2022 Implementation Strategy
Adopted November 21, 2022
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Comments and feedback about this report are welcome

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INTRODUCTION

A. Moffitt Cancer Center Overview

Moffitt Cancer Center (MCC) is a free-standing cancer center and tax-exempt corporation as described in IRS Section 501(c)(3). Moffitt opened in 1986 and is named for the Honorable H. Lee Moffitt, a former Speaker of the Florida House of Representatives, who spearheaded the effort to create a cancer center. Moffitt’s sole mission is to contribute to the prevention and cure of cancer. The Tampa-based facility is a National Cancer Institute-designated Comprehensive Cancer Center, a distinction that recognizes Moffitt’s scientific excellence, multidisciplinary research, and robust training and education. There are 52 NCI-designated comprehensive cancer centers across the nation, and Moffitt is the only NCI-designated comprehensive cancer center in Florida. Moffitt is a major economic engine that employs more than 7,000 people across four corporate entities. Patients come from all 67 Florida counties, all 50 states, and over 133 countries. Moffitt also has a wide range of outreach and community service activities and community hospital and academic partner networks throughout Florida, the nation, and the world.

B. Background and Community Definition

Background and Community Definition

On August 31, 2021, Moffitt Cancer Center (MCC) contracted with Carnahan Group to conduct a Community Health Needs Assessment (CHNA) and develop an accompanying Implementation Strategy to address the identified needs.

MCC chose to define the community as a 23-county catchment area, including the counties highlighted in the map below. MCC reviewed patient origin data for calendar year 2020. Demographic data were analyzed by MCC to ensure that medically underserved, low-income, or minority populations who live in the geographic areas from which the hospital draws patients were included in the defined community.

C. Implementation Strategy Process and Methodology

Implementation Strategy Methodology

The implementation strategy approach was developed by a team of leaders from the Office of Community Outreach, Engagement, and Equity (COEE). In addition to feedback from key internal stakeholders including feedback from clinical and non-clinical outreach programs gathered through a Community Benefit Inventory at MCC, this implementation strategy considers input from community leaders gathered during interviews.
Summary of Community Health Needs Addressed

The prioritized significant community health needs identified during MCC’s 2021 CHNA are listed below.

1. Prevention, Education, and Outreach
2. Access to Screening and Early Detection
3. Health Equity

MCC also chose to include broader strategies related to community health improvement infrastructure and capacity within this plan.

2022 Community Health Needs Assessment: https://moffitt.org/publications/community-benefit/
A. Prevention, Education, and Outreach

This priority need area includes health education, community engagement, disseminating health information, behavioral risk factors, well checks, provider education, and awareness of existing programming. Specific risk factors include but are not limited to health literacy, tobacco, physical activity, food insecurity, weight status, vaccination, and diabetes.

<table>
<thead>
<tr>
<th>GOALS</th>
<th>OBJECTIVES</th>
<th>ACTIVITIES</th>
<th>PARTNERS</th>
<th>RELATED GOALS</th>
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<tbody>
<tr>
<td>Reduce new cancer cases</td>
<td>1. Improve data on cancer prevention knowledge, attitudes, and related areas of interest</td>
<td>A. Collaborate with Florida Cancer Data System (FCDS) on improving access to cancer data</td>
<td>Moffitt COEE, Health Data Services</td>
<td>HP2030 C-01</td>
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<td>External FCDS, University of Miami</td>
<td>FSCP Goal 2</td>
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<td>2. Conduct health education to improve knowledge and attitudes related to cancer risk and protective factors</td>
<td>A. Host and participate in community-based health education events</td>
<td>Moffitt COEE, LATTE, Patient and Family Library, Head and Neck Oncology, Tampa Bay Community Cancer Network (TBCCN), Breast and Cutaneous Oncology</td>
<td>HP2030 C-01</td>
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<td>B. Provide subject matter expertise and clinical speakers to support partner initiatives</td>
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<td>C. Expand partnerships with community organizations to increase health education in catchment area and priority populations</td>
<td>External Community clinics and organizations, All4HealthFL Collaborative, Healthy Hillsborough Steering Committee</td>
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<td>3. Develop capacity to carry out evidence-based interventions to address individual-level cancer risk factors</td>
<td>A. Provide seed funding to community groups and Cancer Control Collaboratives to address cancer needs in priority populations</td>
<td>Moffitt COEE, TBCCN, Government Relations</td>
<td>HP2030 C-02, TU-16</td>
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<td>B. Increase provider knowledge about individual-level cancer risk factors</td>
<td>External All4HealthFL Collaborative, Healthy Hillsborough Steering Committee; State Comprehensive Cancer Control Program</td>
<td>FSCP Goal 3</td>
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<td>4. Share resources, subject-matter, and technical expertise to strengthen the catchment area’s cancer care system/network</td>
<td>A. Participate in health promotion coalitions, workgroups, and committees</td>
<td>Moffitt COEE, TBCCN, Government Relations</td>
<td>HP2030 C-01</td>
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<td>B. Expand geographical involvement in coalitions, workgroups, and committees across the catchment area</td>
<td>External All4HealthFL Collaborative, Healthy Hillsborough, Florida Cancer Control Research Advisory Council (CCRAB), State Comprehensive Cancer Control Program, State Cancer Control Collaboratives</td>
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B. Access to Screening and Early Detection

This priority need area includes health insurance, navigating the healthcare system, transportation and other social determinants of health, cancer screening, and early detection.

