



Engage to Empower: Strengthening Community Engagement in Cancer Care

March 18, 2025

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Today's Webinar Agenda

- 1** Welcome & Introduction *5 mins*
- 2** **Meeting Patients Where They Are: Mobile Prostate Cancer Screening Units** *10 mins*
 - **Safia Khan, MPA** (Director, Network Operations & Innovation, Robert F. Smith Prostate Cancer Screening Mobile Unit, Mount Sinai Health System)
 - **Dr. Ash Tewari, MBBS, MCh** (System Chair of Urology, Mount Sinai Health System; Director, Center of Excellence for Prostate Cancer, Tisch Cancer Institute)
- 3** **Mobilizing Community Awareness & Education: The Dolphins Cancer Challenge (DCC)** *10 mins*
 - **Shawn McGee** (Executive Director, Development, DCC, & Community Fundraising, UMiami Health System)
- 4** **Centering Community Expertise: Bronx Oncology Living Daily (BOLD) Program** *10 mins*
 - **Alyson B. Moadel-Robblee, PhD** (Deputy Director, Community Engagement and Cancer Health Equity, Montefiore Einstein Comprehensive Cancer Center)
- 5** Q&A and Discussion *20 mins*



*We Power our Community
to Drive Health Forward*

Who We Power

Leading Health Systems

The approximately 150 innovative integrated delivery systems with over \$2B in total operating revenue

Industry Partners

Industry innovators, from early stage to Fortune 50 organizations, that are working alongside health systems to drive health forward

1,600+

LHS Executive Relationships

450+

LHS C-suite Members

150+

Innovative Industry Members

How We Serve Health System Members



Convene exceptional peer groups that facilitate meaningful relationships and knowledge exchange



Create world-class leadership development programs designed to prepare next generation healthcare leaders



Produce original research leveraging member insights on healthcare's greatest challenges and opportunities



Deliver innovation surveillance and strategic roadmaps to help health systems navigate strategic transformation



Facilitate novel partnerships to address critical industry issues that demand collective action

HEA Membership Consists of Health System Peers Committed to Advancing Equity

Advent Health

Adventist Health

Baylor Scott & White

Cedars Sinai

ChristianaCare

CommonSpirit

Community Health Network

Cone Health

Corewell Health

Essentia Health

Henry Ford Health System

Indiana University Health

Inova

Intermountain Health

McLaren Health Care

MetroHealth

Montefiore Health

MUSC Health

Nemours Children's

Northwell Health

Norton Healthcare

Novant Health

Ochsner Health

OSU Wexner Medical Center

Providence

Sutter Health

Texas Health Resources

Virtua Health

Vizient

WellSpan

Yale New Haven Health

Key Attributes of HEA Members



Hardwiring Equity Across Executive Team

Looking for strategic support to drive equity as a critical competency across the enterprise through cultural & financial accountability



Forward-Thinker

Integrates equity with overall organizational strategy to drive sustainable change



Collaborative Spirit

Willing to share what's working—and not working—with peers

Community Engagement: An Evergreen Challenge for Health Systems

Who is “Community”?

“Community engagement is the different ways in which healthcare organizations can reach out to, engage, and partner with people with lived experience, with the goal of working together to improve healthcare and achieve positive health outcomes

–[INSPIRE Collaborative](#)



Community Engagement as a Driver of Improved Awareness and Outcomes

Confluence of individual, systemic, and structural factors shape disparities in cancer outcomes



The Challenge

Structural Barriers to Early Detection

Structural barriers (e.g., lack of transportation or healthcare access) lead to delayed diagnosis, a significant contributor to cancer mortality disparities.



Awareness and Mobilization

Inadequate community awareness and insufficient funding for engagement efforts in cancer care exacerbate disconnect between health systems and their community



Maximizing Community Expertise

Expertise that people with lived experience bring to clinical care and patient experience is not valued And/or prioritized by provider organizations



The Initiative

Mount Sinai Health System Mobile Prostate Cancer Screening

Mobile unit enables early detection of prostate cancer for at-risk Black men in underserved NYC neighborhoods

UMiami Health System Dolphins Cancer Challenge (DCC)

This partnership leverages the cultural significance and reach of the NFL to normalize cancer conversations and increase access to funding streams

Montefiore Medical Center Bronx Oncology Living Daily (BOLD)

Psychosocial support and wellness services provided, including peer-supported navigation through a former cancer survivor

Meeting Patients Where They Are: Mobile Prostate Cancer Screening Units

Mount Sinai Health System



Safia Khan, MPA



Dr. Ash Tewari, MBBS, MCh



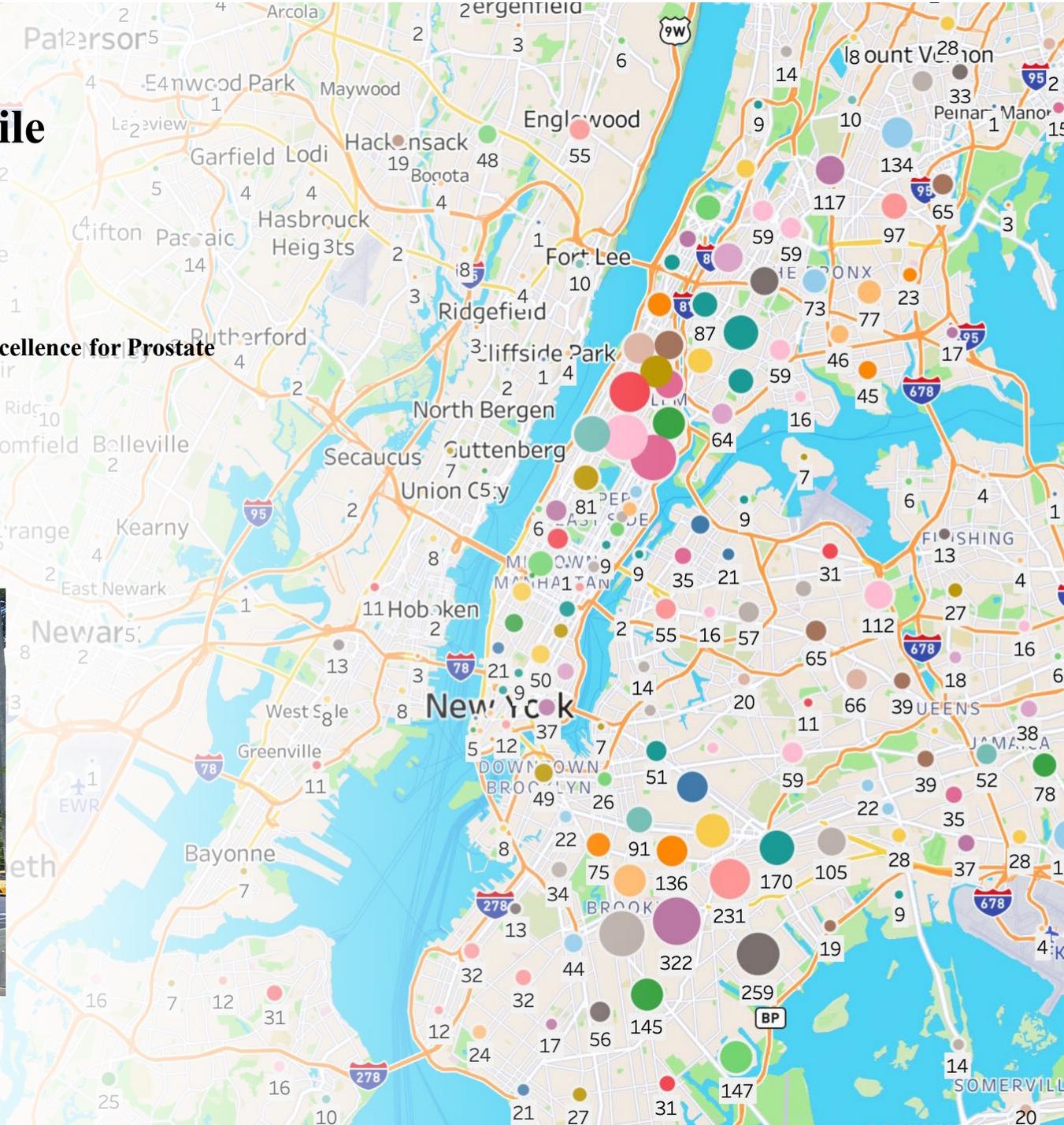
Meeting Patients Where They Are: Mobile Prostate Cancer Screening Units

Ash Tewari, MBBS, MCh, FRCS (Hon.)

System Chair of Urology, Mount Sinai Health System; Director, Center of Excellence for Prostate Cancer, Tisch Cancer Institute

Safia R. Khan, M.S, MPA

Director: Network Operations and Innovation: Prostate Cancer Mobile Screening Unit



The Global Impact of Prostate Cancer

395K

Annual Deaths

Nearly 400,000 men aged 40+ died globally from prostate cancer in 2022.

1.4M

Annual Diagnoses

About 1.4 million men are diagnosed with prostate cancer globally each year.

38%

Mortality Rate

The percentage of diagnosed Non-Hispanic Black patients who ultimately die from the disease in USA.

High mortality despite advancements

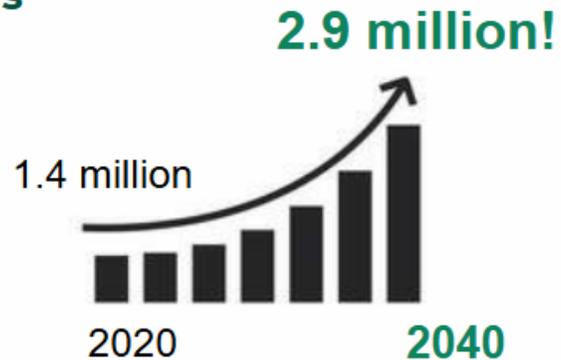
Key challenge: Late-stage detection leading to poor outcomes

Fast Facts

Prostate cancer is the 2nd most common cancer and the 5th leading cause of death in men

1 in 8 men will develop Pca in their lifetime

Rise in Annual Prostate Cancer Cases



The *Lancet* Commission on prostate cancer: planning for the surge in cases

Nicholas D James, Ian Tannock, James N'Dow, Felix Feng, Silke Gillessen, Syed Adnan Ali, Blanca Trujillo, Bissan Al-Lazikani, Gerhard Attard, Freddie Bray, Eva Compérat, Ros Eeles, Omolara Fatiregun, Emily Grist, Susan Halabi, Aine Haran, Daniel Herchenhorn, Michael S Hofman, Mohamed Jalloh, Stacy Loeb, Archie MacNair, Brandon Mahal, Larissa Mendes, Masood Moghul, Caroline Moore, Alicia Morgans, Michael Morris, Declan Murphy, Vedang Murthy, Paul L Nguyen, Anwar Padhani, Charles Parker, Hannah Rush, Mark Sculpher, Howard Soule, Matthew R Sydes, Derya Tilki, Nina Tunariu, Paul Villanti, Li-Ping Xie



How Common Is This Cancer?

Compared to other cancers, prostate cancer is fairly common.

Common Types of Cancer	Estimated New Cases 2024	Estimated Deaths 2024
1. Breast Cancer (Female)	310,720	42,250
2. Prostate Cancer	299,010	35,250
3. Lung and Bronchus Cancer	234,580	125,070
4. Colorectal Cancer	152,810	53,010
5. Melanoma of the Skin	100,640	8,290
6. Bladder Cancer	83,190	16,840
7. Kidney and Renal Pelvis Cancer	81,610	14,390
8. Non-Hodgkin Lymphoma	80,620	20,140
9. Uterine Cancer	67,880	13,250
10. Pancreatic Cancer	66,440	51,750

Prostate cancer represents 14.9% of all new cancer cases in the U.S.



In 2024, it is estimated that there will be 299,010 new cases of prostate cancer and an estimated 35,250 people will die of this disease.

