

**2019-2021 Memorial Sloan Kettering Cancer Center**  
Community Health Needs Assessment and  
Comprehensive Community Service Plan



Memorial Sloan Kettering  
Cancer Center



Memorial Sloan Kettering Cancer Center's (MSK) mission is to lead in the prevention, diagnosis, treatment, and cure of cancer through programs of excellence in cost-effective research, education, outreach, and patient care.

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## OVERVIEW

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Memorial Sloan Kettering Cancer Center conducted a Community Health Needs Assessment (CHNA) in 2019 to identify the most critical cancer-related health concerns currently facing residents in our 23-county area. Tax-exempt hospitals are required to conduct a CHNA every three years, with a subsequent implementation plan to ensure that the most significant health needs of the community are identified and directly addressed.

The results of the assessment were shaped by community representatives and health agencies serving diverse populations and supported by quantitative data analysis. The identified critical needs included in this report inform and direct MSK's 2019–2021 Community Service Plan (CSP), a three-year implementation strategy that supports the New York State Prevention Agenda 2019–2024 and New York City's Take Care New York, as well as satisfies the federal requirements for nonprofit hospitals set by the US Internal Revenue Service and the Affordable Care Act.

MSK's programs and interventions support our neighborhood residents and the community at large, as well as our patients and their caregivers and families. They also directly address the health priorities outlined in the New York State Department of Health's 2019–2024 Prevention Agenda, which focuses on several leading causes of preventable illness and death.

This report has been adopted by the Memorial Hospital for Cancer and Allied Diseases Board of Managers.

## DISTRIBUTION OF 2019–2021 CHNA-CSP

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The purpose of the 2019–2021 Community Service Plan is to provide the community and stakeholders with knowledge of MSK's most recent and available outreach programs. The plan is mailed to local officials, civic leaders, and organizations, and is available on our website, at [mskcc.org/communityserviceplans](https://mskcc.org/communityserviceplans), or by mail upon request. We encourage the community to provide feedback to this report, and if preferred, a hard copy of MSK's 2019–2021 CHNA-CSP can be made available to you by contacting [communityaffairs@mskcc.org](mailto:communityaffairs@mskcc.org) or 646-227-3199.

## ABOUT MSK

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Memorial Sloan Kettering Cancer Center is the world's oldest and largest private cancer center, devoting more than 130 years to exceptional patient care, innovative research, and outstanding educational programs. MSK is home to more than 17,000 physicians, scientists, nurses, and staff united by a relentless dedication to conquering cancer. Today, we are one of 50 National Cancer Institute (NCI)-designated Comprehensive Cancer Centers, with state-of-the-art science flourishing side by side with clinical studies and treatment.

Our mission is to lead in the prevention, diagnosis, treatment, and cure of cancer through programs of excellence in cost-effective research, education, outreach, and patient care. A vital part of that goal includes making care convenient to patients throughout our catchment area and at our outpatient facilities throughout the tri-state area in Westchester County and on Long Island in New York and in New Jersey.



The most recent statistics, from 2018, show that the total number of patients seen at MSK facilities was 173,195:

- 157,102 patients (90.7 percent) from New York, New Jersey, and Connecticut
- 14,443 patients (8.3 percent) from other parts of the United States
- 1,650 patients (1.0 percent) from other countries

In addition, there were:

- 24,243 admissions to our inpatient hospital in midtown Manhattan
- 776,546 outpatient visits to our outpatient treatment centers in Manhattan, Brooklyn, Westchester County, and New Jersey, as well as on Long Island

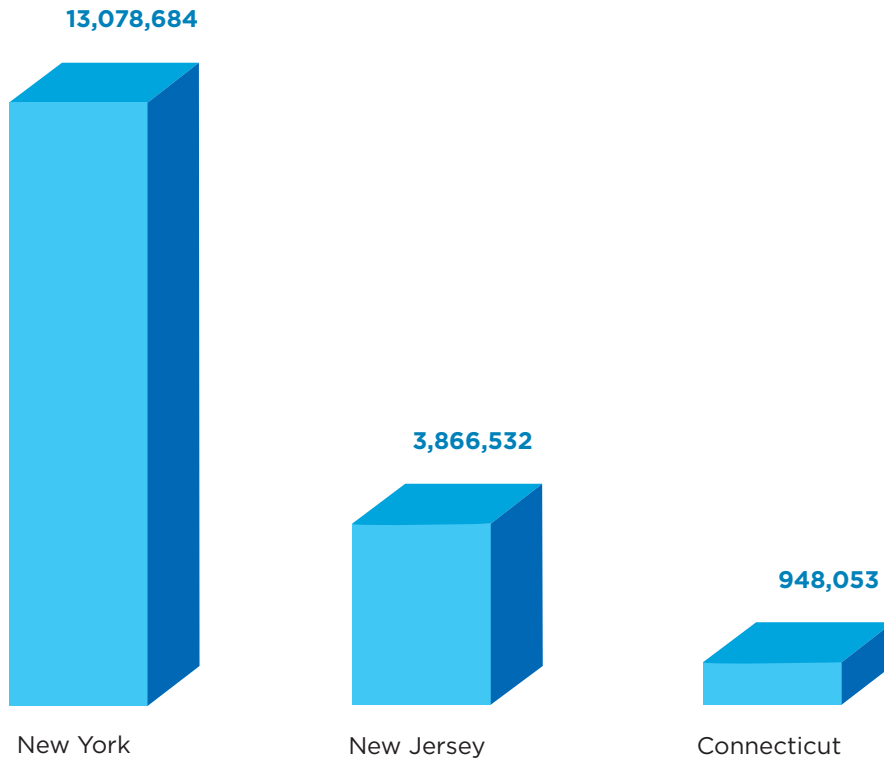
## COMMUNITY SERVED

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MSK's primary catchment area encompasses 23 counties and nearly 18 million people. The target population includes children and adults in need of cancer screening, diagnosis, treatment, or survivorship resources. For the purpose of this report, the hospital's community consists of the areas below, with an estimate of the total number of residents living in MSK's catchment area.

STATE	COUNTY	POPULATION
New York	Bronx, Kings, Nassau, Orange, Queens, Richmond, Rockland, Suffolk, and Westchester	13,078,684
New Jersey	Bergen, Essex, Hudson, Hunterdon, Middlesex, Monmouth, Morris, Ocean, Passaic, Somerset, Union, and Warren	3,866,532
Connecticut	Fairfield	948,053

**TOTAL: 17,893,269**



## 2019–2021 COMMUNITY HEALTH NEEDS ASSESSMENT

### 2019–2021 CHNA Results

Six community health forums were held with more than 45 stakeholder groups. The Community Health Needs Assessment forums yielded 19 key areas of interest, which were then included in a survey to solicit additional feedback before determining the final results. The CHNA feedback survey was sent to more than 160 participants and extended community partners. The results of the feedback surveys formed the basis of our CHNA focus areas and the interventions within our implementation plan. MSK will focus on addressing **nine community health needs**, illustrated below, for the 2019–2021 CHNA-CSP. Please refer to Appendix A for supporting data related to these identified health needs and Appendix B for references.

### MSK 2019–2021 Top 9 Community Health Need Assessment Results



## Methods of Conducting the 2019–2021 Community Health Needs Assessment

### MSK Community Health Needs Assessment Committee

MSK formulated the Community Health Needs Assessment Committee, a subcommittee of MSK’s Community Outreach Committee, to bring together community partners and experts with a wide range of perspectives and areas of expertise whose programs and services provide community benefits and activities to both our patients and the community at large, including underserved and vulnerable populations, including MSK department heads, clinical specialists, outreach and program managers, and social workers CHNA and Community Outreach Committee members included representatives from these MSK groups:

- Ambulatory Care
- Black, Latino, Asian, and Multicultural Employee Resource Network
- Breast Examination Center of Harlem
- Community Affairs
- Immigrant Health and Cancer Disparities Service
- Nursing
- Office of Diversity and Inclusion
- Patient and Caregiver Education
- Patient Financial Services
- Ralph Lauren Center for Cancer Care
- Social Work
- Volunteer Services



MSK Nassau Community Health Needs Assessment Forum in Uniondale.

### Data Analysis and Evaluation of Impact

The CHNA Committee reviewed external data sources highlighting leading cancer-related health needs and barriers to care to determine the scope of the Community Health Needs Assessment. Statistics analyzed included cancer incidence, prevalence, and mortality, and they reviewed key health trends among people with cancer, the general public, and multicultural populations (data sources available in Appendix A). In addition to external data analysis, MSK evaluated the impact, strengths, and challenges of our 2016–2018 CSP interventions and initiatives to inform our discussion guide seeking community input for the 2019–2021 CHNA-CSP.

### Conducted Community Health Needs Assessment Forums

To understand the broad interests of the communities our hospital serves, the CHNA Committee conducted a total of six CHNA discussion forums, ranging in size between four and ten community groups serving diverse populations. Five forums were conducted in person at MSK outpatient facilities throughout our region, and one was offered via webinar, placing a special focus on understanding the needs of the growing Hispanic community.

The forum structure was framed to encourage and capture robust participation in a limited time frame by utilizing a discussion guide, capturing health concerns by category, and collectively having the forum participants agree on the top three health needs current to the community for hospitals to prioritize. All participants were informed that the forums were being recorded and documented for internal reference only and were confidential.



MSK chose this format to continue the in-person dialogue that began at the preceding 2016 CHNA forums, provide a progress report on our impact since 2016, and strengthen and forge our relationships and partnerships in the community. MSK also approached this method to ensure cross-departmental collaboration and institution-wide understanding of the current critical health needs affecting our community. Once the leading health needs by group were identified by consensus, MSK concluded the forums with a presentation of the current cancer diagnosis, treatment, and mortality rates across the United States,<sup>3</sup> from the American Cancer Society's 2019 Cancer Facts and Figures; an overview of MSK patient population demographics and locations; and a progress report on our impact and response to their feedback within the 2016–2018 CHNA-CSP.

## Discussion Guide

MSK developed a discussion guide to bring participants through a series of questions and health-related topic areas to better understand the community's most critical cancer-related health needs, with an emphasis on multicultural populations. Inputs gathered from these forums were used to inform the development of MSK's implementation plan to address the identified health needs. For an outline of MSK's CHNA discussion guide, please see Appendix B.

The CHNA discussion guide forum covered three main areas of focus:

1. Define the most important cancer-related health concerns facing our community residents.
2. Learn from the perspectives of community gatekeepers of key cancer-related concerns faced by African American and Hispanic communities, and how MSK can better engage directly in partnership.
3. Explore opportunities for MSK to partner with community organizations to increase awareness, understanding, and access to care among multicultural populations.

## Methods of Conducting 2019-2021 CHNA-CSP

Each forum moderator listed current health concerns voiced by participants by category using flip charts, which were then reviewed and considered collectively by the participants. The forum participants came to a consensus and voted on the top three health needs that should be prioritized by hospitals. MSK then combined the top three choices and identified common needs and themes across all forums. The results of these health needs were subsequently sent to all community partners and forum participants in a survey for additional feedback.

## MSK CHNA-CSP Development Process



## Community Participation

The CHNA Committee compiled and mapped MSK’s partners across the regions that are serving communities in areas surrounding the hospital and outpatient facilities. Invitations to the forums were sent to more than 160 community representatives, with a total of 41 representatives participating to speak on behalf of the populations they serve. Participants included representatives from community-based organizations and local health agencies, local government officials, healthcare providers and representatives from community health centers, representatives from private businesses, healthcare advocates, and labor and workforce group officials. Community partners were invited to specific forums based on the region serviced and area of cultural expertise. Invitations were also openly made to the community at large through our website at [www.mskcc.org/communityserviceplans](http://www.mskcc.org/communityserviceplans).

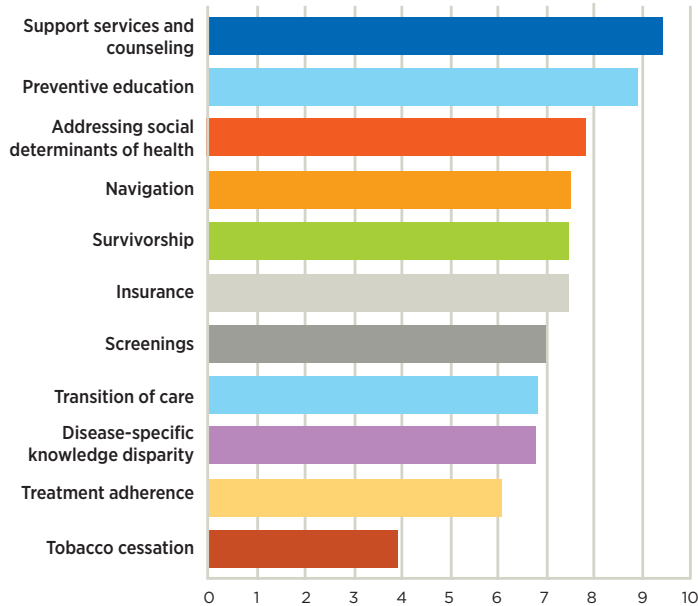
For full list of partners and services, please see Appendix C.

Date	Location	Region	Participating Partners
April 30, 2019	Ralph Lauren Center for Cancer Care	Harlem	Brother to Brother Prostate Cancer Support Group Cancer and Careers Custom Collaborative East Harlem Community Alliance Gotham Health Harlem Children’s Zone Metropolitan Hospital Mexican Consulate Spirit of Hope
May 2, 2019	Brooklyn Infusion Center	Brooklyn	Brooklyn Borough President Eric Adams Office Planned Parenthood RAICES Senior Center SHARE
May 3, 2019	MSK Nassau	Long Island	American Cancer Society, Long Island Chapter Colette Coyne Melanoma Awareness Campaign Hofstra University John J. Burn Community Center Leukemia Lymphoma Society, Long Island Chapter Nostrand Gardens Civic Association Sister United in Health PULSE Uniondale Chamber of Commerce
May 8, 2019	MSK Monmouth	New Jersey	American Cancer Society, New Jersey Chapter Bernard’s County Health Department Hackensack Meridian Health Leukemia Lymphoma Society, New Jersey Chapter Mary’s Place by the Sea Monmouth County Health Department Ocean County Health Alliance
May 10, 2019	MSK Westchester	Westchester County	American Cancer Society, Hudson Valley Chapter Cancer Support Team Feeding Westchester Hudson Valley Case Management Society Laura Feinblum Nutrition Mount Vernon Chamber of Commerce Open Door Family Medical Centers
June 13, 2019	Online	Hispanic Focus	Latina SHARE Nostrand Gardens Civic Association Open Door Medical Centers Union Community Council

## Soliciting Community Feedback

### Feedback Survey Results — Top Cancer Needs

MSK asked the community to rank the current cancer-related health needs shared by CHNA forum participants that are affecting the communities they serve. Based on supplemental data to support the area of need, MSK will address priority health needs that are within our scope of services in our implementation plan:



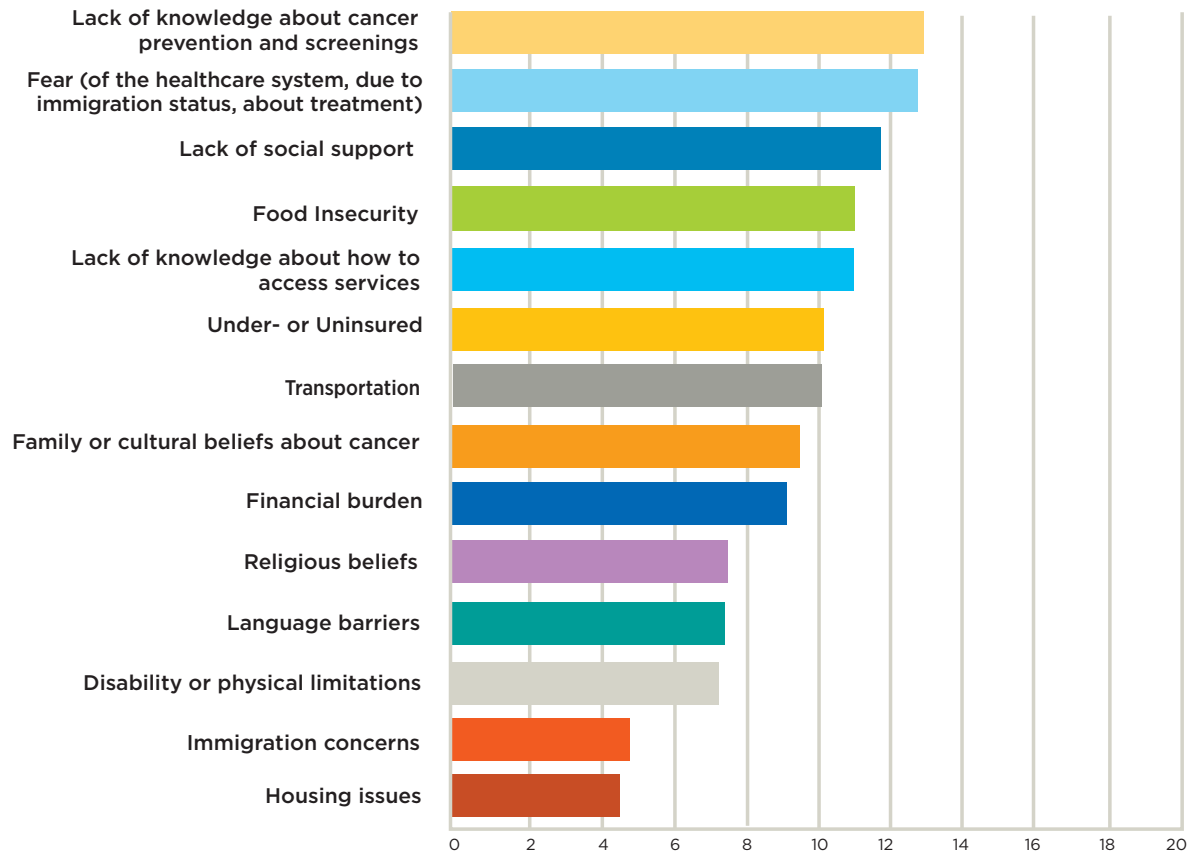
#### Ranked Needs for Cancer-Care

1. Support services and counseling
2. Preventive education
3. Addressing social determinants of health
4. Navigation
5. Survivorship
6. Insurance
7. Screenings
8. Transition of care
9. Disease-specific knowledge disparity
10. Treatment adherence
11. Tobacco cessation

	1	2	3	4	5	6	7	8	9	10	11	TOTAL
Support Services/ Counseling	38.46% 5	23.08% 3	15.38% 2	7.69% 1	0.00% 0	0.00% 0	15.38% 2	0.00% 0	0.00% 0	0.00% 0	0.00% 0	13
Prevention education	44.44% 4	22.22% 2	11.11% 1	0.00% 0	0.00% 0	0.00% 0	11.11% 1	0.00% 0	0.00% 0	0.00% 0	11.11% 1	9
Addressing social determinants of health (food insecurity, housing, transportation)	23.08% 3	15.38% 2	23.08% 3	7.69% 1	0.00% 0	0.00% 0	7.69% 1	7.69% 1	7.69% 1	0.00% 0	7.69% 1	13
Navigation	10.00% 1	20.00% 2	20.00% 2	20.00% 2	0.00% 0	0.00% 0	0.00% 0	10.00% 1	0.00% 0	20.00% 2	0.00% 0	10
Survivorship	0.00% 0	11.11% 1	33.33% 3	11.11% 1	22.22% 2	0.00% 0	11.11% 1	0.00% 0	11.11% 1	0.00% 0	0.00% 0	9
Insurance	0.00% 0	44.44% 4	11.11% 1	0.00% 0	22.22% 2	0.00% 0	0.00% 0	0.00% 0	0.00% 0	22.22% 2	0.00% 0	9
Screenings	12.50% 1	25.00% 2	12.50% 1	0.00% 0	0.00% 0	12.50% 1	0.00% 0	12.50% 1	12.50% 1	12.50% 1	0.00% 0	8
Transition of care	0.00% 0	14.29% 1	14.29% 1	0.00% 0	22.22% 2	14.29% 1	0.00% 0	28.57% 2	0.00% 0	0.00% 0	0.00% 0	7
Disease-specific knowledge disparity	28.57% 2	0.00% 0	14.29% 1	0.00% 0	0.00% 0	28.57% 2	0.00% 0	0.00% 0	14.29% 1	0.00% 0	14.29% 1	7
Treatment adherence	0.00% 0	0.00% 0	28.57% 2	0.00% 0	0.00% 0	28.57% 2	14.29% 1	14.29% 1	14.29% 1	0.00% 0	0.00% 0	7
Tobacco cessation	14.29% 1	0.00% 0	0.00% 0	14.29% 1	0.00% 0	0.00% 0	0.00% 0	0.00% 0	14.29% 1	14.29% 1	42.86% 3	7

## Feedback Survey Results — Top Barriers to Accessing Cancer Care

MSK asked the community forum participants to rank current barriers to accessing cancer care affecting the communities they serve. Based on supplemental data to support the area of need, MSK will address priority health needs that are within our scope of services within our implementation plan:



### Ranked Barriers to Cancer-Care

1. Lack of knowledge about cancer prevention and screenings
2. Fear (of the healthcare system, due to immigration status, about treatment)
3. Lack of social support
4. Food insecurity
5. Lack of knowledge about how to access services
6. Under- or Uninsured
7. Transportation
8. Family or cultural beliefs about cancer
9. Financial burden
10. Religious beliefs
11. Language barriers
12. Disability or physical limitations
13. Immigration concerns
14. Housing issues

## MSK's Response to All 19 Identified Community Health Needs

The following section details MSK's response to 19 identified community health needs currently affecting the community. MSK will prioritize addressing the top nine health needs throughout the 2019–2021 CHNA-CSP.

