

Implementation of a Health Disparities & Equity Program at the Duke Cancer Institute



Health disparities in cancer are a national problem with local implications, requiring a deep and clear understanding of community needs while implementing and leveraging programs and partnerships that can address disparities long term.¹⁻³ Given the changing landscape of the healthcare industry—coupled with the growing diversity of our patient and community populations—the need for strategic and integrated priority setting, collaborations, and partnerships is paramount.⁴ Across the cancer spectrum significant disparities exist where negative outcomes disproportionately impact underserved communities, including race and ethnic minorities, the poor, the uninsured and underinsured, and low resource communities in both rural and urban settings.⁵

The Issue in Brief

Traditionally the underserved have worse cancer outcomes, where minorities are more likely to die from most cancers compared to their white counterparts regardless of incidence.¹⁻⁵ For example, in the case of prostate cancer, men of African American descent exhibit a 1.6-fold higher incidence of the disease and a 2.4-fold higher mortality rate.⁵ Moreover, while participation in cancer research and clinical trials is lagging at 9 percent of those eligible to participate, minorities participate at even lower rates, ranging from 2 percent to 5 percent nationally.^{7,8} Racial and ethnic minorities, the poor, and those who live in rural or low resourced communities are less likely to be involved in clinical research due to numerous factors, including distance, fear, cost, and simply not being asked to participate.⁹

Contributors to poor cancer outcomes and lack of participation in research are multifaceted and reflect community and health system wide challenges. Significant contributors to poor cancer outcomes in minority populations include:⁹⁻¹¹

- Lack of access to cancer screenings or treatment
- Lack of transportation
- Costs and/or insurance barriers
- Fear
- Distrust of the medical establishment
- Language barriers
- Delayed timeliness to diagnosis and treatment
- Lack of effective provider and patient communication.

A myriad of psychosocial, healthcare system, community, and individual factors all contribute to cancer disparities, requiring a localized, multipronged approach to identifying and addressing the issue.³

Barriers that prohibit access and utilization of cancer services vary by community, so providers must first understand local needs to be able to develop effective strategies to overcome these barriers.¹²

An Opportunity to Collaborate

Today's cancer programs are required to both identify and address key needs in their community and patient population through the community assessment process. Community assessments create an opportunity for cancer programs to engage in authentic partnerships between medical and academic entities, grassroots community stakeholders, and community-based health organizations. At a time when expectations are increasing for academic and medical research institutions to partner with community cancer programs to conduct meaningful and useful community assessments; engage the community; improve patient care; and increase research participation, the development of integrated and strategic programming, offices, or departments to address health disparities is critical and timely. A myriad of psychosocial, healthcare system, community, and individual factors all contribute to cancer disparities, requiring a localized, multipronged approach to identifying and addressing the issue.³

Addressing health disparities across the entire cancer care spectrum is of paramount importance, particularly within the context of community and population health improvement.³ Cancer programs have a unique opportunity to positively and significantly impact the health of target populations by leveraging a range of community resources and partnerships to address community health needs and the broader social determinants of



health. Salient to these efforts are both understanding the needs in a given population and aligning the priorities of partner organizations to build capacity through strategic collaborations designed to address cancer disparities and improve population health.^{3,11} Although improving population health is fundamentally the right thing to do for any community, health systems also benefit through shared resources across multiple sectors converging to impact the community and population health with nominal costs. Community partnerships across rural and urban areas are needed to address all facets of cancer disparities in the context of cancer screening, diagnosis, care, treatment, access to care, and utilization of services. Obtaining, maintaining, and sustaining these relationships are a key linchpin to improving population health, and cancer programs are particularly well positioned to engage and lead these efforts.³

Accrediting entities and funding agencies are increasingly implementing policies reflecting heightened accountability around community engagement, community health assessments, research participation, and health disparities and equity. Among many accountability measures, cancer programs are expected to:

- Identify, assess, and respond to community and patient needs.
- Increase participation and retention in research and clinical trials, particularly for underserved populations.
- Ensure patients do not fall through the gaps in care.

