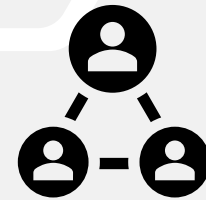


# WELCOME!

## While we are getting set up....

We would like to get to know our audience.



Please put your answer to the following questions in the chat.



Which organization are you affiliated with and  
what is your role?



**New York State**



**Cancer Consortium**

The Consortium recognizes the uncertainty that ongoing changes at the federal level is causing for organizations working in public health and human service. The Consortium remains committed to its mission to reduce the human and economic burden of cancer in New York State (NYS).

It's important to remind ourselves that the Consortium's work is deeply rooted in science and data, and we are dedicated to implementing our mission and the New York State Comprehensive Cancer Control Plan with diligence and care.

The Consortium is also committed to its vision that people concerned about cancer will work collaboratively to implement the Cancer Plan while respecting and embracing the cultural, demographic, and geographic diversity within NYS. In fact, it's the collaborative and diverse nature of this voluntary organization that is our strength.

On behalf of the Consortium's Steering Committee, as New Yorkers let's continue to support and lean on each other.

# Health Equity and Cancer: *Navigating the Complexities of the Cancer Care Continuum*

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May 15, 2025

11 AM – 12 PM



NYSCC QUARTERLY  
MEETING SERIES



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# Housekeeping

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Please mute your line.

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If you have a question, please type it in the Chat Box.

---

Questions will be answered after the panel discussion.

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This meeting is being recorded.

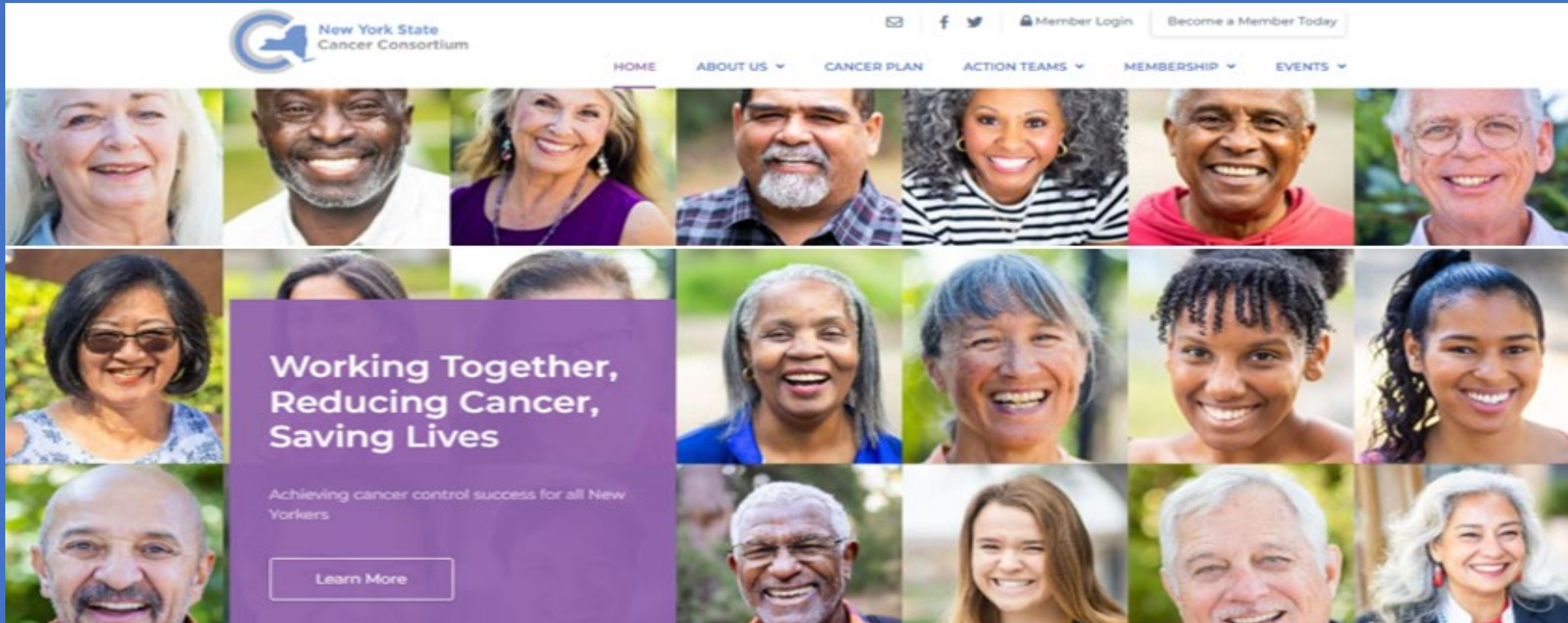
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A link to the recording will be e-mailed to everyone who registered.

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[www.nyscancerconsortium.org](http://www.nyscancerconsortium.org)



**We are New Yorkers from all walks of life who work together to  
reduce the burden of cancer.**

[Member Area | New York State Cancer Consortium](#)

# NYSCC Quarterly Meeting Series: Health Equity and Cancer

## *Upcoming Meetings*

- **Survivorship (Part 1)**  
Tuesday, September 16<sup>th</sup>, 11:00 AM to 12:00 PM
- **Survivorship (Part 2)**  
TBD

[Events | New York State Cancer Consortium](#)



# Pre-Meeting Poll



**Health Equity and Cancer:**  
*Navigating the Complexities of  
the Cancer Care Continuum*



# Session Objective:

- After participating in this session, participants will understand successful strategies that influence the development of inclusive solutions in cancer care, the crucial role of the Consortium in fostering collaboration among stakeholders and supporting research that emphasizes diversity. Our ultimate goal is to ensure equitable access to cancer resources for all.

# Meet Our Speakers



# Alyson Moadel-Robblee, PhD

## Health Psychologist, Professor of Clinical Epidemiology, and Founding Director of the BOLD Cancer Wellness Program

Montefiore Einstein Comprehensive Cancer Center (MECCC)

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Dr. Moadel-Robblee is also Deputy Director of Community Outreach & Engagement at MECCC, where her charge is to ensure our cancer center's clinical and scientific efforts to promote equitable and optimal cancer care from screening and clinical trials to survivorship are informed by the patient and residential community it serves. A major focus of her programmatic and scientific work is on the use of “extender” patient navigators, including peer and virtual, in-patient engagement efforts.



# Dr. Pia Banerjee

## Director, Cancer Innovation & Transformation

### American Cancer Society (ACS)

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As a globally recognized researcher, clinical neuropsychologist, and health technology executive, Dr. Banerjee has built and scaled digital health tools that impact tens of millions of individuals annually.