**2019–2021 Areas of Focus Interventions:** Below is an outline of the top nine health needs and MSK's priority interventions to address them. For full descriptions with supporting data, refer to the Implementation Strategies within MSK's 2019–2021 Community Service Plan, beginning on page 18 of this report.

Top 9 Community Health Needs	2019–2021 Interventions Addressing Areas of Focus
1. <b>Prevention and Screening Education</b>	Ralph Lauren Center for Cancer Care Screening Program
2. <b>Nutrition Education</b>	Immigrant Health and Cancer Disparities Service — Arab Health Initiative — Taxi Network — Ventanillas de Salud (Health Windows) — Food to Overcome Outcomes Disparities
3. <b>Tobacco Cessation</b>	Tobacco Treatment Program — Tobacco Treatment Specialist Training Program — Citywide Tobacco Cessation Partners
4. <b>Food Insecurity</b>	Food to Overcome Outcomes Disparities Food Pantry
5. <b>Screening Guidelines in Spanish</b>	Prevention and Screening Guidelines — en Español
6. <b>Language Assistance for Limited English Proficiency Patients</b>	Language Initiatives Program: Addressing Language Barriers in Healthcare  Language Assistance Program  Patient and Caregiver Educational Materials
7. <b>Collaborative initiatives with community-based organizations</b>	Multicultural Outreach Initiative
8. <b>Targeted Outreach</b>	Hispanic Communications Initiative
9. <b>Spanish Advertising Promotion in Relevant Media</b>	

**Counseling and Group Counseling**

**Resources for Life after Cancer (RLAC):** MSK's RLAC program offers individual and family consultations, seminars, workshops, and professionally led support groups in person and online, covering such topics as insurance, employment, and caregiver issues.

**Spiritual and Religious Care:** MSK's Chaplaincy Services offers spiritual care to address fundamental beliefs and questions of identity, meaning, purpose, value, and worth that may or may not be expressed in religious terms.

**Counseling Center:** Psychiatrists and psychologists at MSK are experienced in structuring sessions to meet individuals' specific needs. We work with individuals and families, in addition to offering group sessions for people who might benefit from interacting with others in similar circumstances. MSK also offers telemedicine appointments through video technology so patients can connect to members of their care team and reduce the stress and added burden of traveling to appointments.

**Patient and Caregiver Support Program:** This peer-support program connects patients and caregivers with people who've been through a similar cancer diagnosis, treatment, or caregiving experience. Our volunteers listen, talk, and offer confidential support one-on-one before, during, and after cancer treatment.

**Virtual Programs:** This program offers free online education, support, and resources for people with cancer, their caregivers, and community members. MSK professionals lead these sessions, which are confidential and provide convenient access to education and support throughout the care continuum. The virtual programs are available to the public at [mskcc.org/vp](https://mskcc.org/vp).

**Charles Hallac Patient Recreation Center:** MSK's Patient Recreation Center offers adult patients and their guests a respite from the stress and focus on cancer and treatment through a wide range of activities, including wellness services, such as chair yoga and meditation, and crafting projects, such as painting, jewelry making, woodworking, decoupage, and working with mosaic tiles. A number of craft projects are available for patients to do in their rooms. The center provides computers, toys, books, and magazines for patients and guests to use, and hosts game events, such as bingo, group Scrabble games, and Las Vegas nights, to encourage conversation and connections. Live performances by students from the Juilliard School, the Mannes School of Music, the Gotham Comedy Foundation, and other world-class organizations similarly draw lots of visitors. Our Teen and Young Adult Program gives pediatric patients access to a lounge, which offers art supplies and classes, peer-to-peer support groups, and weekly programs and special events.

**Housing**

**Social Work:** At MSK, social workers play an important role in providing emotional support and guidance to people with cancer, as well as their friends, families, and caregivers. Social workers are assigned to each patient floor of Memorial Hospital and are present at our regional facilities. Once a patient completes a care questionnaire, they are asked if they need assistance with resources, such such as low-cost or free temporary housing through the American Cancer Society's Hope Lodge, the Ronald McDonald House, the National ACS Patient Service Center, Leo House, the YMCA, and other community resources.

**MSK 75th Street Patient Residence:** Accommodations are available at MSK's 75th Street Patient Residence for people with blood cancers and disorders as well as those receiving a bone marrow transplant. The residence, located at 1275 York Avenue, seven blocks from Memorial Hospital, offers fully furnished apartments. Each apartment has cable TV, Internet access, phone service, a washer/dryer, kitchen essentials, and on-site concierge services to assist with care coordination.

**Access to Care**

**Patient Financial Services (PFS):** MSK's PFS patient access coordinators assist patients with applications to available programs based on the needs indicated during the patient needs assessment process.

**Financial Assistance Program:** MSK is committed to providing financial assistance to patients with the greatest medical and financial needs, including uninsured and underinsured patients who cannot afford to pay for medical care or who cannot access health insurance. Each application for aid is handled confidentially, in cooperation with the applicant, and is determined based on household income and family size. Hospital and physician fees are reduced or totally forgiven for qualifying patients.

To help a broad range of patients, our income eligibility guideline for free care is **500 percent above the federal poverty level — well above the required level of 300 percent**. A patient may qualify for assistance even if their income exceeds the upper limit. We understand that each patient has a unique financial situation and encourage patients to contact our Financial Assistance Program to receive more information.

**Navigation**

**Ambulatory Care Coordinators:** MSK's care coordinators serve as liaisons between patients, their families, and care teams during office visits. Care coordinators ensure that each physician practice session and patient visit occurs with satisfaction and organization. Assistance is available to patients at check-in, with previsit preparation and organization, for ongoing efficient patient scheduling, during checkout, and with the review and completion of all necessary paperwork, forms, summaries, and follow-up. Care coordinators also monitor patient flow and their whereabouts to contribute to the efficiency and fluidity of their visit to MSK. Alongside nurses, care coordinators can connect patients to case managers in MSK's Department of Social Work.

**Navigation**

**Case Management:** Case managers work in collaboration with social workers to address the medical needs of patients being treated for cancer. We provide referrals for ongoing service, to ensure continued care after discharge, as well as connect outpatients to resources to ensure optimal treatment. We also offer practical assistance, including information on MSK and community resources. Case Management works with Social Work to address barriers to care and ensure the best possible outcomes for our patients.

**Social Work:** Social workers assist patients and caregivers with the emotional, social, and physical impacts of cancer. We provide counseling to help improve communication with family and friends, and can assist with the emotional impact of a diagnosis and medical treatment. We also offer practical assistance, including information on MSK and community resources. We have multiple programs and groups that we conduct in both inpatient and outpatient settings, addressing such topics as a particular diagnosis and post-treatment adjustment.

Online search engines used by MSK social workers in navigations include:

- Health Information Tool for Empowerment (HITE)  
[www.hitesite.org](http://www.hitesite.org)  
HITE is a tool for hospitals, not-for-profits, and other organizations to address community and social needs with the operation of new programs, initiatives, and models of care. It allows navigators to search a directory of more than 5,000 health and social services available to low-income, uninsured, and underinsured individuals in the greater New York area.
- US Department of Health and Human Services, Health Resources and Services Administration: Find a Health Center  
[findahealthcenter.hrsa.gov/index.html](http://findahealthcenter.hrsa.gov/index.html)  
This tool allow navigators to locate high-quality preventive and primary healthcare centers, even if there is a lack of insurance. Health centers are in most cities and many rural areas.

**Immigrant Health and Cancer Disparities Service (IHCD):** IHCD's community outreach coordinators address the priorities and concerns of immigrant and vulnerable populations by ensuring the execution of program activities. Activities include making referrals to care and providing screenings, education, and patient navigation services based on the needs of the population.

**Patient Representation:** MSK's patient representatives are committed to ensuring that our patients' privacy is protected, their rights are respected, and their concerns are quickly and effectively addressed.

**Patient and Caregiver Support Program:** This peer-support program connects patients and caregivers with people who've been through a similar cancer diagnosis, treatment, or caregiving experience. Our volunteers listen, talk, and offer confidential support one-on-one before, during, and after cancer treatment.



**Transportation**

**Transportation Department:** Medicaid and Medicare can cover transportation for patients who meet the criteria and for whom it is otherwise considered an out-of-pocket cost. RN case managers and case management assistants are responsible for obtaining patient information and authorization prior to arranging transportation.

Types of MSK transportation services include ambulette, ambulance, air transportation, and car service. Air ambulance for domestic and international flights is primarily an out-of-pocket expense for patients and their families. Car service vouchers may be obtained following income verification by an MSK social worker. Our transportation representatives can assist with finding low-cost car services to and from the clinic. Philanthropic funds up to \$20 can sometimes be provided for car services by nursing supervisors if a patient has no money to get home.

**Immigrant Breast Health Access Program:** This IHCD program partners with Lyft during October for Breast Cancer Awareness Month, funded by a grant from Susan G. Komen Greater NYC, to provide up to two free rides to New York City residents to and from breast cancer screenings at the American-Italian Cancer Foundation's Mammogram Bus, which travels the five boroughs of New York City to provide no-cost mammograms and clinical breast exams to insured and uninsured women five days a week, all year-round.

Additionally, MSK's Transportation Desk helps arrange transport for patients to and from appointments and also assists patients in connecting to paratransit systems, such as Access-a-Ride.

**Communication between PCP and Providers**

**Physician Relations:** The Physician Relations team provides external physicians and their staff members throughout our regional network with a direct connection to MSK and serves as a resource to their practice. Through partnership and building longstanding relationships with external healthcare providers, Physician Relations equips practices with relevant clinical information on MSK services, points of differentiation on care provided at MSK, informational materials for referred patients, and logistical information on the referral process. The Physician Relations team also helps healthcare providers identify and rectify any issues that physicians or their patients encounter when dealing with MSK.

**Under- and Uninsured**

**Financial Assistance Program:** MSK helps uninsured and underinsured patients who cannot get publicly available health insurance or cannot afford to pay for their medical care. To help a broad range of patients, our income eligibility guideline for free care is 500 percent above the federal poverty level — well above the required level of 300 percent. A patient may also qualify for assistance even if their income is greater than the upper limit. We understand that each patient has a unique financial situation and encourage patients to contact our Financial Assistance Program to receive more information.

**Beyond MSK’s Scope of Services:** This section outlines efforts beyond the scope of MSK’s capabilities as a specialized cancer hospital.

**Community Health Needs**

**Beyond MSK’s scope of services**

**Human Papillomavirus (HPV) Vaccination**

MSK actively conducts research about the cancer risks associated with HPV and frequently hosts community outreach programs to educate healthcare workers, parents, and teenagers about HPV, including the link between HPV and cancer, and these efforts are also offered in Spanish. While we encourage vaccination, we refer members of the general public to their healthcare provider to receive appropriate HPV vaccines.

**Lack of Knowledge about Accessing Services and Immigration Concern**

Patients are referred externally for support as other community partners and advocacy agencies are addressing this need.

**Lack of Knowledge How to Access Services in General**

Patients are referred externally for support as other community partners are addressing this need.

**WHAT IS HPV?**  
Human papillomavirus is a virus that lives on the surface of the skin or mucosa. There are more than 100 varieties of the virus, and 40 are transmitted sexually. For most people, their immune system will fight back and clear the virus, sometimes after a few years. However, HPV infection persists in about 10 percent of people. Low-risk HPV can cause genital warts. High-risk HPV may lead to cancer, maybe years or even decades later.

**6 CANCER TYPES LINKED TO HPV**  
head and neck (mouth and upper throat)  
cervical, vaginal, vulvar  
penile  
anal

**KNOW YOUR RISK**  
HPV types with a low risk of developing into cancer: types 6 and 11. These two types can cause genital warts.  
HPV types with a high risk of developing into cancer: types 16, 18, 31, 33, 45, 52, and 58.

**DID YOU KNOW?**  
HPV is the most common sexually transmitted disease in the United States.  
80% of cancers arising in the back of the tongue or tonsil are caused by HPV.  
90% of HPV-related cancer can be prevented with vaccination before exposure.  
HPV vaccination can prevent up to six types of cancer.  
About 10% of people develop a persistent HPV infection.  
At least 90% of all cervical and anal cancers are caused by HPV.  
70% of adults do not know that HPV-related cancers also affect men.  
Every year, more than 40,000 people in the United States are diagnosed with a cancer linked to HPV.  
Nearly 85% of adults between the ages of 18 and 65 will have at least one strain of HPV at some point in their life.

**Your Guide to HPV Cancer Prevention**  
Memorial Sloan Kettering Cancer Center

## 2019–2021 COMMUNITY SERVICE PLAN

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### Advancing the 2019–2024 New York State Prevention Agenda

As a specialized cancer center, MSK has prioritized preventing chronic disease within the New York State Department of Health’s 2019–2024 Prevention Agenda. The Prevention Agenda focuses on several leading causes of preventable illness and death, and provides a pathway for hospitals to achieve its stated vision to “make New York the healthiest state for people of all ages.” Below are the priority and focus areas MSK has selected to place focus on:

#### PRIORITY AREA: PREVENTING CHRONIC DISEASE

##### HEALTHY EATING AND FOOD SECURITY

**Goal 1.1**

Increase access to healthy and affordable foods and beverages

**Goal 1.2**

Increase skills and knowledge to support healthy

**Goal 1.3**

Increase food security

##### TOBACCO PREVENTION

**Goal 3.2**

Promote tobacco use cessation, especially among populations disproportionately affected by tobacco use, including individuals with low socioeconomic status

##### PREVENTIVE CARE AND MANAGEMENT

**Goal 4.1**

Increase cancer screening rates for breast, cervical, and colorectal cancers

**Goal 4.2**

Increase early detection of cardiovascular disease, diabetes, prediabetes, and obesity

## IMPLEMENTATION PLAN STRATEGIES

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MSK's 2019–2021 Community Service Plan has four strategies toward preventing chronic disease and addresses the top nine identified community health needs. This section outlines the interventions and programs within the four-strategy implementation plan. Each strategy and its interventions are followed with supporting data to illustrate the validity of the community health need expressed.

1. PREVENTION PROGRAMS
2. ADDRESSING THE SOCIAL DETERMINANTS OF HEALTH
3. COLLABORATIVE INITIATIVES
4. CULTURALLY RELEVANT COMMUNICATIONS

### CSP STRATEGY 1: PREVENTION PROGRAMS

#### RALPH LAUREN CENTER FOR CANCER CARE SCREENING PROGRAM

**Prevention Agenda Priority:** Preventing chronic disease

**Focus Area:** Preventive care and management

**Goal:** Increase cancer screening rates for breast, cervical, and colorectal cancers

**CHNA Need Addressed:** Prevention and screening education, nutrition education

The Ralph Lauren Center for Cancer Care (RLCCC) was a Harlem-based cancer prevention and treatment program and New York State Article 28 Certified Diagnostic and Treatment Center. In 2018, MSK filed a certificate of application to incorporate the RLCCC onto MSK's operating certificate. This step deepened the longstanding partnership. By making the RLCCC an official part of MSK, the institution seeks to expand the services provided to the community while strengthening the RLCCC's ability **to meet the cancer-related needs of Harlem residents** and surrounding underserved communities.



MSK Ralph Lauren Center Screening Program

In tandem with this extension of MSK's reach of care, an additional change was proposed to relocate and fully integrate the services offered at MSK's Breast Examination Center (BECH), formerly located within the Adam Clayton Powell Jr. State Office Building in Harlem, into the RLCCC's treatment center location on 1919 Madison Avenue at 124th Street.

To reduce mortality and morbidity from breast, cervical, and colorectal cancers in the medically underserved community of Harlem, the enhanced programming at the RLCCC will include expanded screening services at no out-of-pocket expense to patients. The RLCCC is enrolled in the Cancer Screening Program for New York State, which reimburses for breast, cervical, and colorectal screening services for men and women who are uninsured or underinsured, are unable to pay for these screenings, meet income eligibility requirements, meet age requirements, and live in New York State.

The objective of the RLCCC's Cancer Screening Program is to provide breast, colorectal, cervical, and prostate cancer screenings at no out-of-pocket cost to a minimum of 600 individuals between age 18 and 65 with an income of less than \$25,000. The RLCCC will increase the number of individuals screened by 15 percent over the next three years.

Integrating the BECH program into the RLCCC reaffirms MSK's commitment to the Harlem community and allows us to increase our cancer screening services and cancer care. The services at the RLCCC will include medical and surgical oncology, infusion, mammography, and screening services for breast, cervical, colorectal, lung, and prostate cancers, along with smoking cessation. Additionally, as part of the transition, we have acquired a state-of-the-art 3-D mammography system, which will further enhance our screening program. This type of 3-D imaging has been proven to detect more invasive breast cancers compared to 2-D alone, and it reduces callbacks for repeat imaging, which is particularly helpful for our Harlem patients who face challenges to care coordination.

