



Memorial Sloan Kettering
Cancer Center

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





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Data Analysis



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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

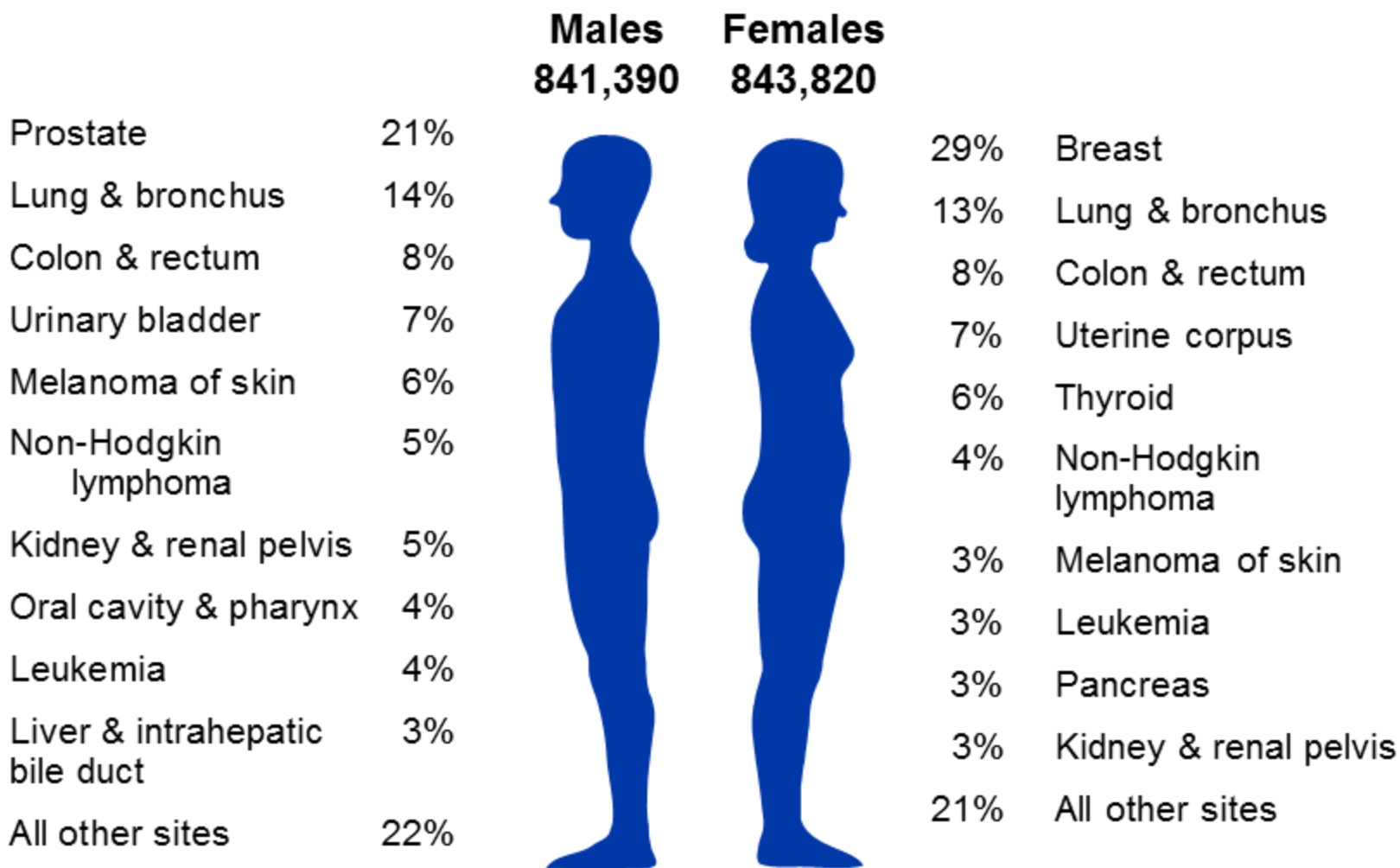


America's Cancer Landscape

- 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



*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

Connecticut:

