

2013

# Memorial Sloan-Kettering Cancer Center Community Health Needs Assessment Results



Memorial Sloan-Kettering  
Cancer Center

Contact [communityaffairs@mskcc.org](mailto:communityaffairs@mskcc.org) for more information.

# MSK 2013

## Community Health Needs Assessment (CHNA): Overview

- Our goal was to assess and prioritize the community's cancer-related health needs and create a plan for how the hospital can help to address those needs.
- MSK's community is defined geographically as encompassing 23 counties across the five boroughs of New York City, Long Island, southern New York, northern New Jersey, and southwestern Connecticut. Approximately 91% of MSK's active patients reside in this geographical area.
- "Community members" included patients, neighborhood residents, and service providers.
- Effort was made to reach those affiliated with MSK and those with no known affiliation.

# MSK 2013 CHNA: 23 Counties Included in Needs Assessment

## **New York**

- Bronx
- Brooklyn
- Manhattan
- Nassau
- Orange
- Queens
- Richmond
- Rockland
- Suffolk
- Westchester

## **Connecticut**

- Fairfield

## **New Jersey**

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

# MSK 2013 CHNA: Secondary Data Input

## American Cancer Society Facts & Figures 2011

- About 78% of all cancers are diagnosed in persons 55 years of age and older.
- Cancer is the second most common cause of death.
- In 2009, 51 million Americans were uninsured; almost 1/3 of Hispanics were uninsured.
- Prostate, breast, lung, colon, and bladder were top five cancer types in 2011.

# MSK 2013 CHNA: Secondary Data Input

*U.S. Cancer Screening Rates Dropping: Study, Health Day,*  
December 27, 2012

- The number of Americans seeking cancer screening has declined over the past decade according to a report published online December 27 in the journal *Frontiers in Cancer Epidemiology and Prevention*.
- The study found that most Americans didn't meet recommended cancer screening goals for most cancers, with the exception of colorectal cancer screening.

# MSK 2013 CHNA: Secondary Data Input

## ***Next Steps in Care: A Guide to LGBT Caregiving, 2011 United Hospital Fund***

- Legal documents – rights of LGBT may be challenged and important healthcare documents need to be readily available
  - Civil union or marriage documents
  - Will and funeral directives
  - Medical directives

## **What Patients Really Want from Health Care, 2011 JAMA**

- Restoring health when ill, more so than prevention focus
- Timeliness, kindness, hope and certainty, continuity of care and choice, private room, no out-of-pocket costs, the best medicine, medications and surgery

# MSK 2013 CHNA: Secondary Data Input

## AACR Cancer Progress Report 2012

- 13.7 million cancer survivors in the United States
  - An estimated 577,000 Americans died from cancer in 2012.
  - As an increasing proportion of the population is over the age of 65, cancer is predicted to soon become the number one killer of Americans.
  - Cancer is not a single disease, but 200 different diseases.
  - 2/3 of cancer deaths in the U.S. in 2012 will be due to preventable causes – most notably tobacco use, obesity, physical inactivity, and failure to use or comply with interventions that treat or prevent infectious causes of cancer.
  - Need to encourage and help people to change their behaviors.

# MSK 2013 CHNA: Secondary Data Input

## AACR Cancer Progress Report 2012 continued

- Globally, in 2008 an estimated 12.7 million people were diagnosed with cancer and 7.6 million died of the disease. By 2030, it is estimated that this will increase to 22.2 million and 13.2 million, respectively.
- A disproportionately higher burden of cancer falls on racial and ethnic minorities, as well as low-income and elderly populations. Chief causes of this are unequal access to quality health services; different behavioral, environmental, and genetic risk factors; a lack of minority and elderly inclusion in the development of new therapies; and social and cultural biases that can negatively alter the relationship between patients and healthcare providers.



# MSK 2013 CHNA: SURVEY PRIMARY DATA



# MSK 2013 CHNA: Primary Data Collection

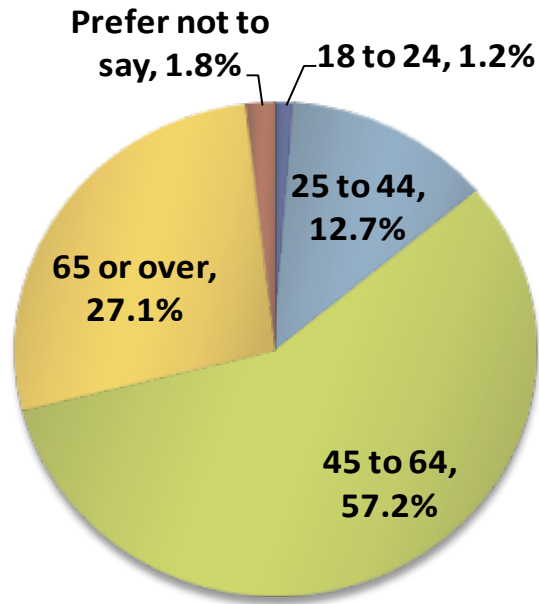
- Three online surveys were administered by MSK through Survey Monkey to community-based organizations (CBOs), patients, and individuals from January to April 2013.
- Outreach channels included MSK newsletters *Community Matters* and *Developments*, Facebook, the Patient Portal and online community *Connections*, hard copies distributed at events, and an e-mail request to a purchased list of individuals in the catchment area.
- Yielded 15 CBO, 167 patient, and 1,328 individual completed responses reflective of our 23-county reach area and beyond.
- Over 1,000 free response comments were submitted.

# MSK 2013 CHNA: Notes on Survey Methodology/Limitations

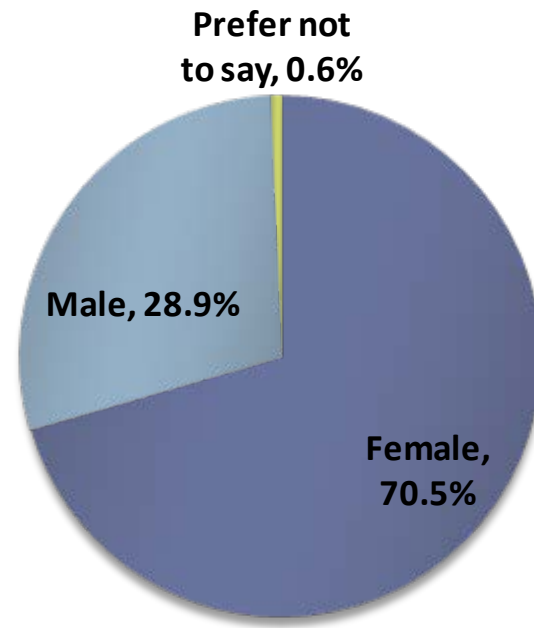
- The majority of respondents had a connection to MSK. That means that they also had some connection to cancer and therefore aren't 100% representative of all community members.
  - While we have two separate groups, "individuals" and "patients," we know from comments that a significant percentage of the individual respondents were also our patients.
  - Although we did purchase a small list of the general population, the number of responses from this group vs. other sample segments was relatively small.
- In addition, the ethnic profile of the respondents does not mirror that of the geographic area surveyed, but does mirror MSK's patient profile.

# MSK 2013 CHNA: Patient Sample Profile

(n = 167)



