



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.

OVERVIEW

Memorial Sloan Kettering Cancer Center (MSK) 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 in order to ensure the most significant health needs of the community are identified and directly addressed.

The results of the assessment were provided 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 which supports the **New York State Prevention Agenda 2019-2024**, New York City's Take Care New York, and satisfies Federal requirements for nonprofit hospitals under the US Internal Revenue Service and the Affordable Care Act.

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

ABOUT MSK

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

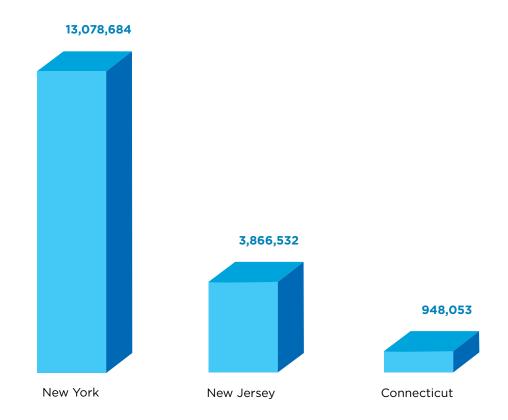


COMMUNITY SERVED

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

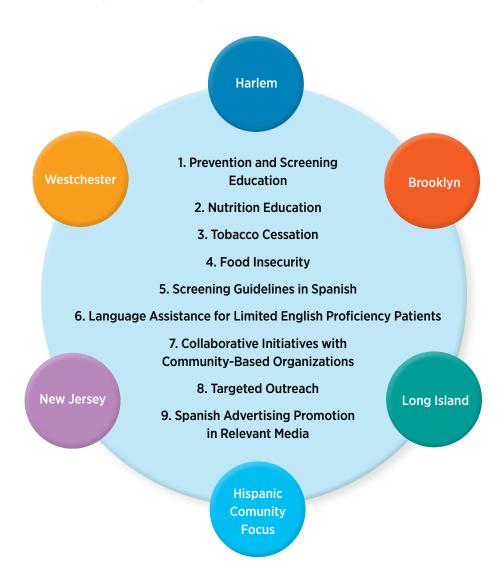


2019-2021 COMMUNITY HEALTH NEEDS ASSESSMENT

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 into a survey to solicit additional feedback to determine the final results. The CHNA feedback survey was sent to over 160 participants and extended community partners. The results of the feedback surveys formed the basis of our CHNA focus areas and interventions within our implementation plan. MSK will focus on addressing the **nine community health needs**, emphasized below, for the 2019-2021 CHNA-CSP.

MSK 2019–2021
Top 9 Community Health Need Assessment Results



Community Participation

The CHNA Committee compiled and mapped MSK's community partners across regions who are serving communities residing in areas surrounding the hospital and outpatient facilities. Invitations to the forums were sent to over 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, local health agencies, local government officials, health care providers and community health centers, private businesses, healthcare advocates, labor and workforce representatives' 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 www.mskcc.org/communityserviceplans.

Methods of Conducting the 2019–2021 Community Health Needs Assessment

MSK Community Health Needs Assessment Committee

MSK formulated the internal **Community Health Needs Assessment Committee** to combine community partners, perspectives, and areas of expertise providing community benefit activities to the community and patients, including to underserved and vulnerable populations. The CHNA internal planning 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.

In order to understand the broad interests of the communities our hospital serves, the CHNA Committee conducted a totally of six **CHNA discussion forums** ranging in size between in 4-10 community leaders who are serving diverse populations. Five forums were conducted in person at MSK outpatient facilities throughout our region, and one was offered via webinar placing special focus on understanding the needs of the growing Hispanic community. 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 emphasis on multicultural populations. The forum participants came to a consensus and voted on the top three health needs to be prioritized by hospitals. MSK then reviewed each forum's top selections and selected the common needs and issues voiced across all regions. 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

Data Analysis and Preparation

Gathered current cancer-related health data and trends for basis of discussion for CHNA forums and evaluation 2016–2018 CSP impact.

MSK CHNA Committee

Formed Committee MSK staff and faculty to ombine community partnerships, perspectives and areas of expertise providing community benefits activities.

Community Input

Conducted CHNA forums with community stakeholders and solicited additional feedback on needs prioritization

Submissions and Distribution

Prepared CHNA and CSP reports for MSK's website, submission to New York State Department of Health, and public dissemination

2019-2021 COMMUNITY SERVICE PLAN

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, which focuses on several leading causes of preventable illness and death and provides a pathway for hospitals to "make New York the healthiest State for people of all ages."

