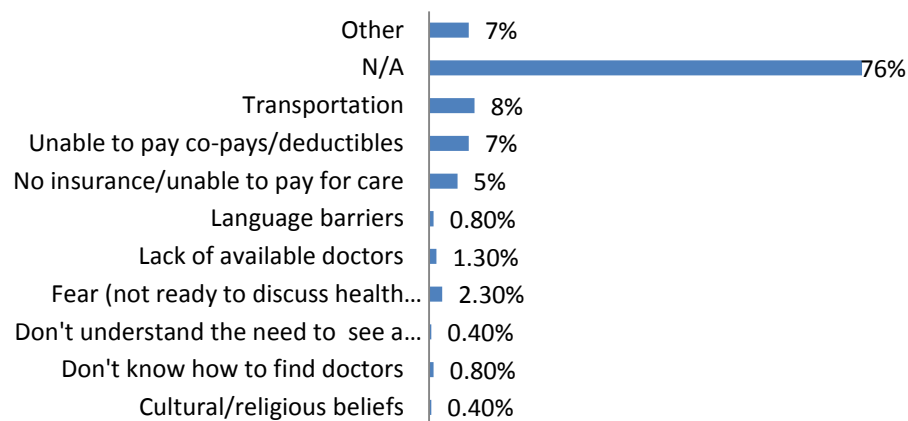
Ninety-eight percent of participants identified that they were able to go to a doctor when needed, while two percent stated they could not. This may speak to the fact that the metropolitan Detroit area is home to four large health care systems and six Federally Qualified Health Centers (FQHCs). The area also has health care services that are targeted to the communities large Hispanic (CHASS) and Middle Eastern communities (ACCESS).



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5. Are there any issues that keep you from getting health care? (check all that apply)

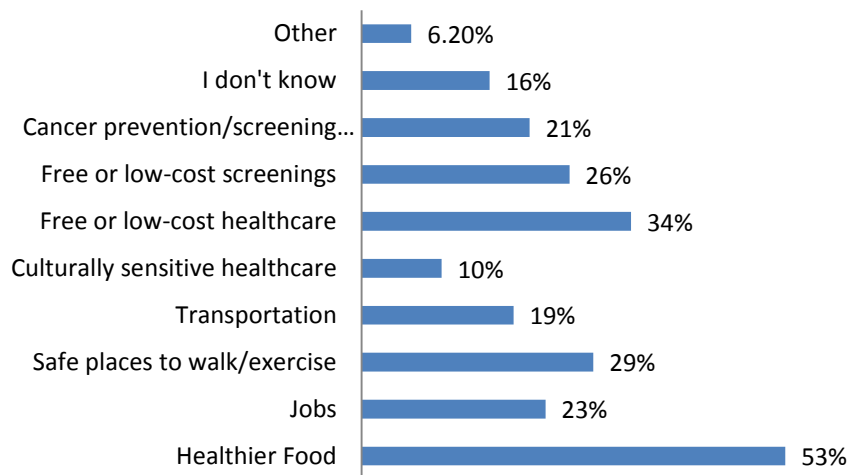
While seventy-six percent of respondents stated that they did not have issues that kept them from getting health care; 20 percent identified that transportation, lack of insurance and the ability to cover the cost of co-pays and deductibles were significant barriers to obtaining health care. These barriers will be addressed in the Karmanos improvement plan and strategies for this CHNA.



6. What is needed to improve the health of your family and neighbors? (check all that apply)

Fifty-three percent of respondents stated that healthier food was the most important thing that would improve the health of their families and neighbors. It has been widely reported that currently there were no national grocery store chains in Detroit, which limits access to fresh fruits and vegetables. Slowly, this is changing as Detroit now has one neighborhood Meijer Superstore, with another scheduled to open this spring. The fast growing Midtown area of the city, where Karmanos is located, is home to an upscale Whole Foods store. This will be an important issue in the future as the ACS states that “eating a healthy diet may greatly reduce a person's lifetime risk of developing or dying from cancer” (cancer.org.).

