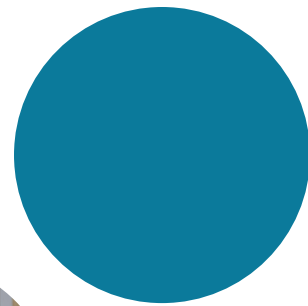




**Fred Hutch
Cancer Center**

2025-2028

Community Benefit Implementation Plan



CANCER CONSORTIUM

FRED HUTCH • UNIVERSITY OF WASHINGTON • SEATTLE CHILDREN'S

Office of Community Outreach & Engagement



50
Years of
Saving
Lives



Fred Hutch
Cancer Center
Sloan Clinic

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UW Medicine

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Introduction

As a nonprofit organization focused on our mission, Fred Hutch Cancer Center (Fred Hutch) combines innovative research with compassionate care to prevent and eliminate cancer and infectious diseases. We are deeply committed to our patients, their families and our community. For the past 50 years, our work has been shaped by the needs of the community and built on its strengths.

Our core values — Collaboration, Compassion, Determination, Excellence, Innovation, Integrity and Respect — guide everything we do.

Fred Hutch serves as UW Medicine's cancer program. Together with the University of Washington and Seattle Children's, we form the Cancer Consortium (the Consortium) that brings together cancer researchers from all three institutions. This partnership promotes collaboration, supports research, strengthens resources and helps develop effective therapies for cancer. The Consortium is designated as a Comprehensive Cancer Center by the National Cancer Institute and is federally funded by a Cancer Center Support Grant.

Every three years Fred Hutch conducts a community health assessment (CHA). Based on the [2025 Community Health Assessment](#), we have created this implementation plan to address the top health needs identified. The plan has been adopted by the Fred Hutch Board of Directors (Fred Hutch's authorized governing body) on or before the 15th day of the fifth month after the end of the taxable year the CHA was completed.

