2016 Community Health Needs Assessment Results

December 2016
Contact communityaffairs@mskcc.org for more information.
Community Health Needs Assessment Mandates per the IRS and NYS DOH

- **Internal Revenue Service**
  - Hospitals must conduct a **community health needs assessment (CHNA)** every three years.
  - Incorporate input from the community on health needs and prioritization
  - Document hospital response to needs identified

- **NYS Department of Health**
  - Hospitals must submit a Comprehensive Community Service Plan (CSP) every three years.
  - The CSP must include a **community health needs assessment** and respond to specific DOH health goals, including a health disparity.
MSK’s CHNA Phases

Data Analysis & Preparation
• Synthesized cancer-related health data and trends

Community Input
• Held series of forums with community organization staff and surveyed on need prioritization

CHNA & CSP Reports
• Prepared CHNA & CSP reports for MSK’s website, submission to NYS DOH, and public dissemination
Data Analysis
America’s Cancer Landscape

• Second leading cause of death (591,699 in 2014)

• About 1.68 million new cancer cases are expected to be diagnosed in 2016

• 86% of all cancers in the United States are diagnosed in people 50 years of age or older
America’s Cancer Landscape

• In the U.S., the lifetime risk of developing cancer is approximately 42% (1 in 2) in men and 38% (1 in 3) in women

• More than 8% of adults diagnosed with the most common cancers will develop a second form of primary cancer
  – Of these second primary cancers, lung cancer is the most frequently diagnosed malignancy
Estimated New Cancer Cases* in the US in 2016

<table>
<thead>
<tr>
<th>Males</th>
<th>Females</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Prostate</strong></td>
<td>841,390</td>
</tr>
<tr>
<td><strong>Lung &amp; bronchus</strong></td>
<td>843,820</td>
</tr>
<tr>
<td><strong>Colon &amp; rectum</strong></td>
<td>21%</td>
</tr>
<tr>
<td><strong>Urinary bladder</strong></td>
<td>14%</td>
</tr>
<tr>
<td><strong>Melanoma of skin</strong></td>
<td>8%</td>
</tr>
<tr>
<td><strong>Non-Hodgkin lymphoma</strong></td>
<td>7%</td>
</tr>
<tr>
<td><strong>Kidney &amp; renal pelvis</strong></td>
<td>6%</td>
</tr>
<tr>
<td><strong>Oral cavity &amp; pharynx</strong></td>
<td>5%</td>
</tr>
<tr>
<td><strong>Leukemia</strong></td>
<td>4%</td>
</tr>
<tr>
<td><strong>Liver &amp; intrahepatic bile duct</strong></td>
<td>4%</td>
</tr>
<tr>
<td><strong>All other sites</strong></td>
<td>22%</td>
</tr>
</tbody>
</table>

|**Breast** | 29% |**Lung & bronchus** | 13% |
|**Colon & rectum** | 8%            |
|**Uterine corpus** | 7%            |
|**Thyroid** | 6%            |
|**Non-Hodgkin lymphoma** | 4%            |
|**Melanoma of skin** | 3%            |
|**Leukemia** | 3%            |
|**Pancreas** | 3%            |
|**Kidney & renal pelvis** | 3%            |
|**All other sites** | 21%           |

*Excludes basal cell and squamous cell skin cancers and in situ carcinoma except urinary bladder.
MSK’s NY/NJ/CT Catchment Area
MSK’s Care Locations

Memorial Hospital’s inpatient hospital and several outpatient facilities are located in Manhattan, with additional outpatient treatment centers in Brooklyn, Westchester County, Long Island, and northern New Jersey.
MSK’s Counties Served

Our primary catchment area encompasses 23 counties and nearly 18 million people.