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 Strategy

MSK's 2019-2021 Community Service Plan is comprised of four strategies toward **Preventing Chronic Disease** and addresses the top nine identified community health needs. This section outlines the interventions and programs within a four-strategy implementation plan. Each strategy and its interventions are supported by multiple data sources illustrate the urgency and validity of each expressed community health need including

1. PREVENTION PROGRAMS

- Ralph Lauren Center for Cancer Care Cancer Screening Program
- The Taxi Network
- · Arab Health Initiative
- Ventanillas de Salud (Health Windows)

2. ADDRESSING THE SOCIAL DETERMINANTS OF HEALTH

• Food to Overcome Outcomes Disparities (FOOD) - Food Pantry

3. COLLABORATIVE INITIATIVES

Multicultural Outreach Initiative

4. CULTURALLY RELEVANT COMMUNICATIONS

- Language Initiatives Program: Addressing Language Barriers in Healthcare
- · Language Assistance Program
- Patient & Caregiver Educational Materials in Multiple Languages
- Hispanic Communications Plan
- Cancer Screenings & Prevention Guidelines En Español

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 and Prevention (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 deepens the longstanding partnership and 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 order to reduce mortality and morbidity from breast, cervical, and colorectal cancers in the medically underserved community of Harlem, the enhanced programming at RLCCC will be offering expanded screening services at no out-of-pocket expense to its patients. It is enrolled in the Cancer Screening Program (CSP) for NYS 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 NYS. The objective for RLCCC's Cancer Screening Program Provide is to provide breast, colorectal, cervical, and prostate cancer screenings at no out of pocket cost for a minimum of 600 individuals ages 18-65 with an income of <\$25,000. RLCCC will Increase the number of individuals screened by 15% over the next three years.

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, AHI will Increase the number of women of individuals educated and screened and report a minimum of a 10% increase of people reached by 2021.

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. Throughout the 2019-2021 CHNA-CSP cycle, the Taxi Network will provide free screenings for cardiovascular disease, diabetes, and risk factors for cancer a minimum of 600 taxi drivers, and a total of 800 drivers for screening and navigation services. In 2020, the Taxi Network completes, however, following an evaluation of impact the program will pursue new sources of funding. Contingent on funding, by 2021, the Taxi Network will 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 navigate 224 individuals to and/or through primary care. Note: The Taxi Network completes its funding during the second year of the CSP and 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 health care professionals and other health facilities to host MSK educational events and screenings. Throughout the 2019-2021 CHNA-CSP cycle, Health Windows will report and increase in the number of individuals educated and screened 10% by 2021.

TOBACCO TREATMENT 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

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. In 2019, MSK's TTP became the first accredited Tobacco Treatment Specialist (TTS) Training Program located in NYC. Consistent with the aims of the 2019-2021 Community Service Plan, this 4-day TTS Training Program will offer full tuition scholarships to qualified health providers and community health workers interested in seeking national certification as Tobacco

Treatment Specialists.



MSK Tobacco Treatment Program

One such program will begin at the Harlem-based **Ralph Lauren Center for Cancer Care (RLCCC)** where TTP will establish on-site tobacco treatment delivery from the ground up including screening all cancer patients/survivors for current smoking status, integrating tobacco cessation services into RLCCC's workflow, establishing clinical metrics, and providing training and certification of 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% of RLCCC patients for smoking status, refer a minimum of 80% of patients identified as current smokers to the MSK Tobacco Treatment Program services, with 20% of referred patients guided to quitting. Services will provide counselling and medications to 100% of patients identified as current smokers.

Following the historic 2018 HUD roll out of the NYCHA Smoke-Free policy, the **Citywide Tobacco Cessation Partners** was formed by the NYC DOHMH's Bureau of Chronic Disease Prevention and Tobacco Control which brought together colleagues from MSK, NYU Langone, and Columbia Presbyterian to collaboratively address both tobacco dependency among NYCHA residents and promote the new Smoke-Free policy to address secondhand smoke. The Citywide Tobacco Cessation Partners seek to reduce tobacco dependency, with several complementary strategies: 1) Establish NYCHA Smoke-Free Working Group, 2) Provide CBO/Resident Leader Training, 3) Provider Outreach and Training, 4) Outreach to NYCHA Residents and Onsite Service Delivery, 5) Partner with Youth Leadership Councils to create messaging.

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 Immigrant Health and Cancer Disparities Service (IHCD), is 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 2019-2021, FOOD will report a 10% increase by 2021 in the number of patients and families with access to nutritious foods, numbers in attendance and volume of nutrition workshops held with access to nutritious foods, and the number of individuals screened and enrolled to the FOOD program.



MSK Food Panty providing free nutritious food to cancer patients.

