Memorial Sloan Kettering Cancer Center

2025–2027 Community Health Needs Assessment and Community Service Plan

Counties in this report
New York: Bronx, Kings, Nassau, New York, Queens, Richmond, Suffolk, Westchester
New Jersey: Bergen, Monmouth, Somerset

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I. EXECUTIVE SUMMARY

Memorial Sloan Kettering Cancer Center (MSK), one of the world's leading institutions devoted exclusively to cancer care, education, and research, has been recognized among the top two cancer hospitals in the United States by *U.S. News & World Report* for more than 30 years. This report highlights MSK's contributions to the community through its three pillars of patient care, education, and research, and it summarizes the findings of the 2025 Community Health Needs Assessment (CHNA) conducted as required by the U.S. Internal Revenue Service and the Affordable Care Act. It also presents the MSK 2025–2027 Community Service Plan (CSP), a three-year strategy aligned with New York State's *Prevention Agenda* and designed to improve community health across MSK's catchment.

The assessment confirmed cancer as a leading concern in the service area, which in New York State includes New York City, Westchester County, Nassau County, and Suffolk County; and select regions of New Jersey. Based on comprehensive data analysis and community input, MSK selected five Prevention Agenda areas for intervention, including two that address social determinants. Specifically, the plan will address preventive services for chronic disease prevention and control; tobacco/E-cigarette use; alcohol use; nutrition security; and unemployment.

The CHNA process integrated primary and secondary data sources to identify and confirm community health needs. Data sources included the American Community Survey, the Behavioral Risk Factor Surveillance System, the New York State Prevention Agenda Dashboard, New York State Cancer Registry, and the New Jersey Hospital Association's Vulnerable Communities Database, among others. Focus groups, interviews, and a survey were used to obtain input from individuals representing community-based organizations, local health departments, faith-based organizations, and healthcare.

The plan will be implemented in partnership with community organizations that will support outreach, such as local churches and safety net hospitals, as well as partner programs, such as the NYS Cancer Services Program and FutureReadyNYC in the NYC public schools. The plan will be shared with local officials, civic leaders, and organizations, and is available at mskcc.org/communityserviceplans and by request. Progress measures in the plan (see Figure 13) will be reported annually to New York State and community partners.

We encourage the community to provide feedback by emailing communityaffairs@mskcc.org.

II. ABOUT MSK

The people of Memorial Sloan Kettering Cancer Center are united by a singular mission: ending cancer for life. We fulfill this purpose through our three pillars of excellence: patient care, scientific research, and education.

Our specialized care teams provide personalized, compassionate, expert care to patients of all ages and from all backgrounds. Informed by basic research done at our Sloan Kettering Institute, researchers, physicians, and staff across MSK collaborate to conduct innovative translational and clinical research that is driving a revolution in our understanding of cancer as a disease and improving the ability to prevent, diagnose, and treat it.

One of the world's most respected comprehensive centers devoted exclusively to cancer, we have been recognized as one of the top two cancer hospitals in the country by *U.S. News & World Report* for more than 30 years. And for the eighth year, MSK was named one of the top employers in the country, earning a spot of the Forbes 2025 list of America's Best Large Employers.

Cancer is the second-leading cause of death in the United States, and nationally, cancer cases are on the rise: the Centers for Disease Control (CDC) estimates an increase of nearly 50% by 2050, which could mean more than 60,000 cases a year in New York City alone.[1] People will also live longer over the next century, requiring more complex healthcare as they live longer with cancer. To address the growing volume of cases and house the advanced interventions needed to treat the complexity of cases, MSK is constructing the Kenneth C. Griffin Pavilion at Memorial Sloan Kettering Cancer Center. Scheduled to open in 2030, the building will support MSK in ensuring continued access to cancer care for the region.

Scientific Research

At any given time, MSK is leading hundreds of clinical trials to improve treatment strategies for adult and pediatric cancers. In 2024, the U.S. Food and Drug Administration (FDA) approved 11 drugs based on clinical trials in which MSK played a pivotal role.

MSK was one of the first cancer centers to receive the Comprehensive Cancer Center designation from the National Cancer Institute in 1971. Through this program, NCI recognizes centers around the country that meet rigorous standards for transdisciplinary,

[1]Weir HK, Thompson TD, Stewart SL, White MC. Cancer Incidence Projections in the United States Between 2015 and 2050. Prev Chronic Dis 2021;18:210006.

state-of-the-art research focused on developing new and better approaches to preventing, diagnosing, and treating cancer.

Along with the basic and translational research that occurs in more than 120 labs at the Sloan Kettering Institute, population science research and community-based and community-informed research are also important parts of the MSK research mission. Our initiatives include:

- The **African Health and Wellness Initiative**, which develops culturally responsive interventions to promote colorectal and prostate cancer screening awareness. The initiative has facilitated a randomized controlled trial using social networks in Harlem to promote screening, with messaging tailored to U.S.-born and Africa-born men.
- MSK's **Center of Excellence Community Advisory Board** meets quarterly to review research data and results. It includes representatives from healthcare providers, community-, faith-, and occupation-based organizations that represent a broad spectrum of immigrant and minoritized communities and cancer types.
- The **City College of New York (CCNY)/MSK Partnership for Cancer Research, Research Education, and Community Outreach** unites the strengths and priorities of CCNY, MSK, and the Harlem communities with studies ranging from the most effective interventions to overcome social determinant barriers, to studies on genetic ancestry, disparate environmental exposures, immunotherapy, biology, and access. The partnership's research efforts have resulted in more than 170 publications.
- **Patient-Reported Outcomes, Community Engagement, and Language Core** is an MSK team that provides researchers with guidance on community engagement, including advisory boards and survey design, and supports increasing participation of people of color and non-English speakers in research and clinical trials.
- In partnership with Latin American institutions, the MSK **Psycho-Oncology Latino Initiative** is conducting research to determine how to improve access to psychosocial services by Latinos with cancer and what barriers Latino patients face when accessing such services.

Education

Educating future generations of healthcare and scientific leaders is a vital part of the MSK mission. The Gerstner Sloan Kettering graduate school integrates MSK's basic science and clinical arms to maximize the potential of future basic scientists to improve human health and end cancer.

MSK offers education and training through internships, apprenticeships, conferences and other opportunities. Many initiatives invite the community to become part of a diverse new generation of healthcare scientists and professionals. Our programs include:

- **Achieving Successful and Productive Academic Research Careers (SPARC)**, which hosts conferences for underrepresented junior faculty, medical students, residents, and fellows, along with a junior version for high school and college students.
- **Bridge to Biostats** is a six-week paid summer program offering high school students experiential learning in biostatistics and data science.
- **Chemical Biology, Computational Biology, and Mechanistic Biology Summer Programs** are 10-week internships that immerse students in biomedical research, including mentorship, independent projects, journal clubs, and a final poster presentation.
- **Clinical Oncology Open Learning (COOL) Scholars Program** is a six-week clinical summer program supporting women in medicine by providing direct clinical observation, participation in conferences, and one-on-one mentorship with MSK clinicians.
- The **Clinical Undergraduate Research Experience (CURE)** welcomes undergraduate rising sophomores and juniors who are interested in exploring careers in biomedical research to participate in a summer experience.
- **Digital Informatics & Technology Solutions Internship Program** is a 10-week paid internship offering real-world experience in digital, technology, and informatics roles at MSK.
- MSK is an anchor partner of **FutureReadyNYC**, which is a citywide initiative that helps students explore career paths, develop 21st-century skills, earn early college credit, and gain paid internships.
- MSK employees participate in **HBCU First** professional mentoring programs, mentoring and empowering students who attend historically Black colleges and universities as they navigate their career paths.
- **HOPP Science Enrichment Program** is a 10-month internship providing high school students with in-depth exposure to scientific research. There is also the 8-week **HOPP Summer Student Program** providing high school and college students with hands-on research experience.
- **Immigrant Health & Cancer Disparities Internship** is a rolling internship program that exposes interns to career opportunities in addressing health disparities.
- The **Medical Interpreting Training Program** has trained more than 2,000 people in 20+ languages as of 2024.
- **Radiology: Giving Back to NYC** is a program that includes essay competitions and internships for high school students; the most recent competition in May 2025 had 92 student participants.

- The **Research Technician Pipeline (ResTeP) program** offers a gap year of research training in an MSK lab for seniors from Hunter College, Brooklyn College, and the City College of New York (CCNY).
- **Summer Clinical Oncology Research Experience (SCORE) Program** engages underrepresented students in an 8-week cancer research internship. A decade-long review showed 98% entered STEMM careers, 38% went to medical school, and 54% published research.

Cancer Care for the Region

MSK provides high-quality cancer care for the tri-state area of New York, New Jersey, and Connecticut. Our main hospital is at 1275 York Ave. on New York City's Upper East Side. MSK doctors treat more than 400 types of common and rare cancers, and MSK conducts more cancer surgeries than any other hospital in the nation. Patients who come to MSK benefit from new, investigational therapies that may not be available at other hospitals. MSK patients have access to five times as many trials as patients at other New York City hospitals.

MSK programs help people with cancer and their families throughout all phases of treatment, including through support groups, genetic counseling, help in managing pain and symptoms, rehabilitation, integrative medical services, assistance in navigating life after treatment, and financial assistance.

People from more than 70 countries came to MSK in 2024. As illustrated in Figure 1, 90% of the MSK patient population comes from the tri-state area of New York, New Jersey, and Connecticut. In 2024, MSK saw 241,890 patients.

Figure 1. MSK Patient Population by Region

Region of Origin	Patient Population	Percentage
New York, New Jersey, Connecticut	218,159	90.2%
Other parts of the United States	22,419	9.3%
Other countries	1,312	0.5%

Figure 2. MSK Locations

As shown in Figure 2, MSK has outpatient sites in Manhattan, Brooklyn, Westchester, Long Island, and New Jersey (see Appendix A for addresses). These sites offer chemotherapy and radiation treatments, access to clinical trials, and pre-operative and post-operative check-ins.

MSK is creating more access to care for neighborhoods that have often lacked high-quality cancer care.

- **Harlem**. The MSK Ralph Lauren Center (RLC) in Harlem offers cancer prevention, diagnosis, and support services. Uninsured individuals are welcomed for breast, cervical, and colorectal cancer (CRC) screening at no out-of-pocket cost through the New York State Cancer Services Program. Screenings for lung and prostate cancers are also available. In 2024, more than 2,000 people were screened. RLC offers support services including financial and nutritional counseling, tobacco cessation, and a medically tailored food pantry.

- **Jamaica, Queens**. In 2024, MSK and MediSys Health Network began a partnership to increase access to high-quality cancer care in Queens at Jamaica Hospital Medical Center (JHMC). This effort includes on-site clinical services at JHMC by an MSK physician; the "Achieving Health Equity in Cancer Care" conference, presented annually by MSK and MediSys to further research and information sharing in cancer equity; a medically tailored food pantry; and joint community outreach to educate the community about cancer care. For JHMC patients deemed to need specialized care,

transfers can be made to MSK locations and clinical trials. In 2025, the partnership was bolstered by a NYS Healthcare Transformation Grant to establish a comprehensive cancer care program, including a new Radiation and Infusion Therapy Campus at JHMC.

- **Brooklyn**. The MSK Brooklyn Infusion Center in downtown Brooklyn and Memorial Medical Care, PC, (known as MMC) in Flatbush provide outstanding care to Brooklyn residents. MMC is a practice of MSK doctors that offers advanced imaging capabilities and provides prospective patients with easier access to state-of-the-art cancer therapies and clinical trials. Patient care is provided by a multidisciplinary team of healthcare specialists who use a collaborative patient care model.

Person-Centered Care

MSK provides high-quality, culturally-, and linguistically- responsive care attuned to the needs of a diverse patient population. The MSK Patient and Family Advisory Council for Quality is a partnership of current and former patients, family members, and caregivers, along with clinical and administrative staff, who work together to integrate the patient experience into all aspects of care at MSK.

MSK onsite initiatives and at partner sites address patient barriers to optimal cancer treatment. For example:

- The **Access to Telehealth for Underserved Cancer Patients (AcT)** program, located at 16 MSK and non-MSK sites across NYC, provides multilingual assessments, education, and navigation support to improve access to telehealth, patient portals, and remote monitoring among underserved breast cancer patients. As of March 2025, 9,920 patients had been educated, with 570 receiving direct telehealth assistance, including device distribution and technology support.

- **Case Management** through the Integrated Cancer Care Access Network (ICCAN) equity platform connects immigrant and underserved cancer patients to resources and services that address disparities. In 2024, the program served over 900 patients at 16 sites across NYC and Long Island, helping many complete their cancer treatment.

- The **Cancer Health Equity Research Program** supports patients at NYC Health + Hospitals in accessing clinical trials, research, and services, including bone marrow transplants and genome sequencing. Locations include Health + Hospital's Queens Cancer Center, Lincoln Medical Center, Kings County Hospital, and Metropolitan Hospital.

- MSK's **Food to Overcome Outcome Disparities (FOOD)** pantries are at 16 cancer treatment sites throughout NYC and Long Island, including at 6 NYC Health & Hospitals, Montefiore Einstein Cancer Center, and Jamaica Hospital Medical Center. As of January 2025, the program served 11,578 individuals and distributed 91,573 bags of healthy food.

- MSK **LGBTQI+ Cancer Care Program** offers dedicated support for LGBTQI+ people getting cancer screening, treatment, and survivorship services at MSK, and also partners with community-based LGBTQI+ service providers. MSK has been recognized for 10 years as a national leader in the Healthcare Equality Index (HEI), a renowned benchmarking tool curated by the Human Rights Campaign Foundation.

Medicaid Access and Financial Support

In 2023, New York State enacted legislation to require New York Medicaid managed care plans and qualified health plans on the New York State of Health exchange to contract with any of the state's eight National Cancer Institute-designated cancer centers that volunteered to participate. MSK led the advocacy for this change, recognizing this provision would allow more New Yorkers from underserved communities to access quality care. Following implementation of this legislation, MSK became the #1 provider in the tristate area for the number of Medicaid cancer patients served, rising from #7 in 2021. MSK is now in-network for 74% of Medicaid managed care enrollees in New York City. Because Medicaid reimburses costs at rates lower than those paid by Medicare and private insurers, MSK losses from providing services to Medicaid patients increased by $25 million between 2021 and 2024.

The MSK Financial Assistance Program serves uninsured and under-insured patients with incomes less than 500% of the Federal Poverty Guidelines and who are determined eligible for financial assistance. This exceeds the 400% requirement mandated by NYS.

The hospital has been experiencing growth in the amount of charity care provided to its patients: In 2023, MSK charity care totaled $19.3 million; this grew by 68% in 2024 to $32.5 million. In 2024, more than 1,700 people enrolled in MSK's Financial Assistance Program.

Community Outreach

MSK promotes good health across the region through community partnerships that support prevention, health education, access to care, and community well-being. Below are highlights of ongoing MSK efforts.

- **Community Partnerships.** MSK works with over 160 area organizations to provide health education and community outreach at over 200 events each year. Outreach efforts are led through the Office of Health Equity, the Immigrant Health and Cancer Disparities team, the Community Engagement and Health Equity team in the Marketing and Communication Department, the MSK Ralph Lauren Center, and multiple nursing, research, and clinical staff eager to connect the community to cancer resources. These efforts are aligned through MSK's Community Outreach Stakeholder Meeting to Improve Communication. In 2024, MSK reached over 40,000 people with its outreach.

- **No-Cost Cancer Screenings.** MSK participates in the NYS Cancer Services Program to provide breast, cervical, and colorectal cancer screenings and diagnostic services at no cost to qualifying New York residents. In the most recent reporting period, 322 breast, 53 cervical, and 36 colorectal screenings were provided through this program. MSK also offers free community screening events for head and neck cancers.

- The **Endometrial Cancer Equity Program** provides outreach, education, and risk assessments for Black women at risk of endometrial cancer and connects patients to genomic sequencing and clinical trial enrollment.

- The **MSK Mobile Health Unit (MHU)** travels to neighborhoods to provide health education, chronic disease screenings, insurance navigation, referrals, and FIT (fecal immunochemical test) kits. From January to August 2024, the unit served over 2,500 individuals through 205 events. The program collaborates with the Ventanilla de Salud at the Mexican Consulate, the Taxi Network program, and community organizations across NYC.

- The **MSK Ralph Lauren Center** in Harlem partners with local organizations to provide community education, screening, and tai chi classes to promote mental wellness and physical health. The center is also home to the Cooking with Karla program, which provides bilingual nutrition and healthy cooking education at community sites and online. In the past year, the Cooking with Karla website has received more than 5,500 unique visitors.

- The MSK **Tobacco Treatment Program** supports adult patients and community members in cessation and trains clinicians to become Tobacco Treatment Cessation Specialists at a variety of social service and clinical sites. In the last five years, more than 400 learners have been trained through the program.

The 2024 update on MSK Community Service Plan activity from 2022 to 2024, provided to New York State in December 2024, is in Appendix B. MSK was pleased to receive "all green" feedback in July 2025 from New York State reviewers, confirming MSK's implementation of "Evidence-based, best-practice or promising practices" and the "Strong indication of progress."

Environmental Sustainability

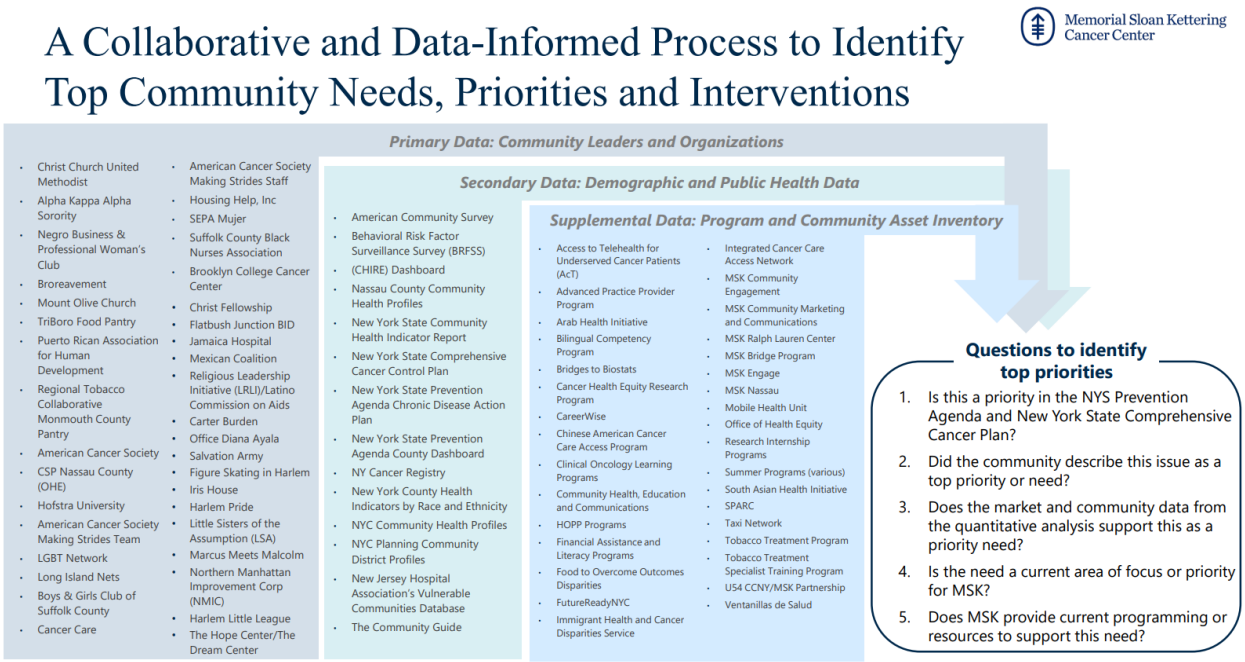
A rigorous sustainability program is part of MSK's commitment to the community and to the health and well-being of our patients and staff. MSK has earned over 60 sustainability-related awards, including the 2025 Practice Greenhealth Top 25 Environmental Excellence Award. Initiatives include:

- Participation in the **NYC Carbon Challenge** with a 50% energy-use intensity carbon reduction goal by 2025 (on track to exceed).
- Commitment to the **World Resources Institute's Coolfood Pledge** to reduce food-related GHG emissions by 25% by 2030.
- **Reduction of waste emissions** in operating rooms and from the vehicle fleet.
- **Purchasing of healthy foods,** including low-sugar beverages, plant-based and locally sourced food, and sustainably certified meat and poultry that is raised without the routine use of antibiotics.
- The **NYC and American College of Lifestyle Medicine Partnership** on plant-based cuisines. In the Memorial Hospital Cafeteria, plant-based "Meatless Monday" meals are offered each Monday. Red meat is served as an entrée only one day per week.
- In partnership with the Afya Foundation, MSK supports **collection and donation of excess medical supplies** to clinics and hospitals throughout Africa, the Caribbean, Turkey, and Ukraine.
- Designing **resilient facilities** to ensure continuity of care during extreme weather.
- Eight MSK sites **are LEED-certified by the U.S. Green Building Council**.

III. 2025–2027 COMMUNITY HEALTH NEEDS ASSESSMENT

To inform and enhance its community engagement, from December 2024 to July 2025, MSK undertook a community health needs assessment with support from the firm Chartis. MSK and Chartis reviewed data and invited community input to identify issues affecting health and well-being in MSK's catchment. Given MSK's cancer expertise and the continuing disparities in preventable cancer-related morbidity and mortality, the process particularly explored cancer needs. Figure 3 summarizes the inputs and key questions used to yield priorities.

Figure 3. Assessment Overview



Assessment Methodology

MSK used a structured approach aligned with the Greater New York Hospital Association's (GNYHA) CHNA tool kit to define a core set of priorities and focus supporting the New York State Prevention Agenda and related NYS guidance,[2] and New York State Comprehensive Cancer Control Plan.

A CHNA committee was convened to lead the process. This committee included representatives from MSK Community Engagement and Health Equity, the Office of Health

[2] See the guidance on the NYS Department of Health website at https://health.ny.gov/prevention/prevention_agenda/2025-2030/docs/letter_and_guidance.pdf. Accessed on November 18, 2025.

Equity, and Strategy and Innovation. The committee provided project oversight and engaged community members and key stakeholders across MSK to identify the top health issues, then analyzed the results from the quantitative and qualitative data collection.

Internal and external participants were recruited to provide input, prioritize needs, and reach consensus on the top needs and priorities. Participants included representatives from community-based organizations, local health agencies, local government officials, healthcare providers, healthcare advocates, and labor unions. The organizations were selected to represent the broad interests of the diverse communities in the MSK catchment. Invitations to participate in the process were also made to the community at large via MSK's website and through outreach at community events. A list of participants invited to participate is in Appendix C.

Data Sources

Primary, secondary, and supplemental data sources included community and market demographic data, qualitative interviews, focus groups, surveys, and cancer-related prevalence and health outcomes data for MSK's catchment area.

Community Engagement and Primary Data

The CHNA Committee identified internal and external partners serving the communities around MSK inpatient and outpatient facilities. A total of 86 people were engaged. The approach emphasized elevating diverse community voices and building trust-based partnerships across the service area. Below is a summary of the engagement activities. Appendix D includes the Interview and Focus Group Guides and the Community Questionnaire used in these efforts.

- **Focus Groups:** Four groups, involving 41 external participants representing Harlem, New York City broadly, Long Island, and Bergen and Monmouth Counties in New Jersey were conducted with community leaders and local organizations representing historically underserved populations. These discussions offered insight into the social and structural barriers to cancer care, evolving community needs, and opportunities to enhance prevention, early detection, and education. Participants included leaders from healthcare services, LGBTQ+ organizations, youth-serving groups, faith-based institutions, senior services, and local nonprofits.

- **Stakeholder Interviews (Internal):** Interviews were conducted with 37 clinical staff, research leaders, care navigators, social workers, and senior leadership from MSK. The interviews explored system-level barriers, cultural and trust-related challenges, and

recommendations for addressing community and patient barriers to cancer-related services.

- **Community Questionnaire:** A questionnaire was distributed to gather input from partners who could not attend a focus group. Twelve respondents shared insights for gaps in cancer care, health equity impact, social needs, and opportunities for MSK to strengthen its community presence and trust.

- **Community Survey:** From May 30 to July 31, 2025, MSK disseminated the community survey among community members. Community members qualified for the survey if they were 18 and older and lived within any of the geographic areas identified by collaborative members as their hospital service area. The survey used validated questions from existing surveys such as the CDC Behavioral Risk Factor Surveillance System and the New York City Department of Health and Mental Hygiene's Community Health Survey. Community members could complete the survey online or on paper in 19 languages. Dissemination methods included sending information in an email newsletter; posting on social media; sharing a QR code leading to the survey at in-person outreach events; requesting that community partners share the survey with communities through direct email; and posting a link on mskcc.org. More than 13,000 people from the area participated in the survey. Respondent demographics are in Appendix E.