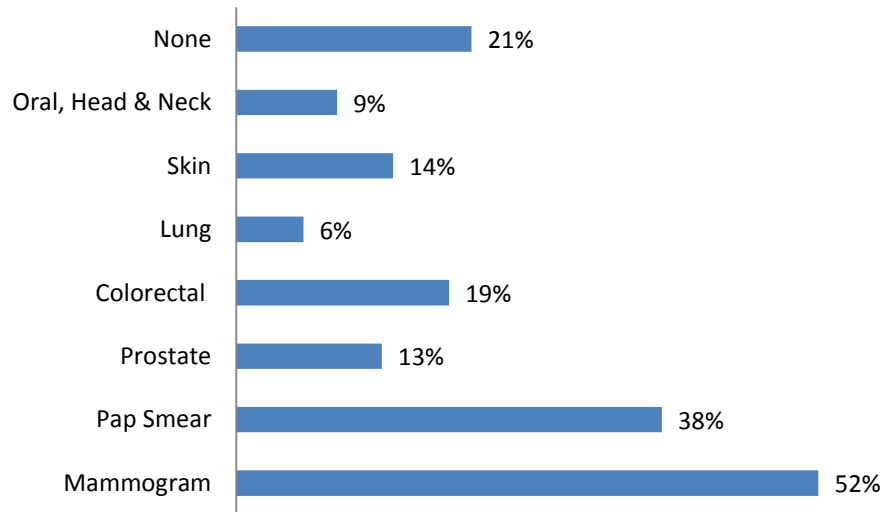
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7. What cancer screenings have you had in the past 12 months? (check all that apply).

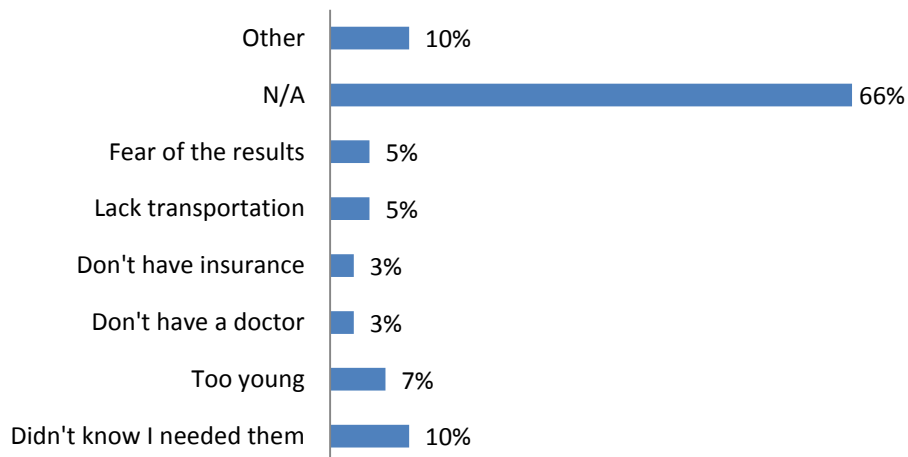
The best way to detect cancer early is to receive appropriate screenings based on discussions with a health care provider. While the majority of respondents stated that they were able to see a health care provider, cancer screening rates were low. Twenty-one percent of respondents had no cancer screenings in the past 12 months. The ACS recommends that an oral, head and neck and full body skin examination be done annually. Only nine percent of respondents report getting an oral, head and neck cancer exam, while only 14 percent report receiving a full body skin exam. The lack of skin cancer screening is concerning because the ACS estimates that there will be 2,560 new cases of melanoma (basal cell and squamous cell skin cancers are not included) in Michigan in 2016. With the wide-variety of colorectal cancer screening options available, respondent screening rates were low at 19 percent. Colorectal cancer is the second leading cause of cancer deaths for both men and women in Michigan. As expected, the most common screenings were mammograms (52 percent) and pap smears (38 percent).

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8. If you did not have cancer screenings, why not? (check all that apply).