Before joining ACS, she served as Senior Vice President at Neuroglee Therapeutics, where she led worldwide teams in developing AI-enabled health solutions for patients, caregivers, and providers.

Dr. Banerjee's diverse career across industry, academia, and clinical care has directly shaped global clinical standards, with her research at St. Jude Children's Research Hospital recognized as one of the most impactful scientific achievements of the year.

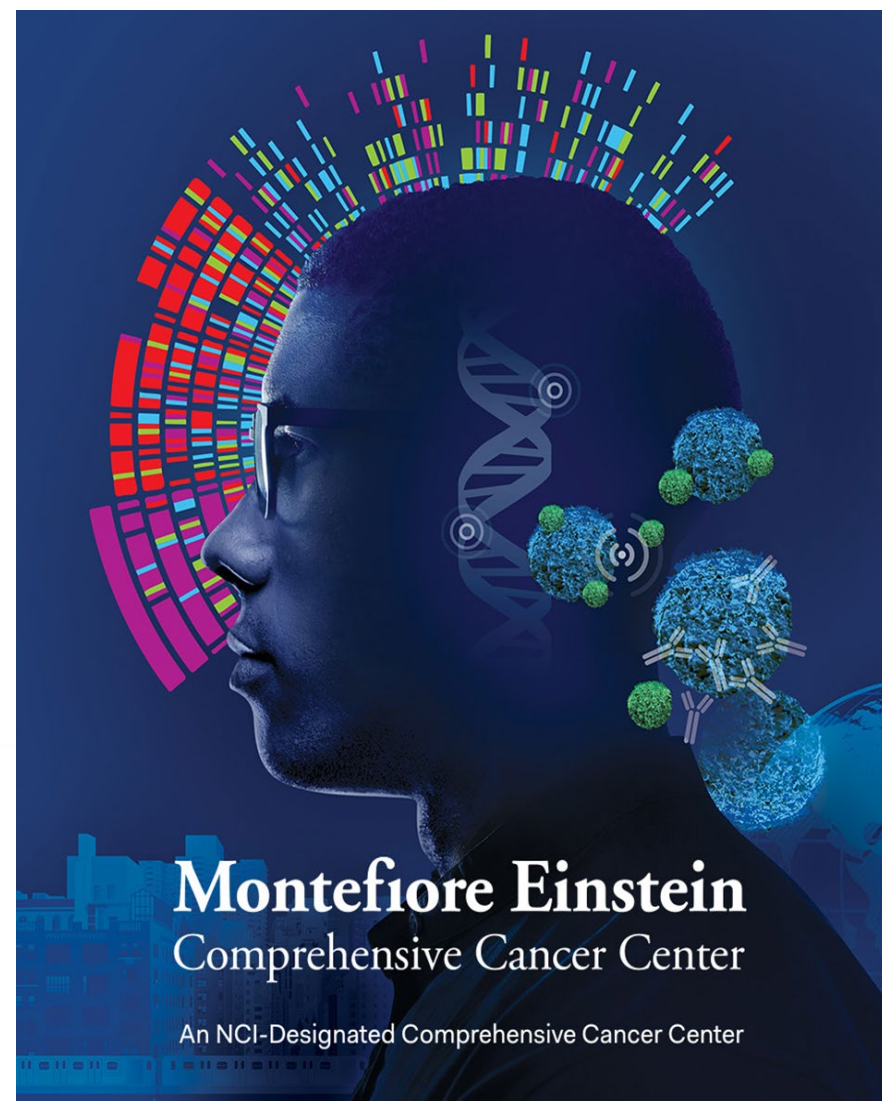
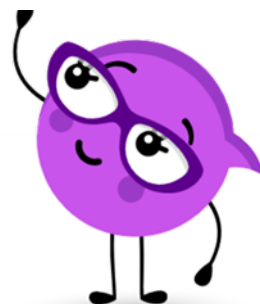
Dr. Banerjee completed her undergraduate degree at MIT, her Master's degree and PhD in Clinical Psychology at Washington University in St. Louis, and her postdoctoral fellowship at UCLA.





## Widening the Lens on Patient Navigation: Peer and Virtual Models In Action

Alyson Moadel-Robblee, Ph.D.  
Founding Director,  
BOLD Cancer Wellness Program  
Deputy Director,  
Community Outreach & Engagement  
NYSCC, Steering Committee Member



**Montefiore Einstein**  
Comprehensive Cancer Center

An NCI-Designated Comprehensive Cancer Center

**EINSTEIN**

Albert Einstein College of Medicine

**Montefiore**

# Overview

- **Describe a Peer Navigation Model that developed out of a cancer patient needs assessment**
  - Need, Impact, and Sustainability
- **Describe an AI-driven Patient Navigation initiative**
  - Conception, Impact, Future Directions

## 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](https://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

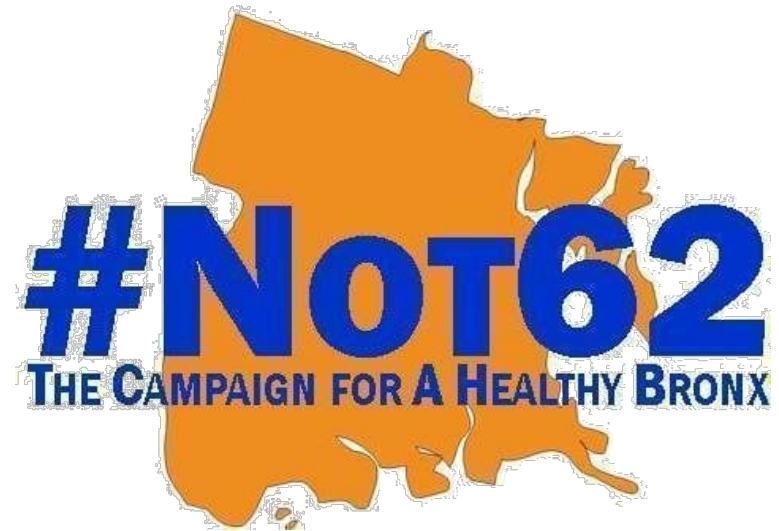
- Loss of roles/agency
- Loneliness
- Stigma
- Medical mistrust
- Financial toxicity