## **IMMIGRANT HEALTH AND CANCER DISPARITIES SERVICE**

MSK's Immigrant Health and Cancer Disparities Service (IHCD) provides a wide range of community programs in partnership with hospitals and prominent community organizations to prevent communicable diseases in underserved, immigrant, and multicultural populations through the following programs:

### **Arab Health Initiative**

**Prevention Agenda Priority:** Preventing chronic disease

**Focus Area:** Preventive care and management

**Goal:** Increase cancer screening rates for breast, cervical, and colorectal cancers

**CHNA Need Addressed:** Prevention and screening education

The Arab Health Initiative (AHI) provides patient education in Arabic, helps patients access healthcare services, and conducts research to improve health outcomes among Arab Americans. Its premier service, the Arab American Breast Cancer Education and Referral program (AMBER), helps Arab American women in New York City attain early detection and treatment services.

Throughout the 2019-2021 CHNA-CSP cycle, the AHI will increase the number of women educated and screened, and report a minimum of a 10 percent increase in the number of people reached by 2021. By partnering with community and religious organizations, the AHI will:

- educate 450 women about breast cancer and early detection
- screen 300 women for breast and cervical cancer
- educate 100 people about colorectal cancer
- educate 1,000 people on nutrition and cancer risk factors
- help 50 people gain access to colorectal cancer screenings

hold 16 cancer awareness events, with a minimum of 500 attendees

## The Taxi Network

**Prevention Agenda Priority:** Preventing chronic disease

**Focus Area:** Preventive care and management

**Goal:** Increase early detection of cardiovascular disease, diabetes, prediabetes, and obesity

**CHNA Need Addressed:** Prevention and screening education, nutrition education

The Taxi Network addresses health disparities among the immigrant taxi-driving community in New York City through prevention interventions, free health screenings, assessments, and referrals to culturally appropriate and affordable healthcare. Through health fairs at taxi garages, mosques, and community-based organizations, taxi drivers receive free screenings for diabetes, cardiovascular disease, hypertension, and cancer risk factors. Participants complete interviews with a doctor or nurse, covering their medical history, access to healthcare, smoking history, alcohol intake, and physical activity. Each participant receives nutrition and physical activity education and materials. A robust follow-up protocol is administered for participants in need of further counseling.

Throughout the 2019–2021 CHNA-CSP, the Taxi Network will provide free screenings for cardiovascular disease, diabetes, and risk factors for cancer for a minimum of 600 taxi drivers and a total of 800 drivers for screening and navigation services. The Taxi Network expects to screen an additional 872 drivers for cardiovascular disease, diabetes, and risk factors for cancer; hold eight health awareness events; hold 165 health screening events in partnership with community providers; and help 224 individuals navigate to or through primary care by 2021. *Note: The above efforts are contingent on the identification of full funding through 2021.*

## Ventanillas de Salud (Health Windows)

**Prevention Agenda Priority:** Preventing chronic disease

**Focus Area:** Preventive care and management

**Goal:** Increase cancer screening rates for breast, cervical, and colorectal cancers

**CHNA Need Addressed:** Prevention and screening education

Health Windows was created by the Mexican consulate as a collaboration between its government and private organizations, aiming to eliminate barriers to healthcare in the growing Mexican American population. IHCD serves as its lead agency and partners with the consulate to provide free health screenings, patient education, workshops, health insurance plan enrollment assistance, navigation to care, and referrals to primary care and healthcare providers. The Mexican Consulate provides space, promotions to the audience, and connections to other community partners. The Mexican Consulate also makes connections to healthcare professionals and other health facilities to host MSK educational events and screenings.

Throughout the 2019–2021 CHNA-CSP cycle, Health Windows will report on and increase the number of individuals educated and screened by 10 percent by 2021. The goals are to:

- educate 1,000 Mexican American participants about cardiovascular disease, diabetes, and nutrition
- educate 1,000 Mexican American individuals about colorectal cancer
- educate 1,000 Mexican American women about breast cancer and early detection
- navigate at least 200 eligible men and women into cancer screenings

## TOBACCO TREATMENT PROGRAM

MSK's Tobacco Treatment Program (TTP) is dedicated to reducing tobacco-related cancer burdens and addressing disparities through clinical care, education and training, community outreach, and rigorous, innovative tobacco use prevention and treatment research. TTP receives annual referrals for more than 3,500 smokers to our personalized cessation services, which meet the unique needs of each patient, including readiness to quit smoking, treatment preferences, and goals. TTP provides smokers with behavioral counseling to build motivation and coping skills, supports the use of tobacco cessation medications, and provides printed educational materials.

### Tobacco Treatment Specialist Training Program

**Prevention Agenda Priority:** Preventing chronic disease

**Focus Area:** Tobacco prevention

**Goal:** Promote tobacco use cessation, especially among populations disproportionately affected by tobacco use, including individuals with low socioeconomic status

**CHNA Need Addressed:** Tobacco cessation

In 2019, MSK's TTP became the **first accredited Tobacco Treatment Specialist (TTS) Training Program located in New York City**. Consistent with the aims of the 2019–2021 Community Service Plan, the four-day TTS Training Program will offer **full tuition scholarships** to qualified health providers and community health workers interested in seeking national **certification as a TTS**. Ultimately, our goal is to help improve access and the capacity of local partner organizations to provide cessation support to low-income and other vulnerable smokers.

As part of MSK's 2019–2021 Community Service Plan, TTP has begun to roll out two Harlem-based tobacco cessation

interventions, focusing on oncologists, advanced practice cancer care providers, and community health workers affiliated with the New York City Housing Authority (NYCHA).

One such program will be based at the **Ralph Lauren Center for Cancer Care and Prevention** in Harlem, which came under MSK's operating certificate in April 2019. TTP will establish on-site tobacco treatment delivery from the ground up, including screening all people with cancer and cancer survivors for their current smoking status, integrating tobacco cessation services into the RLCCC's workflow, establishing clinical metrics, and providing training and certification for community oncology providers and their staff to provide safe, effective, and compassionate treatment cessation support services to patients who are tobacco-dependent. The TTP will screen a minimum of 80 percent of RLCCC patients for smoking status, advise and refer 80 percent of current smokers to tobacco treatment services either located on-site at the RLCCC or accessed remotely through MSK TTP and community cessation services (the New York State Quitline). We expect that 30 percent of current smokers will accept tobacco treatment services that will include behavioral counseling and cessation medications. TTP will offer both individual and group tobacco cessation support for Harlem-area residents.

The TTP remains firmly committed to addressing tobacco-related cancer disparities and health inequities. Building upon our prior **Translational Research Education and Training to Eliminate Tobacco Disparities** program, funded by the National Cancer Institute and operating in partnership with the CCNY, in 2019



MSK Tobacco Treatment Program

MSK received funding for the two-year education program **Competency-Based Training to Advance Clinical Proficiencies and Reduce Disparities in the Treatment of Tobacco Dependence**. In partnership with tobacco control colleagues from the Roswell Park Cancer Center in Buffalo, New York, the program will develop a core curriculum for training healthcare providers to address the tobacco treatment health disparities affecting several vulnerable populations with excess tobacco-related health burdens.

Finally, the TTP is dedicated to working with oncology professionals who serve vulnerable populations at a high risk of cancer. Another NCI-funded training grant, **Assessment and Treatment of Tobacco Dependence in Cancer**

**Care**, provides training three times a year for oncology care providers who treat tobacco-dependent people with cancer and cancer survivors. Now in its third year of funding, the program has enrolled more than 100 oncology healthcare professionals and is projected to enroll at least four more training cohorts until its completion in 2022.

The IHCD collaborates with the **South Asian Council for Social Services** to focus on understanding the health perceptions of South Asian immigrants who use gutka, a smokeless tobacco with an elevated oral cancer risk. The findings will guide future efforts to develop and evaluate culturally sensitive efforts to prevent and reduce gutka use.

Although tobacco use in the United States has decreased, tobacco-related disparities throughout the country have increased, especially among people of lower socioeconomic status, ethnic and racial minority groups, LGBTQ+, women, individuals with disabilities, active military personnel and veterans, and individuals with substance and mental health issues. Tobacco-related disparities are displayed in several ways, including higher occurrences of smoking, lack of access to treatments, unsuccessful participation in evidence-based treatments, low quitting rates, inconsistent tobacco treatment delivery by providers, and a greater burden of tobacco-related cancers and diseases.<sup>23-36</sup>

While substantial progress has been made in reducing tobacco use, tobacco use remains the most preventable cause of death in the United States. More than 34 million American adults were current smokers in 2017, according to the American Cancer Society. The New York State Department of Health reports that approximately 750,000 adults in New York State live with serious smoking-related illnesses. Annually in New York State, 28,000 adults die from smoking, and another 3,000 nonsmoking adults die from diseases caused by secondhand smoke.<sup>15</sup>

While smoking rates in New York City are continuing to decline, they have not declined at the same rate for some demographics groups, including those based on education level, income level, and residence. New Yorkers who live in public housing or receive rental assistance are more likely to smoke than New Yorkers who do not live in public housing or receive rental assistance.<sup>16</sup>



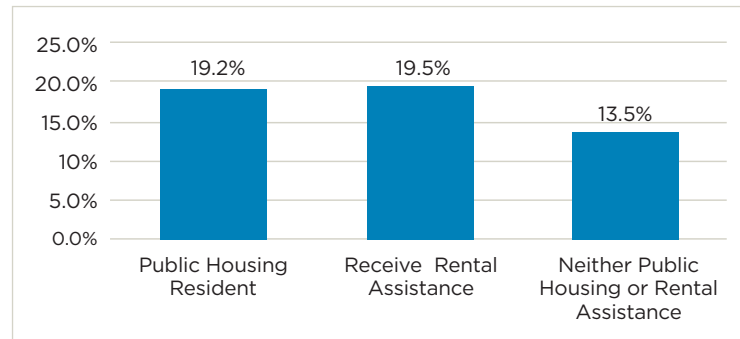
MSK Tobacco Treatment Program providing tobacco cessation support.



The American Cancer Society reports that cigarette smoking increases the risk of at least 12 cancers: oral cavity and pharyngeal, laryngeal, lung, esophageal, pancreatic, uterine and cervical, kidney, bladder, stomach, colorectal, liver, and myeloid leukemia.<sup>17</sup>

### Adult Prevalence of Smoking by Public Housing or Rental Assistance, 2015, Age-unadjusted

Source: 2015 NYC Community Health Survey



Source: American Cancer Society Cancer Action Network – Reducing the Cancer Burden in New York City, 2019

## Citywide Tobacco Cessation Partners

**Prevention Agenda Priority:** Preventing chronic disease

**Focus Area:** Tobacco prevention

**Goal:** Promote tobacco use cessation, especially among populations disproportionately affected by tobacco use, including individuals with low socioeconomic status

**CHNA Need Addressed:** Tobacco cessation

Following the historic 2018 US Department of Housing and Urban Development rollout of NYCHA's smoke-free policy, **Citywide Tobacco Cessation Partners** was formed by the New York City Department of Health and Mental Hygiene's Bureau of Chronic Disease Prevention and Tobacco Control, which brought together colleagues from MSK, NYU Langone, and NewYork-Presbyterian/Columbia University Irving Medical Center to collaboratively address tobacco dependency among NYCHA residents and promote the new smoke-free policy to address secondhand smoke. New York City claims the highest concentration of public housing units (more than 400,000 residents living in 325 public housing developments) in the United States, with the supporting data displaying that smoking disproportionately affects the most vulnerable segments of our community (i.e. low income; low education; ethnic and racial minorities; and people with behavioral health issues) and identifying that tobacco is a leading cause of cancer deaths in the United States. Citywide Tobacco Cessation Partners seeks to reduce tobacco dependency, with several complementary strategies:

1. **Establish a NYCHA smoke-free working group.** It will be made up of academic leaders, community-based organizations serving the community, and the New York City Department of Health New York City Department of Health.
2. **Provide community-based organizations and resident leader training.** Train residential stakeholders to become TTSs who will engage tobacco-dependent residents on accessing evidence-based tobacco treatment services.
3. **Conduct provider outreach and training.** Inform healthcare providers of NYCHA's smoke-free policy and build the capacity of primary care providers and resident navigators to support cessation attempts in the clinical setting.

4. **Initiate outreach to NYCHA residents and on-site service delivery.** Attend existing NYCHA resident meetings, family day events, and other structured residential events to promote cessation support services.
5. **Partner with youth leadership councils.** Identify and create messaging that will resonate with the community around tobacco cessation, to be promoted through family-focused, empathic communication campaigns that bring home the core messages surrounding the smoke-free policy and cessation.

In partnership with the Ralph Lauren Center for Cancer Care and Prevention and the Harlem Health Advocacy Partners, MSK’s TTP will establish and maintain an active role within the newly formed Citywide Cessation Partners, with specific tobacco education, outreach, and support services targeting Harlem-area residents. By leveraging our longstanding U54 Partnership with the City College of New York (CCNY), the TTP will identify opportunities to train and empower CCNY-affiliated youth and young adult tobacco control leaders. Over the course of 2019 to 2021, the TTP will conduct TTS trainings at least twice a year, enabling us to provide necessary training for TTS certification for approximately 25 health providers and community health workers affiliated with five NYCHA housing developments in Harlem.

## CSP STRATEGY 2: ADDRESSING SOCIAL DETERMINANTS OF HEALTH

### FOOD TO OVERCOME OUTCOMES DISPARITIES FOOD PANTRY

**Prevention Agenda Priority:** Preventing chronic disease

**Focus Area:** Healthy eating and food security

**Goal:** Increase access to healthy and affordable foods and beverages

Increase skills and knowledge to support healthy food and beverage choices

Increase food security

**CHNA Need Addressed:** Food insecurity and nutrition education

Food to Overcome Outcomes Disparities (FOOD), by MSK’s IHCD Service, is a hospital-based food pantry program addressing food insecurity among immigrant and underserved people by providing free, nutritious food for people with cancer, as well as nutrition education and educational materials. In addition to the food pantries at MSK facilities, the program maintains eight pantries at neighboring hospitals throughout Manhattan, the Bronx, Queens, and Brooklyn.

Throughout the 2019–2021 CHNA-CSP period, FOOD will report a 10 percent increase in the number of patients and families with access to nutritious foods, in attendance and volume of nutrition workshops held with access to nutritious foods, and in the number of individuals screened for and enrolled in the FOOD program.

Projections for the FOOD program’s impact by 2021 include these actions:

- distribute 25,000 bags of nutritious food
- serve 3,150 individual people with cancer across 14 hospital-based food pantries
- educate 750 patients about nutrition
- conduct 45 nutrition workshops
- screen 750 patients identified with food insecurity and enroll them in the FOOD program



MSK Food Panty providing free nutritious food to cancer patients.

In 2018, 8.7 million (6.8 percent) of US households had low food security, and 5.6 million (4.3 percent) of US households had very low food security.<sup>18</sup> Across New York City, between 2015 and 2026, 12.8 percent of the population — 1,090,936 people — were living in food insecure households. Although that number decreased since the 2012 to 2014 period, it represents a 22 percent increase from the number of food insecure individuals in the 2005 to 2007 period.<sup>19</sup>

## CSP STRATEGY 3: COLLABORATIVE INITIATIVES

### MULTICULTURAL OUTREACH INITIATIVE

**Prevention Agenda Priority:** Not applicable

**Focus Area:** Not applicable

**Goal:** Not applicable

**CHNA Need Addressed:** Targeted outreach and collaborative initiatives with CBOs

The goals of MSK’s Multicultural Outreach Initiative (MOI) are to establish mutually beneficial relationships and opportunities for ongoing partnerships between MSK and community-based organizations. The MOI provides community members with culturally relevant healthcare experiences, services, and information that respond to the identified needs of the community. To sustain the progress the MOI has made since its launch in 2016 in advancing collaborative initiatives with community-based organizations that serve the growing Hispanic community, the MOI will expand its targeted outreach strategies over the span of the next three years with two efforts.

The first effort is to expand the partnership with the **Refugee and Immigrant Center for Education and Legal Services (RAICES)**, using resources from the internal partnership with MSK’s Geriatric Service Resource Interprofessional Program (GRIP), to facilitate health education workshops. To date, the RAICES partnership has yielded engagement with more than 230 community members: 90 community members received general health screenings and consultations from an MSK physician or nurse, 18 RAICES community members were referred to healthcare services (six referrals to MSK, 12 referrals to primary care services), and 174 RAICES community members were educated via GRIP’s education intervention.

The second effort will be the launch of the **Caregiver Pilot**. The MOI core team will initiate this program by identifying internal partners with access to the target population and external partners with the necessary resources to assist with providing cancer prevention and wellness education to caregivers in the Hispanic community. In response to a quantitative analysis that indicated familiarity with MSK was lower among Hispanic caregivers between age 24 and 34, the pilot will explore ways to provide services and resources to this targeted audience through comprehensive community outreach and engagement programs.

The Centers for Disease Control and Prevention reports that the community health improvement process brings healthcare, public health, and other stakeholders together to identify and address the health needs of communities — because working in common has a greater impact on health and economic vitality than working alone.<sup>20</sup>



Source: Centers for Disease Control and Prevention – Community Health Improvement

## CSP STRATEGY 4: CULTURALLY RELEVANT COMMUNICATIONS

### LANGUAGE INITIATIVES PROGRAM: ADDRESSING LANGUAGE BARRIERS IN HEALTHCARE

**Prevention Agenda Priority:** Not applicable

**Focus Area:** Not applicable

**Goal:** Not applicable

**CHNA Need Addressed:** Language assistance for limited English proficiency patients

The **Language Initiatives Program** within MSK’s Immigrant Health and Cancer Disparities Service supports and informs policy developments both locally and nationally that address language and cultural barriers to care. The effort provides training in cultural and linguistic responsiveness for healthcare staff and training in medical interpreting for bilingual individuals seeking work or currently working in healthcare. We developed target modules for interpreter continuing education and offered them to interpreter members of our Language Advisory Working Group. Graduates from the training program include Planned Parenthood staff, Brooklyn College students, MSK’s Nurse Residency Program participants, and providers and frontline staff at community health facilities who interface with non-English-speaking patients. IHCD developed a mobile app for remote simultaneous medical interpreting — the style of interpretation used at the United Nations — that is currently being piloted for Spanish-speaking patients at the RLCCC. The medical interpreting mobile app will launch in Spanish in 2020, followed by Mandarin and Russian, and will enhance our Online Language Lab, which will be offered to a diverse student population.

## LANGUAGE ASSISTANCE PROGRAM

**Prevention Agenda Priority:** Not applicable

**Focus Area:** Not applicable

**Goal:** Not applicable

**CHNA Need Addressed:** Language assistance for limited English proficiency patients

MSK is committed to ensuring that all our patients and families from diverse backgrounds are able to connect to our high quality of care. Providing professional medical interpreting and translation services is central to meeting this goal, not only for the 50-plus languages spoken by our limited English proficiency (LEP) patients, and those with impaired vision, hearing, and speech communication needs, but also to ensure our providers' communication needs are supported.

