

# HOSPITAL SYSTEMS CAPACITY BUILDING INITIATIVE

## COMMUNITIES OF PRACTICE

### Evaluation Report Executive Summary - Year 2

#### INTRODUCTION

The American Cancer Society's Hospital Systems Capacity Building Initiative (HSCB) received funding in 2018 to provide capacity building assistance to hospital systems and state and local health departments.

The two key program strategies are to:

- establish and sustain results-driven partnerships to cultivate opportunities and expertise to promote a shared culture of health through the cancer lens, and
- improve the identification of best practices and implementation of cancer prevention and screening evidence-based and informed (EB/I) interventions to address population health.

The ACS HSCB Initiative uses the Communities of Practice approach to offer tailored capacity building assistance, foster peer-to-peer learning, and engage multi-sector partners in bi-directional learning.

This evaluation report details the second year of HSCB activities and progress towards outcomes (August 2019 to July 2020).

#### 2019-2020 ACTIVITIES AT-A-GLANCE



Maintained engagement of multi-sector National Advisory Committee with 19 members



Capacity building assistance included:

- 1 multi-day in-person workshop,
- 2 site visits,
- 2 Project ECHO calls,
- 18+ capacity building sessions facilitated by subject matter experts,
- 49+ 1-on-1 or group capacity building assistance sessions held to improve HSCB Initiative COP site project development

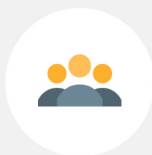


8 capacity-building tools / resources shared with HSCB COP sites



10 Collaborative Action Plans completed by HSCB COP sites to document cancer prevention and screening project planned activities

#### YEAR 2 PROGRAM HIGHLIGHTS



##### PARTNERSHIP

- **10 HSCB COP sites established**
- **Participants reported the following partnership benefits resulting from the HSCB Initiative:**



##### EB/I's

- **The top 3 evidence-based/informed interventions selected by HSCB COP sites are:**



Provider Education (78%)



Reducing Structural Barriers (56%)



Provider Assessment & Feedback (33%)



##### RESOURCES



- **Meeting Agenda & Tracking template**
- **Facilitation Observation Guide**
- **Collaborative Action Plan template**



- For each Area of Focus:**
- **Systems & Strategies Inventories**
  - **Data Trackers**

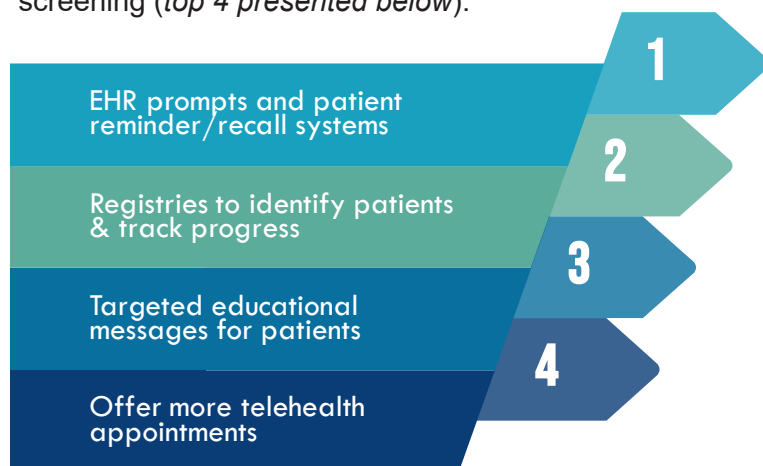
## COVID-19 RESPONSE

In response to the pandemic, the HSCB Initiative team tailored capacity building and programmatic activities. Some key activities are highlighted below:

- Media talking points - quick reference guide of relevant messages on impact of COVID-19 on cancer and importance of screening and prevention
- 20,000 co-branded “Return to Care” postcards shared with 5 sites (*see picture below*)
- \$80,000 in sub-award funds allocated to COVID-19 related expenses. Activities included:
  - *community education*
  - *improving workflows*
  - *virtual visit capacity improvements*
  - *addressing patient barriers*



HSCB COP sites shared the following strategies they planned to employ to reactivate cancer prevention and screening (*top 4 presented below*):



## NAC GUIDANCE

The National Advisory Committee (NAC) provided insight on opportunities to address the impact of COVID-19 and encourage a return to screening and vaccination. The following themes emerged:



### LEAD

ACS can leverage its leadership and expertise to provide guidance and direction to ensure quality cancer prevention and care safely continues.



### ENGAGE

The HSCB Initiative will continue to foster partnerships and communication between hospital systems and public health agencies, particularly in navigating the pandemic and shifts in capacity.



### INNOVATE

At this time, HSCB COP sites are encouraged to use creative strategies to collaborate and reengage patients in cancer prevention and screening. Flexibility and innovation are critical to addressing the changing healthcare landscape.



### ADDRESS

Patient fear or reluctance fueled by the recent COVID-19 crisis, social determinants of health, and other barriers reported by patients should be addressed by HSCB COP sites with guidance from the emerging science.

For more information about the Hospital Systems Capacity Building Initiative, contact Meg Fischer (Meg.Fischer@cancer.org).

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