- Fairfield

New Jersey:

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

<u>Population</u>	
New York:	13,078,684
Northern New Jersey:	3,866,532
Connecticut (Fairfield County):	948,053
Total:	17,893,269

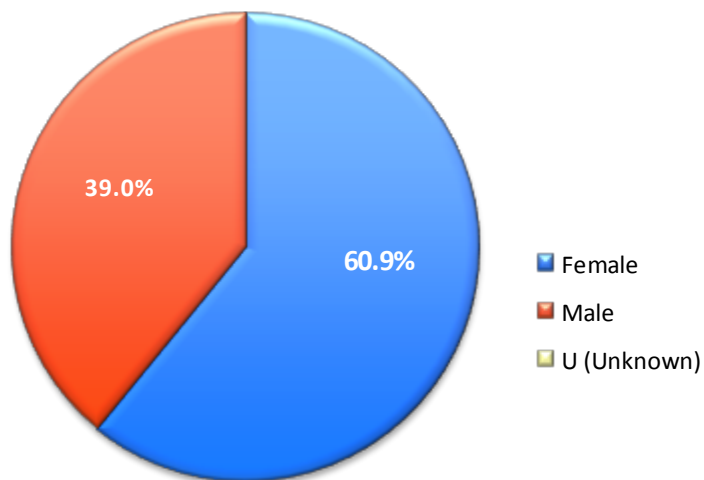
Population represents an estimate of the total number of residents living in MSK's catchment area.