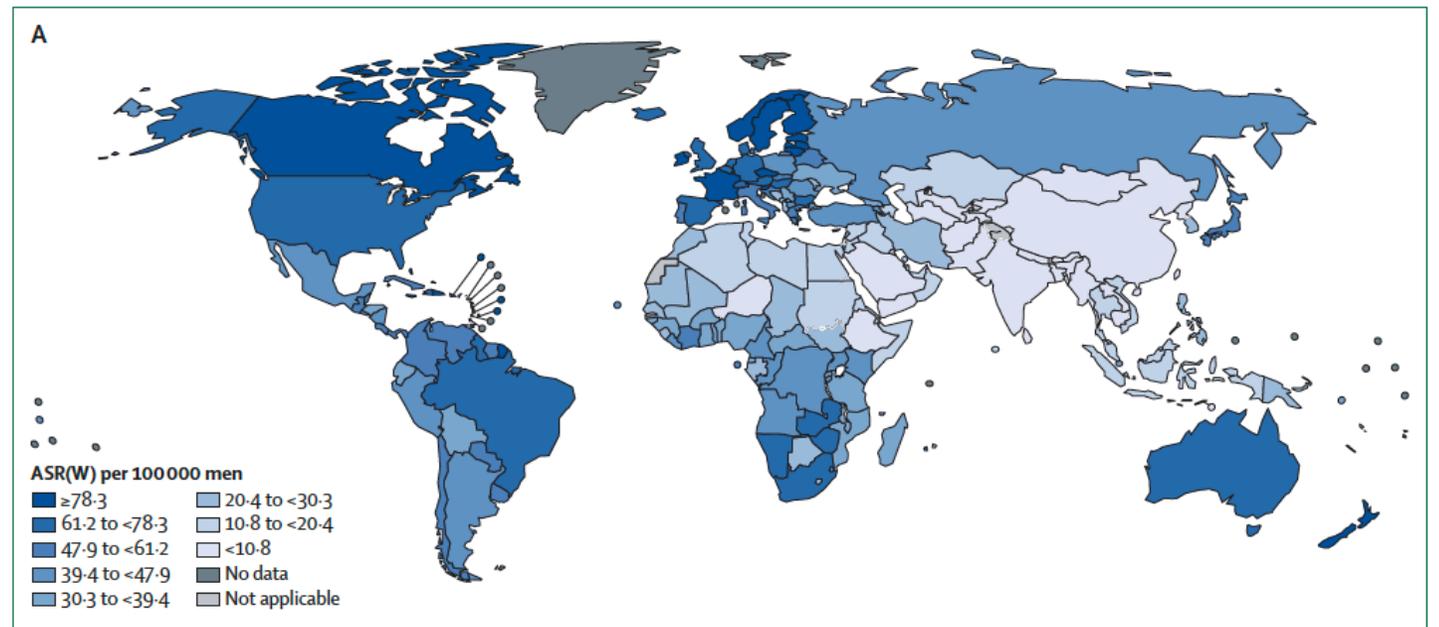
Worldwide Demographics

The Lancet Commission on prostate cancer: planning for the surge in cases

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- **Late diagnosis** of prostate cancer is widespread worldwide but **especially in low- and middle-income countries**, where late diagnosis is the norm
- Higher incidence in Western countries but **higher mortality in low-income nations**

Prostate Cancer Incidence



Prostate Cancer Mortality

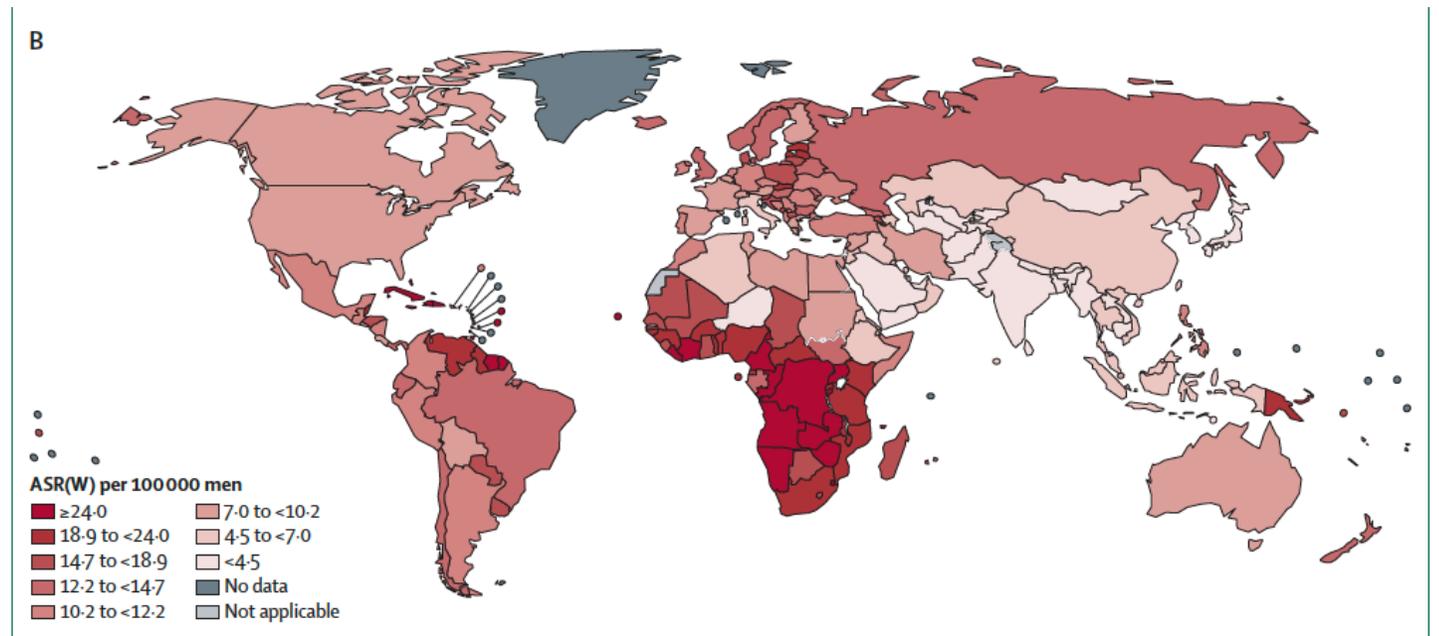
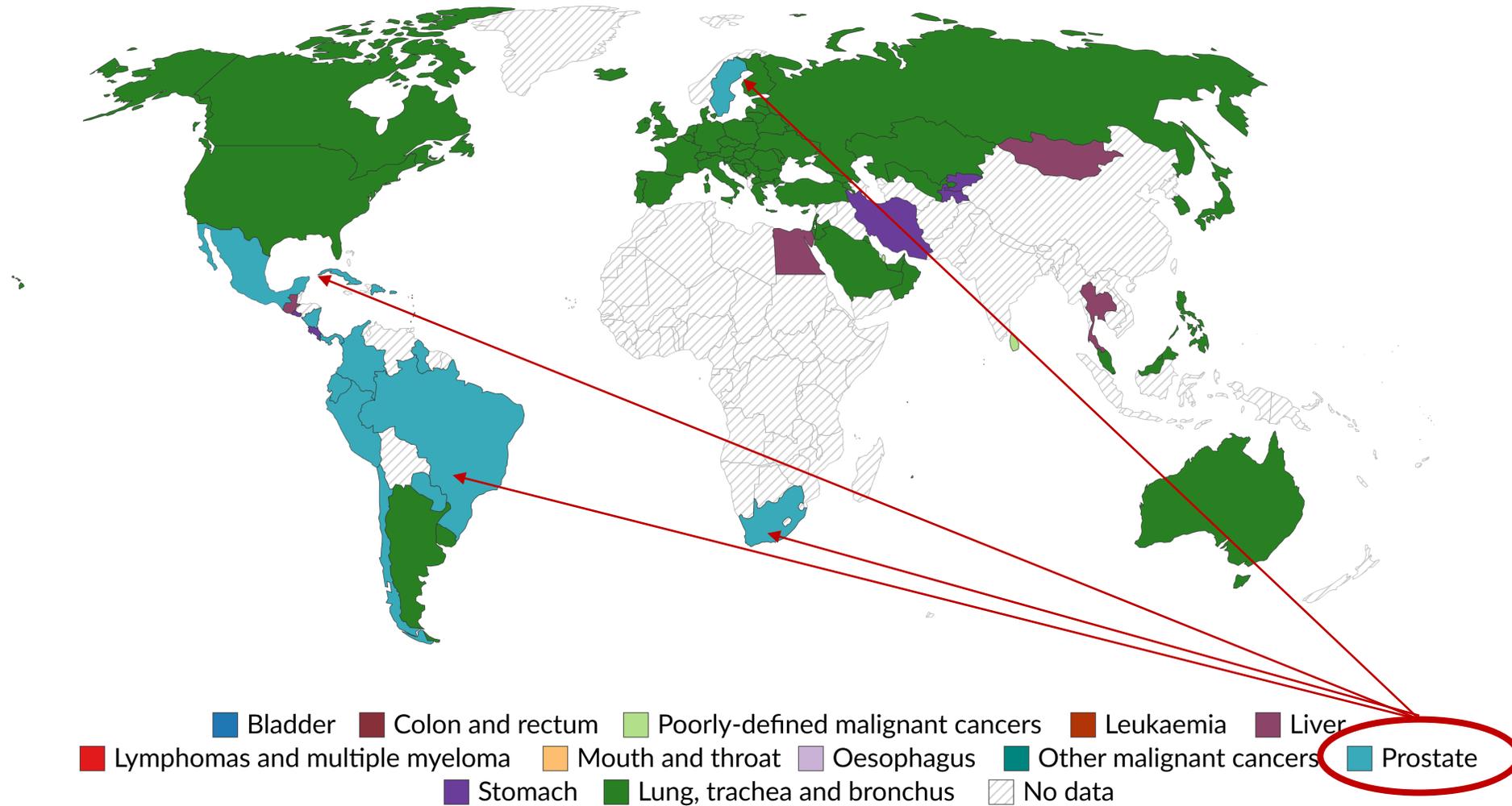


Figure 2: Global variations in prostate cancer incidence (A) and mortality (B), 2020
ASR(W)=age-standardised incidence rates.

Leading cancer types causing death in men, 2022

The most common cause of cancer¹ deaths in men, based on the underlying cause² listed on death certificates.



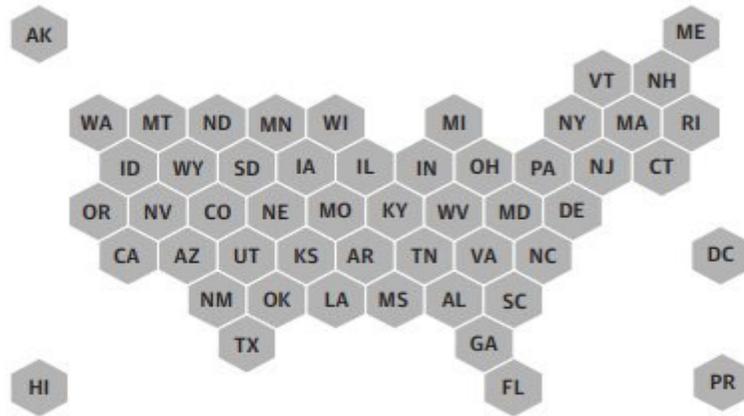
Data source: WHO Mortality Database (2024)

OurWorldinData.org/cancer | CC BY

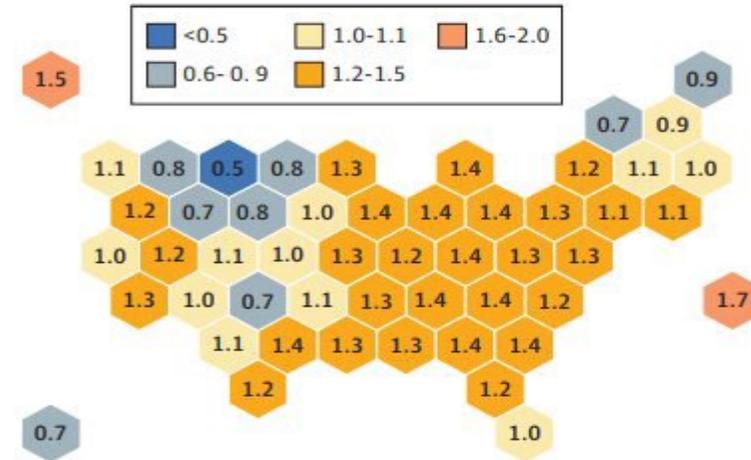
Note: Only shown for countries with sufficient levels of death registration³.

