Hartford Hospital
Helen & Harry Gray Cancer Center
Cancer Committee

Community Needs Assessment

May 2013
Executive Summary

The purpose of this report is to identify cancer related needs, disparities in cancer control and barriers to healthcare services for the residents of the City of Hartford. In addition, this needs assessment seeks to explore Hartford Hospital Helen & Harry Gray Cancer Center (Cancer Center) efforts to address barriers to access across the continuum of care through the implementation of patient navigation services. Data for this report was collected through key informant interviews with Cancer Center Community Outreach and Oncology Patient Navigation staff and various secondary data sources.

Summary of Key Findings

The City of Hartford has a total population of 124,867 people [1]. Nearly 40% of the population is black, 44% Hispanic and approximately 16% non-Hispanic white [1]. According to the Connecticut Tumor Registry breast, colorectal, lung and prostate cancers are the most common cancers within the city. The CT Tumor Registry data also provides evidence of disparities in cancer deaths and stage of diagnosis from black Americans and Hispanic residents [2]. Although the CT Tumor Registry reports that non-Hispanic white males have a higher percentage of colorectal cancer diagnosed at a late stage in Hartford, the rates could be affected by the lack of screening access due to a lack of adequate insurance.

In 2010, the Helen & Harry Gray Cancer Center Patient Navigation program was piloted to address community needs. This pilot program consisted of one Spanish-speaking patient navigator who successfully navigated 145 patients, of which, the following barriers to care were identified as:

- health insurance,
- basic needs & financial concerns,
- support transportation to and from treatment,
- safety, and
- communication & health literacy.

Since the inception of the pilot program, the Cancer Center has expanded its patient navigation program to include (5) nurse navigators to cover all diseases sites for all patients who accept the services. Although the program has been successful in reducing barriers for patients, gaps still exist in funding for patients diagnosed with cancer that are uninsured or underinsured and the capacity for local providers to take appointments. The patient navigation program can be enhanced by creating a standardized process to transition patients into cancer care from all parts of the Hartford Hospital system and outreach program. At present, the patient navigation community outreach program strives to disseminate best practices and evidence based programs statewide in an effort to impact statewide disparities reduction in cancer control.
Purpose

The purpose of this report is to identify cancer related needs, disparities in cancer control and barriers to healthcare services for the residents of the City of Hartford. In addition, this needs assessment seeks to explore Hartford Hospital Helen & Harry Gray Cancer Center efforts to address barriers to access across the continuum of care through the implementation of patient navigation services.

Methods

Data for this report was collected through key informant interviews with Cancer Center Community Outreach and Oncology Patient Navigation staff. More specifically, this document was informed by our Health Disparities Navigation pilot program findings. Secondary data was gathered from sources such as the City of Hartford Health & Human Services Department, National Cancer Institute (NCI) Community Cancer Centers Program (NCCCP), the American Cancer Society, Connecticut Department of Public Health Comprehensive Cancer Program - Connecticut Tumor Registry, Hartford Hospital Helen & Harry Gray Cancer Center Cancer Registry, and U.S. Census Bureau.

Overview: City of Hartford

The City of Hartford has a total population of 124,867 people [1]. Nearly 40% of the population is black, 44% Hispanic and approximately 16% non-Hispanic white [1]. Out of the total population of Hartford residents, it is estimated that about 50% of persons age five and over speak a language other than English in the home [1]. Table 1 summarizes the city of Hartford demographics.