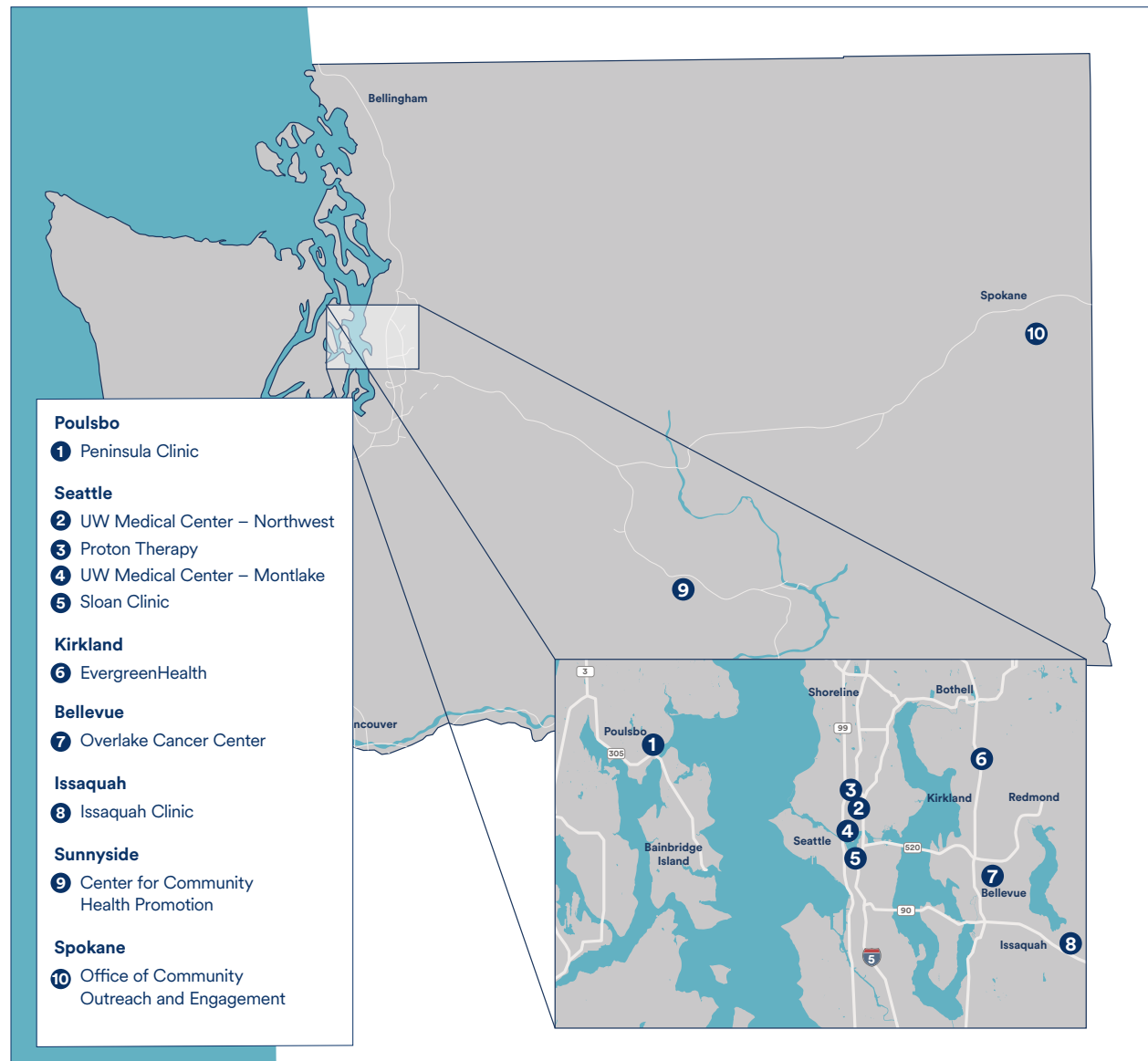


Our Community

For this Implementation Plan, we define our community as the entire state of Washington, which is also the area that both Fred Hutch and the Consortium focus on serving, called our “catchment area.” Washington state sits on the ancestral lands of many Native tribes and Indigenous peoples who have lived here since time immemorial. Today, nearly 8 million people live in the state, across 39 counties and 29 federally recognized sovereign Tribal Nations. Almost 90% of our patients live in Washington. About 10% come from other states, and less than 1% come from outside the U.S.

The following is a summary of the CHA findings about the characteristics of the community, their needs and strengths, and the socio-economic determinants of health which contribute to cancer disparities.

Fred Hutch treatment centers and community sites



Demographic profile of our community

Just over half of the people in Washington are between the ages of 25 and 65, and 17% are 65 or older. There are slightly more females than males. Most people in the state identify as white (about 66%). Fourteen percent are Hispanic, about 13% identify as more than one race, 10% as Asian, 4% as Black, a little over 1% as American Indian or Alaska Native (AI/AN), and less than 1% identify as Native Hawaiian or Pacific Islander (NHOPI). Around 6% identify as another race.

Most people (78%) speak English at home. About 8% of people aged 5 and older — around 580,000 people — don't speak English very well. One in five people speaks a language other than English at home. The most common of these are Spanish, Chinese languages, and Vietnamese. About one in six people in Washington were born in another country.

There are differences in access to socio-economic factors that shape health — like income, education, employment, housing and food security — across different groups in Washington state. Here are some key facts:

- AI/AN, Black and NHOPI people are about twice as likely to live in poverty compared to Asian or white people.
- Almost 10% of households earn less than \$20,000 a year, while about 28% make more than \$150,000. According to the Self-Sufficiency Standard, a household of four (two adults and two kids) needs between about \$72,000 and \$123,000 a year to meet basic needs, depending on where they live in the state.
- The unemployment rate in June 2025 was 4.5%. The highest unemployment rates were in Wahkiakum and Ferry counties; the lowest were in San Juan, Benton, and Asotin counties.¹
- Nearly one in three homeowners and almost half of renters spend too much of their income on housing. In 2024, about 31,000 people in Washington were unhoused.
- In 2022, about 11% of people didn't have enough food. Food insecurity is the most common concern reported by new Fred Hutch patients who completed the Supportive Care Questionnaire, a tool that screens for social needs.
- Among adults 25 and older, nearly 71% have some college education or above.

In Washington, some groups of people are more affected by cancer and cancer risk factors than others. Here are a few key points:

- The top preventable causes of cancer in the U.S. are non-ceremonial tobacco use, obesity, and alcohol use. In Washington:
 - About 9% of adults smoke regularly. Males are about 26% more likely to smoke than females.
 - About 31% of adults are obese, and another 35% are overweight.
 - In 2023, 58% of adults reported they had at least one alcoholic drink in the past month.

1 Updated unemployment report June 2025: <https://esd.wa.gov/jobs-and-training/labor-market-information/reports-and-research/monthly-employment-report>

- Access to cancer screening is not equal across all groups:
 - People with higher income and education levels are more likely to get mammograms than those with lower income or less education.
 - Black individuals are less likely than other groups to be up to date on cervical cancer screenings.
 - People who are Hispanic, earn under \$15,000 a year, or didn't finish high school are less likely to be up to date on colorectal cancer screenings.

Cancer is the leading cause of death in Washington. Yet, cancer mortality has been going down from 1990 to 2022. From 2018 to 2022, the five most common causes of cancer death for all groups in the state were female breast, prostate, lung, blood cancers (or hematologic malignancies), and colorectal cancers. Cowlitz, Grays Harbor, Columbia, Lewis, Okanogan, Ferry, Mason, and Pacific counties had the highest cancer death rates during this time. In total, 13,432 people in Washington died of cancer in 2022.

In Washington, there are still major differences in who gets cancer and who dies from it based on race, ethnicity, location, sex and age:

- AI/AN people have the highest incidence rates of breast cancer, highest rate of late-stage breast cancer, and the highest death rates from breast cancer. Chelan County has the highest rate of late-stage breast cancer.
- Black men have the highest incidence rates of prostate cancer.
- Lung cancer causes the most cancer deaths: about 2,765 people die from it each year. Males get lung cancer more often than females, and AI/AN people have the highest incidence rate of lung cancer.
- Both Black and AI/AN people have higher death rates from lung cancer and blood cancers than other groups.
- Black and AI/AN populations also have the highest death rates from colorectal cancer.
- Young people (ages 15-39) in Washington have a higher death rate from liver cancer than that same age group of youth in the U.S.
- Washingtonians aged 40-64 are more likely to die from brain cancer than people the same age in the rest of the U.S.
- Adults 65 and older have higher death rates from several cancers — including prostate, blood, liver, ovarian, esophageal, brain and oral — compared to older adults nationwide.