Incidence of Localized Prostate Cancer and de novo Metastasis in the USA

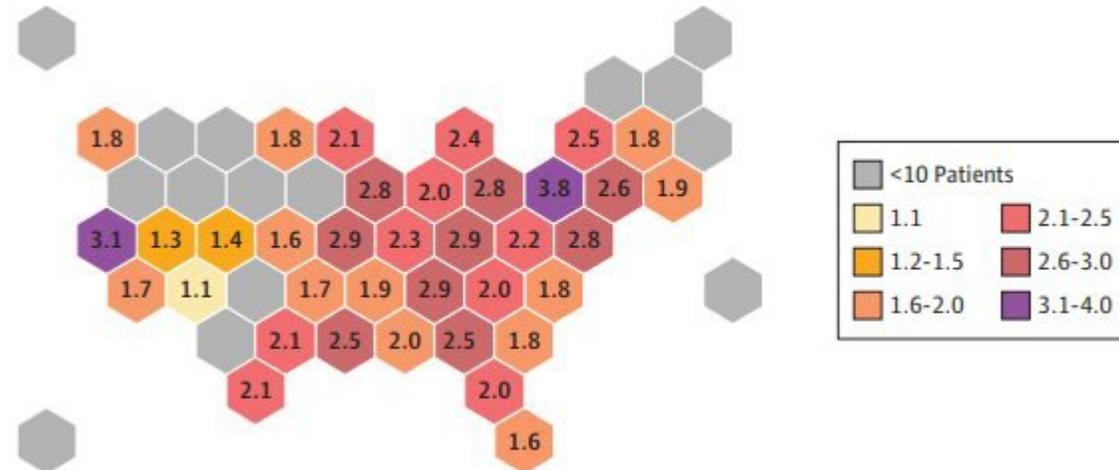
C State abbreviations



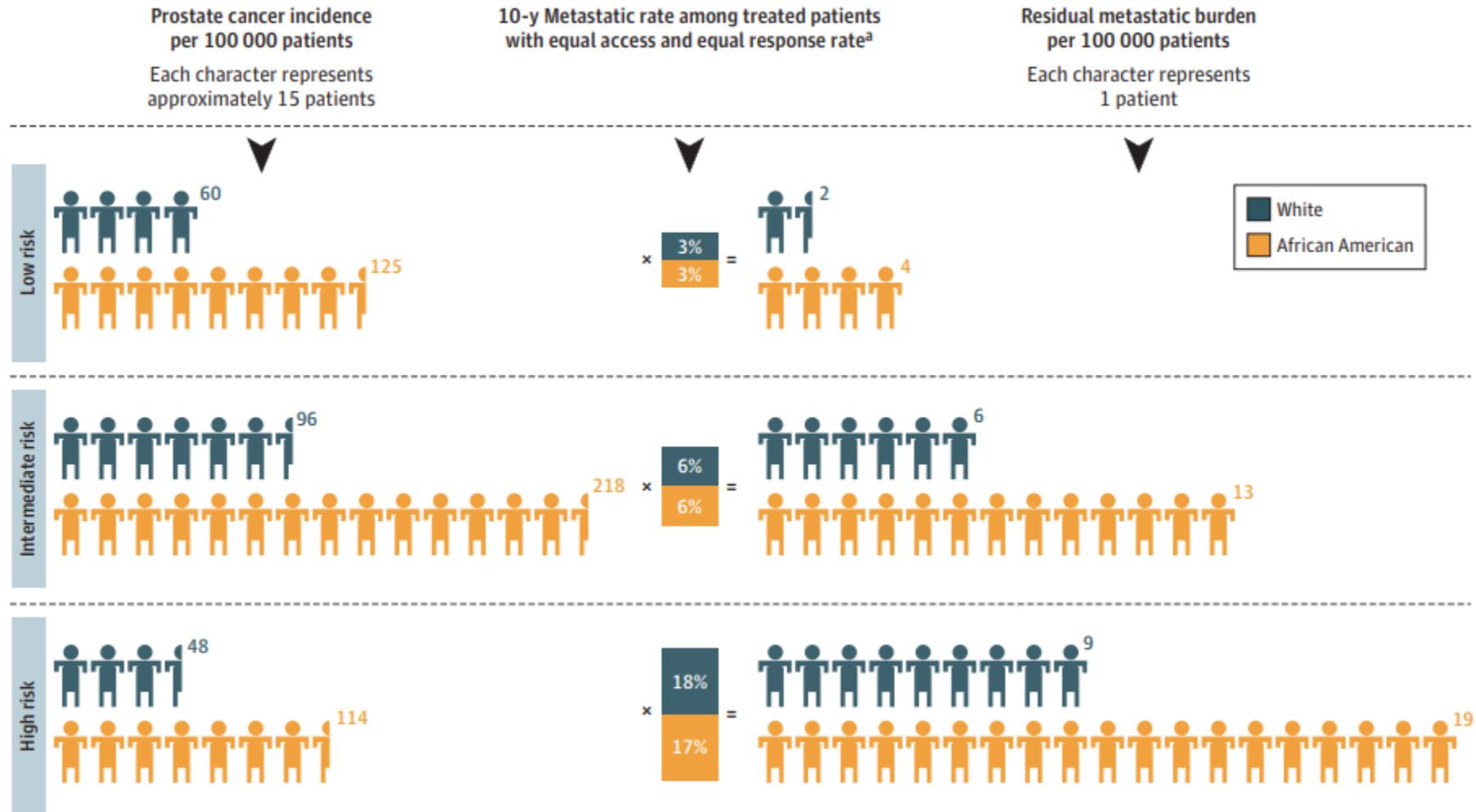
D Localized prostate cancer incidence



E De novo metastasis incidence

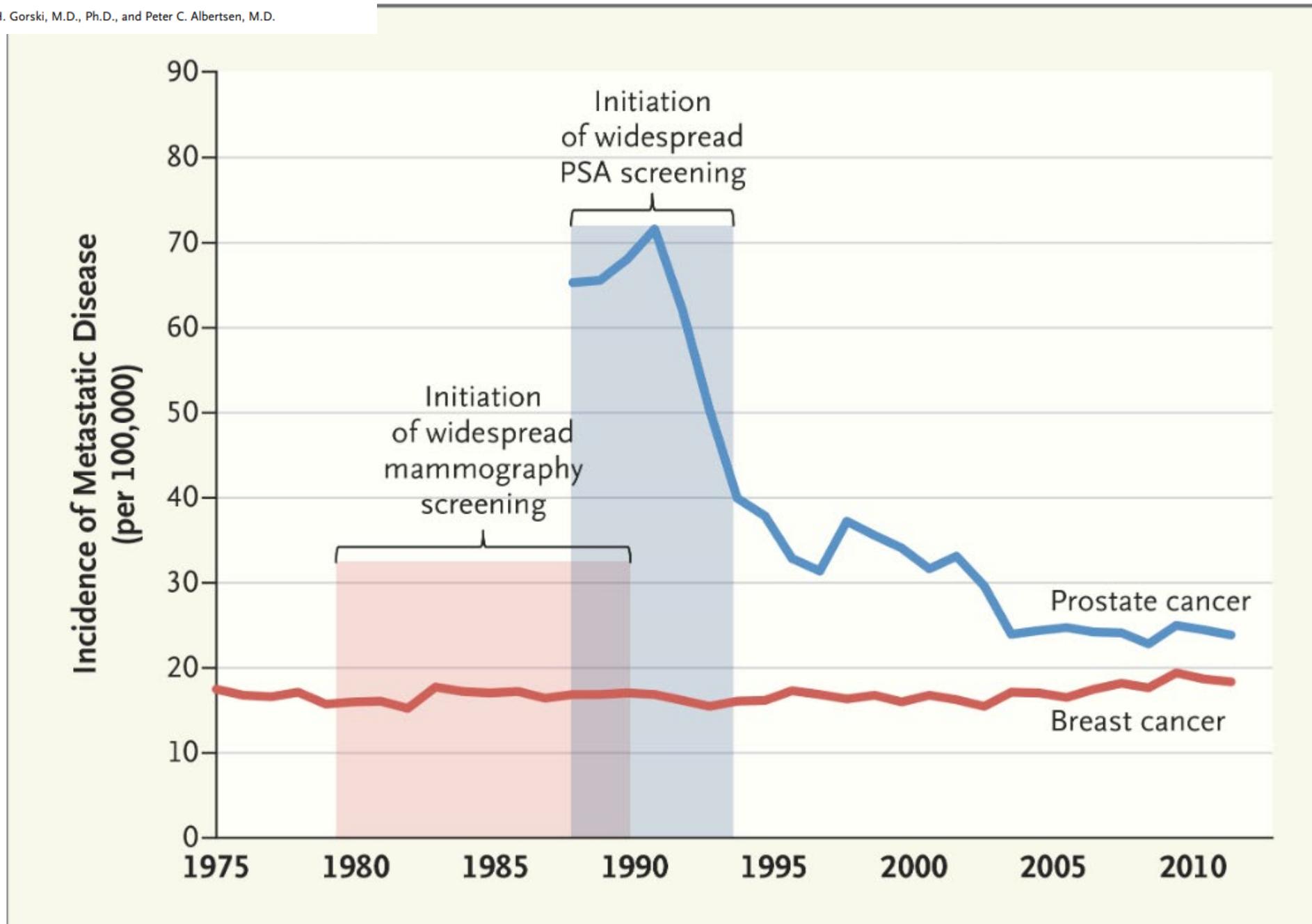


Black Men Suffer from Higher Burden of Prostate Cancer



Trends in Metastatic Breast and Prostate Cancer — Lessons in Cancer Dynamics

H. Gilbert Welch M.D., M.P.H., David H. Gorski, M.D., Ph.D., and Peter C. Albertsen, M.D.



Race as a Risk Factor

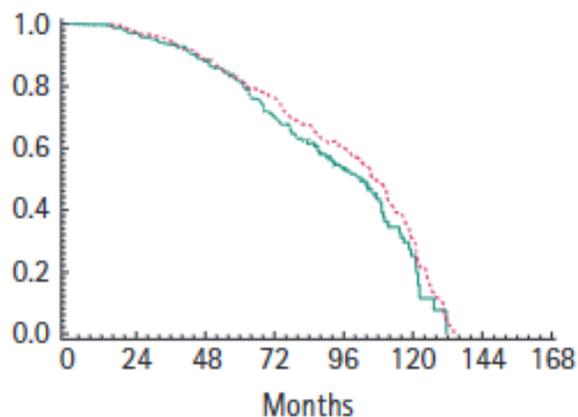
Study Design

Retrospective cohort (n=1058) study of PSA recurrence after radical prostatectomy (RP)

Results

- African American (AA) men had higher baseline PSA levels and more high-grade prostatic intraepithelial neoplasia at biopsy than White Americans (WA)
- AA men had shorter mean PSA doubling time before RP

FIG. 1. Recurrence-free survival estimates by race (all ages; red, WA; green, AA).



Urological Oncology

In a multi-institutional study authors from the USA and Austria attempt to determine if there are differences in several indices between African-American and white men undergoing radical prostatectomy. They did not find race to be an independent risk factor for PSA recurrence, but found that other variables commonly associated with PSA recurrence are also important in African-Americans.

Racial differences in serum prostate-specific antigen (PSA) doubling time, histopathological variables and long-term PSA recurrence between African-American and white American men undergoing radical prostatectomy for clinically localized prostate cancer

ASHUTOSH TEWARI, WOLFGANG HORNINGER*, KETAN K. BADANI, MAZEN HASAN, STEVEN COON, E. DAVID CRAWFORD†, EDUARD J. GAMITO‡, JOHN WEI‡, DAVID TAUB‡, JAMES MONTIE‡, CHRIS PORTER¶, GEORGE W. DIVINE, GEORG BARTSCH* and MANI MENON
Josephine Ford Cancer Center and Vattikuti Urology Institute, Henry Ford Health, System, Detroit, MI, †ANNs in CaP Project, Institute for Clinical Research, Washington, DC and University of Colorado Health Sciences Center, Denver, Colorado, ‡University of Michigan, Ann Arbor, MI, ¶Virginia Mason, Seattle, USA, and *Department of Urology, Medical University Innsbruck, Austria

Accepted for publication 3 January 2005



Rethinking Prostate Cancer Screening: Focus on Awareness and Lethal Cancer

Prostate cancer is a significant global health issue among men. Despite treatment advances, late detection remains a challenge.

We need to improve early screening strategies to make a tangible difference in difference in outcomes.