Since its inception as a formal program in 2006, the **Language Assistance Program (LAP)** has steadily grown in operations and staffing to support the hospital's expanding business model of outpatient facilities throughout a regional network in New York and New Jersey. Today, the LAP provides on-site, telephone, and video interpretation for more than 300 appointments and consults per day from 12 MSK's facilities in Manhattan, on Long Island, and in New Jersey and Westchester County. Through an automated scheduling process, the program's centralized coordination model has increased the volume of interpretation from 20,495 in 2010 to more than 115,000 in 2017.

In addition to MSK's expanding service needs, the most recent data from the US Census Bureau demonstrated that the Hispanic population is steadily growing, with an increase of 47.8 percent to 59.9 percent between 2008 and 2018.<sup>35</sup> This trend in growth is also reflected within New York City. According to the New York City Department of Health and Mental Hygiene, the Hispanic community grew by more than 14 percent to 2,485,125; that accounts for more than one-third of the city's population. The number of Hispanics seeking care at MSK has grown by 14 percent in 2018, with Spanish speakers comprising MSK's largest LEP group.

The combination of national, citywide, and internal patient data reflecting the increase of the Hispanic population, along with the recently identified community health need for increased language assistance for LEP patients, MSK will be restructuring the LAP to ensure that this growing population is optimally served within MSK's expanding business model. The plan to restructure the LAP to accommodate anticipated patient growth will be rolled out in multiple phases throughout the 2019–2021 Community Service Plan.

### Phase 1: 2020 Onboarding Leadership

In 2020, the LAP will rebuild the management structure of the program, appointing two senior leadership positions to synthesize the interests of both sides of the program's customer base — the patients and their families and the providers. MSK is undergoing a nationwide search to appoint LAP's new Director and Medical Director.



The flyer features an orange header with the text "Free Interpreters Available. Just Ask." and an icon of three people. Below the header, a list of languages is provided with their respective phrases for requesting an interpreter. At the bottom, there is a sign language icon and the text "We provide free sign language interpretation. Just ask." followed by the Memorial Sloan Kettering Cancer Center logo.

**Spanish**  
Intérpretes disponibles gratuitamente. Sólo pregúntenos.

**Chinese**  
免费提供口译员服务，您只需提出要求即可。

**Russian**  
Предоставляются бесплатные услуги переводчика. Просто спросите.

**French Creole (Haitian Creole)**  
Gen sèvis entèprèt ak tradiksyon gratis. Annik mande.

**Korean**  
무료 통역관이 있습니다. 요청만 하십시오.

**Italian**  
Ci sono interpreti disponibili senza spese. Basta chiedere al personale.

**Yiddish**  
פֿרייע פֿאַרטייטשערס צו קריגן. פֿאַרענט נאָר.

**Bengali**  
বিনামূল্যে দোভাষী পাওয়া যায়। শুধু অনুরোধ করুন।

**Polish**  
Bezpłatni tłumacze na żywo. Wystarczy zapytać.

**Arabic**  
تتوافر خدمات ترجمة فورية بالمجان. ما عليك سوى السؤال.

**French**  
Service d'interprétation gratuit disponible. Faites nous en la demande.

**Urdu**  
مترجمین مفت دستیاب ہیں۔ اس کے لیے کہیں۔

**Tagalog**  
May libreng serbisyo ng mga interpreter. Huwag mag-atubiling magtanong.

**Greek**  
Μεταφραστές διαθέσιμοι χωρίς επιβάρυνση. Ζητήστε πληροφορίες.

**Albanian**  
Përkthyes falas në dispozicion. Vetëm kërkoni.

 We provide free sign language interpretation. Just ask.

 Memorial Sloan Kettering Cancer Center

Free Interpreters flyer

## Phase 2: 2021 Enterprise Assessment

In 2021, the new leadership team will work with a collective of key stakeholders and leadership within MSK to evaluate, assess, and appreciate the system's current service lines, such as delivery, quality assurance, access, translations, and health informatics. Following the assessment of LAP's programming, processes, and staffing, the team will execute against their plan to optimize MSK's automation, scheduling, programs, and efficiencies.

## Phase 3: Expand Program

Results of the enterprise LAP assessment will be included in our 2020 CSP Update. Part of this plan will ensure that MSK maintain a minimum of 25 percent bilingual security and information desk staff through 2021.

## PATIENT AND CAREGIVER ENGAGEMENT EDUCATIONAL MATERIALS

**Prevention Agenda Priority:** Not applicable

**Focus Area:** Not applicable

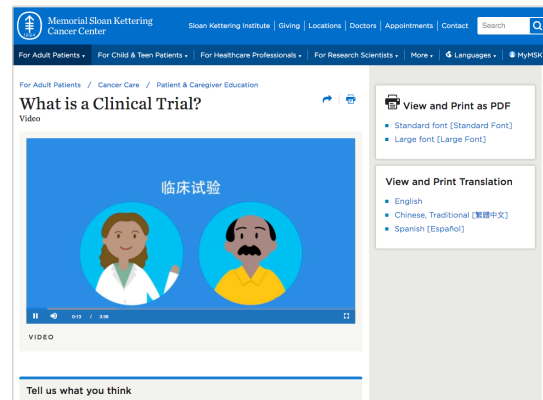
**Goal:** Not applicable

**CHNA Need Addressed:** Language assistance for limited English proficiency patients

Patient and Caregiver Engagement includes 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 and to empower them to participate in their cancer care. The department translates educational information into any language upon request and currently has educational resources available in **Arabic, Chinese, French, Hebrew, Italian, Korean, Polish, Russian, and Spanish**. For the 2019-2021 CHNA-CSP, Patient and Caregiver Engagement will expand its efforts in providing the community materials in multiple languages.

Patient and Caregiver Engagement will increase our Spanish and Russian translated materials from 87 percent of our resources (3,779 out of 4,348) to **100 percent of the educational resources developed by MSK by 2021**. All materials are available to the public at [mskcc.org/pe](http://mskcc.org/pe).

The Patient and Caregiver Engagement team is also expanding its **Health Literacy Initiative** to ensure that all new and upcoming Spanish language educational materials undergo the same robust assessment of our English materials. This process confirms the quality of our resources, including health literacy, actionability, and reading levels, which MSK maintains within approximately a seventh-grade reading level. The Health Literacy Initiative will do this by using the Patient Education Materials Assessment Tool to assess actionability and understandability, and by engaging MSK's certified interpreters to assess our Spanish language materials through direct feedback with members of the Spanish-speaking community. In addition, the opportunity to provide feedback on every educational resource will be made available for all Spanish resources, matching the mechanisms currently employed for English materials.



Patient and Caregiver Education online materials offered in multiple languages.

## HISPANIC COMMUNICATIONS INITIATIVE

**Prevention Agenda Priority:** Not applicable

**Focus Area:** Not applicable

**Goal:** Not applicable

**CHNA Need Addressed:** Spanish advertising promotion in relevant media

To ensure a better experience for prospective Hispanic patients, including enhancing bilingual language capabilities through our patient access and outreach service area, MSK has conducted market research among the Hispanic population to better understand attitudes regarding cancer treatment and cancer hospitals and to inform communication and outreach strategies. MSK is currently conducting an internal audit of our institutional readiness to identify needed areas of change, from signage to digital content to advertising created for Hispanic patients. Over the course of the 2019–2021 CHNA-CSP cycle, the rollout of our 360 communications plan and execution will be included in the 2020 CSP Update.

## PREVENTION AND SCREENING GUIDELINES - EN ESPAÑOL

**Prevention Agenda Priority:** Not applicable

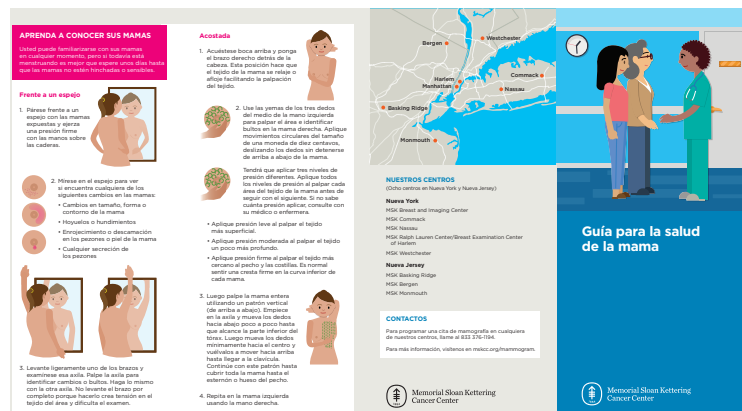
**Focus Area:** Not applicable

**Goal:** Not applicable

**CHNA Need Addressed:** Screening guidelines in Spanish

Within MSK’s Department of Communications, Community Affairs is expanding the institution’s educational resources to address the expressed need for Spanish materials on cancer screening and prevention to target Spanish-speaking individuals within the general population who have not been diagnosed with cancer. These materials can be shared digitally and will also be available in print to reach communities lacking access to the Internet, email, and other technologies. Distribution of these resource will be available through multiple outreach efforts across the institution, including the Multicultural Outreach Initiative; they will also be provided to patient’s caregivers and loved ones. The brochures will bring readers through easily understandable recommendations for preventing current leading cancers and feature a guide to accessing and understanding cancer screenings, including what to expect, how to prepare, age requirements and risk factors, and how to connect to services.

MSK kicked off the outreach brochure series in 2019 with **Your Guide to Breast Health/Guia para la salud de la mama** and distributed 6,000 copies in its first year. Guidelines for preventing colorectal and HPV-related-cancer brochures will be available January 2020. Other cancer-related topics slated to be created throughout the 2019–2021 CHNA-CSP period are lung health and smoking cessation, skin cancers, prostate cancer, nutrition and obesity, and integrative medicine, as well as a guide for caregivers.



Breast Health cancer prevention and screening guides in Spanish.

The series launched in both Spanish and English, and will be translated into additional languages, including Russian, Chinese, Arabic, French, Hebrew, and Korean.

## BEYOND THE CHNA: PROGRAMS TO BENEFIT THE COMMUNITY

### Increasing Access to High-Quality Cancer Care

#### FREE CANCER SCREENINGS

Early detection and regular screening exams can improve cancer treatment outcomes. In addition to our ongoing cancer screening services, MSK offers **free skin and head and neck screenings annually** across all of our regional facilities. Between 2016 and 2019, nearly 4,000 community members benefited from the free annual screenings for head and neck cancer and skin cancers at our facilities in Manhattan and Westchester County, on Long Island, and in Monmouth County and Basking Ridge in New Jersey. In 2019, we provided 12 screening events to the community at MSK facilities.

#### LGBTQ+ AND HEALTHCARE AT MSK

LGBTQ+ individuals face many healthcare challenges, including past negative experiences, discrimination, lack of access, and legal barriers. In response, organizations including the National Institutes of Health (NIH), the Institute of Medicine, and the Joint Commission have all taken a stance to promote equitable care and research. Given that these populations are at an increased risk for multiple types of cancer, our commitment to the practices that have made MSK a leader in LGBTQ+ healthcare equality are critical.

For the seventh year in a row, Memorial Sloan Kettering has been honored with leadership status in the 2019 Healthcare Equality Index (HEI) compiled by the Human Rights Campaign Foundation. The HEI is regarded as the national benchmarking tool for hospitals and healthcare institutions and their practices relating to LGBTQ+ patients and employees.

Examples of how MSK is addressing the needs of this community include the establishment of an LGBTQ Clinical Advisory Committee, the appointment of a trans patient advocate, and the establishment of an LGBTQ+ Pride Employee Resource Network. In addition, MSK provides support through the LGBT Caring Community Online Support Group, for lesbian, gay, bisexual, and transgender caregivers of adults with chronic health problems to discuss the unique issues of caring for their loved ones.



MSK staff join the NYC Pride March 2019 and WorldPride celebration.



### ENVIRONMENTAL SUSTAINABILITY

MSK's sustainability initiatives underscore our commitment to fostering health and wellness among our patients, staff, and community. Our staff-engaging programs include efforts to make our buildings more energy efficient and resilient, and to reduce waste, increase recycling, and promote healthy food and beverages. In 2019, for the fifth year in a row, MSK was awarded the prominent **Top 25 Environmental Excellence Award** by Practice Greenhealth, which identified MSK as one of the top 25 hospitals in the nation for sustainability practices — and the only hospital in New York State to be honored in this category.



MSK first instituted a **Leadership in Environment and Energy Design (LEED) policy** in 2014, stating that all new construction and major renovation projects would be designed to a minimum LEED Silver standard or LEED for Healthcare standard. LEED status is the most widely used green-building rating system in the world and serves as an international symbol of excellence in green-building practices. As of 2019, eight individual MSK buildings have been built to LEED standards or have achieved LEED certification.

The **New York City Mayor’s Carbon Challenge** is a voluntary program for universities, hospitals, and commercial owners and tenants in New York City to reduce their building-based greenhouse gas emissions by 30 percent or more within ten years. MSK first accepted the challenge in 2009, committing to reduce emissions by 30 percent by 2019. MSK is proud to report that we **surpassed the initial 30 percent reduction goal early, with a 32 percent reduction in carbon intensity**. MSK has agreed to an additional goal of reaching a 50 percent reduction in emissions by 2025 and continues efforts to meet that commitment to reduce our carbon footprint and improve public health and quality of life for all New Yorkers.

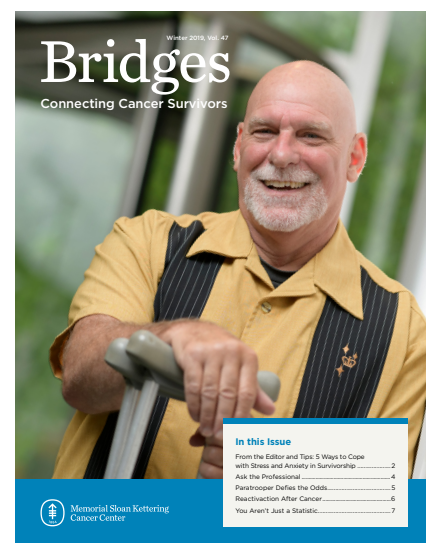
Since achieving Gold Star status under the New York City Department of Health and Mental Hygiene’s Healthy Hospital Food Initiative in 2014, MSK continues to align with the Department of Health to meet the initiative’s current standards to create and maintain a lasting healthier food environment for patients, their families, and our staff.

MSK’s Medical Supplies and Equipment Recovery (Donation) Program, in partnership with the **Afya Foundation**, donated thousands of pounds of surplus medical supplies, equipment, and furniture. Donated items are recovered and donated to support populations in need, mitigate health crises globally, and avoid using landfills. MSK also donates surplus medical supplies, equipment, and furniture through **MedShare’s** Northeast region offices to recover. In 2019, donations from MSK included various diagnostic and clinical supplies, as well as needed medical equipment, assorted furniture, and office supplies.

## SURVIVORSHIP AND LIVING BEYOND CANCER

MSK is as dedicated to helping people live their lives to the fullest as we are to treating their disease. The **Cancer Survivorship Program** offers robust programming that is free and open to the public, addressing the physical, psychological, emotional, and spiritual needs of people who have completed treatment. Some 2016 to 2018 highlights include:

- **Resources for Life after Cancer (RLAC)** is the largest comprehensive program for adult cancer survivors and their families in New York City. It is led by social workers, nurses, and physical therapists. Between 2016 and 2018, RLAC provided 463 programs and reached 6,188 people. In 2019, RLAC has already displayed a 12 percent increase in program volume, with 168 programs, and 12 percent increase in engagement from last year, reaching 2,013 people.
- During **“A Day of Respite”** for National Caregivers Month, MSK launched a full day of supportive programming, with workshops, a drop-in caregivers support group, presentations on coping during the holidays, and other educational resources.
- **Bridges: Connecting Cancer Survivors** is a free quarterly newsletter for patients and their families to share experiences, gain coping insights, and learn about resources available to them after cancer treatment. *Bridges* is available online at [www.mskcc.org/bridges](http://www.mskcc.org/bridges). More than 30,000 print copies are distributed annually, with a growing subscriber base of 6,221 readers as of September 2019.



Bridges Newsletter

- In observance of **National Cancer Survivors Day**, several MSK outpatient facilities host events, with keynote speakers sharing their cancer experiences and educational materials related to cancer survivorship and support. Nearly 5,325 participants have attended these events since 2016 throughout Manhattan, Westchester County, New Jersey, and Long Island.

## COMMUNITY OUTREACH AND EDUCATION

MSK actively participates at community events to present cancer-related topics and distribute educational materials to the public. Our doctors, researchers, nurses, and staff members are available to lecture on cancer-related topics. We encourage the public to contact Community Affairs at [communityaffairs@mskcc.org](mailto:communityaffairs@mskcc.org) with questions and to request participation at community or educational events. We also raise awareness and understanding about cancer through a broad range of ongoing efforts to engage the community, including:

- **MSK's CancerSmart** educational programs are free and open to the public, providing the latest information on cancer-related topics in person, via Facebook Live, or as a webcast. Since 2016, CancerSmart has been **offered in Spanish** to community members at the Ralph Lauren Center for Cancer Care and Prevention. In total, 1,000 people attended our in-person talks, with an additional 100,000-plus views on Facebook, and 2,500-plus views via webcast. CancerSmart talks are archived for viewing at [www.cancersmart.org](http://www.cancersmart.org).
- Our **website**, [mskcc.org](http://mskcc.org), provides current information on treatment for different cancers, including information about clinical trials, as well as contact resources for our doctors and researchers. Between 2016 and 2018, MSK's website attracted more than 30 million users, and it is estimated to exceed 19 million users in 2019.
- MSK's **social media channels** raise awareness among large, engaged audiences of our commitment to finding better approaches to preventing, diagnosing, and treating cancer, as well as our models of patient care and scientific and medical excellence. **Facebook** is our most active community, with 147,000-plus active users. On Twitter, we share our thought leadership with our 673,700-plus followers and provide real-time updates to larger, active conversations. **Instagram** brings to life the people of MSK and provides 29,000-plus followers with an authentic image of our work among staff and in the community.



MSK nutrition experts share recipes helping cancer patients during and after treatment at CancerSmart: In the Kitchen with MSK.

## HEALTHCARE EDUCATION

Training and education are mainstays of MSK's mission to improve the delivery of cancer care worldwide. We offer educational opportunities for students achieving their high school, college, medical, or doctoral degrees, as well as training and continuing education for practicing healthcare professionals.

## EDUCATIONAL OPPORTUNITIES FOR HIGH SCHOOL STUDENTS

The **Human Oncology and Pathogenesis Program (HOPP)**: MSK is dedicated to attracting bright young minds to the world of biomedical research and to opening opportunities to minority students to foster diversity in the scientific landscape. Each year, high school students participate in MSK's **Summer Student Program**, which offers promising high school students who are interested in translational research an unparalleled opportunity to work with world-class researchers. The program is committed to attracting minority students who are underrepresented in the sciences to apply. HOPP also offers the **Science Enrichment Program**, funded by the National Cancer Institute, which hosts students from minority backgrounds for one year of in-depth training in cancer biology, laboratory skills, and professional development, leading to internships in lab research or clinical research.