*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



**Albert Einstein  
Cancer Center**

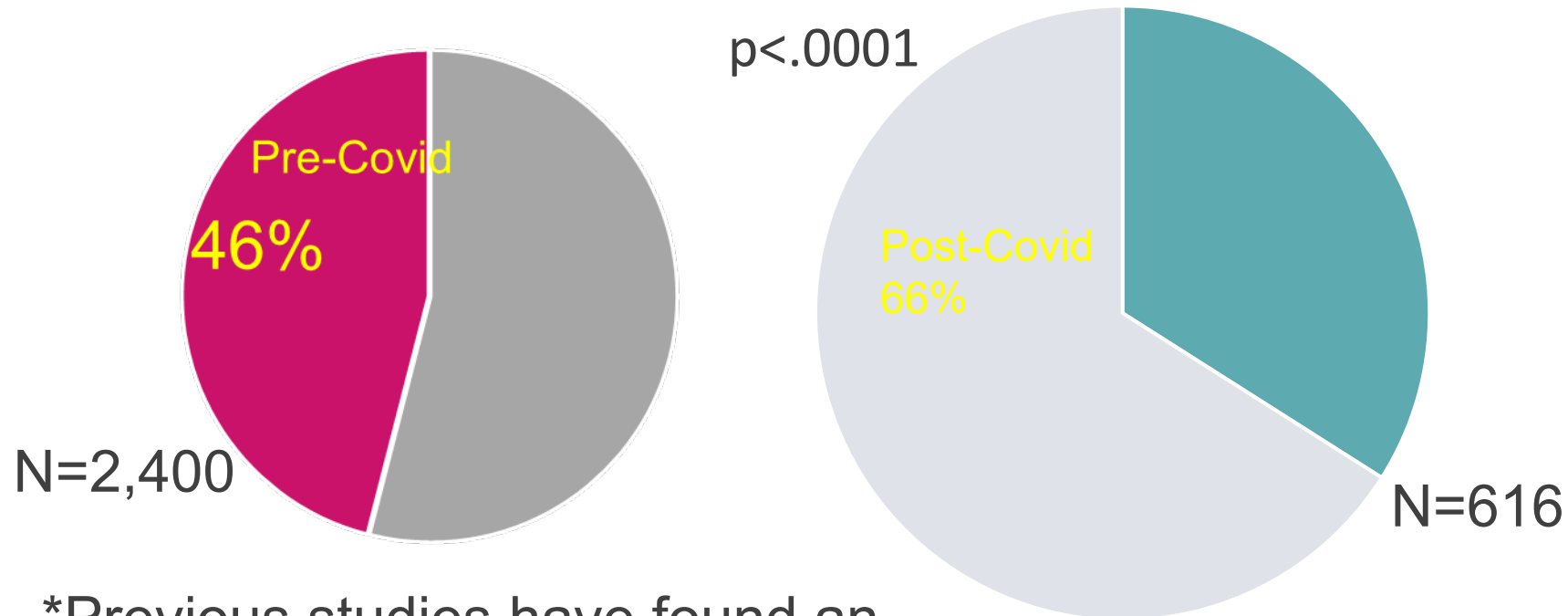




# High levels of Distress reported by Bronx Cancer Patients (Pre/Post-COVID)



**Clinical Distress > 4**

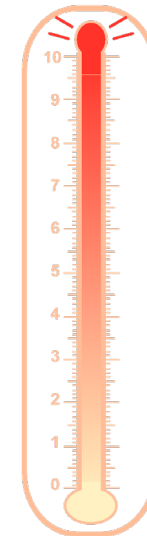


\*Previous studies have found an average prevalence of 39% of clinical distress based on the DT