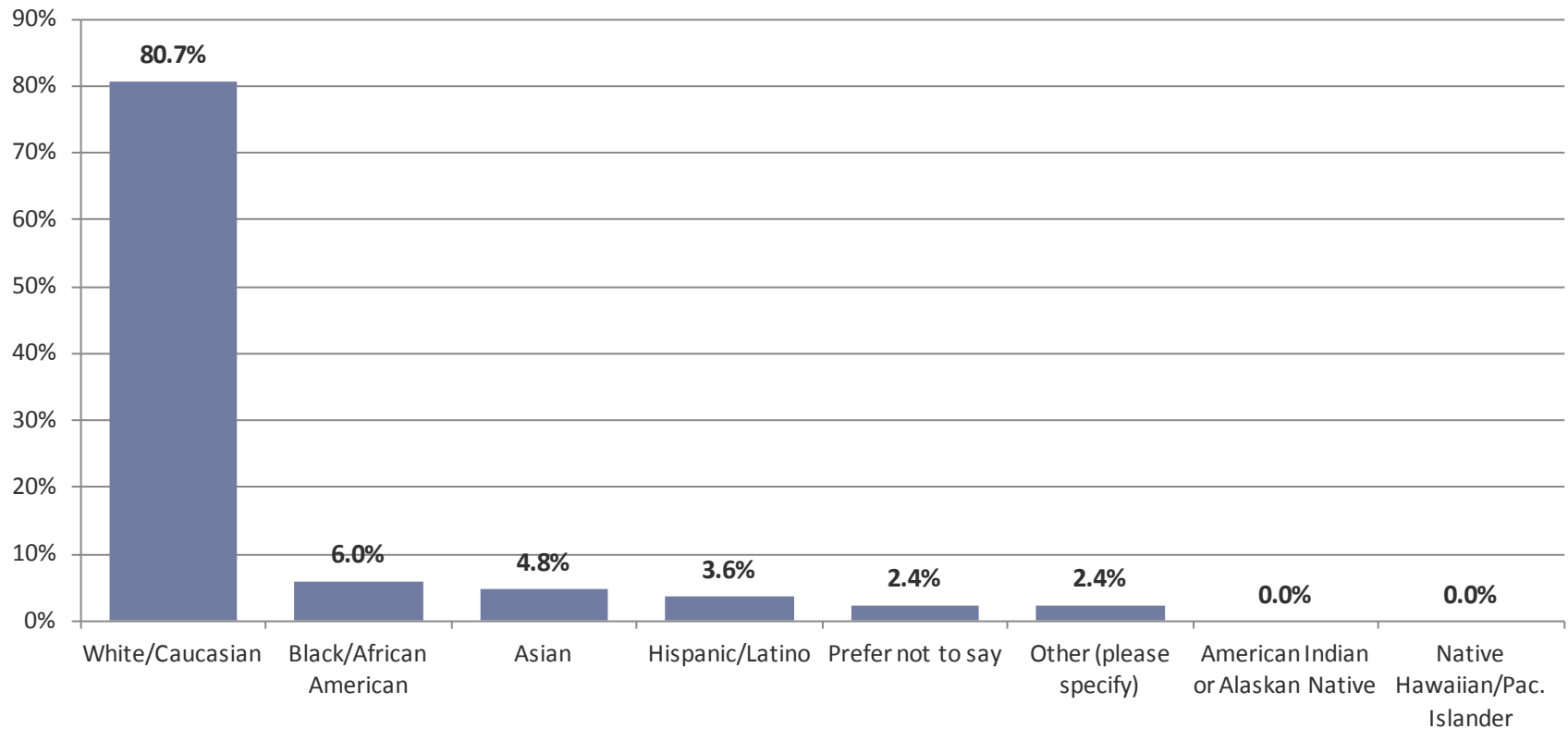
Age



Gender

# MSK 2013 CHNA: Patient Sample Profile

What is your race/ethnicity? Please select one or more.



# MSK 2013 CHNA: Patient Profile (2012 Select Counties) vs. NYC Demographic Profile (2010 Census Data)

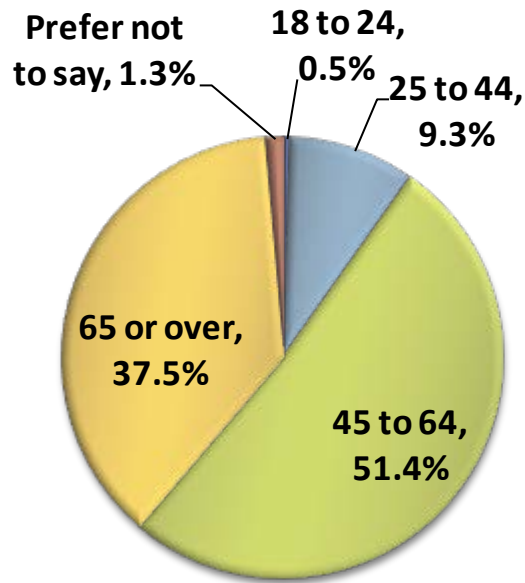
## MSK Patients:

- Gender: 64% female, 36% male
- Age: 11.3% under 39, 36% ages 40-59, 25% ages 60-69, 27% ages 70+
- Race: 81% White, 9.7% Black, 4.7% Asian, <1% Native American, Native Hawaiian, Other
- Ethnicity: 78% non Hispanic, 6.8% Hispanic, 15% unknown

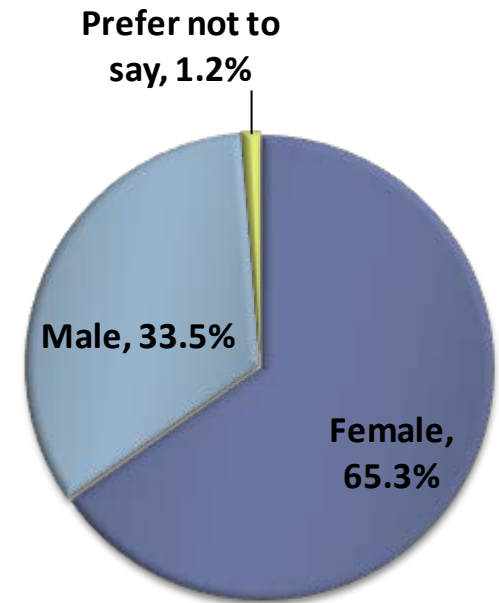
## NYC Demographics:

- Gender: 53% female, 47% male
- Age: 54% under 39, 26% ages 40-59, 9% ages 60-69, 10% ages 70+
- Race/Ethnicity: 33.3% White, 22.8% Black, 28.6% Hispanic, 12.6% Asian, 3% Other, <1% Native American, Native Hawaiian

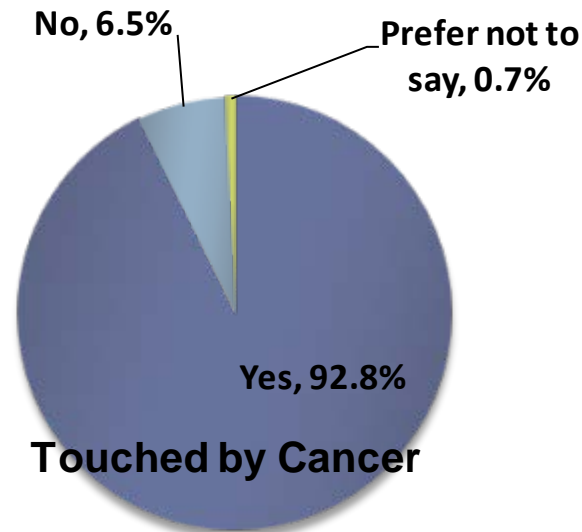
# MSK 2013 CHNA: Individual Sample Profile (n = 1,328)



**Age**



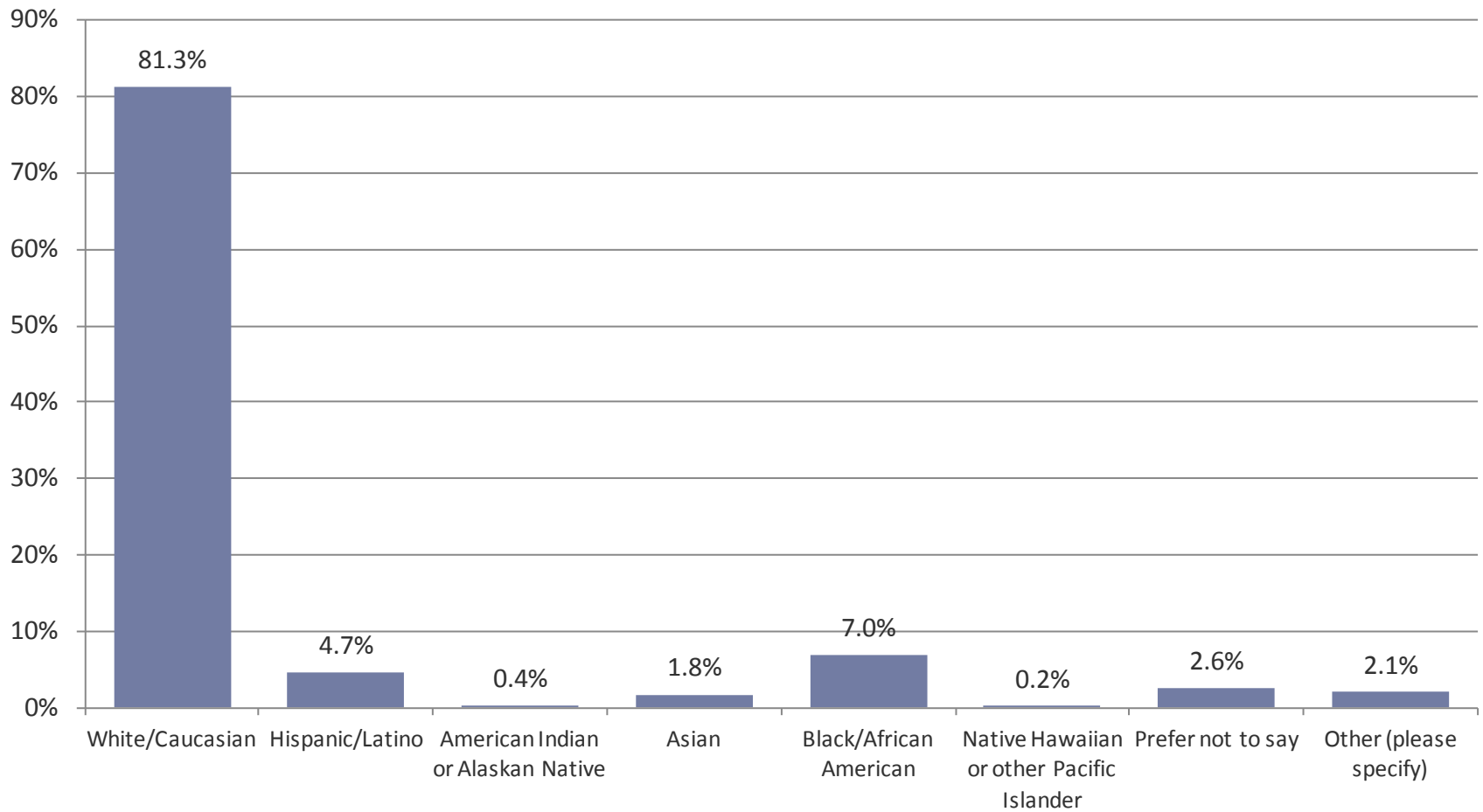
**Gender**



**Touched by Cancer**

# MSK 2013 CHNA: Individual Sample Profile

What is your race/ethnicity? Please select one or more.