**Summer Exposure Program**: MSK's Office of Diversity Programs offers this six-week program designed to expose diverse high school students to careers in science, medicine, and research.

**Radiology: Giving Back to NYC**: MSK's Department of Radiology selects high school students enrolled in public high schools throughout New York City to explore careers in healthcare, focusing on science, technology, engineering, and math. The program's collaborators include the New York City Department of Education and colleagues from the U54 Partnership with the City College of New York. The addition of the CCNY-MSK National Institutes of Health-funded U54 Partnership has enabled the addition of five student internships to the program, which were awarded in 2018.



Exposing high school students to careers in science medicine and research.



Supporting female college students seeking careers in research at the Summer Clinical Oncology Research Experience Program (SCORE).

## COLLEGE AND POSTBACCALAUREATE EDUCATIONAL OPPORTUNITIES

**Summer Undergraduate Research Program (SURP)**: The Gerstner Sloan Kettering Graduate School of Biomedical Sciences offers college students a ten-week summer research program during which they obtain hands-on research experience in cutting-edge laboratories. Accepted students with research experience who are pursuing careers in biomedically related sciences are offered a stipend and housing. All students deliver research presentations at a poster session at the end of the program, and four exceptional students are named Rubin and Sarah Shaps Scholars at the end of the program.

**Summer Clinical Oncology Research Experience Program (SCORE)**: SCORE is an eight-week summer internship open to female students from the City College of New York and Hunter College who are seeking in careers in cancer research.

**Summer Mentorship Program in Radiology:** Through a U54 and National Institutes of Health-funded partnership program with MSK and the City College of New York, the Department of Radiology offers a summer mentorship program for trainees at different stages in their education.

**MSK School of Cytotechnology:** Postbaccalaureate students from Hunter College are offered an advanced certificate in cytotechnology. It is the only cytotechnology training program in New York City and one of few such programs recognized as licensure qualifying in New York State. The one-year intensive is conducted on-site at MSK by our staff.

**Hematologic Malignancies Summer Internship Program:** The Division of Hematologic Malignancies runs an eight-week summer internship program for both high school and undergraduate students. Each student shadows a mentor in a lab and learns basic lab techniques.

**School of Radiation Therapy:** Students are trained to become radiation therapists in this two-year, full-time program of study in radiation oncology technology.

## GRADUATE MEDICAL EDUCATION

**Training for Fellows, Residents, and Clinical Observers:** MSK provides highly specialized educational opportunities for doctors who are pursuing advanced training in oncology and cancer-related diseases, with a focus on both patient care and clinical research. We offer approximately 110 clinical programs in which we trained more than 1,700 individuals in 2018, and we also support a clinical observer program through the Office of Graduate Medical Education and the International Observership Program, which hosted more than 500 individuals.

**Education for Medical Students:** MSK offers first- and second-year US medical students an eight- to ten-week mentorship experience in research and clinical oncology through our **Summer Student Fellowship Program**. Students participate in basic laboratory or clinical research under the mentorship of MSK's renowned faculty. Through the longstanding support of an R25 grant from the NIH/NCI, and with additional funding from MSK's Office of Diversity Programs in Clinical Care, Research, and Training, MSK supported 61 students during the summer of 2018. For students in their final year of medical school, MSK offers a **four-week elective program** that provides a hands-on introduction to clinical training under the supervision of fellows and faculty.

**Gerstner Sloan Kettering Graduate School of Biomedical Sciences:** MSK's doctoral program trains basic laboratory scientists to work in research areas related to human disease, with a focus on cancer.

**Weill Cornell Graduate School of Medical Sciences, Sloan Kettering Division:** A collaboration between Weill Cornell Medical College and MSK's Sloan Kettering Institute, this program trains new biomedical researchers.



Graduate student presenting their three-minute research thesis at MSK's 2019 Postdoc Slam.

**MSKView:** Women and ethnic minorities are underrepresented in science. MSK is working to change that. One expression of our commitment to diversity and inclusion is through our Office of Postdoctoral Affairs, which hosts one-day symposiums known as MSKView. The events aim to introduce graduate students from groups that are underrepresented in science who are seeking postdoctoral fellowships to MSK faculty as well as postgraduate opportunities and careers in biomedical and life science research in our laboratories.

## HEALTH PROFESSIONALS EDUCATION

**Continuing Medical Education (CME):** A primary goal of our free online CME activities is to provide community practitioners with important information about the diagnosis and treatment of various cancers they may encounter in practice. The most recent report, from 2017, counted 9,000-plus practitioners throughout our regional locations who registered for CME courses, with 133 courses providing 73,000-plus credits to participants. The CME program maintains its online educational offerings at [www.mskcc.org/cme](http://www.mskcc.org/cme).

CME develops tailored activities to address the professional development needs of practitioners from diverse backgrounds and those working with diverse communities. For example, CME implemented a free **LGBTQ Allies Training** online, so participants can learn about LGBTQ identities, cultural sensitivity, issues that impact LGBTQ patients and staff, and acquire the skills to serve as an LGBTQ ally. MSK also provides an **Immigrant Health and Cancer Disparities Service Seminar Series** for faculty to **increase provider knowledge of the sociocultural and structural barriers** that fuel cancer and other health disparities among immigrants. CME partners with the American Association of Physicians of Indian Origin, Queens and Long Island, and the Association of Kerala Medical Graduates, Greater New York, to provide advanced education about cancer treatments.

**Pharmacy Department:** Pharmacists seeking careers in oncology practice can participate in four specialty residency programs (Adult Oncology Program, Pediatric Oncology Program, the Medication Use Safety Program, and Infectious Disease Program).

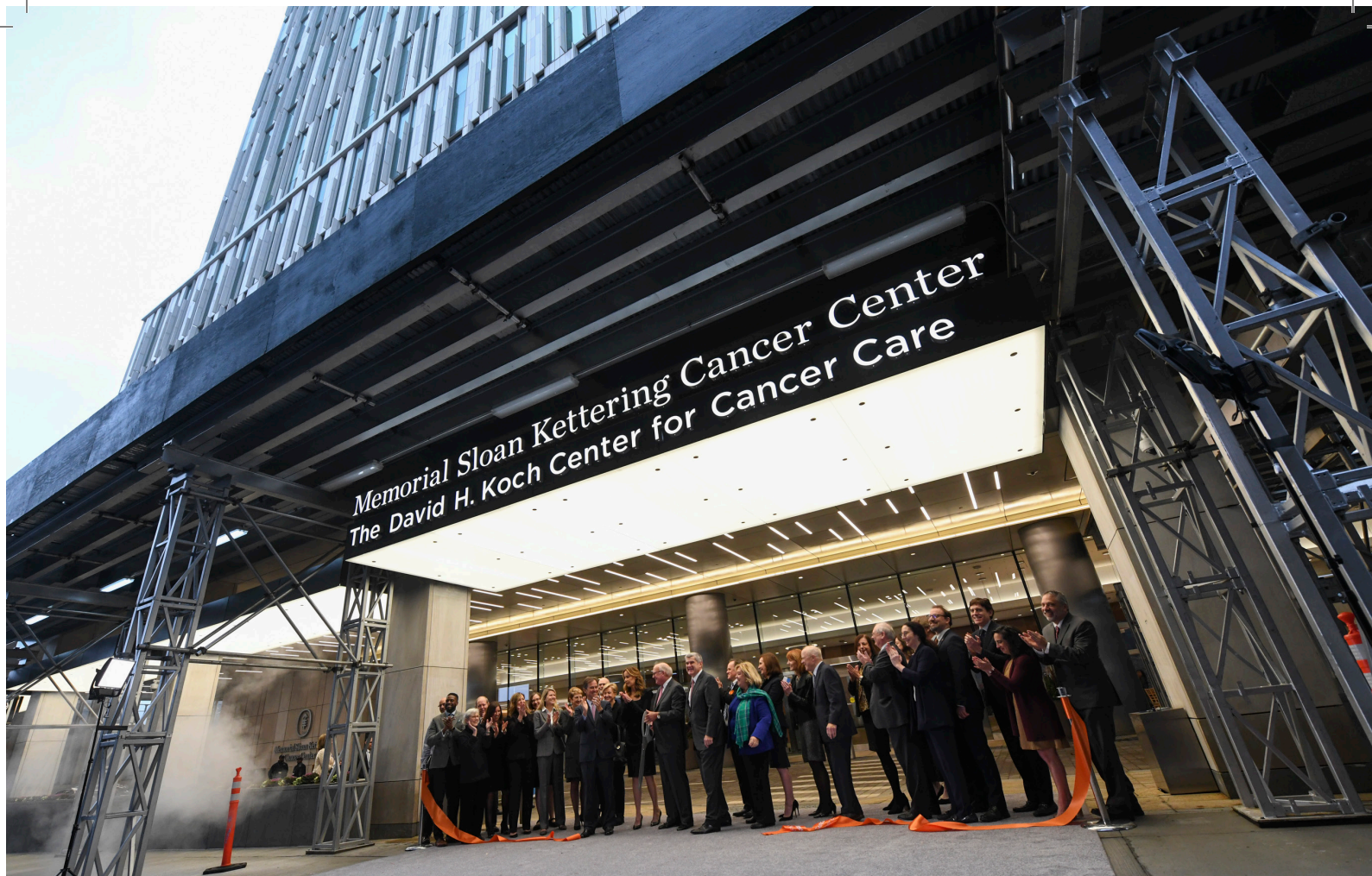
## INTERNATIONAL OUTREACH

**MSK in Serbia:** In November 2019, MSK's Department of Radiology, in partnership with the Breast Cancer Research Foundation, participated in 56th Cancerology Week in Belgrade, Serbia. MSK partnered with the Serbian Ministry of Health on oncology to provide outreach in Serbia, including educational and training activities and the development of a mobile mammography program.

**MSK in Africa:** MSK initiated the **Global Cancer Disparities Initiatives Program** in 2017 to improve **outcomes for people with cancer in low- and middle-income countries**. In collaboration with Obafemi Awolowo University Teaching Hospital in Nigeria and the five local hospitals that make up the **African Research Group for Oncology (ARGO)** consortium, this NCI-recognized program provides the framework for research and training and the tools for prospective cancer databases, biobanks, and clinical trials to address the most pressing clinical questions and service needs in some of the world's most resource-limited environments. The ARGO consortium has grown to include 26 institutions across Nigeria, ten of which actively participate in research studies. The **Global Cancer Disparities Fellowship**, also initiated in 2017, is the first of its kind in North America and combines six months of clinical training at MSK with six months of field work with partners in Nigeria.



MSK participating in hospital rounds in Nigeria.



The ribbon cutting ceremony at the David H. Koch Center for Cancer Care at Memorial Sloan Kettering Cancer Center.

## NEW CARE LOCATIONS AND MODELS OF CARE

With the doubling in patient volume in the past decade and the continued expansion of clinical programs, the need for laboratory services has increased. To serve more patients throughout the tristate area, MSK has expanded its treatment services.

- **The David H. Koch Center for Cancer Care:** The new outpatient center will open in January 2020 and serves as a model for 21st-century cancer care. It is located on East 74th Street between York Avenue and FDR Drive in Manhattan. Patients with lung, head and neck, thoracic, and hematologic cancers will be seen at this new facility, which also includes a bone marrow transplantation program, radiation therapy, and early-stage clinical trials.
- **MSK Bergen:** This 110,000-square-foot outpatient center opened in June 2018 in Montvale, New Jersey, providing access to MSK's expertise and outstanding care in the treatment of cancer to residents of Bergen, Essex, Passaic, and Hudson counties, as well as residents of Orange and Rockland counties in New York. Patients are able to receive much of their treatment at MSK Bergen, including chemotherapy, immunotherapy, and radiation treatment.
- **MSK Nassau:** The new freestanding 114,000-square-foot cancer treatment center opened April 2019 in Nassau County, on Long Island. Patients benefit from comprehensive cancer services and amenities in a single location. The building and adjacent five-story parking garage neighbors NYCB Live, the new home of the Nassau Veterans Memorial Coliseum.

## APPENDIX A: Supporting Data

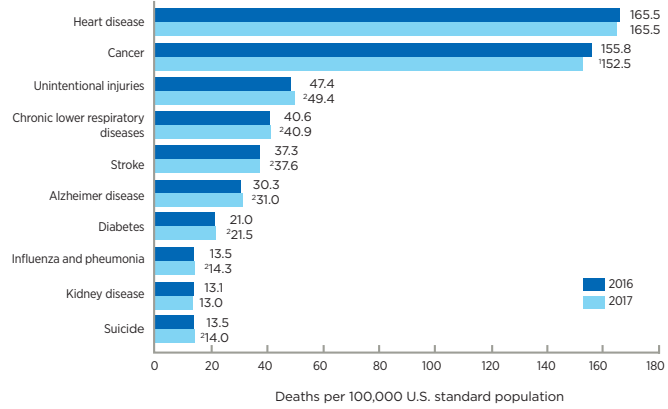
### CANCER LANDSCAPE IN THE UNITED STATES

Cancer remains the second-leading cause of death in the United States, exceeded only by heart disease, accounting for nearly one in every four deaths.<sup>1</sup>

More than 1.7 million new cancer cases are expected to be diagnosed in 2019. An estimated 268,600 women will be diagnosed with breast cancer in 2019, making it the most common cancer diagnosis for women. Prostate cancer is the leading cancer diagnosis among men with 174,650 expected cases in 2019. Lung and bronchus cancer is the second-most common cancer diagnosis with an estimated 228,150 new cases.<sup>2</sup>

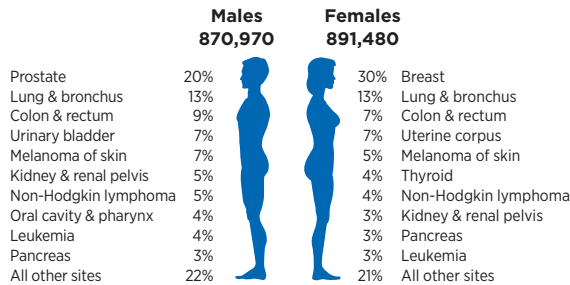
About 606,880 Americans are expected to die of cancer in 2019, which translates to about 1,660 deaths per day. Lung and bronchus cancer is responsible for the most deaths with 142,670 people expected to die from the disease on 2019.<sup>3</sup>

Figure 4. Age-adjusted death rates for the 10 leading causes of death: United States, 2016 and 2017



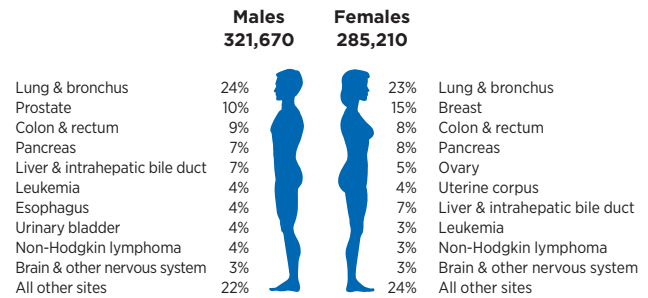
Source: Centers for Disease Control and Prevention – Mortality in the United States, 2017

#### Estimated New Cancer Cases\* in the US in 2019



\*Excludes basal cell and squamous cell skin cancers and in situ carcinoma except urinary bladder.  
Source: American Cancer Society – Cancer Facts & Figures 2019

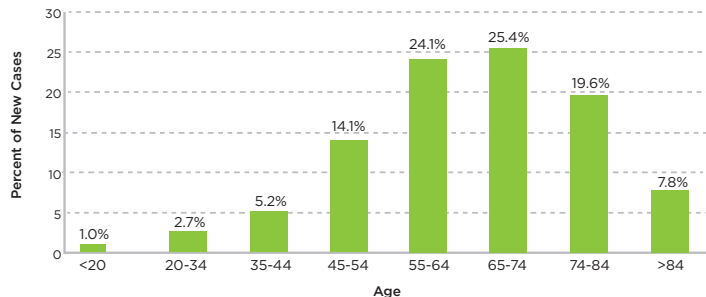
#### Estimated Cancer Deaths in the US in 2019



Source: American Cancer Society – Cancer Facts & Figures 2019

Advancing age is the most important risk factor for cancer overall, as well as many individual cancer types — 52.8% percent of people with cancer happen in patients over the age of 65.<sup>4</sup>

#### Percent of New Cancers by Age Group: All Cancer Sites

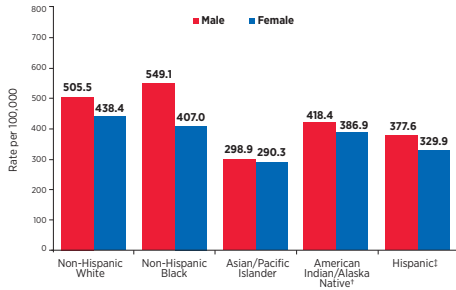


SEER 18 2007-2011, All Races, Both Sexes  
Source: National Cancer Institute

## CANCER HEALTH DISPARITIES IN THE UNITED STATES

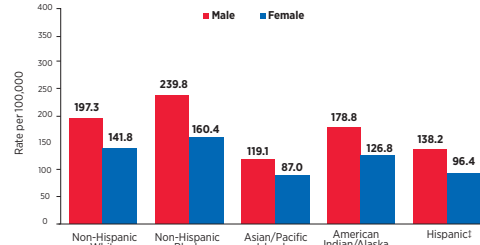
Cancer affects all population groups in the United States, but certain groups may have higher rates of cancer compared with others. According to the American Cancer Society, African Americans have higher death rates and the shortest survival period of any racial and ethnic group in the United States for most cancers.

Cancer Incidence Rates\* by Race and Ethnicity, 2011-2015



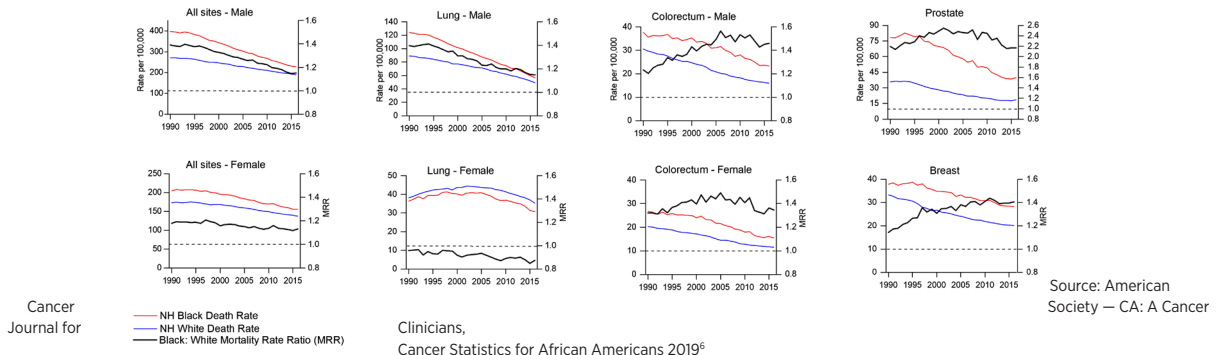
\*Age-adjusted to the 2000 US standard population. <sup>1</sup>Data based on Indian Health Service Contract Health Service Delivery Area counties. <sup>2</sup>Persons of Hispanic origin may be of any race.