Between 2017 and 2019, the average cost of treating breast, colorectal and lung cancer — from first treatment through follow-up care and end-of-life care — was \$90,464. On average, treatment lasted about 179 days.

2025-2028 Identified Health Needs

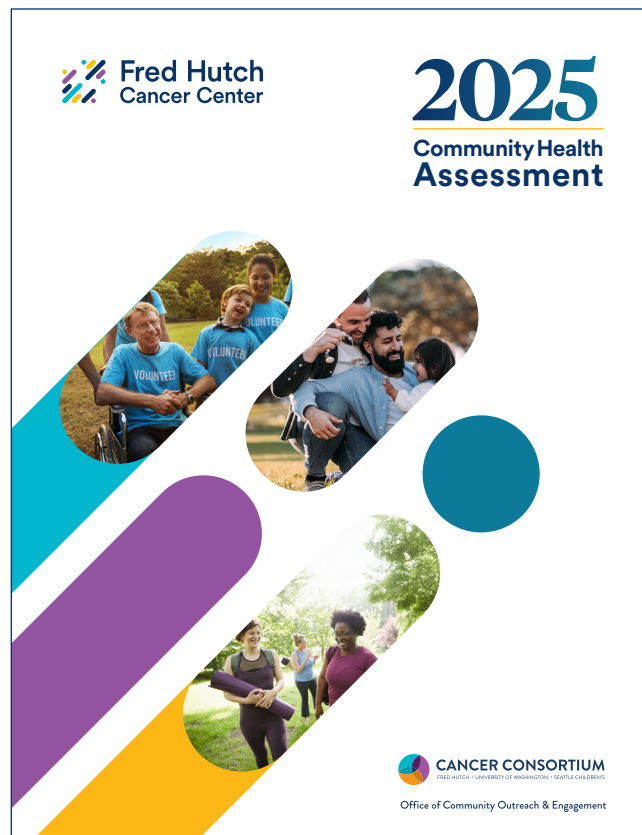
Our commitment at Fred Hutch is to collaborate with our community to foster health, longevity and quality of life for patients and community members alike. Our Community Benefit priorities are informed by the CHA. Alongside public data and population-based cancer statistics, the CHA highlighted community voices from 93 individuals from 55 organizations across Washington state, including participants of the Fred Hutch Patient and Family Advisory Council.

In June 2025, the Fred Hutch Cancer Center Board of Directors adopted the 2025 CHA, which emphasized social determinants of health as key contributors to cancer disparities.

The CHA identified six key health needs across Washington state. These challenges are deeply interconnected:

- Access to care
- Culturally and linguistically responsive care
- Social determinants of health
- Preventive care
- Healthcare affordability and cost of living
- Mental health

See the [2025 Fred Hutch Cancer Center CHA](#) for more information.



Community Benefit Implementation Plan Process

After we completed the CHA, we distributed a survey to prioritize the identified areas based on Fred Hutch's and our community partners' ability to address the needs. We shared the survey with the three coalitions that the Office of Community Outreach and Engagement (OCOE) facilitates in Western, Central and Eastern Washington. We also shared it with the people who participated in the 2025 CHA listening sessions and one-on-one interviews as well as Fred Hutch Patient Advisory Committee members. In total, 56 people serving 11 counties — Benton, Ferry, Grant, King, Kitsap, Pend Oreille, Pierce, Snohomish, Spokane, Stevens and Yakima — completed the survey. The survey was available online and only in English. (See Appendix A for survey questions.)

After the survey, we held a prioritization session with Fred Hutch leaders and staff from different departments (see Appendix B for participants). Together, they reviewed the CHA findings, reviewed the goals from the previous plan, and decided which community health priorities to focus on for the 2025-2028 Implementation Plan.



Laura Starr, RN, and community partners speak during a panel session at the 2025 Tribal Cancer Health Summit hosted by the Office of Community Outreach and Engagement.

Criteria for prioritization

We chose our priorities based on several factors: how serious the need is, how many people it affects, whether certain groups are unfairly impacted, how much support or attention the issue is already getting, whether we can work with local organizations on it and whether Fred Hutch can make a meaningful contribution.



Severity of need

How serious is the health issue? How poorly does it compare to the expected standard?



Urgency

Will action in the next three years make a difference? Will inaction make needs worse?



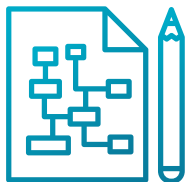
Magnitude/Scale of the need

Does this affect a large number of people?



Clear disparities or inequities

Is there a large impact on small communities?
Is there a disproportionate impact on broad communities?



Feasibility

Can Fred Hutch make a meaningful contribution to addressing the need because of our people, skills, funds, expertise or existing strategies?



Readiness/potential for collaboration

Are there current efforts or existing organizations in the community devoted to addressing this health need? Is there community interest or momentum?

Health Needs Fred Hutch Plans to Address

The community health needs identified during the CHA are intertwined. Thus, Fred Hutch has combined the needs identified through the CHA into three priority areas:

- Access to care
- Prevention and screening
- Social and economic drivers of health

A strong emphasis on culturally and linguistically appropriate services (CLAS), mental health integration, strategic partnerships and policy, as well as advocacy, cuts across these areas.



Alexis Arnold (left) and Gabrielle Flowers (right) provide information about the Mammogram Van during the 2025 Fred Hutch Health and Wellness Festival.