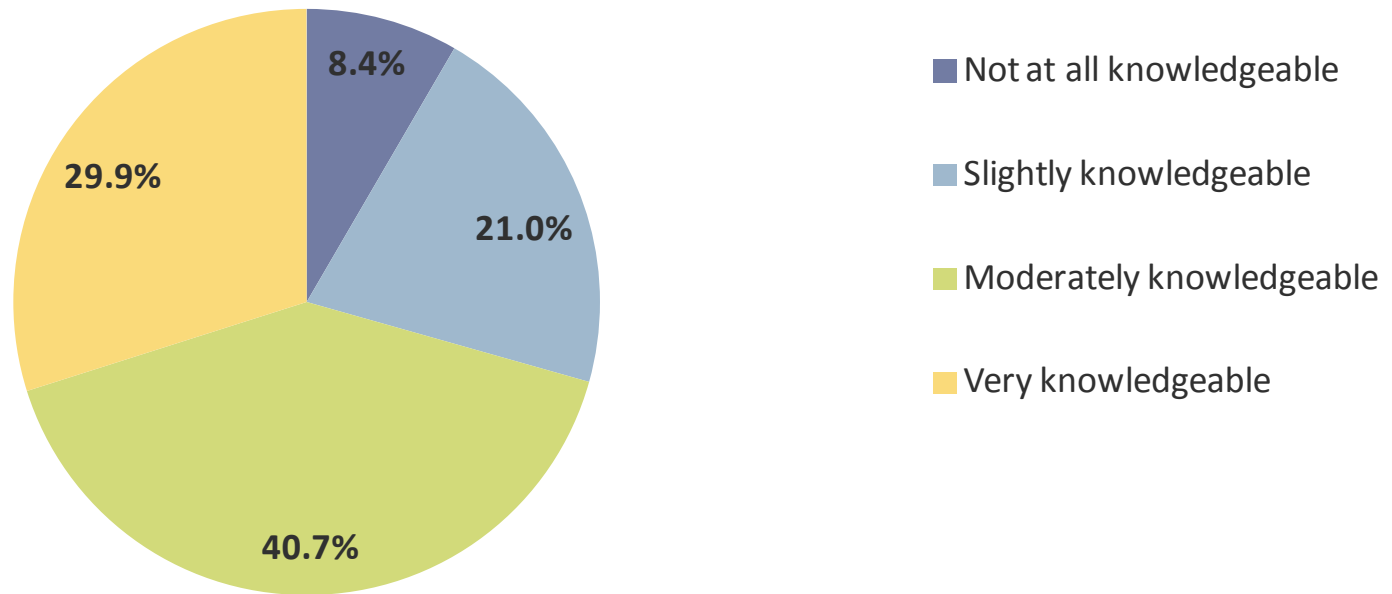


# MSK 2013 CHNA: Participating Community-Based Organizations

- 1 in 9/Hewlett House
- Albert Einstein College of Medicine
- Arab American Family Support Center
- Beth Israel Medical Center
- Cook for Your Life
- Friends In Deed
- Grace Gospel Chapel
- Lesbian, Gay, Bisexual & Transgender Community Center
- Mary Manning Walsh Home
- Morris Heights Health Center
- Queensborough Community College
- Scarsdale Medical Group
- Share
- Somerset Hills YMCA
- Spanish Speaking Elderly Council - Raices

# MSK 2013 CHNA: Patient knowledge

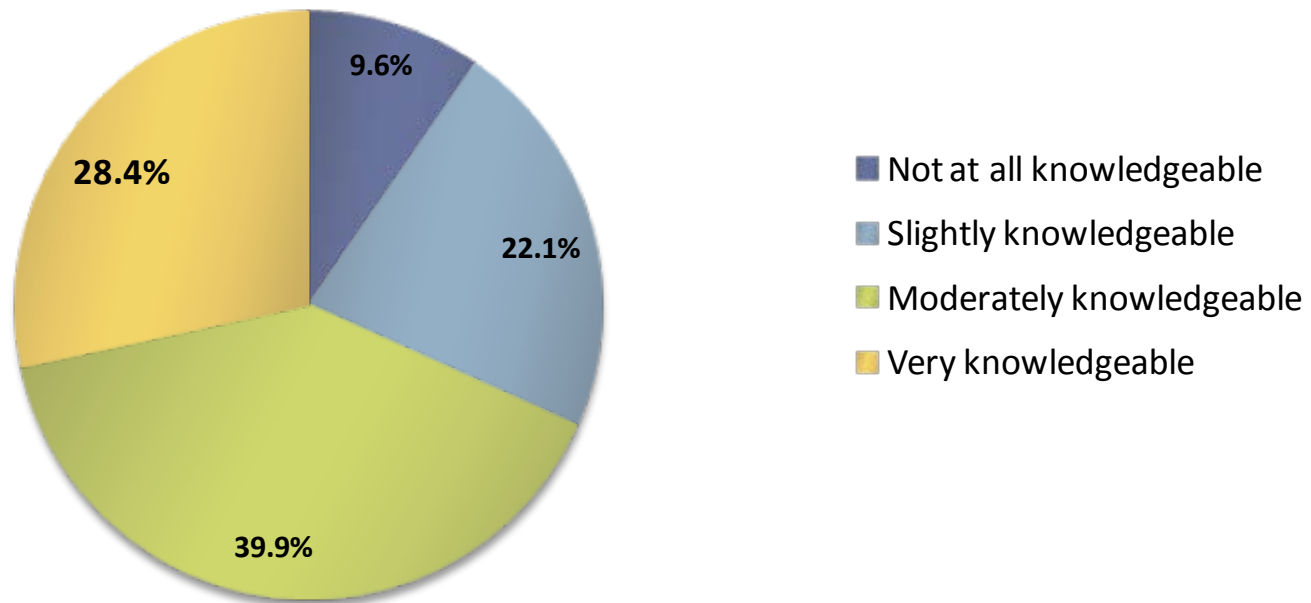
How would you characterize your level of knowledge about the range of cancer care services (e.g. chemotherapy, surgery, counseling, physical therapy, etc.) available in your community for cancer patients?



Majority of patients report moderate to high level of knowledge of available cancer care services.

# MSK 2013 CHNA: Individual knowledge

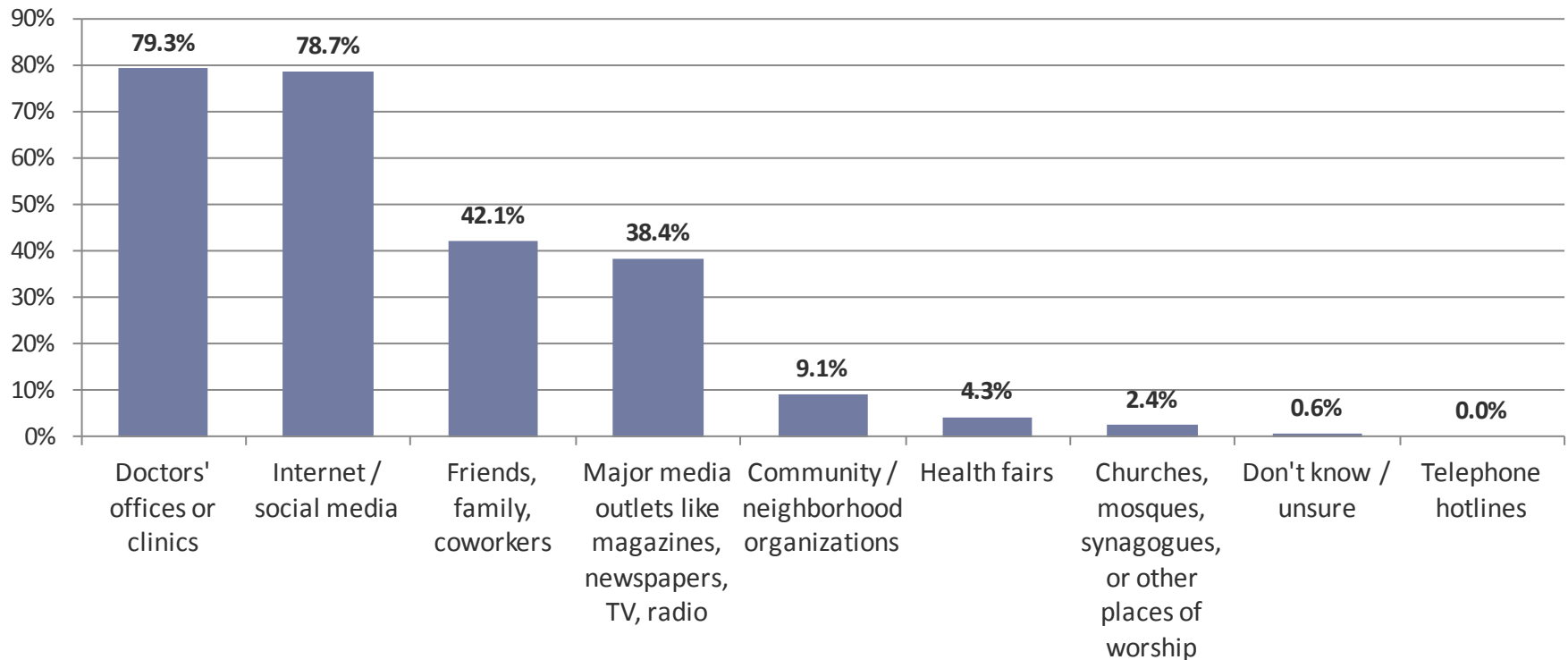
How would you characterize your level of **KNOWLEDGE** about the range of cancer care services (e.g. chemotherapy, surgery, counseling, physical therapy, etc.) available in your community for cancer patients?