New York:
- Bronx
- Kings
- Nassau
- New York
- Orange
- Queens
- Richmond
- Rockland
- Suffolk
- Westchester

New Jersey:
- Bergen
- Essex
- Hudson
- Hunterdon
- Middlesex
- Monmouth
- Morris
- Ocean
- Passaic
- Somerset
- Union
- Warren

Connecticut:
- Fairfield

<table>
<thead>
<tr>
<th></th>
<th>Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>New York:</td>
<td>13,078,684</td>
</tr>
<tr>
<td>Northern New Jersey:</td>
<td>3,866,532</td>
</tr>
<tr>
<td>Connecticut (Fairfield County):</td>
<td>948,053</td>
</tr>
</tbody>
</table>

Total: 17,893,269

Population represents an estimate of the total number of residents living in MSK’s catchment area.
MSK Patient Demographics, 2015

A total of 147,468 patients were seen at MSK’s facilities.

### Gender
- Female: 60.9%
- Male: 39.0%

### Age
- 0-17: 2%
- 18-25: 2%
- 26-39: 8%
- 40-49: 13%
- 50-59: 22%
- 60-64: 13%
- 65+: 40%

Memorial Sloan Kettering Cancer Center
• Of the total cancer incidence in MSK’s catchment area, 34% of cancer incidence is representative of multicultural consumers

• However, less than 20% of MSK’s patient population is multicultural
Areas of Cancer-Related Health Need to Address: All Populations
Chronic Disease Prevention

NYS DOH Prevention Agenda Goal
  • Increase screening rates for cardiovascular disease, diabetes, and breast/cervical/colorectal cancer, especially among disparate populations

NYS DOH Prevention Agenda Goal
  • Promote use of evidence-based tobacco dependence treatment among those who use tobacco and address disparity among adults with income <$25k
Modifiable Risk Factors

• An estimated 20% of all cancer diagnosed in the US are related to modifiable risk factors, and can be prevented

• Increasing evidence demonstrates a link between behavioral factors and certain types of cancer, including:
  • Excess body fat,
  • Physical inactivity,
  • Smoking, and
  • Poor nutrition

• Effective population-wide behavior change must utilize resources that improve the public’s health:
  • Smoking bans and regulations
  • Improve equitable access to fruits and vegetables
Accessibility Barriers

- Transportation
- Financial Concerns and Insurance Coverage
- Wait Time to Start Treatment
- Lack of Social Support
- Access to Desired Provider
- Healthcare Environment
- Language and Health Literacy
- Anxiety About Cancer Diagnosis & Treatment

Patient Barriers to Cancer Care
Clinical Trial Awareness and Participation

Barriers to CT Participation:
- Uncertainties about treatment side effects and safety
- Possibility of receiving a placebo
- Convenience of CT location
- Insurance coverage

Benefits of Participation:
- Access to leading-edge treatment
- Improved health outcomes and survival rates
- Empowered decision-making about personal cancer care
- Changed attitude towards clinical research

Drivers of CT Participation:
- Patient exhausted all standard treatment options available
- No additional out-of-pocket costs
- Localizing CT enrollment and participation
Improve Cancer Survivorship Program Use

The number of cancer survivors in the US is expected to grow from 14.5 million in 2014 to 19 million by 2024 due to:

- Advances in detection and treatment
- Aging population
- Coordination of follow-up care
- Caregiver support

However, cancer survivorship plans are underutilized by healthcare professionals in NYS

- Only half of NYS adults diagnosed with cancer ever received a survivorship plan

Resources available at MSK:

- Counseling and Emotional Support
- Screening Services
- Tobacco Treatment
- Survivorship Studies
- Bridges Newsletter & Events

Percent of NYS Adults Who Ever Received an Individualized Care Plan

<table>
<thead>
<tr>
<th>Care Plans</th>
<th>0 – 10 years since first cancer diagnosis</th>
<th>&gt; 10 years since first cancer diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Written Summary of Treatments</td>
<td>57.6</td>
<td>30.8</td>
</tr>
<tr>
<td>Instructions about Follow-up Appointments</td>
<td>88.7</td>
<td>79.2</td>
</tr>
<tr>
<td>Both (Survivorship Care Plan)</td>
<td>51.1</td>
<td>27.5</td>
</tr>
</tbody>
</table>
Areas of Cancer-Related Health Need to Address: Multicultural Populations
Population Trends