Secondary Data

Between February and July 2025, secondary data from the following sources was analyzed:

- American Community Survey
- New York State Community Health Indicator Report
- New York State Prevention Agenda County Dashboard
- Behavioral Risk Factor Surveillance Survey (BRFSS)[3]
- NY Cancer Registry
- New York County Health Indicators by Race and Ethnicity
- NYC Planning Community District Profiles
- NYC Community Health Profiles
- Nassau County Community Health Profiles

[3] BRFSS data for sexual orientation and gender identity for New York counties was drawn from the MSK 2024 Health Equity Impact Assessment (HEIA) on the Kenneth C. Griffin Pavilion at Memorial Sloan Kettering Cancer Center.

- New Jersey Hospital Association's Vulnerable Communities Database

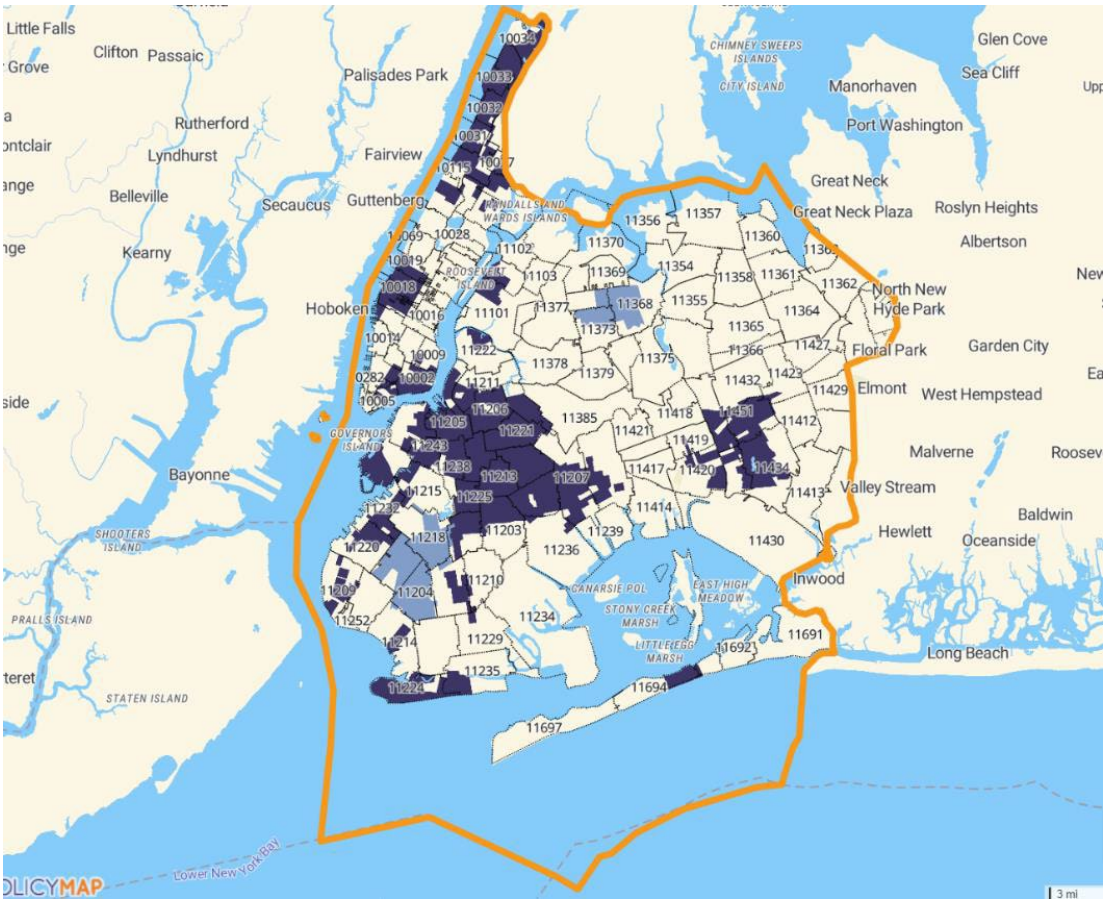
Community Description

Service Area

The MSK service population is individuals in need of cancer care. We also provide resources for cancer survivors. Our catchment is the local tri-state area. Ninety percent of MSK patients come from 26 counties across New York, New Jersey, and Connecticut.

Analysis of the Statewide Planning and Research Cooperative System (SPARCS) claims data from 2018 to 2022 shows that the highest volume of MSK inpatient discharges is from patients who reside in Kings, New York (Manhattan), and Queens counties (48%). These counties have several HRSA-designated medically underserved areas and populations. Figure 4 illustrates the ZIP codes in these counties and the areas that are designated as MUA/Ps.

Figure 4. Medically Underserved Areas and Populations (MUA/Ps) for Kings, New York and Queens Counties[4]



[4] Source: PolicyMap, 2022-2024

Demographics

There are multiple types of communities in the region, from densely populated urban neighborhoods in New York City to suburban and semi-rural pockets in Long Island and New Jersey. The catchment includes more than 21 million people. Detailed profiles for the communities with MSK facilities, including the sub-county neighborhood of Harlem where the MSK Ralph Lauren Center is, are included in Appendix F.

As shown in Figures 5 and 6, there is significant diversity in language, ethnicity, age, and socioeconomic status in the catchment. Many neighborhoods have high rates of foreign-born residents and households where languages other than English are spoken.

Across the catchment, 9% of the population is uninsured and 13% of people have Medicaid as their insurer. At the time of the assessment, it was estimated that proposed federal changes to Medicaid and New York's Essential Plan could soon result in increases to the uninsured population.

Figure 5. Service Area Racial/Ethnic Demographics

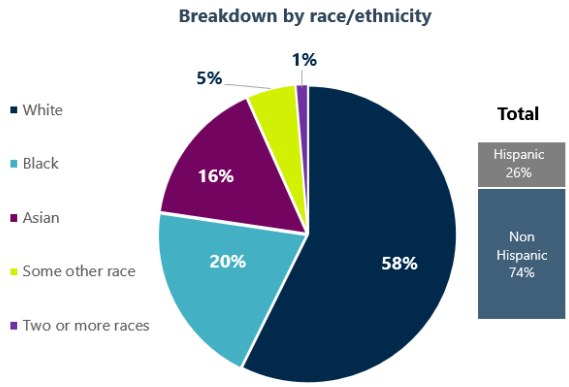
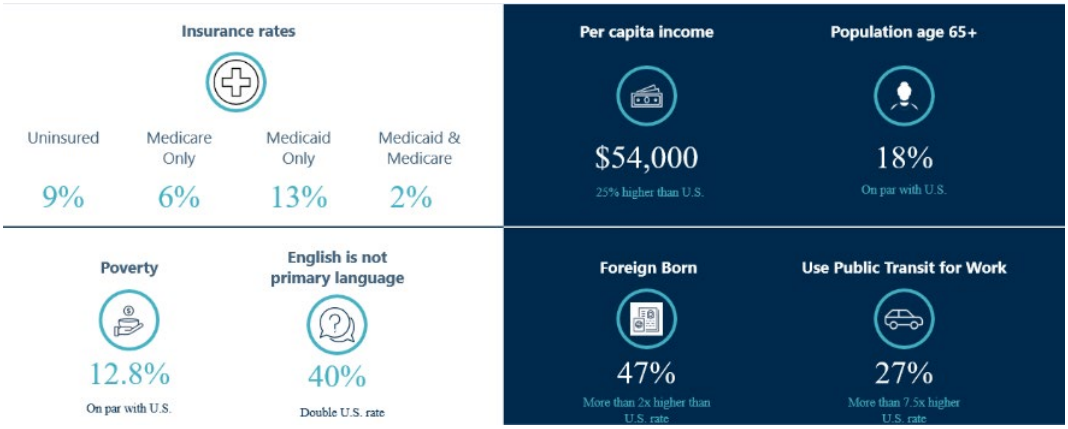


Figure 6. Service Area Demographics



Community Assets and Resources

A broad range of resources in the catchment area support the promotion of health and well-being. This includes 91 hospitals, with 62 in New York City, 17 in Westchester, and 12 in New Jersey, alongside numerous public health agencies, community and faith-based organizations, educational institutions, government programs, and informal support networks. In addition, community members shared that they value access to shared spaces like local parks, cultural institutions, and local businesses as features that contribute to the health and vibrancy of their community. The array of individuals and groups invited to participate in the CHNA process reflects the rich civic life in the region, and MSK is continuing to explore opportunities for new partners that can play a crucial role in addressing social determinants of health and advancing health equity across the catchment area (see Appendix C).

Despite many existing resources in the catchment, many of MSK's communities face systemic challenges that affect access to care and exacerbate health disparities. High poverty rates, housing insecurity, and food deserts are prevalent in many neighborhoods, particularly in the Bronx, Brooklyn, Harlem, and sections of Long Island. Manhattan and Queens report high rates of rent burden and homelessness, and Manhattan, Queens, and Staten Island residents struggle with inadequate public transit infrastructure. Reliance on public transportation is significantly higher than the national average, and this can limit timely access to healthcare.

Unemployment and underemployment are factors in some areas of the catchment, such as in the Bronx, Harlem, Queens, and parts of Manhattan. Unemployment is also higher among Black New Yorkers and people with a disability. The NYS Prevention Agenda highlights that individuals who are unemployed or unable to work "encounter greater

obstacles in achieving favorable health outcomes and accessing health care" and that "as the duration of unemployment increases, health behaviors and outcomes tend to worsen."

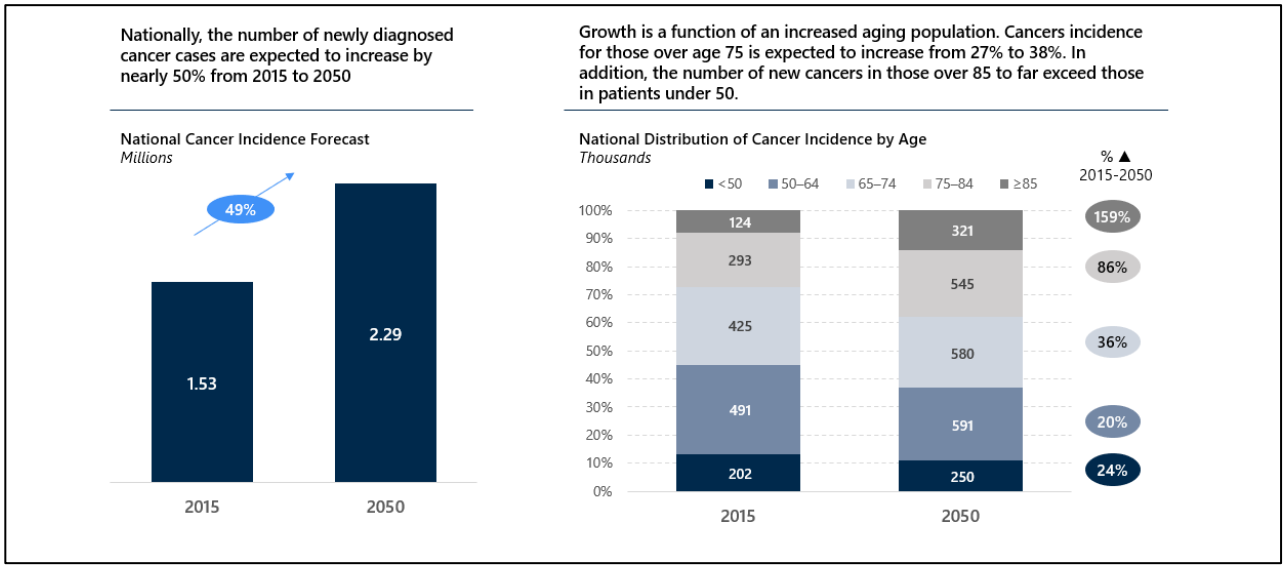
Health Status Description

The Burden of Cancer

Substantial progress has been made in reducing cancer mortality: Improvements in treating the five most common cancers (breast, cervical, colorectal, lung, and prostate) have led to an estimated 4.75 million fewer cancer deaths from 1975 to 2020.[5] However, cancer continues to be a leading cause of death in the United States.[6] The Centers for Disease Control and Prevention (CDC) estimates that by 2050, the annual number of cancer cases in the United States will increase by nearly 50%,[7] with the largest increase among adults over age 75, as illustrated in Figure 7.

[5] Goddard KAB, Feuer EJ, Mandelblatt JS, et al. Estimation of Cancer Deaths Averted From Prevention, Screening, and Treatment Efforts, 1975-2020. JAMA Oncol. Dec. 5, 2024.
[6] Murphy SL, Kochanek KD, Xu JQ, Arias E. Mortality in the United States, 2023. NCHS Data Brief, no 521. Hyattsville, MD: National Center for Health Statistics. 2024. DOI: https://dx.doi.org/10.15620/cdc/170564.
[7] Weir HK, Thompson TD, Stewart SL, White MC. Cancer Incidence Projections in the United States Between 2015 and 2050. Prev Chronic Dis 2021;18:210006.

Figure 7. Cancer Incidence Rates Overall and by Age – 2015-2050



New York State ranks among the states in the U.S. with the highest age-adjusted cancer incidence rates.[8] Based on current average cancer numbers for New York City (~41,000)[9] and the CDC estimated rate increase, MSK projects approximately 60,000 new cancer cases in New York City alone by 2050.

Breast cancer is one of several cancers that can be detected through screening. Early detection and treatment can reduce mortality. Unfortunately, as shown in Figure 8, many MSK communities are not meeting the state goal for screening. The data in New Jersey also showed screening rates in the 70% range, such as in Somerset County (73%) and Bergen County (78%). Missed screenings contribute to the fact that Black and white women are being diagnosed with late-stage cancers at rates that exceed goal.

[8] U.S. Cancer Statistics Working Group. U.S. Cancer Statistics Data Visualizations Tool, based on 2022 submission data (1999-2020): U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute; https://www.cdc.gov/cancer/dataviz, released in November 2023.

[9] Cancer Incidence and Mortality for New York City. https://www.health.ny.gov/statistics/cancer/registry/

Figure 8. Breast Cancer Screening Rates and Late-Stage Breast Cancer Incidence

Breast Cancer Screening Rates

New York Cancer Consortium Goal (2023): 87.7%
New York State Average for all Populations: 78%

County	Screening Rate
Bronx	79%
Kings	78%
Nassau	77%
New York	79%
Queens	73%
Richmond	79%
Suffolk	74%
Westchester	77%

Female Late-Stage Breast Cancer Incidence per 100,000 Female Population, Age-Adjusted (2019-2021)

New York Cancer Consortium Goal (2023): 38.2
New York State Average for all Populations: 40.4

County	White	Black	Asian/Pacific Islander	Hispanic
Bronx	45.4	53.1	31.8	33.8
Kings	46.0	49.9	35.6	28.2
New York	36.0	49.0	29.8	33.3
Queens	44.9	47.0	34.3	29.3
Nassau	42.4	48.9	37.8	28.6
Suffolk	43.1	56.4	41.0	33.4
Westchester	40.7	43.4	36.5	36.6

Values in red indicate rates that are higher than Cancer Consortium goal

Cancer disproportionately affects people with lower incomes, and disparities in cancer risk, diagnosis, treatment, and outcomes frequently reflect differences in race, ethnicity, and socioeconomic status, and the systemic barriers rooted in historical and ongoing inequities. Some of the disparities in our region, cited in the "2018-2023 NYS Comprehensive Cancer Control Plan," include:

- Non-Hispanic Black males have the highest rates of prostate cancer incidence and mortality of any racial/ethnic group.
- Cervical cancer incidence is higher among non-Hispanic Black and Hispanic women.
- Cervical cancer mortality is highest among non-Hispanic Black women.
- Non-Hispanic Black people experience higher incidence rates of regional and distant stage disease for female breast cancer, cervical cancer, and colorectal cancer.
- While non-Hispanic white women have the highest incidence rates of breast cancer, non-Hispanic Black women have the highest mortality rates.

Certain factors, including tobacco and alcohol use and obesity, have been linked to causing preventable cancer. Furthermore, social determinants such as income, insurance coverage, language, and geography influence access to preventive services and care, thus reinforcing patterns of unequal burden across populations. Figure 9 presents the primary factors associated with health inequity in each county in the MSK catchment and the related drivers and disparities observed in communities.

Figure 9. Drivers of Cancer Disparities

County (or area)	Drivers of Cancer Disparities	Examples of Cancer Disparities
Bronx	Poverty, food insecurity, obesity, rent burden, screening access and prevention, tobacco use among low-income population	Late-stage breast cancer incidence among Black women
Kings	Poverty, binge drinking, food insecurity, screening access and prevention, tobacco use among low-income population	Lung cancer for the Asian population and late-stage breast cancer among Black women
New York	Poverty, food insecurity, binge drinking, tobacco use among low-income population	Late-stage breast cancer incidence and mortality among Black women
Harlem	Poverty, food insecurity, obesity, binge drinking, tobacco use among low-income population	Late-stage breast cancer incidence for Black women
Queens	Screening access and prevention	Late-stage breast cancer incidence for Black women
Richmond	Food insecurity, obesity, rent burden	Colorectal cancer mortality for the Black population
Nassau	Screening access and prevention, rent burden	Breast cancer mortality for Black women
Suffolk	Poverty, rent burden, tobacco use among low-income population	Late-stage breast cancer incidence among Black women and colorectal cancer mortality among the Black population
Westchester	Rent burden, screening access and prevention	Late-stage breast cancer incidence among Black women
Bergen	Food insecurity, tobacco use among low-income population, binge drinking	Prostate cancer incidence for Black men
Monmouth	Obesity, tobacco use among low-income population, binge drinking	Colorectal cancer incidence for Black population
Somerset	Obesity, binge drinking	Prostate cancer incidence for Black men

Tobacco Use. Tobacco use remains a leading cause of preventable cancer and cancer-related deaths in New York State, contributing to more than 30,000 deaths annually. Despite declines in smoking, tobacco, especially among low-income populations and those with mental health challenges, continues to fuel disparities in cancer risk.[10] Figure 10 shows that higher rates persist among adults with lower incomes.

Youth e-cigarette use also remains a concern, as 1 in 5 high school students in NYS report currently using tobacco products including cigarettes, e-cigarettes, cigar products,

[10] NYS BRFSS Brief is available at health.ny.gov/statistics/brfss/reports/docs/2024-09_brfss_cigarette_smoking.pdf Accessed December 4, 2025.

nicotine pouches, and other tobacco products.[11] The New Jersey Youth Tobacco Survey assessed the use of e-cigarettes at 9.3% among New Jersey public high school students.[12] To prevent cancer and reduce inequities, healthcare providers can educate patients on the risks of tobacco and e-cigarette use, integrate tobacco use screening into routine care, and proactively offer culturally appropriate cessation support. Expanding access to prevention and cessation education and resources, especially for disproportionately affected populations, can help close cancer-related gaps and improve health outcomes across communities.

Figure 10. Prevalence of Cigarette Smoking Among Adults and Adults with Low Income by County in MSK's New York Catchment Area

County	Prevalence of Cigarette Smoking Among Adults	Prevalence of Adults who Smoke with Income Less than $25,000
Bronx	11.4%	14.1%
Kings	10.7%	18.8%
Nassau	7.5%	12.3%
New York	9.8%	15.8%
Queens	9.3%	13.8%
Suffolk	9.4%	20.6%
Westchester	5.6%	11.7%
New York State	12%	20.4%
NY Cancer Consortium Goal (2023)	**9.9%**	**13.8%**

Values in red indicate rates that are higher than Cancer Consortium goal

Alcohol Use. Alcohol use is one of the most prevalent cancer risks among U.S. adults and is strongly linked to at least seven types of cancer: mouth, throat, larynx, esophagus, liver, colorectal, and female breast.[13] More than half of all adults in New York drink alcohol, and approximately 16.7% of NYS adults age 18 years and older binge drink, which is defined as consuming four drinks or more for women and five drinks or more for men, generally within about two hours.[14] In Manhattan, the percent of people binge drinking is 21%. The New

[11] Highlights from the 2022 New York Youth Tobacco Survey is available at https://www.health.ny.gov/prevention/tobacco_control/reports/docs/2022_youth_tobacco_use.pdf Accessed December 4, 2025.
[12] The 2022 NJ Youth Tobacco Survey is available at https://www.nj.gov/health/fhs/tobacco/documents/2022-nj-youth-tobacco-survey.pdf Accessed December 4, 2025.
[13] U.S. Department of Health and Human Services. Alcohol and cancer risk: The U.S. Surgeon General's Advisory. https://www.hhs.gov/surgeongeneral/reports-andpublications/alcohol-cancer/index.html. Accessed March 2025.
[14]Balu, RK., Lurie, M., Brissette, I and Battles, H. Binge and Heavy Drinking. New York State BRFSS Brief., No. 2025-03. Albany, NY: New York State Department of Health, Division of Chronic Disease Prevention, Bureau of Chronic Disease Evaluation and Research, December 2024. https://www.health.ny.gov/statistics/brfss/reports/docs/2025-03_brfss_binge_heavy_drinking Accessed November 18, 2025.

York City Department of Health notes that only half of adults recognize the role of alcohol in cancer risk and therefore recommends increasing awareness of alcohol's cancer-related health risks.[15]

Nutrition Security. Poor nutrition affects cancer mortality. Cancer survivors who lack adequate nutrition and consistent access to food are more likely to forgo, delay, or make treatment changes than food-secure survivors. This is, in turn, associated with a greater risk of cancer mortality.[16] There are areas in the catchment, such as in Hempstead (Nassau County), the Bronx, and Brooklyn, where nutritious healthy foods are hard to find and afford. At the same time, obesity is linked to 13 types of cancer, and long-term obesity significantly increases cancer risk.[17] Obesity is a continuing public health crisis in New York State, with over 60% of adults either overweight or obese and one-third of children affected, particularly in low-income and geographically isolated areas. The prevalence of obesity is higher among adults who are Black or Hispanic, have an annual household income of less than $25,000, have a high school education, or are currently living with disability.

The NYS Prevention Agenda highlights "Nutrition Security" as a priority for promoting health in the state. Nutrition security encompasses food security, recognizing that people need not only enough calories, but also the right nutrients for optimal health and well-being.

Top Needs in the Assessment

Cancer Screening

In the Community Survey, cancer received an importance score of 4.40 on a five-point scale (with 1 representing "not at all important" and 5 representing "extremely important"), placing it above average relative to other health conditions, and it ranked first in importance overall. In terms of satisfaction with existing neighborhood services related to cancer, the condition received a satisfaction score of 3.10, ranking seventh in satisfaction compared with other health conditions. Based on the combination of importance and satisfaction scores, the healthcare access and quality of cancer was categorized as an area to "maintain efforts."

Across all the groups MSK engaged, participants described an opportunity for MSK to play a more active role in cancer screening and follow-up care. MSK is better known in the

[15] Coleman JT, Grasso A, Conigliaro T, Jasek J. Alcohol Use and Cancer Risk among New York City Adults. NYC Vital Signs 2025, 22(4); 1-4.
[16] Gany F, Melnic I, Wu M, et al. Food to Overcome Outcomes Disparities: A Randomized Controlled Trial of Food Insecurity Interventions to Improve Cancer Outcomes. *J Clin Oncol*. 2022;40(31):3603-3612.

community for its work in treatment than for screening or prevention. Community-based organizations shared that in-person outreach is important for enrollment in screening and navigation services, particularly when trying to reach underserved populations, and they recommended MSK build trust through face-to-face engagement. Stakeholders strongly advocated for partnerships with grassroots and community-based organizations, particularly those working with Black and immigrant communities in high cancer prevalence areas like Harlem and Brooklyn. Collaboration would enhance education, engagement, and patient navigation, thereby improving awareness of cancer prevention, early detection, and treatment.

Health Education and Promotion of Cancer Prevention in the Community

Health education surfaced as an important area in which to advance community awareness and engagement. Stakeholders pointed to the need for more culturally and linguistically accessible outreach to raise awareness about cancer prevention, early detection, and treatment options. This includes efforts to accurately describe how certain behaviors can increase the risk of cancer and to deliver accurate, actionable information about cancer screening and prevention in community-trusted spaces such as schools, churches, barbershops, and grocery stores. Community members, such as those we spoke with in Nassau County, also expressed a need for more visible, community-based programs that integrate health education with tangible support services. It was also noted that public health messaging and education can be inconsistent, and some community members rely on social media or word-of-mouth, which can lead to a misunderstanding of risk factors.