Majority of individuals also report moderate to high level of knowledge of available cancer care services.

# 2013 MSK CHNA: Patient sources of information

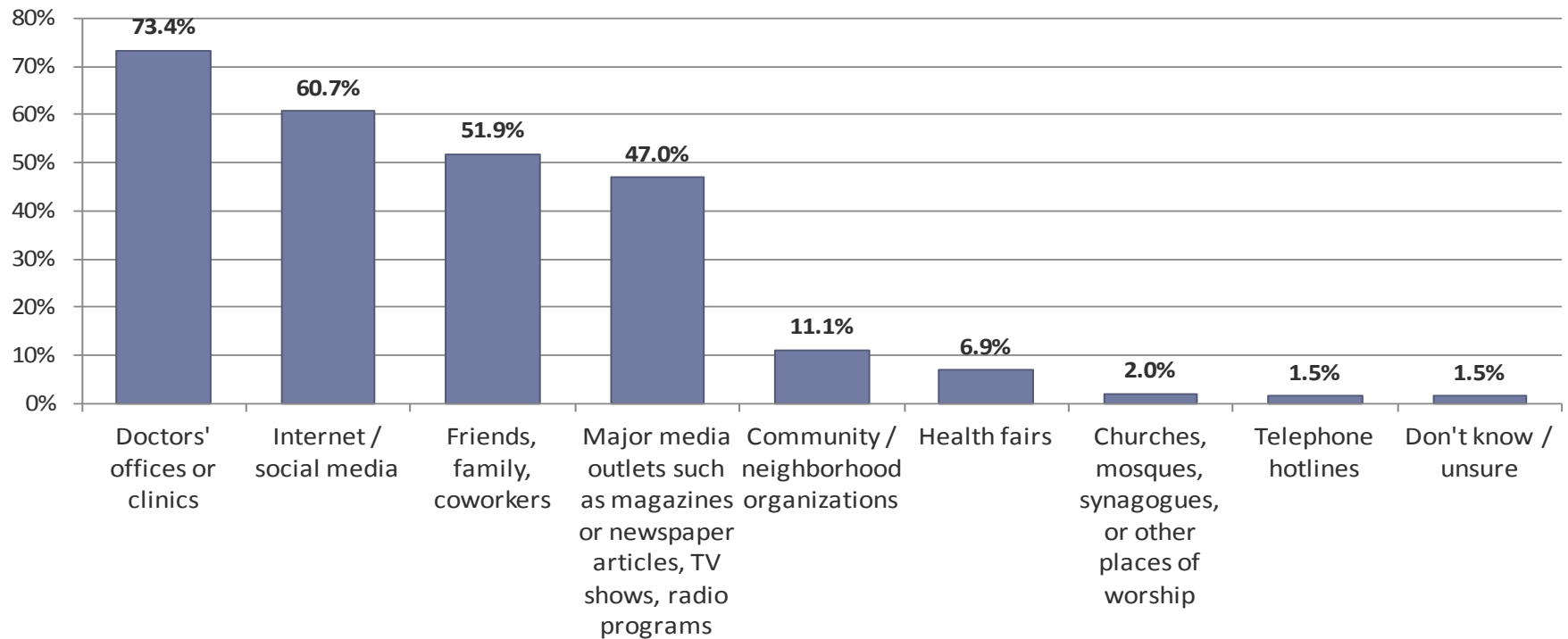
Based on your experience as a patient, what are your primary sources of information about cancer care, education, or support services? Please select up to three sources.



Reported same top three as individuals, with a much higher percentage reporting Internet/social media.

# MSK 2013 CHNA: Individual sources of information

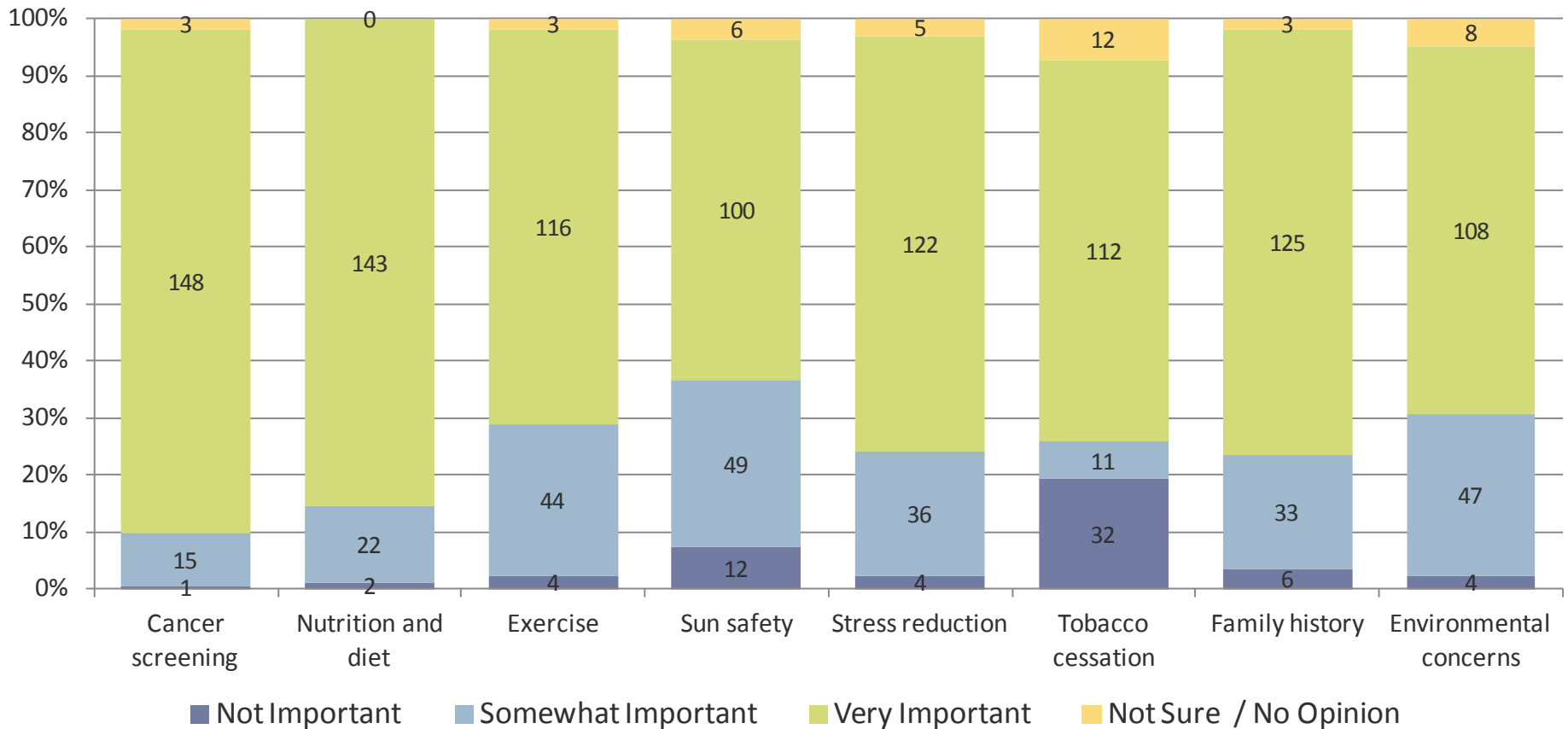
What are your primary sources of information about cancer care, education, or support services? Please select up to three sources.



Greater reporting of friends/family and media outlets as a primary source.