4 in 10 persons in the US are non-White

And they are the majority in NY already

- Non-Hispanic White, 62%
- Hispanic, 17%
- Black, 12%
- Asian, 5%
- Other, 1%

- Non-Hispanic White, 47%
- Hispanic, 24%
- Asian, 11%
- Black, 16%
- Other, 1%
Over Time the Multicultural Population Increases

US becomes majority-minority in 2042
Cancer Health Disparities

- The National Cancer Institute defines "cancer health disparities" as **adverse differences** that exist among specific population groups in:
  - Incidence,
  - Prevalence,
  - Mortality,
  - Survivorship, and
  - Burden

- **Social factors contributing to differences in cancer rates and treatment include:**
  - Lack of access to quality healthcare
  - Language and literacy barriers
  - Financial concerns
  - Poverty
Cancer Health Disparities, U.S.

Incidence

- **African American** men had the highest cancer incidence rate followed by white and Hispanic males, respectively.

- Among women, **white women** had the highest rate of new cancer cases, followed by African American and Hispanic women.

Mortality

- Among men, **African Americans** were also more likely to die of cancer than any other race/ethnic group.

- Though white women were diagnosed with cancer at higher rates, **African American and Hispanic** women suffered a greater burden of cancer deaths among race/ethnic groups.

*Incidence and mortality rates from 2013*
Cancer Health Disparities, NYC

- Despite a significant reduction in cancer deaths in the last decade, not all New Yorkers have benefited equally from advances in screening, early diagnosis, and timely treatment.

- Minority populations have the highest total death rate from lung, prostate, and breast cancers.
  - Of the 51,704 deaths in NYC in 2014, 24% were due to cancer.
  - African Americans and Hispanics accounted for a majority of these cancer deaths.
Health Literacy and Communication Needs

• **Approximately 80 million Americans have limited health literacy**
  – Strong association between low health literacy and sociodemographic factors
  – Adults aged 65+ and minorities are *twice* as likely to lack adequate health literacy

• **Health literacy may be an important predictor of increased cancer risk**
  – Individuals with low health literacy retain less information from cancer-related media messaging and written educational materials
  – Cancer screening information is also less effective due to limited knowledge of medical terms
Patient Navigation

Cancer patient navigation helps to address disparities in four major areas:

1. **Overcoming health system barriers**
   - Gaining access to appointments and actual utilization of the healthcare system

2. **Delivering health education**
   - Informational support through written materials, forums, and prevention screenings

3. **Addressing personal barriers to care**
   - Connection to social services

4. **Providing psychosocial support**
   - Culturally appropriate emotional support for patients and families
Systemic Challenges

**Tobacco Use**
- Cigarette smoking is highest among New Yorkers with an income of less than $25K
- Products are advertised and promoted disproportionately to racial/ethnic minority communities

**Obesity & Nutrition**
- In NYC, more than half of all adults are overweight (34%) or obese (22%), with a higher prevalence among Hispanic and Black adults
- Need to create environments that promote healthy food and beverage choices and eliminate food insecurity, particularly in minority communities

**Physical Inactivity**
- More than 1 in 4 NYC adults (28.9%) do not participate in monthly physical activity
- Need to improve access to adequate and safe exercise spaces in minority communities
Community Input
Community Forums

Three forums held:

• City College of New York (9/15)
• Brooklyn Infusion Center (9/23)
• Webinar (10/4)
Community Forums Agenda

• Introductions

• Presentation of MSK’s 2016 Community Health Needs Assessment data analysis

• Request participant input on the following:
  – Critical cancer-related health concerns facing residents in MSK’s catchment area
  – Specific strategies to reach Hispanic and African American populations
  – Opportunities for MSK to partner with community-based organizations
Forum Participants

23 community representatives from 22 community-based organizations

- American Cancer Society
- Arab American Family Support Center
- Bronx Health REACH
- Brooklyn Community Services
- Cancer and Careers
- Cancer Care
- Coalición Mexicana
- Community Action Network - Healthy Start Brooklyn
- The Creative Center
- Friends of Karen
- Gilda’s Club
- Harlem United
- Hispanic Federation
- The Leukemia & Lymphoma Society
- Make the Road New York
- Mexican Consulate
- National Ovarian Cancer Coalition
- NYC Family Justice Center
- SHARE
- Queens Library
Perceptions of MSK