Priority 1: Addressing Socio-Economic Drivers of Health

The prevalence of combined social and economic needs is one of the most significant health issues impacting communities. As described throughout the CHA, the unfulfillment of basic needs is associated with poor health and low health care use. Cancer care poses major financial burdens for individuals and families, driven by limited insurance, treatment costs and emergency care. Indirect costs like transportation, lodging, childcare, lost income and caregiving also add to the strain.

Top issues identified in the CHA:

- Cost of living
- Unavailability and high cost of childcare
- Climate and environmental impacts on health
- Houselessness and lack of affordable housing
- Social isolation
- Food insecurity and lack of access to physical activity
- Unaffordability and perception of unaffordability of cancer care

Vision

We are committed to implementing strategies that improve access to care by focusing on socio-economic factors (such as education, income and language) that influence health outcomes.

Goals and objectives

Goal 1.1: Improve socio-economic factors that prevent patients from accessing care and attaining their full health potential.

1.1.1: By June 2028, assess longitudinal screening patient needs using the Supportive Care Questionnaire at all seven Fred Hutch sites (South Lake Union, Fred Hutch at UWMC-NW, Peninsula Clinic, Issaquah Clinic, Proton Therapy, Fred Hutch at Overlake Cancer Center and Fred Hutch at Evergreen Health) and explore rescreening and translation of the tool into 10 languages. The tool assesses people's socio-economic needs, including housing instability, food insecurity, transportation, financial assistance and interpersonal safety. Its use helps prioritize and allocate resources to supportive-care services.

1.1.2: By June 2028, increase awareness and understanding of Survivorship and Patient Navigation Programs with patients, caregivers, faculty, staff and community members related to at least two disease lines.

1.1.3: Annually, provide at least \$300,000 in assistance to patients and families who have non-medical financial needs for transportation, lodging and food security.

1.1.4: By June 2028, provide no-cost parking to patients who receive Financial Assistance or support through the Donated Family Assistance Fund.

1.1.5: Sustain the population-based and proactive navigation model as part of our service structure to serve more patients experiencing socio-economic challenges, as well as those who need help navigating through Fred Hutch or require community resources to facilitate completion of treatment.

Goal 1.2: Create new strategies for patient and family assistance to address financial toxicity in healthcare and work internally and externally to reduce barriers to care and financial impacts on participation in clinical trials.

1.2.1: By June 2028 raise awareness about Financial Counseling and services offered (Financial Assistance, Exchange plans, Medicaid, Breast and Cervical Cancer Health Program and Breast and Cervical Cancer Treatment Program, Medicaid Spenddown and Alien Emergency Medical programs) by participating in at least four community events with Patient Navigation.

1.2.2: By June 2028, raise awareness about Patient Navigation and the services offered (including financial assistance, homecare resources, transportation resources and referrals, information about expense reduction resources and more) among patients of all socio-economic levels by participating in at least four community events annually.

1.2.3: By June 2028, explore partnerships with Philanthropy to collectively address financial toxicity in healthcare. Advocate for ongoing resources to maintain and grow funds to maximize total aid available to patients to address barriers to care.

1.2.4: By June 2028, explore viable models to provide financial support for eligible individuals from under-resourced communities who wish to participate in investigator-initiated clinical trials.

1.2.5: By June 2028 more than 51% of all Fred Hutch sponsorships are to organizations working to address socio-economic factors impacting health in under-resourced communities across Washington state and in alignment with community-identified needs.

Goal 1.3: Ensure food security among patients, their families and caregivers and connect food-insecure individuals to resources.

1.3.1: By June 2028, establish a medical food pantry run by a Fred Hutch dietitian to serve patients and families who screen positive for food insecurity.

1.3.2: By June 2028, pilot a philanthropy-supported program to subsidize by 50% access to onsite food service for patients who qualify for financial aid or screen positive for food insecurity on the Supportive Care Questionnaire.

Goal 1.4: Improve Culturally and Linguistically Appropriate Services (CLAS) so that every patient or community member who interacts with Fred Hutch receives support according to their cultural and linguistic needs.

1.4.1: By June 2028, maintain and improve a system to review and update Fred Hutch-branded community-facing education materials once a year.

1.4.2: Annually, develop and deliver at least 10 culturally grounded outreach and education opportunities for AI/AN communities, including cancer awareness events, screening and prevention workshops, and patient resources to strengthen coordinated cancer care informed by ongoing AI/AN community feedback and shifting needs.

1.4.3: By 2028, establish at least one partnership between Fred Hutch, the Washington State Health Care Authority and Washington State Tribes to develop and implement Care Coordination Agreements that strengthen cancer care coordination and improve referral pathways for AI/AN patients.

1.4.4: Educate community members about the informed-consent process by offering educational materials such as videos in the 10 languages most commonly used by people eligible to participate in TakePART-NW (Patients and Research Together-Northwest). TakePART-NW is a new research program aiming to improve screening, prevention and treatment for cancer and other diseases.

Goal 1.5: Strengthen the capacity of community organizations who are rooted in and trusted by our communities.

1.5.1: Annually, provide at least \$120,000 of grants to community organizations in the catchment area to implement work that addresses community-identified needs around cancer awareness, prevention, screening, care and socio-economic drivers of health.