Cancer Death Rates\* by Race and Ethnicity, US, 2012-2016



\*PER 100,000, age-adjusted to the 2000 US standard population. <sup>1</sup>Data based on Indian Health Service Contract Health Service Delivery Area counties. <sup>2</sup>Persons of Hispanic origin may be of any race.

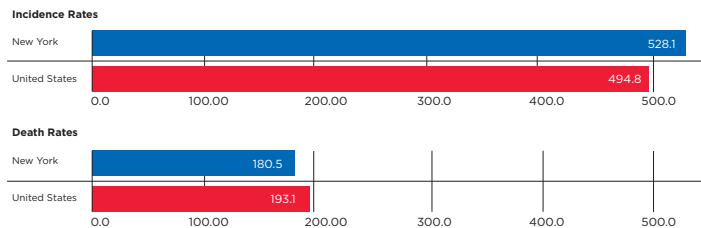
Although cancer death rates have historically been higher for African Americans than for Caucasians, substantial progress has been made over the past several decades to reduce the disparity. The American Cancer Society reported that the overall cancer death rate is dropping faster in African Americans than in Caucasians, mostly in three cancer types: lung, colorectal, and prostate.<sup>5</sup>



## NEW YORK CITY CANCER LANDSCAPE

Similar to the United States statistics, cancer is also the second-most common cause of death in New York City, exceeded only by heart disease. The American Cancer Society reported that from 2011 to 2015, the overall cancer incidence rates in New York City exceeded the overall United States incidence rates.<sup>7</sup>

### Cancer incidence and death rates



Incidence rates are from 2011-2015; death rates are from 2012-2016. Source: American Cancer Society • Created with Datawrapper.<sup>8</sup>

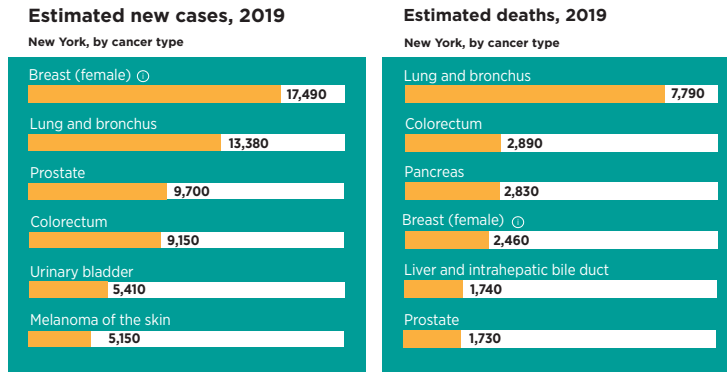


An American Cancer Society report estimates that in 2019 New York City will have more than 100,000 new cases of cancer and approximately 35,000 cancer deaths.<sup>8</sup>

New York			
AT A GLANCE			
Estimated new cases, 2019	Estimated deaths, 2019	Incidence rates, 2011-2015	Death rates, 2012-2016
<b>111,870</b>	<b>35,010</b>	<b>488.9</b>	<b>152.6</b>
		<small>Average annual rate per 100,000, age adjusted to the 2000 US standard population.</small>	<small>Average annual rate per 100,000, age adjusted to the 2000 US standard population. Rates for PR are for 2011-2015.</small>

Source: American Cancer Society — Cancer Statistics Center, New York at a Glance (NYC)

According to the New York City Department of Health, the most common types of cancer are skin, breast, prostate, and lung.<sup>9</sup> The American Cancer Society reports that lung, prostate, breast, and colorectal cancers accounted for nearly half (47.4 percent) of all cancer diagnoses in New York City from 2011 to 2015.<sup>10</sup>



American Cancer Society, 2019  
Source: American Cancer Society — Cancer Statistics Center, New York at a Glance (NYC)

## TOBACCO DEPENDENCY

Although tobacco use in the United States has decreased, tobacco-related disparities throughout the country have increased, especially among people of lower socioeconomic status, ethnic and racial minority groups, LGBTQ+, women, individuals with disabilities, active military and veterans, and individuals with substance and mental health issues. Tobacco-related disparities are displayed in several ways, including higher occurrences of smoking, lack of access to treatments, unsuccessful participation in evidence-based treatments, low quitting rates, inconsistent tobacco treatment delivery by providers, and a greater burden of tobacco-related cancers and diseases.<sup>23-36</sup>

While substantial progress has been made in reducing tobacco use, it remains the most preventable cause of death in the United States. More than 34 million American adults were current smokers in 2017 (American Cancer Society). The New York State Department of Health reports approximately 750,000 adults in New York State live with serious smoking-related illnesses. Annually in New York State, 28,000 adults die from smoking, and another 3,000 non-smoking adults die from diseases caused by secondhand smoke.<sup>15</sup>

### New York City Percentage of Adults Who Smoke<sup>51</sup>

Source: 2016 NYC Community Health Survey

2013	2014	2015	2016	2017
15.5%	16.1%	13.9%	14.3%	13.1%

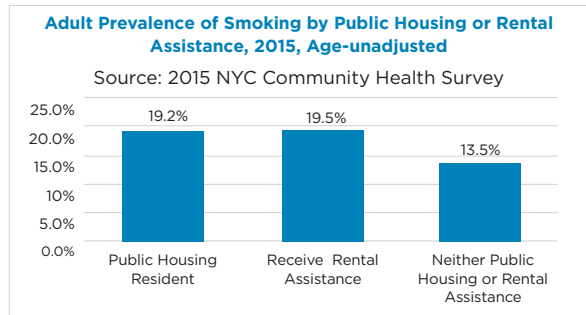
### New York City Percentage of Adults Who Smoke by Borough, 2016<sup>52</sup>

Source: 2016 NYC Community Health Survey

Borough	Adult Smoking Rate
Brooklyn	12.2%
Bronx	13.6%
Manhattan	12.8%
Queens	13.6%
Staten Island	15.9%

Source: American Cancer Society Cancer Action Network — Reducing the Cancer Burden in New York City, 2019

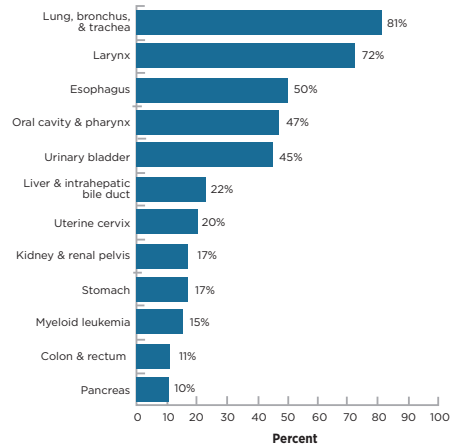
While smoking rates in New York City are continuing to decline, they have not declined at the same rate as some demographics that include education level, income level, and residence. New Yorkers who live in public housing or receive rental assistance are more likely to smoke than New Yorkers who do not live in public housing or receive rental assistance.<sup>16</sup>



Source: American Cancer Society Cancer Action Network — Reducing the Cancer Burden in New York City, 2019

The American Cancer Society reports that cigarette smoking increases the risk of at least 12 cancers: oral cavity and pharyngeal, laryngeal, lung, esophageal, pancreatic, uterine and cervical, kidney, bladder, stomach, colorectal, liver, and myeloid leukemia (Figure 4).<sup>17</sup>

Figure 4. Proportion of Cancer Deaths Attributable to Cigarette Smoking in Adults 30 Years and Older, US, 2014

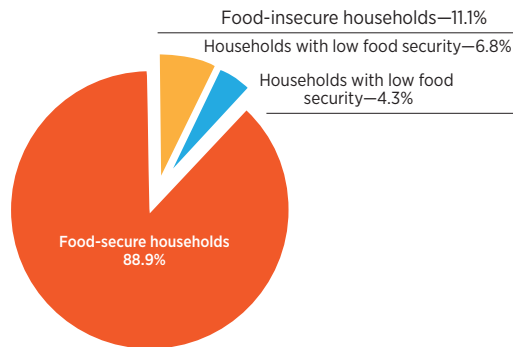


Source: Islami F, Goding Sauer A, Miller KD, et al. *CA Cancer J Clin.* Nov 2017.

## FOOD INSECURITY

In 2018, 8.7 million (6.8 percent) US households had low food security, and 5.6 million (4.3 percent) US households had very low food security.<sup>18</sup>

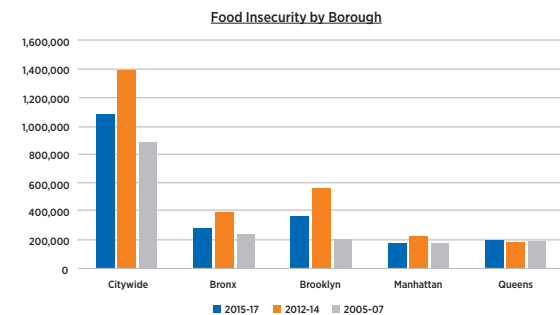
### U.S. households by food security status, 2018



Source: USDA, Economic Research Service, using data from the December 2018 Current Population Survey Food Security Supplement.

Across New York City, between 2015 and 2017, 12.8 percent of the population, or 1,090,936 people, were living in food-insecure households. Although that number decreased from the period between 2012 and 2014, it represents a 22 percent increase from the number of food-insecure individuals from 2005 to 2007.<sup>19</sup>

Figure 1 – Overall Food Insecurity by Borough



Source: Hunger Free America — The Uneaten Big Apple: Hunger's High Cost in NYC, NYC Hunger Report 2018

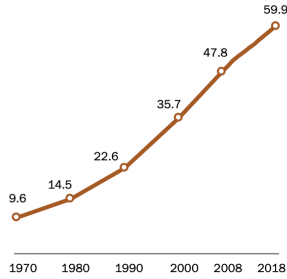
## HISPANIC POPULATION GROWTH IN THE UNITED STATES

The Hispanic population in the United States reached 59.9 million in 2018, up from 47.8 million in 2008. This makes Hispanics the nation’s second-fastest-growing racial or ethnic group after Asian Americans, and the nation’s largest ethnic or racial minority.<sup>11</sup>

The Census Bureau projected that in 2060, the Hispanic population will comprise 28 percent of the total population, with 111.2 million Hispanic individuals residing in the United States.<sup>12</sup>

### U.S. Hispanic population reached nearly 60 million in 2018

In millions

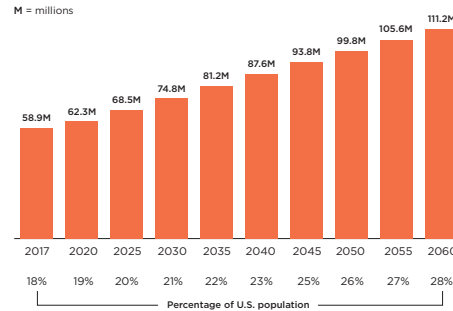


Note: Population estimates for 1990-2018 are as of July 1 for each year. Hispanics are of any race.  
 Source: Pew Research Center analysis of 1970-1980 estimates based on decennial censuses (see 2008 report "U.S. Population Projections: 2005-2050"), U.S. intercensal population estimates for 1990-1999 and 2000-2009, and U.S. Census Bureau Vintage 2018 estimates for 2010-2018.

PEW RESEARCH CENTER

### Hispanic Population to Reach 111 Million by 2060

Projected Hispanic Population 2020 to 2060



United States Census Bureau

U.S. Department of Commerce  
 Economics and Statistics Administration  
 U.S. census bureau  
 census.gov

Source: 2017 National Population Projections and Vintage 2017 Population Estimates  
[www.census.gov/popproj/](http://www.census.gov/popproj/)  
[www.census.gov/programs-surveys/popproj.html](http://www.census.gov/programs-surveys/popproj.html)

## HISPANIC POPULATION GROWTH IN NEW YORK

The Hispanic Federation reports that seven out of every ten Hispanic individuals in New York State, 5 million in total, live in just ten counties in New York, New Jersey, and Connecticut<sup>13</sup>

### Ten Most Populous Hispanic Counties in Tri-State Region

County	Total Pop	Hispanic Pop	Percent Hispanic Pop
Bronx County, NY	1,399,626	766,960	14.73%
Queens County, NY	2,267,344	637,416	12.24%
Kings County, NY	2,564,998	506,449	9.73%
New York County, NY	1,620,501	403,166	7.74%
Hudson County, NJ	649,263	277,600	5.33%
Suffolk County, NY	1,504,699	269,696	5.18%
Westchester, County, NY	963,608	224,568	4.31%
Nassau County, NY	1,349,698	211,737	4.07%
Passaic County, NJ	502,707	194,706	3.74%
Fairfield County, CT	936,341	169,550	3.26%

Source: Nielsen Pop-Facts Premier, 2013.1 Update, Current Year Population by Ethnicity and Single Race

Source: Hispanic Federation — Nueva York and Beyond: The Latino Communities of the Tri-State Region

## LANGUAGES SPOKEN AT HOME IN NEW YORK CITY

According to the 2017 Census, an estimated 41 million US residents, or 13.4 percent of the population, speak Spanish at home. In New York City's five boroughs, Spanish is the top language spoken at home by those who speak a language other than English and by those with limited English proficiency.<sup>14</sup>

**Top Languages Spoken at Home**  
 Universe: Population 5 years and over  
 2011-2015 American Community Survey Public Use Microdata 5-Year Sample  
 New York City and Boroughs

New York City		
	Total	Percent
<b>Total</b>	<b>7,873,602</b>	<b>100.0</b>
Speak only English	4,004,488	50.9
Language other than English	3,869,114	49.1
Language other than English	3,869,114	100
Spanish	1,936,792	50.1
Chinese*	463,586	12.0
Russian	196,517	5.1
French Creole	112,748	2.9
Bengali	96,539	2.5
Yiddish	86,356	2.2
French	80,643	2.1
Italian	79,544	2.1
Korean	73,706	1.9
Arabic	64,375	1.7
Polish	53,454	1.4
Tagalog	49,406	1.3

Bronx		
	Total	Percent
<b>Total</b>	<b>1,321,262</b>	<b>100.0</b>
Speak only English	550,205	41.6
Language other than English	771,057	58.4
Language other than English	771,057	100.0
Spanish	621,840	80.6
Kru, Ibo, Yoruba	27,439	3.6
Bengali	14,539	1.9
French	12,730	1.7
Albanian	9,545	1.2
Italian	9,344	1.2
Mande	8,820	1.1
Arabic	6,322	0.8
Chinese*	6,255	0.8
Fulani	5,852	0.8
French Creole	5,113	0.7
Tagalog	4,694	0.6

Brooklyn		
	Total	Percent
<b>Total</b>	<b>2,402,727</b>	<b>100.0</b>
Speak only English	1,278,668	53.2
Language other than English	1,124,059	46.8
Language other than English	1,124,059	100.0
Spanish	400,841	35.7
Chinese*	170,427	15.2
Russian	130,714	11.6
Yiddish	82,751	7.4
French Creole	75,524	6.7
Arabic	28,790	2.6
Hebrew	26,702	2.4
Italian	24,575	2.2
Polish	19,892	1.8
Urdu	19,427	1.7
French	19,429	1.7
Bengali	18,221	1.6

Manhattan		
	Total	Percent
<b>Total</b>	<b>1,547,059</b>	<b>100.0</b>
Speak only English	927,650	60.0
Language other than English	619,409	40.0
Language other than English	619,409	100.0
Spanish	350,112	56.5
Chinese*	83,013	13.4
French	34,246	5.5
Korean	13,138	2.1
Russian	11,135	1.8
Japanese	10,766	1.7
German	10,604	1.7
Hebrew	9,927	1.6
Italian	9,899	1.6
Arabic	7,125	1.2
Portuguese	7,092	1.1
Hindi	6,667	1.1

Queens		
	Total	Percent
<b>Total</b>	<b>2,157,847</b>	<b>100.0</b>
Speak only English	940,264	43.6
Language other than English	1,217,583	56.4
Language other than English	1,217,583	100.0
Spanish	515,885	42.4
Chinese*	192,448	15.8
Bengali	60,042	4.9
Korean	49,438	4.1
Russian	36,817	3.0
Tagalog	29,976	2.5
Greek	28,341	2.3
French Creole	28,312	2.3
Polish	23,987	2.0
Italian	23,962	2.0
Punjabi	23,334	1.9
Hindi	19,443	1.6

Staten Island		
	Total	Percent
<b>Total</b>	<b>444,707</b>	<b>100.0</b>
Speak only English	307,701	69.2
Language other than English	137,006	30.8
Language other than English	137,006	100.0
Spanish	48,714	35.1
Russian	14,660	10.7
Italian	11,764	8.6
Chinese*	11,443	8.4
Arabic	7,556	5.5
Albanian	7,225	5.3
Polish	4,520	3.3
Tagalog	4,253	3.1
Urdu	3,198	2.3
Korean	3,146	2.3
Serbo-Croatian**	1,818	1.3
French	1,671	1.2

\*Includes Chinese, Cantonese, Mandarin, and Formosan  
 \*\*Includes Croatian, Serbian, and Serbo-Croatian.  
 Sources: U.S. Census Bureau, 2011-2015 American Community Survey Public Use Microdata 5-Year Sample  
 Population Division — New York City Department of City Planning (February 2017)

**Top Languages Spoken at Home by Limited English Proficiency (LEP)**  
 Universe: Population 5 years and over  
 2011-2015 American Community Survey Public Use Microdata 5-Year Sample  
 New York City and Boroughs

New York City		
	Total	Percent
<b>Total LEP</b>	<b>1,817,339</b>	<b>100.0</b>
Spanish	888,936	48.9
Chinese*	317,693	17.5
Russian	116,172	6.4
Bengali	51,276	2.8
French Creole	50,231	2.8
Korean	43,976	2.4
Italian	27,565	1.5
Yiddish	27,445	1.5
Arabic	26,635	1.5
Polish	25,169	1.4
Urdu	21,072	1.2
French	20,885	1.1

Bronx		
	Total	Percent
<b>Total LEP</b>	<b>339,856</b>	<b>100.0</b>
Spanish	280,824	82.6
Bengali	7,533	2.2
Kru, Ibo, Yoruba	6,411	1.9
French	5,426	1.6
Albanian	4,500	1.3
Chinese*	4,273	1.3
Italian	3,716	1.1
Arabic	3,466	1.0
Mande	3,365	1.0
Fulani	2,558	0.8
Vietnamese	1,898	0.6
Russian	1,669	0.5

Brooklyn		
	Total	Percent
<b>Total LEP</b>	<b>570,032</b>	<b>100.0</b>
Spanish	181,912	31.9
Chinese*	122,488	21.5
Russian	86,692	15.2
French Creole	38,581	6.8
Yiddish	26,803	4.7
Arabic	13,354	2.3
Polish	11,608	2.0
Urdu	10,632	1.9
Italian	10,048	1.8
Bengali	9,977	1.8
Hebrew	7,265	1.3
French	5,688	1.0

Manhattan		
	Total	Percent
<b>Total LEP</b>	<b>242,624</b>	<b>100.0</b>
Spanish	150,762	62.1
Chinese*	49,611	20.4
French	6,549	2.7
Japanese	5,241	2.2
Korean	4,320	1.8
Russian	3,310	1.4
Arabic	1,757	0.7
Italian	1,729	0.7
Portuguese	1,542	0.6
Polish	1,501	0.6
Fulani	1,356	0.6
Albanian	1,127	0.5

Queens		
	Total	Percent
<b>Total LEP</b>	<b>616,568</b>	<b>100.0</b>
Spanish	259,065	42.0
Chinese*	134,679	21.8
Korean	33,453	5.4
Bengali	32,522	5.3
Russian	18,581	3.0
Punjabi	10,797	1.8
Polish	10,218	1.7
Greek	9,800	1.6
Tagalog	9,595	1.6
French Creole	9,287	1.5
Italian	8,285	1.3
Urdu	8,045	1.3

Staten Island		
	Total	Percent
<b>Total LEP</b>	<b>48,259</b>	<b>100.0</b>
Spanish	16,373	33.9
Chinese*	6,642	13.8
Russian	5,920	12.3
Italian	3,787	7.8
Arabic	2,325	4.8
Albanian	2,262	4.7
Korean	1,772	3.7
Polish	1,503	3.1
Tagalog	1,072	2.2
Urdu	800	1.7
Serbo-Croatian**	618	1.3
Sinhalese	519	1.1

\*Includes Chinese, Cantonese, Mandarin, and Formosan  
 \*\*Includes Croatian, Serbian, and Serbo-Croatian.  
 Sources: U.S. Census Bureau, 2011-2015 American Community Survey Public Use Microdata 5-Year Sample  
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## APPENDIX C: CHNA Forum Materials

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### MSK 2019–2021 CHNA Discussion Guide

**Audience:** Community-based organizations/stakeholders

**Platform:** In-person, 120-minute qualitative discussion forums

**Size:** Six to 12 participants

**Purpose:** To better understand the current and most critical cancer-related health needs in the community, with a focus on multicultural populations

**Materials:**

- Copy of the most recent MSK CSP Update
- Media release form
- MSK information survey

**Main issues covered:**

1. Define cancer-related health priorities and concerns facing residents of the tri-state area.
2. Learn perspectives of community gatekeepers on:
  - African American concerns
  - Hispanics concerns
  - How MSK can increase direct engagement with these communities
3. Explore opportunities for MSK to partner with CBOs to build upon our awareness, understanding, and increase access to care among multicultural populations.