Introduction

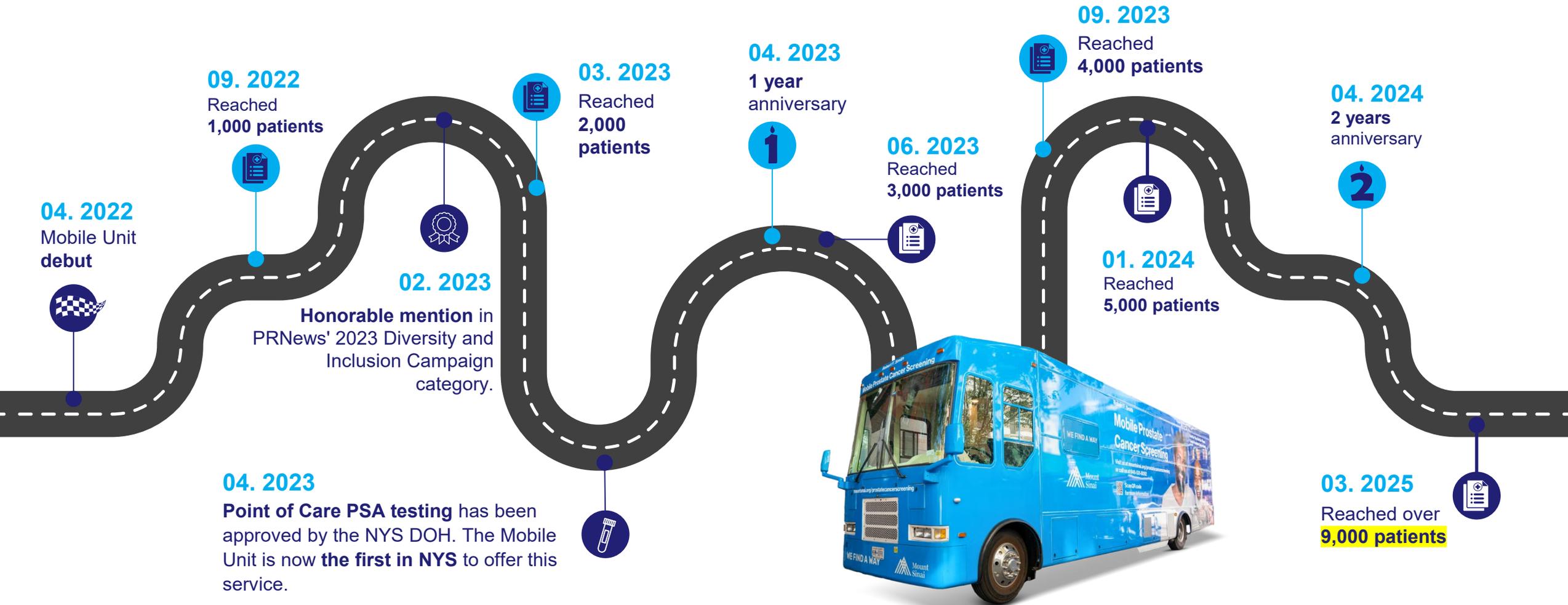
The Mount Sinai Robert F. Smith Mobile Prostate Cancer Screening initiative is committed to enabling early detection of prostate cancer for at-risk Black men. This initiative has been made possible by **Ash Tewari**, MBBS, MCh, FRCS (Hon.) System Chair of Urology at the Milton and Carroll Petrie Department of Urology at Mount Sinai, and his team, with the help of a donation from **Robert F. Smith**, Founder, Chairman, and CEO of Vista Equity Partners. The mobile unit brings state-of-the-art imaging equipment and specialized staff directly to the communities that need it the most.



Ash Tewari
MBBS, MCh, FRCS (Hon.)



Robert F. Smith



Prostate Cancer Screening Using a Novel Mobile Van-Based Approach: Can This Redefine the Delivery of Healthcare Equity?

The Mount Sinai Robert F. Smith Prostate Cancer Screening Unit was launched on **April 1st, 2022** to support prostate health in the Black community enabling early detection of prostate cancer for at-risk men



Mobile Unit from the Inside



Services We Provide

No time to wait. Mount Sinai Urology Doctors on Wheels provide:

PSA Test (Prostate Specific Antigen)

The PSA is a blood test that measures the amount of prostate specific antigen protein in your blood.

Digital Rectal Exam (DRE)

A digital rectal examination is used to see if you might have a prostate problem or prostate cancer.

ExactVu Micro-Ultrasound System

With micro-ultrasound technology, doctors are able to visualize areas of suspected cancer and estimate how aggressive the cancer will be.

EchoNous Bladder Scanner

An ultrasound machine uses sound waves to scan a patient's bladder volume.

Genomics

A genomic test checks for gene mutations in your cancer that can predict how it might act.

- Decipher 4K
- MDX Select
- MDX Confirm

Blood Pressure Monitoring

Our advanced techniques ensure precise assessments for proactive health management.

Pelvic Floor Rehabilitation

Tailored programs for effective pelvic floor rehabilitation, enhancing overall wellness.

Uroflowmetry

Utilizing cutting-edge technology, our uroflowmetry services provide accurate assessments for optimal urological health.

Sexual Dysfunction

Expert care for sexual health concerns, offering personalized solutions for enhanced well-being.

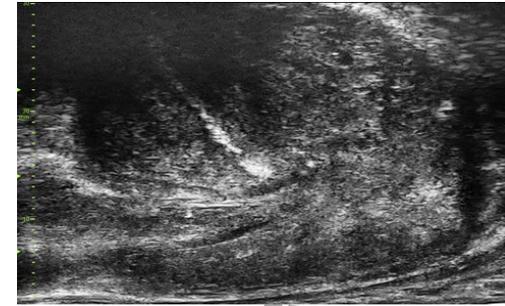
Cystoscopy

State-of-the-art cystoscopy procedures ensure precise diagnostics and effective urological interventions.

The Mobile Unit has been approved by the New York State Health Department, making it **the first** in NYS to offer **Point of Care PSA Testing**. With this technology, we can deliver PSA test results in just 31 minutes.

Urology Medication Management

Our specialized approach to urology medication management ensures tailored solutions for optimal patient outcomes.



Point of Care Diagnostics System



Uroflowmeter Machine



Single-use Digital Flexible Cystoscope



Urostym Biofeedback System



ShockWave Therapy Machine



ExactVu Micro-Ultrasound System

The Impact of Robert F Smith Mobile Prostate Cancer Screening



1 Robert F. Smith's Mobile Prostate Cancer Screening Unit

Has screened over **9,271** men for free with over **558** events.

2 PSA Testing

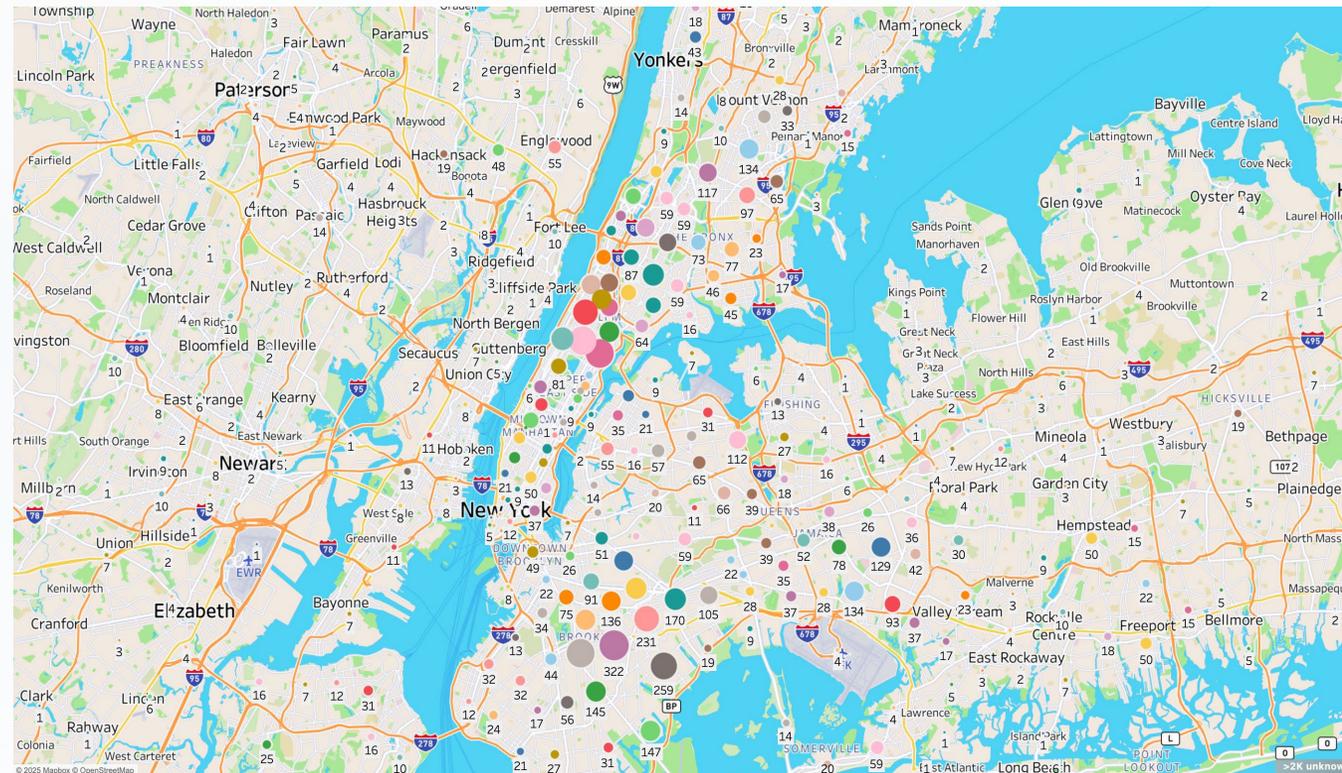
The unit provides Free **PSA tests** in underserved communities.

3 Current Focus

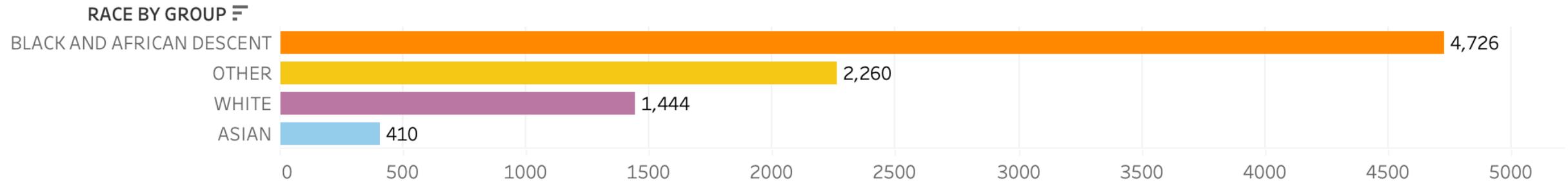
Continual Screening Tracking outcomes and ensuring patients with abnormal results receive downstream care.

4 Addressing Disparities

Addressing disparities in follow-up care and treatment access
With a focus on *Shared Decision Making (SDM)*.



MU - Patients Grouped by Race



Robert F. Smith Mobile Prostate Cancer Screening Initiative

2ND ANNUAL
CAR SHOW 
Prostate Cancer Awareness

CHJI
HE PPHUNT NEWS & EN. INC.
STAND UP TO PROSTATE
CANCER

WE FIND A WAY
Mount Sinai
Mobile Prostate
Cancer Screening

**CAR REGISTRATION
STARTS AT 9AM**

**PSA SCREENING
WILL BE AVAILABLE ON SITE**

**OPEN TO
VEHICLES OF
ALL AGES!**

JULY 24@10AM-4PM
SUGARLOAF PERFORMING ARTS CENTER
1351 KINGS HIGHWAY
CHESTER NY 10918

www.chjiss.org
CONTACT CHJI - SUPPORT SERVICES (877) 245-4227 FOR MORE DETAILS





Changing the Narrative

1

Current Approach

Screening focuses on detecting all prostate cancers, including indolent ones.

2

Challenge

Many diagnosed cancers would never become lethal, leading to leading to overtreatment.