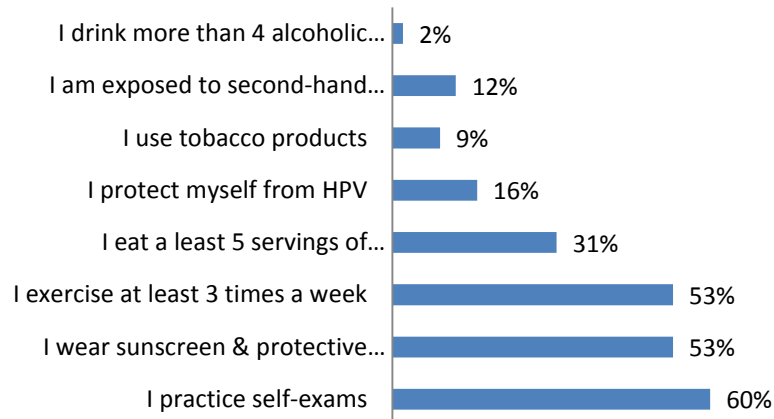
Sixty-six percent of patients reported having had at least one cancer screening within the past year. Interestingly, seven percent thought that they were too young for cancer screenings, obviously unaware that cancer screenings for both men and women begin at an early age for testicular, cervical and skin cancers. Ten percent reported that they did not know they needed routine screenings for cancer. Even though early detection improves survival rates, five percent of respondents stated they feared the results of cancer screening. Five percent stated that they lacked transportation, unaware that transportation services are available. These statistics indicate that there is a continued need for additional community outreach and education.



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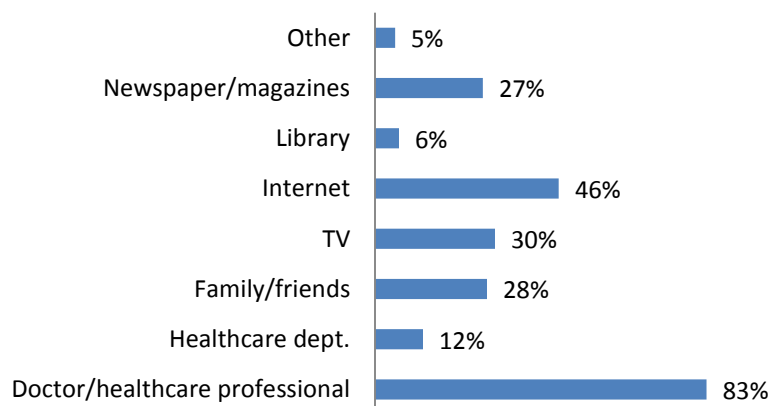
9. Which of the following apply to you? (check all that apply)

More than 50 percent of respondents reported practicing self-exams, exercising three times per week and using sunscreen and protective clothing. Only 31 percent reported eating the daily recommended amount of fruits and vegetables. Few used or were exposed to tobacco, and only two percent drank more than four alcoholic drinks per day.



10. Where do you get most of your health information? (check all that apply)

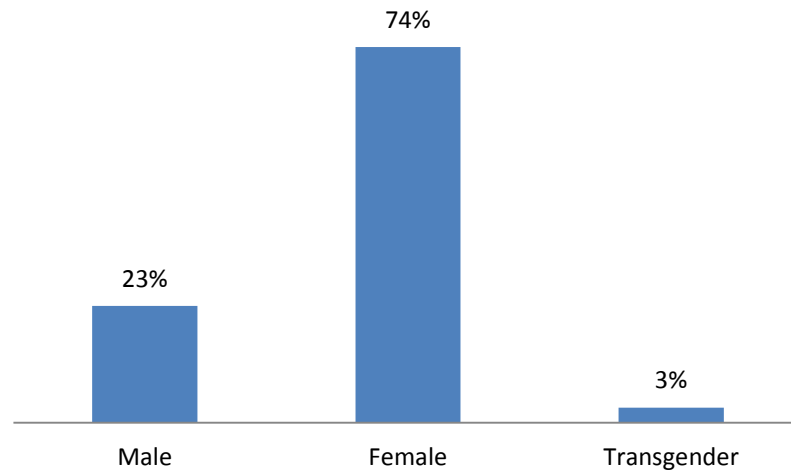
The majority (83%) of respondents received health information from their doctor or a healthcare professional. Other sources included the internet, television, family and friends and newspapers. KCI takes into account that many people source the internet for cancer information prior to (and in addition to) speaking with a healthcare professional. KCI strongly encourages patients to seek out reliable internet sites and to discuss information obtained from them with their healthcare team.



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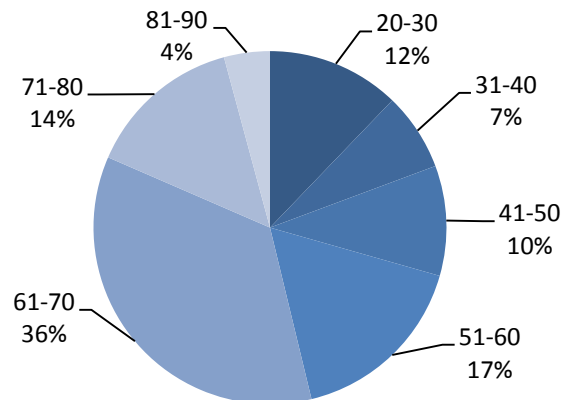
11. What is your gender?