According to a 2010 American Hospital Association survey, only 7 percent of hospitals actually use their community assessments to develop programs or interventions to address identified needs and priorities.¹² For Duke Health, the creation of a coordinated effort to engage the community and patients in outreach, delivery of healthcare, and research has been a longstanding priority, and in 2012 the newly re-organized Duke Cancer Institute launched the Office of Health Equity and Disparities (OHED). Next, Duke Cancer Institute hired a director to lead OHED and develop a cancer health disparities and equity agenda that fully engaged both the local community and the Duke University Health System.

In this article, we share the experience of the Duke Cancer Institute initiative to expand its capacity to engage the community and the health system towards achieving improved population and patient health outcomes. This initiative includes development and implementation of a coordinated and comprehensive strategy to address local health disparities through our comprehensive community assessment process. We provide examples and practical models to help other cancer programs:

- Meet multiple organizational expectations
- Leverage community health assessments to address needs and gaps in healthcare delivery
- Engage in community outreach and cancer screening activities
- Increase participation in clinical research.

The capacity to address disparities varies from one cancer program to another, so we provide adaptable and strategic examples that can be implemented in either community or comprehensive cancer centers based on capacity and the resources available.

Program Development: Background & Need

In 2010 Duke Medical Center, Durham, N.C., reorganized its extensive cancer programs, launching a restructured Duke Cancer Institute as the integrating umbrella for cancer clinical care, research, education, and outreach. New senior leadership was appointed in 2011-12 and the Office of Health Equity and Disparities became a part of Duke Cancer Institute's new long-term vision. Several factors triggered the identification of health disparities as a key strategic priority under this new vision. Under its new leadership, Duke Cancer Institute embarked on a new model of research and patient care: a coordinated effort to engage with our local community in outreach, education, and screening efforts, and with our patients in the provision of both personalized cancer treatment and supportive care, while working to increase diverse participation in clinical research. Duke Cancer Institute also sought heightened attention and increased accountability around:



- The use of community assessments to understand and effectively respond to community and patient needs.
- Increased minority accrual and retention in research and clinical trials.
- Engagement of our patients and the community in health disparities research.
- Increased focus on diverse representation and work culture among staff and faculty in medical settings.

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Through collaborative community partnerships and based on recommendations from community organizations and leaders, researchers, clinicians, caregivers, and patients, the OHED built a dynamic integrated platform and infrastructure to facilitate programs and research. As a result, the cancer program has developed a co-created community and academic health disparities strategic plan that highlights a health system/academic and community partnered platform to serve the community, patients, and clinicians through programs and research.

Five-Step Strategic Process

Cancer programs can develop and leverage relationships with local residents and patients to provide insight and support when developing and implementing programs and engaging in research, including clinical trials.^{3,11} Moreover, with collaboration from the onset, programs intended to increase screening; ensure access and utilization of services by traditionally under-represented groups; and increase and diversify clinical trial participation are

more likely to be implemented and sustained.^{9,10} The following five steps describe Duke Cancer Institute's strategic process to leverage our existing local and statewide resources and partnerships to:

- Improve the breadth, scope, and utility of our community assessment process.
- Develop and implement a health equity agenda to address community and patient needs through the OHED.
- Raise the bar in meeting our internal and external reporting and accreditation guidelines to address health disparities.

Step 1. Create an Engaged & Diverse Community Advisory Council

To ensure community and patient perspectives are incorporated in Duke Cancer Institute's research, programs, and services, in 2012 the OHED established a Community Advisory Council, engaging community partners, leaders, organizations, patients, and caregivers to serve as experts and advocates in the development of a health equity agenda. The Council is a dynamic and vital component of Duke Cancer Institute's health disparities work and is comprised of 22 to 25 individuals, offering diverse perspectives across the cancer spectrum. Members are representatives from public and private agencies at the state and county levels, community residents, and persons concerned with cancer needs and disparities in our urban and rural communities. Collectively, the Community Advisory Council is made up of educators, health professionals, researchers, faith leaders, grass-roots organizers, cancer survivors and patients, community advocates, and more, while representing diversity across race, ethnicity, socio-economic class, religion, geography, sexuality and identity, and many other perspectives. These partners access and engage their broader community constituency based on programming and research priorities. The Community Advisory Council meets monthly and plays a critical role in Duke Cancer Institute's community health assessment process, programming and services, and research. The roles and responsibilities of the Council include but are not limited to:



Dr. Barrett facilitates a community conversation on health, well-being, and cancer risks at the Annual Women's Health Awareness Day. Courtesy of Duke Health Photography.