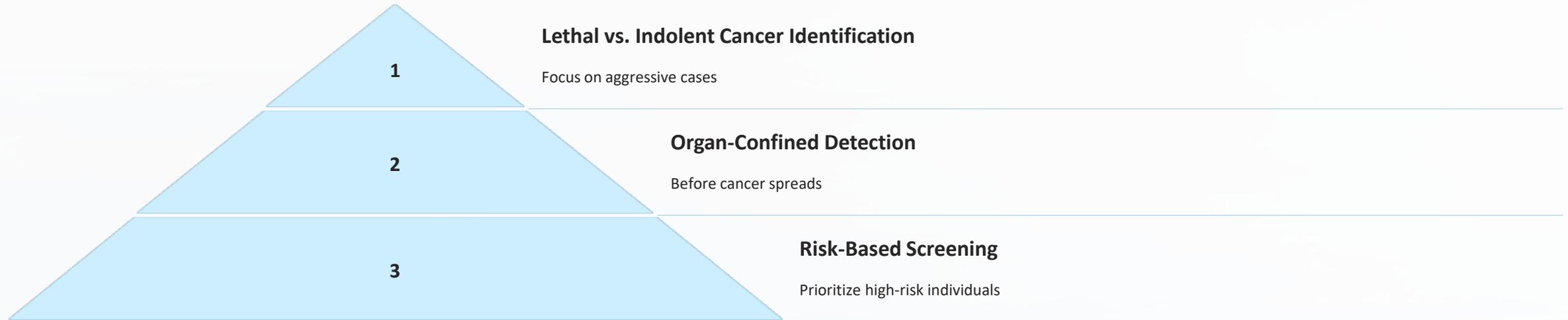
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New Direction

We need to screen for lethal prostate cancer, not just any prostate prostate cancer.



Rethinking the Screening Approach



Targeted Screening Strategies:

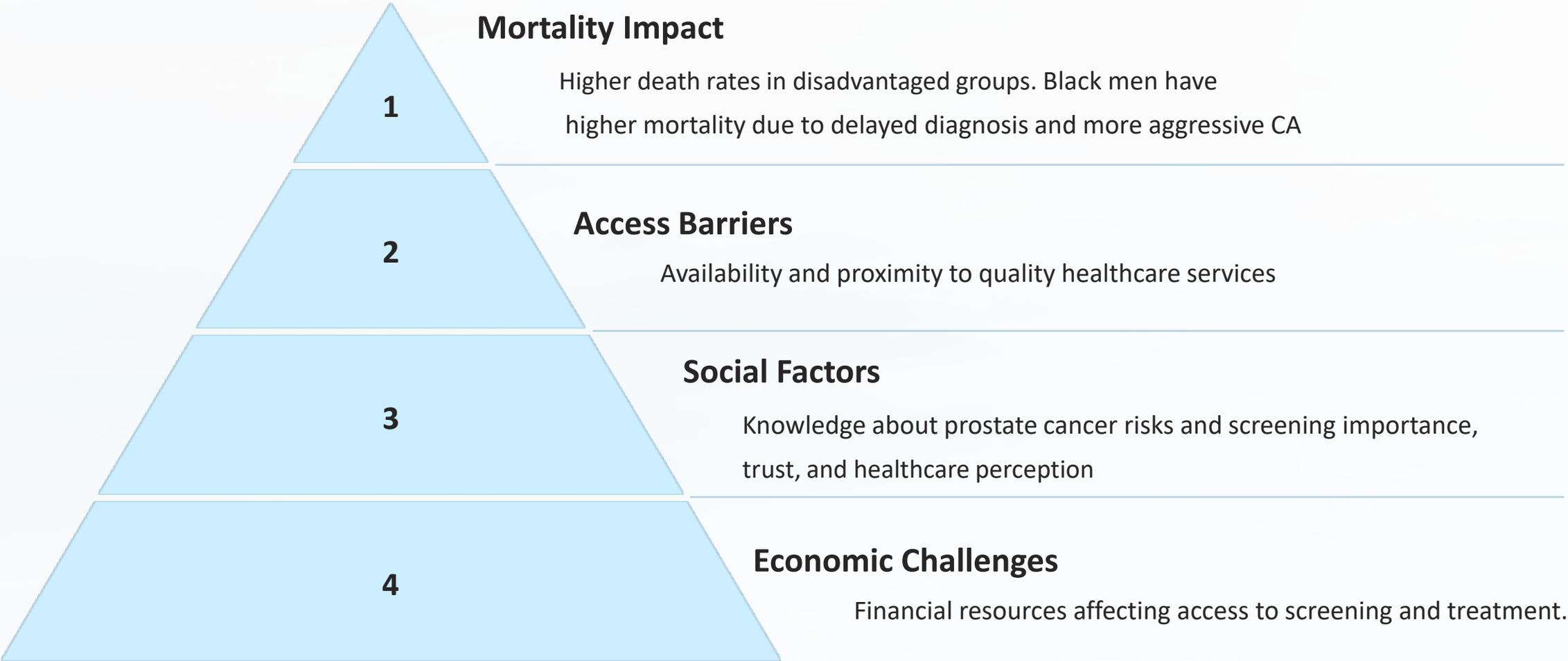
Risk-Based Screening: Prioritize **high-risk individuals** based on:

- **Race** (Black men have higher mortality risk)
- **Age** (incidence increasing in younger men)
- **Family history & genetics**
- **Comorbidities** (diabetes, hypertension, obesity, metabolic syndrome)
- **Lifestyle factors** (diet, smoking, exercise, environmental exposures)

Screening Differentiation:

- Identify **lethal vs. indolent** cancers
- Focus on **organ-confined** cancer before it spreads
- Screen those who, due to socioeconomic factors, may **develop lethal cancer** due to lack of follow-up or healthcare access

Socioeconomic Determinants



Current Screening Limitations

1 Traditional Approach

Currently, screening decisions rely mainly on age, age, race, and family history.

2 Engagement Gap

There are still significant at-risk risk men remain unscreened. unscreened.

3 Access Barriers

Many men lack convenient access to screening facilities or knowledge knowledge about their risk.



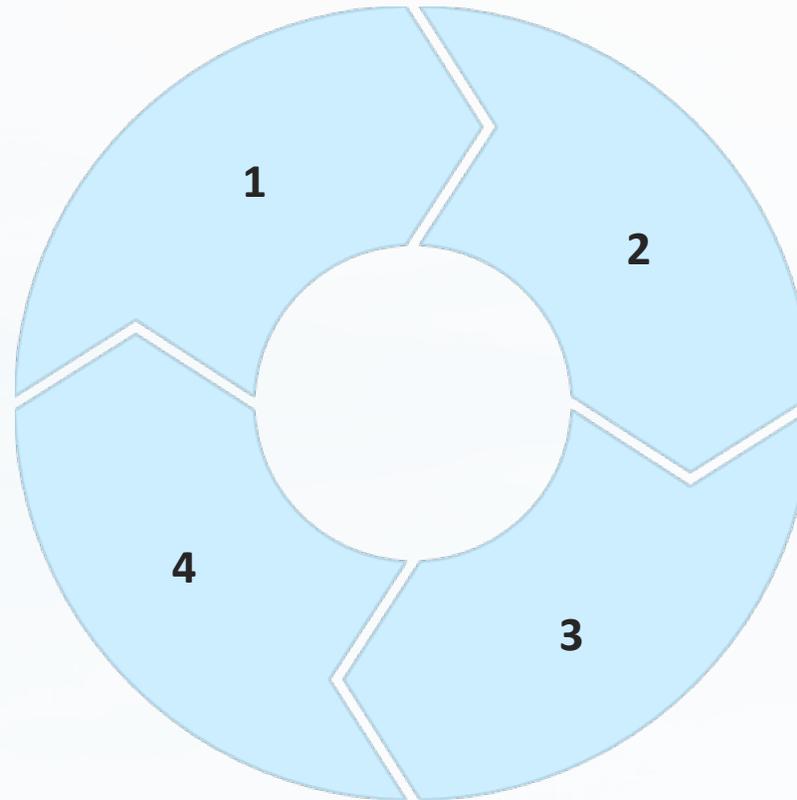
Mortality-Adjusted Screening

Identify Risk Factors

Focus on factors linked to lethal cancer, not cancer, not just diagnosis.

Target Interventions

Develop strategies specific to high-risk risk populations.



Map Mortality

Create zip code maps of mortality rather than just incidence.

Link Biomarkers

Connect PSA, genomics, and other markers markers to mortality outcomes.

Example in Prostate Cancer Screening

•**Without Mortality Adjustment:** PSA screening finds more cases of prostate cancer, and survival rates improve—but this could be due to **earlier detection**, not because screening prevents death.

•**With Mortality Adjustment:** It evaluates whether PSA screening **actually reduces the number of men dying from prostate cancer**, considering that some may die from **other causes** before the cancer becomes life-threatening. <https://pmc.ncbi.nlm.nih.gov/articles/PMC8170538/>

Innovative Outreach Strategies



Mobile Units

Mobile screening units can reach underserved communities and make testing more accessible. These units can be matched with patients' geolocations through the Digital PSA app.



Mobile Phlebotomists

Phlebotomists on bikes can provide blood collection services directly to patients' homes, especially effective in urban areas where mobile vans may be less practical.



Digital Engagement

The Digital PSA app can inform users about nearby clinics, upcoming mobile unit visits, and provide ongoing health monitoring through integration with wearable devices.



At-Home Testing

Future innovations may include mail-in testing strips that collect skin exosomes, allowing for preliminary screening without a clinic visit.

These innovative approaches aim to remove barriers to screening by **bringing services directly to at-risk Men**

By making screening more convenient and accessible, we can reach the estimated 50 million men who currently don't get tested.
tested.

Future Innovations

1

Digital Risk Assessment

Current Focus: AI-powered risk calculator based on multiple factors.

2

Wearable Integration

Future: Integrate Apple Watch data to monitor stress and other health factors.

3

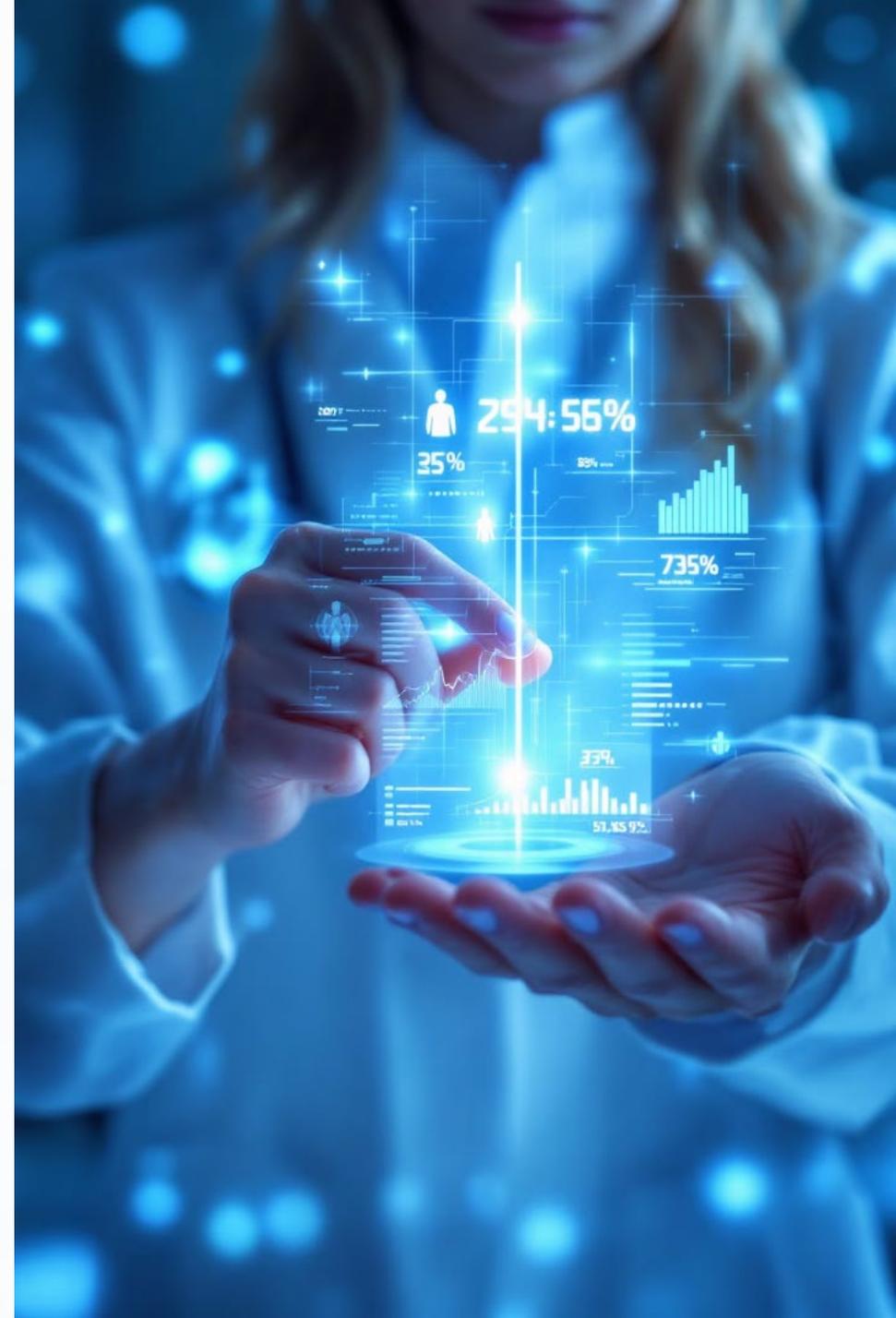
Non-Invasive Testing

Vision: Saliva, breath, retinal scans, or skin samples for initial screening. Increase motivation and Compliance for Screening.