Addressing Social Needs

Addressing social needs, including food insecurity, housing, and transportation, surfaced as areas of high need. Consistent access to healthy, nutritious, culturally appropriate food was raised in all focus groups. One food pantry partner shared that due to reductions in federal funds, they were anticipating a 1 million-pound gap in food disbursements. Others expressed concerns about rising housing costs and the difficulty in prioritizing healthcare needs over basic necessities. Transportation was also identified as a common barrier for daily quality of life, as well as in accessing healthcare services and delays in care. Especially for those in the outer boroughs and nearby counties, parking costs near MSK and other healthcare facilities in New York City can impede access.

Recruiting and Maintaining a Diverse Workforce

Participants discussed the importance of employing a workforce that reflects the diverse communities MSK serves. MSK has implemented institution-wide and program-

specific recruitment initiatives, many of which are focused on increasing the number of underrepresented researchers and professionals in oncology. Continuing focus on and expansion of pipeline programs available to underserved communities could help increase representation and could also impact underemployment and unemployment, which arose as issues for some communities and is a focus of the NYS Prevention Agenda.

Access to Care Barriers

Multiple structural and financial barriers may limit access to cancer prevention and treatment. Stakeholders shared that access to digital health tools and literacy on the use of the tools varies across communities. Additionally, concerns about insurance coverage and the financial toxicity of cancer treatment—including co-pays, travel, lost wages, and non-covered services over prolonged treatment periods—can create overwhelming burdens for patients and their families.

Participants also shared that underrepresented and immigrant communities may delay or avoid seeking care due to lack of trust and perceived risks due to immigration status. These issues particularly arose in the New York City, Suffolk County, and Nassau County conversations. Additionally, trust in clinical trials varies across geographic areas, and members shared a lack of understanding about who can participate and what benefits trials offer. These barriers underscore the need for tailored engagement strategies. MSK participation in community events is reportedly well-received and helps build familiarity and trust with MSK and healthcare.

Additional Health Challenges

Approximately 16,400 community members responded to the Community Survey. Some of the health issues identified by community members included violence (including gun violence), stopping falls among elderly, and mental health disorders (such as depression).

IV. 2025–2027 COMMUNITY SERVICE PLAN

The 2025–2027 Community Service Plan outlines actions MSK will take to address cancer needs in our local communities.

Priorities for Action 2025–2027

As requested in guidance from the New York State Commissioner of Health, the plan presented here aligns with the priorities and interventions of the "2025-2030 New York State Prevention Agenda," New York State's health improvement plan.[18] The priorities

[18]Prevention Agenda 2025-2030: New York State's Health Improvement Plan. https://health.ny.gov/prevention/prevention_agenda/2025-2030/docs/prevention_agenda_plan.pdf. Accessed October 25, 2025.

addressed in the plan are based on feedback from the communities we serve across New York and New Jersey, feedback from staff and leaders at MSK, and evidence and recommendations from the New York State Comprehensive Cancer Control Plan.[19]

In addition to implementing these specific action steps during the 2025–2027 timeframe, MSK will also continue its research, education, charity care, financial assistance, and outreach as described in the "About MSK" section.

Major Community Health Needs That Will be Addressed

Our assessment found that cancer continues to be a leading cause of death within our specific catchment area and a leading concern for the community. Leading related issues within that were barriers to cancer screening, cancer prevention through health education, addressing social needs, recruiting a diverse workforce, and access to care barriers.

The MSK areas for action in its 2025–2027 Community Service Plan, drawn from the "2025-2030 NYS Prevention Agenda," are in Figure 11. As required by state guidance, this selection reflects at least three priorities from the Prevention Agenda and addresses two key social determinants of health: unemployment and nutrition. For each priority area, an evidence-based intervention (from among the interventions recommended by New York State) was selected in partnership with the community using a methodology discussed further below.

Figure 11 demonstrates that the work aligns with the NYS Cancer Control Plan and also New York City's HealthyNYC Chronic Disease Plan. MSK is a HealthyNYC partner at the "Supporter" level. Additionally, it aligns with the Nassau County, Suffolk County, and Westchester County Department of Health strategic plans.

The work also aligns with the Monmouth County (New Jersey) Department of Health Community Health Improvement Plan, which in turn aligns with the New Jersey State Health Improvement Plan.

Along with responding to community needs and local governmental priorities, the planned interventions align with MSK expertise and available resources as well as previous community service plan commitments. Although not explicitly called for in the current iteration of the NYS Prevention Agenda, MSK will be implementing interventions to promote breast cancer screening as this is an important ongoing commitment of the MSK Ralph Lauren Center to the Harlem community and beyond.

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[19]New York State Comprehensive Cancer Control Plan 2018-2023. https://www.nyscancerconsortium.org/img/uploads/file/2018-2023%20NYS%20Comprehensive%20Cancer%20Control%20Plan.pdf Accessed October 25, 2025.

Figure 11: Alignment of MSK Priority Interventions with the NYS Prevention Agenda and Additional Regional Plans

NYS Prevention Agenda Priority	MSK Planned Intervention	Additional Alignment
Preventive Services for Chronic Disease Prevention and Control	Work with local cancer screening programs such as the NYS Cancer Services Program to improve access to cancer screening and diagnostic testing for individuals without health insurance. **(NYS specified colorectal cancer. MSK will add breast cancer.)	HealthyNYC: Reduce deaths by screenable cancers by 20% by increasing access to screening Suffolk County DOH: Increase the percentage of women with an annual household income less than $25,000 who receive a breast cancer screening. Increase the percentage of women with an annual household income less than $25,000 who receive a cervical cancer screening. Increase the percentage of adults age 50-75 who receive a colorectal cancer screening. Increase the percentage of adults who receive a colorectal cancer screening with annual household income less than $25,000 Monmouth County DOH: Expand the frequency and types of locations for preventive screening opportunities for chronic disease by 10% each year
Tobacco/E-cigarette Use	Promote evidence-based training programs such as Tobacco Treatment Specialist training for healthcare providers	Westchester County DOH: Prevent initiation of tobacco use and promote tobacco use cessation
Alcohol Use	Develop and distribute educational materials to communicate with the public about the harms associated with excessive alcohol use (e.g., cancer)	HealthyNYC: Reduce deaths by screenable cancers by 20% by enhancing health education and literacy Monmouth County DOH: Create and share diverse materials to improve messaging about mental health/substance use
Nutrition Security	Expand or create access points to get affordable, high-quality, nutritious food	HealthyNYC: Reduce cardiovascular disease and diabetes by 5% by promoting healthy eating Monmouth DOH: Leverage community partners to explore creative ways to increase the availability of fresh produce each season
Unemployment	Through the NYC DOE FutureReadyNYC program, support 100 high school student placements and 30 apprenticeships	

To achieve implementation of the planned interventions, MSK will work with community stakeholders, including government agencies, community organizations, faith-based

organizations, hospitals, and other healthcare providers. In addition, to help address concerns raised about fostering trust and understanding, MSK proposes to establish a new Community Service Plan Oversight Group to help maintain dialogue with the community in between the required triennial needs assessments. The group will be composed of community representatives who took part in the CHNA process. They will be asked to help MSK ensure that its offerings are culturally relevant, offer ongoing feedback about the needs of the community, and foster additional partnerships.

Needs That Will Not Be Addressed in This Plan

Housing stability and transportation are pressing challenges in our area. MSK resources for housing and transportation, including the MSK Social Work Health Fund, are primarily directed toward eligible patients receiving care at MSK facilities. MSK provides shuttle services and has partnerships with community transportation providers. For example, for underserved patients who qualify, MSK assists with car service to and from MSK appointments. Additionally, MSK has an interdisciplinary workgroup that developed a workflow for patients with Medicaid transport benefits to ensure that they can easily access transport. These initiatives aim to enhance access options for patients. Addressing community-wide housing stability and transportation needs would require expertise and operational capacity beyond the hospital's current scope.

Financial literacy and helping people understand health insurance also arose as issues. MSK provides insurance navigation for the community through its Mobile Health Unit outreach. MSK has also offered general education to the public on what patients can do to make cancer care more affordable. In addition, MSK's Affordability Working Group includes a team of dedicated clinicians, researchers, and hospital administrators working to address the affordability and financial toxicity issues facing patients with cancer through innovating care delivery, improving interventions, and bridging the gap between patient care and research. Findings from this work have been published and will continue to be evaluated for research, program support, and/or advocacy. However, at this time, addressing broader community needs for financial education would require expertise and infrastructure beyond MSK's current scope. Community resources to help support these needs are listed in Figure 12.

Figure 12: Housing, Transportation, and Financial Resource Services

Housing Resources

- Bronx Works Adult and Family Homeless Services
- Central Jersey Housing Center
- Emergency Shelter Network
- Homeless Intake Shelters and Drop-In Centers
- Housing Authority of Bergen County
- Housing Help Inc.
- Long Island Coalition for the Homeless
- Monmouth County Public Housing Agency
- NYC Department of Homeless Services and NYC Human Resources Administration Family Homelessness and Eviction Prevention Supplement
- NYC Department of Youth and Community Development Runaway and Homeless Youth (ages 14 to 24) Drop-In Centers
- NYC Departments of Finance and Housing Preservation and Development Senior Citizen Rent Increase Exemption
- The Office of Temporary Housing Assistance (OTHA) of the Westchester County Division of Social Services

Transportation Resources

- Access-A-Ride
- MTA Fair Fares: Ride for Half Price
- New York Cancer Foundation transportation assistance with Uber Health
- Monmouth County Department of Transportation
- Somerset County Division of Transportation
- Bergen County Community Transportation
- United Way Long Island Everyone Rides NICE
- United Way Westchester Ride United Transportation Access

Financial Resources

- City Bar Justice Center
- FPA of Metro New York Pro Bono Financial Planning services
- NYC Cash Assistance Program
- NYC Financial Empowerment Center
- NYC Health Insurance Enrollment Counselors (available in each borough)

Some additional issues that arose as top issues in the community survey included violence, falls among the elderly, and mental health. These did not come up in our more cancer-focused conversations. They are also beyond MSK's scope and relationship network to address.

Prioritization Methodology

To finalize the priorities and interventions for the 2025–2027 plan, the following steps were taken:

1. Analyzed community demographic characteristics, cancer prevalence, and health outcomes in MSK's catchment areas, the results from MSK's health equity strategy, and the Health Equity Impact Assessment for MSK's Pavilion.
2. Engaged 41 community leaders and 37 staff from MSK to discuss the greatest community needs and opportunities for cancer-focused community health interventions. Deployed questionnaire and community survey, receiving responses from across MSK's catchment area.
3. Assessed and mapped MSK's community-facing programs and community partners to the following categories: (1) cancer screenings; (2) community health education; (3) addressing social needs; (4) care for MSK patients; (5) workforce; and (6) community engagement.
4. Ranked top health needs using a rubric that considered impact to the community, impact to MSK patients, alignment to New York State Cancer Consortium Goals, and connection to the proposed prevention agenda. Top needs were cancer screening, health education, addressing social needs, and building workforce capacity. Developed 18 potential evidence-based interventions to address these needs. (See Appendix D for the rubric and the 18 interventions discussed with the community)
5. Held three community forums with 49 stakeholders (22 from MSK and 27 community leaders) to review and rank the interventions by priority. Completed a multi-vote process with the CHNA Committee.
6. Reviewed and confirmed alignment of the priorities and interventions for MSK's 2025–2027 CHNA to the final published NYS Prevention Agenda Plan's priorities and interventions (released on July 16). Discussed and aligned priorities and interventions with CHNA sponsors and MSK leadership for review and approval.

MSK Action Plan

The assessment process culminated with the selection of the five actions in the Action Plan for Community Service 2025–2027. The plan is presented using the framework provided by New York State in its guidance. As required, at least two of the objectives are designated "SMARTIE" in the Prevention Agenda,[20] and specifically address populations experiencing disparities.

[20] SMART objectives are Specific, Measurable, Achievable, Realistic, and Time-bound. SMARTIE objectives are SMART plus Inclusive and Equitable.

Figure 13: Action Plan for 2025-2027

Community Need #1	Cancer Screenings
Related NYS Prevention Agenda Priority	Preventive Services for Chronic Disease Control
NYS Objective	SMART(IE) 33.0: Increase the percentage of adults aged 45 to 75 years who are up to date on their colorectal cancer screening based on the most recent guidelines from 73.7% to 82.3%. *Additional Objective (from Healthy People 2030)* • Increase the percentage of Black women who receive breast cancer screening based on the most recent guidelines
NYS Recommended Intervention	Work with local cancer screening programs such as the NYS Cancer Services Program to improve access to cancer screening and diagnostic testing for individuals without health insurance.
MSK Action	Conduct outreach, provide screening counseling and referrals to individuals from at risk populations, focusing on colorectal and breast cancers, especially among Black and Hispanic populations facing barriers to care. Appropriate referrals will be made based on risk and eligibility for the Cancer Services Program and other programs.
Disparities Being Addressed	Lower rates of screening and higher mortality among communities of color and the uninsured
Family of Measures	# of individuals from underserved communities that are navigated to and/or through cancer screening counseling
Timeframe	January 2026–December 2027
Goal	Annually refer 1,000 people from at-risk populations for screening counseling that will connect them to appropriate cancer screenings, including CRC and breast cancers.
Implementation Partners	MSK will work with the NYS Cancer Services Program to provide no-cost screenings, and with community-based organizations who can host outreach events that serve adults age 45 to75 who are unlikely to have been screened. Also, MSK's Dr. Robin Mendelsohn is the co-chair of the NYC Citywide Colorectal Cancer Control Coalition (C5), a group of health professionals, nonprofit partners and researchers that advises the NYC Department of Health in its mission to prevent and control colorectal cancer. We will be exploring opportunities to work together on outreach with fellow coalition members.
Partner Role	Facilitate introductions and trust, and conduct outreach screening events

Community Need #2	Cancer Prevention: Tobacco Use
Related NYS Prevention Agenda Priority	Tobacco/E-Cigarette Use
NYS Objective	SMART 14.0: Reduce the percentage of adults who use tobacco products from 9.3% to 7.9%.
NYS Recommended Intervention	Promote evidence-based training programs such as Tobacco Treatment Specialist training for healthcare providers
MSK Action	Through the Tobacco Treatment Specialist Training (TTST) Program and Tobacco Treatment Training in Oncology (TTT-O) Program, MSK will

	expand the number of trained clinicians who can deliver evidence-based cessation support. The anticipated impact is increased quit rates, reduced adult tobacco use, and prevention of tobacco-related cancers.
Disparities Being Addressed	This effort supports providers serving populations with high tobacco use, such as low-income residents targeted by e-cigarette marketing.
Family of Measures	# of healthcare providers/community health workers trained through the TTST and TTT-O Programs
Timeframe	January 2026–December 2027
Goal(s)	Deliver hybrid TTT-O education and training to at least 60 multidisciplinary cancer care providers from diverse cancer practice settings Sponsor five no-cost seats annually in the TTST programs for healthcare providers and/or community health workers serving priority populations
Implementation Partner	Local Departments of Health, community-based organizations, and FQHCs
Partner Role	To identify and recommend healthcare providers and community health workers for training

Community Need #3	**Health Education and Promotion of Cancer Prevention in the Community: Reduce Alcohol Use**
Related NYS Prevention Agenda Priority	Alcohol Use
NYS Objective	SMART 15.0: Decrease the prevalence of binge or heavy drinking among all adults 18 years of age and older from 16.2% to 14.6%.
NYS Recommended Intervention	Develop and distribute educational materials and resources to communicate with the public about the harms associated with excessive alcohol use, including the association between excessive alcohol use and chronic disease outcomes (e.g., cancer).
MSK Action	MSK will distribute educational resources, hold presentations, and incorporate alcohol awareness into cancer prevention programming. The anticipated impact is to increase awareness of alcohol-related cancer risks and reduce adult alcohol use.
Disparities Being Addressed	Communities affected by alcohol use, particularly low-income populations and communities of color
Family of Measures	# educational resources and events developed for adults in English and Spanish, targeted to under-resourced communities in MSK's catchment area
Timeframe	January 2026–December 2027
Goal	By the end of 2026, finalize development of one English and one Spanish resource for adults and hold three awareness events in 2027.
Implementation Partner	Community-based organizations and FQHCs
Partner Role	Community partners and FQHCs to conduct outreach and promote awareness events and educational materials

Community Need #4	**Address Food Insecurity**
Related NYS Prevention Agenda Priority	Nutrition Security

NYS Objective	SMART(IE) 3.1 Increase food security in households with an annual total income of less than $25,000 from 42% to 51.1%.
NYS Recommended Intervention	Expand or create access points to get affordable, high-quality, nutritious food
MSK Action	Directly support food distribution at 16 area sites that serve cancer patients, and additional community-based sites.
Disparities Being Addressed	Disparities among low-income households and communities of color.
Family of Measures	# of food partners in underserved communities/regions
Timeframe	January 2026–December 2027
Goal(s)	Maintain 16 sites that serve cancer patients. Establish and maintain ongoing partnerships with at least one local food provider in each of its service communities, including Harlem, Upper East Side, Brooklyn in NYC; Basking Ridge, Bergen, Monmouth in New Jersey; Commack, Nassau, and Hauppauge on Long Island and Westchester
Implementation Partner	Healthcare host sites of the FOOD pantries and community-based organizations that provide pantries
Partner Role	Community organizations and food providers to supply nutritious foods and distribution and recruit community food distribution efforts

Community Need #5	**Healthcare Workforce Diversity**
Related NYS Prevention Agenda Priority	Unemployment
NYS Objective	SMART 2.0: Reduce unemployment among individuals age 16 years and older from 6.2% to 5.5%.
NYS Recommended Intervention	Strengthen partnerships among healthcare employers, Boards of Cooperative Educational Services programs, high schools, and community colleges to expand training, apprenticeships, and employment opportunities for entry-level careers
MSK Action	In partnership with FutureReady NYC, MSK will create opportunities for NYC public high school students to enter into healthcare-related careers.
Disparities Being Addressed	Reduces disparities in employment opportunities by supporting students from low-income communities disproportionately affected by unemployment
Family of Measures	#students who participate in the program
Timeframe	January 2026–December 2027
Goal	Support up to 100 students from schools in 11th or 12th grade through a six-week workplace challenge program per school year. Through this effort, more NYC families and students will come to understand more about MSK, cancer care, and healthcare, and they will potentially have access to new employment opportunities.
Implementation Partner	FutureReadyNYC, a project of the NYC Public Schools Office of Student Pathways
Partner Role	FutureReadyNYC will provide the program infrastructure and recruit students

V. PLAN DISSEMINATION AND ONGOING PARTNER ENGAGEMENT

MSK shares this assessment and plan with local elected officials and health departments, civic leaders, and community organizations via the *MSK Community Matters* e-newsletter.

It is available at www.mskcc.org/communityserviceplans and by request.

MSK participates in the following coalitions and councils and looks forward to engaging these organizations on an ongoing basis in the implementation of this plan:

- HealthyNYC
- Integrated Cancer Care Access Network
- New York State Cancer Consortium
- NYC Citywide Colorectal Cancer Control Coalition (C5)
- Regional Chronic Disease Coalition (Ocean/Monmouth)

The plan will be adopted by the MSK Board of Trustees at its December 2025 meeting. MSK will also establish a MSK Community Service Plan Oversight Group to help oversee the implementation of this plan and maintain an ongoing dialogue with the community between the required triennial needs assessments. The group will include the community partners identified for the interventions in the work plan. As recommended in the NYC Community Engagement Framework from the NYC Department of Health, we will strive to move along the community engagement spectrum to tap into the expertise and experience of our communities and ensure that our programs will be successful for many years to come.

Updates on implementation will be provided in annual reports to the New York State Department of Health and in the forums above.

We encourage the community at large to provide feedback on this plan. Email communityaffairs@mskcc.org.

VI. APPENDICES

Appendix A: MSK Locations

New York City

Manhattan
Memorial Sloan Kettering Cancer Center
1275 York Ave., New York, NY 10065

David H. Koch Center for Cancer Care at Memorial Sloan Kettering Cancer Center
530 E. 74th St., New York, NY 10021

Evelyn H. Lauder Breast Center and MSK Imaging Center
300 E. 66th St., New York, NY 10065

Josie Robertson Surgery Center
1133 York Ave., New York, NY 10065

Memorial Sloan Kettering 64th Street Outpatient Center
205 E. 64th St., New York, NY 10065

Memorial Sloan Kettering Clinical Genetics Service
222 E. 70th St., New York, NY 10021

Memorial Sloan Kettering Counseling Center
160 E. 53rd St., New York, NY 10022

MSK Ralph Lauren Center
1919 Madison Ave., New York, NY 10035

Rockefeller Outpatient Pavilion
160 E. 53rd St., New York, NY 10022

Sidney Kimmel Center for Prostate and Urologic Cancers
353 E. 68th St., New York, NY 10065

Brooklyn
Memorial Medical Care, PC, a Practice of MSK Physicians
2236 Nostrand Ave., Brooklyn, NY 11210

Memorial Sloan Kettering Brooklyn Infusion Center
557 Atlantic Ave., Brooklyn, NY 11217

Research Facilities
Arnold and Marie Schwartz Cancer Research Building
1250 1st Ave., New York, NY 10065

Mortimer B. Zuckerman Research Center

417 E. 68th St., New York, NY 10065

Rockefeller Research Laboratories
430 E. 67th St., New York, NY 10065

Regional Locations

Long Island, New York
Memorial Sloan Kettering Commack Nonna's Garden Foundation Center
650 Commack Road, Commack, NY 11725

Memorial Sloan Kettering Nassau
1101 Hempstead Turnpike, Uniondale, NY 11553

Memorial Sloan Kettering Skin Cancer Center Hauppauge
800 Veterans Memorial Highway, Hauppauge, NY 11788

Westchester, New York
Memorial Sloan Kettering Westchester
500 Westchester Ave., West Harrison, NY 10604

New Jersey
Memorial Sloan Kettering Basking Ridge
136 Mountain View Blvd., Basking Ridge, NJ 07920

Memorial Sloan Kettering Bergen
225 Summit Ave., Montvale, NJ 07645

Memorial Sloan Kettering Monmouth
480 Red Hill Road, Middletown, NJ 07748

Appendix B: 2024 Community Service Plan Final Update For New York State

1. Tobacco Control

Priority	Prevent Chronic Diseases
Focus Area	Focus Area 3: Tobacco prevention
Goal Focus Area	Goal 3.1 Prevent initiation of tobacco use
Objective	Over the next two years, our Government Relations team will work with trade associations and advocacy organizations to identify and join efforts that support full funding for the NYS Tobacco Control Program to CDC-recommended levels. We will identify and participate in at least one advocacy day and will sign at least two letters of support.
Disparities	The intervention will address race/ethnicity, income/SES, and gender disparities.
Interventions	MSK is aligned with New York State in supporting full funding for the NYS Tobacco Control Program to alleviate social and economic inequities caused by tobacco use. The program uses an evidence-based, policy-driven, and population-level approach to tobacco control and prevention with a commitment to promote health equity among populations disproportionately affected by tobacco marketing and use. The Tobacco Control Program's efforts and actions have contributed to record-low youth and adult smoking rates in NYS. MSK will work with trade associations and advocacy organizations to partake in advocacy days and sign letters of support.
Family of Measures	# advocacy days # letters of support signed
Completed Year 1 Intervention(s)	Conducted Community Health Needs Assessment and finalized 2022–2024 Community Service Plan detailing MSK's implementation plan
Completed Year 2 Intervention(s)	MSK's 2023 budget memo to the NY State legislature included a request related to tobacco control proposals and funding, stating: "MSK also supports the proposals in Part O of the HMH Article VII budget bill, which would enact policies to further diminish the initiation of smoking among our state's young people by closing loopholes in the existing prohibition on the sale of flavored tobacco. MSK also supports the proposed increase in the tobacco tax in Part S of the Article VII Revenue budget bill, and we encourage the Executive and the Legislature to direct these revenues to tobacco cessation programming and supports.
Projected (or completed) Year 3 Intervention	In 2024: -MSK's Chief Executive Officer Dr. Selwyn Vickers coauthored an op-ed by a coalition of Black leaders in oncology supporting the FDA ban on menthol flavoring in tobacco products. The op-ed was published in the trade outlet *The Cancer Letter*, which has an estimated circulation of 75,000. *The Cancer Letter* tweeted the op-ed, which was reshared by MSK's social channels and 10 others. x.com/TheCancerLetter/status/1749416803317510620 -MSK signed on to a letter to the NYS Education Department to ask them to update their cancer curriculum to better reflect current guidance on screening and prevention. -MSK is planning to support a bill introduced by Upper East Side NYC Council Member Julie Menin that would ban the sale of disposable electronic cigarettes (e-cigarettes/vapes) in New York City. This legislation is a crucial step in addressing the alarming rise in vaping among adolescents, which is so often driven by the enticing colors, flavors and the aggressive marketing tactics by smoke shops and vaping

	manufacturers. The legislation represents a crucial step toward protecting the health and well-being of children and young people in New York City who are particularly vulnerable to the well-documented dangers posed by vaping products. Nicotine exposure during adolescence can lead to long-term cognitive impairments, results in an increased susceptibility to addiction, and can give rise to various respiratory issues. The convenience and affordability of disposable e-cigarettes have exacerbated the rising numbers in vaping and nicotine addiction among this younger demographic, making this ban imperative. The legislation aims not only to remove these products from the shelves, but also to implement strict penalties with fines starting at $1,000, ensuring compliance among smoke shops and other retailers. These measures are intended to serve as a deterrent against the flagrant distribution of these dangerous products. Enforcement of this ban includes incremental fines and penalties for smoke shops that continue to offer disposable electronic cigarettes to the public.
Implementation Partner	Advocates
Partner Role(s) and Resources	MSK will identify trade associations and groups that organize advocacy days and letters of support that MSK can participate in. NYS Education Department, local and state elected officials, American Cancer Society Cancer Access Network.