As with the 2012 survey, the majority of respondents (74%) were female. Unlike the previous survey, 3% identified as transgender. Educational messages regarding early detection are important for this group as the ACS reports higher cancer risks and lower screening rates in the LGBT community (cancer.org, 2016).



12. What is your age?

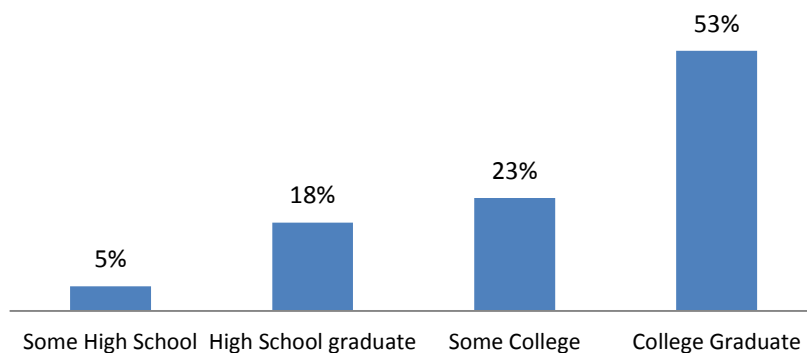
Cancer can occur at any age. The NCI's Surveillance, Epidemiology, and End Results (SEER) Program state that the median age for cancer a diagnosis is 66 years, with one-fourth of new diagnoses occurring between the ages of 65-74 years. Eighty-one percent of respondents were over the age of forty and most of those were between 51-70 years of age.



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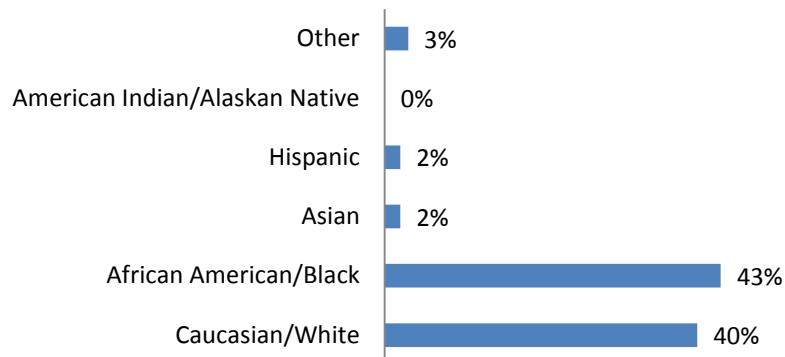
13. What is your highest level of education?

Even though cancer screening rates were low, seventy six percent of respondents reported having some college education. Fifty-three percent said they were college graduates. There is definitely a disconnect when comparing level of respondent education to the number of cancer screenings received, indicating that campaigns to increase cancer prevention and detection across all communities is warranted.



14. What is your Race/Culture?

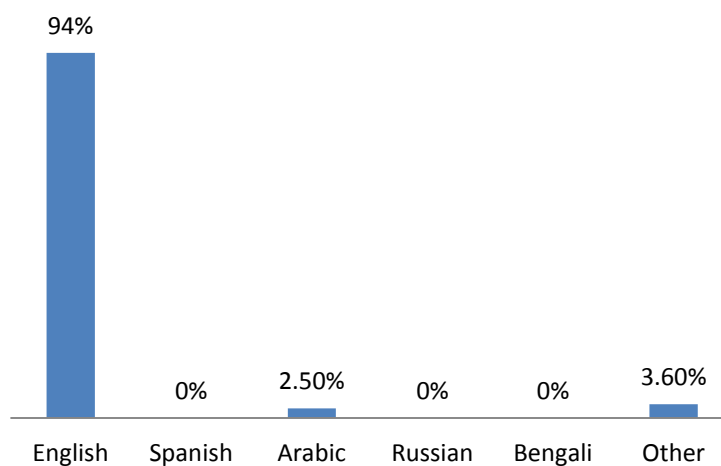
Despite efforts to increase the diversity of responses, the majority of those completing the survey were African American/Black or Caucasian/White. One strategy to diversify participation in the future may be survey the community at outreach and education events through the year.



