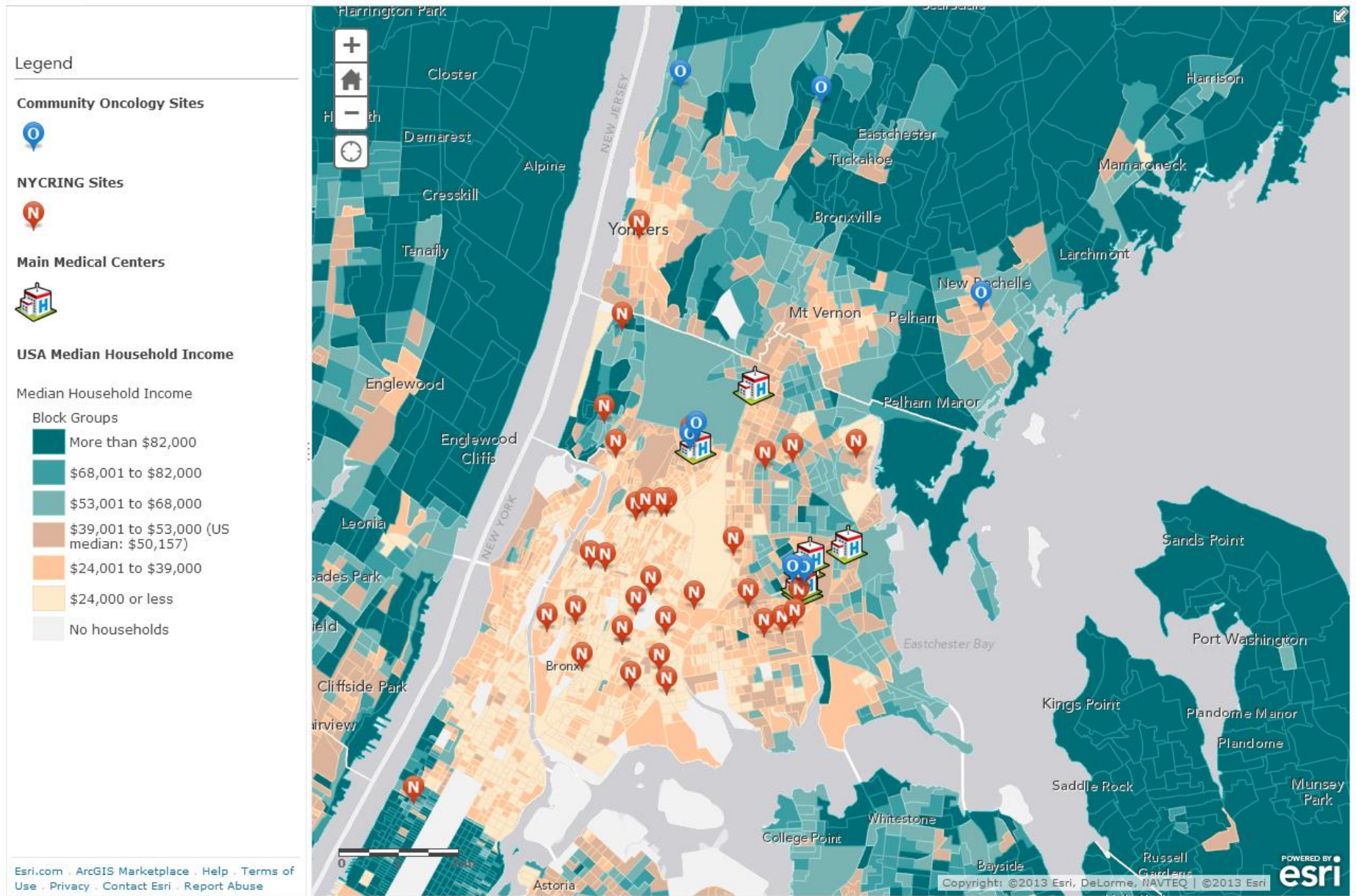


# Dynamics of Trust, Health Information Seeking and Access in Bronx Communities

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# Location of Montefiore Medical Center-Einstein Minority-Based NCORP Component and Subcomponent Clinical Sites, Plotted against Median Household Income (2012 Data)



# Demographics of the Bronx

1.4 Million Residents

The poorest urban county in the U.S.