## Contributors to Distress ( $P < .001$ )

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



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



# 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**

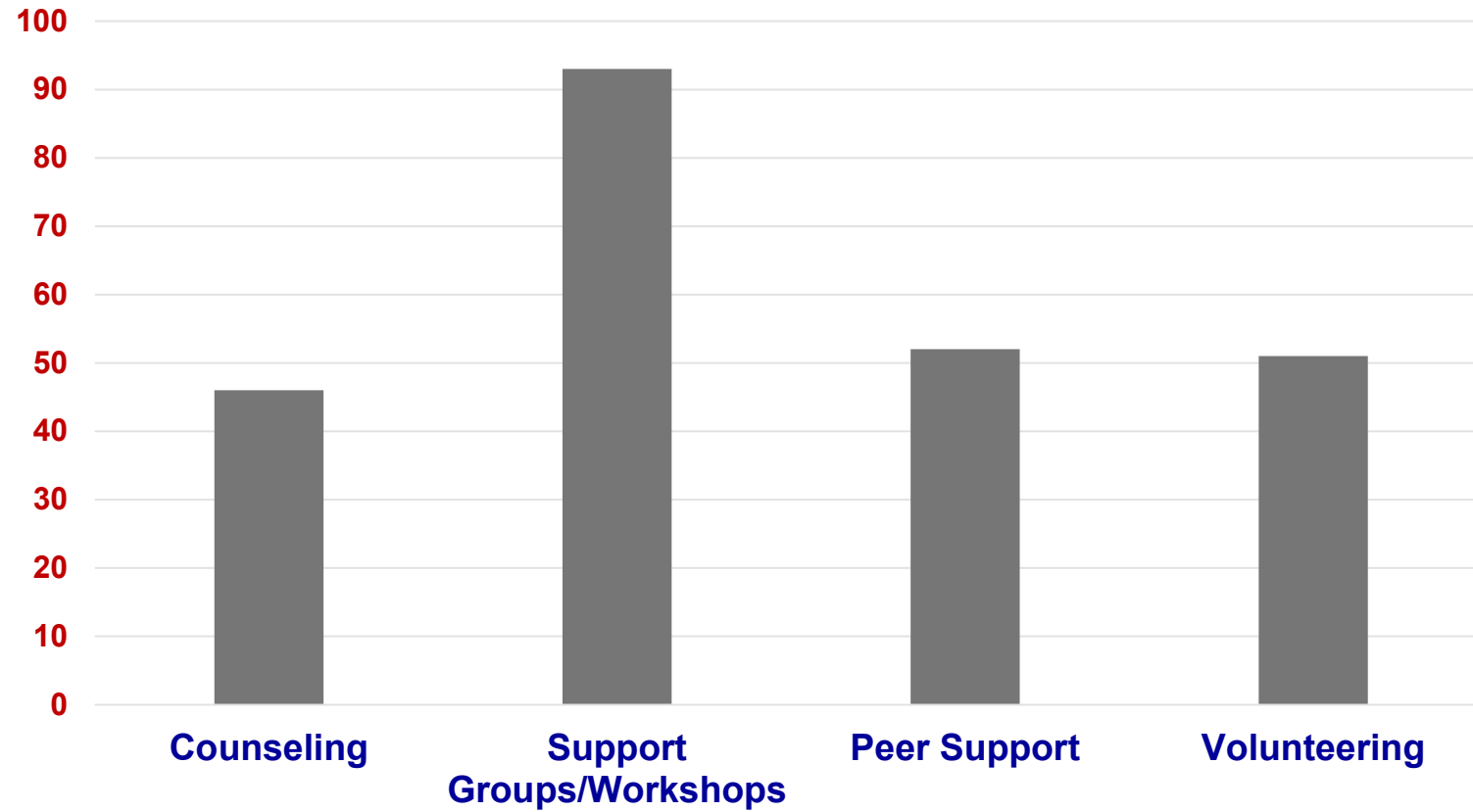
# Isolation/Loneliness



- **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

Ponce Bank  
**BEST OF THE BRONX**  
2024

# 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 BOLD demonstrated a 9% increase in loneliness, those who did engage saw an average 16% decrease in loneliness scores.

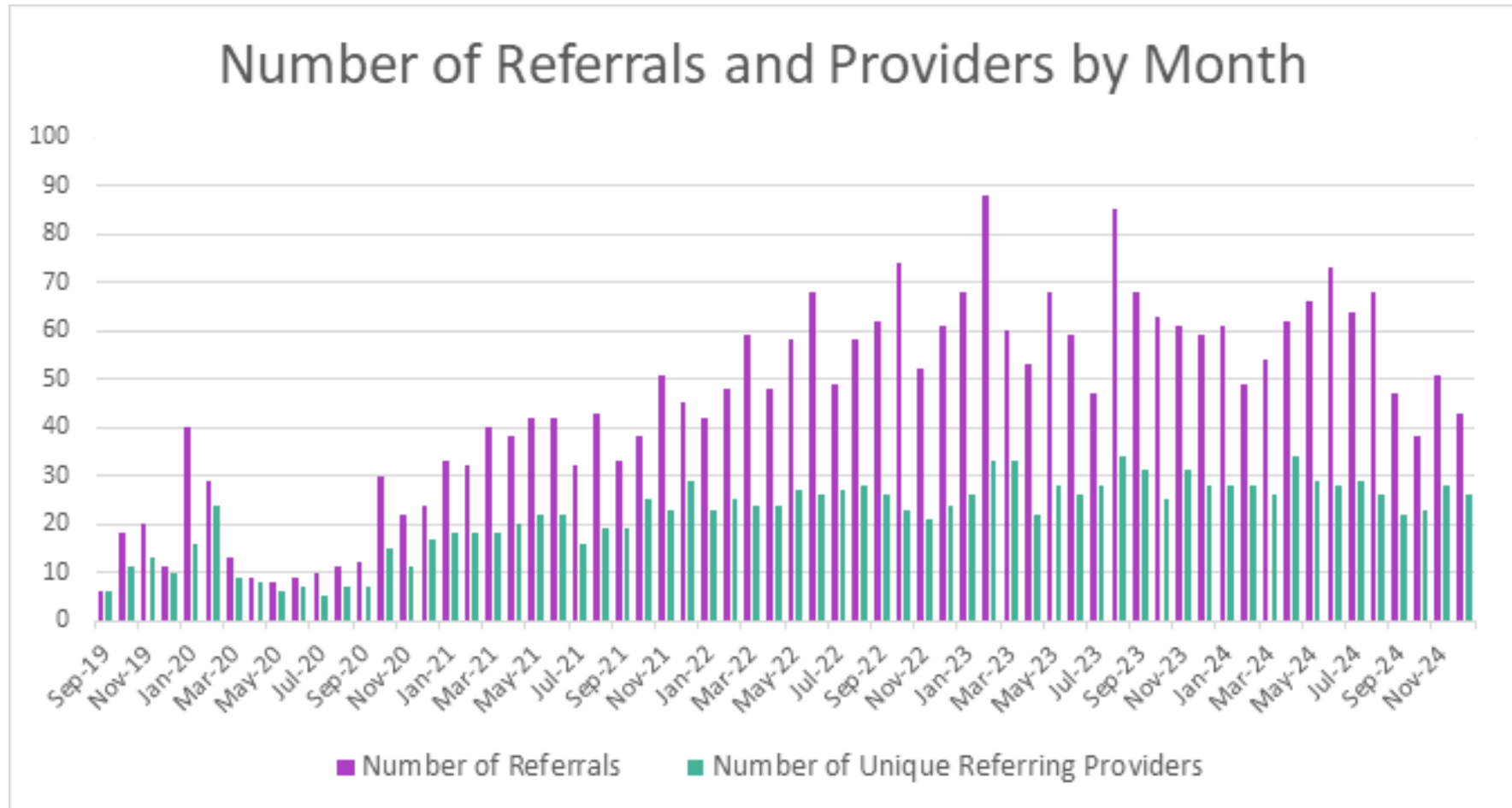
# Impact of Peer Navigation

- 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



# Peer navigation in EPIC workflow

(Sept 2019 - Dec 2024)



# Overview

- Describe an AI-driven Patient Navigation initiative
  - Conception, Impact, Future Directions