# MSK 2013 CHNA: Patient ranking of prevention topics

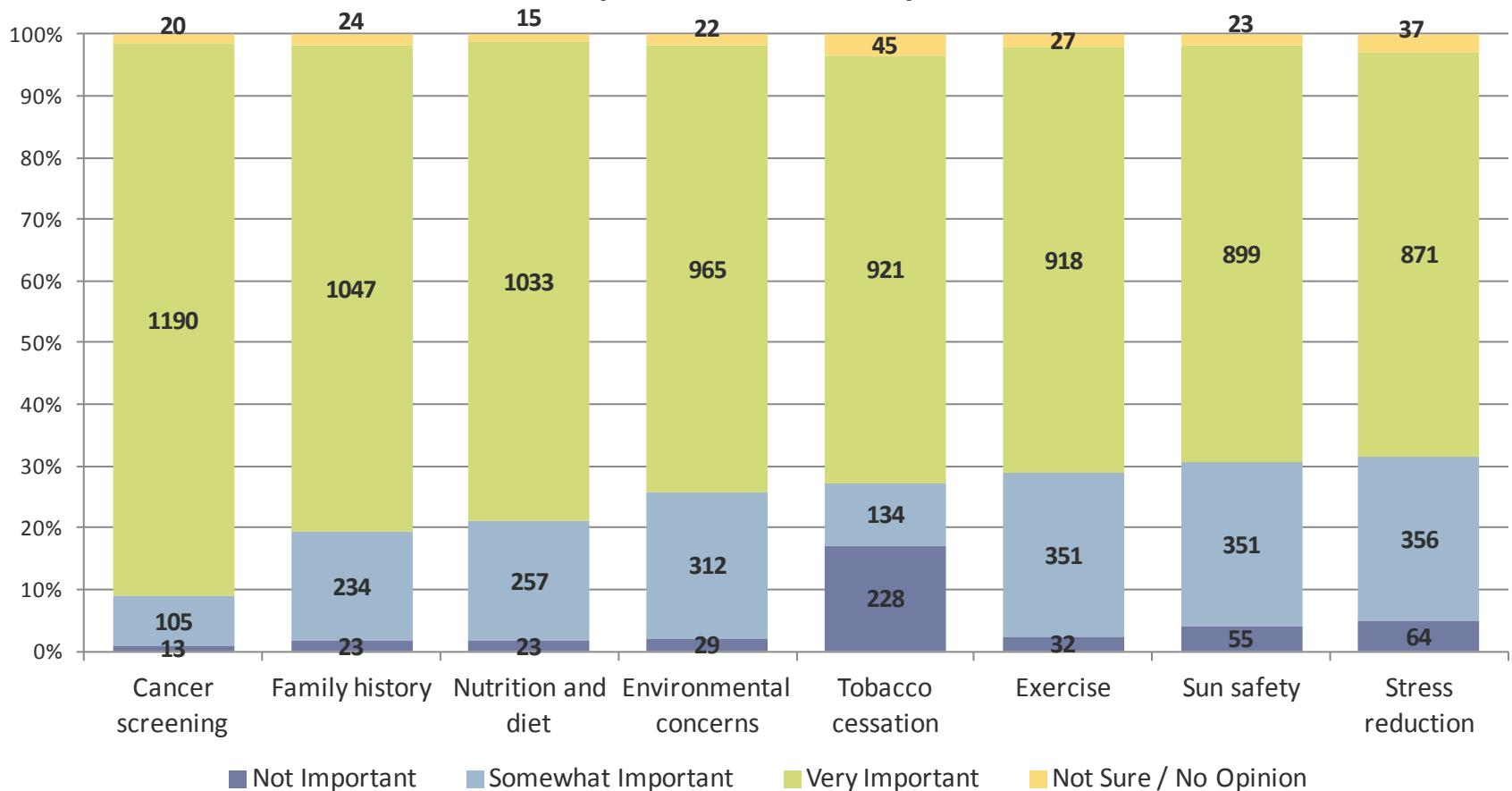
Based on your experience as a patient, please indicate whether the below cancer prevention topics are important or not important.



Patients ranked exercise in their top three – along with screening and nutrition.

# MSK 2013 CHNA: Individual ranking of prevention topics

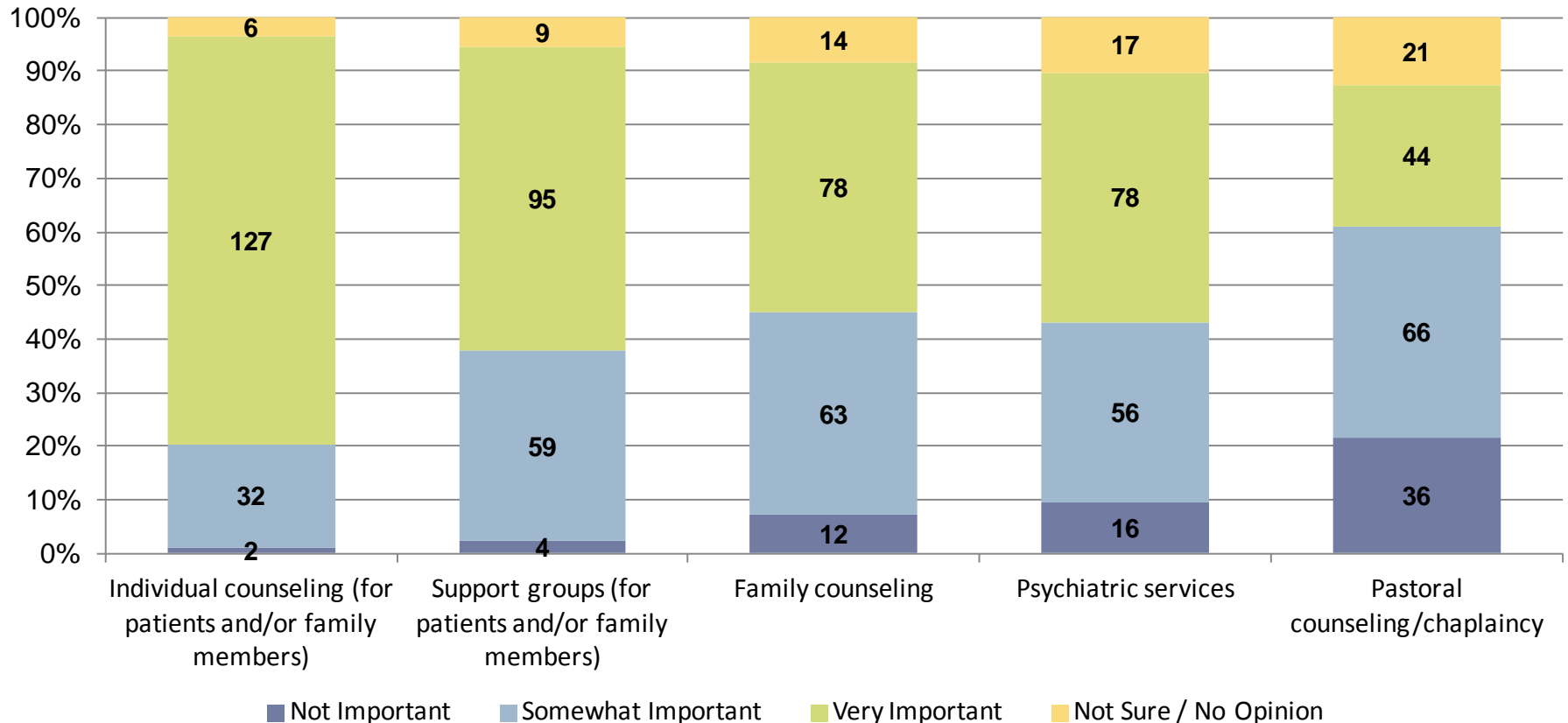
Please indicate how important or unimportant these cancer prevention topics/efforts are for you



Individuals ranked family history in their top three, along with screening and nutrition.

# MSK 2013 CHNA: Patient ranking of cancer support services

Based on your experience as a patient, please indicate how important or unimportant you believe the following cancer support services are for someone diagnosed with cancer

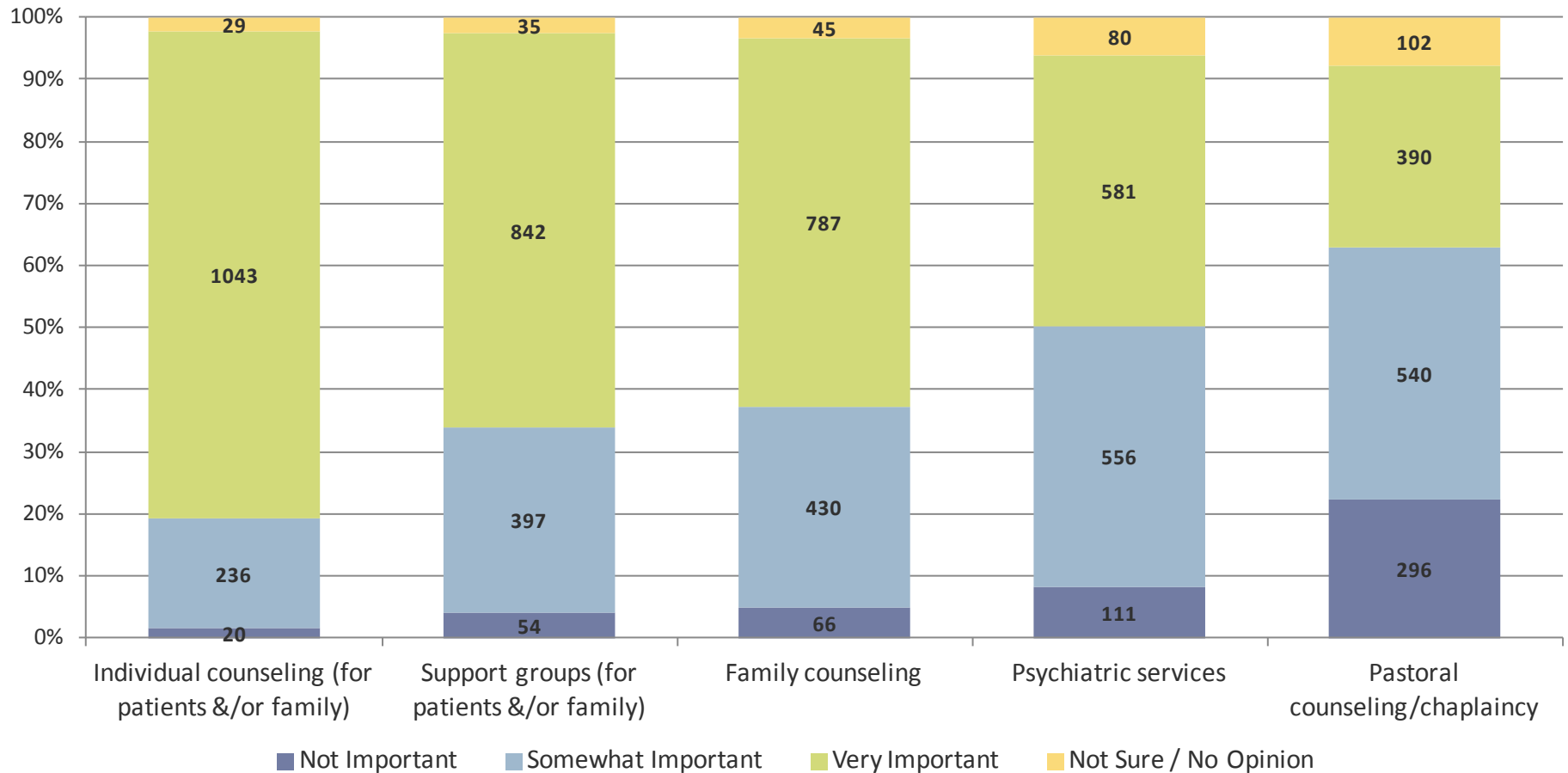


Individual counseling, support groups, and family counseling rank high across both patients and individuals.