- Serve as liaisons between the Duke Cancer Institute, our community, and our patients.
- Actively advocate and participate in the development and implementation of Duke Cancer Institute initiatives.
- Function as a “think tank” for OHED and Duke Cancer Institute activities.
- Continually align community and patient priorities with Duke Cancer Institute and OHED activities.
- Identify and connect local resources to enhance Duke Cancer Institute and our community partners’ capacity to meet identified priorities.
- Partner and collaborate in grant writing and research across the Duke Cancer Institute.

Our Community Advisory Council—along with an extensive network of community partners—was instrumental in the development of the OHED community assessment and strategic plan, and as a result of our assessment, several sub-committees formed to address specific areas of OHED work. The following subcommittees address key priorities identified from the Community Health Assessment and support the development and implementation of OHED programs and activities across specific populations:

- 1. Asian Outreach & Research Committee.** Eight Asian community organizations partner with the Duke Cancer Institute to conduct focus groups and cancer needs assessments within the diverse Asian community. The committee is currently developing a collaborative research agenda for the long-term partnership.
- 2. Patient & Community Advocates in Research Committee.** This diverse group of patients, caregivers, researchers, and advocates ensures the patient’s perspective is present; proactively shapes research at multiple levels; and provides insight and feedback to increase minority participation in research.
- 3. Latino Interfaith Leadership Committee.** A group of faith leaders from Hispanic- and Latino-serving faith organizations addresses

cancer needs and other health priorities within their organizations and participates in specialized health programming and research with the Hispanic and Latino community.

- 4. Diversity & Inclusion Committee.** A team of Duke Cancer Institute employees from multiple levels and programs implement activities and training to enhance and promote diversity and inclusion in hiring practices, and interactions among colleagues and our patients.

Each committee meets to address key priorities identified in the ongoing community health assessments and plays a critical role in the development and implementation of programs and research. Additionally, OHED has well-established relationships with the African American community—including faith organizations, and grassroots community-based organizations—many of which are represented on the Community Advisory Council.

Step 2. Conduct a Robust Community Health Assessment & Disseminate Findings

Between 2012 to 2013, Duke Cancer Institute partnered with the Community Advisory Council and other community partners to develop and execute a community health assessment to better understand our community and patients’ needs and recommendations around cancer outreach, education, screening, treatment, survivorship, and research participation. Our initial assessment was comprehensive. We conducted focus groups and analyzed data from the local cancer registry, Susan G. Komen Community Profile, the NC Cancer Plan, and the Durham County Health Assessment, to both qualitatively and quantitatively examine the scope and need in cancer services for the community, patients, and caregivers, as well in healthcare service delivery across the cancer continuum of care. We also sought to ascertain community perceptions, priorities, and recommendations to enhance cancer services.

Duke Cancer Institute held 10 sessions, reaching more than 130 participants, including community laypersons, diverse faith leaders, social agencies, patients, survivors, and caregivers representing the Latino and Hispanic, African American, Asian, white, and rural communities. Four overarching questions guided our sessions:

1. What factors facilitate or hinder access and utilization of cancer services from education, outreach, and screening to survivorship?
2. What factors impact access and participation of minorities and underserved populations in research and clinical trials?
3. What suggestions and/or recommendations might address the barriers to outreach, screening, treatment, and access to clinical trials?
4. What groups and organizations are critical partners to help address the identified needs in the community assessment?