#### 10 minutes INTRODUCTION

1. Welcome
2. MSK staff introductions
3. Basic housekeeping
4. Purpose of today's forum
5. Confidentiality of recorded discussion
6. Explanation of how input will be analyzed and used
7. Participant introductions
8. Roles

#### 15 minutes DISCUSSION: TOP OF MIND HEALTH NEEDS

OVERALL COMMUNITY HEALTH CONCERNS:

State the purpose of this section to get to the top-of-mind health issues.

**1. What important health needs face the communities you work with?**

- Write all on flip charts and display on the wall; get as many as possible
- What do you see as the three most critical health needs? Why?
- Ask the group to select the top three to five issues
- Are there any actions you have for any of those? What are they?

#### 25 minutes CANCER CARE OPPURTUNITIES/BARRIERS + COMMUNITY ENGAGEMENT

COMMUNITY CANCER NEEDS:

State the purpose of this section to frame the discussion into the cancer-related health needs.

**1. In thinking about cancer care, what are the needs/issues you see in your community?**

- Write all on flip charts and display on the wall; get as many as possible
- Pick the top three issues important to each community and why?
- Get the team's agreement on the top three to five areas

**2. Ask on each area:**

- Has your organization addressed these? If yes, how?  
If not, how have you seen other organizations address them?
- What is your assessment of its effectiveness and why?

**3. On the needs that you have NOT seen much efforts or were not effectively done:**

- What should be done?
- What resources are required to properly address them?

MSK PERCEPTIONS:

**1. What is your impression about MSK? Choose an adjective to describe MSK based on your understanding. Why do you think so?**

**2. What is your understanding on MSK's strength vs. areas for improvement in terms of their community health support?**

**3. What is your opinion about MSK's performance on the following:**

- Communication (frequency, channels, content)
- Engagement (level of engagements and quality of support to their communities, e.g., programs, education, etc.)
- Accessibility to diverse populations (Hispanics, African Americans, LGBTQ, etc.)

PARTNERSHIPS:

**1. What partnerships do you recommend MSK form to address these health needs?**

**2. How is our organization currently addressing these health needs?**

**3. What is your awareness of MSK's partnership with community hospitals? How did you come to know about it?**

**4. Do you have suggestions for MSK to be more effective in supporting your community in healthcare?**

**5. Of the MSK partnerships that you ARE you aware of:**

- What do you understand about that partnership?
- In your view, how effective it is?
- What are the benefits you see in the partnership?
- What the areas for improvement in the partnership?

BARRIERS

**1. What are the most important barriers to accessing cancer care that impact your community?**

**10 minutes MSK PRESENTATION**

- Presentation on current cancer landscape in the United States
- MSK progress report and current cancer statistics

**10 Minutes CLOSING**

1. Open for questions and comments
2. Explanation for next steps and data input and sharing:
  - Summarize key opportunities and needs that were identified through the community forum process, and send them for input on our determination of which needs to focus on and how we will address them
  - Email follow-up survey
  - Mailing copy of MSK's 2019–2021 CHNA-CSP
  - Presentation will be made available on our website: [www.mskcc.org/communityserviceplan](http://www.mskcc.org/communityserviceplan)
3. Request to complete a post-discussion survey before adjourning

**THANK YOU**



## MSK 2019–2021 CHNA Forum – In-Person Post-Discussion Survey

### MSK’s 2019–2021 Community Health Needs Assessment Forum

#### Post-Discussion Survey

1. Name: \_\_\_\_\_
2. Organization: \_\_\_\_\_
3. Title: \_\_\_\_\_
4. Email: \_\_\_\_\_
5. Mailing Address (final results will be mailed): \_\_\_\_\_
6. What services does your organization provide? (please select all that apply)
  - Advocacy
  - Food Pantry
  - Medical Care
  - Access to Care
  - Legal Assistance
  - Job Placement
  - HIV and STI Testing/Prevention
  - Individual and Family Counseling
  - Civic Engagement
  - Economic Empowerment
  - Environmental Justice
  - Organization Development
  - Policy and Advocacy
  - Support Services
  - Comprehensive Legal Services
  - Comprehensive Healthcare Services
  - Patient Navigation
  - Childcare
  - Housing Assistance
  - Mental Healthcare/Services
  - Insurance Enrollment
  - Recreation/Art Programs
  - Healthcare Coordination
  - Housing
  - Access to Healthcare
  - Community Assistance Programs
  - Education
  - Immigration Reform
  - Patient Access
  - Research
  - Emotional/Financial Support
  - Case Management
  - Free Cancer Screenings/Referrals
  - Other \_\_\_\_\_

**Please complete questions 7 through 9 on the opposite side**

7. Population demographics:
  - Approximately how many people does your organization directly serve?
  - Does your organization provide services for a specific age group? (select all that apply)
    - <20
    - 20-34
    - 35-44
    - 45-54
    - 55-64
    - 65-74
    - 75-84
    - >84
  - Does your organization serve a specific sex or gender? If so, state all that apply.
  - Does your organization serve a specific race or ethnicity? If so, state all that apply.
  - What is the average annual household income for the population your organization serves?
    - <\$25,000
    - \$25,000 to \$34,999
    - \$35,000 to \$49,999
    - \$50,000 to \$74,999
    - \$75,000 to \$99,999
    - >\$99,999
  - Please describe the type of area your organization serves? (select all that apply)
    - Rural
    - Suburban
    - Urban
8. Is this type of forum useful to provide input to MSK?
9. What other ways would you like to see community organizations communicate and engage with MSK?

**Thank you again for participating in MSK’s 2019–2021 Community Health Needs Assessment Forum!**

## MSK 2019–2021 CHNA Emailed Feedback Survey

Used to solicit Feedback Survey 2019 following CHNA forums

### INTRODUCTION:

Thank you for participating in the Community Health Needs Assessment. This is a brief, confidential survey that is directed toward community leaders, like you, to better understand and actively address the critical cancer-related health needs in the community. Results from this survey will not be used for any other purpose than assessing the critical health needs of the community.

### PART I: First, we'd like to ask you about the community you serve:

Q1: What is the name of your organization?

Q2: Where is your organization?

- City:
- State:
- Zip code:

Q3. Please tell us about the communities you serve:

- What is the average age: \_\_\_ years old
- What is the age range: \_\_\_ years to \_\_\_ years old
- What is the racial and ethnic composition of your community:
  - \_\_\_% White
  - \_\_\_% Black/African
  - \_\_\_% Asian
  - \_\_\_% Hispanic/LatinX
  - \_\_\_% Native Hawaiian or Pacific Islander
  - \_\_\_% Middle Eastern or North African
  - \_\_\_% American Indian or Alaska Native
  - \_\_\_% Other (please specify): \_\_\_\_\_
- What % of the LGBTQ population? \_\_\_\_\_
- What languages are spoken in the communities you serve? Please check all apply.
  - English
  - Spanish
  - Chinese: Mandarin
  - Chinese: Cantonese
  - Yiddish
  - Russian
  - French/Creole
  - Korean
  - Other (please specify): \_\_\_\_\_

### PART II: Please inform us about CANCER CARE in your community:

Q4. How would you rate the cancer care provided to your community?

1      2      3      4      5      6      7      8      9      10  
Poor      Excellent

Q5. How familiar are you with the cancer care available in your community?

1      2      3      4      5  
Very familiar      Fairly familiar      Somewhat familiar      Only aware of availability      Not aware at all

Q5a. What is the reason for your rating? (Open response)



Q10. Which of the following are important in terms of cancer-prevention topics to the community you serve? Please choose the three most important items from the below list.

- a. Environmental
- b. Exercise
- c. Nutrition/Diet
- d. Cancer screening
- e. Sun safety
- f. Tobacco cessation
- g. Family history
- h. Stress reduction
- i. Others (please specify):

Q11. Which of the following would most help your community members to improve awareness and understanding of cancer-care services available to them? Please choose the three most helpful for your community.

- a. Telephone hotline information
- b. Web-based learning opportunities (e.g., webinars, videos, etc.)
- c. Social media communities and channels
- d. Mobile applications
- e. In-person lectures and presentations in the community
- f. Outreach tables
- g. Printed materials
- h. Other (please specify):

Q12. Where do your community members currently receive information about cancer care and support? Please choose three primary sources from the below list.

- a. Doctor offices/health clinics
- b. Major media outlets (magazines, TV, newspapers, radio, etc.)
- c. Local publications
- d. Web
- e. Social media
- f. Community/neighborhood organizations
- g. Telephone hotlines
- h. Health fairs
- i. Word of mouth
- j. Religious organizations/places of worship
- k. Other (please specify):

Q13. Please provide suggestions to improve MSK's service to your community.

**Thank you very much for your participation. We value your opinions on this survey.**

## APPENDIX D: CHNA Forum Participant Information

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### Organization

**American Cancer Society — Hudson Valley Chapter**

### Services

Access to Care  
Policy and Advocacy  
Support Services  
Patient Navigation  
Education  
Research  
Transportation  
Lodging

### Community Demographics

Provides free or low-cost resources to cancer patients and caregivers, community leaders or volunteers, and healthcare professionals throughout the Hudson Valley.

**American Cancer Society — Long Island Chapter**

Access to Care  
Policy and Advocacy  
Support Services  
Patient Navigation  
Education  
Research  
Transportation  
Lodging

Provides free or low-cost resources to cancer patients and caregivers, community leaders or volunteers, and healthcare professionals on Long Island.

**American Cancer Society — New Jersey Chapter**

Access to Care  
Policy and Advocacy  
Support Services  
Patient Navigation  
Education  
Research  
Transportation  
Lodging

Provides free or low-cost resources to cancer patients and caregivers, community leaders or volunteers, and healthcare professionals throughout New Jersey.

**Bernards Township Health Department (Basking Ridge)**

Access to Care  
HIV and STI Testing/Prevention  
Support Services  
Mental Healthcare/ Services  
Education  
Patient Access  
Free Cancer Screenings/Referrals

Contractual public health agency for the residents of Bernards Township, Bernardsville Borough, Chester Borough, Long Hill Township, Mendham Borough, Peapack, and Gladstone Borough.

## Organization

**The Office of the  
Brooklyn Borough  
President**

## Services

Advocacy  
Food Pantry  
Individual and Family Counseling  
Housing Assistance  
Mental Healthcare/Services  
Recreation/Arts Programs  
Case Management

## Community Demographics

Serves approximately 2.6 million residents who reside in Brooklyn, home to a population that is nearly 40 percent foreign born and speaks as many as 200 different languages.

**Brother-to-Brother  
Prostate Cancer  
Support Group**

Advocacy  
Individual and Family Counseling  
Civic Engagement  
Recreation/Art Programs  
Access to Healthcare

Prostate cancer education and support group established more than 14 years ago, bringing together African American men from across the New York City Metro area who have experience with prostate cancer.

**Cancer and Careers**

Advocacy  
Legal Assistance  
Support Services  
Education  
Professional Development

Serves approximately 365,000 people with cancer annually, empowering and educating them to thrive in their workplace by providing expert advice, interactive tools, and educational events.

**CancerCare**

Support Services  
Financial Assistance  
Education  
Community Programs

Professional oncology social workers provide free emotional and practical support for people with cancer, caregivers, loved ones, and the bereaved, in New York, New Jersey, and Connecticut.

**Cancer Support Team**

Advocacy  
Access to Care  
Individual and Family Counseling  
Support Services  
Patient Navigation  
Mental Healthcare/Services  
Insurance Enrollment  
Education  
Emotional/Financial Support  
Case Management

The only Westchester-based nonprofit homecare program, licensed by the New York State Department of Health, that provides access to services free of charge to residents in southern Westchester County, New York, without regard to insurance coverage.

## Organization

### **Colette Coyne Melanoma Awareness Campaign**

## Services

Advocacy  
Education  
Emotional Support  
Free Cancer Screenings/Referrals

## Community Demographics

Serves the residents of Long Island, New York, by increasing their awareness of the dangers and causes of skin cancer.

### **Custom Collaborative**

Food Pantry  
Job Placement  
Individual and Family Counseling  
Civic Engagement  
Economic Engagement  
Environmental Justice  
Recreation/Art Programs  
Education

New York City-based entrepreneurship and workforce development program that trains and supports women from low-income and immigrant communities to launch fashion careers and businesses.

### **East Harlem Community Alliance**

Advocacy  
Medical Care  
Job Placement  
Support Services  
Comprehensive Healthcare Services  
Community Assistance Programs  
Education

A consortium of more than 185 nonprofits, businesses, religious organizations, and government agencies working together to enhance the vitality and well-being of East Harlem. The Alliance undertakes joint projects and activities designed to strengthen the economic base of East Harlem through improving the community's knowledge about and access to local products and services.

### **Feeding Westchester**

Food Pantry  
Support Services  
Education

The heart of a network of more than 300 partners who source and distribute food and other resources to towns across Westchester, serving approximately 200,000 residents yearly.

### **Garden City Chamber of Commerce**

Advocacy  
Civic Engagement  
Education  
Economic Empowerment  
Community Assistance Programs

The Garden City Chamber of Commerce has nearly 400 members and is the largest Community Chamber of Commerce on Long Island.

## Organization

### Gotham Health

## Services

Medical Care  
Access to Care  
Legal Assistance  
HIV and STI Testing/Prevention  
Individual and Family Counseling  
Patient Navigation  
Mental Healthcare/Services  
Insurance Enrollment  
Healthcare Coordination  
Access to Healthcare  
Patient Access  
Case Management

## Community Demographics

Formed in 2015 to address the primary care needs of underserved populations, Gotham Health has locations throughout New York City's five boroughs, strategically located in or near high-need areas for easy access to services.

### Hackensack Meridian Health

Advocacy  
Medical Care  
Access to Care  
HIV and STI Testing/Prevention  
Organization Development  
Support Services  
Comprehensive Healthcare Services  
Patient Navigation  
Mental Healthcare/Services  
Insurance Enrollment  
Healthcare Coordination  
Community Assistance Programs  
Education  
Patient Access  
Research  
Case Management  
Free Cancer Screenings/Referrals

Provides services for all New Jersey residents. The network of care includes 13 hospitals and more than 200 ambulatory care centers, fitness and wellness centers, home health services, rehab centers, and skilled nursing centers from Bergen to Atlantic counties.

### Harlem Children's Zone

Advocacy  
Medical Care (school clinic for students)  
Support Services  
Housing Assistance  
Recreation/Art Programs

A nonprofit organization for children and families living in Harlem that provides free support in the form of parenting workshops, a preschool program, three charter schools, and child-oriented health programs for thousands of children and families.



## Organization

### Hofstra University

## Services

Education  
Research

## Community Demographics

A private, nonsectarian, coeducational campus with approximately 10,000 students annually and 2,631 faculty members. Research includes focuses on public health and health inequities, particularly in the American suburbs and minority communities.

### Hope Community, Inc.

Housing Assistance  
Economic Development  
Social Services  
Financial Literacy  
Access to Healthcare  
Job Placement  
Education

Assisting low- and moderate-income families primarily in East Harlem, which extends north 125th Street from East 96th Street to East 138th Street and east from Fifth Avenue to the Harlem River.

### Hudson Valley Case Management Society

Education  
Job Placement  
Policy and Advocacy  
Case Management

Serves a diverse, interdisciplinary network of healthcare professionals who hail from the Hudson Valley region of New York State, including Westchester, Rockland, Orange, and Dutchess counties. Part of the Case Management Society of America, which has over 70 affiliated chapters and more than 11,000 individual members.

### John J. Byrne Community Center

Advocacy  
Civic Engagement  
Support Services  
Recreation/Art Programs  
Education

Support services to benefit the residents of Uniondale, Long Island, primarily youth.

### Latina SHARE

Advocacy  
Support Services  
Patient Navigation  
Education  
Emotional/Financial Support

A national nonprofit that supports, educates, and empowers those affected by breast, ovarian, or metastatic breast cancers, with a special focus on medically underserved communities. Serves approximately 190,000 women annually and offers support groups, educational programs, webinars, and a helpline in Spanish.

### Laura Feinblum Nutrition

Nutrition

Provides one-on-one and group session nutrition counseling to residents who reside in Westchester County, New York.

## Organization

### **Leukemia & Lymphoma Society – Long Island Chapter**

## Services

Advocacy  
Support Services  
Community Assistance Programs  
Education  
Patient Access  
Research  
Emotional/Financial Support

## Community Demographics

Provides patient support, patient education, and professional educational services to residents and organizations on Long Island, New York.

### **Long Island Center for Independent Living, Inc.**

Advocacy  
Education  
Recreation/Art Programs  
Transportation  
Benefits Advisement  
Peer Counseling  
Housing

Provides services to Long Island residents with disabilities and their families and caregivers.

### **Mary's Place by the Sea**

Individual and Family Counseling  
Emotional Support  
Non-Medical Holistic Care

A respite home for women who are receiving treatment for cancer, which has provided services to approximately 9,000 women with cancer since 2009.

### **Monmouth County Health Department**

Medical Care  
STI Testing/Prevention  
Policy and Advocacy  
Patient Navigation  
Education  
Case Management  
Free Cancer Screenings/Referrals

One of six health departments in Monmouth County, serving residents in 26 municipalities.