# MSK 2013 CHNA: Individual ranking of cancer support services

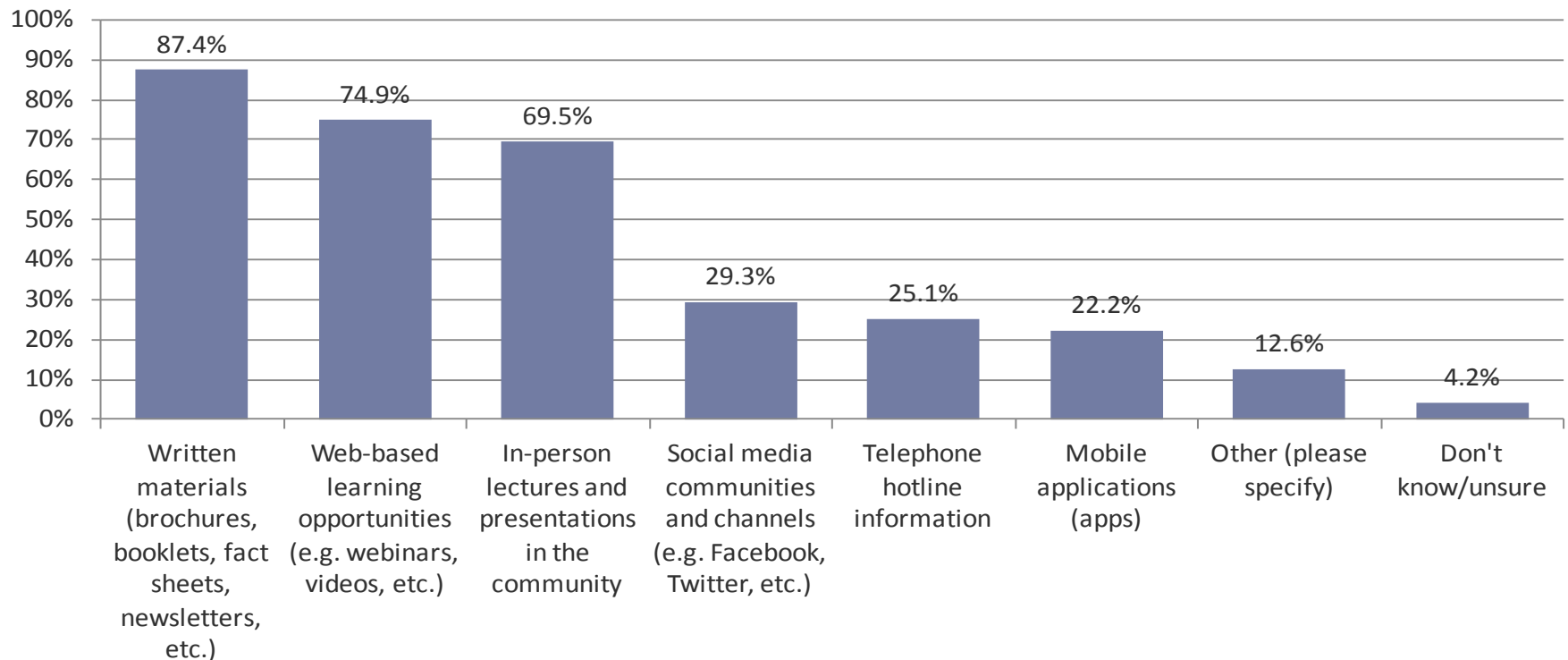
Please indicate how important or unimportant you believe the following cancer support services might be, should you or someone in your family be diagnosed with cancer



Mixed ranking of importance of family counseling and psychiatric services across both patients and individuals.

# MSK 2013 CHNA: Patient thoughts on increasing awareness

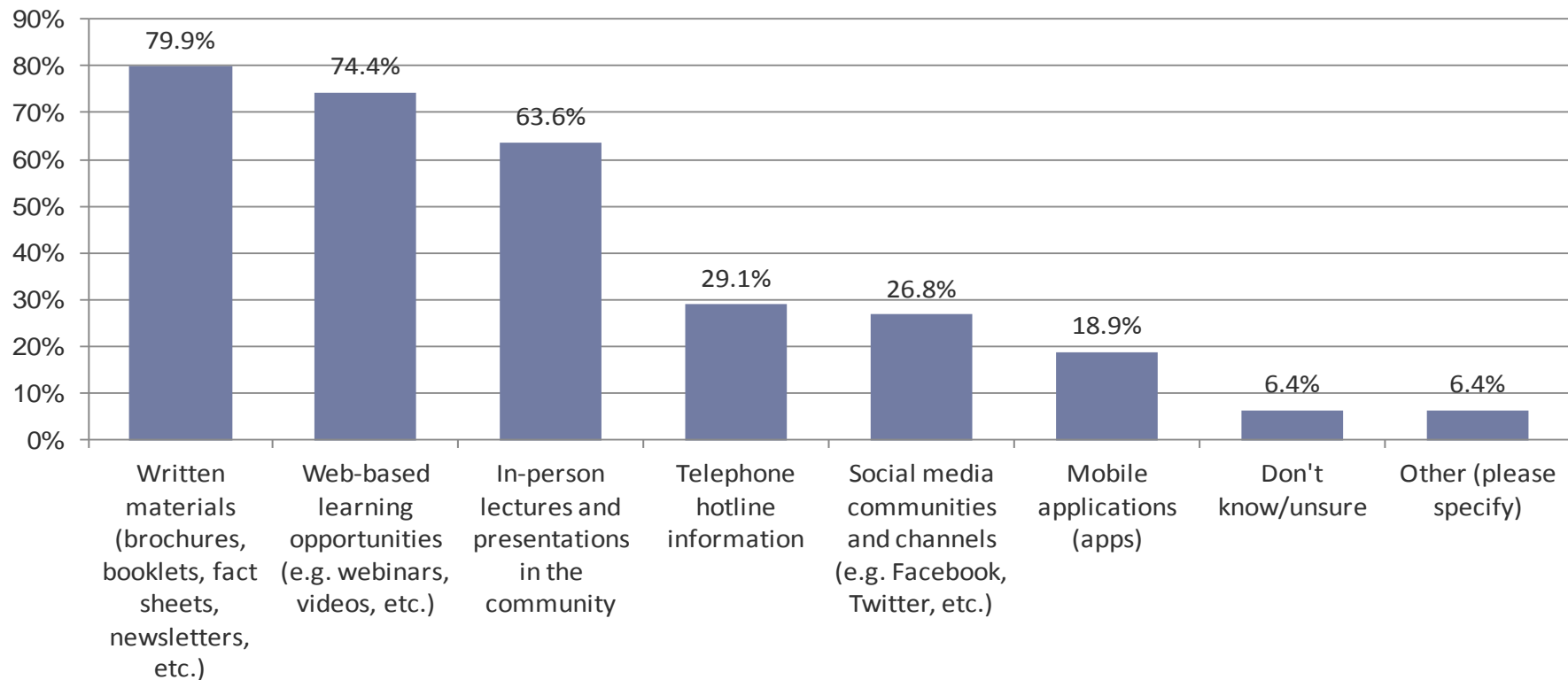
Which of the following resources would most help to increase someone's understanding of cancer if they've been diagnosed with cancer? Please select up to 4.



Both patients and individuals cite written materials as most helpful – 10% higher ranking among patients.