<table>
<thead>
<tr>
<th>Population Characteristic</th>
<th>Harford City</th>
<th>Connecticut</th>
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</thead>
<tbody>
<tr>
<td>White</td>
<td>29.8%</td>
<td>77.6%</td>
</tr>
<tr>
<td>Non-Hispanic White</td>
<td>15.8%</td>
<td>71.2%</td>
</tr>
<tr>
<td>Black</td>
<td>38.7%</td>
<td>10.1%</td>
</tr>
<tr>
<td>American Indian</td>
<td>0.6%</td>
<td>0.3%</td>
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<td>Asian</td>
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</tr>
<tr>
<td>2 or More Races</td>
<td>4.2%</td>
<td>2.6%</td>
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<tr>
<td>Hispanic</td>
<td>43.4%</td>
<td>13.4%</td>
</tr>
<tr>
<td>Aged 65 years or older</td>
<td>8.9%</td>
<td>14.2%</td>
</tr>
<tr>
<td>High School Graduates*</td>
<td>67.1%</td>
<td>88.2</td>
</tr>
<tr>
<td>Median Household Income</td>
<td>$29,190</td>
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<tr>
<td>People in poverty*</td>
<td>31.6%</td>
<td>8.7%</td>
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Among all cancers, breast, colorectal, lung and prostate cancers are the most common cancers within the city [2]. Tables 2 and 3 below provide a summary of new cancer cases and deaths rates for the City of Hartford and compared to the state. New cases of breast and lung cancer for Hartford women is lower than the rate for Connecticut cases, but greater numbers of new cases of colorectal cancer are reported for Hartford women than in the state. Cancer deaths among Hartford women are lower in breast and lung cancer, but higher in colorectal cancer as compared to women across the state of Connecticut.

Furthermore, Hartford men have more new cases of lung cancer than compared to men across the state, but present with fewer new cases of colorectal and prostate cancer cases than compared to men across the state. Cancer deaths for Hartford men are higher than the state of Connecticut in colorectal and lung cancer, but lower in prostate cancer as compared to the state. The data utilized has been reported by the Connecticut Tumor Registry and spans from 2003 to 2007. Take into consideration that the data provided by the Connecticut Tumor Registry reflects a mixture of data sources, age adjusted rates and some confidence levels for death rates based on small numbers [2]. This data will be updated by the CT Tumor Registry in June 2013.

Table 2. New cases of cancer in residents of the City of Hartford and Connecticut age adjusted rates

Racial and Ethnic Disparities in Stage of Diagnosis of Breast, Lung, Prostate and Colorectal Cancers

The impact of social conditions experienced by many Hartford residents is suggested to be connected to higher death rates among those diagnosed with various chronic diseases, including cancer, due to a lack of access to care, preventative services and screening [3]. For Hartford, the data shows disparities in late stage of diagnosis in breast, prostate and lung cancer.

Breast Cancer

The data in Table 4 presented below shows late stage diagnosis for residents of the City of Hartford by race/ethnicity. For female breast cancer cases reported between 2005 and 2009, non-Hispanic black women presented with a higher percentage of distant stage diagnosis than non-Hispanic white and Hispanic females [2]. Whereas, non-Hispanic white women accounted for 65% of localized breast cancer diagnosis and non-Hispanic black women and Hispanic women at approximately 57% and 47% respectively [2].

Female breast cancer

![Bar chart showing stage of diagnosis for female breast cancer by race/ethnicity.]

Lung Cancer

Tables 5 and 6 shown below provide data on stage of diagnosis for lung cancer in males and females between 2005 and 2009 by race/ethnicity. Although lung cancer is generally diagnosed at a late stage, disparities exist among racial groups. Non-Hispanic black males and females have percentage of late stage diagnosis at approximately 59% and 55% respectively [2]. Late stage diagnosis for Hispanic [26%] and non-Hispanic white women [39%] is significantly lower than that of non-Hispanic black women [2]. Late stage diagnosis for Non-Hispanic black males and Hispanic males is 5-10% higher than that of non-Hispanic white males [2]. Cultural differences may be a contributing factor in the difference between rates in non-Hispanic black women and Hispanic women.

*Lung cancer – males*

![Bar chart showing stage distribution for lung cancer in males by race/ethnicity.]

Table 6. Stage at diagnosis in residents of Hartford City by race/ethnicity.

*Lung cancer – females*

![Bar chart showing stage distribution for lung cancer in females by race/ethnicity.]