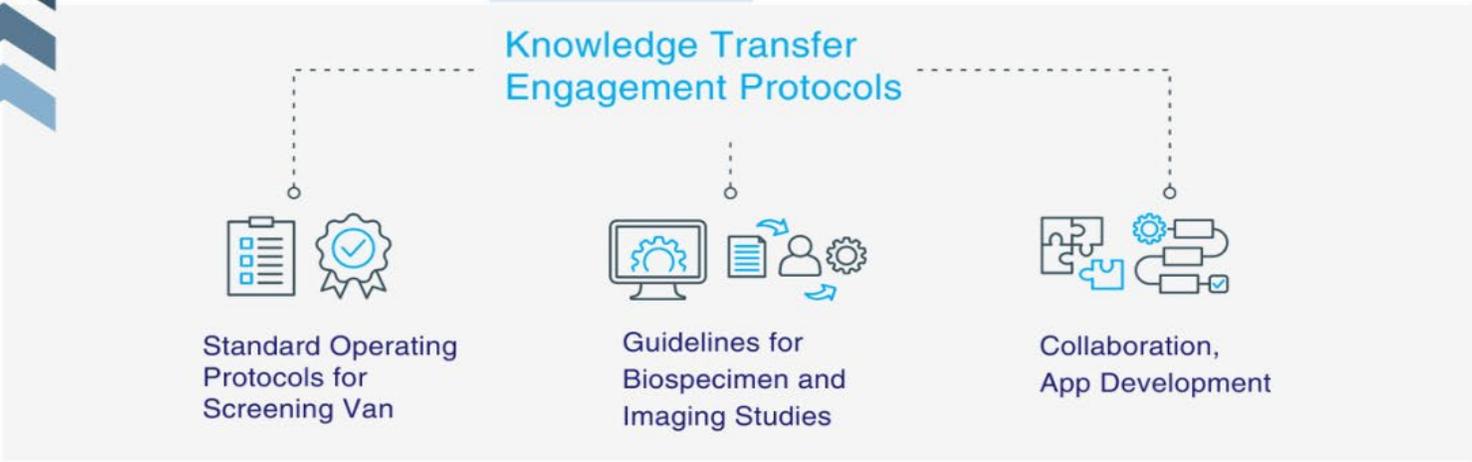
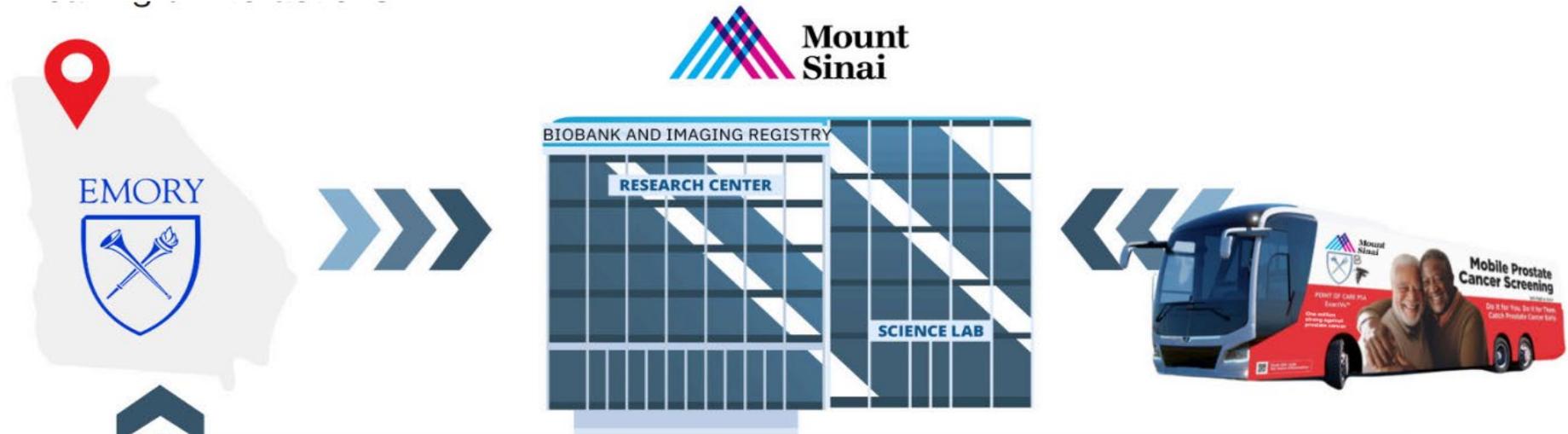
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Comprehensive Health Screening

Ultimate Goal: Expand beyond prostate to other cancers and conditions.



Million Strong Against Prostate Cancer



The Million Strong Initiative Vision for the Future



Targeted Screening

Focus on finding lethal, organ-confined cancers in high-risk populations through improved risk assessment tools and accessible screening methods

Impact of screening, diagnosing high-risk cancer

AI-Enhanced Surveillance

For Men with low -risk prostate cancer, implement AI-driven monitoring systems to track disease progression with minimal patient burden.

Lifestyle Interventions

- Integrate lifestyle and dietary guidance for patients under surveillance to potentially slow disease progression and improve overall health outcomes.
- **Men's Health App**
- Utilizing APPs

Global Reach

Expand the initiative to reach a million men globally, ensuring more individuals benefit from early early detection of lethal prostate prostate cancer through Global Partnerships: New York, Atlanta, India ...

The Million Strong initiative aims to transform prostate cancer screening and surveillance globally. By focusing on finding the right cancers at the right time, we at the right time, we can significantly reduce the 395,000 annual deaths while minimizing overtreatment and anxiety for those with indolent disease starting at indolent disease starting at home.

Media Coverage

Due to its community-focused approach, The Mount Sinai Robert F. Smith Mobile Prostate Cancer Screening Unit has garnered media coverage. Here are some of the media outlets where it has been featured.

Early Testing Could Save Men From the 'Silent Killer,' Mount Sinai Doctor Says

Newsweek

[Learn more](#)

Mount Sinai aims to address prostate cancer statistics with mobile screenings

CBS NEWS NEW YORK

[Learn more](#)

Mount Sinai brings cancer screenings to patients with mobile van

SPECTRUM NEWS NY 1

[Learn more](#)



Preventing Prostate Cancer, On Wheels



[Learn more](#)



Push-Up for Prostate Cancer Challenge



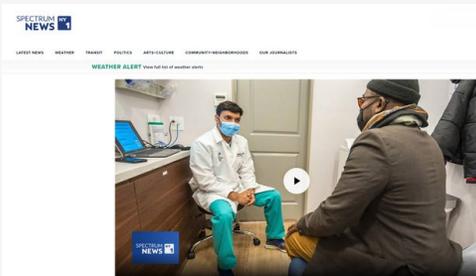
[Learn more](#)



Mt. Sinai launches first ever mobile prostate cancer unit in the US



[Learn more](#)



**Do It for You.
Do It for Them.
Catch Prostate
Cancer Early.**



mountsinai.org/urology

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Access our brochures



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Mobilizing Community Awareness and Education: The Dolphins Cancer Challenge (DCC)

*University of Miami
Health System*

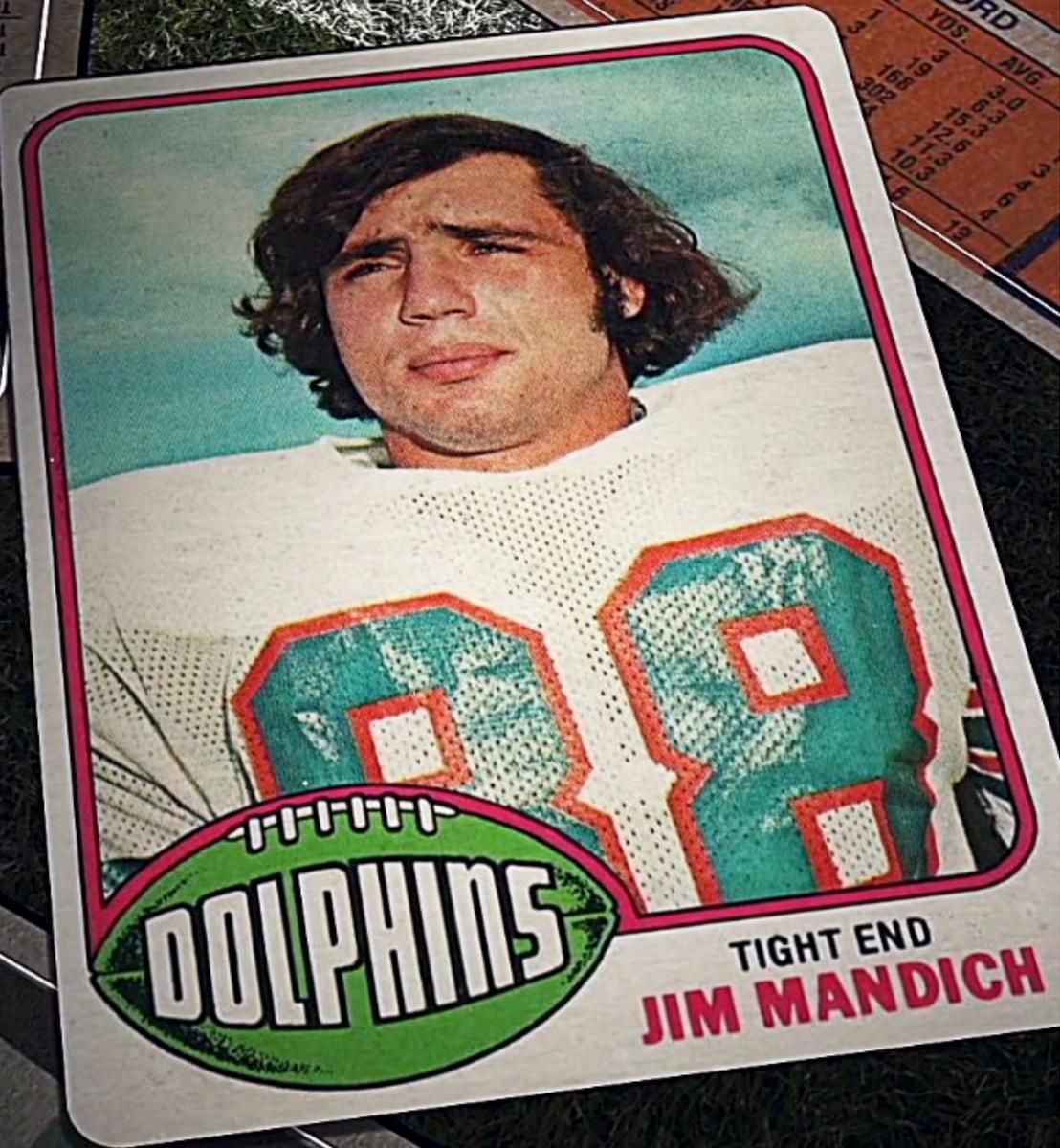


Shawn McGee

15 YEARS OF DCC

2025





DCC was founded in 2010 to honor former Dolphins' player **Jim "Mad Dog" Mandich**, as he battled cancer.



The annual event that has become the **#1 fundraising** event in the NFL.



The DCC fuels research at the University of Miami's **Sylvester Comprehensive Cancer Center**.