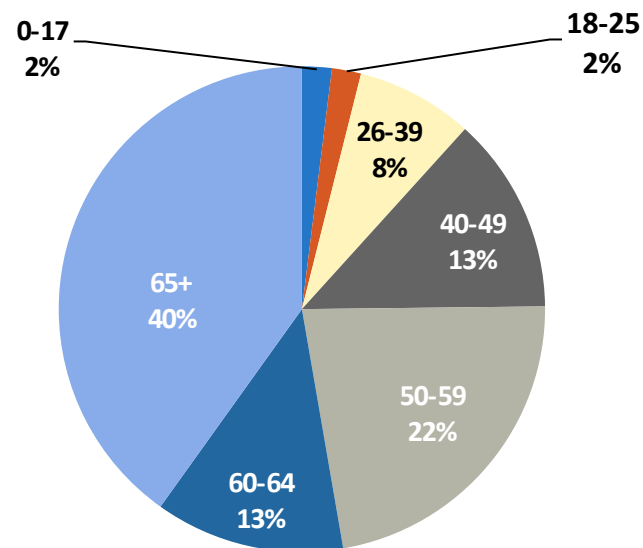
MSK Patient Demographics, 2015

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

Gender



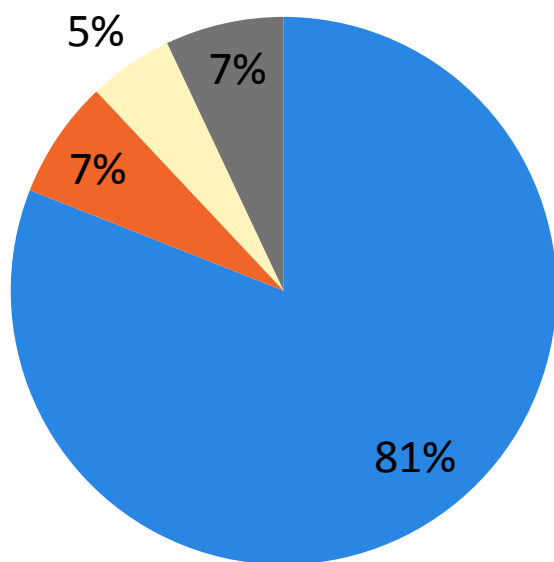
Age



MSK Patient Demographics, 2015

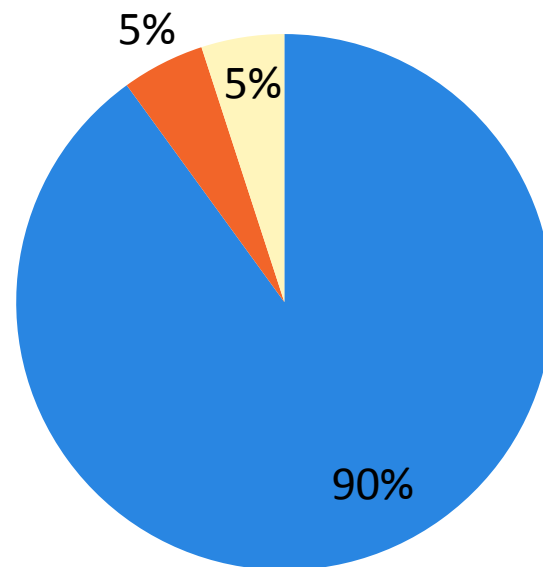
Race

■ White ■ Black ■ Asian ■ Other



Ethnicity

■ Non-Hispanic ■ Hispanic ■ Non-Hispanic



- 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

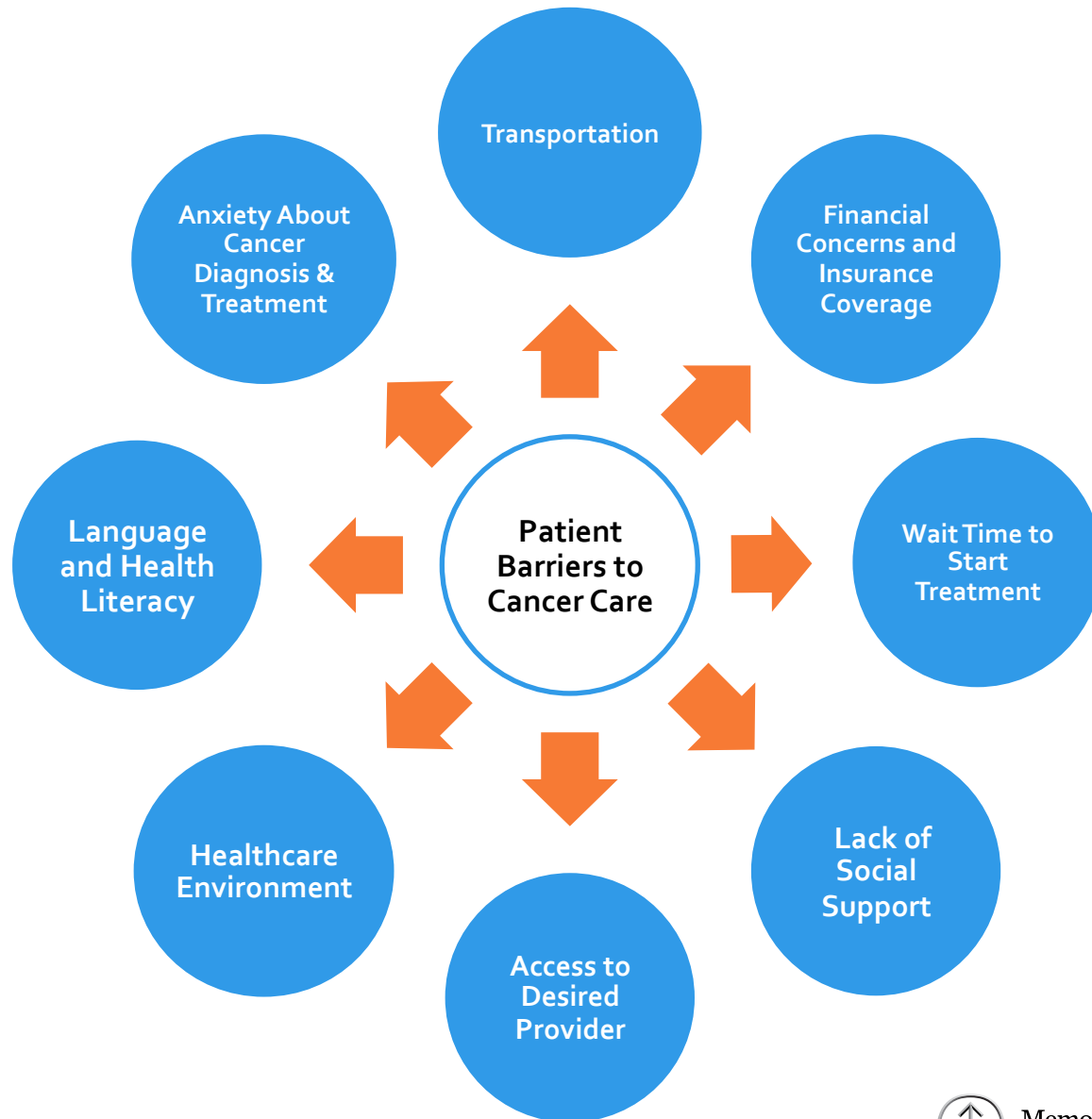


Modifiable Risk Factors

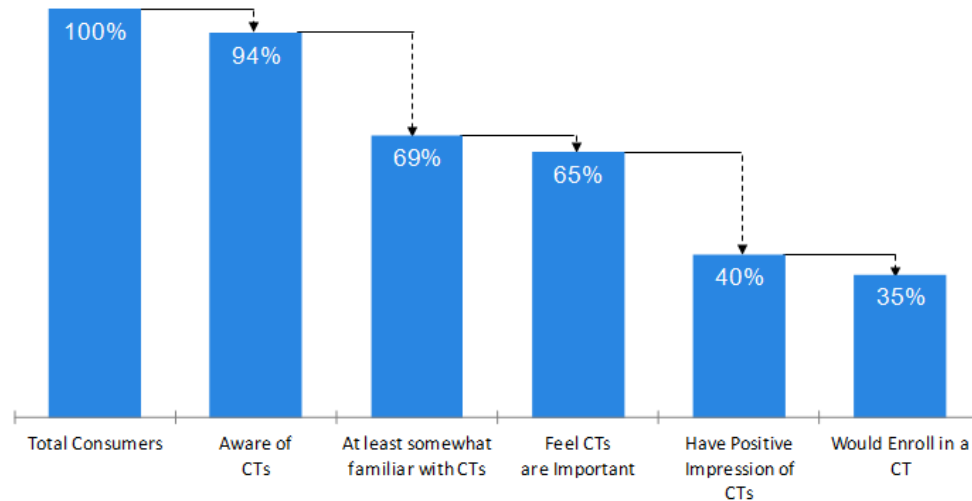
- An estimated **20%** of all cancer diagnosed in the US are related to modifiable risk factors, and can be prevented
- Increasing evidence demonstrates a link between behavioral factors and certain types of cancer, including:
 - Excess body fat,
 - Physical inactivity,
 - Smoking, and
 - Poor nutrition
- 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



Clinical Trial Awareness and Participation



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

Barriers to CT Participation:

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

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		
Care Plans	0 – 10 years since first cancer diagnosis	> 10 years since first cancer diagnosis
Written Summary of Treatments	57.6	30.8
Instructions about Follow-up Appointments	88.7	79.2
Both (Survivorship Care Plan)	51.1	27.5