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</table>
| Increase the proportion of individuals who receive recommended cancer screenings | 1. Improve community awareness of screening recommendations and signs and symptoms of cancer | A. Conduct outreach to medically underserved individuals and groups  
B. Develop digital communication channels for health information messaging  
C. Develop public service announcements and health information messaging  
D. Host community-based cancer screening events  
E. Offer continuing education to providers | Moffitt COEE, Strategic Communications, LATTE, Head and Neck Oncology, TBCCN, Breast and Cutaneous Oncology, Physician Marketing  
Moffitt COEE, External  
Local Government, Patient Advocacy Organizations | HP2030 C-03, C-05, C-07, C-09 |
| 2. Reduce barriers to cancer screening | A. Provide no-cost screenings to qualifying uninsured and underinsured community members  
B. Expand mobile screening initiatives to include distant and rural areas inside the catchment area  
C. Improve access to genetic testing for cancer risk  
D. Transportation vouchers or ride share app funding | Moffitt COEE, Strategic Communications, LATTE, Head and Neck Oncology, TBCCN, Breast and Cutaneous Oncology, Physician Marketing, Strategic Marketing, Social Work  
External  
American Cancer Society | HP2030 C-01  
FSCP Goal 15 |
| 3. Improve access to cancer screening through health policy and payor initiatives | A. Educate local government officials and policymakers  
B. Support the adoption of local, state, and federal policies that aim to increase access to cancer screening and diagnostic testing | Moffitt COEE, Government Relations, Strategic Communications, LATTE, Head and Neck Oncology, TBCCN, Breast and Cutaneous Oncology | HP2030 C-01  
FSCP Goal 4 |
### Access to Screening and Early Detection, Continued

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| **Improve early diagnosis** | 4. Increase the proportion of individuals screened who receive follow-up care and diagnostic testing | **A.** Collaborate with FQHCs and other community clinics to improve screening referral processes across multiple health systems or provider organizations  
**B.** Conduct provider education related to follow-up care  
**C.** Improve access to community-based social services and supports utilizing a cross-organizational data-sharing referral platform | Moffitt COEE, Information Technology (IT), LATTE, Head and Neck Oncology, TBCCN, Breast and Cutaneous Oncology, Physician Marketing, Clinical Trials Office | HP2030 C-R02      |
|                           |                                                                             |                                                                                                                                             | External Federally Qualified Health Centers (FQHCs), Community Clinics, Social Service Organizations | FSCP              |
|                           |                                                                             |                                                                                                                                             |                                                                                               | Goals 10,11,12,13,14 |
C. Health Equity

This priority need area includes topics of health disparities, health equity, cultural and linguistic competencies, the social determinants of health, and representation in the medical community.

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<tbody>
<tr>
<td>Reduce cancer health disparities</td>
<td>1. Increase access to disaggregated cancer data</td>
<td>A. Improve researcher access to local, disaggregated cancer data</td>
<td>Moffitt COEE, Health Data Services, External Cancer Control &amp; Research Advisory Council (CCRAB), Catchment Area Research &amp; Data Science Group (CARDS)</td>
<td>FSCP Goal 2</td>
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<td>2. Improve awareness of cancer health disparities and understanding of underlying causes</td>
<td>A. Support research projects related to health disparities</td>
<td>Moffitt COEE, TBCCN, Cancer Epidemiology, Clinical Trials Office, Health Outcomes and Behavior, Digital Innovation, George Edgecomb Society, Enterprise Equity Research faculty</td>
<td>FSCP Goal 21</td>
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<td>B. Disseminate health disparities research for lay audiences</td>
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<td>3. Support the implementation of health equity-oriented actions in the workplace</td>
<td>A. Collaborate on Delivery of the Train the Trainer Health Equity Program</td>
<td>George Edgecomb Society, Enterprise Equity, Research faculty</td>
<td>HP2030 AHS-R01</td>
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<td>Increase diversity and representation</td>
<td>4. Support diversity within the healthcare provider and community health workforces</td>
<td>A. Create opportunities for job shadowing and link participants to pathways to workforce entry with accompanying resources and supports</td>
<td>Moffitt COEE, Enterprise Equity, Diagnostic Imaging, Radiology Administration, Ultrasound, Nuclear Medicine, Language Services, Clinical Trials Office</td>
<td>HP2030 PHI-R05</td>
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<td>B. Provide translation and medical interpretation for languages other than Spanish and American Sign Language</td>
<td>External Universities, Technical Colleges</td>
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D. Community Health Improvement

Strengthening the organization’s internal community health improvement capacity and alignment with partners will bolster the planned activities related to priority needs and lead to greater achievements in target outcomes.