The community assessment—coupled with Duke Cancer Institute organizational priorities—led to the development of the OHED strategic plan. Four primary and integrated themes were identified and became the core focus areas of the OHED:

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Table 1. Community Needs & Recommendations

PSYCHOSOCIAL, FINANCIAL & COMPETING PRIORITIES

- Cost of cancer screenings and treatment remains an ongoing challenge. Competing priorities can impact access and utilization of services for the uninsured and underinsured.
- Transportation, childcare, and lack of available services after-hours make it difficult to access cancer screening and care.
- Make psychosocial and financial resources readily available for patients seeking care, especially those who are more likely to fall through the gaps.

PRACTICAL EDUCATION & AWARENESS

- People in the community do not know when and where they should get screened for cancer.
- Create survivorship education support groups, workshops, and community-based survivorship resources to educate patients and caregivers on factors related to treatment and survivorship.
- Develop workshops for caregivers and cancer survivors to begin a dialogue on how to address the burden of cancer, including survivorship.

FEAR & CULTURE

- Fear takes on two roles in the community: 1) fear of a cancer diagnosis, which is often viewed as a death sentence and 2) fear of engaging in a complex healthcare system—of which some in the community do not trust historically.
- Provide bilingual services when engaging with the community, patients, and caregivers.
- Work with diverse faith leaders to increase awareness and support across the cancer care continuum for members within faith organizations.
- Understand the role of spirituality and reliance on faith for both caregivers and patients and how spirituality can influence screening and treatment choices, as well as survivorship outcomes.
- Provide training on the use of non-western remedies to address health concerns and/or treatment options and their influence on cancer care decisions, especially within the Asian and Latino communities.
- Hire healthcare providers and clinicians who reflect the community and patient demographic.

PARTICIPATION & RETENTION IN RESEARCH & CLINICAL TRIALS

- Create opportunities to increase health literacy and awareness about cancer research and clinical trials through community leaders in diverse communities.
- Provide culturally tailored educational resources around cancer research, clinical trials, research participation, genetic testing, and bio (tissue) banking.
- Cancer patients want to be informed of clinical trials even if the trials might not be an option for them or they do not qualify.
- Information and education about cancer and clinical trials is a critical need and interest in all race and ethnic groups.

COMMUNICATION

- Improve clinician communication with patients and caregivers about cancer screening, diagnosis, treatment plan, survivorship, and clinical trial participation.
- Cancer patients do not always fully understand their diagnosis or their treatment plan.
- Cancer survivors highlight lack of understanding about what they should do once they have completed active treatment, which leads to a sense of disconnectedness and fear.

BUILD COLLABORATIONS: CONNECT CANCER CENTERS TO THE COMMUNITY

- Connect cancer survivors to resources to address their cancer care and support service needs in their local community rather than in a hospital setting.
- Partner with community-based organizations and diverse faith leaders to share resources, increase cancer screenings, and build programs linking the health system to the community.
- Provide psychosocial support to help community members and patients navigate the healthcare system from outreach through survivorship.

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1. Develop and sustain community engagement and programs to promote optimal outcomes in cancer education, screening, treatment, survivorship, and research in underserved communities.
2. Improve minority education and participation in research and clinical trials.
3. Conduct health disparities education, training, and research.
4. Increase and enhance diversity and inclusion in the workforce.

In partnership with the community and clinical faculty, the OHED presented the focus group findings and strategic plan to approximately 321 people, including patients, community representatives, clinicians, researchers, and staff at an event entitled, *Community Voices on Cancer*. A report on our findings (with the same title) was provided at this event.

Our assessments are an ongoing and dynamic process designed to sustain community engagement and reduce cancer disparities through service delivery and research. Duke Cancer Institute employs several effective strategies to conduct these ongoing assessments and gauge diverse community and patient perspectives on cancer across the spectrum, and to serve as communication outlets to disseminate findings and solicit feedback. Listening sessions, town hall meetings, focus groups, community forums, local cancer support groups, and county meetings are all viable sources to identify needs and determine what activities are most useful for our patients, caregivers, and the broader community.