Positive
• Excellent reputation
• High level of kindness, good communication
• Clean, safe, welcoming
• Great patient experience

Negative
• “Exclusivity”
• Insurance barriers
• Location
## Areas of Need Expressed by Forum Participants

*Input from forum participants was categorized into 20 areas (in alpha order):*

<table>
<thead>
<tr>
<th>Clinical trial access</th>
<th>Patient/Provider communication techniques</th>
</tr>
</thead>
<tbody>
<tr>
<td>Collaborative initiatives with trusted community-based organizations</td>
<td>Political advocacy</td>
</tr>
<tr>
<td>Community-based integrated care</td>
<td>Prevention programs</td>
</tr>
<tr>
<td>Education materials in multiple languages</td>
<td>Promotion in culturally relevant media</td>
</tr>
<tr>
<td>Financial information/assistance</td>
<td>Role models/spokespeople</td>
</tr>
<tr>
<td>Hospital access programs</td>
<td>Social services</td>
</tr>
<tr>
<td>Integrative medicine</td>
<td>Support services</td>
</tr>
<tr>
<td>Language assistance</td>
<td>Survivorship/cancer transition plans</td>
</tr>
<tr>
<td>Legal advocacy</td>
<td>Targeted outreach</td>
</tr>
<tr>
<td>Patient navigation/case management</td>
<td>Transportation</td>
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</tbody>
</table>
Top 5 Needs Ranked by Forum Participants

Participants prioritized the top five categories of need for MSK to address through a Survey Monkey questionnaire. *(74% response rate)*

<table>
<thead>
<tr>
<th>Top 5 Ranked Community Health Needs</th>
<th>8</th>
</tr>
</thead>
<tbody>
<tr>
<td>Collaborative Initiatives</td>
<td>7</td>
</tr>
<tr>
<td>Financial Information/Assistance</td>
<td>7</td>
</tr>
<tr>
<td>Prevention Programs</td>
<td>7</td>
</tr>
<tr>
<td>Transportation</td>
<td></td>
</tr>
<tr>
<td>Patient Navigation</td>
<td></td>
</tr>
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</table>
MSK Response Plan
High-Level Recommendations

General Recommendations

• Increase internal and external awareness around current MSK initiatives that respond to areas of need

• Increase collaboration and coordination internally to respond to areas of need and measure effectiveness of effort
# Areas of Health Need Identified Through the 2016 CHNA Process

<table>
<thead>
<tr>
<th>Area of Need</th>
<th>Enhanced MSK Efforts in 2017 and 2018</th>
</tr>
</thead>
</table>
| Greater collaboration with community-based organizations                     | 1) Design targeted outreach strategies to reach the Hispanic community in Northern Brooklyn.  
  2) Advance systems and guidelines to better track, measure, and coordinate partnerships with community-based organizations across MSK.                                      |
| Knowledge Gathering on Multicultural Populations                             | Deepen insights into the cancer-related health beliefs, attitudes, and decision-making practices of multicultural populations with initial research in the Hispanic population. |
| Financial Assistance Awareness                                               | Increase awareness internally and externally of MSK’s Financial Assistance Program, initiatives to screen patients for financial distress, and to assist patients with resources for non-treatment related support. |
| Educational Materials for Multicultural Audiences                            | Increase the percentage of MSK’s patient education materials available on our website in Spanish and Russian from 62% to 100% in 2017, and promote the availability of these resources internally and externally. |
Areas of Health Need Identified Through the 2016 CHNA Process

<table>
<thead>
<tr>
<th>Area of Need</th>
<th>Enhanced MSK Efforts in 2017 and 2018</th>
</tr>
</thead>
</table>
| Prevention Programs | 1) Increase the number of underserved individuals screened for cancer and cardiovascular disease by MSK’s Immigrant Health and Cancer Disparities Service’s community programs by 5% in 2017 and by 5% again in 2018, in keeping with MSK’s goals to address New York State Department Of Health Prevention Agenda priorities.  