54% Latino

33% African American

34.7% Foreign Born

- Countries of Origin: Dominican Republic, Jamaica, Mexico, Ecuador, Guyana, Ghana, Honduras, Italy, Trinidad & Tobago, Bangladesh

# Health Status of Bronx Residents

Diabetes: 15.2% of adults

Asthma: 17.9% of adults

HIV/AIDS: 635.1 per 100,000

Depression: 15.3% of adults

Obesity: 32% of Bronx Adults

Smoking: 15.8% adults are current smokers

60<sup>th</sup> Highest Mortality out of 62 NY Counties

- Leading Cause of Death: Coronary Heart Disease

# Cancer in the Bronx

Despite lower incidence, breast cancer mortality was higher than NY City and State

- Of ~4000 women per year requiring further testing after screening mammography at Montefiore, ~600 are lost to follow-up

Colonoscopy rates average around 70%

- 40% of colon cancer treated at Montefiore is diagnosed in the ED

Prostate cancer mortality rate per 100,000 is higher in the Bronx (30.3) vs. NY State (21.3)

Bronx men have particularly high rates of lung and oropharyngeal cancers

# Definition of Albert Einstein Cancer Center's Catchment Area

Montefiore's tumor registry covers cancer patients diagnosed and/or treated at Bronx locations

These cancer patients comprise the denominator for our therapeutics program

More than 85% of discharges from Montefiore Hospitals are Bronx residents





# Study Aims and Methods

**To compare the completeness, quality and relative biases of cancer information-seeking and health behavioral data obtained using different survey strategies**

- 500 community-based recruitment through Montefiore events in Bronx communities
- 500 recruited on-line and administered surveys through the Montefiore patient portal
- Cancer information seeking - Who and what sources of information do patients trust?
- Risk factors and adherence to age and gender appropriate screening
- Comorbid illness and Health-Related Quality of life

**To address priority questions regarding health and delivery of care in the Bronx**

- “Dynamics of Care” assessment of information seeking over an episode of care
- Relate to extent of emergency room use
- Subgroup analyses of cancer survivors, chronic disease patients and family caregivers

**To conduct a social area analysis based on Bronx neighborhood-level data**

- Community demographics
- Aggregate health statistics
- Access to local health services and resources
- Physical, structural and social ecological features related to health access



# Dynamics of Care Assessment

Problem Definition: Resolution; Onset; Diagnosis

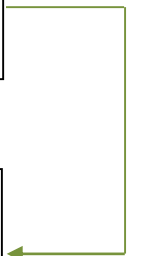
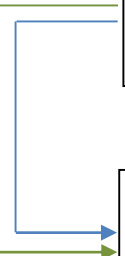
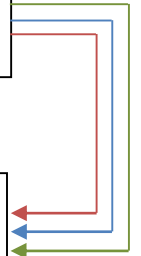
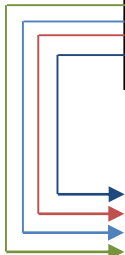
Help Seeking Status: **In Care** **Seeking** **Thinking** **Not Consider**

Barriers to Seeking Care: Stigma; Knowledge; Denial; Fear

Identifying Service Network: Within and Outside Montefiore

Initiating Care: Referrals; Time Involved; Interference

Processes of Care: Coordination; Communication; Satisfaction



# Adjusting Core Measures to the Bronx Community

List of providers now include “Urgent Care Centers” and “Clinics in Pharmacies”

Added a question about gender identity

Reworked and streamlined ethnicity and race questions to correspond to Bronx demographics


Included questions regarding prostate cancer

Expanded tobacco use questions to address eligibility for lung cancer screening

Added section to identify health conditions

# Rethinking Community Recruitment

Street Intercept methods could be very threatening in our community at this moment




Alternative : Sample Montefiore community events (250+/year)

Street Fairs

Churches and schools

Senior centers

Homeless shelters and  
methadone programs



Ensuring that study team is identified as “belonging” in each setting will promote participation



Natural opportunities to offer feedback on study

# Preliminary Plans to Use Data to Inform Outreach and Interventions

Improve awareness of lack of CRC screening among Montefiore patients with comorbidities

Expand web and social media programs for tobacco cessation

Fulfill Commission on Cancer needs assessment and monitoring outreach requirements – factor data into program goals for several years

Set the stage for targeted interventions through the EPIC patient portal

Target programs and services to specific settings and events included in community recruitment

# Projected Timeline