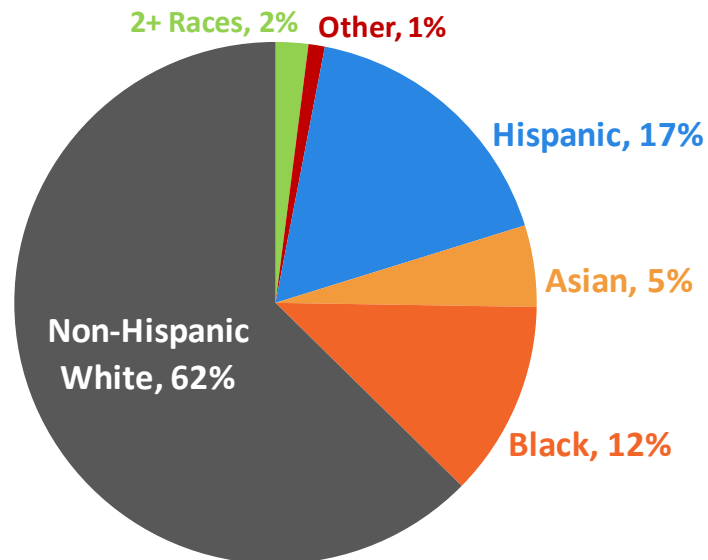


Areas of Cancer-Related Health Need to Address: Multicultural Populations

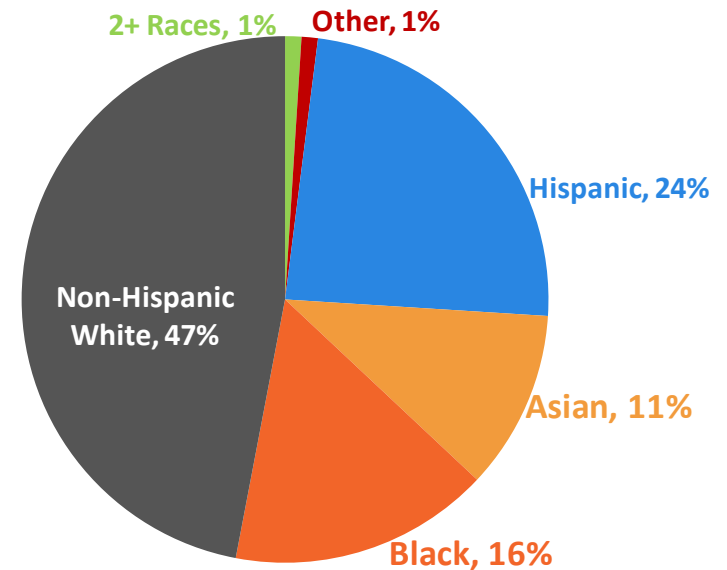


Population Trends

4 in 10 persons in the US are non-White

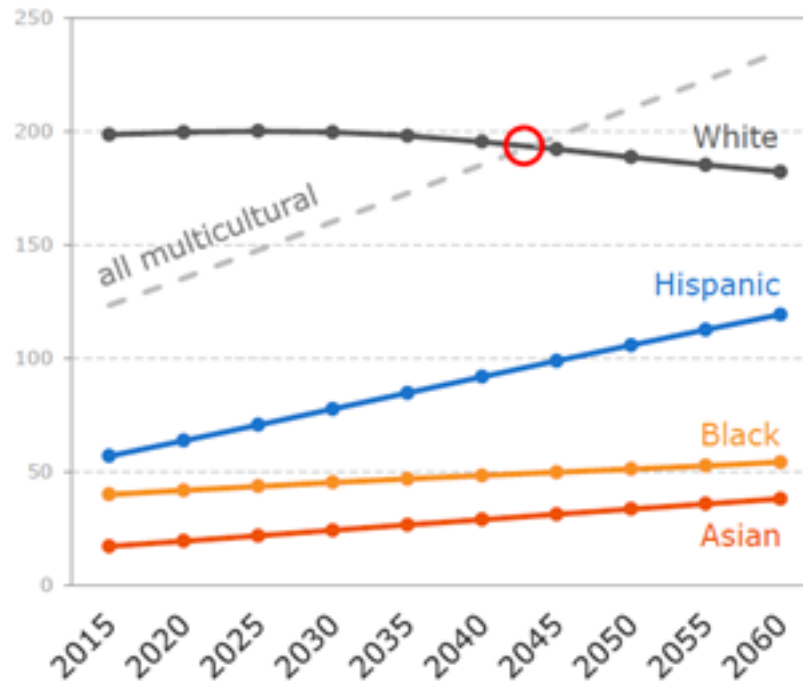


And they are the majority in NY already



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

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