# MSK 2013 CHNA: Individual thoughts on increasing awareness

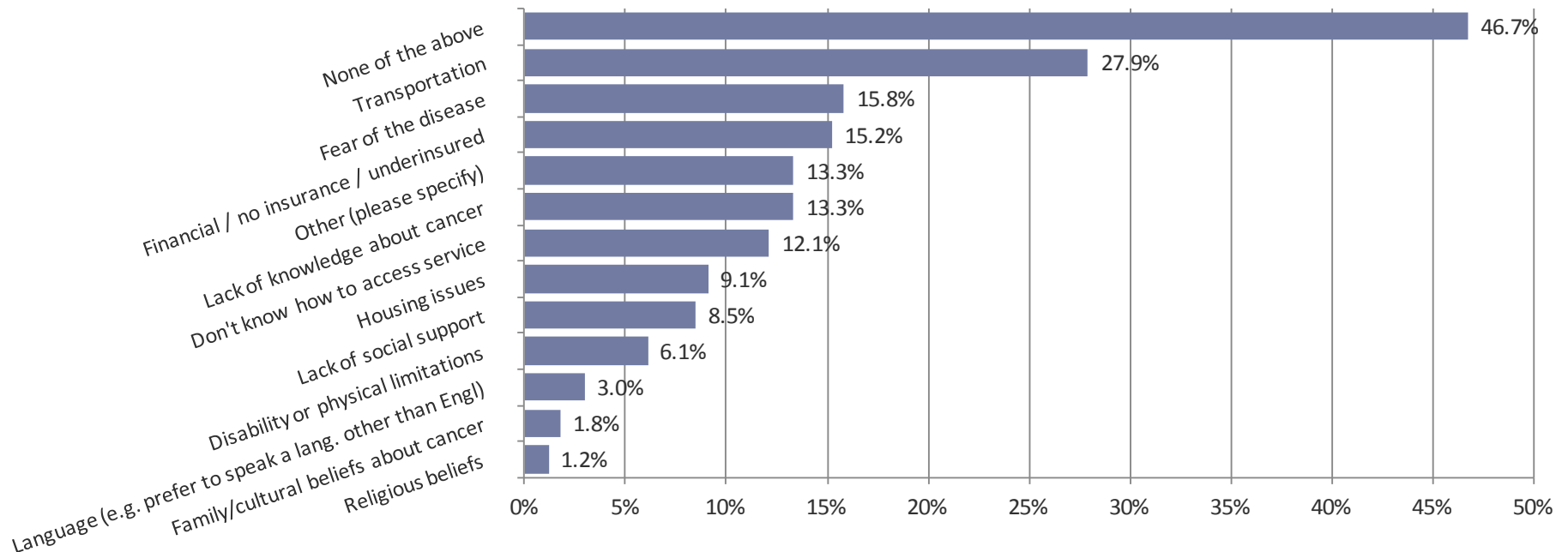
Which of the following resources would most help to increase your awareness and understanding of available cancer care services, should you need them? Please select up to 4.



Nearly identical scores between patients and individuals on most measures to increase understanding.

# MSK 2013 CHNA: Patient barriers to care

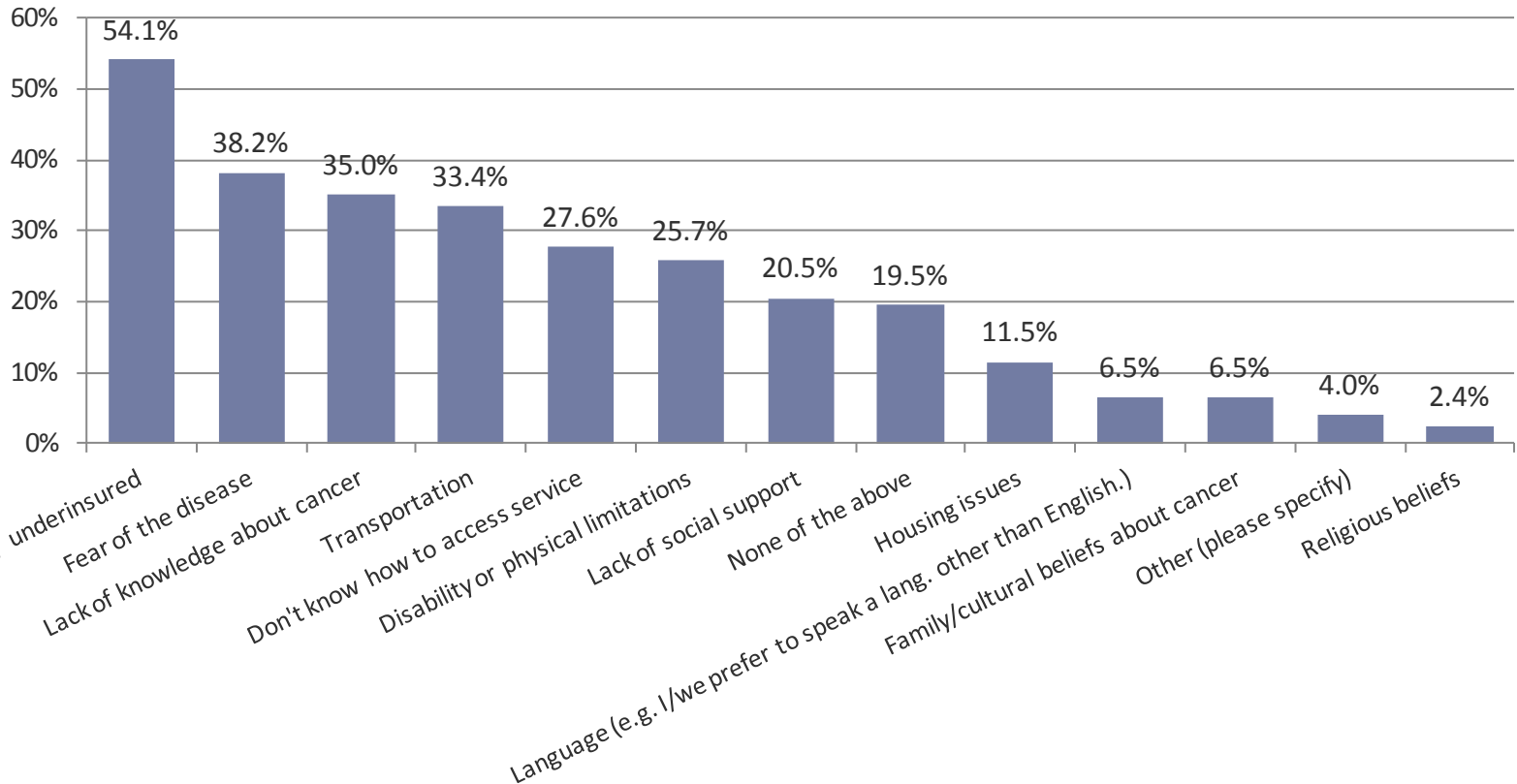
Which of the issues below, if any, made it harder for you to get the cancer care that was needed? Please select all that apply.



Top barrier mentioned by patients is transportation. Comments received expressed difficulty getting to appointments and services, especially from regional sites.

# MSK 2013 CHNA: Individual barriers to care

If you or someone in your family needed cancer care, which of the issues below do you think might make it harder to get the care that is needed? Please select all that apply.

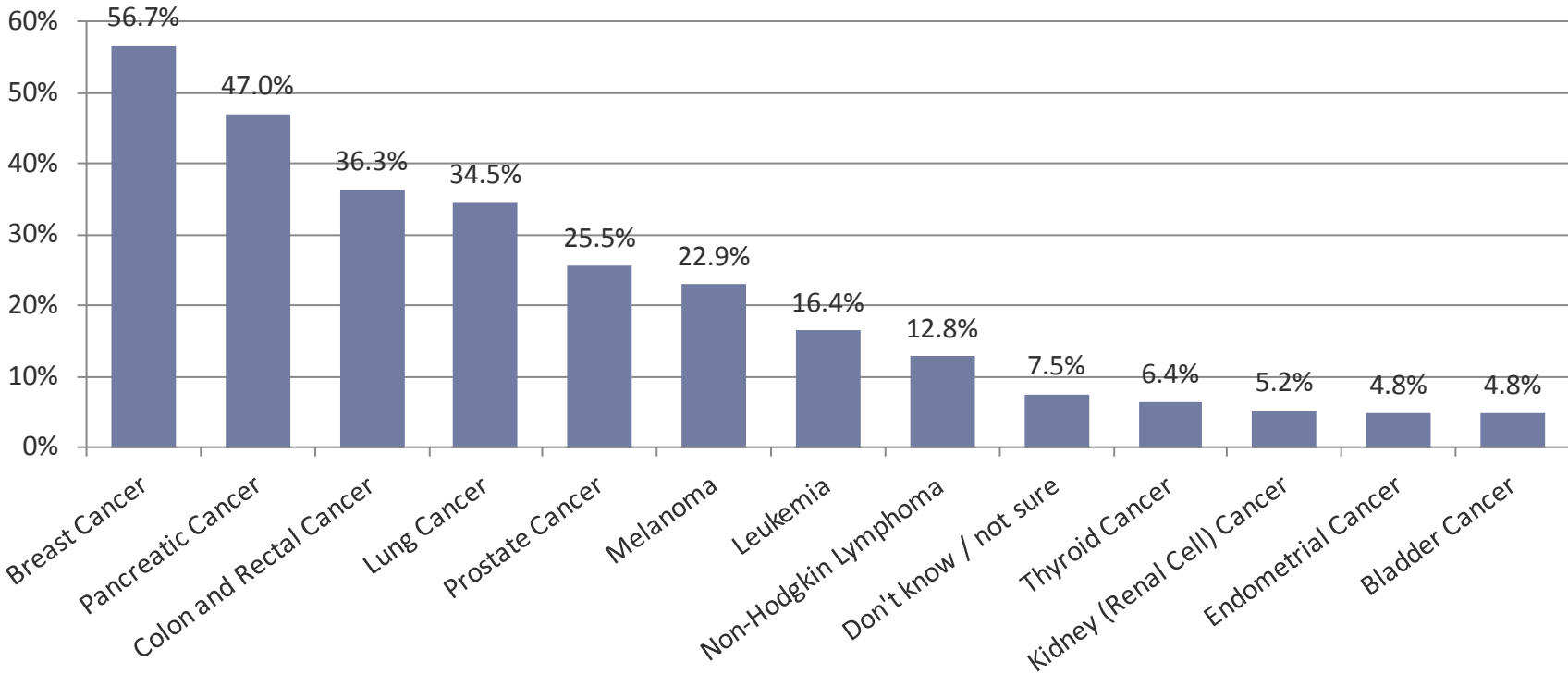


Individuals expressed financial concerns as top barrier.