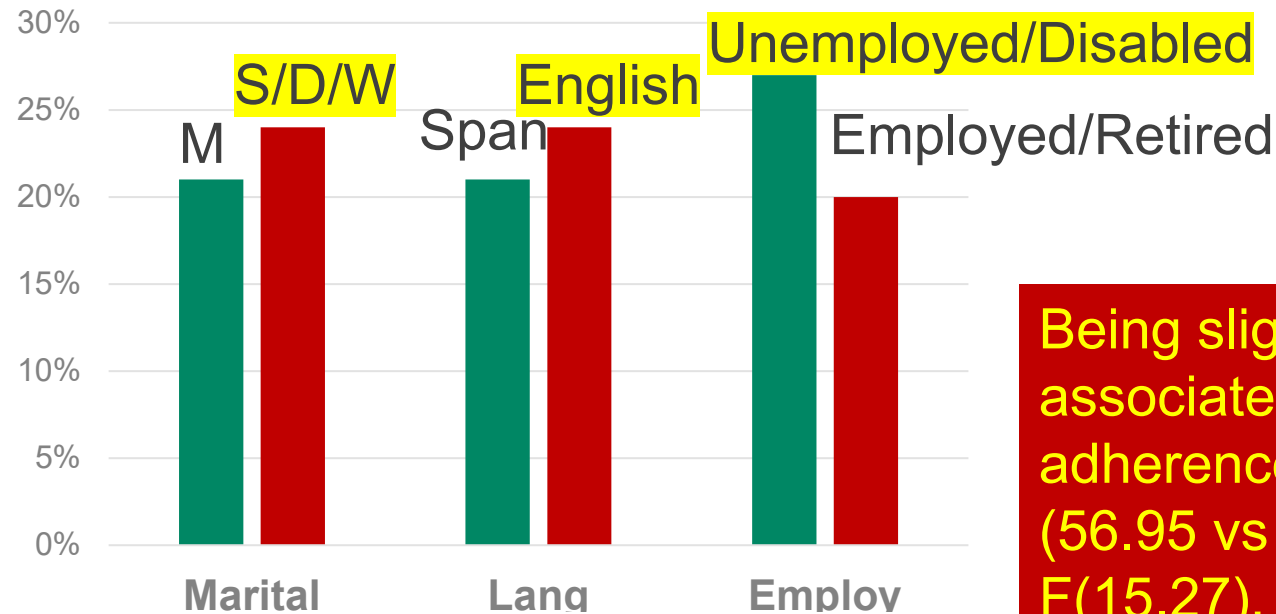
2024 ASCO  
ANNUAL MEETING

#ASCO24

•[Alyson B. Moadel et al.](#) AI virtual patient navigation to promote re-engagement of U.S. inner city patients nonadherent with colonoscopy appointments: A quality improvement initiative. Presented at ASCO, 2024.

## Challenge:

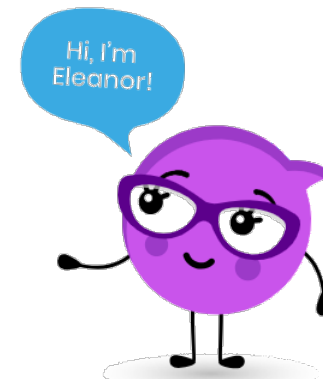
From 2022-2023, 20% of Bronx patients did not complete scheduled colonoscopy  
(2,400 vs 8,783)



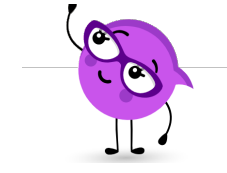
Being slightly younger was associated with lower adherence  
(56.95 vs 57.66 mean yrs),  
 $F(15.27)$ ,  $p < .001$

# QI Project: Colonoscopy Re-engagement Initiative

- **Outreach** is typically one-way communication
  - Directive, Prescriptive, Navigational
  - **Limitations to outreach:**  
reduced buy-in => non-adherence
- **Engagement** is bi-directional communication
  - Educating, Motivating, Discussing, Addressing barriers to care
  - **Limitations to Engagement:**  
human resources
- **Opportunity:** layered/paired navigation
  - e.g., **MyEleanor**



## Methods



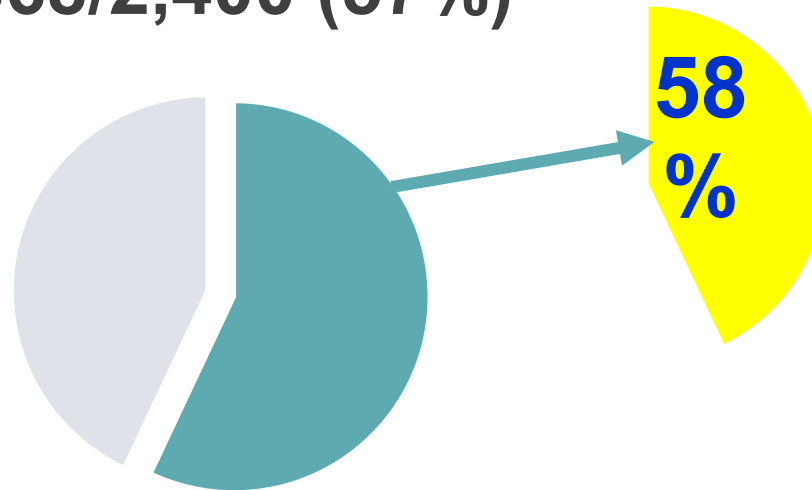
- Employed **MyEleanor between Apr-Dec 2023 to target re-engagement of 2,400 of 11,183** English- and Spanish-speaking patients nonadherent with colonoscopy appointments in 2022-2023.
- **MyEleanor, an English/Spanish speaking AI virtual navigator:**
  - (a) called patients to invite rescheduling, (b) assessed barriers to uptake, c) offered live transfers to clinical staff to reschedule, and d) provided procedure prep reminder calls.
- **Evaluable outcomes:**
  - (a) engagement with MyEleanor, (b) live transfers accepted, (c) colonoscopy completion rate, and (d) patient volume, with
  - (e) barriers to care, and (f) predictors of actionable engagement examined.