2. Using Media and Health Communications to Highlight Dangers of Tobacco

Priority	Prevent Chronic Diseases
Focus Area	Focus Area 3: Tobacco prevention
Goal Focus Area	Goal 3.1 Prevent initiation of tobacco use
Objective	MSK will identify at least two annual opportunities in media/social media to educate the public about the dangers of tobacco and the benefits of quitting. We will particularly seek opportunities to reach the low-income, Black, and LGBTQ audiences that are targeted by tobacco companies.
Disparities	The intervention will address race/ethnicity, income/SES, and gender disparities.
Interventions	MSK will use media and health communications to highlight the dangers of tobacco and promote effective tobacco control policies and reshape social norms. Through at least two social media posts and/or news stories per year targeted toward the public about the dangers of tobacco and benefits of quitting, MSK will leverage our social media channels with hundreds of thousands of followers to share easy to understand information about cancer and how to prevent it.
Family of Measures	# social media posts and/or news stories
Completed Year 1 Intervention(s)	Conducted Community Health Needs Assessment and finalized 2022–2024 Community Service Plan detailing MSK's implementation plan.
Completed Year 2 Intervention(s)	In May 2023, ahead of Pride month in June, MSK launched “Breathe with Pride,” an educational resource for the LGBTQ+ community. The rates of smoking in the LGBTQ+ community are higher than in other groups of people. There is a long history of the tobacco industry targeting the LGBTQ+ community to start smoking. This resource encouraged people to make healthy choices by taking the first steps to quit or cut down by finding their reason for quitting, knowing the health benefits of quitting, identifying triggers and how to cope with urges, talking with their healthcare providers about quitting, and actions to take when they are ready to quit. The resource is on MSK's website: www.mskcc.org/cancer-care/patient-education/quit-cut-down-smoking-lgbtq.

	The print resource was distributed at local NY Pride events in 2023, including in Queens, Harlem, on Long Island, and in Westchester. It was also featured in 12 print ads appearing in community papers around NYC during Lung Cancer Awareness Month in November 2023, including several papers that reach Black and Latinx communities such as the *Brooklyn Paper* (circulation 33,000), Caribbean Life (circulation: 57,000), the Upper East Side paper Our Town (circulation: 20,000), the Amsterdam News in Harlem (circulation: 12,000), and the *Bronx Times* (circulation: 39,000).
Projected (or completed) Year 3 Intervention	On October 3, 2024, published a story on mskcc.org titled "New Reasons to Use a Tobacco Treatment Program To Quit Smoking and Other Tobacco Products." The story covers why it's never too late to quit using tobacco, why quitting with support from a program is easier and more successful than attempting to quit on your own, the benefits of counseling and medication during quitting, why vaping is not an effective quit tool, and new research about tobacco treatment programs. (www.mskcc.org/news/can-tobacco-cessation-program-help-you-quit-smoking) The story was shared on MSK's social media channels during Lung Cancer Awareness Month, including on Facebook where MSK's account has 174K followers. The Facebook post received 44 likes and five shares. On May 28, 2024, the news website OnlyMyHealth.com (~3M visits per month) published an interview with MSK gynecologic oncologist Vicky Makker about the connection between smoking and cervical cancer, highlighting that women who smoke are twice as likely to develop cervical cancer compared with nonsmokers. And that while HPV infection is the primary cause, smoking significantly heightens the risk. (www.onlymyhealth.com/link-between-smoking-and-cervical-cancer-and-how-does-quitting-smoking-help-1716812047) In 2023 and 2024, MSK hosted "Achieving Health Equity in Cancer Care," an educational and networking conference that brought together leading experts across diverse fields, institutions, and specialties to share strategies for improving health equity in communities underserved by limited access to healthcare. The conference was opened to the public, and MSK made sure to invite community organizations, partners, and advocates to present and attend. Each year 300 to 400 people attended the conference. The 2024 conference featured a section on "Lessons Learned from Tobacco Cessation and Lung Cancer Screening for Underserved Populations," including a presentation from Dr. Achala Talati from NYC's DOHMH on "Tobacco Treatment: Changing Our Approach to Address Inequities." The conference recording is available on demand. The recording has been shared on MSK's social media (5+ shares: x.com/MSKCME/status/1866905796824502741) and was shared in MSK's December 2024 issue of the *Community Matters* newsletter, which reaches 10K+ subscribers (performance metrics of that newsletter are pending). Final views of the conference recording are pending as of December 2024.
Implementation Partner	Media

Partner Role(s) and Resources	Media outlets and social media platforms allow MSK and its experts to share important health messages with a large audience/readership on Facebook, Twitter, Instagram, and MSK's own website mskcc.org.

3. Screening MSK Patients for Tobacco Use and Referring for Treatment

Priority	Prevent Chronic Diseases
Focus Area	Focus Area 3: Tobacco prevention
Goal Focus Area	Goal 3.2 Promote tobacco use cessation
Objective	Over the next two years, we will aim to screen 90% of MSK patients for tobacco use and successfully refer 80% of current tobacco users to the TTP.
Disparities	The intervention addresses SES /income disparity.
Interventions	MSK screens patients for current tobacco use and uses standardized treatment practices to help our patients quit. Our Tobacco Treatment Program (TTP) is dedicated to reducing tobacco-related cancer burden through clinical care, education and training, community outreach and collaboration, and through the conducting of rigorous, innovative tobacco prevention and treatment research. TTP provides smokers with behavioral counselling and support in the use of tobacco cessation medications. MSK's TTP provides tobacco treatment services at the MSK Ralph Lauren Center (Harlem).
Family of Measures	# individuals screened for tobacco use # individuals referred to the NYS Quitline # current tobacco users referred to tobacco treatment program
Completed Year 1 Intervention(s)	Conducted Community Health Needs Assessment and finalized 2022–2024 Community Service Plan detailing MSK's implementation plan.
Completed Year 2 Intervention(s)	No update required for 2023.
Projected (or completed) Year 3 Intervention	From January to August 2024, 98.9% of all adult patients seeking treatment at MSK were screened for tobacco use (not including individuals receiving second opinion only, clinical trial screening only, and non-cancer patients; e.g., family members for genetic screen and BMT match testing). 81.3% of patients identified as currently using tobacco were referred to the tobacco treatment program. In addition, the tobacco treatment program team published research in 2024 that found that a universal opt-out approach to tobacco cessation treatment can help more cancer patients quit smoking and contribute to overcoming racial inequities. Since 2011, MSK has screened all patients for tobacco use and adopted an opt-out tobacco treatment referral as the standard of care. Now, an MSK analysis of more than 300,000 patients seen between 2018 and 2022 suggests that model can promote equity and help more patients to quit. The analysis found tobacco use was 6% overall but varied by race, ranging from 7% among Black patients to 6% among white patients to 4% among Asian patients. When treatment was offered, Black patients had significantly higher use of it (66%) than their Asian (47%) and white counterparts (57%); similar differences were seen between Hispanic (61%) and non-Hispanic patients (54%). A universal tobacco screening and opt-out referral strategy may mitigate the stigma associated with patient engagement in tobacco treatment and may eliminate clinician referral bias and thereby facilitate equitable access to and use of tobacco treatment services among racially and ethnically diverse patients with cancer.

	See this research highlight news story on mskcc.org: www.mskcc.org/news/msk-research-highlights-may-10-2024 and the study published on the JAMA network at https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2817860?widget=personalizedcontent&previousarticle=207142
Implementation Partner	City government
Partner Role(s) and Resources	MSK's Tobacco Treatment Program (TTP) supports MSK patients in quitting tobacco and reaches priority populations with high rates of tobacco use through collaborations with community organizations, primary care and specialty healthcare providers, community health workers, NYC DOHMH, and educational institutions, including CCNY.

4. Tobacco Treatment Training in Oncology Program

Priority	Prevent Chronic Diseases
Focus Area	Focus Area 3: Tobacco prevention
Goal Focus Area	Goal 3.2 Promote tobacco use cessation
Objective	The Tobacco Treatment Training in Oncology (TTT-O) Program will aim to refine and deliver hybrid TTT-O education programming to more than 200 multidisciplinary cancer care providers from diverse cancer practice settings and evaluate the impact and sustainability of the TTT-O on individual providers and on care settings.
Disparities	The intervention will address race/ethnicity, income/SES, and gender disparities.
Interventions	MSK offers education and training to build tobacco cessation care capacity in the workforce. The Tobacco Treatment Training in Oncology (TTT-O) Program is a two-day education and training program that targets tobacco treatment in cancer care. The TTT-O is dedicated to building oncology workforce capacity in tobacco control by training oncology care providers to implement tobacco use assessment and treatment (TUAT) in their cancer care settings. It addresses tobacco-related disparities by training oncology providers to work with diverse patient populations and emphasizes teaching clinicians empathic communication to reduce smoking-related stigma experienced by cancer patients. Over the next two years, the project will aim to refine and deliver hybrid TTT-O education programming to more than 700 multidisciplinary cancer care providers from diverse cancer practice settings and evaluate the impact and sustainability of the TTT-O on individual providers and on care settings.
Family of Measures	# of tobacco treatment trainings in oncology held # of cancer care providers trained
Completed Year 1 Intervention(s)	Conducted Community Health Needs Assessment and finalized 2022–2024 Community Service Plan detailing MSK's implementation plan.
Completed Year 2 Intervention(s)	No update required for 2023.
Projected (or completed) Year 3 Intervention	From January to October 2024, MSK held three tobacco treatment in oncology trainings, with 59 cancer care providers trained. There will not be any additional trainings in 2024.
Implementation Partner	City government
Partner Role(s) and Resources	Participant outreach and recruitment in these trainings are conducted in partnership with the NYC DOHMH. MSK encourages providers serving low-income and other vulnerable populations in an oncology setting to attend the trainings. This is to help

	build capacity of diverse clinicians working with these priority populations that are at high risk for tobacco-related morbidity and mortality.

5. Tobacco Treatment Training for Specialists

Priority	Prevent Chronic Diseases
Focus Area	Focus Area 3: Tobacco prevention
Goal Focus Area	Goal 3.2 Promote tobacco use cessation
Objective	Over the next two years, the Tobacco Treatment Training for Specialists (TTTS), will conduct four intensive trainings for care providers and community health workers. Each training will reserve seats for at least three staff members serving priority populations identified in partnership with the NYC DOHMH.
Disparities	The intervention will address race/ethnicity, income/SES, and gender disparities.
Interventions	MSK offers education and training to build tobacco cessation care capacity in the workforce. MSK will also continue our intensive four-day Tobacco Treatment Training for Specialists (TTTS), the only accredited program in New York City dedicated to training multidisciplinary clinicians and community health workers, many of whom serve low-income and other vulnerable populations.
Family of Measures	# of tobacco treatment trainings held # of healthcare providers/CHWs certified as TTS
Completed Year 1 Intervention(s)	Conducted Community Health Needs Assessment and finalized 2022–2024 Community Service Plan detailing MSK's implementation plan.
Completed Year 2 Intervention(s)	No update required for 2023.
Projected (or completed) Year 3 Intervention	From January to October 2024, MSK held two tobacco treatment specialist trainings and trained 42 providers/community health workers. We project that from November to December 2024, two more trainings will be held, training 39 tobacco treatment specialists/community health workers. These trainings are available to community health workers not employed at MSK. In 2024, MSK provided subsidized scholarships for three non-MSK community health workers to attend the trainings at no out-of-pocket cost. The scholarships covered the full cost of the program tuition at $1,100 each, for a total of $3,300.
Implementation Partner	City government
Partner Role(s) and Resources	Participant outreach and recruitment in these trainings are conducted in partnership with the NYC DOHMH. MSK provides training registration scholarships for community providers who serve low-income and other vulnerable populations in an effort to build capacity of diverse clinicians working with these priority populations that are at high risk for tobacco-related morbidity and mortality.

6. Sharing Tobacco Cessation Educational Materials/Resources with Community Physicians and FQHCs

Priority	Prevent Chronic Diseases
Focus Area	Focus Area 3: Tobacco prevention
Goal Focus Area	Goal 3.2 Promote tobacco use cessation
Objective	MSK will create a system for sharing tobacco cessation educational materials/resources with 30 community physicians and FQHCs to support their tobacco cessation efforts with their patients.

Disparities	The intervention will address race/ethnicity, income/SES, and gender disparities.
Interventions	MSK will use health communications targeting healthcare providers to encourage their involvement in their patients' quit attempts, encourage the use of evidence-based quitting, increase awareness of available cessation benefits (especially Medicaid), and removing barriers to treatment. We will share MSK educational resources on tobacco cessation in multiple languages with community providers to support them in their tobacco cessation treatment efforts.
Family of Measures	# of resources shared # of providers reached
Completed Year 1 Intervention(s)	Conducted Community Health Needs Assessment and finalized 2022–2024 Community Service Plan detailing MSK's implementation plan.
Completed Year 2 Intervention(s)	No update required for 2023.
Projected (or completed) Year 3 Intervention	Coordinating with local departments of health, FQHCs, and others on dissemination of tobacco cessation education materials to area doctors. Outreach has been made to Open Door Family Medical Center in Westchester, the Westchester DOH, and the New York State Cancer Consortium. Outreach will continue in Q4 2024 and Q1 2025.
Implementation Partner	Federally qualified healthcare center
Partner Role(s) and Resources	Providers at community hospitals, clinics, and/or FQHCs can use tobacco cessation resources from MSK to support their patients' cessation efforts.

7. Small Media Promoting Cancer Screening

Priority	Prevent Chronic Diseases
Focus Area	Focus Area 4: Preventive care and management
Goal Focus Area	Goal 4.1 Increase cancer screening rates
Objective	MSK will share educational materials and two to four small media assets (e.g., video, podcasts, blog posts) about cancer prevention and screening with 30 to 40 community and faith-based partners
Disparities	The intervention will address race/ethnicity, income/SES, and gender disparities.
Interventions	MSK will use small media to build awareness among targeted audiences of the importance of cancer screening and demand for screening services. MSK has a team of health education specialists who collaborate with MSK's expert healthcare providers to equip people with cancer, their caregivers, and the public with accurate, reliable information about cancer and how to prevent and treat it. Materials about cancer prevention and screening for breast, colorectal, gynecologic, lung, skin, and prostate cancers are written for a middle school reading level in English, Spanish, and other languages.
Family of Measures	# community and faith-based partners # of small media asset shared
Completed Year 1 Intervention(s)	Conducted Community Health Needs Assessment and finalized 2022–2024 Community Service Plan detailing MSK's implementation plan.
Completed Year 2 Intervention(s)	No update required for 2023.
Projected (or completed) Year 3 Intervention	In 2024, MSK created several resources that encourage cancer screening and shared them with dozens of faith-based and community-based partners, including SEPA Mujer on Long Island and the East Harlem Neighborhood Action Center, as well as local elected officials, the American Cancer Society, and the general public through our community-focused newsletter.

	Colorectal Cancer Screening PSA: MSK helped develop a public service announcement video on colorectal cancer screening for colorectal cancer awareness month. The PSA was called "Your Guide to Screening for Colorectal Cancer." The PSA was led by the NYC Department of Health's C5 Coalition and features MSK's Dr. Robin Mendelsohn. There was also a Spanish version featuring MSK chief fellow Dennis de Leon. The video was developed collaboratively between MSK and New York University marketing teams and was selected as the winner of the 2024 American College of Gastroenterology's Best Community Collaboration SCOPY Award. The video is being distributed in the primary care clinics of some of the federally qualified health centers (FQHC) and safety-net hospitals within New York City. Patients will be encouraged to scan a QR code during check-in. While waiting to see their primary care doctor, they can watch the video in their preferred language, and hopefully this will initiate a conversation in regard to CRC screening. The video has been shared on MSK's social media and our website. The video has more than 15,000 views. English version: www.mskcc.org/cancer-care/patient-education/video/when-should-you-get-screened-for-colorectal Spanish version: www.mskcc.org/es/cancer-care/patient-education/video/when-should-you-get-screened-for-colorectal Hispanic cancer screening PSA: In early 2024, MSK launched a bilingual public service campaign to promote the importance of routine cancer screenings among Hispanic individuals. As cancer is the leading cause of death among Hispanic individuals, with 1 in 3 Hispanics diagnosed with cancer in their lifetime, the campaign aimed to raise awareness about the prevalence of cancer in the Hispanic community and underscore the critical importance of regular cancer screenings. The campaign featured a short film, *Late*, which premiered on February 4 to coincide with World Cancer Day, a global event dedicated to cancer awareness. The film and corresponding campaign were developed to help raise awareness about the fact that Hispanics are more likely to receive late-stage cancer diagnoses — when treatment becomes more invasive and less successful — and to inspire routine screenings. Cancer screenings, involving regular checkups even in the absence of symptoms, play a crucial role in detecting disease at an early stage, significantly improving the chances for successful treatment and preventing over 50% of certain cancer deaths. This campaign endeavored to reach a broad audience to encourage individuals to prioritize their health by getting screened and to help them understand the importance of being on time with their health. To watch the film or learn more about screening guidelines for various types of cancer, obtain information and resources related to costs and insurance coverage, and find local screening locations, people were encouraged to visit the website GETCHECKEDATIEMPO.COM. The campaign was a winner of the 2024 Modern Healthcare Marketing Impact Award, receiving a gold in the Film/TV/Video Campaign of the Year category among providers and insurers. When to start screening community resource: A question MSK often hears from community members is "What age should I begin screening?" In Q4 MSK developed a community resource listing the ages people should begin screening for breast, cervical, and colorectal cancer. It also includes information on how to get screened for those cancers at the MSK Ralph Lauren Center in Harlem. The resource is available in English and Spanish and is handed out at community events, including outreach by the mobile health unit. To date in 2024 it has been distributed at four community events in Harlem.

Implementation Partner	Community-based organizations
Partner Role(s) and Resources	Community- and faith-based organizations share information with MSK about the health concerns of their audiences and members. Using that information, MSK can develop resources and programming for their audiences that better address the cancer-related needs of specific communities, specifically in regard to education about cancer prevention and screening. Partners include CBOs and faith-based organizations in Harlem and the South Bronx such as the East Harlem Neighborhood Health Action Center, as well as SEPA Mujer on Long Island, ACS, and local elected officials.

8. MSK Ralph Lauren Center Screening Program

Priority	Prevent Chronic Diseases
Focus Area	Focus Area 4: Preventive care and management
Goal Focus Area	Goal 4.1 Increase cancer screening rates
Objective	Provide breast, colorectal, cervical, and prostate cancer screenings at no out-of-pocket cost for a minimum of 600 people age 21-65 with an income of <$25,000 Screen 3,000 women for breast cancer Screen 200 women for cervical cancer Screen 300 individuals for colorectal cancer Screen 75 men for prostate cancer
Disparities	The intervention addressed SES/income disparity
Interventions	MSK Ralph Lauren Center cancer screening program provides uninsured women breast and cervical cancer screenings and men prostate cancer screening at no out-of-pocket cost. People who meet the eligibility requirements can also receive colorectal cancer screening through the New York State Cancer Services Program.
Family of Measures	BREAST CANCER SCREENING # individuals screened for breast cancer # individuals referred to Medicaid Cancer Treatment Program (MCTP) for treatment for breast cancer CERVICAL CANCER SCREENING # individuals screened for cervical cancer # individuals referred to Medicaid Cancer Treatment Program (MCTP) for treatment for cervical cancer COLORECTAL CANCER SCREENING # individuals screened for colorectal cancer # individuals referred to Medicaid Cancer Treatment Program (MCTP) for treatment for colorectal cancer PROSTATE CANCER SCREENING # individuals screened for prostate cancer # individuals referred to Medicaid Cancer Treatment Program (MCTP) for treatment for prostate cancer
Completed Year 1 Intervention(s)	Conducted Community Health Needs Assessment and finalized 2022–2024 Community Service Plan detailing MSK's implementation plan.
Completed Year 2 Intervention(s)	MSK's 2023 budget memo to the NY State legislature included a request relating to continued funding of the New York State Cancer Services Program, stating that "MSK strongly supports the continued funding of for the New York State Cancer Services

	Program, which provides funding for breast, cervical, and colorectal cancer screenings and diagnostic services at no cost to eligible individuals. We urge the Executive and the Legislature to increase funding for this program from $19.8 to $26.8 million in the FY 2024 enacted budget." In addition, MSK signed a January 2023 letter asking Governor Hochul to dedicate $25.6 million to the New York State Cancer Services Program (CSP) and establish a $1 million operating budget line to support the operations of the CSP in fiscal year 2023–24. Letter was organized by the American Cancer Society Cancer Access Network and Susan G. Komen Breast Cancer Foundation.
Projected (or completed) Year 3 Intervention	Screenings in Harlem: From January to August 2024, 1,338 people were screened for cancer at MSK Ralph Lauren Center in Harlem. Of the 1,338 people screened, 282 people accessed screenings through the New York State (NYS) Cancer Services Program (CSP). Screenings by cancer type are as follows: Breast: 1,243 (232 through the NYS CSP) Cervical: 67 (37 through the NYS CSP) Colorectal: 187 (116 through the NYS CSP) Prostate:74 Abnormal findings: - Abnormal Breast finding: 113 patients (41 through the NYS CSP). 18 of these patients were referred to the Medicaid Cancer Treatment Program for treatment of breast cancer. - Abnormal Cervical finding: 4 patients (all through the NYS CSP) - Abnormal FIT test finding: 7 patients (6 through the NYS CSP) From September to December 2024, we project that 140 more people will access screenings through the NYS CSP. Screenings by cancer type projections for Sept.-Dec. 2024 are as follows: Breast: 621 (116 through the NYS CSP) Cervical: 34 (20 through the NYS CSP) Colorectal: 94 (60 through the NYS CSP) Prostate: 37 We also project that 20 patients will be referred to Medicaid Cancer Treatment Program for treatment of breast cancer. Advocacy: In addition, in May 2024, MSK submitted to the members of the New York State Assembly and Senate a memorandum in support of A10429 (Peoples-Stokes)/S.8553-C (Addabbo), which proposed eliminating patient cost-sharing for recommended lung cancer screening and related diagnostic and follow-up screening. This bill didn't pass. MSK also lobbied in support of A.1696-A/S.2465-C that relates to coverage for a diagnostic mammogram, ultrasound, or MRI when called for by nationally recognized clinical guidelines. The bill was recently signed into law and takes effect on January 1, 2026. Its passage will hopefully encourage who might have to pay for additional imaging. Lastly, this year MSK signed on to a letter to the NYS Education Department to ask them to update their cancer curriculum to better reflect current guidance on screening and prevention; e.g., HPV vaccination. Brooklyn screening outreach: Each year, MSK nurses staff a table at the Brooklyn Atlantic Antic Street Fair to inform the community about screening and the

	importance of early cancer detection. In 2024, their educational efforts were focused on HPV screening and vaccination.
Implementation Partner	City government
Partner Role(s) and Resources	The New York State Cancer Services Program of Manhattan provides the criteria for determining whether an individual is eligible for accessing a cancer screening with no out-of-pocket cost, as well as the funding for performing the screening. MSK performs the screening and then refers the patient for treatment, if needed.

