Regional Meeting
Cancer Prevention and Control Partners

Secondary Prevention
Community Skin Screening
History of Spectrum Health Reed City Hospital Area Screenings

• Starts with the community assessment
• Education
• Resource availability and collaboration potential—funding, a work in progress
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Education at multiple levels

Resource availability and collaboration potentials — funding opportunities, a work in progress
New Patient Referrals
Radiation Therapy and Medical Oncology
Calendar Year 2012

Radiation Therapy: 200
Medical Oncology: 160
Total New Patients: 360
Other: 1/6

KEY
- Primary Service Area
- Secondary Service Area
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Collaboration with District 10 Health Dept.

• Since 2006 on colorectal program
• Annual screens for 6 consecutive years:
  ▪ Breast
  ▪ Cervical
  ▪ Colorectal
  ▪ Prostate
  ▪ Skin cancers
From the Michigan Cancer Consortium

Spirit of Collaboration Award 2006
Colorectal Program

Runner up

Spirit of Collaboration Award 2007
Annual Screening Program
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Community requested:

• more health screens
• information
• access to medical support for care and prevention

What’s possible and practical?
### Most Pressing Health Needs or Issues in Osceola/Lake Counties (Volunteered)

<table>
<thead>
<tr>
<th>Issue</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obesity</td>
<td>22%</td>
</tr>
<tr>
<td>Access to preventative care</td>
<td>16%</td>
</tr>
<tr>
<td>Lack of health insurance/coverage</td>
<td>16%</td>
</tr>
<tr>
<td>Lack of wellness/prevention programs, services</td>
<td>16%</td>
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<tr>
<td>Poor lifestyle choices (e.g., smoking, diet, exercise)</td>
<td>16%</td>
</tr>
<tr>
<td>Lack of health care services for all</td>
<td>16%</td>
</tr>
<tr>
<td>Lack of health care services for children</td>
<td>9%</td>
</tr>
<tr>
<td>Lack of adequate care for elderly/disabled</td>
<td>9%</td>
</tr>
<tr>
<td>Lack of providers</td>
<td>9%</td>
</tr>
<tr>
<td>Lack of health care programs or services for low-income</td>
<td>9%</td>
</tr>
<tr>
<td>Teen pregnancy</td>
<td>6%</td>
</tr>
<tr>
<td>Lack of primary care</td>
<td>6%</td>
</tr>
<tr>
<td>Lack of specialty care</td>
<td>6%</td>
</tr>
<tr>
<td>Transportation</td>
<td>6%</td>
</tr>
</tbody>
</table>

Other issues that are top of mind to Key Informants revolve around lack of health care programs or services for specific populations (e.g., children, elderly, disabled, low-income).

| Providers that don’t accept Medicaid, Medicare, Michigan             | 3%         |
| Lack of health care programs/services for uninsured                  | 3%         |
| Access to dental care for all                                       | 3%         |
| Access to mental health services                                    | 3%         |
| Cancer                                                              | 3%         |
| Chronic disease management                                          | 3%         |
| Diabetes                                                            | 3%         |
| Hypertension                                                       | 3%         |
| Inability to pay for prescriptions                                  | 3%         |
| Lack of affordable healthy food                                     | 3%         |
| Lack of coordination among providers                                | 3%         |
| Lack of education on available resources                            | 3%         |
| Lack of political leadership                                        | 3%         |
| Lack of urgent care clinics                                         | 3%         |
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Program development

- Supplies and geographic location
- Volunteers
- Funding opportunities
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Funding partners are key:

- District 10
- Spectrum Health
- ACS
- Other medical facilities, including physicians
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Funding Sources?

• Grants
• Community funds
• Endowments
• Philanthropy
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Other challenges:

- Volunteers
- Protected time for providers and vendors
- Corporate regulations
Programs already in place:

- Annual cancer screening in collaboration with District 10 Health Department, and The American Cancer Society performed at Crossroads Radiation Treatment Center and community events
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Structure for the current annual screening:

• Predictable
• Efficient
• Cost effective

Teams are well-established

Process works well
Collaboration is KEY

• Why reinvent the wheel when you can apply processes that work?

• Sharing information and resources

• Networking and education
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We currently do a skin screen with the breast, cervical and prostate screenings.

Challenge:
How can we generalize this skin screening to other areas using the same structures and serve a larger population?
What resources do we use for the annual screenings?

- **District 10 Health Department**
  - process for screen and follow-up
  - programs (providers and finance) for care with consistent aftercare

- **American Cancer Society**
  - educational materials on any topic related to cancer
  - networking
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- Spectrum Health Reed City Hospital
  - Cancer Services staff, volunteers and provider
  - Support from multiple departments
    - Finance
    - Radiology
    - Oncology
    - Foundation
Crossroads Radiation Center has had 11 cases of skin cancer identified for treatment in our 11-county service area in the last 18 months.
Facts:

- 1 in 3 Americans gets a sunburn each year increasing risk of skin cancer.
- A skin burn as a child or teen increases the risk of skin cancer later in life.
- Skin cancer is more prevalent than breast, prostate, colon and lung cancers combined.
Burn Factor:

- 5 minutes to burn an uncovered scalp
- 15 minutes before sunscreen takes effect
- Reapply sunscreen every 40 minutes
- 20 minutes for sun coming through a window to burn the skin
- 18 minutes to make a second degree burn
- 20 minutes for gray day sun to burn skin
- 20 minutes to burn the cornea and injure the macula of the eye
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More Facts:

• Tanning Beds increase cancer risk
• Tanning buds are 12 times stronger than sunlight
• Increased risk of basal cell cancer by 69%, melanoma by 74%
Helps you can do:

- Wear appropriate clothing
- Reapply sun screen 30+ every 40 minutes
- No tanning beds — myth of base tan
- Eat red, orange and yellow veggies
And then WHAT TO DO?

Get a Bus…

Crazy committed people

Steal processes already in place

Find a venue to access people
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One Bus...
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Process
People will come
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Process:

- Same as for annual screen, but focused on skin and nutrition only
- Location somewhere in the community at a large event. (For us, it was the Wheatlake 5k.)
- Patrons are self-selected to service
- Consent is obtained
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- Patrons educated that this is a screen only and follow-up is their responsibility
- List of area providers is given to those without primary care
- Skin screen is completed by provider with recommendations: to watch, refer or not to refer
- Educational materials from District 10 and ACS are given at completion of screen. Resource people are available for questions and education.
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- Patrons are given a body graph with skin issues highlighted and measured for follow up. District 10 keeps a copy.

- District 10 follows up on those who are referred as they do with breast, cervical and colon screens.
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How did we do?

• 51 screens in 4 hours
• 18 referred for follow-up
• Good catches…TBA
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THANK YOU!

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