Based on the recommendations gleaned from our initial focus groups, the OHED developed an infrastructure that provided a framework for sustainable, long-term program and research activities to reduce cancer disparities and improve population health. We presented our findings to numerous groups across the health system and in the community; to date Duke Cancer Institute has reached more than 100 organizations and more than 2,000 stakeholders. From these activities Duke Cancer Institute continues to identify partners whose mission and priorities align with OHED goals, leading to new partnerships in the fight to reduce cancer disparities and improve health. Currently, OHED has 42 active community partners engaged in programs and/or research.

Step 3. Establish Program & Research Priorities

The OHED examined and categorized the assessment data, identifying key needs and recommendations from the broader community, patients, and caregivers. Perceived needs and recommendations include:

- Psychosocial and financial challenges
- Education and awareness
- Culture and fear
- Research
- Communication
- Potential opportunities to collaborate and address community and patient needs.

The OHED categorized priorities and recommendations to illustrate themes, establish priorities, and easily identify potential alignment with existing Duke Cancer Institute programs, services, research, or collaborations with key partners to address specific priorities and goals. For a summary of themes derived from the community assessment see Table 1, page 53.

Step 4. Develop or Enhance Partnered Programming & Research in Alignment with Priorities

Integrating organizational priorities with community assessment outcomes informed both the development and enhancement of collaborative programs, research, and activities to meet patient and community needs. Leveraging multi-sector partnerships is critical to reducing health disparities and improving population health. The OHED increased our capacity to implement community and patient programming through our extensive community engagement activities, leading to a portfolio of collaborative programming and research activities. An overview of key collaborative programs and research activities are described below. These directly align with key priorities identified from the community assessment (Table 1, page 53).

Longitudinal patient navigation—from community outreach to survivorship. Duke Cancer Institute's patient navigation program is a cornerstone to all outreach, screening, treatment, and survivorship activities. With a multicultural and bilingual staff, Duke Cancer Institute addresses the needs of diverse patient and community populations. Community navigators work to eliminate barriers to cancer screening and follow-up, essentially getting people through the front door to needed services. Patients diagnosed with cancer are then transitioned to treatment and survivorship navigators. These navigators support patients throughout their cancer journey, working to eliminate or reduce psychosocial and financial barriers to care.

Transportation program. In collaboration with local community partners, volunteers, and the American Cancer Society (ACS), this program meets one of the most pressing needs in health-care—transportation. Free transportation is provided for patients to get to their cancer treatment. This program includes gas vouchers and volunteers to provide transportation for patients on active treatment. Duke Cancer Institute also has valet and free parking for patients on treatment.

Men's Health Initiative. This free health screening program is held the third weekend in September as a longstanding partnership between Duke Health and Lincoln Community Health Center. A network of collaborators, including Duke's Heart Center; Durham County Department of Public Health; the North Carolina Department of Health and Human Services, Cancer Control Branch; and the Durham Diabetes Coalition provide free health education and services. More than 300 men receive prostate cancer, diabetes, and hypertension education and screening at this one-day event. Duke Cancer Institute patient navigators follow-up on all abnormal results until each case is resolved. To date the program has screened about 950 men and received approximately \$40,000 in outreach and

screening support from pharmaceutical companies and government agency funding. The program is provided during non-traditional hours, increasing access to services to underserved, high-risk populations.

Women's Health Initiative. The National Institutes of Environmental Health Sciences hosts an annual Women's Health Initiative at which the OHED leads the cancer track, providing cancer education, screening, and assessments in thyroid, lung, and breast cancer, and radon exposure testing kits to more than 400 attendees with follow-up services. Duke Cancer Institute faculty and staff volunteers and community partners, such as the Lung Cancer Initiative, participate in the program together to conduct a cancer workshop titled, "Everything You Want to Know about Cancer but Didn't Ask."