9. The Arab Health Initiative

Priority	Prevent Chronic Diseases
Focus Area	Focus Area 4: Preventive care and management
Goal Focus Area	Goal 4.1 Increase cancer screening rates
Objective	Help 300 women get screenings for breast and cervical cancers Educate 450 women about breast cancer and early detection Educate 100 people about colorectal cancer Help 50+ people get access to colorectal cancer screening
Disparities	The intervention will address race/ethnicity, income/SES, and gender disparities.
Interventions	Through community outreach and engagement, the Arab Health Initiative provides patient education in Arabic, helps patients access healthcare services, and conducts research to improve health outcomes among Arab Americans. The Arab American Breast Cancer Education and Referral program (AMBER) makes it easier for Arab American women in New York City to access early detection and treatment services.
Family of Measures	# of referrals to evidence-based initiatives from healthcare professionals # of cancer awareness events # of cancer awareness event participants # of cancer screening events held in partnership with community providers # of individuals navigated to and/or through cancer screening
Completed Year 1 Intervention(s)	Conducted Community Health Needs Assessment and finalized 2022–2024 Community Service Plan detailing MSK's implementation plan.
Completed Year 2 Intervention(s)	No update required for 2023.
Projected (or completed) Year 3 Intervention	From January to August 2024, the Arab Health Initiative: -Had 76 referrals to evidence-based initiatives from healthcare professionals, with 30 more projected through the end of the year. -Held 30 cancer awareness events, with 10 more projected through December. -Had 683 participants at cancer awareness events, with 100 more projected by the end of the year. -Held two cancer screening events in partnership with community providers, with one more projected. - Navigated 76 people to/through cancer screening, including breast cancer screening (45 people), cervical cancer screening (10 people), and colorectal cancer screening (21 people). From September to December, projecting an additional 10 breast cancer screenings, five cervical cancer screenings, and 15 colorectal cancer screenings. -Educated 474 individuals about colorectal cancer, with 100 more projected September through December.

Implementation Partner	Community-based organizations
Partner Role(s) and Resources	Our partnerships with community- and faith-based organizations and academic centers help us reach our objectives. These partners collaborate with the Arab Health Initiative staff to implement cancer awareness and screening events. Partners will leverage their ties with the Arab community and use their spaces to host events.

10. The Taxi Network

Priority	Prevent Chronic Diseases
Focus Area	Focus Area 4: Preventive care and management
Goal Focus Area	Goal 4.1 Increase cancer screening rates
Objective	Help 50 taxi drivers get screenings for colorectal cancer Help 75 taxi drivers get screenings for prostate cancer Educate 300 taxi drivers about cancer screening and early detection
Disparities	The intervention will address race/ethnicity, income/SES, and gender disparities.
Interventions	The Taxi Network is a community-based participatory research program, implemented in collaboration with the South Asian Council on Social Services, focused on resolving health issues of taxi drivers. In outreach to drivers, access navigators are used to provide culturally and linguistically appropriate assistance to drivers referred for cardiovascular, diabetes, and/or cancer health screening. Drivers found to have abnormal test values or who lack access to regular care are assisted in obtaining follow-up care.
Family of Measures	# of referrals to evidence-based initiatives from healthcare professionals # of health awareness events held/attended # of health screening events held in partnership with community providers # of individuals navigated to and/or through cancer screening
Completed Year 1 Intervention(s)	Conducted Community Health Needs Assessment and finalized 2022–2024 Community Service Plan detailing MSK's implementation plan.
Completed Year 2 Intervention(s)	No update required for 2023.
Projected (or completed) Year 3 Intervention	From January to August 2024, the Taxi Network program: -Had 200 referrals to evidence-based initiatives from healthcare professionals, with 100 more projected by year end. -Held 84 health awareness/screening events in partnership with community providers, with 40 more projected. -Navigated 65 individuals to/through cancer screening, with 30 more projected. -Helped 43 drivers get screened for colorectal cancer, with 20 more projected. -Helped 32 drivers screened for prostate cancer, with 15 more projected. -Educated 290 drivers about cancer screening and early detection, with 120 more projected.
Implementation Partner	Transportation
Partner Role(s) and Resources	The Taxi Network partners with taxi garages and community organizations that taxi drivers frequent, such as JFK and LaGuardia airport and the Taxi Clubhouse in Manhattan, among others. These locations and organizations provide us with space for health fairs and presentations and access to their drivers. As a result, we can assist participants to offer our health services and help drivers make cancer screening appointments.

11. Health Windows (Ventanillas De Salud)

Priority	Prevent Chronic Diseases
Focus Area	Focus Area 4: Preventive care and management
Goal Focus Area	Goal 4.1 Increase cancer screening rates
Objective	Educate 1,600 participants about cardiovascular disease, diabetes, nutrition, and cancer risk reduction and screening Organize 10 cancer screening events with VDS partners Navigate at least 300 eligible men and women into cancer screenings Hold 25 cancer-awareness events with a minimum of 400 attendees
Disparities	The intervention will address race/ethnicity, income/SES, and gender disparities.
Interventions	Health Windows (Ventanillas De Salud) was created by the Mexican Consulate as a collaboration between government and private organizations. Its goal is to eliminate barriers to healthcare in the growing Mexican-American population. IHCD provides free health screenings, helps individuals enroll into health insurance plans, provides patient education and referrals to primary and other healthcare providers, and navigates patients into case management as needed.
Family of Measures	# of referrals to evidence-based initiatives from healthcare professionals # of health awareness events held/attended # of health screening events held in partnership with community providers # of individuals navigated to and/or through cancer screening # of individuals enrolled into health insurance if eligible or another healthcare program # of individuals who received health screenings
Completed Year 1 Intervention(s)	Conducted Community Health Needs Assessment and finalized 2022–2024 Community Service Plan detailing MSK's implementation plan.
Completed Year 2 Intervention(s)	No update required for 2023.
Projected (or completed) Year 3 Intervention	From January to August 2024, the VDS program: -Educated 11,631 people, with 1,250 more projected through the end of the year. -Had 20 referrals to evidence-based initiatives from healthcare professionals, with 10 more projected. -Held/attended 73 health/cancer awareness events, with 22 more projected. -Had 11,579 attendees at health/cancer awareness events, with 1,200 more projected. -Held 26 cancer screening events in partnership with VDS partners, with 5 more projected from Sep-Dec -Navigated 8 individuals to and/or through cancer screening, with 4 more projected from Sep-Dec -Helped enroll 10 eligible individuals into health insurance/another healthcare program, with 4 more projected from Sep-Dec -Helped 38 individuals receive health screenings, with 20 more projected Sep-Dec
Implementation Partner	Local government unit
Partner Role(s) and Resources	MSK partners with several community clinics, community-based and nonprofit organizations who follow the Ventanillas De Salud at the Mexican Consulate's mission and offer also services to the Hispanic immigrant community. Some of the partners like Institute for Family Health offer primary care services to community

	members who are uninsured and help to reinforce case management and increase healthcare access. We also partner with organizations like SHARE who offer education and awareness in Spanish to women diagnosed with cancer.

12. Mobile Health Unit

Priority	Prevent Chronic Diseases
Focus Area	Focus Area 4: Preventive care and management
Goal Focus Area	Goal 4.1 Increase cancer screening rates
Objective	Educate 2,000 community members about cardiovascular disease, diabetes, nutrition, and cancer risk reduction and screening Organize 20 cancer screening events with MHU partners Navigate at least 450 eligible men and women into cancer screenings Hold 30 cancer awareness events with a minimum of 500 attendees
Disparities	The intervention will address race/ethnicity, income/SES, and gender disparities.
Interventions	The Mobile Health Unit (MHU) is an extension of IHCD/MSKCC well-known work with underserved and immigrant populations — allowing it to serve hard-to-reach communities in the five boroughs, Westchester, and Long Island. The Mobile Health Education Unit is aimed to become a presence at greater New York City-area community-based organizations, houses of worship, workplaces known to employ immigrant workers, and local events. Mobile Health Unit program provides cancer risk reduction and screening education, screenings, referrals to cancer screenings, referrals and case management for primary care and other medical services, insurance enrollment or healthcare coverage, COVID-19 primary series and booster navigation services, telemedicine, and patient portal education.
Family of Measures	# of referrals to evidence-based initiatives from healthcare professionals # of health awareness events held/attended # of health screening events held in partnership with community providers # of individuals navigated to and/or through cancer screening # of individuals enrolled into health insurance if eligible or another healthcare program # of individuals who received health screenings
Completed Year 1 Intervention(s)	Conducted Community Health Needs Assessment and finalized 2022–2024 Community Service Plan detailing MSK's implementation plan.
Completed Year 2 Intervention(s)	No update required for 2023.
Projected (or completed) Year 3 Intervention	From January to August 2024, MSK's mobile health unit: -Educated 555 community members, with 650 additional projected for Sep-Dec -Had 51 referrals to evidence-based initiatives from healthcare professionals, with 15 projected for Sep-Dec -With community partners, held/attended 47 cancer/cancer screening/health awareness events with 555 attendees, with 30 additional events and 650 attendees projected for Sep-Dec -Navigated 152 individuals to/through cancer screening, with an additional 65 individuals projected for Sep-Dec. -Enrolled 55 eligible individuals into health insurance/another healthcare program, with another 30 individuals projected for Sep-Dec.

	-Helped 266 individuals receive health screenings, with another 200 projected for Sep-Dec.
Implementation Partner	Community-based organizations
Partner Role(s) and Resources	The MHU partners with community-based and faith-based organizations, as well as healthcare facilities and nonprofit organizations, to bring health services to the community. Many of these partner organizations have a physical space where they serve the community and where the MHU can regularly visit to become familiar to that neighborhood. Several partner organizations offer a food pantry and are safety nets for community members, which helps MHU staff to engage with the constituents of these organizations. Partners collaborate with MSK to organize cancer awareness events and educational presentations to their audience.

13. Cancer Screening Outreach Campaign with Nassau County

Priority	Prevent Chronic Diseases
Focus Area	Focus Area 4: Preventive care and management
Goal Focus Area	Goal 4.1 Increase cancer screening rates
Objective	Implement a cancer screening outreach campaign with Nassau County that will: 1.) increase the number of cancer awareness events 2.) increase the number of cancer awareness event participants 3) increase the number of events with community partners that address cancer disparities 4) increase the number of people who receive cancer screenings at MSK Nassau, especially through the NYS CSP
Disparities	The intervention will address race/ethnicity, income/SES, and gender disparities.
Interventions	In partnership with Nassau County, conduct targeted community outreach to people eligible for the NYS Cancer Services Program and provide the opportunity to be screened for cancer at MSK Nassau.
Family of Measures	# of cancer awareness events # of cancer awareness event participants # of cancer screening events held in partnership with community providers # of individuals navigated to and/or through cancer screening
Completed Year 1 Intervention(s)	Conducted Community Health Needs Assessment and finalized 2022–2024 Community Service Plan detailing MSK's implementation plan.
Completed Year 2 Intervention(s)	No update required for 2023.
Projected (or completed) Year 3 Intervention	In 2024, MSK paused the MSK Nassau screening program and is aiming to reinstate it in 2025 as we align with the MSK Commack screening program.
Implementation Partner	Local health department
Partner Role(s) and Resources	The local health department will identify county residents for outreach, lead targeted and personal outreach to residents, share updated data on cancer disparities experienced by county residents, and support planning and promotion of educational/screening events.

14. Open Food Pantry Serving Cancer Patients at Jamaica Hospital Medical Center

Priority	Prevent Chronic Diseases

Focus Area	Focus Area 1: Healthy eating and food security
Goal Focus Area	Goal 1.3 Increase food security
Objective	[new effort added in 2024, not included in MSK's original workplan submitted in 2022]: Open a pantry serving cancer patients at Jamaica Hospital Medical Center.
Disparities	The intervention will address race/ethnicity, income/SES, and gender disparities.
Interventions	In partnership with community hospitals, MSK runs the Food to Overcome Outcome Disparities (FOOD) program, a hospital-based food pantry program at cancer treatment sites throughout Manhattan, the Bronx, Queens, Brooklyn, and Long Island. In 2024, we worked to open a new pantry serving food insecure patients with cancer being treated at Jamaica Hospital Medical Center's newly opened cancer center.
Family of Measures	# patients served
Completed Year 1 Intervention(s)	Conducted Community Health Needs Assessment and finalized 2022-2024 Community Service Plan detailing MSK's implementation plan.
Completed Year 2 Intervention(s)	No update required for 2023.
Projected (or completed) Year 3 Intervention	In collaboration with Jamaica Hospital Medical Center, in Q4 2024, MSK opened a food pantry for cancer patients being treated at Jamaica Hospital Medical Center. Metrics collection on patients who have accessed the pantry are ongoing.
Implementation Partner	Hospital
Partner Role(s) and Resources	Jamaica Hospital Medical Center opened a new cancer center in Jamaica, Queens. This new cancer center is a treatment option for many patients with cancer in Queens. Through our collaboration with JHMC, the new food pantry can reach a diverse population of patients and provide access to nutritious food during their treatment.

Appendix C: Participants in the MSK CHNA Process

MSK CHNA Committee

- Ana Garcia, Senior Director, Community Engagement and Health Equity
- Caitlin Hool, Director, Community Engagement and Health Equity
- Barbara Ortiz, Community Programs Manager
- Leticia Mercado, Associate Director, Office of Health Equity
- Adam Mercer, Director, Strategic Program Management
- Kimberly Fischer, Senior Strategic Initiatives Manager
- Lucy Miller, Community Programs Manager
- Shakima Grant, Senior Community Programs Manager

MSK Internal Stakeholders

- Beau Amaya, MSN, RN, OCN®, Director, Patient & Caregiver Education
- Shelly Anderson, MPM, Executive Vice President, Hospital President
- Claudia Ayash, MPH, Associate Director, Immigrant Health and Cancer Disparities
- Gleneara Bates-Pappas, PhD, LMSW, Assistant Attending Behavioral Scientist Department of Psychiatry and Behavioral Science
- Joseph Bialowitz, MS, M.Sc., Associate Director, Sustainability
- Julianna Belelieu, Director, Federal Policy and State Government Relations
- Nicola A. Buchanan, MA, CDP, Director, Office of Inclusion & Belonging
- Amy Caramore, MS, MSUPL, RN, CEN, Nurse Leader
- Sylvia Corbin, Director, Patient Financial Services
- Kerrie D'Aguilar, Associate Director, Outpatient Operations
- Antonio DeRosa, Ed.D., Associate Director, Patient & Community Education
- Pamela Drullinsky, MD, Medical Director, MSK Ralph Lauren Center
- Yecenia Fermin, MBA, Senior Director, Perioperative and Procedural Operations
- Maria A. Friedlander, MPA, CT(ASCP)CM, Director, Regulatory Affairs
- Francesca Gany, MD, MS, Chief Attending, Immigrant Health and Cancer Disparities Service, Nicholls-Biondi Chair for Community Health Equity
- K. Dee George, RN, MSN, FNP, OCN Director, Nursing (Ambulatory Services)
- Lisa Gosman, Senior Director, Hospital Administration
- Cheryl Haughie, MBA, Director, Ambulatory Care
- Emily Kauff, Vice President, New Markets and Head, MSK Direct
- Allison Liebhaber, MS, Senior Director, Strategy Activation & Execution
- Greg Mason, Senior Director, Hospital Administration
- Shaun Maxwell, MS, Associate Director, Outpatient Operations
- James Moreira Jr., Senior Project Coordinator
- Paula Nevins, Director, Integrated Marketing & Communications, MSK Direct
- Rosa Nouvini, MD, Assistant Attending, Thoracic & Breast Medical Oncologist, MSK Ralph Lauren Center; Site Director, Jamaica Hospital Cancer Center
- Jamie S. Ostroff, PhD, Chief Attending
- David Pfister, MD, Attending, Head and Neck Medical Oncologist, Memorial Hospital; Chair of Oncology, MediSys Jamaica Hospital
- Thomas Reynolds, MA, Senior Director, Health Equity Research
- Alexandra Russo, LCSW, Clinical Social Worker II
- Paul Sabbatini, MD, Attending, Gynecologic Medical Oncology Service, SVP, Clinical Research
- Marta Sales, DNP, FNP-C, Advanced Practice Provider III
- Jenna Sandker, Director, Talent Acquisition and Workforce Programs
- Melanie Steele, MPH, Director, Patient Financial Engagement

- Sarah Thoresen, Workforce Programs Manager
- Josana Tonda, Senior Program Manager, Community Outreach, Immigrant Health & Cancer Disparities
- Kelly Turner, MHA, VP, Patient Access & Clinical Operations
- Chasity Walters, PhD, RN, VP, Chief Health Literacy Officer
- Keri Wagner, RN, DNP, FNP-C, OCN®, Director of Nursing, Ambulatory Care

Community Partners representing the broad interests of the community

- Alpha Kappa Alpha Sorority
- American Cancer Society
- Araydient Counseling Services
- Boys & Girls Club of Suffolk County
- Brooklyn College Cancer Center
- Broreavement
- Cancer Care
- Cancer Services Plan of Nassau County
- Carter Burden
- Christ Fellowship
- Christ Church United Methodist
- Figure Skating in Harlem
- Flatbush Junction BID
- Harlem Little League
- Harlem Pride
- Hofstra University
- Housing Help Inc.
- Iris House
- Jamaica Hospital
- LGBT Network
- Little Sisters of the Assumption Family Health Services
- Long Island Nets
- Marcus Meets Malcolm
- Mexican Coalition
- Mount Olive Church
- Negro Business & Professional Woman's Club
- Northern Manhattan Improvement Corp
- Oasis
- Office of NYC Council Member Diana Ayala
- Puerto Rican Association for Human Development
- Regional Chronic Disease Coalition
- Regional Tobacco Collaborative Monmouth County Pantry
- Religious Leadership Initiative (LRLI)/Latino Commission on Aids
- Salvation Army
- SEPA Mujer
- Suffolk County Black Nurses Association
- The Hope Center/The Dream Center
- The Y of Greater Monmouth
- TriBoro Food Pantry
- Westchester County Association

Additional Invited Community Partners and Participants

- Seventh-Day Adventist Church
- American Italian Cancer Foundation
- Arab American Family Support Center
- Bernards Chamber of Commerce
- Bernards Township Parks & Recreation
- Bethel AME Church
- Brooklyn College Cancer Center
- Business Council of Westchester
- Cancer Community Westchester & CT at Gilda's Club
- Cancer Support Team
- Carter Burden - Covello (Harlem location)
- Manhattan Community Board 8 Health Chair
- Chabad of Somerset County
- Commack Ambulance
- Manhattan Community Board 10
- Manhattan Community Board 11
- CREA (Centro de Recursos Educativos para Adultos)
- DSI (Diligently Serving Immigrants) - International Inc.
- East Harlem Neighborhood Health Action Center
- East Sixties Neighborhood Association
- Extendiendo Las Manos Church
- Feeding Westchester
- First Corinthian Baptist Church/FCBC Development Corp.
- Flatbush YMCA
- Freeport Memorial Library
- Friends of Morningside Park
- God's Co-Op Food Pantry
- Greater Harlem Chamber of Commerce
- Green Bronx Machine
- Haitian American Community Coalition
- Haitian Nurses Network
- Harlem Health Advocacy Partners/Public Health Solutions
- Harlem's Children Zone
- Health Advocates for Older People
- Long Island Hispanic Chamber of Commerce
- Iglesia Cristiana Refugio
- Institute for Family Health
- JCC Harlem
- John J. Byrne Community Center
- Lenox Hill Neighborhood House
- Marcus Garvey Park
- Middletown Helps Its Own Food Pantry
- Middletown Parks & Recreation National Coalition of Negro Women
- New Destiny Family Center
- Nostrand Gardens Civic Association
- NY Hall of Science
- NY Hispanic Chamber of Commerce
- Office of Hempstead Councilwoman Dorothy Goosby
- Office of New York City Council Member Diana Ayala

- Office of New York City Council Member Julie Menin
- Office of New York City Council Member Yusef Salaam
- Office of New York Assembly Member Rodneyse Bichotte Hermelyn
- Office of New York Assembly Member Rebecca A. Seawright
- Office of Siela Bynoe, NYS Senator
- Office of the Queens Borough President
- Open Door Medical Center
- Positive Workforce
- Rye YMCA
- Salam Arabic Lutheran Church
- Shades of a Cure
- Somerset Baptist Church
- Morris-Somerset Regional Chronic Disease Coalition
- South Asian Council for Social Services
- Stanley Isaacs
- Suffolk County DOH
- Suffolk Y JCC
- Temple Emanu-El
- The Links Westchester
- Toni's Kitchen
- Uniondale Empowerment Resource Committee (UERC)
- Westchester County Department of Health
- White Plains Center for Racial Equity/White Plains YWCA

Prospective Partners for Future Collaboration

Long Island

- Eileen's Free Bodega mission is to alleviate food insecurities as well as enrich and lift the morale of our community by offering desirable and high-quality foods in their two community fridges.
- Empower. Assist. Care Network provides Long Island residents with wholesome food, along with educational programs, improves overall health while also improving quality of life.
- Island Harvest's mission is to end hunger and reduce food waste on Long Island.
- Long Island Cares focuses on improving food security for families, sponsoring programs that help families achieve self-sufficiency, and educating the general public about the causes and consequences of hunger on Long Island.

New Jersey

- Community Action Group is a nonprofit that provides clothing, food, housing, and utility assistance to low-income families and individuals in the community.
- Freehold Open Door is a nonprofit organization dedicated to helping individuals and families in the greater Freehold area who are in need. It's a nondenominational, interfaith-supported agency that has been serving the community for decades.
- Neptune City Community Center is dedicated to serving residents of all ages through recreational, educational, and social programs. It features a gymnasium, game room, computer lab, fitness area, and multipurpose spaces for events and gatherings. Managed by the borough and directed by Courtney Pappas, the center is a hub for community engagement and local events.
- New Monmouth Baptist Church is an evangelical church committed to helping people grow in their faith through authentic community, worship, and biblical teaching. It offers ministries for women, men, and children of all ages.

New York

- Acacia Network is one of the largest Hispanic-led nonprofits in the state, providing integrated, culturally competent, and trauma-informed programs in the areas of health, housing, social services, economic development, and cultural revitalization to more than 150,000 individuals annually.
- Bronx Community Health Network is an FQHC that partners with major area hospitals and healthcare organizations at our many community- and school-based centers throughout the Bronx to provide not only primary care but care for the whole person.
- BronxWorks helps individuals and families improve their economic and social well-being.
- Brownsville Multiservice Family Health Center provides primary care services to more than 19,000 residents in East and Central Brooklyn.
- Harlem Grown focuses on food justice through the creation of eco-friendly activities for local youth and leads interactive educational opportunities centered on sustainability, nutrition, and urban farming.
- La Casa de Salud (LCDS) is a network of community health centers committed to improving health outcomes in underserved communities by increasing access to integrated primary care and behavioral health services.
- Refettorio Harlem (in partnership with Emanuel AME Church) rescues surplus food to prepare nutritious meals and groceries, while offering educational programs and inclusion support for vulnerable residents.
- SAFE in Harlem is a student-led coalition that meets after school to work on grassroots campaigns that promote abstinence from substance misuse.
- The Center is a safe and affirming community center for LGBTQ+ New Yorkers to access lifesaving services and make meaningful connections.
- Urban Indigenous Collective serves Indigenous individuals from North, Central, and South America, the Caribbean, and Pacific Islands, prioritizing culturally affirming health and wellness services, community-based participatory research (CBPR), advocacy, community programming, and training and technical assistance.

Appendix D: Community Engagement Materials

MSK CHNA/CSP Meaningful Engagement Facilitator Guide

Discussion Questions

Understanding Community Health Needs and Barriers

1. From your perspective, what are the greatest cancer-related disparities facing MSK's catchment area? (e.g., healthcare access, preventive services, education, insurance, housing, transportation, food insecurity, etc.)
    a. How have these needs changed in the past three years?
2. What are the biggest barriers to accessing cancer screenings across MSK's catchment area?
    a. Are there particular cancer types for which screenings feel inaccessible or underutilized?
    b. What challenges do LGBTQ+ individuals face when accessing cancer screenings?

Current Efforts to Address Greatest Needs

3. What challenges or gaps have you observed in how MSK currently supports the health needs of the community?
4. What innovative ideas or pilot initiatives is MSK exploring that can help address these needs?
5. From your perspective, what community-based partnerships have been the most successful in addressing cancer disparities in MSK's catchment area?
6. What partnerships do you think MSK should prioritize to have a greater impact on community health?
    a. What partnerships should MSK further strengthen to better serve the most under resourced and vulnerable populations?

Future Opportunities

7. What community health initiatives do you think would be most beneficial for MSK to explore in the next one to three years?
8. How can MSK better integrate community health efforts with patient care, research, and cancer health education?
9. How can MSK better connect the work it is doing in cancer health education and research with communities?
    a. What improvements could be made to MSK's educational events or materials to make them more relevant and accessible to the communities MSK serves?