1.5.2: Continue to provide technical assistance to strengthen the capacity of at least eight community-based organizations in delivering cancer awareness, prevention, screening and care programs, especially in geographic areas that serve communities with a higher cancer burden.

Goal 1.6: Improve the knowledge of cancer care and research among healthcare and allied health providers and students, while building programs that address workforce development in under-resourced populations and geographic areas.

1.6.1: By June 2028, provide annual opportunities for at least 350 high school students, apprentices, undergraduate and graduate students, residents, interns and fellows to train at Fred Hutch, including trainings completed offsite for students.

1.6.2: Continue to provide curriculum and class support to the CareerWork\$ program to support low-income young adults in advancing their careers in healthcare, and to Seattle University for the annual Population Health Internship class that spans a full academic year.

Resources Fred Hutch plans to commit:

- [Clinical Research Support](#)
- Communications & Marketing
- [Community Benefit](#)
- Disease service lines
- [Financial Counseling](#)
- Front-End Revenue Operation
- Government & Community Relations
- [həliʔil Program](#)
- [Indigenous Cancer Health Excellence \(ICHE\) initiative](#)
- [Medical Nutrition Therapy](#)
- [Nurse Navigation](#)
- [Office of Community Outreach & Engagement \(OCOE\)](#)
- [Office of Education and Training](#)
- [Office of Translational Research](#)
- [Patient Education](#)
- [Patient Navigation](#)
- Patient Needs and Outcomes Council (PNOC)
- [Philanthropy](#)
- [Research](#)
- [Sloan Precision Oncology Institute](#)
- [Supportive Care Services](#)
- [Survivorship Program](#)
- [Transportation](#)

Potential partners include:

- Cancer and Careers
- CareerWork\$
- Community clinics
- Community-based organizations
- Fred Hutch's Pathways Undergraduate Researchers
- Highline Community College
- Puget Sound Oncology Nursing Society
- Seattle Nursing Research Consortium
- Seattle Pacific University
- Seattle University
- South Seattle College
- Triage Cancer
- Tribes in Washington state
- University of Washington
- Washington State Health Care Authority



Fred Hutch hosts the 2025 Colorectal Cancer Community Event on Saturday, March 8 at the Matt Griffin YMCA in SeaTac, Washington.

Priority 2: Providing Comprehensive Cancer Prevention, Education & Screening

Expanding access to cancer prevention, education and screening can help reduce risk. Persistent gaps in screening and disparities in cancer outcomes highlight the need for data-informed approaches.

Top issues identified in the CHA:

- Limited cancer screening outreach and education
- High rates of late-stage cancer diagnoses
- Persisting disparities in incidence, late-stage diagnosis and mortality rates
- Unawareness of available resources

Vision

Together with our partners, we strive to create a well-informed and proactive community that is empowered to prevent cancer through education, early detection and accessible screening services, regardless of income or ZIP code.



Dr. Rachel Issaka (center), a Fred Hutch gastroenterologist and health services researcher, talks with community members during the Fred Hutch 2025 Colorectal Cancer Community Event at the Matt Griffin YMCA in SeaTac, Washington.

Goals and objectives

Goal 2.1: Provide education about healthy behaviors, recommended screening, treatment options, clinical trials and available resources to members of our catchment area communities.

2.1.1: Every year, participate in at least 100 community health events and establish meaningful connections with community partners in at least 20 counties across the state to reach priority populations who face a higher cancer burden.

2.1.2: By June 2028, expand partnerships with at least three federally qualified health centers (FQHCs) both inside and outside the Puget Sound area and provide education, capacity building and research assistance related to cancer prevention and screening.

2.1.3: By 2027, develop 39 Washington state county-specific cancer fact sheets and disseminate them to community partners and to the public, to educate and help inform policy, grant applications and decision-making about resource allocation. Explore the feasibility of creating congressional district-specific cancer fact sheets.

2.1.4: By June 2028, maintain and expand enhanced internal integration for community impact through a cross-departmental community engagement working group that meets quarterly to share information and resources.

Goal 2.2: Collaborate with community-based organizations, tribal nations and government agencies to reduce the rate of commercial tobacco use in our communities and increase access to lung cancer screening.

2.2.1: By June 2028, expand access to lung cancer screening and commercial tobacco cessation resources for tribes in Western Washington and for priority populations with high rates of smoking and lung cancer by increasing to 10 the number of Community Advisory Board meetings held with tribal and community partners to support the development of the lung cancer screening program and to 30 the number of community outreach events completed.

2.2.2: By June 2028, support Washington state partnering sites with lung cancer screening and a process for care coordination when positive findings are identified.

2.2.3: Annually, increase awareness of lung cancer screening and screening for tobacco use among medical and primary care providers serving Indigenous and other communities with a high rate of commercial tobacco use through at least 12 provider training sessions.

2.2.4: By 2028, expand lung cancer screening access outside of Fred Hutch facilities by approving a business plan for a mobile CT unit to reach communities where they are.

Goal 2.3: Increase the number of people from priority populations who are receiving recommended breast cancer screening.

2.3.1: Every year, deliver at least 3,500 mammography screenings in at least 18 different community settings via the Mammogram Van and by 2028, expand mobile mammography to five FHQC sites.

2.3.2: By 2028, partner with at least nine community organizations and support their established community events and breast cancer outreach, education and screening by providing breast cancer screenings to priority populations.