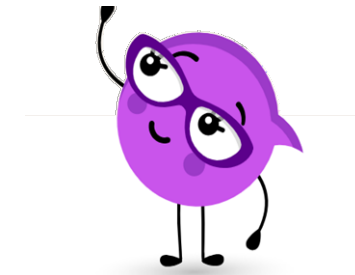
## Results: Engagement with MyEleanor



**PT Engaged with Call**  
1,368/2,400 (57%)



**PT Accepted Live Transfer  
to Reschedule**  
789/1,368 (58%)  
or (33% overall)



## Results: Engagement with MyEleanor



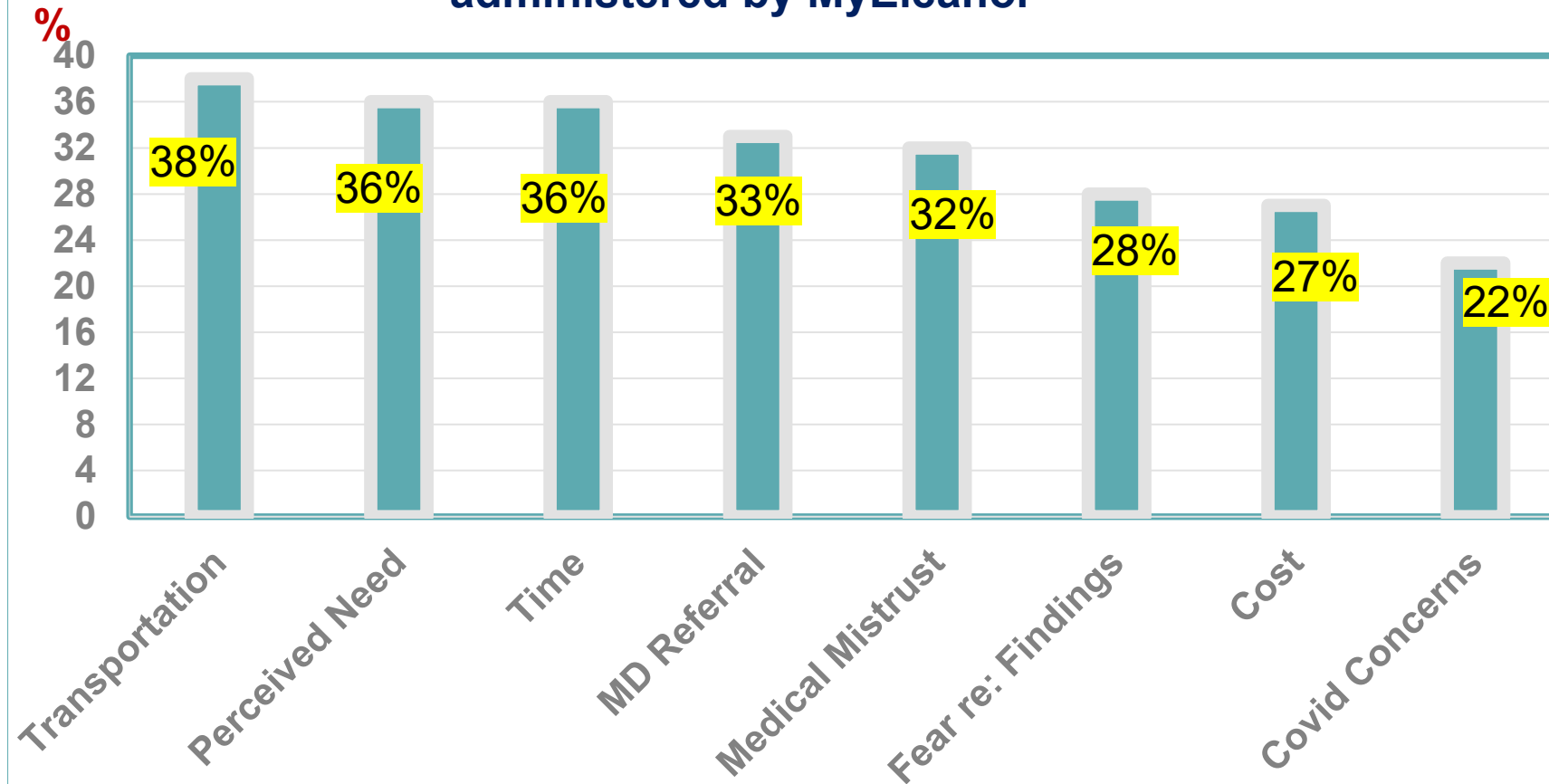
- Patients who accepted transfer were 25% more likely to complete colonoscopy
- No-show completion rate nearly doubled from 10% to 19%
- Sociodemographic predictors of engagement:
  - Patients who engaged were a Mean age of 56.66 (41-79 yrs), female (66%), Hispanic (41%), Black (33%), English (75%) or Spanish (25%) speaking, and single/D/W (63%), and **Unemployed/Disabled (49%)**

Those unemployed/disabled accepted transfer more often (49%) than those employed/retired (41%),  $\chi^2=6.70(4), p<0.02$ .

# Barriers to Screening



**719/1,368 (52%)** opted into barriers survey  
administered by MyEleanor



## Barriers: Predictors of Engagement/Action

### Accepting transfer:

#### More likely:

- Greater # of barriers

#### Less likely:

- Cost
- Medical Mistrust
- Cultural concerns

### Completing procedure:

#### Less likely:

- Cost
- Fear (procedure/findings)

**Spanish-dominant patients** and those **declining to identify their race** reported nearly twice the number of barriers,  $F(599)=47.48$  and  $F(571)=56.66$ ,  $p<0.001$ , respectively.



## Volume Increase



- **Patient volume increased by 36% (1,363 patients)**
- **Completed colonoscopies:**
  - **2022: 3,898**
  - **2023: 5,261**
- **52 hours month freed up for 7 Patient Navigators to:**
  - **Schedule new patients**
  - **Field MyEleanor live transfer calls**

**OUTREACH AND ENGAGEMENT in action**

# Take Home Points - Peer Navigation



## Benefits and Outcomes

- Trusted guide to the health care system
- Role modeling of health activation
- Shared lived experience & Advocacy
- High patient interest for PN (50%)
- Enhances trust in medical system/providers
- Enhances self-reported medical adherence
- Reduces loneliness & distress

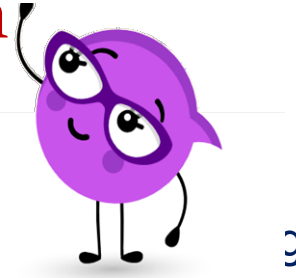


## Sustainability:

- Hospital Volunteer Dept offer infrastructure
- 1:1 ratio of PN need and volunteer interest
- Integration into EHR referral = “standard care”
- Ongoing marketing and research for visibility, growth, and impact

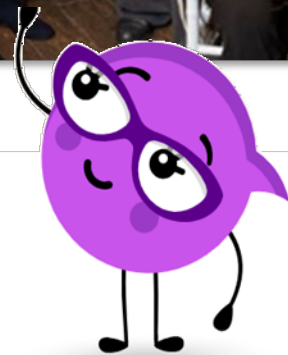


# Take Home Points – Virtual Navigation



- **AI-driven virtual navigation demonstrated:**
  - feasibility through high patient acceptance and engagement
  - clinically significant impact on patient re-engagement with care
  - Increased patient volume through increasing capacity of human patient navigators
  - Ability to identify barriers to care among a substantial subgroup of patients
- **Next Steps:**
  - Measuring MyEleanor's impact on PN burden/burnout, other screening programs (breast/lung), distress/SDOH screening, cost savings, stage shifting
- **Challenges:**
  - Integration of an outside technology application with hospital-based EMR system/tracking system – extensive data mining and synthesis efforts required!