Additional Questions

1. How can MSK foster stronger connections and trust within the communities it

serves?
    a. How can MSK better welcome and engage diverse populations?
2. Who are the overlooked voices in community conversations about health that MSK should seek to include?
    a. Patient/provider concordance, invite patients to share, patient feels safe upon discharge.

3. How can MSK better support prevention, early detection, and education for cancer for underserved populations?
    a. How can MSK better connect diverse populations to clinical trials?
4. What community health issue are you personally most passionate about addressing?
5. What programs or organizations do you admire for their work in community health in NYC?
6. If MSK could address one critical need in NYC over the next three years, what would you want it to be?
7. If you had unlimited resources, what cancer-related community health initiative would you launch immediately?

Supplemental Questionnaire

MSK deeply values partner input on the health needs of the communities we serve. You have been identified as a key stakeholder, and we invite you to contribute by completing the following questionnaire. It should take approximately 10–15 minutes to complete. (Please note: The term "catchment area" refers to the tri-state area of New York, New Jersey, and Connecticut.)

Your responses will remain confidential, and no individual names or organizations will be attributed to specific comments. Our goal is to reflect the collective voice of the community in a way that honors your experiences while protecting your privacy.

We are committed to creating a respectful and safe space for open, honest dialogue. The themes and patterns that emerge from these responses will help shape a thoughtful report and guide meaningful recommendations.

Please note that all questions are optional.

1. Please tell us about yourself, your organization, role, and community served.
2. From your perspective, what are the greatest cancer-related disparities and social needs affecting your community? e.g., access to care, preventive services, education, insurance, housing, transportation, food insecurity, etc.
3. What challenges or gaps exist in engaging the community to address cancer health needs?
4. What are the biggest gaps in cancer education resources within your community?

5. From your perspective, what collaborations have been the most successful in addressing the challenges and disparities in your community?
6. What are the biggest barriers to accessing cancer screenings in your community?
7. Are there particular cancer types for which screenings feel inaccessible or underutilized?
8. What challenges do LGBTQ+ individuals face when accessing cancer screenings?
9. What community health initiatives would have the greatest impact in addressing cancer-related needs in your community over the next 1-3 years?
10. Is there anything else you would like to share on these topics?

Community Forum Materials

Priority #2 Recommended Goals and Interventions

Memorial Sloan Kettering Cancer Center

The recommended goals and interventions focus on addressing cancer -related health disparities and the conditions, behaviors and systemic issues that impact cancer disease prevention and management.

PRIORITY AND GOAL

Promote Health Education for tobacco and alcohol use

EVIDENCE

1. Tobacco prevalence continues to be higher than the state's goal in certain geographies including Bronx and Kings County
2. Tobacco use continues to persist among adults with lower income, where the rates are 2-7% higher than the state's goal
3. Youth tobacco and e-cigarette use continues to be high
4. Alcohol use and binge drinking rates are high in certain communities including Harlem, New York, Kings and Monmouth counties

INTERVENTIONS

A. Reduce tobacco use through prevention education and cessation support efforts in high-prevalence communities, including LGBTQ+ populations, underserved and marginalized communities

B. Conduct culturally tailored educational sessions and interactive workshops in community settings (e.g., senior centers, shelters, clinics). Promote and provide cessation tools and resources that reflect the unique needs of each population

C. Reduce youth tobacco and e-cigarette use by providing school-based education addressing tobacco-related cancer risks; incorporate interactive workshops in middle and high schools

D. Increase education and awareness of harmful drinking patterns and link to cancer through targeted education in underserved communities and those with higher rates of binge drinking (e.g., Harlem and New York, Kings, and Monmouth counties)

Sources: 2018-2023 New York State Comprehensive Cancer Plan ; Primary and Secondary CHNA Data

Priority #3: Recommended Goals and Interventions

Memorial Sloan Kettering Cancer Center

The recommended goals and interventions focus on addressing cancer -related health disparities and the conditions, behaviors and systemic issues that impact cancer disease prevention and management.

PRIORITY AND GOAL

Address Social Needs including food security, community trust and financial literacy

EVIDENCE

1. Addressing the conditions, behaviors and systemic issues such as education, food insecurity and access to healthcare is critical for reducing health disparities
2. Higher prevalence of obesity among adults who are Black or Hispanic (30%+) or who have income less than $25,000
3. The current political climate has created fear among immigrant populations who may avoid seeking care
4. Insurance coverage and financial costs significantly impact one's ability to make decisions on accessing care

INTERVENTIONS

A. Reduce obesity and the risk of chronic disease, specifically cancer-related diseases by offering plant-based meal options within MSK's facilities

B. Partner with local school districts to directly fund or advocate in Bronx and King counties to expand universal meal access, which helps schools comply with the Healthy, Hunger-Free Kids Act

C. Expand MSK food security programming and partnerships with community food pantries

D. Improve community member/patient's ability to understand and apply financial knowledge to make informed decisions about money

E. Re-establish a sense of trust and mutual respect among historically marginalized communities served by MSK by hosting community healing dialogues that include information and tools to support truth, reconciliation, and de-bunking myths

Sources: 2018-2023 New York State Comprehensive Cancer Plan ; Primary and Secondary CHNA Data

Priority #4 Recommended Goals and Interventions

Memorial Sloan Kettering Cancer Center

The recommended goals and interventions focus on addressing cancer -related health disparities and the conditions, behaviors and systemic issues that impact cancer disease prevention and management.

PRIORITY AND GOAL

Build Workforce Capacity through skill building and early career exposure

EVIDENCE

1. A quality, diverse, and accessible workforce is essential to meet the growing need and response to cancer
2. Primary care providers are critical to the provision of cancer prevention strategies and early detection and play a key role in survivorship care
3. Workforce shortages can hinder access to certified professionals and high-quality care

INTERVENTIONS

A. Develop a campaign and deploy to participating schools to build awareness and promote MSK's apprenticeship opportunities through FutureReadyNYC, a reimagined high school experience where students learn important job skills, get paid work experience, earn early college credit, and get certificates for jobs that pay well and are in demand

B. Increase career exposure opportunities for underserved students in NYC

C. Increase capacity for more cancer care providers and community health workers to participate in trainings on tobacco cessation treatment

D. Provide ongoing education on health disparities to MSK's workforce addressing care for LGBTQ+ individuals, people with disabilities, immigrants, and other historically marginalized communities

Sources: 2018-2023 New York State Comprehensive Cancer Plan ; Primary and Secondary CHNA Data

Discussion

1. Do these interventions address the most pressing needs related to build workforce capacity?
2. Are there other disparities that should be addressed that are not listed here?
3. How can MSK partner with your organization to address the stated goals?
4. What additional community organizations or resources can MSK engage to support these efforts?

Rubric for Prioritizing Greatest Community Health Needs

Overview of the scoring tool created, which includes a summary of the rubric, criteria, and weighted value used to identify the greatest needs.

	Criteria Weight						
	MSK capabilities to address	**Already working on priority**	**Identified in prior CHNA**	**Large scale impact to patient population**	**Large scale impact to community**	**Prevention Agenda Goal/Priority**	**Funding pathway Exists Today***
Weight	10%	15%	15%	15%	25%	20%	N/A (Information only)
	Rubric and Supporting Rationale						
Score	**MSK capabilities to address**	**Already working on priority**	**Identified in prior CHNA**	**Large scale impact to patient population**	**Large scale impact to community**	**Prevention Agenda Goal/Priority**	**Funding pathway Exists Today***
1	Program or service does not exist	No known programs or initiatives to address condition exists	Program is not mentioned in prior CHNA	Provides limited to no impact of patient population or small N of patients affected	May provide impact to patient population but provides no impact to broader community	Directly address at least one of the Prevention Agenda Priorities	No known funding pathways exist
2	Program or service exists in some limited capacity, but is lacking necessary resources to address disparities	Program that targets condition exists in some limited capacity, but is lacking necessary resources to address disparities	Program is mentioned in CHNA, but does not have any corresponding targeted programs or initiatives outlined	Limited impact to patient population	Potential to provide some impact to community or areas most in need	Directly address at least two of the Prevention Agenda Priorities	Limited funding exists (e.g., or non-continuous grant support)
3	Program or service exists with the tools necessary to address disparities	Program that targets condition exists and has achieved reduction in healthcare disparties	Program or condition is mentioned in CHNA with outlined initiatives	Provides large scale impact to patient populaton	Potential to provide large scale impact to community and underserved areas	Directly addresses three or more of the Prevention Agenda Priorities	Proven Federal or state funding exists for services through reimbursements and/or grants

*Funding pathways were not scored or included in the weighted computation but were referenced in discussions to help inform the feasibility and resource needs for proposed interventions.

Appendix E: Community Survey Respondent Demographics

2025 GNYHA Community Health Needs Assessment Collaborative

MSKCC

Respondent Characteristics

Survey Administration Mode	Number	Percent
Online Survey	13,210	90%
Paper Survey	1,390	10%

Survey Administration Language	Number	Percent
English	12,595	86%
Spanish	1,792	12%
Arabic	22	0%
Bengali	36	0%
Burmese	0	0%
Chinese	35	0%
Chinese (Traditional)	8	0%
French	20	0%
Haitian Creole	31	0%
Hindi	7	0%
Italian	0	0%
Japanese	5	0%
Korean	19	0%
Nepali	0	0%
Polish	3	0%
Russian	22	0%
Urdu	3	0%
Uzbek	0	0%
Yiddish	2	0%

Health Insurance Source	Number	Percent
A plan purchased through an employer or union (including plans purchased)	3,316	38%
A private nongovernmental plan that you or another family member buys	236	3%
Medicare	2,578	29%
Medigap	37	0%
Medicaid	1,730	20%
Children's Health Insurance Program (CHIP)	41	0%
Military-related healthcare: TRICARE (CHAMPUS)/VA healthcare	30	0%

Indian Health Services	3	0%
State-sponsored health plan	363	4%
Other government program	149	2%
No coverage of any type	302	3%
Missing	5,815	

2025 GNYHA Community Health Needs Assessment Collaborative		
Race and Ethnicity (do not add to 100%)	**Number**	**Percent**
American Indian or Alaska Native alone or in combination	187	2%
Asian alone or in combination	602	7%
Black or African American alone or in combination	2,577	30%
Hispanic or Latino alone or in combination	2,615	31%
Middle Eastern or North African alone or in combination	104	1%
Native Hawaiian or Pacific Islander alone or in combination	37	0%
White alone or in combination	2,995	35%
Missing	6,038	
Race and Ethnicity (add to 100%, with Multiracial)	**Number**	**Percent**
American Indian or Alaska Native alone	74	1%
Asian alone	532	6%
Black or African American alone	2,321	27%
Hispanic or Latino alone	2,366	28%
Middle Eastern or North African alone	64	1%
Native Hawaiian or Pacific Islander alone	15	0%
White alone	2,782	32%
Multiracial and/or Multiethnic	408	5%
Missing	6,038	
Limited English Proficiency (LEP)	**Number**	**Percent**
Limited English Proficiency (LEP, speak a language other than English)	1,191	14%
Speak English Proficiently (English-only speaker or able to speak English)	7,614	86%
Missing	5,795	
Language Spoken at Home	**Number**	**Percent**
English-only speaker	5,237	60%
Spanish	2,232	26%
Arabic	56	1%
Bengali	60	1%
Burmese	4	0%
Chinese	103	1%

French	154	2%
Haitian Creole	134	2%
Hindi	54	1%
Italian	79	1%
Japanese	21	0%
Korean	28	0%
Nepali	7	0%
Polish	12	0%
Russian	78	1%
2025 GNYHA Community Health Needs Assessment Collaborative		
Urdu	30	0%
Yiddish	37	0%
Other	581	7%
Sexual Orientation	**Number**	**Percent**
Gay or lesbian	251	3%
Straight, that is not gay or lesbian	7,634	90%
Bisexual	261	3%
I use a different term	314	4%
Missing	6,140	
Gender Identity	**Number**	**Percent**
Cisgender Man	2,262	26%
Cisgender Woman	6,332	72%
Gender Minority	153	2%
Missing	5,853	
Age	**Number**	**Percent**
18–24	407	5%
25–34	800	9%
35–44	1,185	13%
45–54	1,395	16%
55–64	2,056	23%
65–74	1,952	22%
75+	987	11%
Missing	5,818	
Education	**Number**	**Percent**
Grades 8 (Elementary) or less	267	3%
Grades 9 through 11 (Some high school)	478	5%
Grade 12 or GED (High school graduate)	1,638	19%
College 1 year to 3 years (Some college or technical school)	2,236	26%

College 4 years or more (College graduate)	4,093	47%
Missing	5,888	
Household Size	**Number**	**Percent**
1 person	1,769	22%
2 people	2,565	32%
3 people	1,472	18%
4 people	1,208	15%
2025 GNYHA Community Health Needs Assessment Collaborative		
5 or more people	1,059	13%
Missing	6,527	
Employment Status	**Number**	**Percent**
Employed for wages	3,849	45%
Self-employed	394	5%
Out of work for 1 year or more	317	4%
Out of work for less than 1 year	257	3%
A homemaker	294	3%
A student	271	3%
Retired	2,361	28%
Unable to work	816	10%
Missing	6,041	
Income	**Number**	**Percent**
Less than $20,000	1,558	20%
$20,000 to $24,999	570	7%
$25,000 to $34,999	668	9%
$35,000 to $49,999	784	10%
$50,000 to $74,999	1,131	14%
$75,000 to $99,999	816	10%
$100,000 to $149,999	971	12%
$150,000 to $199,999	532	7%
$200,000 or more	779	10%
Missing	6,791	

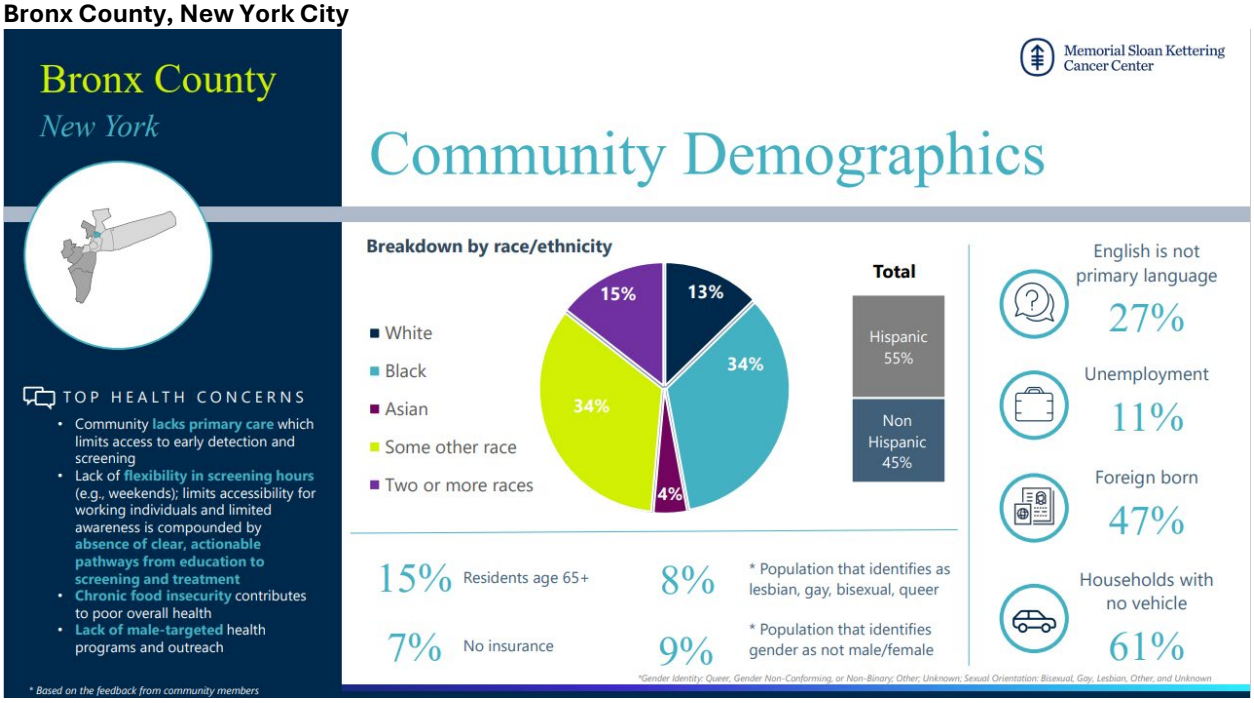
Appendix F: Community Profiles

This appendix includes detailed profiles for the five counties/boroughs of New York City; Harlem, where MSK has the MSK Ralph Lauren Center; plus the additional New York and New Jersey counties where MSK has facilities. The profiles include data drawn from the data sources listed below, as well a top insights from our engagement with representatives from the area.

Data Element	Source
Race and ethnicity, foreign-born status	U.S. Census Bureau, 2019-2023 American Community Survey 5-Year Estimates
Age	U.S. Census Bureau, 2019-2023 American Community Survey 5-Year Estimates
Sexual orientation and gender identity	2023 Behavioral Risk Factor Surveillance System (for New York only).[21]
Health insurance status	U.S. Census Bureau, 2019-2023 American Community Survey 5-Year Estimates
Cancer screening rates, cancer incidence and mortality rates	New York State Prevention Dashboard (New York State Cancer Registry. Cancer Incidence and Mortality in New York State, 1976-2021) New Jersey State Cancer Registry (2017-2021) Department of Health | Cancer | Interactive Cancer Data
Chronic conditions	New York State Prevention Dashboard (2023 Behavioral Risk Factor Surveillance System)
Language proficiency	U.S. Census Bureau, 2023 American Community Survey 1-Year Estimates
Unemployment rates	U.S. Census Bureau, 2019-2023 American Community Survey 5-Year Estimates
Transportation	U.S. Census Bureau, 2023 American Community Survey 1-Year Estimates
Tobacco, e-cigarette and alcohol use	New York State Prevention Dashboard (2023 Behavioral Risk Factor Surveillance System)
Poverty	U.S. Census Bureau, 2019-2023 American Community Survey 5-Year Estimates
Food insecurity, rent burden	New York State Community Health Indicator Reports (CHIRE) Dashboard (U.S. Census Bureau, 2018-2022 American Community Survey 5-Year Estimates
Harlem	The above sources were used as well as the more detailed information in the NYC-Manhattan Community District 10--Harlem PUMA, NY - Profile data - Census Reporter and the Central Harlem Neighborhood Profile – NYU Furman Center.

[21] BRFSS data for sexual orientation and gender identity for New York counties was used from MSK's 2024 Health Equity Impact Assessment (HEIA) on the Kenneth C. Griffin Pavilion at Memorial Sloan Kettering Cancer Center.

Bronx County, New York City



Bronx County is among the most diverse and densely populated areas in New York State. Over half of residents (55%) identify as Hispanic, and 87% identify with a race other than white. Nearly half (47%) of the population is foreign-born, and more than a quarter (27%) have limited English proficiency, underscoring the importance of culturally and linguistically tailored approaches to care and outreach. The county is also home to many older adults (15% age 65^{+}), 8% residents identify as LGBTQ^{+} or report a gender identity outside the traditional male/female binary (9%).

Health outcomes in the Bronx are shaped by a complex mix of structural barriers, social determinants, and clinical challenges. The borough experiences disproportionately high unemployment (11%) compared with the New York State average (6%), and more residents are uninsured (7% vs. 5% statewide). Poverty (28%) is above state levels, and food insecurity is the highest (20%) relative to the other four New York City-based counties. Furthermore, the neighborhood food environment may be limited — with eight bodegas for every supermarket. Rent burden is another stressor in this community, with 60% of households paying a disproportionate share of their income toward housing.

Transportation access may also be a barrier: 61% of households lack a vehicle, which can limit accessibility and timeliness in preventive services, such as screenings and follow-up care. In addition, several Bronx neighborhoods — Melrose, Mott Haven, Port Morris, Claremont, Crotona Park East, and Morrisania — are federally designated as Medically Underserved Areas, and access to care has consistently emerged as the top health-related concern for these communities.

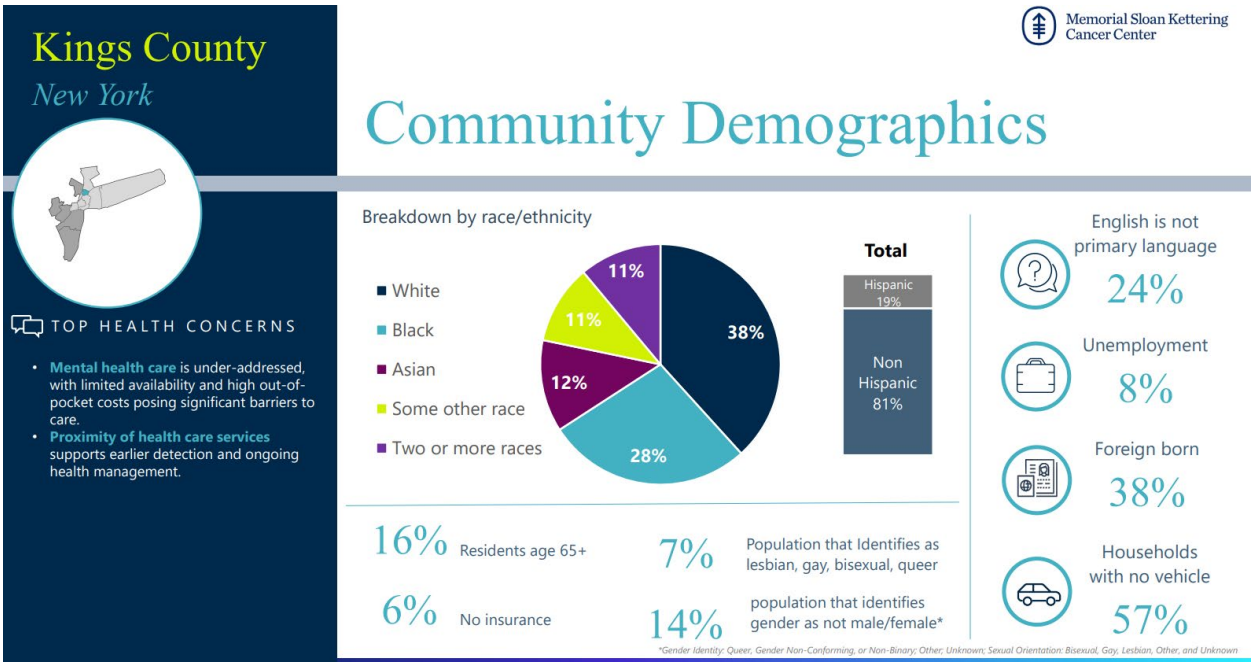
Risk factors for cancer, including obesity (affecting 35% of adults), remain prevalent and above state averages (29% of adults). While smoking (11%) and binge drinking (12%) are slightly lower than statewide rates, sustained investment in prevention remains essential.

Cancer screening and outcome disparities reinforce the need for a more equitable approach to cancer prevention and care. Colorectal screening rates in the Bronx (62%) fall below the state average (65%). Black (38.5 per 100,000) and white (43.8 per 100,000) residents in the Bronx have higher colorectal cancer

incidence rates relative to the county overall (34.5 per 100,000), and both population groups also have higher mortality rates for colorectal cancer (white – 16.7 per 100,000 and Black – 11.2 per 100,000) compared with the county overall (10.9 per 100,000). While breast cancer screening slightly exceeds the state average (79% vs. 78%),[10] Black women in the Bronx face significantly higher rates of late-stage breast cancer diagnosis (53.1 per 100,000 vs. the borough overall at 41.6 per 100,000).[11]

These data highlight the importance of tailoring outreach, education, and intervention efforts by population subgroup to improve outcomes. Examples for engagement include expanding culturally and linguistically appropriate education and engagement; screening and addressing social and economic barriers to healthcare access; tailoring education, screening and services for LGBTQIA$^+$ populations; investing in community-centered outreach and navigation; and enhancing partnerships with community-based organizations to support local needs.