2.3.3: Sustain and evolve the partnership with UW Medicine by 2028 to increase breast cancer screening for Black people within their health system.

2.3.4: Every year, manage at least two outreach campaigns to referring providers for patients due/overdue for breast cancer screening.

2.3.5: Explore opportunities to grow the number of Mammogram Vans to three units by 2028 to increase services provided within the Puget Sound area.

2.3.6: Explore opportunities to expand access to mammography screening via the Mammogram Van in Eastern Washington, specifically the Spokane area.

Goal 2.4: Increase awareness about prostate cancer disparities, risk and screenings among Black and African American people through community engagement.

2.4.1: By June 2028, maintain a knowledge-to-action campaign that centers the lived experiences of Black and African descent people while increasing awareness about prostate cancer screening, diagnosis and outcomes.

2.4.2: Host the annual Black and African-descent Collaborative for Prostate Cancer Action (BACPAC) Prostate Cancer Community Research Symposium to bring together experts, community partners and community members to discuss the latest breakthroughs in the prevention, detection and treatment of prostate cancer.

Resources Fred Hutch plans to commit:

- [Cancer Prevention Program](#)
- [Cancer Screening](#)
- [Clinical Genetics and Genetic Counseling](#)
- Department of Urology
- Government & Community Relations
- [həliʔil Program](#)
- [Hutchinson Institute for Cancer Outcomes Research \(HICOR\)](#)
- [Lung Cancer Care Team](#)
- [Nurse Navigation](#)
- [Office of Community Outreach & Engagement \(OCOE\)](#)
- [Office of Translational Research](#)
- [Public Health Sciences Division](#)
- Strategic Clinical Relations

Potential partners include:

- Alaska Native Health Tribal Consortium
- Black and African-descent Collaborative for Prostate Cancer Action (BACPAC)
- Center for Multicultural Health
- Cierra Sisters
- Colorectal Cancer Alliance
- Confluence Health
- County Health Departments
- Faith-based organizations
- Fathers and Sons Together
- Federally Qualified Health Centers (FQHC)
- Harborview Medical Center
- Latina Health Symposium
- Local public health departments
- Muckleshoot Indian Tribe
- Neighborhood House
- PNW Prostate Cancer SPORE Patient Advocate Committee
- Public Health - Seattle & King County Access and Outreach
- Referring providers
- Regional Cancer Centers
- Seattle King County Clinic
- Seattle Metropolitan Urban League
- Seattle's LGBTQ+ Center
- Skagit Regional Medical Center
- Snoqualmie Casino
- Somali Health Board
- Sound Family Medicine
- South Puget Sound Intertribal Planning Agency
- Urban League
- UW Medicine
- UW Population Health on the Breast Cancer Equity Initiative
- UW Primary Care
- Vancouver Clinic
- Volunteers of America
- Western WA Medical Group
- YMCA
- ZERO Prostate Cancer



Yaw Nyame, MD, MS, MBA, Fred Hutch urologic surgeon and co-founder of BACPAC, participates in the Winn CIPP Symposium, July 19, 2025

Priority 3: Delivering Access to Affordable Care

Access to high-quality, affordable care is vital to physical and mental health. It includes health insurance, nearby providers, transportation, system navigation support, health literacy and preventive services. Culturally and linguistically sensitive care is essential throughout the health care process and will help address mistrust in health care and research.

Mental health access and culturally attuned care are inseparable from access to care. Mental illness affects one in five U.S. adults annually, with over 27% of Washington adults impacted. Cancer adds emotional and financial stress, leading to mental health challenges for patients, families and caregivers. About one-third of cancer patients experience a mental health condition during their care journey.

Top issues identified in the CHA:

- Lack of physical and mental health providers
- Transportation barriers to accessing care
- Rurality and the difficulty of accessing services
- Complexity of the healthcare system and difficulties navigating it
- Lack of health insurance and suboptimal plans
- Digital health inequities and overreliance on telehealth
- Lack of health education
- Mistrust in health care
- Fear and stigma around cancer and cancer care
- Language isolation, including lack of in-language and culturally sensitive care and resources (as opposed to simply translating materials)
- Issues related to the emotional and socio-economic consequences of cancer
- Substance use disorder

Vision

We will improve access to high-quality cancer care along the cancer-care continuum (including preventive care), as well as wraparound services and behavioral health.



A Fred Hutch provider reviews care options with a patient. Fred Hutch is devoted to giving patients the best possible multidisciplinary care and support, before, during and after treatment.

Goals and objectives

Goal 3.1: Continue to expand prevention, screening, research, education and supportive services across Washington state.

3.1.1: Continue offering prevention and screening services to help reduce access challenges in at least 13 sites in south King County, Pierce County and other communities that face a higher cancer burden.

3.1.2: By June 2028, support the expansion of support group access in Central and Eastern Washington by establishing one Spanish-language support group in Central Washington and exploring virtual groups in Eastern Washington.

Goal 3.2: Sustainably improve access to clinical trials for all patients across Washington state.

3.2.1: By June 2028, implement at least three of the recommendations by the Patient Needs and Outcomes Council to increase access in clinical research for all populations: expand prescreening trial eligibility across clinics; secure funding to translate patient-facing materials; and establish a research advocacy arm of the Patient and Family Engagement Program to identify challenges and close gaps.