Community Health Ambassador Program. This collaborative and interactive cancer and clinical trials training program reaches out to diverse members of the community, including faith organizations. Ambassadors are selected by faith or community leaders to be trained at a one-day, six-hour course that educates participants about cancer risk factors, symptoms, screenings, and the psychological effects of cancer. Upon completion, Ambassadors are equipped with knowledge and tools to implement cancer awareness activities within their own organizations. Ambassadors are directly connected to Duke Cancer Institute patient navigators, who serve as a resource and a link to the healthcare system for those needing cancer screening or other services. The program has received funding from several foundations and funding agencies, including Susan G. Komen for the Cure and the NC Department of Health and Human Services, Cancer Control Branch. Twenty Ambassadors have been trained to date.

Duke Cancer Institute Speaker Bureau. To meet the speaking demands from our programs and requests from our community partners, Duke Cancer Institute developed a Speaker Bureau to align research, faculty, and staff expertise with outreach engagements in the community. All programs have simultaneous interpretation services to remove language barriers for non-English speakers. The Speaker Bureau provides a means for staff and faculty to engage the community and is designed to be a mutually beneficial learning experience. Currently, the Speaker Bureau has 84 active members available to speak in a variety of community settings, averaging two to five speaking engagements monthly.

The "Just Ask" Minority Participation in Research Program. To ensure patients are aware and knowledgeable about research and clinical trial participation and that researchers are well equipped with the necessary skills to communicate with diverse populations, the OHED established the "Just Ask" program. The program provides individual and group consulting support to research teams and clinical staff to improve minority enrollment in research. The OHED provides health communications and cultural competency training, and develops interventions to recruit and retain minorities in research. Through the Patient Advocates in Research Program and the Duke Cancer Institute Community Advisory Council, OHED increases awareness about research and clinical trials in our community.



Angel Romero, volunteer from the Duke LATCH program, speaks with a participant at the Men's Health Initiative. Courtesy of Duke Health Photography.

Diversity & Inclusion in Patient Care & the Workplace. This program provides training and education to faculty and staff around bias, diversity, and inclusion. Training segments vary and are tailored to specific audiences to include:

- Understanding the prism of differences
- Social determinants of health
- Understanding and valuing diversity, power, and privilege
- Patient and community engagement
- Hiring from a diverse pool of candidates
- Assessing our own comfort and discomfort with "difference."

The program provides strategies to help individuals and teams communicate effectively to enhance patient care and the work environment.

OHED Research Program & Funding Support. Since 2013 the OHED has collaborated with community and institutional partners, leading to 11 funded programs. Funded programs are diverse, supporting services and research across the cancer care continuum. Research collaborations cover a host of factors related to cancer, including:

- A project examining race differences in prostate cancer screening and active surveillance
- Colon cancer screening and patient navigation
- Race and ethnic differences in breast cancer and adjuvant therapy
- Community and patient perspectives on precision medicine
- The development of a faith-based program to increase breast cancer awareness and screenings.

Partnered proposal development is part of our growing research and funding portfolio.

Step 5. Evaluation & Outcomes

OHED programs and activities are consistently evaluated and modified using process and impact outcomes to ensure goals and objectives are being met and are consistent with metrics to reduce cancer disparities and improve population health. As an example, between 2013 and 2015, our navigators connected to 42 com-

munity partners and outreach programs, screened 1,155 participants, and educated more than 5,408 people, of which about 2,300 received clinical trials and research education. During that same time period, Duke Cancer Institute faculty and staff participated in 67 speaking engagements.

Program Metrics. Measuring the impact of programs, services, and research provides insight on the effectiveness of both the process and the impact of an initiative and how best to move forward. The OHED uses RedCap, a software program designed to capture and report program evaluation data. Common metrics in the OHED evaluation plan includes tracking the:

- Number of patients screened
- Number of re-engaged patients after no-shows
- Number of encountered barriers
- Types of barriers encountered
- Number of resources used
- Time to diagnosis
- Number of patients provided education
- Number of Ambassadors
- Number of Ambassador sites
- Number of lectures, trainings, and seminars
- Number of community partners
- Quality of community partnerships
- Number of clinical trial consults
- Number of grant applications submitted and funded
- Increase in minority accrual in research and trials.