Kings County, New York City



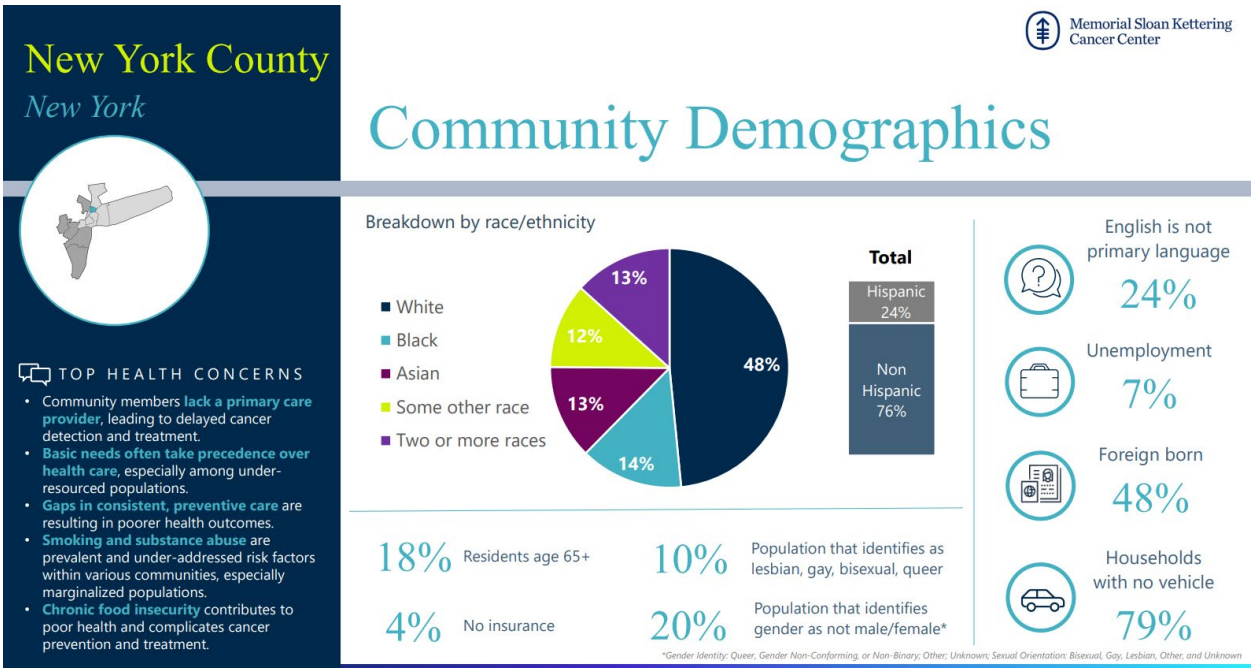
Kings County — encompassing Brooklyn — is New York State's most populous county with approximately 2.6 million residents. More than 75% of the population identifies with a race other than white, 19% identify as Hispanic, and 38% are foreign-born. Nearly one in four residents (24%) report that English is not their primary language. Kings County has an older adult population (16% age 65$^+$) in line with the state average, and 7% of residents identify as LGBTQ$^+$ or report a gender identity outside the traditional male/female binary (14%).

Community health outcomes are shaped by a mix of structural barriers, social determinants, and clinical risk factors. Unemployment in Kings County stands at 8%, and 6% of residents are uninsured, both slightly above the New York State averages (6% and 5%, respectively). Poverty and food insecurity are challenges that affect more than 15% of the population, while 52% of households experience rent burden, spending a disproportionate share of their income on housing. In addition, 57% of households do not have access to a vehicle, which may limit timely access to preventive care and follow-up services.

Cancer risk factors and disparities remain a public health priority. Adult obesity affects 29% of residents, and cigarette smoking rates (16%) are just slightly below the statewide average. Binge drinking rates are slightly higher at 17%. While screening rates for breast and cervical cancer (78% and 83%, respectively) are consistent with or above state benchmarks, colorectal cancer screening in Kings County (65%) is below the state average (70%). Disparities in cancer outcomes persist across population groups. Late-stage breast cancer incidence is notably higher among Black women (49.9 per 100,000), and lung cancer incidence is greater among the Asian population (43.7 per 100,000) compared with the countywide average (38 per 100,000). These disparities reinforce the need for targeted outreach, screening, and early detection strategies.

Future local efforts could focus on co-designing culturally resonant outreach and prevention strategies with community members, expanding access to screening and navigation services in under-resourced neighborhoods, and developing targeted initiatives for populations at elevated risk — including LGBTQIA⁺ residents, immigrant communities, and racial and ethnic groups facing disproportionate cancer burdens.

New York County, New York City



New York County (Manhattan) is one of the most densely populated and demographically varied areas in New York State and is home to approximately 1.6 million residents. Fifty-two percent of the population identifies with a race other than white, and 24% identify as Hispanic. Nearly half (48%) of residents are foreign-born, and 24% have limited English proficiency, underscoring the need for culturally and linguistically appropriate services. The population includes a higher proportion of older adults (18% age 65+), and 10% identify as LGBTQ+ and 20% outside the traditional male/female gender binary.

Unemployment is 7%, compared with the state average of 6%, and 4% of residents are uninsured. Seventeen percent of the population lives in poverty, and 14% face food insecurity. Rent burden affects 52% of households.

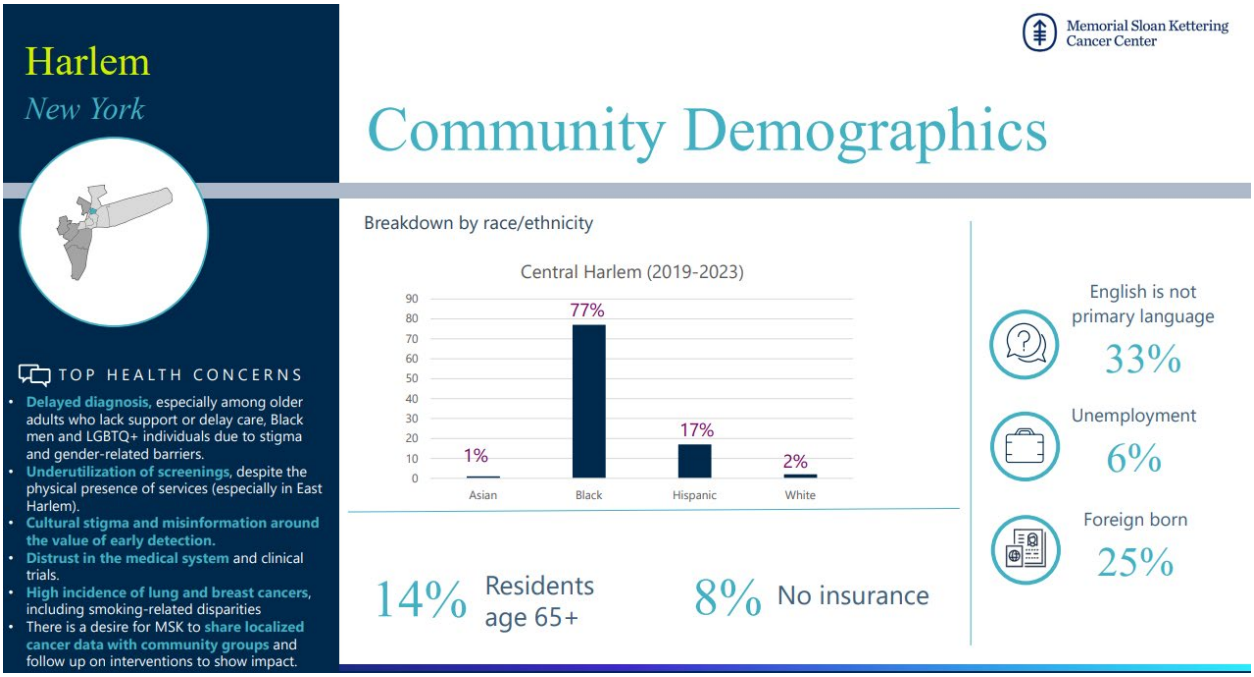
Risk factors for cancer remain present across the population. Seventeen percent of adults are affected by obesity, which is lower than the state average (29%). Smoking (10%) is lower than the state average, yet binge drinking (21%) is higher than the statewide averages, indicating a continued need for prevention education and health promotion on the increased risk of cancer related to alcohol.

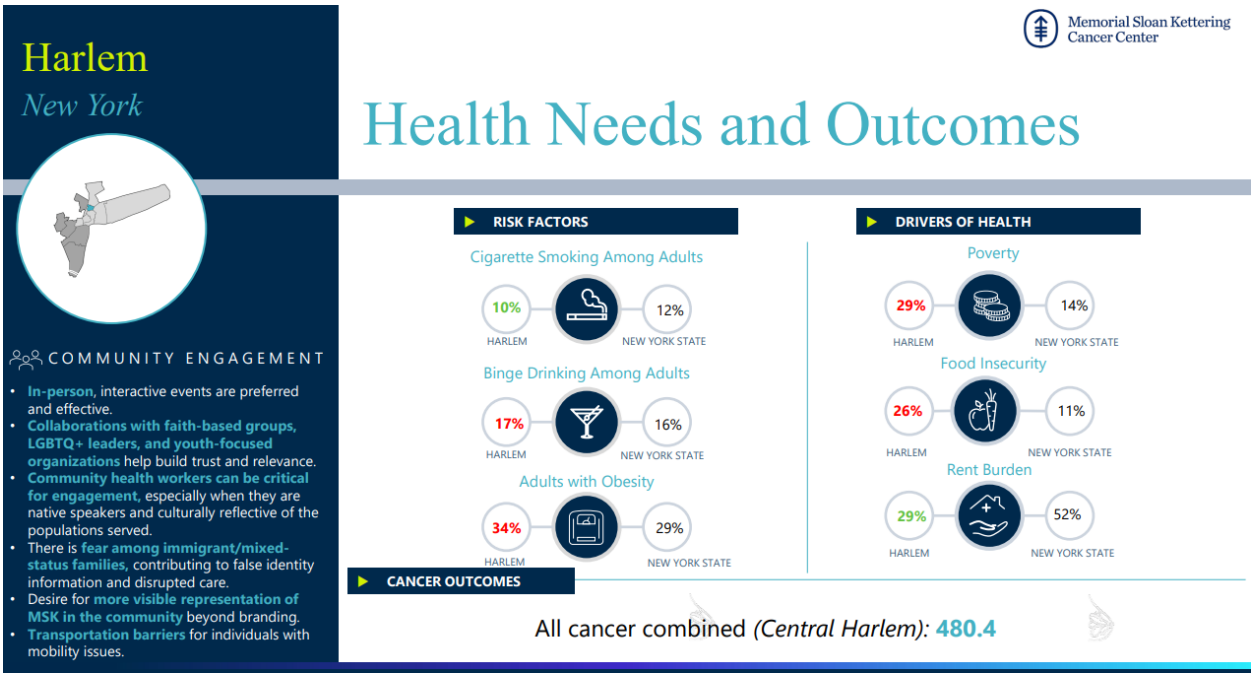
Cancer screening rates show variation compared to state benchmarks. Colorectal cancer screening rates in New York County (74%) are better than the statewide average (65%). Breast cancer screening (79%) and cervical cancer screening (86%) are high.

Disparities in cancer outcomes remain a concern. Late-stage breast cancer incidence among Black women in New York County (49 per 100,000) is significantly higher than the county average (37.2 per 100,000), and breast cancer mortality for this group (26.2 per 100,000) also exceeds the overall county rate (14.6 per 100,000), indicating the need for more targeted outreach, education, and early detection efforts focused on Black women, who are experiencing a disproportionate burden of breast cancer incidence and mortality.

These data points show opportunities for tailored cancer prevention, education, and care in New York County. Strategies may include enhancing access to linguistically and culturally appropriate services, screening for and addressing social drivers of health, improving cancer screening and outreach efforts for Black women, and evaluating the gaps in supporting LGBTQ+ populations.

Harlem, New York City





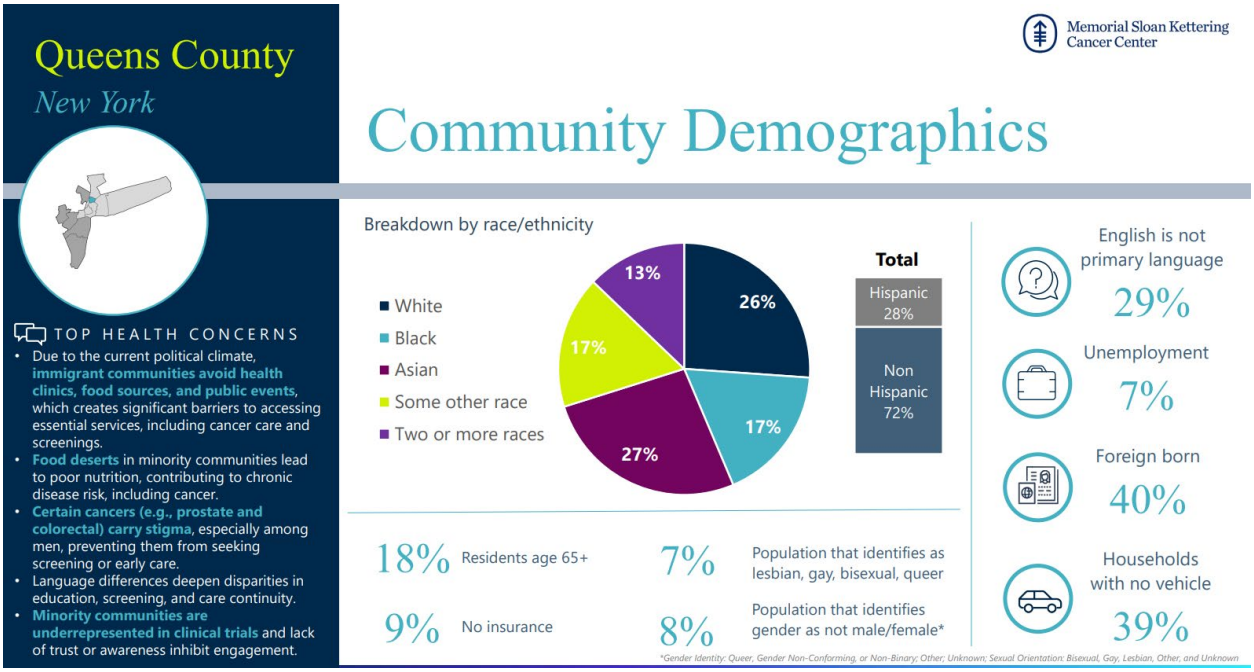
Harlem, within Manhattan, includes Central Harlem, East Harlem (also known as Spanish Harlem), and West Harlem. Together, Harlem is home to approximately 258,000 residents. The area is demographically diverse, with 14% of residents aged 65 or older, 25% foreign-born, and 33% speaking a primary language other than English.

Unemployment stands at 6%, and 8% of residents lack health insurance. Cancer diagnosis is often delayed, particularly among older adults with limited support, Black men, and LGBTQ+ individuals, due to stigma and systemic barriers. Despite the availability of screening services, they are underutilized, especially in East Harlem, partly due to cultural stigma, misinformation about early detection, and a deep distrust of the healthcare system and clinical trials. Lung and breast cancers are notably prevalent, with smoking-related disparities contributing to high incidence rates.

Social determinants such as poverty (29%), food insecurity (26%), and rent burden (52%) further contribute to poor health outcomes. Behavioral risk factors, including a 16% adult smoking rate and 17% rate of binge drinking, also play a role. Central Harlem's all-cancer incidence rate for males and females is 480.4 per 100,000, which is higher than the state average of 466.8 per 100,000, underscoring the need for targeted intervention.

Effective community engagement has been identified as key, with in-person, interactive events and partnerships with trusted local organizations — such as faith-based groups, LGBTQ+ leaders, and youth organizations — building trust and relevance. Having community health workers, particularly those who reflect the local culture, was shared as a solution to help with engagement. However, barriers such as transportation challenges and fear among immigrant and minorities can impact access and disrupt care.

Queens County, New York City



Queens County is one of the most densely populated and demographically diverse areas in New York State and is home to more than 2.3 million residents. Almost three quarters (74%) of the population identifies as a race other than white, and 24% identify as Hispanic. Forty percent of residents are foreign-born, and 29% report that English is not their primary language — emphasizing the ongoing need for culturally and linguistically appropriate services. The population includes a higher proportion of older adults (18% age 65+), and 7% identify as lesbian, gay, bisexual, queer, or other, and 8% identify as outside the male/female gender binary.

Unemployment stands at 7%, and 9% of residents lack health insurance — both higher than the New York statewide averages of 7%[1] and 5%, respectively. Thirteen percent of the population lives in poverty, and rent burden is similar to the state average, affecting over half of households (52%). Food insecurity is among the lowest rates of the New York City boroughs at 3%, but there are known disparities within the county. Relative to other New York City boroughs, fewer households (39%) do not own a vehicle.

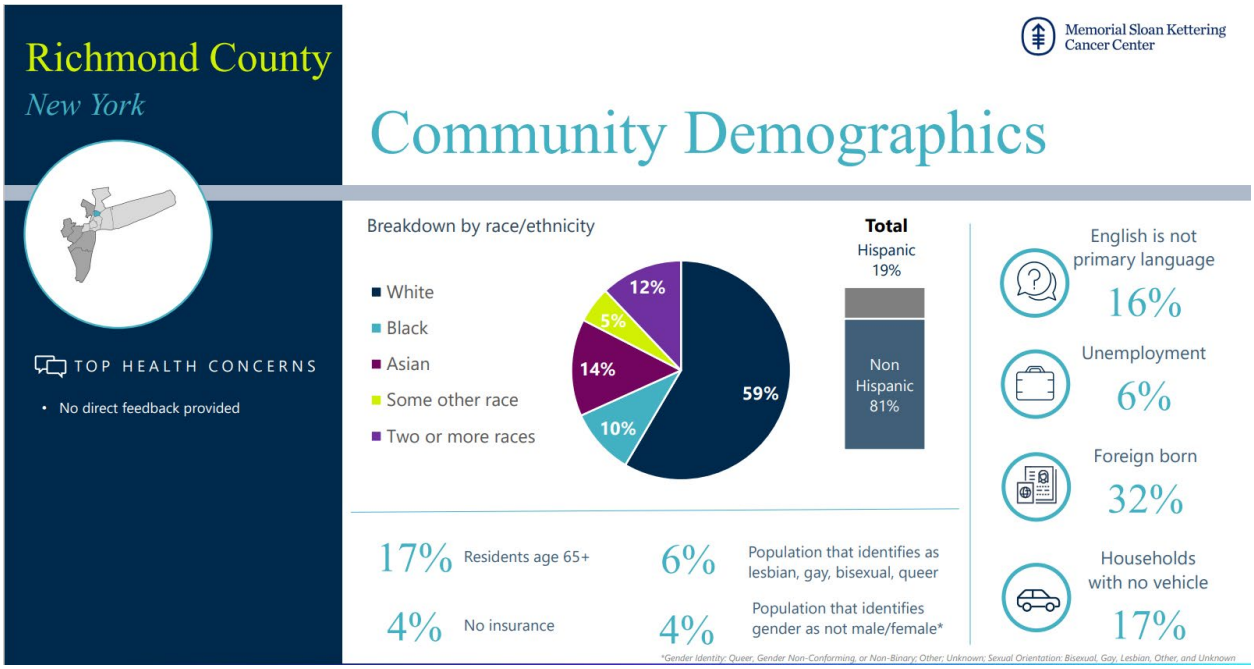
Cancer risk factors are not as high for Queens County residents relative to state averages; however, they remain a concern across the population. Twenty-seven percent of adults are affected by obesity — on par with the state average of 29% — while 9% of adults smoke and 14% engage in binge drinking. These data indicate a continued need for health promotion efforts, with particular focus on healthy weight management.

Screening rates for cancer in Queens County are lower relative to state benchmarks. Colorectal cancer screening stands at 62%, breast cancer screening at 73%, and cervical cancer screening at 84%. Disparities in cancer outcomes also exist. Among Black women, the late-stage breast cancer incidence rate is 47 per 100,000 — substantially higher than the Queens County average of 39.6. Lung cancer incidence is higher among the white population (51.1 per 100,000) compared with the overall county (38.2 per 100,000).

These findings highlight the need for targeted cancer prevention, education, and care strategies tailored to Queens County's diverse population. Priorities may include expanding access to culturally and linguistically

appropriate services, improving breast cancer educational outreach and screening among Black women, and enhancing lung cancer education and screening.

Richmond County, New York City



Richmond County, known as Staten Island, is home to more than 490,000 residents. Forty-one percent of the population identifies with a race other than white, and 19% identify as Hispanic. Nearly one-third (32%) of residents are foreign-born, and 16% report that English is not their primary language. Seventeen percent of the population is age 65 or older. The LGBTQ+ community is represented by 6% of residents who identify as lesbian, gay, bisexual, queer, or another non-heterosexual identity, and 4% who identify their gender as outside the male/female binary.

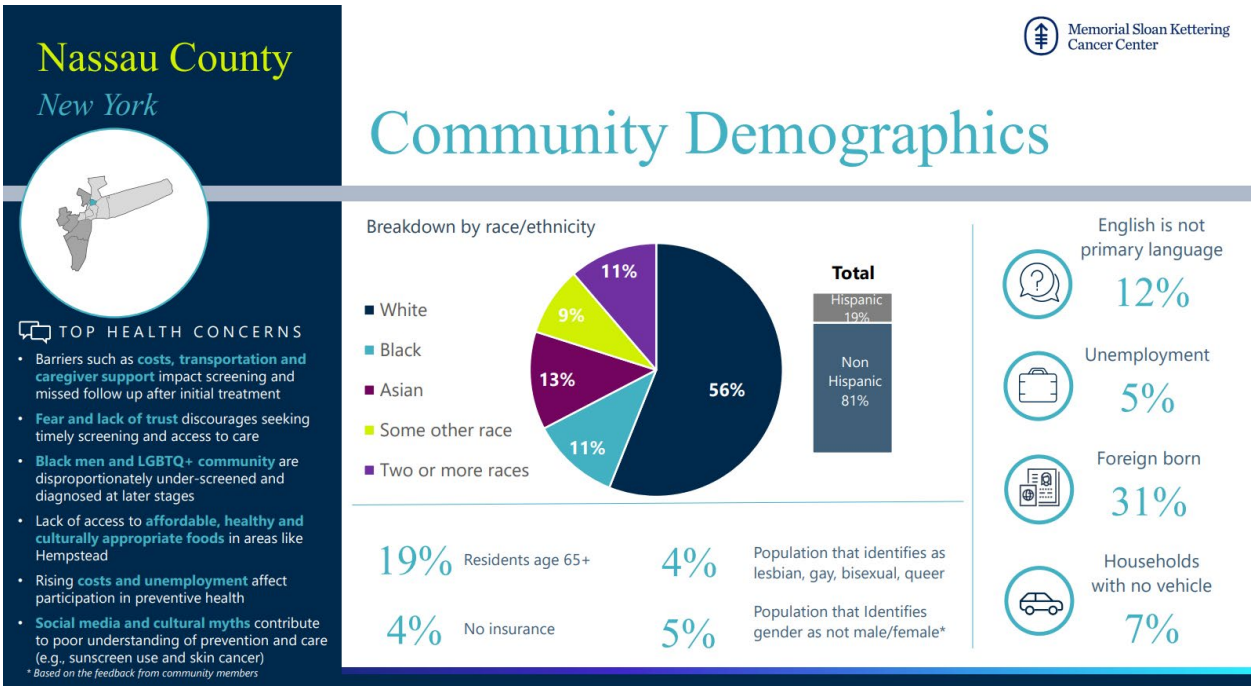
The unemployment rate is 6%, consistent with the statewide average, and 4% of residents are uninsured. Fourteen percent of residents live below the poverty line, and 11% face food insecurity. Rent burden affects more than half of households (54%), while 17% of households lack access to a vehicle — potentially limiting access to health services, particularly in areas with limited public transit.

Cancer risk factors remain prevalent across the community. Thirty percent of adults in Richmond County are living with obesity, slightly above the state average (29%). Fourteen percent of adults smoke, and 13% report binge drinking — both indicators suggesting opportunities for enhanced prevention and health promotion efforts.

Screening rates for cancer are relatively strong in Richmond County. Colorectal cancer screening stands at 67%, breast cancer screening at 79%, and cervical cancer screening at 88%, all on par with or exceeding state benchmarks. However, disparities in cancer outcomes highlight continued inequities. Lung cancer incidence is higher among the white population (63.6 per 100,000) than the overall population (59.1 per 100,000). Colorectal cancer mortality is notably higher among the Black population (16.8 per 100,000) compared with the overall population (11.9 per 100,000).

Priorities may include strengthening access to culturally competent care; addressing transportation and housing barriers; and expanding cancer education, outreach, and early detection efforts, particularly related to lung and colorectal cancer.

Nassau County, Long Island, New York



Nassau County, New York, is east of New York City on Long Island and is home to 1.3 million residents. Forty-four percent of the population identifies with a race other than white, and 19% identify as Hispanic. Nineteen percent of residents are aged 65 or older, and 31% are foreign-born. Twelve percent of residents report speaking a language other than English as their primary language, and the population includes 4% of individuals identifying as LGBTQ+ or outside the traditional gender binary (5%).