3.2.2: By June 2028, increase participation in clinical trials among under-resourced populations (specifically people with genitourinary cancers living in rural areas) through the American Society of Clinical Oncology (ASCO) Quality Training Program.

3.2.3: By June 2028, support at least two pilot projects with community clinics to expand access to clinical trials across Washington state.

Goal 3.3: Prioritize public health education and advance policies seeking to reduce challenges to care per Fred Hutch annual state and federal legislative priorities.

3.3.1: Facilitate at least 20 meetings annually with policymakers to provide education about state and federal opportunities to increase access to prevention, screenings and high-quality cancer care.

3.3.2: By Q1 of each calendar year, select one community benefit priority area as a Commission on Cancer (CoC) Barrier to Care accreditation and identify barriers as a focus for the upcoming year. By Q4 of each calendar year, share with the CoC committee a report that includes priority area selected, challenges identified, resources used to address this issue, metrics related to outcomes of reducing the chosen priority area and plans for the future.

Goal 3.4: Enhance access to mental health care for patients, families, and the community.

3.4.1: By June 2028, continue to deepen relationships with community-based mental health providers to increase mental health support outside of people's cancer treatment by creating a repository of at least 15 community providers available to see patients.

3.4.2: By June 2028, increase mental health access for cancer survivors by adding three full-time providers to offer in-house care.

3.4.3: By June 2028, maintain an institution-wide suicidal ideation assessment, including the dissemination of resources.

Goal 3.5: Facilitate research relevant to the catchment area to reduce the burden of cancer, including engaging catchment area communities with Consortium researchers.

3.5.1: Expand the TakePart-NW (Patients and Research Together-Northwest) research program to all Fred Hutch clinic locations as well as UW Medicine sites and other facilities around Washington state.

Resources Fred Hutch plans to commit:

- [Clinical Research Support \(CRS\)](#)
- [Genitourinary Oncology](#)
- [Government & Community Relations](#)
- [Health Outcomes](#)
- [Institutional Review Office \(IRO\)](#)
- [Nurse Navigation](#)
- [Office of Community Outreach & Engagement \(OCOE\)](#)
- [Office of Translational Research](#)
- [Patient and Family Engagement](#)
- [Radiology Oncology Care Team](#)
- [Sloan Precision Oncology Institute](#)
- [Social Work](#)

Potential partners include:

- 988 Suicide and Crisis Lifeline
- American Society of Clinical Oncology (ASCO)
- Commission on Cancer
- Community-based mental health providers
- External translation vendors
- Health Care Authority
- Members of Congress
- Non-Fred Hutch clinical sites in WA and PNW
- PNW Prostate Cancer SPORE Patient Advocate Committee
- UW Medicine
- Washington legislators
- Washington State Department of Health



Health Needs Fred Hutch Does Not Intend to Address

This report does not include a complete inventory of everything Fred Hutch does to support the health of our communities. Fred Hutch is committed to addressing all six significant health needs identified in the 2025 Community Health Assessment. To focus efforts, these needs have been aligned and combined into three priority areas:

- Addressing socio-economic drivers of health
- Providing comprehensive cancer prevention, education and screening
- Delivering access to affordable care

While these priority areas encompass many of the identified needs, Fred Hutch does not have the capacity or scope to address every issue. For example, challenges such as the unavailability and high cost of childcare fall outside of Fred Hutch's direct role and resources. While we are not directly addressing environmental health and climate change within this Community Benefit Implementation Plan, we know that physical health goes hand in hand with a healthy environment. Fred Hutch is committed to environmental sustainability. Energy conservation, recycling and composting, water conservation and sustainable transportation are embedded in everything we do. We aim to support environmental policies, systems and research that promote sustainable and climate-resilient operations at Fred Hutch facilities and mitigate the overall impacts of climate change.

Evaluation of Impact

At Fred Hutch, we are committed to continually understanding and monitoring the impact of our community benefit efforts. We regularly track the results of our initiatives to see what is working. As part of this plan, we will check how our actions are addressing the identified community health needs. For each priority area, we look at metrics, including how many people we reach and serve, the partnerships we build and sustain, the number of educational events and health screenings we offer, and how much funding we provide. When possible, we will also track actual health outcomes, based on available resources. A full evaluation of our Community Benefit impact will be summarized in annual reports, available online for the community.

Appendix A

Health Needs Prioritization Survey

Every three years, Fred Hutch Cancer Center conducts a community health assessment (CHA). Fred Hutch defines community as those individuals residing within Washington state. The CHA helps us identify issues that impact health in the community. This process will guide our efforts to improve community health along with our partners.

The CHA revealed six key health needs across Washington state: access to care, culturally and linguistically sensitive care, social determinants of health, preventive care, health care unaffordability and cost of living, and mental health.

We want to hear from you! Your input will help us prioritize the identified areas based on Fred Hutch's and our community partners' capacity to address them. It will also guide the development of Fred Hutch's 2025-2028 Community Benefit Implementation Plan.

When answering these questions, please use the definition of community that best works for you: the people with common interests living in a particular area; a group of people with a common characteristic or interest living together within a larger society; a body of persons or nations having a common history or common social, economic, and political interests; a group linked by a common policy (Merriam-Webster Dictionary).

Of the six health needs that emerged from the 2025 Community Health Assessment listed below, which three do you consider are the highest needs in our community? Please select your top three priority areas.