# It takes a Village







# ACS ACTS™

## Access to Clinical Trials & Support

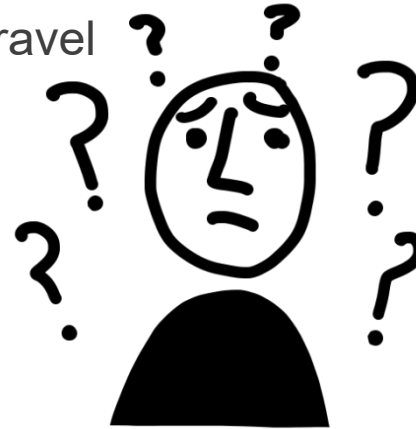


# The Problem: Barriers to Clinical Trials

- Only 7% of cancer patients participate in clinical trials, with participation from historically underrepresented communities at just 4%
- 20% of cancer trials fail due to insufficient enrollment

## Administrative Burden

- Medical Records
- Travel



## Trial Match Challenges

- Lack of onsite trials
- Complex eligibility criteria

## Limited Awareness

- Provider lacks time to discuss/research trials
- Unconscious biases

## Financial Burden

- Transportation & lodging
- Lost wages

## Health-Related Social Needs

- Food insecurity
- Affordable housing & transportation

# Our Solution



**Because  
new treatment  
options are  
within reach.**

## **ACS ACTS™: Access to Clinical Trials & Support**

- The American Cancer Society brings you ACS ACTS to connect you with personalized clinical trial options and the right resources by your side.
- In collaboration with Massive Bio, ACS reduces the common barriers to clinical trial enrollment and participation.
- Initial launch date: February 24, 2025



# ACS ACTS

## Strategic Goal:

Improve equitable access to cancer clinical trials by reducing the barriers to enrollment and participation

## Key Constituents:

Patients, healthcare providers, and caregivers

## Program Offerings:



End-to-End Support for Advancing Health Equity in Clinical Trials

# Program Eligibility

## Age

All ages

## Cancer Types

All cancer types

## Location

- Feb 2025: Regional launch<sup>1</sup> for patients living in or willing to travel to Northeast US<sup>2</sup>
- Fall 2025: National launch expected; no location restriction

## Interest

- Interested in exploring eligible clinical trials:
- All interventional cancer clinical trials listed on [clinicaltrials.gov](https://clinicaltrials.gov)
  - Agnostic to sponsor

<sup>1</sup> The Northeast region contains the largest concentration of clinical trial sites in the US and includes regions where ACS can more easily provide transportation and lodging for clinical trial participation.

<sup>2</sup> Connecticut, Delaware, Maine, Maryland, Massachusetts, New Hampshire, New Jersey, New York, Ohio, Pennsylvania, Rhode Island, Virginia, Vermont, West Virginia, or Washington, D.C.

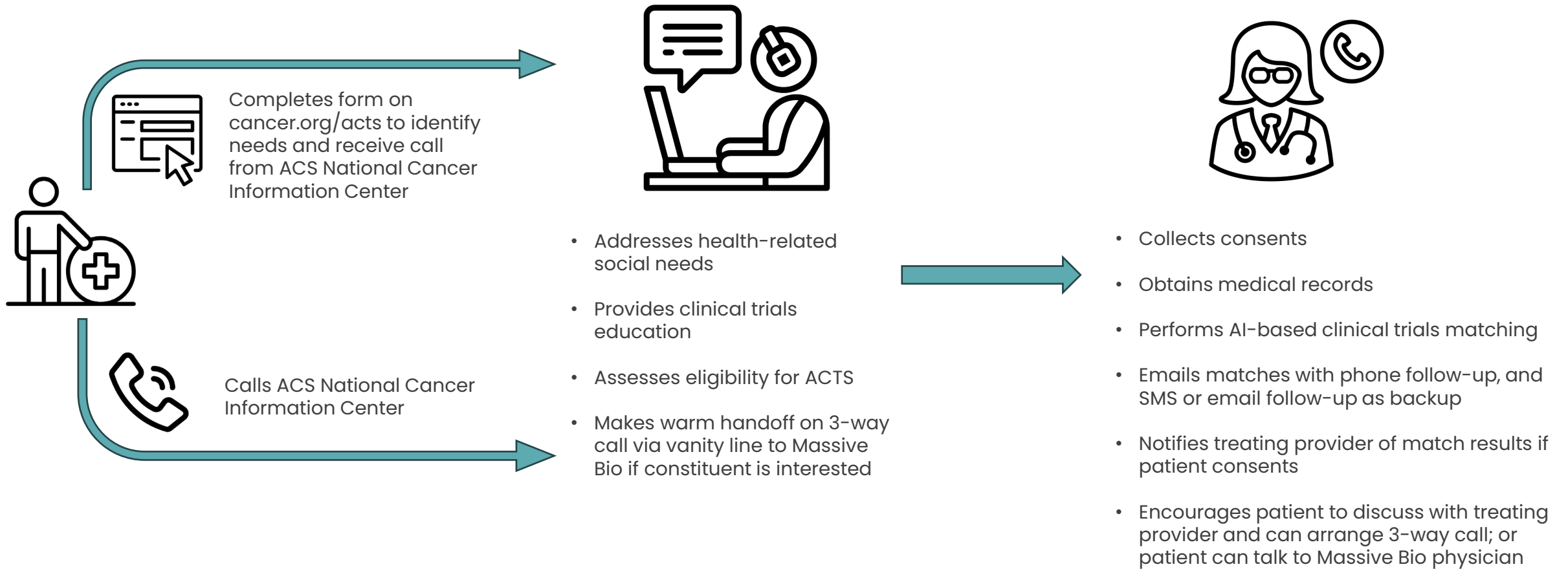
# Program Costs

ACS ACTS is  
**FREE!**

ACS is a non-profit,  
with programming  
supported by  
donations and  
sponsorships

Some ACS programs  
for health-related  
social needs involve  
a small cost, which  
the patient is  
informed of (e.g.,  
prosthetics)

