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Closing the Gap between Discovery and Delivery

The Newsletter of the Center to Reduce Cancer Health Disparities Volume 1 ◆ Issue 5

Asian Researcher Bridges Cultural Barriers

By Neil Swan, Staff Writer

Dr. Grace X. Ma's quest to overcome society's barriers to good health extends from China to Native Americans and Asian Americans in the U.S., and now, back to China.

Beginning with her childhood and schooling in China, continuing through graduate school in Oklahoma, to research in ethnic minority health, to her current position as director of thriving cancer prevention and intervention efforts for Asian Americans, Ma has sought to overcome culturally-based barriers to reducing health disparities.

She is a tenured associate professor of public health, director of the Center for Asian Health at Temple University, and founder of the first Asian Community Cancer Coalition in the eastern part of the country. She visited China this summer, helping authorities there develop smoking cessation programs.

Ma is also principal investigator of the Asian Tobacco Education and Cancer Awareness Research (ATECAR) network based at Temple University in Philadelphia. Beginning with smoking prevention and cessation programs in the Delaware Valley, ATECAR has expanded into a broad range of community-based cancer health disparities education, research, and projects in Pennsylvania, New Jersey, and New York City. These activities involve 66 partners, including 33 Asian Community Cancer Coalition member organizations, such as community-based organizations, community health centers and other grass roots entities, as well as 33 cancer centers, clinical hospitals, academic research institutions, government, and non-government agencies.

Dr. Ma received her bachelor's degree in China, then came to the U.S. for graduate degrees and her work with Native Americans and Asian Americans. *(Photo: Bill Branson)*

"I am very proud of our growth into a large network serving Asian Americans," says Ma. "I have a broad interest and passion for improving the health status and the quality of health care for all underserved ethic minority populations."

ATECAR is part of the Special Populations Networks (SPN) of the National Cancer Institute's (NCI) Center to Reduce Cancer Health Disparities (CRCHD). It targets four major populations: Korean, Chinese, Cambodian and Vietnamese, but serves other Asian Americans as well.

Roughly 70 to 80 percent of the Asian Americans benefiting from the SPN are recent immigrants, who must confront barriers to adequate health care that include language and low literacy levels, deep-seated cultural and belief obstacles, and living in medically

underserved communities.

"I feel frustrated and hurt each time I hear of friends or family members, or our clients who are diagnosed with late-stage lung cancer or liver cancer or who die from a heart attack," she says. "These deaths may be preventable or, at least, the lives of these people could be extended. But without intervention too many people will not go see a doctor when they think they are healthy. They wait until it's too late.

Dr. Ma enjoys mentoring junior health professionals and researchers. She advises Asian American graduate students and others at universities in China, Australia, and Canada. *(Photo: Center for Asian Health)*

"Many new immigrants are not used to having primary care doctors or going to regular screenings and check-ups. There are issues of privacy and modesty," says Ma. "Not only do we need to stress the importance of preventive services, but as health providers we need to find creative ways to reach out to bring Asian Americans into the system." She and her ATECAR colleagues work with community-based Asian groups providing training in cultural skills and competencies for health providers.

The ATECAR SPN has achieved an enviable record of successes, such as completing 138 smoking cessation media campaigns reaching some 77,000 Asian Americans through various cancer awareness activities, conducting 47 health fairs, and recruiting and training 48 Asian junior researchers in the basics of Asian community-based cancer research.

Ma knows how to inspire and work with her colleagues to win research grants. In the past decade, her projects have received $7.67 million in 22 grants from different sources. The projects address a variety of health issues ranging from improving health service delivery for Native and Asian Americans, to culturally tailored smoking cessation, early detection of lung, breast, cervical, Hepatitis B-liver, stomach, and colon cancers. Ma's projects also include clinical trial education, as well as junior researcher mentorship. For ATECAR, she and her staff developed 20 research grant applications—of which 12 have received funding, seven by the NCI.

In addition to these achievements, ATECAR also has a number of human-interest successes. Cigarette smoking is deeply ingrained in some Asian populations, especially among those who recently came from countries where smoking is all-pervading. There are few health warnings about tobacco, and smoking cessation programs were at first a "hard sell." Cessation campaigns carefully crafted to accommodate powerful cultural and family traditions can pay off, she says.