- ☐ **Access to Care:** Barriers include provider shortages, rural gaps, insurance limits, and transportation.
- ☐ **Culturally and Linguistically Sensitive Care:** Mistrust, stigma and lack of culturally and language-appropriate services.
- ☐ **Social Determinants of Health:** Challenges include high childcare costs and limited availability, unaffordable housing, food insecurity, limited access to physical activity, climate-related health effects and social isolation.
- ☐ **Preventive Care:** Limited screening, outreach and awareness leads to late diagnoses.
- ☐ **Health Care Costs:** High costs of health care, lodging and transportation, as well as limited financial aid-poses, barriers to care.
- ☐ **Mental Health:** Limited access to mental health care, with ongoing emotional and financial impacts from cancer and substance use.

Access to Care

1 – Strongly Disagree 2 - Disagree 3 - Neutral 4 - Agree 5 – Strongly Agree

This is a serious issue in my community.	
Inaction in the next three years will make the issue worse.	
This issue affects a large number of people.	
This issue has a large impact on small communities. It creates a disproportionate impact on certain communities.	
Fred Hutch can make a meaningful contribution to addressing the need because of its people, skills, funds, expertise or existing strategies.	
There are current efforts or existing organizations in the community devoted to addressing this.	

Culturally & Linguistically Sensitive Care

1 – Strongly Disagree 2 - Disagree 3 - Neutral 4 - Agree 5 – Strongly Agree

This is a serious issue in my community.	
Inaction in the next three years will make the issue worse.	
This issue affects a large number of people.	
This issue has a large impact on small communities. It creates a disproportionate impact on certain communities.	
Fred Hutch can make a meaningful contribution to addressing the need because of its people, skills, funds, expertise or existing strategies.	
There are current efforts or existing organizations in the community devoted to addressing this.	

Social Determinants of Health

1 – Strongly Disagree 2 - Disagree 3 - Neutral 4 - Agree 5 – Strongly Agree

This is a serious issue in my community.	
Inaction in the next three years will make the issue worse.	
This issue affects a large number of people.	
This issue has a large impact on small communities. It creates a disproportionate impact on certain communities.	
Fred Hutch can make a meaningful contribution to addressing the need because of its people, skills, funds, expertise or existing strategies.	
There are current efforts or existing organizations in the community devoted to addressing this.	

Preventive Care

1 – Strongly Disagree 2 - Disagree 3 - Neutral 4 - Agree 5 – Strongly Agree

This is a serious issue in my community.	
Inaction in the next three years will make the issue worse.	
This issue affects a large number of people.	
This issue has a large impact on small communities. It creates a disproportionate impact on certain communities.	
Fred Hutch can make a meaningful contribution to addressing the need because of its people, skills, funds, expertise or existing strategies.	
There are current efforts or existing organizations in the community devoted to addressing this.	

Health Care Costs

1 – Strongly Disagree 2 - Disagree 3 - Neutral 4 - Agree 5 – Strongly Agree

This is a serious issue in my community.	
Inaction in the next three years will make the issue worse.	
This issue affects a large number of people.	
This issue has a large impact on small communities. It creates a disproportionate impact on certain communities.	
Fred Hutch can make a meaningful contribution to addressing the need because of its people, skills, funds, expertise or existing strategies.	
There are current efforts or existing organizations in the community devoted to addressing this.	

Mental Health

1 – Strongly Disagree 2 - Disagree 3 - Neutral 4 - Agree 5 – Strongly Agree

This is a serious issue in my community.	
Inaction in the next three years will make the issue worse.	
This issue affects a large number of people.	
This issue has a large impact on small communities. It creates a disproportionate impact on certain communities.	
Fred Hutch can make a meaningful contribution to addressing the need because of its people, skills, funds, expertise or existing strategies.	
There are current efforts or existing organizations in the community devoted to addressing this.	

Are there health needs not included in the previous question that you consider high priorities in your community?

Please share any comments or suggestions about the identified health needs, the prioritization of these areas or how Fred Hutch Cancer Center can contribute to meaningful health improvement related to them.

Please share any current efforts, strategic plans, policies, partnerships, or local organizations that you are aware of that are actively addressing any of the identified community health priority areas.

What is your relationship with Fred Hutch Cancer Center? (Check all that apply.)

- ☐ Fred Hutch or Cancer Consortium employee
- ☐ Current patient
- ☐ Cancer survivor
- ☐ Caregiver or family member of a patient
- ☐ Community member
- ☐ Volunteer
- ☐ Health care organization (Public health, hospital, community health clinic)
- ☐ Community-based organization
- ☐ Patient advocate
- ☐ Other

If “Other”, please specify

In which Washington county do you live?

Thank you!

Appendix B

Health Needs Prioritization Exercise/Survey: Fred Hutch Group Participants

- Business Development
- Cancer Screening Programs
- Center Strategy
- Clinical Operations Integration
- Clinical Navigation Program
- Clinical Research Division Administration
- Communications & Marketing
- Government & Community Relations
- Indigenous Cancer Health Excellence
- Nurse Navigation
- Office of Community Outreach & Engagement
- Screening
- Medical Nutrition
- Patient and Family Education
- Philanthropy
- Prevention Genetics & High Risk
- Quality Management
- Science Education
- Social Work
- Strategic Clinical Relations
- Translational Science & Therapeutics



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