# MSK 2013 CHNA: Individual prioritization of cancer types

From this list of cancers that are diagnosed most frequently in the United States, please tell us the three that you think should be focused on the most. If not listed, please enter into the "other" box.

162 individuals listed "other" responses.



Many respondents objected to prioritizing cancer by type. Ovarian cancer repeatedly listed in "other" box.

# MSK 2013 CHNA: Differences in individual responses based on ethnicity

- Awareness of available cancer care services: a much larger percentage of Hispanic/Latino respondents (22.6%) were “not at all” aware vs. other ethnic groups (less than 10% for all others).
- The level of knowledge about cancer care services was also lower among Hispanic/Latino respondents (44% “not at all” or “slightly” vs. 30% for those who identified as Caucasian and 37% for Black/ African American respondents).
- Primary sources of information:
  - Caucasians and Hispanics are more likely to cite friends, family, and co-workers as a source of information (approximately 20% of said this was a primary source) vs. Blacks/African Americans (14%).
  - Black/African Americans were slightly less likely to mention internet/social media.
  - 11% of African Americans cited health fairs as a primary source of info, whereas under 5% of other groups mentioned health fairs.

# MSK 2013 CHNA: Differences in individual responses based on ethnicity (continued)

- When asked about the 3 cancers that should be focused on the most
  - A higher percentage of Caucasians mentioned melanoma (9%, vs. less than 5% for other groups).
  - A greater percentage of Hispanics mentioned colon and rectal cancer vs. Caucasians. However, generally there were no large differences in the mean scores.
- Caucasians were more likely to say that sun safety was an important cancer prevention topic vs. other ethnic groups.
- There were some differences in perceived importance of services, for example, Caucasians are least interested in pastoral counseling/chaplaincy (25% said it was very important, vs. 54% for African Americans and 44% for Hispanics/Latinos).
- When asked about resources [that] would most help to increase awareness and understanding of available cancer care services, Caucasians were more likely to cite reading materials, with Hispanics and African Americans almost twice as likely to mention social media vs. Caucasians (approximately 16% vs. 8%).
- A greater percentage of Hispanics saw language as a barrier to care.



# MSK 2013 CHNA: Differences in individual responses based on gender

- Primary sources of information:
  - A greater percentage of men vs. women cite internet/social media (27% to 22% ).
  - Women are more likely to cite health fairs but the percentage is small (3% vs 1.5 %).
- When asked about the 3 **cancers that should be focused on the most**
  - A higher percentage of men mention prostate cancer (16% vs. 5% of women), with a somewhat higher percentage of women citing breast cancer (22% of women vs. 18% for men).
  - Slightly higher percentages of women cite lung and pancreatic cancer.
- Greater percentages of females said that nutrition and diet, exercise, stress reduction, and environmental concerns were “very important” cancer prevention topics. Men were more likely to think these topics were “somewhat important.” Both genders were in agreement with the importance of screening, with approximately 90% of men and women saying it was “very important.”

# MSK 2013 CHNA: Differences in individual responses based on gender (continued)

- There were differences in **perceived importance of services**. Overall, a much higher percentage of women said that support groups, pastoral services, family counseling, and psychiatric services were “very important.” Men were more likely to rate these services as “somewhat important” or “not important.”
- A higher percentage of women cited palliative care and complementary therapies as “very important.” Men were more likely to rate these **cancer care topics** as “slightly important.”
- When asked about **resources that would most help to increase awareness and understanding of available cancer care services**, a higher percentage of men cited web-based learning opportunities (27% for men, 24% for women), while a slightly higher percentage of women cited in-person lectures (22%, vs. 19% for men).

# MSK 2013 CHNA: Differences in individual responses based on gender (continued)

- When asked about resources [that] would most help to increase your awareness and understanding of available cancer care services, a higher percentage of men cited web-based learning opportunities (27% for men, 24% for women), while a slightly higher percentage of women cited in-person lectures (22%, vs. 19% for men).
- Potential barriers to care
  - A greater percentage of women than men cited lack of social support (8% of women vs. 5% of men) and transportation (13% of women, 10% of men).
  - A greater proportion of men than women cited lack of knowledge about cancer (15% of men vs. 11% of women).

# MSK 2013 CHNA: Differences in individual responses based on age

- Those in the youngest age group are both less aware of cancer care services available and less knowledgeable about the range of cancer care services in their community. 41% of 25-44 year olds are “not all all” or “slightly” aware of services, with 49% either “not at all” or “slightly” knowledgeable. The comparable figures for older respondents are 25% for awareness, and fewer than 30% for knowledge.
- Primary sources of information:
  - Those in the 25-44 age group are slightly more likely to cite the internet/social media and
  - slightly less likely to mention either doctor’s offices/clinics or major media outlets, especially as compared to the 65+ group.
- When asked about the 3 cancers that should be focused on the most
  - A higher percentage of those age 45+ mentioned colorectal and pancreatic cancer vs. those under 45.
  - Those under 45 cited leukemia more often (9%) vs. those 45 and over (approximately 5% mentioned this disease).

# MSK 2013 CHNA: Differences in individual responses based on age (continued)

- There were some differences in perceived importance of **cancer prevention topics**.
  - In general, those between 45 and 64 thought most topics mentioned were “very important” and 70% or more in that age group thought *all* the topics were important.
  - 69% of those 45 and over thought that sun safety was “very important,” vs. 61% of those those under 45.
  - Only 59% of those over 65 thought that stress reduction was “very important” vs. 70% for those under 65.

# MSK 2013 CHNA: Differences in individual responses based on age (continued)

- There were differences in **perceived importance of services**. Overall, much higher percentages of those under 45 said that support groups, pastoral services, individual counseling, family counseling, and psychiatric services were “very important” vs. other age groups. Much smaller percentages of those over 65 said that these services were “very important.” Those 45-64 tended to fall somewhere in the middle.
- A higher percentage of those 45 and over cited the **cancer care topic** of palliative care as “very important” – 83%, vs. 74% for those under 45. Complementary therapies and survivorship concerns were of greater importance to those under 45 by 5 to over 10 percentage points.

# MSK 2013 CHNA: Differences in individual responses based on age (continued)

- When asked about resources that would most help to increase awareness and understanding of available cancer care services
  - A higher percentage of those 65+ cited written materials (29%), vs. 26% for 45-64 and 22% for under 45.
  - Those under 45 were twice as interested in mobile apps (10%) vs. those 65+ (5%) and more than twice as interested in social media communities (18% vs. 7% for 65+).
- Potential barriers to care
  - A greater percentage of those under 45 vs. those over 45 cited finance/insurance (22% of those under 45, 17% 65+).
  - A greater proportion of those 65+ cited transportation (13% vs. approximately 10% for those under 45).

# MSK 2013 CHNA: Identified Needs That MSK Can Help to Address

- Improve understanding of cancer care among community members.
- Increase cancer screening as recommended, particularly among people over age 65.
- Improve access to cancer care among minority and underserved populations.
- Help overcome financial barriers to cancer care by establishing agreements with additional insurance carriers and reducing the misconception that MSK does not accept insurance.



# MSK 2013 CHNA: Identified Needs That MSK Can Help to Address

- Raise awareness of MSK's clinical advantage in the community through advertising and participation at community events.
- Improve outreach and communication efforts to educate community clinicians and organizations about cancer services offered at MSK and facilitate reciprocal referrals.
- Offer more psychosocial support services for patients during treatment (such as access to peer mentors and individual counseling).
- Improve communication of patient support services in ways that effectively reach patients.

# MSK 2013 CHNA: Our Efforts within Broader Public Health Goals

- The New York State Department of Health's *Prevention Agenda* critical health priorities for 2013-2017 that MSK's efforts will help to address include "Prevent Chronic Diseases" (specifically cancer, with special focus to address health disparities) and "Promote a Healthy and Safe Environment."
- The *Take Care New York 2016* priority areas for New York City that MSK's efforts will help to address include "Tobacco-Free Living," "Prevent & Treat Cancer," and "Healthy Indoor & Outdoor Air."

# MSK 2013 CHNA: Our Efforts within Broader Public Health Goals

The United States Department of Health and Human Services *Healthy People 2020* objectives that MSK's efforts will help to address include:

- Reduce overall death rate from all cancers
- Increase the proportion of cancer survivors who are living 5 years or longer after diagnosis
- Increase screening rate for cervical, colorectal, and breast cancers
- Increase proportion of men who have discussed whether or not to have PSA test
- Decrease behavior that exposes people to UV radiation and sunburn, such as use of tanning beds

# MSK 2013 CHNA: Dissemination of CHNA findings

- MSK's CHNA results were analyzed and prioritized by the hospital's Community Outreach Committee and Needs Assessment Committee.
- The results and an implementation plan have been incorporated into MSK's 2013-2015 Community Health Needs Assessment and Community Service Plan (CSP), which was approved by MSK's Executive Committee of the Board of Directors.
- The CSP was submitted on 11/15/2013 to the New York State Department of Health and is accessible on MSK's website at: [www.mskcc.org/communityserviceplans](http://www.mskcc.org/communityserviceplans).
- The CSP is also mailed to local elected officials and organizations and is available by mail upon request to [communityaffairs@mskcc.org](mailto:communityaffairs@mskcc.org).