Prostate Cancer

Below, Table 7 reports stage at diagnosis for prostate cancer by race/ethnicity for men in Hartford. According to the Connecticut Tumor Registry data, the disparities in late stage diagnosis for prostate cancer are stark between Hispanic males [12%] as compared to non-Hispanic white males [4%] and non-Hispanic black males [2%]. This may be closely tied to availability of screening services, insurance and various cultural and linguistic barriers. Although Hispanic males have higher percentages of late stage diagnosis, non-Hispanic black males have more than double the amount of men diagnosed with prostate cancer.


Colorectal Cancer

Colorectal cancer is preventable, yet many are people diagnosed at a late stage due to a lack of healthcare coverage, knowledge or provider referral [4]. According to the American Cancer Society, only half of the United States population age 50 and over receiving timely screening for colorectal cancer screening [4]. Nationally, colorectal cancer rates are generally higher in African Americans [4]. According to the Connecticut Tumor Registry in Table 8, in Hartford non-Hispanic black and Hispanic women presented with higher percentages of late stage colorectal cancer diagnosis [2]. Table 9 shows that non-Hispanic white males had a higher percentage of late stage and localized diagnosis [2]. Between 2005 and 2009, there were significantly more cases of colorectal cancer found in non-Hispanic black females than among non-Hispanic white and
Hispanic women [2]. During the same time span, non-Hispanic white and black males had close counts of colorectal cancer diagnosis, yet Hispanic males diagnosed was lower.

**Table 8. Stage at diagnosis in residents of Hartford City by race/ethnicity.** Cancers diagnosed 2005 – 2009.

**Colorectal cancer - males**


**Colorectal cancer - females**
Financial Resources

At the core of Hartford Hospital’s mission is addressing health care disparities in the communities it serves. To that end, the hospital and its Helen & Harry Gray Cancer Center have implemented community outreach efforts to reduce disparities in cancer care through early detection screening programs, education and patient navigation. These programs have been funded by grants and donations most notably from the NCI Community Cancer Centers Program, the Susan G. Komen for the Cure Connecticut Affiliate, the Breast Cancer Alliance, the Team Towanda Foundation, the Ensworth Foundation and the Beatrice Fox Auerbach Foundation. Grants and donations support staff and pay the costs of mammograms, PSAs and other screenings for underserved and uninsured patients. Over 20 hospital staff members participate in these programs.

Service Area

Helen & Harry Gray Cancer Center is located on the south end of Hartford, adjacent to downtown Hartford, area business and an industrial area. Table 10 shown below lists Cancer Center’s primary service area by zip code. Community outreach activities take place within the zip codes, but also in areas not listed in this analysis.

Table 10. Cancer Center Primary Service Area by Zip

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Figure 1. City of Hartford Map
Our ongoing community outreach program focuses on three prevalent cancer sites: breast, prostate and colorectal cancers, which together comprise 50% of those treated at Hartford Hospital. Our service area, Greater Hartford, is the largest metro area in Connecticut, and Hartford is one of poorest cities in the country, with 30.6% of the population living below the poverty line. In 2007 more than 18% of Hartford Hospital's activity reflected services to patients with inadequate or no health insurance.

**Patient Navigation Pilot Program 2010-2012**

In 2010, considering the needs of the Hartford population the Cancer Center conducted a patient navigation pilot program, which included one full-time Spanish-speaking patient navigator. Over the span of two years, the patient navigator was responsible for connecting patients to services and insuring timely access to care for patients across the continuum of cancer care. The navigator worked as a liaison between Hartford Hospital systems such as the Brownstone Clinic, Women’s Clinic, cancer outreach programs, physician groups and other supportive services. The navigator was also responsible for collecting data to derive patient needs and barriers to care. Over two years, the navigator served 145 cancer patients, which included pre-diagnosis patients. The majority of the patients started navigation services at point of diagnosis or in treatment. Out of the 145 patients navigated, 64 patients were uninsured or underinsured. Patients navigated were given an initial assessment of barriers to care, which resulted in the following findings from respondents:

- 44% identified health insurance;
- 29% identified basic needs & financial concerns;
- 43% reported that support was a critical barrier;
- 23% viewed transportation to and from treatment as a limitation;
- Only one person considered safety as a barrier to access; and
- 44% considered communication and health literacy as a major barrier to care.