CSP STRATEGY 3: COLLABORATIVE INITIATIVES

MULTICULTURAL OUTREACH INITIATIVE

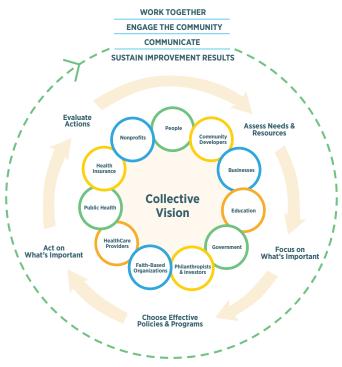
Prevention Agenda Priority: Not applicable

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 partnership between MSK and community-based organizations. MOI provides community members with culturally relevant health care experiences, services, and information that respond to the identified needs of the community. In order to sustain the progress MOI has made in advancing collaborative initiatives with community-based organizations that serve the growing Hispanic community since its launch in 2016, MOI will expand its targeted outreach strategies over the span of the next three years with two efforts.

By 2021, MOI will seek to expand our partnership with **The Refugee and Immigrant Center for Education and Legal Services (RAICES)**, using resources from the internal partnership with MSK's Geriatric Service, to facilitate heath education workshops, and to launch of the **Caregiver Pilot**. In response to a quantitative analysis, which indicated that 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.



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 (IHCD) 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. The Language Initiatives Program developed a mobile app for remote simultaneous medical interpreting — the style of interpretation used at the United Nations and is currently piloting it at the Ralph Lauren Center in Spanish. In 2020, the first full version will launch following by Mandarin and Russian, and will enhance our Online Language Lab which will be offered to a diverse student population.

IHCD developed a mobile app for remote simultaneous medical interpreting — the style of interpretation used at the United Nations - that is currently being piloted at MSK's Ralph Lauren Center for Spanish speaking patients. 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 our meeting this goal, not only for the 50+ languages spoken by our Limited English Proficient (LEP) patients, and those with impaired vision, hearing, and speech communication needs, but also to ensure our providers' communication needs are supported. MSK will be restructuring the LAP to ensure our language capabilities are optimally supporting MSK's expanding business model, and more specifically, the needs of the growing Hispanic growing population. The restructure plan will be rolled out over 2019-2021 in multiple phases:

Free Interpreters flyer

Phase 1: 2020 Onboarding Leadership

LAP will rebuild the management structure of the program with the appointment of two senior leadership positions to synthesize the interests of both sides of the program's customer base—the patient/families and the providers. MSK is undergoing a nation-wide search to appoint LAP's new Director.

Phase 2: 2021 Enterprise Assessment

LAP's 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 of 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 in order to equip people with cancer, their caregivers, and the public with accurate, reliable information and 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**. Patient and Caregiver Engagement has expanded its resources increase our translated materials from 87% (3,779 resources translated out of 4,348) to **100% of educational resources developed by MSK into Spanish and Russian by 2021**. All materials are available to the public at mskcc.org/pe.

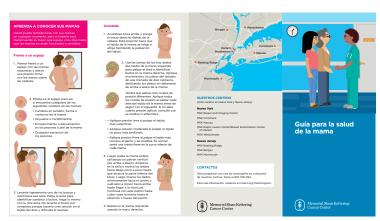
HISPANIC COMMUNICATIONS INITIATIVE

Prevention Agenda Priority: Not applicable

Focus Area: Not applicable
Goal: Not applicable

CHNA Need Addressed: Spanish advertising promotion in relevant media

Within MSK's Department of Communications, Community Affairs is expanding the institution's educational resources in order to address the expressed need for Spanish-language cancer screening and prevention materials which target Spanish-speaking individuals within the general population, or people who have not been diagnosed with cancer. These guidelines can be shared digitally, and will also be available in print form in order to reach communities lacking access to the internet, email, and other technologies. MSK kicked off the outreach brochure



Breast Health cancer prevention and screening guides in Spanish.

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-cancers brochures will be available January 2020. Other cancer-related topics slated to be created throughout 2019-2021 lung health/smoking cessation, skin cancers, prostate cancer, nutrition/obesity, integrative medicine, as well as a guide targeting caregivers. The series launched in both Spanish and English, and will then be translated into additional languages including Russian, Chinese, Arabic, French, Hebrew and Korean.

DATA SOURCES

MSK reviewed extensive sources of data to best understand the communities we serve including race, ethnicities, languages spoken at home, and socioeconomic status. Data was also analyzed to identify the cancer-related health concerns affecting these communities, and to support the community health needs expressed by community stakeholders.

Sources referenced include the NYC Department of Health, NYC Department of City Planning, Centers of Disease Control and Prevention, National Cancer Institute, American Cancer Society, United States Census Bureau, US Department of Agriculture, Surgeon General's Report, Hunger Free America

DISTRIBUTION OF 2019-2021 CHNA-CSP

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 and organizations, and is available on our website at mskcc.org/communityserviceplans, or by mail upon request. We encourage the community to provide feedback to this report, and if wanted, a hardcopy of this MSK's 2019-2021 CHNA-CSP can be made available to you by contacting communityaffairs@mskcc.org or 646-227-3199.

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 or 646-227-3199.