DCC / BY THE NUMBERS

\$89M+

Raised

1M+

Miles Conquered

#1

NFL Fundraiser

DCC
XV

\$14M+

Raised

7,300+

Participants

340+

Teams

SYLVESTER

BY THE NUMBERS

1st

AND ONLY, NCI-DESIGNATED
CANCER CENTER IN SOUTH FLORIDA

3,390+

PHYSICIANS AND SCIENTISTS
DEDICATED TO CANCER CARE AND RESEARCH

410+

CLINICAL STUDIES UNDERWAY WITH 2,870+
INDIVIDUALS PARTICIPATING

11

TREATMENT FACILITIES
ACROSS SOUTH FLORIDA

Centering Community Expertise: Bronx Oncology Living Daily (BOLD) Program

Montefiore Medical Center



Alyson Moadel-Robblee, PhD



Montefiore Einstein

Comprehensive Cancer Center

An NCI-Designated Comprehensive Cancer Center

The Bronx Oncology Living Daily (BOLD) Program: A Community-driven Navigation Model

Alyson Moadel-Robblee, Ph.D.

Founding Director, BOLD Cancer Wellness Program

Deputy Director, Community Engagement & Cancer Health Equity



Setting: Bronx, NY

Population:	1.4 million
Poverty:	31%
Race/Ethnicity:	
• Hispanic	57%
• Black	44%
Foreign born:	34%
Common Ancestries:	
• Dominican	(22%)
• Puerto Rican	(20%)
• West Indian	(8%)
• Mexican	(6%)
• Jamaica	(5%)
• Sub-Saharan African	(5%)
Non-English as primary lang:	56%
Single-person households:	32%



U.S. Census Bureau Quickfacts: Bronx County, New York, www.census.gov/quickfacts/fact/table/bronxcountynewyork/PST045223. Last updated in 2023. Accessed 23 May 2024.

Statistical Atlas, <https://statisticalatlas.com/county/New-York/Bronx-County/Ancestry>, Last updated in Sep 4, 2018. Accessed 23 May 2024.

Cancer Burden & Disparities

High Incidence, late stage diagnosis, and/or mortality:

- Prostate
- Breast
- Lung
- Liver
- Colorectal
- Cervical
- Multiple Myeloma
- AML/MDS (blood cancers)



Psychosocial/QoL Burden after Cancer

- ❖ Physical
 - Pain/fatigue
 - Disfigurement/Disability
- ❖ Emotional
 - Depression/Anxiety
 - Re-traumatization
 - Body image distress
- ❖ Social
 - Loss of roles/agency
 - Loneliness
 - Stigma
 - Medical mistrust
 - Financial toxicity

Risk Factors

Risk Factors for Increased Cancer Burden

Bronx is # 62 of 62 counties in health factors including:

- Obesity
- Asthma
- Food insecurity/houselessness
- Population density
- Air pollution
- Crime
- Limited green space
- Lower physical activity

31% living at poverty line



**“There is no power for change
greater than a community
discovering what it cares about”**

Margaret J. Wheatley





Psychosocial Needs Assessment 2008-2024 (n=3,800)

- Population
 - Bronx oncology outpatients, Provider- or Self-referred

Ethnicity: 44% Latino, 36% African American, 14% white, 6% Other

Language: 79% English; 21% Spanish **Age:** 59 yrs old; range 18-100yrs

Gender: 80% female; 20% male **Time/dx:** 2 M years; range 0-54 years

Diagnosis: 39% breast; 14% gynecologic; 9% hematologic;
8% colorectal; 7% lung; 3% prostate (19% dx unspecified/other)

Moadel-Robblee A, Kolidas E, Rainone F, Blank A. Survey of Oncology Symptoms (SOS) Among a Low-income, Ethnically Diverse Cancer Patient Population in New York City: Validation of a Brief Symptom Checklist. *Accepted for presentation at the Annual Meeting on Supportive Care in Cancer*, Copenhagen, Denmark, June, 2015.

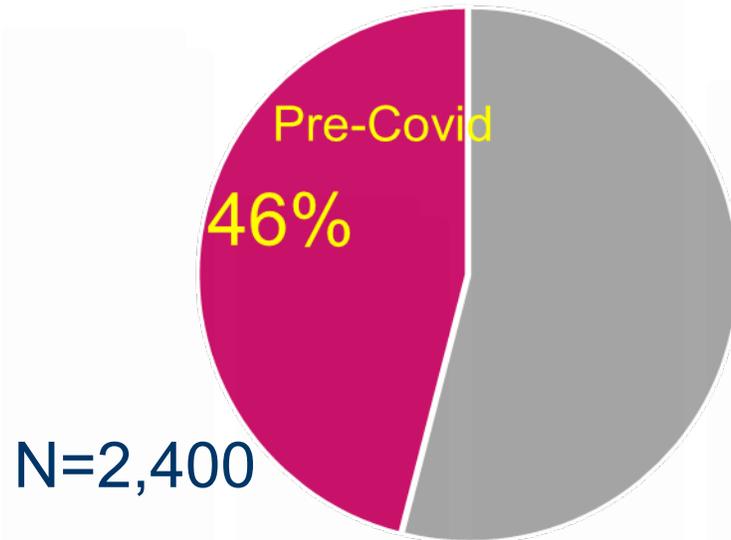
Psychosocial Needs Assessment

- **Distress Screening**
- **Social determinants of Health**
- **Medical Mistrust**
- **Loneliness**
- **Interest in psychosocial support like:**
 - **counseling**
 - **complementary/integrative medicine**
 - **Peer support/navigation**

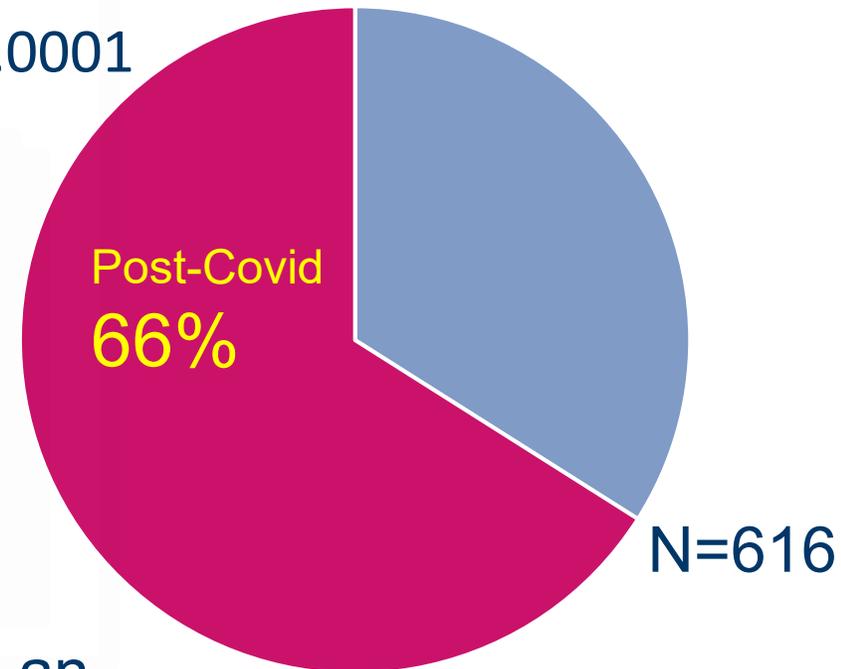
High levels of Distress reported by Bronx Cancer Patients (Pre/Post-COVID)



Clinical Distress > 4



$p < .0001$



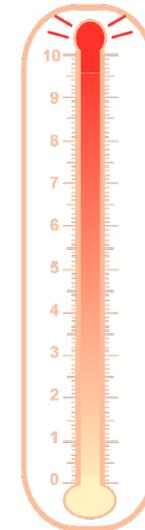
*Previous studies have found an average prevalence of 39% of clinical distress based on the DT

Mitchell AJ, JCO, 2007



Contributors to Distress (P<.001)

	High Distress	Low Distress
Housing/Insurance/ Transportation	24%-36%	11%-15%
Partner/Children	18%	7%
Worry/Sadness/Depression/Nervous	67%-83%	16%-32%
Spiritual Concerns	13%	6%
Pain/Fatigue	65%-70%	32%-34%
Sleep problems	67%	31%
Tingling in hands/feet	50%	33%



Moadel-Robblee, A. Association of Community Cancer Centers (ACCC)
National Oncology Conference, Oct 2023



Social Determinants of Health



- **Ability to live on household income now**
 - 29% Very/Extremely difficult
- **Not enough to eat**
 - 22% Sometimes
 - 6% Often
- **Anticipated hardship in housing/food/medical care in next two months**
 - 24% very to extremely difficult
- **Work became risky: 28%**
 - 6% reduced hours or furloughed
 - 6% stopped working

Medical Mistrust



- People of my ethnic group receive the same medical care from doctors and HCWs as people from other groups
 - 20% Disagree
 - 22% Neutral

- I have personally been treated poorly or unfairly by doctors or HCWs because of my ethnicity
 - 12% Agree
 - 9% Neutral

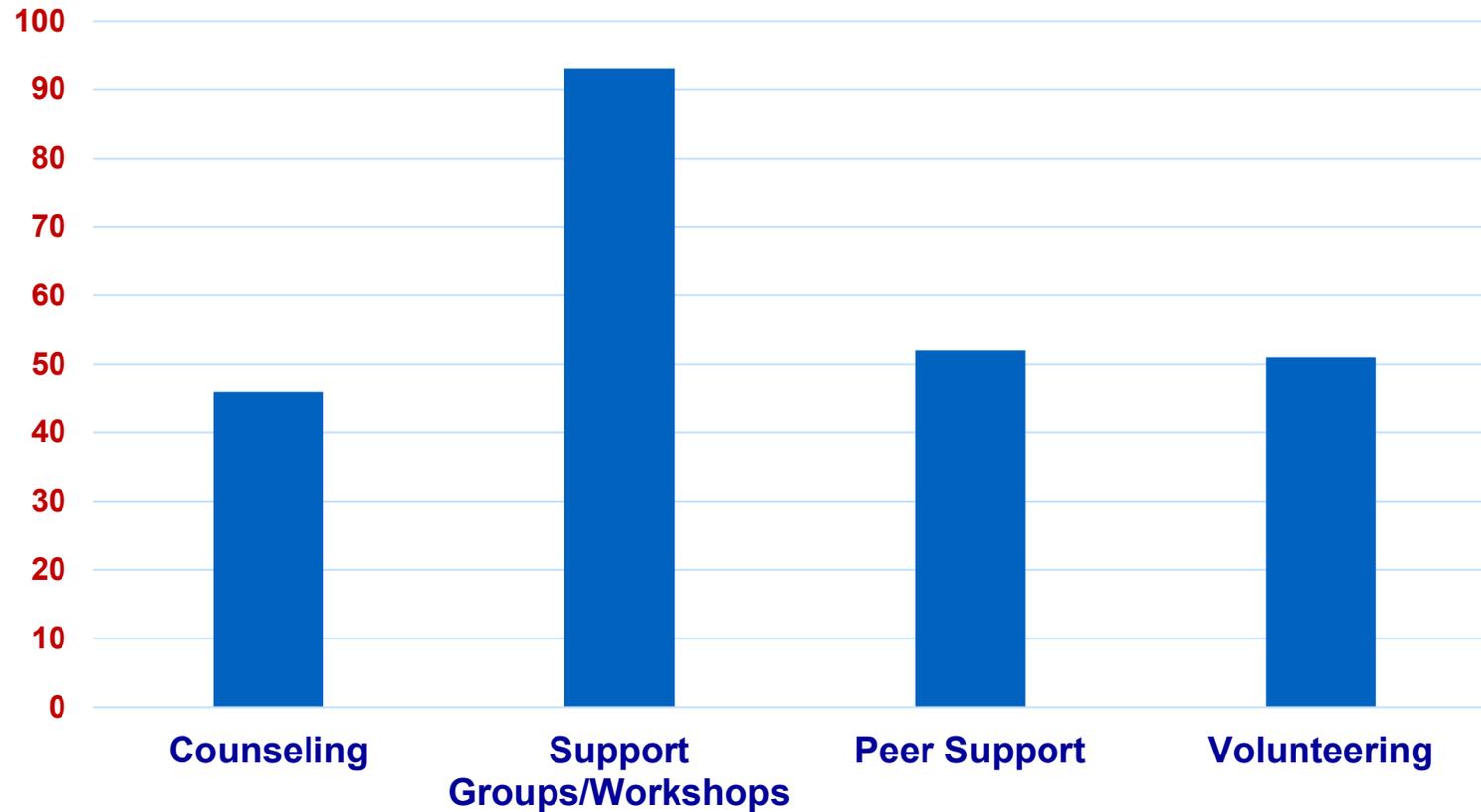
Isolation/Loneliness



- **live alone**
 - **22%**
- **“I miss having people around”**
 - **42%**
- **“There are many people I can rely on when I have problems**
 - **14% No**

Psychosocial Needs Endorsed

N=622



BOLD WELLNESS WORKSHOPS

These workshops aim to foster a sense of community and connection. Held at the newly opened BOLD Cancer Wellness Center in the Bronx, we offer workshops on a weekly or monthly basis. Some popular workshops include:

CREATIVE ARTS

- Paint Club
- Conversational Spanish
- Telling Your Life Story (Writing workshop)
- Crochet
- Book Club

MIND/BODY WORKSHOPS

- Yoga
- Meditation
- Reiki
- Stress Management
- Spiritual Infusion Sessions

BOLD WELLNESS EVENTS

Throughout the year, we host beauty days, games, giveaways, raffles, food, and fun to celebrate life, love, holidays, and self-care.