After the two year pilot, the Cancer Center adopted and expanded the patient navigation model.

**Expanded Patient Navigation Program to Address Barriers to Quality Cancer Care**

The Helen & Harry Gray Cancer Center’s goal is to provide every patient with an excellent patient experience by reducing barriers to care. In doing so, the Cancer Center has dedicated Nurse Navigators assigned to help patients diagnosed with any cancer type. These nurses help to coordinate care and guide patients through their treatment. Recognizing how easy it is for a new or recurrent cancer diagnosis to overwhelm a patient and their support system, it is our goal to assess each patient’s needs for assistance accessing the healthcare system, as well as their ability to successfully cope with their diagnosis and receive the recommended treatment(s).
Our five (5) Nurse Navigators support our patients from cancer diagnosis through end-of-life care or Survivorship. The nurse navigators also work closely with the Cancer Center outreach programs to transition patients into care. These navigators cover all nine cancer types, Breast, GI, Thoracic, Hematology, Neuro, Head & Neck, Melanoma/Skin, GU, and Gyn-Oncology. Each new patient with a cancer diagnosis may be referred to the navigator in a number of ways. The majority of patients will be referred by either their physician, through our Cancer Connect nurse, or through our cancer conferences.

Access to care and identifying each patient's barriers to care are a high priority for our navigators. Our navigators work closely with our Cancer Connect Nurse, lay navigators, American Cancer Society (ACS) navigator, and other supportive services in order to meet the physical, emotional, educational, and financial needs of our patients. Supportive services would include our oncology social workers, dieticians, integrative medicine services, clinical trial research nurse, smoking cessation, ACS navigator, etc. In an effort to address transportation needs of patients, the ACS navigator connects patients with rides to and from appointments. Well versed in the many resources available to patients and families, our skilled Nurse Navigators work with patients to make sure they understand their diagnosis and treatment plan. The nurse navigator will also refer the patients to Survivorship. Our Survivorship APRN (Advanced Practice Nurse) meets with each of the patients as they come to the end of their treatment. She provides the patient with a treatment summary and detailed plan or care. These items are reviewed with each patient at their meeting and will be shared with the patient's oncology doctors and primary care physician.

**Cancer Center Programs & Resources**

**Breast Cancer**

Hartford Hospital implemented its comprehensive mobile screening programs in 2005 with “Take the Time” Mobile Mammography and in 2008 with its comprehensive prostate and colorectal community screenings. These programs build on years of the hospital’s presence in the community to create a new level of comprehensive screening that includes navigation of patients with abnormal results into coordinated follow-up care.

In its first year, “Take the Time” Mobile Mammography provided 454 mammograms; and last year over 1,400 women received were screened through the program. Of over 8,000 mammograms provided, over the past seven years 23 cancers have been diagnosed since the inception of the program. A diverse population has been served, ranging from uninsured recent immigrants to corporate employees to senior citizens in their housing communities. The program focuses on women who have never had a mammogram or those who perceive barriers to the service to be so great that they forgo regular screenings. Another key program goal is to make convenient mammograms available to working women who may have utilized screening services, but who are reluctant to “take the time” to follow up regularly. Approximately 30% of women screened through Mobile Mammography are uninsured. Grant funds and donations support these services.
Breast Care – Hartford Hospital Partnership for Breast Care

In 2001, The Partnership for Breast Care (PBC) was formed as a unique collaboration between Hartford Hospital and affiliated private practice physician groups; the PBC is a virtual breast center providing a single, comprehensive resource for all individuals with breast problems. To date, it has served over 14,000 patients facilitating breast care, breast health education and mammography services for women throughout Connecticut.