2) Increase the number of participants in MSK’s Tobacco Treatment Program by 5% in 2017 and by 5% again in 2018, in keeping with MSK’s goals to address New York State Department Of Health Prevention Agenda priorities. |
# Areas of Health Need Identified Through the 2016 CHNA Process

<table>
<thead>
<tr>
<th>Area of Need</th>
<th>How Addressed by Existing MSK Efforts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical trial access</td>
<td>Cancer Health Equity Research Program, Clinical Trial Survey, Office of Clinical Research, Office of Diversity Programs, Promoting Immigrant Minority Equity in Cancer Research</td>
</tr>
<tr>
<td>Community-based integrated care (co-located primary and specialty care services)</td>
<td>The Ralph Lauren Center for Cancer Care</td>
</tr>
<tr>
<td>Hospital access programs (facility tours and welcome houses, referral programs)</td>
<td>MSK Direct, MyMSK, presentations to community groups, participation at community events</td>
</tr>
<tr>
<td>Integrative medicine (access and support to cover out of pocket cost)</td>
<td>Expanding Integrative Medicine services to MSK regional sites, Community Acupuncture program</td>
</tr>
<tr>
<td>Language assistance</td>
<td>Language Assistance Program</td>
</tr>
<tr>
<td>Patient navigation/case management</td>
<td>Patient Representation, Patient and Caregiver Support Program</td>
</tr>
</tbody>
</table>
## Areas of Health Need Identified Through the 2016 CHNA Process

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<thead>
<tr>
<th>Area of Need</th>
<th>How Addressed by Existing MSK Efforts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient/Provider communication techniques</td>
<td><strong>Comskil</strong>: Communication Skills Training Program, Immigrant Health and Cancer Disparities Service’s <strong>Language Initiatives</strong></td>
</tr>
<tr>
<td>Role models/spokespeople</td>
<td><strong>Patient stories</strong>, Patient and Caregiver Support Program</td>
</tr>
<tr>
<td>Social services (arts programs, counseling, support groups)</td>
<td><strong>The Counseling Center, Spiritual &amp; Religious Care</strong>, Patient and Caregiver Support Program, <strong>Patient Recreation</strong></td>
</tr>
<tr>
<td>Survivorship/cancer transition plans</td>
<td><strong>Survivorship Center, Resources for Life After Cancer</strong></td>
</tr>
<tr>
<td>Targeted outreach (to zip codes with higher cancer incidence/prevalence)</td>
<td><strong>Breast Examination Center of Harlem, Immigrant Health and Cancer Disparities Service</strong>, Ralph Lauren Center for Cancer Care</td>
</tr>
<tr>
<td>Transportation (financial support to transport patients to care site from home)</td>
<td><strong>Social Work</strong> and Case Management</td>
</tr>
</tbody>
</table>
# Areas of Health Need Identified Through the 2016 CHNA Process

<table>
<thead>
<tr>
<th>Area of Need</th>
<th>Beyond MSK’s Scope to Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal advocacy (to help patients with workplace barriers, housing concerns,</td>
<td>Patients are referred externally for support.</td>
</tr>
<tr>
<td>insurance coverage and lapses, immigration issues)</td>
<td></td>
</tr>
<tr>
<td>Political advocacy (for access to quality food, physical activity resources,</td>
<td>MSK is a leader in environmental stewardship and focuses our advocacy efforts on healthcare</td>
</tr>
<tr>
<td>and healthy environment)</td>
<td>related concerns.</td>
</tr>
<tr>
<td>Support services (case management for patients who need help with domestic</td>
<td>Patients are referred externally for support.</td>
</tr>
<tr>
<td>violence concerns, food/housing crises, chronic psychiatric care)</td>
<td></td>
</tr>
</tbody>
</table>

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Memorial Sloan Kettering Cancer Center
Summary of MSK’s 2016 CHNA

✓ Identified and received input from the broad community on cancer-related health needs in our service area

✓ Recommended strategies for MSK to respond to key health needs in 2017 and 2018

✓ Strengthened and formed new relationships with well-respected, community-based organizations