# Workflow Part 1: Intake to Trial Matching

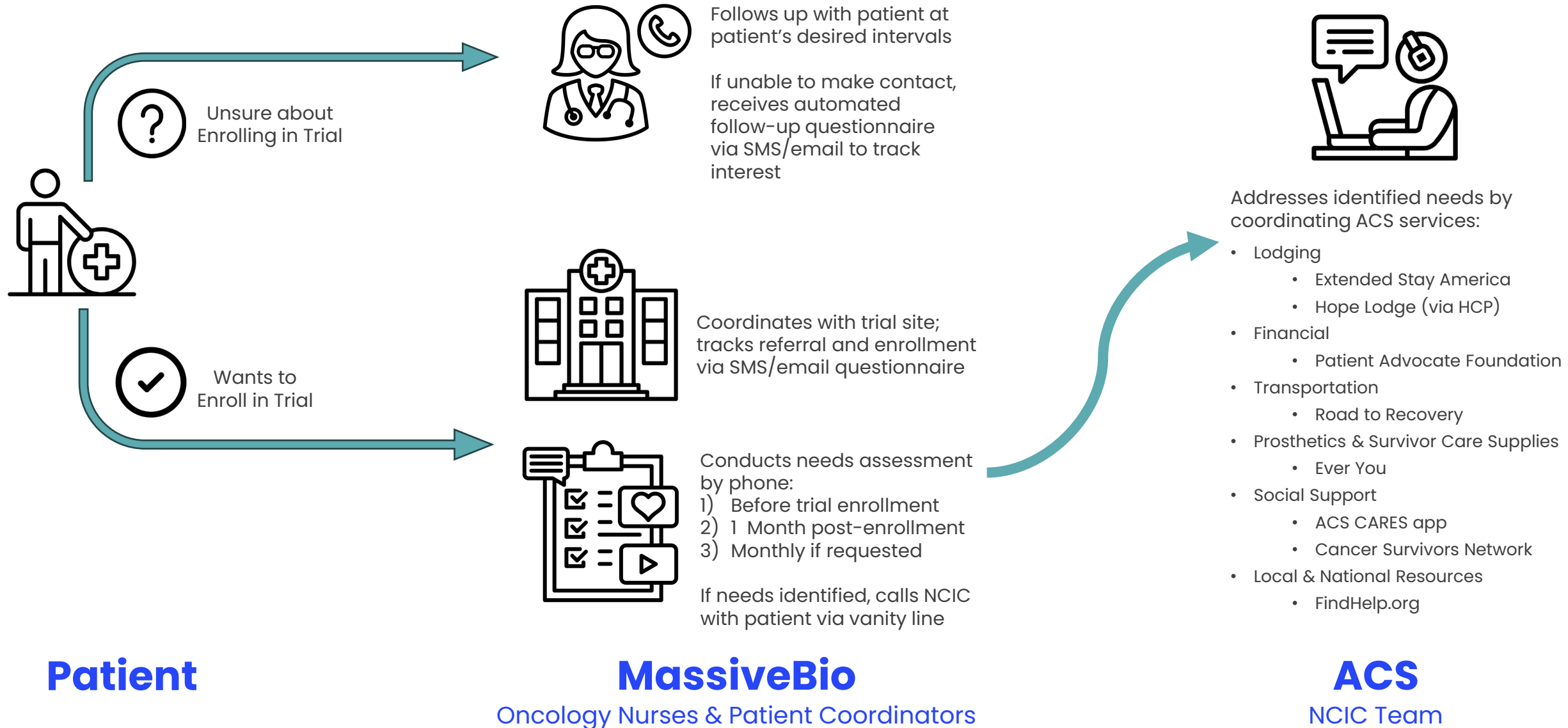


**Patient, Caregiver,  
or Healthcare  
Provider**

**ACS**  
National Cancer  
Information Center Team

**MassiveBio**  
Oncology Nurses & Patient Coordinators

# Workflow Part 2: Matching to Needs Met



# CoC Accreditation: Standard 9.1



*CoC Standard 9.1 requires accredited cancer programs to enroll a specified percentage of eligible patients into cancer-related clinical research studies.*

## ACS ACTS can help fulfill compliance with CoC Standard 9.1



To count an ACS ACTS case toward CoC Standard 9.1, providers should follow CoC requirements and their internal procedures, which may include:

- Initiate and document referral to a qualifying trial *prior to enrollment*
- Maintain written verification of enrollment

If provider engages with ACS ACTS on behalf of patient:

- Considered a provider referral; counts if CoC requirements are followed

If patient or caregiver initiates ACS ACTS participation:

- MassiveBio will notify provider of trial matches prior to enrollment if patient consents, and encourage patient to discuss trial match results with provider
- Self-referral becomes a provider referral; counts if CoC requirements are followed

Note: This is a general informational guide.  
Follow your institution's internal procedures and  
the Commission on Cancer Standards.



# Metrics: 2/24/25 – 4/29/25

**Program  
Participants**

**314**

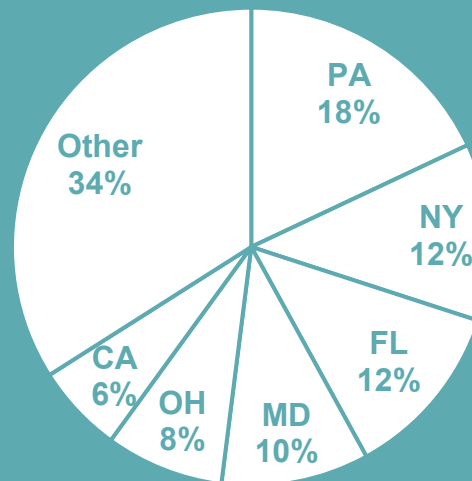
**Percentage with  
Health-Related  
Social Needs**

**99%**

**Number of Health-  
Related Social  
Needs Identified**

**831**

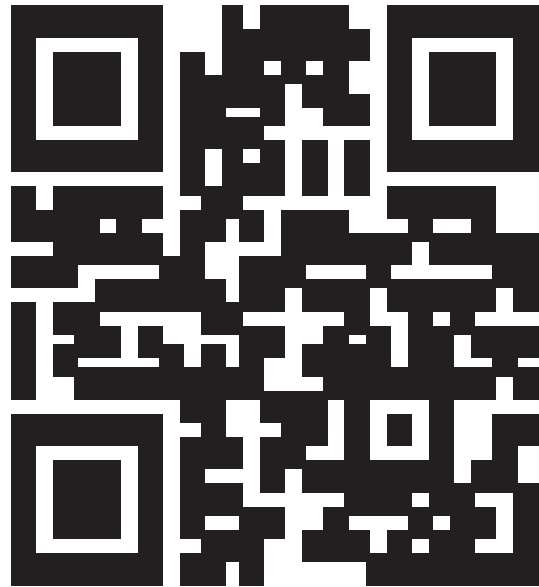
## PARTICIPATION BY STATE



**ACS ACTS**  
**cancer.org/acts**



**Sign up for ACS ACTS today!** Scan the QR code to fill out the form or call our 24/7 National Cancer Information Center line at 1-800-227-2345.



For more information on ACS ACTS, go to [cancer.org/acts](https://cancer.org/acts) or reach out to Dr. Pia Banerjee: [pia.banerjee@cancer.org](mailto:pia.banerjee@cancer.org)

# Post-Meeting Poll



# Question & Answer



# Join the Consortium! and look out for upcoming meetings



[Events | New York State Cancer Consortium](#)

# Thank you for Attending



cancerconsortium@health.ny.gov

**New York State**



**Cancer Consortium**