The PBC is guided by a multidisciplinary Breast Leadership Committee comprised of surgeons, radiologists, medical oncologists, radiation oncologists, a pathologist, registered nurses and administrative staff. Previously constituted as a Board of Directors, it has been expanded over the past three years to include any physician who treats breast patients and is interested in guiding breast program development as well as new cancer center program staff such as survivorship. A Community Advisory Board serves as an adjunct to the PBC to ensure that its programs meet the needs of patients and the community at large. The PBC serves as the focal point for breast care within Hartford Hospital and its affiliated providers, working closely with the Cancer Center, Women’s Health Services, other clinical departments and programs and community physicians to ensure a coordinated approach to breast care.

Prostate Cancer

Since the implementation of Hartford Hospital’s Mobile PSA Screening Program in 2008, The Comprehensive Prostate Cancer Program participated in 47 community events in Greater Hartford, providing 753 men with free prostate cancer screenings and educational information. A total of 538 of the men screened identified themselves as African American, a group at especially high-risk for prostate cancer. All abnormal findings from community screenings are followed up to ensure that patients are appropriately navigated to diagnostic and treatment services.

Colorectal Cancer

Hartford Hospital was chosen by the Department of Public Health to implement an evidence-based colorectal cancer (CRC) screening program to increase high-quality, population-based CRC screening among average-risk, uninsured and insured persons 50 years of age and older. The program has been integrated with our existing Breast and Cervical Cancer Early Detection Program and will not only provide colonoscopies to low-income and medically underserved residents of Connecticut, but will also focus on strategies designed to increase colorectal cancer screening in all persons 50 years and older regardless of insurance status. Over 80 colonoscopies were provided to patients on last year and there was a 100% show rate as each patient was successfully navigated by the outreach staff. The overarching goal of this initiative is to reduce health disparities in colorectal cancer screening, incidence, and mortality.
Colorectal Cancer Screening: FIT Testing

The Cancer Outreach team implemented the use of Fecal Immunochemical Tests (FIT) in March of 2011. Since inception of the program, we have participated in 39 screenings and provided over 300 patients with FIT kits. We have provided over 800 kits, there is a 30% return rate and we have had 22 positives. Once the results are received from the lab, each patient receives a result letter in the mail. To date, there are 6 patients who have had positive results. All patients with abnormal results have been navigated for follow up with their Primary Care Physician. If they do not have a PCP or are uninsured, we work with the patient to find a Physician for follow up care. All uninsured patients are screened to determine eligibility for the CDC program. Once deemed eligible, they will receive a free colonoscopy.

Lung Cancer & Smoking Cessation

“Quit Line!” is a study and treatment program currently being offered to Hartford area smokers by the Cancer Center Smoking Cessation Program. After receiving ARRA funds for a project on tobacco cessation among cancer survivors, Hartford Hospital Helen & Harry Gray Cancer Center-turned the project into an IRB-approved research protocol. The hospital adapted its evidence-based model for cessation treatment (previously developed for pregnant smokers) to cancer patients. Using the ARRA funds to broaden the effort across the organization, to its satellite sites, and into physician offices and the community, the hospital’s goal was to recruit patients into the study and ultimately weave the approach into their system of patient care. Though initially designed for cancer survivors, the study’s scope and the cessation program was expanded to include patients and their family members.

Other Cancers

Hartford Hospital Helen and Harry Gray Cancer Center will host its first skin cancer screening in May and is preparing to launch a lung cancer screening program this year. The Cancer Center also sponsors health symposiums on cancer by site, such as pancreatic cancer and the Sullivan Symposium on melanoma.

Recommendations for Enhancements to Patient Navigation Services

Although the program has been successful in reducing barriers for patients, gaps still exist in funding for patients diagnosed with cancer that are uninsured or underinsured and the capacity for local providers to take appointments. The patient navigation program can be enhanced by creating a standardized process to transition patients into cancer care from all parts of the Hartford Hospital system and outreach program. At present, the patient navigation community outreach program strives to disseminate best practices and evidence based programs statewide in an effort to impact statewide disparities reduction in cancer control.
Works Cited