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</table>
| Improve efficiency and sustainability of community health improvement programs | 1. Increase capacity to provide community health programming | A. Establish annual community benefit training  
B. Bi-annual refresher training for community benefit managers  
C. Catholic Health Association (CHA) Community Benefit training participation | Moffitt  
COEE, Tax/Finance, Organizational Development  
External Catholic Health Association | HP2030  
FSCP Goal 1 |

**HP2030** = Healthy People 2030 associated goal  
**FSCP** = Florida State Cancer Plan 2020-2025 associated goal

*Full names of associated goals located at the end of this document*
E. 2022 Joint CHNA and Implementation Strategy – All4HealthFL Collaborative

**Background of the All4HealthFL Collaborative**

In 2019, members of multiple health centers and departments of health in the Tampa Bay Area convened to create a healthcare collaborative with the purpose of creating a synergetic network of healthcare organizations that worked together to improve the health of Tampa Bay residents. This group, called the All4HealthFL Collaborative, is composed of AdventHealth, BayCare Health System, Bayfront Health St. Petersburg, Moffitt Cancer Center, Johns Hopkins All Children’s Hospital, Lakeland Regional Health, Tampa General Hospital, Orlando Health, and The Florida Department of Health in Hillsborough, Pinellas, Pasco, and Polk counties.

The purpose of the All4HealthFL Collaborative is to improve health by leading regional, outcome-driven health initiatives that have been prioritized through community health assessments.

**All4HealthFL Implementation Strategy Methodology**

Collaborative members were invited to participate in three workshops in September and October 2022. Through these conversations, the collaborating organizations developed a goal and objective associated with each of the CHNA prioritized health needs, allowing for flexibility in how each member organization engaged in making progress toward meeting that goal. Moffitt’s Implementation Strategy includes All4HealthFL collaboration under Prevention Education and Outreach, with the objective of sharing resources, subject-matter, and technical expertise to strengthen the catchment area’s cancer care system/network through participating in health promotion coalitions, workgroups, and committees. Collaboration with other healthcare organizations is also associated with Florida State Cancer Plan Goal 1.

All4HealthFL website: [https://www.all4healthfl.org/](https://www.all4healthfl.org/)
APPENDIX

A. Relevant Healthy People 2030 (HP2030) Goals

- C-01 Reduce overall cancer death rate
- C-02 Reduce the lung cancer death rate
- C-03 Increase proportion of adults who get screened for lung cancer
- C-05 Increase proportion of adults who get screened for breast cancer
- C-07 Increase proportion of adults who get screened for colorectal cancer
- C-09 Increase proportion of adults who get screened for cervical cancer
- C-R02 Increase proportion of people who discuss intervention to prevent cancer with their providers
- AHS-08 Increase proportion of adults who get recommended evidence-based preventative health care
- AHS-R01 Increase the ability of primary care and behavioral health professionals to provide more high-quality care to patients who need it
- PHI-R05 Monitor the education of the public health workforce
- TU-16 Increase Medicaid coverage of evidence-based treatment to help people quit using tobacco

Healthy People 2030: https://health.gov/healthypeople/objectives-and-data

B. Relevant Florida State Cancer Plan (FSCP) Goals

- Goal 1: Maximize cancer control resources by increasing collaboration among Florida cancer control stakeholders.
- Goal 2: Ensure collection of comprehensive and high-quality cancer-related data from all Florida cancer patients to inform cancer prevention and control programs.
- Goal 3: Reduce the incidence and mortality from tobacco-related cancers in all Floridians.
- Goal 4: Eliminate cervical cancer as a public health problem in Florida by increasing vaccination against human papillomavirus (HPV) and increasing cervical cancer screening.
- Goal 10: Reduce lung cancer mortality through early detection of lung cancer in Floridians.
- Goal 11: Reduce breast cancer mortality through early detection of lung cancer in Floridians.
- Goal 12: Reduce colorectal cancer mortality through early detection of lung cancer in Floridians.
- Goal 13: Reduce prostate cancer mortality through early detection of lung cancer in Floridians.
- Goal 14: Eliminate hepatitis C virus (HCV) as a public health problem in Florida by increasing access to screening and linkage to care.
- Goal 15: Achieve excellent clinical outcomes for all Floridians through access to high-quality, evidence-based cancer treatment.
- Goal 21: Achieve a national reputation in Florida for innovative and impactful cancer research

Florida State Cancer Plan: https://www.ccrab.org/cancer-plan