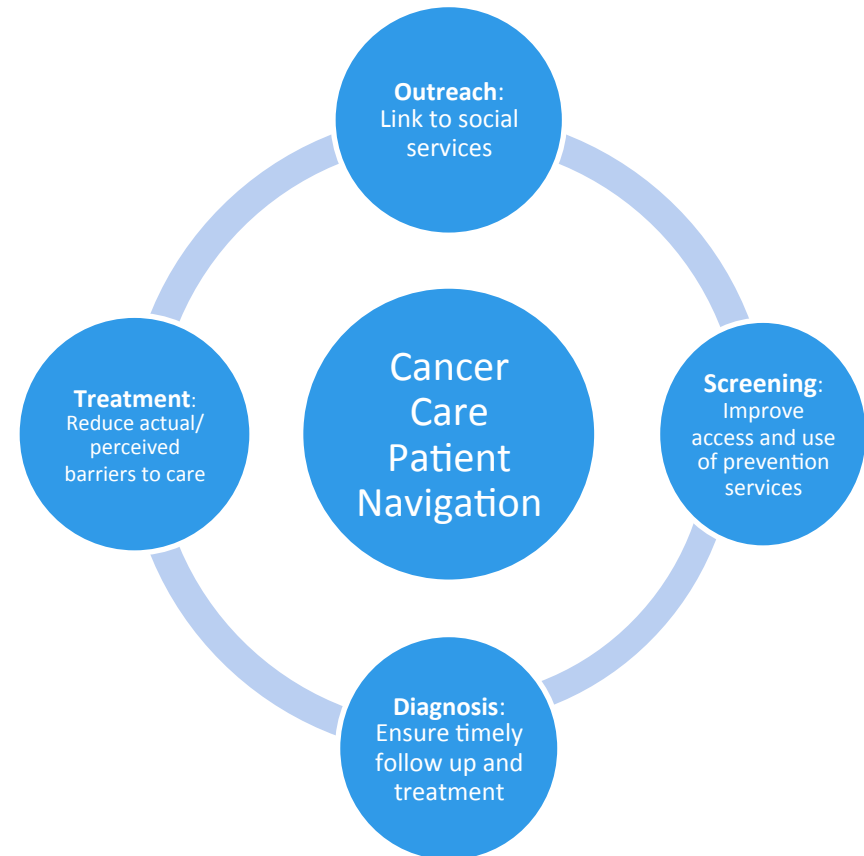
- Informational support through written materials, forums, and prevention screenings

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





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Community Input



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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):