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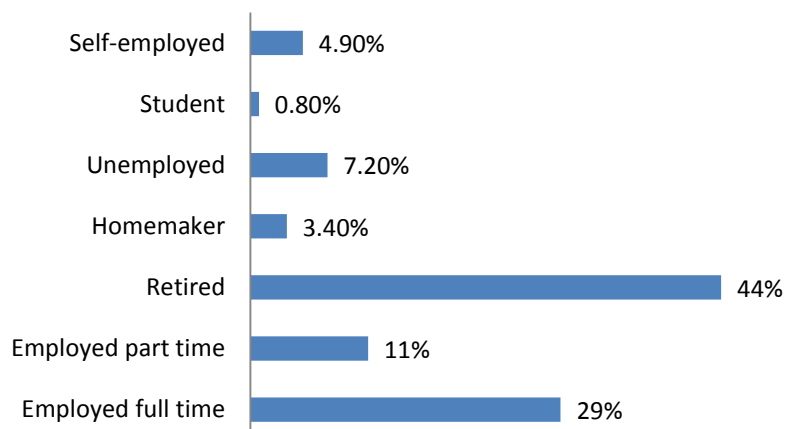
15. What language do you primarily speak at home?

The predominant language spoken at home was English. In 2015 there were 300 requests for translation services. The top four language requests were Arabic (148), Spanish (115), Bengali (56) and Russian (21). In response to the identified need for increased diversity in resource material (2012 CHNA), the Karmanos cancer awareness fact sheets, chemotherapy class and pain management education tools, including paper and video, were translated into Arabic and Spanish.



16. What is your employment status?

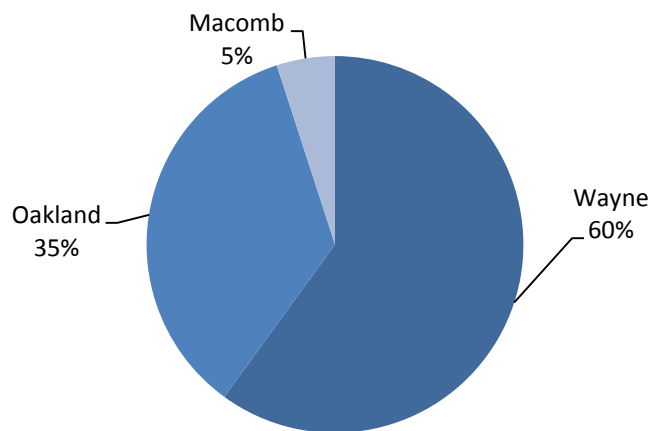
At forty-four percent, the majority of respondents were retired. Twenty-nine percent were employed full-time. As indicated earlier, the unemployment picture is improving in most areas of the state. Detroit unemployment figures, however, remain high at 10.2%.



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17. What county do you live in?

The majority of survey respondents reside in Wayne County. As it relates to cancer awareness, the United States Census Bureau reports Wayne, Oakland and Macomb County Community Priorities include improving access to health care, early detection and education regarding breast and colorectal cancer and promoting nutrition and physical activity. The goals are aligned with the Michigan Cancer Consortium’s Cancer (MCC) “Cancer Plan for Michigan 2016-2020”.



18. What is your zip code?

Zip Code	City	# of Respondents
48101	Allen Park	6
48302	Bloomfield Hills	2
48009	Birmingham	4
48971	Chesterfield Twp.	1
48017	Clawson	3
48124, 48126, 48127	Dearborn/Dearborn Hts.	17
48201, 48202, 48204, 48205, 48206, 48207, 48208, 48201, 48213, 48214, 48215, 48217, 48219, 48221, 48223, 48224,	Detroit	79

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48225, 48226, 48228, 48234, 48235, 48238		
48021	Eastpointe	1
48332, 48334, 48336	Farmington/Farmington Hills	9
48220	Ferndale	1
48025	Franklin	4
48026	Fraser	1
48236	Grosse Pointe	3
48212	Hamtramck	2
48225	Harper Woods	1
48045	Harrison Twp.	1
48203	Highland Park	11
49009	Kalamazoo	1
48146	Lincoln Park	1
48152, 48154	Livonia	17
48044	Macomb	4
48971	Madison Hts.	3
48167	Northville	1
48374, 48375	Novi	10
48237	Oak Park	2
48170	Plymouth	1
48073	Royal Oak	3
48033/48034/48075/48076	Southfield	21
48195	Southgate	1
48183	Trenton	4
48098	Troy	8
48316,	Utica	1
48088, 48092	Warren	4
48185	Westland	1
48322	West Bloomfield	8
48393	Wixom	9