### **Mount Vernon Chamber of Commerce**

Advocacy  
Civic Engagement  
Education  
Economic Empowerment  
Community Assistance Programs  
Emotional/Financial Support

Located in Westchester County, the Mount Vernon Chamber of Commerce serves the community's 680 businesses and approximately 67,000 residents.

### **National Ovarian Cancer Coalition**

Research  
Education  
Individual and Family Counseling  
Support Services

Provides resources to newly diagnosed patients, survivors, and caregivers throughout the United States.

## Organization

### Nostrand Gardens Civic Association

## Services

Advocacy  
Civic Engagement  
Organizational Development  
Education  
Emotional Support

## Community Demographics

Serves the communities of Uniondale and Hempstead, New York.

### NYC Health + Hospitals

Medical Care  
Access to Care  
Legal Assistance  
HIV and STI Testing/Prevention  
Individual and Family Counseling  
Patient Navigation  
Mental Healthcare/Services  
Insurance Enrollment  
Healthcare Coordination  
Access to Healthcare  
Patient Access  
Case Management

A full-service community hospital that provides culturally sensitive care to patients from New York City's five boroughs.

### Ocean County Health Alliance

Policy and Advocacy  
Education  
Free Cancer Screenings/Referrals

Serves approximately 1.2 million residents who reside in New Jersey's Monmouth and Ocean counties.

### Open Door Family Medical Centers

Advocacy  
Food Pantry  
Medical Care  
Access to Care  
HIV and STI Testing/Prevention  
Support Services  
Comprehensive Healthcare Services  
Patient Navigation  
Housing Assistance  
Mental Healthcare/Services  
Insurance Enrollment  
Healthcare Coordination  
Access to Healthcare  
Education  
Emotional/Financial Support  
Case Management  
Free Cancer Screenings/Referrals

A Federally Qualified Health Center that provides healthcare to those who are hardest to reach, regardless of their ability to pay. Often serves patients who may not otherwise have access to care, including low-income families and individuals without insurance. Serves approximately 100,000 residents who live in Westchester and Putnam counties.

## Organization

### **Patchogue Family YMCA**

## Services

Education  
Childcare  
Health & Fitness

## Community Demographics

Provides services to residents of Patchogue, Long Island, which has a population of approximately 12,000.

### **Planned Parenthood of NYC**

Medical Care  
Access to Care  
HIV and STI Testing/Prevention  
Civic Engagement  
Organization Development  
Policy and Advocacy  
Support Services  
Patient Navigation  
Insurance Enrollment  
Healthcare Coordination  
Access to Healthcare  
Community Assistance Programs  
Education  
Patient Access  
Research  
Case Management  
Free Cancer Screenings/Referrals

Serves approximately 5,000 low-income community residents per year, primarily residents in the LatinX community.

### **Plaza Del Sol Family Health Center**

Family Planning  
Social Services  
Education  
Comprehensive Healthcare Services  
Medical Care  
Insurance Enrollment  
Support Services  
Case Management

Serves the medically underserved communities in Corona, New York.

### **PULSE Center for Patient Safety Education & Advocacy**

Policy and Advocacy  
Support Services  
Education  
Health Literacy

Long Island's only patient-safety and advocacy organization focused on improving patient outcomes and sharing patient-safety information through advocacy, education, and support.

## Organization

### **RAICES Senior Center**

## Services

Advocacy  
Food Pantry  
Individual and Family Counseling  
Housing Assistance  
Mental Healthcare/Services  
Recreation/Art Programs  
Case Management

## Community Demographics

Responds to the unmet needs of Latino, African American, and low-income communities. Seeks to improve quality of life through advocacy and directly providing targeted services, with work across the generations that emphasizes the needs of older adults.

### **SHARE**

Advocacy  
Support Services  
Patient Navigation  
Education  
Emotional/Financial Support

A national nonprofit that supports, educates, and empowers those affected by breast, ovarian, or metastatic breast cancers, with a special focus on medically underserved communities. Serves approximately 190,000 women annually.

### **Sisters United in Health — Adelphi NY Statewide Breast Cancer Program**

Advocacy  
Access to Care  
Support Services  
Patient Navigation  
Mental Healthcare/Services  
Healthcare Coordination  
Access to Healthcare  
Community Assistance Programs  
Education  
Patient Access  
Emotional/Financial Support  
Case Management  
Free Cancer Screenings/Referrals  
Bilingual Support Groups

Provide women of color and minorities on Long Island with culturally sensitive breast health information through workshops, health and wellness events, and one-on-one education. Serves thousands of women annually.

### **Spirit of Hope — Cancer Services Making a Difference**

Advocacy  
Access to Care  
Individual and Family Counseling  
Support Services  
Patient Navigation  
Patient Access

Provides breast cancer support and education for residents of the Harlem community.

## Organization

### **Spirit of Hope — Cancer Services Making a Difference**

## Services

Advocacy  
Access to Care  
Individual and Family Counseling  
Support Services  
Patient Navigation  
Patient Access

## Community Demographics

Provides breast cancer support and education for residents of the Harlem community.

### **Susan G. Komen — Central and South Jersey Chapter**

Advocacy  
Research  
Education  
Screenings  
Treatment Assistance Services  
Psychosocial Support

Provides resources to breast cancer patients, survivors, their families, and caregivers in central and south New Jersey.

### **Township of Middletown**

Advocacy  
Civic Engagement  
Education  
Economic Empowerment  
Community Assistance Programs

Provides services to approximately 67,000 residents of Middletown Township, located in Monmouth County, New Jersey.

### **Union Community Council**

Advocacy  
Civic Engagement  
Organization Development  
Support Services  
Childcare Services  
Recreation/Art Programs  
Community Assistance Programs  
Education  
Case Management

Serves the entire community of Uniondale school district (approximately 500 children and their families).

### **Uniondale Chamber of Commerce**

Civic Engagement  
Economic Empowerment  
Organization Development  
Policy and Advocacy

Organized for the purposes of advancing the economic, industrial, professional, educational, cultural, and civic welfare of Uniondale, New York's residents. Serves approximately 24,759 people annually.

## Organization

**Uniondale Community  
Land Trust, Inc.**

## Services

Housing  
Civic Engagement  
Economic Empowerment

## Community Demographics

Serves residents of Uniondale, Long Island. The residents are primarily multiracial and multiethnic, with more than four-fifths of the population being Black or Hispanic/Latino, or both. Forty-two percent of the residents are foreign born (primarily first-generation immigrants).

**Ventanillas de Salud  
(Mexican Consulate)**

Access to Healthcare  
Legal Assistance  
HIV and STI Testing/Prevention  
Civic Engagement  
Economic Empowerment  
Organization Development  
Comprehensive Legal Services  
Access to Healthcare  
Community Assistance Programs  
Education  
Immigration Reform  
Case Management  
Free Cancer Screening/Referrals

Created by the Mexican Consulate as a collaboration between government and private organizations to eliminate barriers to healthcare for New York City's growing Mexican American population.

## APPENDIX E: Evaluation of 2016–2018 CHNA-CSP Impact

### Evaluation of 2016–2018 CHNA-CSP Impact:

In MSK’s previous 2016–2018 CHNA-CSP, 20 key areas of interest to community members were identified, the top five of which MSK placed its focus on: Prevention Programs, Collaborative Initiatives, Culturally Relevant Outreach Strategies, Educational Materials in Multiple Languages, and Financial Information & Assistance. Based on these results and the hospital’s specialization in cancer care, the 2016–2018 CSP selected initiatives that prioritized **preventing chronic diseases** within the 2013–2018 New York State Department Prevention Agenda. Below is an overview and evaluation of the impact of the 2016–2018 Community Service Plan stemming from MSK’s leading and prioritizing the community health needs that were identified.

#### 1. 2016–2018 Prevention Programs

2016 CHNA Health Need Addressed	Prevention Agenda Priority and Goal Advanced	Intervention	MSK Objective	Impact
Prevention Programs	Prevent chronic disease: Increase screening rates for breast, cervical, and colorectal cancers as well as cardiovascular disease and diabetes, especially among disparate populations.	The <b>Arab Health Initiative (AHI)</b> addresses race/ethnicity, income/socio-economic status, and gender disparities. The AHI provides patient education in Arabic, helps patients access healthcare services, and conducts research to improve health outcomes among Arab Americans. Its premier service, 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	In 2017: <ol style="list-style-type: none"> <li>1. Educate 450-plus women about breast cancer and early detection</li> <li>2. Help 300-plus women get screenings for breast and cervical cancers</li> <li>3. Educate 200-plus people about colorectal cancer</li> <li>4. Help 75-plus people get access to colorectal cancer screening</li> </ol> In 2018: Increase the number of individuals educated and screened by 10 percent.	Between 2016 and 2018, the AHI saw a 50 percent increase in both breast and cervical cancer screenings, and 300 to 450-plus women were screened for breast and cervical cancers, respectively.



Prevention Programs	Prevent chronic disease: Increase the number of underserved individuals screened for cancer and cardiovascular disease through	<b>The Taxi Network</b> addresses race/ethnicity, income/SES, and gender disparities. 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. 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 tests or who lack access to regular care are assisted in obtaining follow-up care.	In 2017: Provide free screening for a minimum of 600 drivers for cardiovascular disease, diabetes, and risk factors for cancer.  In 2018: Increase the number of individuals screened by 10 percent, and aim to reach 800 more drivers.	Increased The Taxi Network by 64 percent by reaching more than 985 taxi drivers.
Prevention Programs	Prevent chronic disease: Increase screening rates for breast, cervical, and colorectal cancers as well as cardiovascular disease and diabetes, especially among disparate populations.	<b>Ventanillas de Salud (Health Windows)</b> addresses race/ethnicity, income/SES, and gender disparities. Health Windows was created by the Mexican Consulate as a collaboration between government and private organizations. Its goal is to eliminate barriers to healthcare for the growing Mexican American population. The IHCD provides free health screenings, helps individuals enroll in health insurance plans, provides patient education and referrals to primary and other healthcare providers, and navigates patients into case management as needed.	In 2017: 1. Educate a total of 300 Mexican American participants about breast and colorectal cancers. 2. Navigate 60 eligible men and women into screening.  In 2018: Increase the number of individuals educated and screened by 10 percent.	52 percent increase in people reached with education and navigation.  Navigated 61 people to screenings and educated 12,318 people.

Prevention Programs	Increase access to high-quality nutritious food to immigrants and minorities and their families in order to assist them complete their cancer treatments.	<b>Food to Overcome Outcomes Disparities (FOOD)</b> is a hospital-based pantry program that improves access to nutritious food for immigrants and minorities with cancer and their families to help them complete medical treatment. The program maintains pantries at eight hospitals in Manhattan, the Bronx, Queens, and Brooklyn. This intervention addresses SES/income disparity.	In 2018: Increase the number of individuals educated and screened by 10 percent.	In 2016, we distributed 3,590 bags of food to 565 patients. In 2018, we distributed 5,907 bags to 737 patients. From 2016 to 2018 our number of distributions increased by 64 percent and the number of individual patients we served increased by 30 percent.
Prevention Programs	Prevent chronic disease: Reduce illness, disability, and death related to tobacco use and secondhand smoke exposure.	<b>Tobacco Treatment Program (TTP)</b> provides smokers with behavioral counseling to build motivation and coping skills, and support the use of tobacco cessation medications.  The TTP also tested an intervention to improve the treatment of tobacco dependence in 18 federally qualified health centers.	Increase the number of participants in MSK's Tobacco Treatment Program by 5 percent in 2017 and again in 2018.	Patients navigated to program increased 21 percent.  Trained 461 dental care providers who referred 600 patients for smoking cessation treatment.
Prevention Programs	Prevent chronic disease: Reduce illness, disability, and death related to tobacco use and secondhand smoke exposure.	<b>Dental Care Provider Training</b> addressed race/ethnicity and income/SES disparities with a five-year NCI-funded research and intervention effort to improve the treatment of tobacco dependence in 18 federally qualified health centers.	Provide tobacco dependence-treatment education to 300 dental care providers serving low-income smokers in New York City.	Results from the five-year study and evidence-based initiatives was completed in 2018. The following data was published in a series of medical journals: Provided tobacco dependence-treatment education to 461 dental care providers serving low-income New York City smokers — a 53 percent increase from original goal — and received 583 tobacco-treatment referrals to evidence-based initiatives coming from dental care professionals.

## 2. 2016–2018 Educational Materials in Multiple Languages

2016 CHNA Health Need	2016 Prevention Agenda Goal	Initiative	MSK Objective	Impact
Educational Materials in Multiple Languages	Increase screening rates for cardiovascular disease, diabetes and breast/cervical/colorectal cancer, especially among disparate populations.	<b>Patient and Caregiver Education</b>	Increase the percentage of MSK’s patient education materials available on our website in Spanish and Russian from 62 percent to 100 percent, and promote the availability of these resources internally and externally.	Translated 87 percent of educational resources on website into Spanish (3,770 out of 4,348 resources), and reevaluated software needs to meet the 100 percent goal. While software needs are updated, translations continue into eight additional languages including Russian, Polish, Hebrew, Chinese, Arabic, French, Italian, and Korean.

## 3. 2016–2018 Collaborative Initiatives

2016 CHNA Health Need	2016 Prevention Agenda Goal	Initiative	MSK Objective	Impact
Collaborative Initiatives	Not applicable	Multicultural Outreach Initiative	The Multicultural Outreach Initiative develops, and subsequently maintains, new outreach channels that allow the organization to directly engage in communities with a large Hispanic population, expanding its knowledge of this consumer, while providing information and services in a way that connects with the community’s values.	<p>Forged partnership with Refugee and Immigration Center for Education and Legal Services’ (RAICES).</p> <p>Engaged 230-plus RAICES community members through health education workshops and fairs.</p> <p>Ninety community members received general health screenings and consultations from an MSK physician or nurse.</p> <p>Referred 18 RAICES community members to healthcare services (6 referrals to MSK, 12 referrals to primary care-related services).</p> <p>Educated 174 RAICES community members via GRIP’s education intervention.</p> <p>Expanded reach from 1 to 3 centers in Brooklyn.</p>

2016 CHNA Health Need	2016 Prevention Agenda Goal	Initiative	MSK Objective	Impact
Collaborative Initiatives	Not applicable	MSK invested and developed a Customer Relationship Management tool to better understand and measure the strength and the needs of our community relationships.	Advance systems and guidelines to better track, measure, and coordinate partnerships with CBOs.	<p>Implemented and invested in customer relationship management database to better track, measure, and coordinate MSK's collaborative initiatives.</p> <p>Increased subscribership from 7K to 15K.</p> <p>Tracked and reactivated partners from 28 to 204.</p> <p>Multiphase implementation plan rolled out with tracked measures of effectiveness on impact of MSK community initiatives, including: maintaining a roster of completed and planned community programs and events; curating data on attendance; participation; program satisfaction; and participant referral sources; and collecting post-event qualitative feedback from MSK staff.</p> <p>Published and sent communications, and collaborated with 12 additional departments across the organization to build out the service cloud environment.</p>

#### 4. 2016–2018 Knowledge Gathering on Multicultural Audiences

2016 CHNA Health Need	2016 Prevention Agenda Goal	Initiative	MSK Objective	Impact
Collaborative Initiatives	Not applicable	Comprehensive consumer research to better understand the needs and cultural preferences of the Hispanic population within the New York and New Jersey metropolitan areas.	Deepen insights into the cancer-related health beliefs, attitudes, and decision-making practices of multicultural populations, with initial research in the Hispanic population.	<p>Qualitative research was done through in-depth interviews with Hispanic patients and caregivers and focus groups among the general Hispanic population.</p> <p>Quantitative research conducted with 465 bicultural Hispanic cancer patients, caregivers, and individuals concerned about cancer, compared to 700 individuals in the general Hispanic population. This research showed that the Hispanic population is less inclined to think of MSK for their cancer treatment, however, once aware of MSK, the Hispanic population is more likely to consider MSK for their treatment and think positively of the institution.</p> <p>Preferred channels include more personal communication touch points delivered through credible sources.</p> <p>Final analysis will be disseminated in early 2018, after which communication and marketing activities will be developed to address identified needs and better serve the community.</p>

## 5. 2016–2018 Financial Assistance

2016 CHNA Health Need	2016 Prevention Agenda Goal	Initiative	MSK Objective	Impact
Financial Information and Assistance	Not applicable	<p>The Financial Assistance Program helps uninsured and underinsured patients who cannot get publicly available health insurance or cannot afford to pay for their medical care.</p> <p>To help a broad range of patients, our income eligibility guideline for free care is 500 percent of the federal poverty level — well above the required level of 300 percent. A patient may also qualify for assistance even if his or her income is greater than the upper limit. We understand that each patient has a unique financial situation and encourage patients to contact our Financial Assistance Program for more information.</p>	Increase awareness internally and externally of MSK's Financial Assistance Program initiatives to screen patients for financial distress, and to assist patients with resources for non-treatment related support.	<p>In 2018: 1,344 patients were approved; 97 percent resulted in no charges to the patient.</p> <p>In 2017: 1,261 patients were approved; 91 percent resulted in no charges to the patient.</p> <p>In 2016: 1,206 patients were approved; 90 percent resulted in no charges to the patient.</p>

## APPENDIX F: External Community Referral Resources

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American Cancer Society	Harlem’s Children Zone
American Cancer Society Asian Initiatives	Hispanic Federation
American Italian Foundation	Lenox Hill Neighborhood House
Arab American Association of New York	The Lesbian Cancer Initiative
Arab American Family Support Center	Look Good Feel Better
Arab American Friendship Center Organization	Mautner Project, National Lesbian Health
The Brooklyn Hospital Center	National LGBT Cancer Network
The Center	
Callen Lorde Community Health Center	National LGBT Cancer Project
Cancer and Careers	National LGBT Tobacco Control Network
Cancer Care	National LGBTQ Task Force
Cancer Support Community	New York City Health + Hospitals
CenterLink — The Community of LGBT Centers	New York Legal Assistance Group
Coalición Mexicana	NYU Langone Hospital—Brooklyn
Coalition for Hispanic Family Services	NYS Health Foundation
EL Puente	Parents, Families and Friends of Lesbians and Gays
Fenway Health	Pelham Fritz Recreation Center
Gay and Lesbian Medical Association (GLMA)	Queens Library
Gilda’s Club	Ronald McDonald House
Gotham Health/Brother-to-Brother Prostate Cancer Support Group	SAGE
Green Bronx Machine	SHARE
GW Cancer Center/Cancer Care	Urban Health

# Thank You

We encourage the community to provide feedback to this report, and if preferred, a hard copy of MSK's 2019-2021 CHNA-CSP can be made available to you by contacting [communityaffairs@mskcc.org](mailto:communityaffairs@mskcc.org) or 646-227-3199.



Memorial Sloan Kettering  
Cancer Center

**1275 YORK AVENUE  
NEW YORK, NY 10065**

GENERAL INFORMATION

**212-639-2000**

PHYSICIAN REFERRAL SERVICE

**800-525-2225**

VISIT US ONLINE

**[www.mskcc.org](http://www.mskcc.org)**

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