NUTRITION/PHYSICAL ACTIVITY

- Diabetes Prevention Education
- Dance/Fitness
- Nutrition/Cooking Class

EDUCATIONAL PROGRAMS

- Our educational programs cover a wide range of topics, including Body Image, Relationship/Intimacy, Returning to Work, Life After Cancer, Spirituality, Managing Treatment Side Effects, Communicating Your Needs, and more.

Services may be virtual, in-person or hybrid!

What is BOLD?

BOLD Living is an integral part of Montefiore Einstein Comprehensive Cancer Center's dynamic **Community Outreach and Engagement program**. This psychosocial and Integrative Oncology initiative arose from patient and community input, highlighting the demand for an outpatient wellness and support program accessible to all those affected by cancer in the Bronx. This encompasses Montefiore patients, family members, caregivers, and individuals under care elsewhere. Everyone is invited, and all services are offered **free** of charge.

Our dedicated psychosocial team collaborates closely with the primary oncology team and other sub-specialties as necessary to design services and connections that address the emotional, physical, and spiritual needs of our patients and the broader cancer community.

Through a multidisciplinary approach, mind-body practitioners, mental health specialists, trained interns, and cancer survivor volunteers unite to offer a comprehensive and inclusive array of services in both English and Spanish.



Center of Excellence



BRONX ONCOLOGY LIVING DAILY



A CANCER WELLNESS INITIATIVE FROM THE PSYCHOSOCIAL AND INTEGRATIVE ONCOLOGY PROGRAM

WHERE MIND, BODY, AND SPIRIT ARE NURTURED.

Montefiore Einstein
Comprehensive Cancer Center



BOLD Buddies – Peer Navigators

- The B.O.L.D. Buddies provide peer support, treatment companionship, cancer experience navigation, shared understanding, inpatient bedside visits, and community outreach support



Impact of BOLD engagement on Loneliness in 67 breast cancer patients

p=0.017

Did the patient engage in services?	N	Mean Loneliness change score over 3 mos	Standard Deviation	Standard Error Mean
No	34 (~50%)	0.5294	2.64272	0.45322
Yes	33 (~50%)	-.9697	2.35166	0.40937

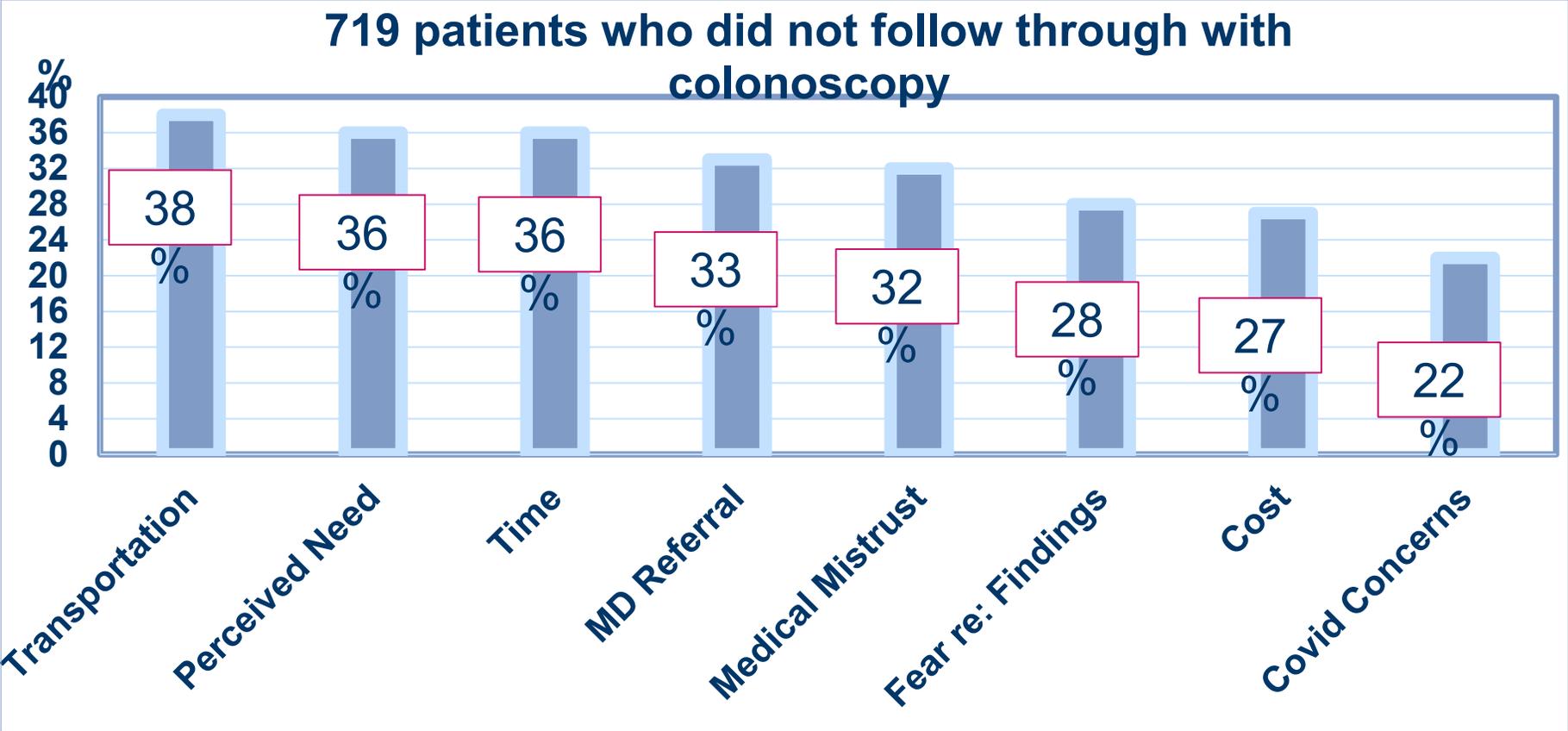
- Those who did not engage in psychosocial services demonstrated a 9% increase in loneliness, those who did engage saw an average 16% decrease in loneliness scores.

Impact of Peer Navigation

- NEED: 47% of patients express interest in a BOLD Buddy
- REACH: 301 cancer patients over pandemic
- SATISFACTION: 89% of patients rate Buddy support as *very much to extremely beneficial* to their care
- **Key areas of benefit (endorsed by patient):**
 - 81% - Buddy helps in reducing distress and isolation
 - 63% - help in communicating with health care team about treatment side effects and medical issues
 - 57% - helps in trusting medical care & recommended treatments
 - 46% - helps in adhering to appointments & treatment

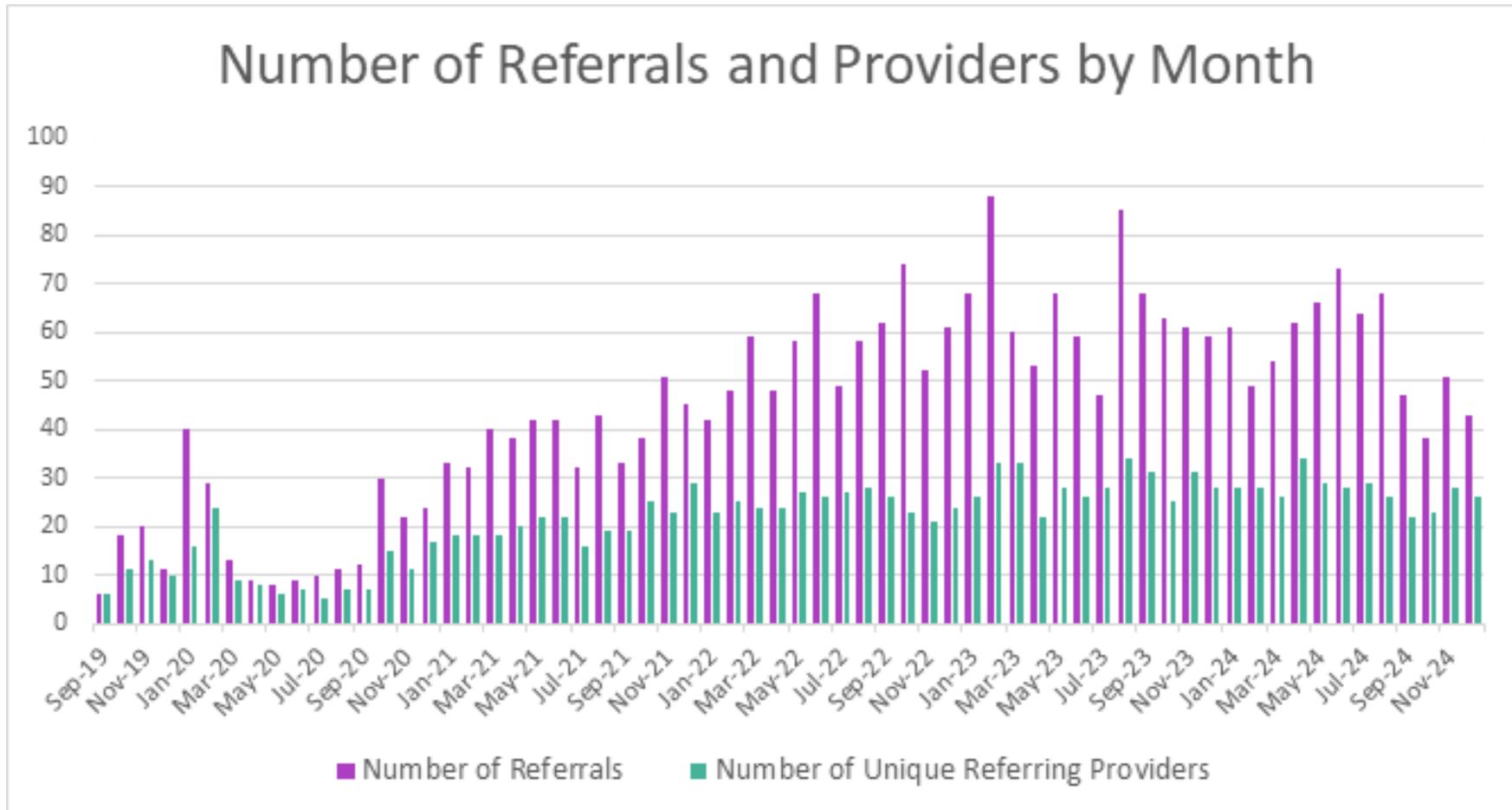


Barriers to Cancer Screening



Peer navigation in EPIC workflow

(Sept 2019 - Dec 2024)



Take Home Points - Peer Navigation adds to Nurse/Lay navigation



- Enhances trust in medical system/providers
- Enhances self-reported medical adherence
- Reduces loneliness
- Reducing psychological distress

Offers:

- Support community
- Trusted guide to the health care system
- Role modeling of health activation
- Shared lived experience
- Advocacy



It takes a Village



Contact Us



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<https://cancer.montefioreeinstein.org/bronx-oncology-living-daily>



www.Facebook.com/BOLDProgram



<https://www.instagram.com/boldlivingprogram/>



https://twitter.com/BOLD_program



<https://tinyurl.com/boldpgmvideo>

Discussion and Q&A

Thank You!

Please take 30 seconds to provide your feedback on this webinar.



*We Power our Community
to Drive Health Forward*

How We Power

Peer Learning

Talent & Development

Data & Insights

Alliances

Who We Power

Leading Health Systems and Beyond

The ~150 innovative integrated delivery networks with \$2B+ in operating revenue and the next 400+ forward-leaning health systems

Industry Partners

Industry innovators, from early stage to Fortune 50 organizations, that are working alongside health systems to drive health forward

1,600+

LHS Executive Relationships

450+

LHS C-suite Members

150+

Innovative Industry Members