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Discussion

According to Hendren, et al in the article, “Patients Barriers to Receipt of Cancer Care” (Journal of the National Medical Association, 2011), many of the barriers patients face when seeking cancer care include concerns regarding lack of social support, insurance/financial concerns and communication with health care providers. It is interesting to note that 10 years earlier, Ahemd et al; in “Barriers to healthcare access in a non-elderly urban poor American population” identified the same issues in their Ohio-based study. The authors identified that most of these issues could be decreased with enhanced efforts to improve patient navigation.

Across the focus group and respondent surveys, the 2015 Karmanos CHNA identified several issues that align with these articles assessment, including insurance/financial concerns, lack of comprehensive insurance, inability to pay insurance deductibles and co-pays and transportation. Karmanos’ commitment to being a cancer center of excellence for the Detroit metropolitan community provides structures that help to decrease many of these barriers. Its new affiliation with the McLaren Health Care will provide the ability to reach even more of the Michigan residents who will be diagnosed with cancer in the future.

First and foremost, Karmanos’ multidisciplinary team (MDT) approach to patient triage helps to individualize care across the continuum. Each of the 13 MDTs consists of Wayne State University-affiliated oncologists, radiologists, surgeons, pathologists, geneticists and counselors. Each MDT has a registered nurse team leader to serve as the patients’ primary navigator, supported by physician assistants, nurse practitioners, social workers and dieticians. The Karmanos Cancer Institute Call Center is has also been trained to triage patient calls and concerns 24/7.

Every year Karmanos provides up-to-date cancer education for medical professionals and the lay public. Annual symposiums are held on the lung, breast, prostate, gastrointestinal and gynecologic cancer. The Patient and Community Education department provides education to industry (General Motors, Fiat/Chrysler), churches and schools in the form of health fairs and cancer prevention and early detection presentations. The Prostate Advocacy group initiated a

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training series to encourage members to become grant readers and state government lobby day participants.

For many years, Karmanos has been able to support breast cancer patients through a grant-funded program “Helping Hands.” The grant has evolved from providing comprehensive diagnostic breast services for patients who were uninsured to also providing more social support services, such as assisting with the cost of high insurance deductibles and co-pays.

Community partnerships continue to evolve as well. Wayne State University provides legal consultation services free-of-charge every Monday. This year Detroit Community Health Connection participated in Karmanos Cancer Institute’s third annual colorectal cancer awareness day by providing education and FOBT kits with follow-up care.

Implementation strategies for barrier #1 - Insurance/Financial Concerns

1. Continue to provide patient navigation through multidisciplinary teams
 - a. MDTs provide expert state of the art medical care and treatment planning
2. Assist with financial and social support concerns
 - a. Identify programs to assist with medication assistance
 - b. Identify restricted accounts and grants to assist with co-pays and deductibles
 - c. Assist with legal issues via Wayne State University law students

Implementation strategies for barrier #2 - Transportation Concerns

1. Identify needs early in treatment planning via health history intake forms
2. Identify transportation resources in the community
3. Coordinate with benefits provided by insurance
4. Identify additional institute resources for gaps in service (ACS Transportation Service)
5. Continue to track the number of transportation services provided
 - a. >1,000 transportation services provided in 2014
6. Assess satisfaction with services provided
7. Provide “real time” patient/family education classes (chemotherapy and pre-surgery) to decrease the number of visits to main campus

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Implementation strategies for barrier #3 - Access to Affordable Care and Screening

1. Increase collaboration with community partners
2. Share resources
3. Develop a comprehensive community agency resource list
4. Publish community agency resource (website, patient portfolio)
5. Provide list to MDTs

Ongoing improvement strategies

1. Educate staff about available and new resources and programs for patient support including those now available through the McLaren Health Care
2. Publish complete Community Health Needs Assessment by March 2016
3. Provide quarterly update/progress reports to Cancer Committee
4. Survey healthcare providers, community partners and patients/families throughout the year to adequately track progress and future needs

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References

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