Strategic Roles & Impact. The OHED uses a robust community assessment process to proactively shape priorities to improve cancer services across the care continuum. This process is particularly salient for patients and communities that have been traditionally underserved with tenuous relationships with health systems and research institutions. The assessment provides end-user perspectives and insight on the effectiveness of current services and opportunities to best meet community and patient needs. We develop strategic programs and interventions to address identified needs through internal and external collaborations. Our vigorous and comprehensive assessment is designed to effectively capture our community and patients’ needs and is an example of how to meet and potentially exceed the growing expectations for cancer programs and health systems to conduct community assessments, as mandated in accreditation guidelines established by a variety of governing bodies.

For example, the Commission on Cancer (CoC) requires cancer programs to conduct needs assessments as part of the accreditation process. Likewise, relatively new CoC guidelines required all cancer programs to implement a patient navigation process by January 1, 2015. Patient navigation programs should, in part, be designed based on community needs assessments. Lastly, increasingly community cancer centers are expected to engage in research, creating opportunities for patients to participate in studies—regardless of where they live and seek care. Through focus groups with patients, cancer programs can identify critical needs in cancer care, while also increasing research participation.



COURTESY OF DUKE PHOTOGRAPHY.

Duke employee and volunteer Jane Worrell, RN, discusses lung cancer risks and provides radon test kits at the Annual Women’s Health Awareness Day.

OHED partnerships have led to additional opportunities for Duke Cancer Institute to engage in integrated efforts to reduce cancer disparities and improve community and population health across the state. For example, the Deputy Director of the Durham County Department of Public Health serves on the Duke Cancer Institute Community Advisory Council. Every three years, the county completes a community assessment report on chronic disease and the social determinates of health in the county. As part of our ongoing partnership, the Duke Cancer Institute Community Assessment is used as the data for the cancer component and the OHED director is a co-author of this important report. Similarly, the Deputy Director of the Duke Cancer Institute and the Director of the OHED both serve in leadership roles in the state Access to Care and Early Detection Subcommittees (respectively), to execute the state cancer control plan and meet the colon cancer screening goals set forth nationally by the American Cancer Society. Collectively, these activities keep the Duke Cancer Institute community assessment and our partnerships relevant and vibrant as key contributors to the reduction of cancer disparities in the community.

Closing Thoughts


OHED’s five-step process provides a roadmap to conducting health assessments that have the ability to meet multiple organizational needs, with the primary goal of reducing cancer disparities and improving community and population health through collaborations and partnerships. As part of our strategic process, Duke Cancer Institute leveraged our collaborative community assessment to identify and address local priorities through collaborative research and programming. The organic development of strategic community councils and committees allows the cancer program to stay in tune with community and patient needs and perspectives. Capitalizing on diverse perspectives and guidance, Duke Cancer Institute is able to:

- Engage in a proactive effort to improve access to cancer screenings and services
- Enhance the delivery of patient care

- Increase minority engagement in research
- Strengthen community and health system relationships across diverse communities.

For cancer programs looking to develop a similar health equity agenda, Duke Cancer Institute has found these factors to be key to our success:

- A patient navigation program that spans across the continuum of care from outreach and screening to survivorship to ensure patients have what they need to find their way through the complex health system.
- Community screening programs and faith initiatives that keep OHED's work relevant to addressing access to cancer screenings and information.
- An outreach program that serves as a gateway to educate the community about clinical trials so as to normalize the conversation while providing culturally sensitive strategies for research teams to more effectively engage patients in research and standard care.
- Diversity and Inclusion Program staff and faculty who can develop strategies to diversify their hiring pools while providing diversity and implicit bias training and education to more effectively engage and communicate with diverse patients, the community, and colleagues.

The five-step process outlined in this article is adaptable to suit any cancer program—regardless of size—either executed as a comprehensive strategy or by selecting and implementing facets based on a cancer program's identified needs, priorities, capacity, and resources. Given the depth and significance of cancer health disparities, it is important for all cancer programs to focus on the needs of the underserved, identifying strategies to address local health disparities in cancer and improve population health. 

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