The unemployment rate in Nassau County is 5%, and 4% of the population lacks health insurance. Six percent of residents live in poverty, and 7% experience food insecurity. Rent burden affects 55% of households, while 7% of households do not own a vehicle, presenting logistical challenges for accessing health services.

While screening rates are generally moderate (65% for colorectal, 77% for breast, and 88% for cervical cancer), community members shared that residents may face multiple barriers to consistent care, including cost, lack of transportation, insurance coverage limitations, and limited caregiver support for follow-up appointments. Focus group participants emphasized persistent delays in screenings and treatment, often tied to fear, mistrust, or immigration-related concerns. Residents frequently cited hesitancy to pursue care even when experiencing symptoms, due to fear of diagnosis or uncertainty about how the system will respond. Public health messaging and education are inconsistent, and some community members rely on social media or word-of-mouth, where misinformation, such as myths around sunscreen safety, can contribute to low screening uptake and misunderstanding of risk factors.

Health disparities remain a concern, particularly among Black residents and LGBTQ+ individuals. Black men were described as under-screened, often receiving diagnoses at later stages, and breast cancer mortality

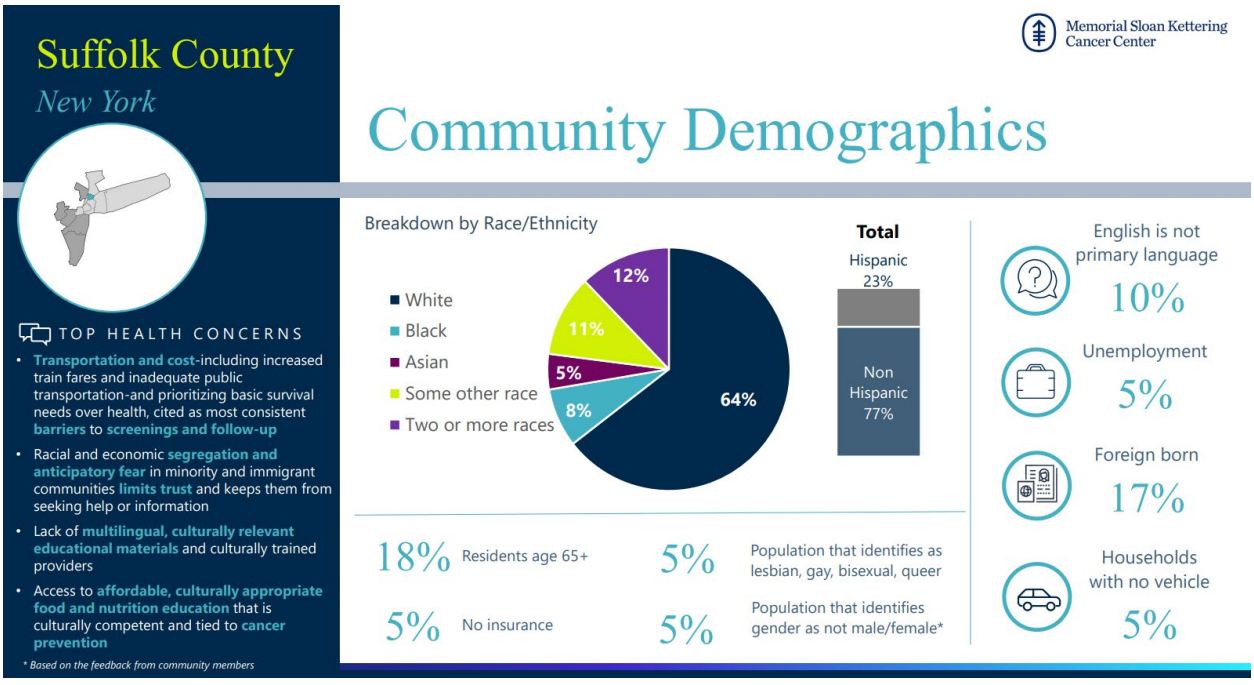
among Black women (25.2 per 100,000) exceeds the county average (16.8 per 100,000). These outcomes highlight potential barriers to early detection and access to high-quality care.

Chronic disease risk factors such as obesity, smoking, and alcohol use are prevalent in Nassau County. Twenty-five percent of adults are living with obesity, while cigarette smoking is lower at 8% and binge drinking is reported at 16%, closely aligning with state averages. Lung cancer incidence, however, was higher among white residents (52.3 per 100,000) and is higher than the overall county (47.0 per 100,000). These behavioral risk factors contribute to the cancer burden in the county and underscore the continued need for targeted, culturally specific health promotion, education, and community-based prevention strategies.

Nutrition and food access were also raised as key concerns. Communities such as Hempstead face limited availability of affordable, healthy, and culturally appropriate food options. Economic pressures and transportation barriers further compound the problem, especially for low-income and immigrant households. While some local efforts exist to promote wellness through workshops and food pantries, residents expressed a need for more visible, community-based programs that integrate health education with tangible support services.

Participants noted that awareness of MSK's services is relatively low in Nassau County, particularly compared with other local health systems. Although MSK has engaged in community-based events and collaborations in the past, stakeholders indicated a desire for increased presence and visibility, particularly in underserved neighborhoods. Trust-building, language access, and direct engagement through familiar community settings were identified as priorities to strengthen connections between health institutions and residents.

Suffolk County, Long Island, New York



Suffolk County, New York, in central and eastern Long Island is home to more than 1.5 million residents. Thirty-six percent of the population identifies with a race other than white, and 23% identify as Hispanic. Eighteen percent of residents are age 65 or older, and 17% are foreign-born. Ten percent report speaking a

language other than English at home. Five percent of the population identifies as lesbian, gay, bisexual, queer, or another non-heterosexual identity, and 5% identify outside the male/female gender binary.

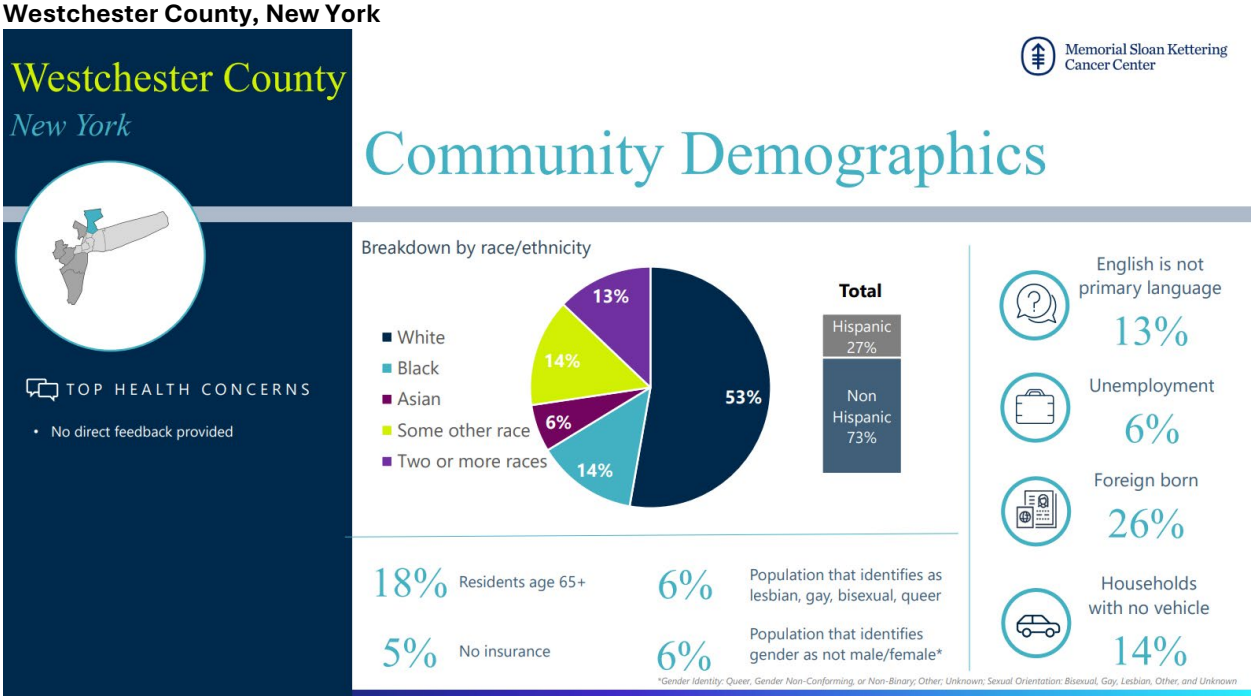
The unemployment rate is 5%, and 5% of residents are uninsured. While overall poverty (7%) and food insecurity (8%) rates are lower than the state, rent burden affects more than half of households (58%), and community members cited increased costs as a barrier to screening and care. Only 5% of households lack vehicle access, but in our dialogs, transportation was consistently cited by community members as a significant barrier. Delays in care, particularly for cancer screenings and follow-up appointments, were also linked to transportation gaps, inability to take time off work, and limited service availability during convenient hours.

Chronic disease risk factors are prevalent. Twenty-nine percent of Suffolk County adults are living with obesity, while cigarette smoking and binge drinking are reported at 9% and 14%, respectively. Cancer screening rates are moderate: 65% for colorectal cancer, 74% for breast cancer, and 92% for cervical cancer. Disparities in outcomes are evident. Late-stage breast cancer incidence among Black women is 56.4 per 100,000, substantially higher than the overall county rate of 42.5. Similarly, colorectal cancer mortality is higher among the Black population (15.9 per 100,000) compared with the countywide rate (10.8 per 100,000).

Community feedback emphasized two overarching categories for attention: structural barriers to accessing care and challenges related to mistrust, misinformation, and cultural disconnects. Residents reported difficulty navigating the healthcare system that was exacerbated by fears of diagnosis, financial burden, and confusion around insurance coverage or immigration status. Many individuals delay or avoid care due to limited knowledge about available resources or cultural stigma surrounding screening procedures. Concerns about provider misgendering and limited mental health services further discouraged engagement, particularly among youth, LGBTQ+ individuals, and immigrant populations.

To improve community engagement and support, participants recommended consistent partnerships with trusted local venues (such as barbershops, churches, schools, and community centers) as key sites for education and outreach. Culturally aligned navigators and bilingual staff were identified as essential for increasing trust and participation. Residents also called for expanded use of mobile units and after-hours clinics to reduce logistical barriers, alongside efforts to improve cultural competence among providers and address health misinformation.

Westchester County, New York



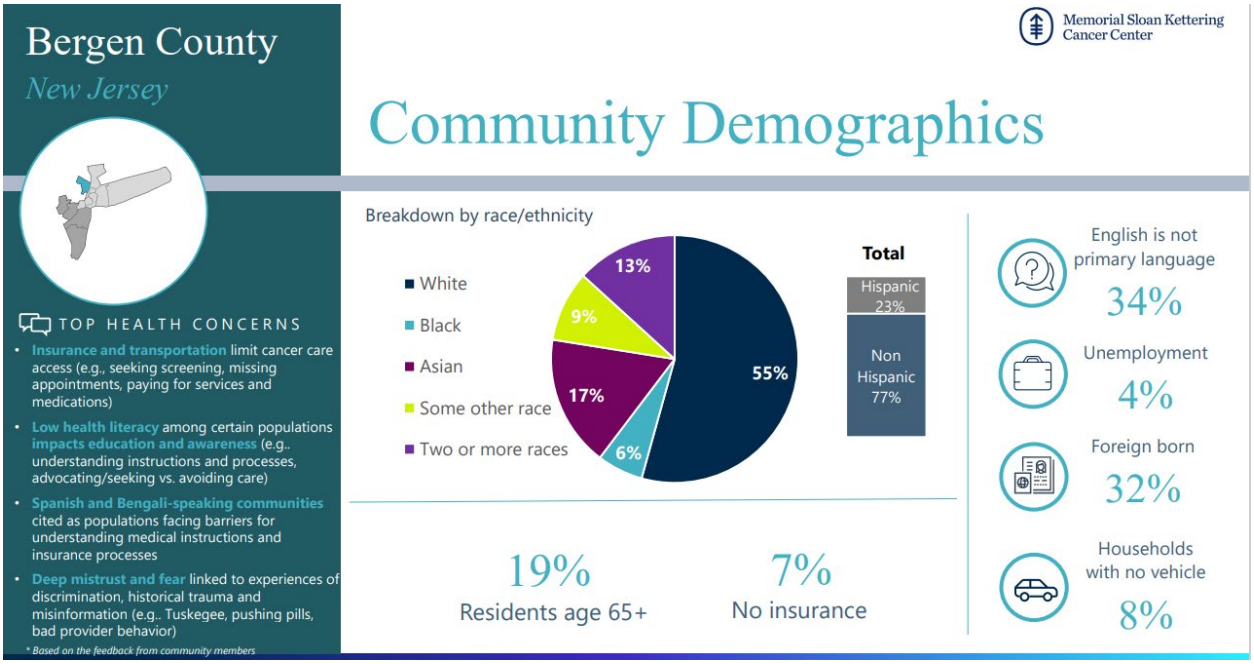
Westchester County, New York, is on the northern border of New York City and home to 1 million residents. Twenty-eight percent of the population identifies with a race other than white, and 47% identify as Hispanic. Eighteen percent of residents are age 65 or older, and 26% are foreign-born. Thirteen percent report speaking a language other than English at home. Six percent of residents identify as lesbian, gay, bisexual, queer, or another non-heterosexual identity, and 6% identify outside the traditional male/female gender binary. These figures underscore the importance of culturally and linguistically inclusive care that meets the needs of a varied population.

The unemployment rate is 6%, and 5% of residents are uninsured. Nine percent of the population lives in poverty, and 9% experience food insecurity. Rent burden affects over half (53%) of households, and 14% of households do not own a vehicle, indicating potential access barriers for routine and specialty care. These structural factors in combination with other behavioral risk indicators can influence cancer-related health outcomes.

Chronic disease risk factors are prevalent in Westchester. Twenty-five percent of adults are living with obesity, 6% report cigarette smoking, and 13% report binge drinking. While these rates are below the state averages, they are known contributors to elevated cancer risk, and identifying at-risk populations is critical for outreach and engagement. Cancer screening rates in the county overall are at or better than the state averages: Colorectal cancer screening is reported at 70%, breast cancer screening at 77%, and cervical cancer screening at 88%.

Despite these screening rates, disparities in cancer outcomes remain. Late-stage breast cancer incidence is slightly higher among Black women (43.4 per 100,000) compared with the overall county rate (39.2). Lung cancer incidence is also a concern, with more elevated rates for the white population (44 per 100,000) compared with the countywide rate of 39.2 per 100,000. These figures suggest the need for continued focus on early detection and equitable access to screening and follow-up care.

Bergen County, New Jersey



Bergen County, New Jersey, in the northeastern corner of New Jersey, is home to more than 975,000 residents. Forty-five percent of the population identifies with a race other than white, and 23% identify as Hispanic. Nineteen percent of residents are age 65 or older, and 32% are foreign-born. Thirty-four percent of residents speak a language other than English as their primary language. Data on LGBTQIA+ populations in the county is currently unavailable.

Seven percent of Bergen County residents live in poverty, and 9% experience food insecurity, slightly lower than the state averages (10% and 11%, respectively). Eight percent of households do not own a vehicle, and the unemployment rate is 4%. Seven percent of residents lack health insurance coverage.

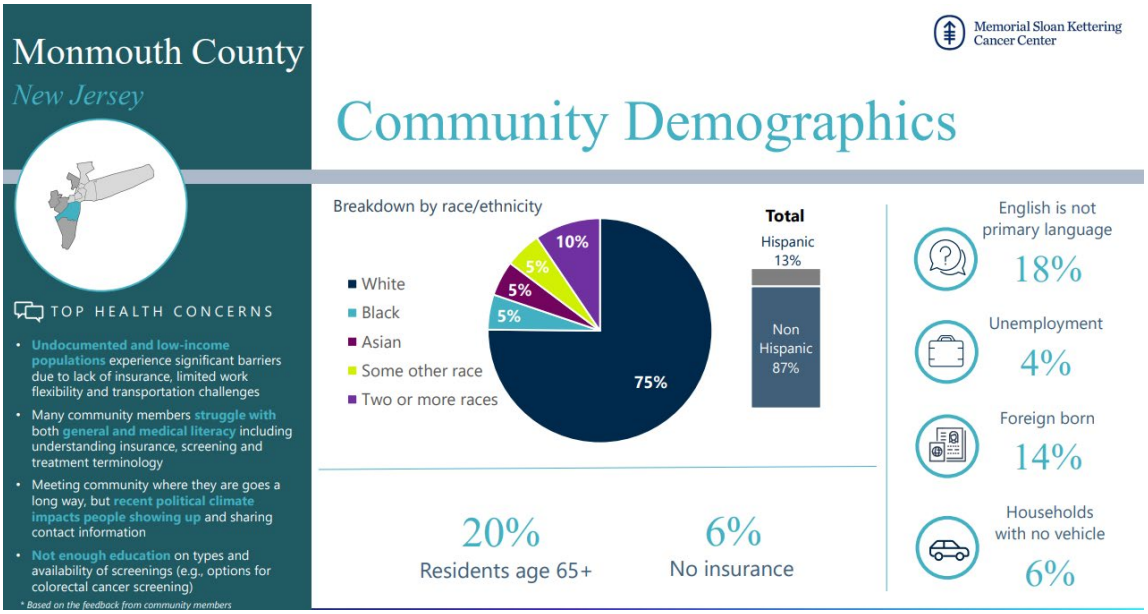
Twenty percent of adults are affected by obesity, which is lower than the state average (28%). Tobacco use and alcohol consumption are notable behavioral health risks, with 9% of adults reporting smoking and 14% reporting binge drinking. While overall lower than the state averages, these risk factors contribute to chronic disease and cancer incidence.

Cancer screening rates in the county are at or above the state averages. Breast and cervical cancer screening rates are reported at 81% and 83%, respectively, while colorectal cancer screening is at 69%. Prostate cancer incidence is reported at 41.5 per 100,000 for Black men, which exceeds the overall county rate (35.7 per 100,000), reflecting disparities by race.

Several community-identified barriers contribute to gaps in cancer prevention and care. Insurance limitations and lack of transportation are cited as major obstacles to attending appointments, receiving screenings, and affording medications. Language access and health literacy pose challenges for patients that speak limited English, with particular focus on Spanish- and Bengali-speaking residents. Low health literacy and confusion can also lead residents to delay or avoid care. Community members also shared that mistrust of the healthcare system, rooted in past discrimination, historical events, and negative provider experiences, discourages community members from seeking timely care.

Individuals consulted emphasized that one-time outreach events are insufficient; building trust in communities requires consistent presence, culturally appropriate education, and meaningful partnerships. Churches were identified as trusted venues for health education, and recommendations included expanded use of health fairs, "lunch and learn" sessions, and survivorship storytelling led by staff and community members who reflect the population. Navigation and advocacy support were also cited as essential for improving follow-up and continuity of care.

Monmouth County, New Jersey



Monmouth County, New Jersey, in east central New Jersey, is home to more than 640,000 residents. Twenty-five percent identify with a race other than white, and 13% identify as Hispanic. Twenty percent of residents are age 65 or older, and 14% are foreign-born. Eighteen percent of residents speak a language other than English as their primary language. Data on LGBTQIA+ populations in the county is currently unavailable.

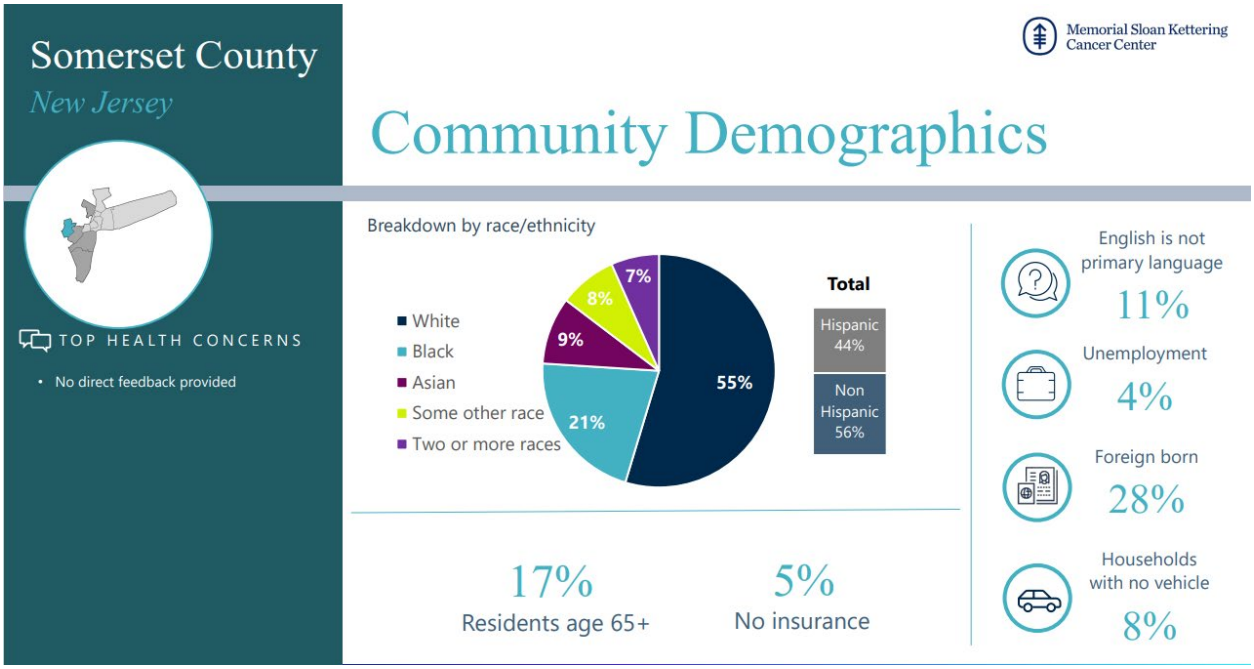
Six percent of households do not own a vehicle, and the unemployment rate is 4%. Six percent of residents lack health insurance coverage. Six percent of Monmouth County residents live in poverty, and 8% experience food insecurity, both slightly lower than the state average (10% and 11%, respectively). Data on the rent burden is currently unavailable.

Twenty-four percent of adults are affected by obesity (the state average is 28%). Eleven percent of adults report smoking, and 19% report binge drinking (vs. the state averages of 11% and 16%, respectively). Cancer screening rates in the county are at or above the state averages. Breast and cervical cancer screening rates are reported at 78% and 86%, while colorectal cancer screening is at 72%. Colorectal cancer incidence is reported at 45.5 per 100,000 for the Black population, which exceeds the overall county rate (43.8 per 100,000), reflecting differences by race.

Community members shared that undocumented and low-income populations in the community experience barriers to cancer care due to lack of insurance, inflexible work schedules, and limited transportation. Early diagnosis does not consistently lead to treatment because individuals often prioritize employment, childcare, and other responsibilities. Language and literacy barriers also affect the ability to understand

medical information and navigate the healthcare system, including how to effectively use insurance benefits for screening and access to care. Beginning education efforts early can potentially help, as it was shared that young adults can have a large influence on older adults in their lives. Hosting events at public locations such as parks, libraries, or YMCAs can increase accessibility to cancer services and support community trust. MSK can also help convene schools, local government, and community organizations to coordinate efforts, clarify available screening options like at-home colorectal and prostate cancer tests, and expand post-treatment resources for survivor support.

Somerset County, New Jersey



Somerset County in north central New Jersey includes a diverse community. Forty-five percent of the population identifies with a race other than white, and 44% identify as Hispanic. Seventeen percent of residents are age 65 or older, 28% are foreign-born, and 11% of residents speak a language other than English as their primary language. Data on the LGBTQIA+ populations is currently unavailable, limiting the visibility of specific community needs related to gender and sexual identity.

Unemployment in Somerset County is relatively low at 4%. Five percent of residents are uninsured. Poverty affects 5% of the population, and 7% experience food insecurity. While detailed housing data such as rent burden is not available, 8% of households do not have access to a vehicle. This lack of transportation can hinder access to employment and healthcare in certain parts of the county.

Twenty-five percent of adults live with obesity, which is slightly less than the state average of 28%. Seven percent smoke cigarettes, which is also below the state average of 11%. Binge drinking is reported by 17% of adults, near the state average of 16%.

Cancer screening rates show room for improvement. Colorectal cancer screening is at 73%, breast cancer screening at 70%, and cervical cancer screening at 81%, each of which is slightly below optimal levels — presenting an opportunity for enhanced outreach and education efforts. Prostate cancer incidence among

Black men in Somerset County is 229.6 per 100,000, higher than the countywide average of 221.4. Important cancer strategies may include increasing screening participation, expanding culturally and linguistically appropriate care models, and developing targeted outreach for populations with elevated cancer risk.