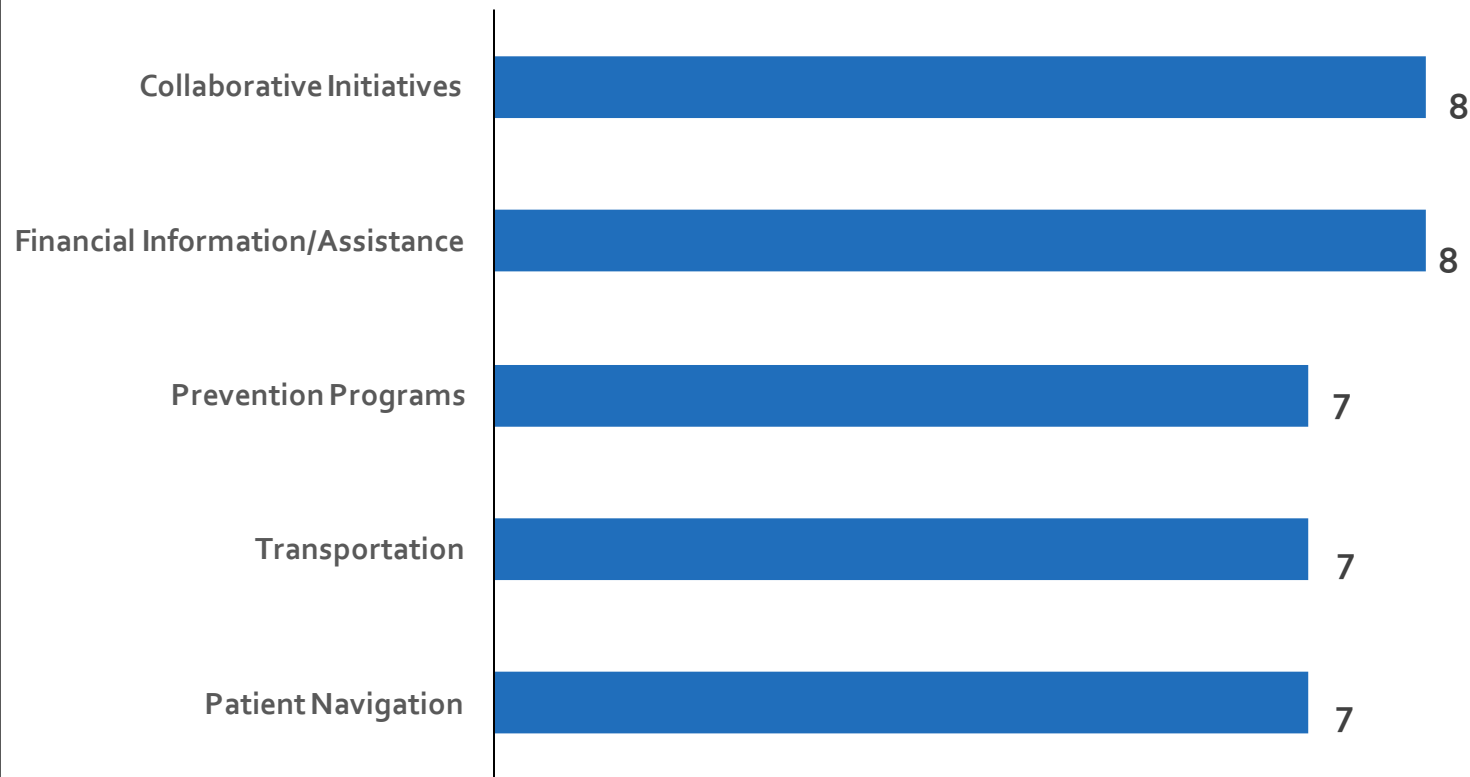
Clinical trial access	Patient/Provider communication techniques
Collaborative initiatives with trusted community-based organizations	Political advocacy
Community-based integrated care	Prevention programs
Education materials in multiple languages	Promotion in culturally relevant media
Financial information/assistance	Role models/spokespeople
Hospital access programs	Social services
Integrative medicine	Support services
Language assistance	Survivorship/cancer transition plans
Legal advocacy	Targeted outreach
Patient navigation/case management	Transportation



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)

Top 5 Ranked Community Health Needs





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MSK Response Plan



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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

Area of Need	Enhanced MSK Efforts in 2017 and 2018
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

Area of Need	Enhanced MSK Efforts in 2017 and 2018
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

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



Areas of Health Need Identified Through the 2016 CHNA Process

Area of Need	How Addressed by Existing MSK Efforts
Patient/Provider communication techniques	Comskil : Communication Skills Training Program, Immigrant Health and Cancer Disparities Service's Language Initiatives
Role models/spokespeople	Patient stories , Patient and Caregiver Support Program
Social services (arts programs, counseling, support groups)	The Counseling Center , Spiritual & Religious Care , Patient and Caregiver Support Program, Patient Recreation. Resources for Life After Cancer , Social Work
Survivorship/cancer transition plans	Survivorship Center , Resources for Life After Cancer
Targeted outreach (to zip codes with higher cancer incidence/prevalence)	Breast Examination Center of Harlem , Immigrant Health and Cancer Disparities Service , Ralph Lauren Center for Cancer Care
Transportation (financial support to transport patients to care site from home)	Social Work and Case Management



Areas of Health Need Identified Through the 2016 CHNA Process

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



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
- ✓ Prepared 2016 CHNA Report and 2016-2018 Comprehensive Community Service Plan addressing key health needs and community benefit goals, available at: www.mskcc.org/communityserviceplans.