"Now, we have a Korean man who smoked for 60 years. Because of our program he finally quit. He's become our strongest community advocate. He volunteers for us. He says, 'I'm 78. I know I'm no dynamo but I think I can live longer. My family is happy; my wife, my children, even my grandchildren are happy. They'll sit in my car now because it no longer smells of smoke.'"

ATECAR maintains a popular Internet information site and has aired special radio campaigns on tobacco and cervical cancer in

several Asian languages in collaboration with the NCI's Cancer Information Service (CIS). One radio campaign resulted in an 84 percent increase in the number of local phone calls to the CIS hotline, 1-800-4-CANCER.

A bi-weekly newspaper column by Ma that provides health prevention and cancer awareness advice, "ATECAR Link," has proved quite popular. It has published 64 issues in various Asian language community newspapers. Because of the column, Ma says she's often recognized and questioned for guidance when visiting Asian communities. "They often ask when the next column will be published," she says.

"I love to mentor junior health professionals and researchers."

Born into and having grown up in a family of physicians – both her parents and sister are medical doctors – Ma initially received a bachelor's degree in international studies in China. Later, at the University of Oklahoma, she received a master's in mental health and a Ph.D. in community health. Prior to joining Temple University's faculty in 1996, she taught at the University of Oklahoma. Ma's research and leadership in public health professional services has been widely recognized, especially for reducing cancer health disparities and improving accessibility and health care quality for medically underserved Asian American populations. In her career, she has received 23 awards and honors for outstanding contributions in research, training, and professional health services from organizations including NCI, CIS of the Atlantic Region, the National Ethnic Studies Association, Temple University, and Southeast University in China, among others.

Ma's research has produced more than 100 publications; 60 are peer-reviewed articles and books, and 40 are health education curriculum or research monographs. Her books include "Culture and Health – Asian Communities in the U.S.," and "Rethinking Ethnicity and Health Care: A Sociocultural Perspective."

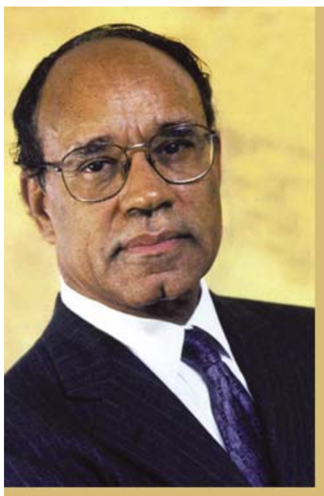
At the Center for Asian Health, Ma and her colleagues have developed 18 research and training programs focused on cancer education, early detection, intervention, and improvement in the quality of health care among underserved Asian American populations. "We have a great multi-disciplinary research team at the Center," says Ma. "I enjoy my work and always aspire for creativity. I don't need very much sleep, about four to five hours a night. My mind rarely stops thinking and working on new ideas. I enjoy the multiple roles of behavioral health scientist, clinical counselor, and educator-professor.

"I love to mentor junior health professionals and researchers. My classes are made up primarily of medical or doctoral students, junior researchers specializing in public health and other health-related disciplines. A number of students I mentor are attending institutions elsewhere—other states, Canada, Australia, China. They have one thing in common, though: an interest in Asian health issues."

Dr. Ma's work has also achieved international significance and has come full circle geographically. Her collaborative smoking intervention research projects involve two institutions in China: Southeast University and Sichuan University. She has recently been appointed as a distinguished visiting professor by Southeast University. ➻

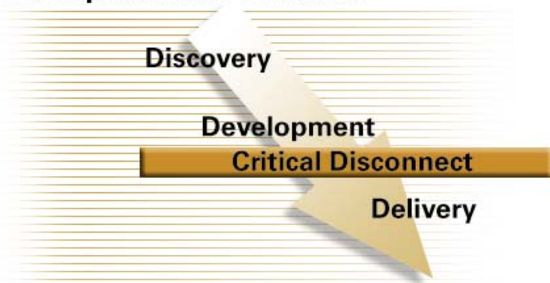
Historical View on Cancer Health Disparities Outlined

The Nation today is much better positioned than in the past to tackle, understand, and reduce health care disparities because of nationally focused, broad-ranging, and scientifically-based efforts, according to a Cultural Awareness Town Hall meeting at the 2004 Summit meeting of the Special Populations Networks (SPN).



The cancer problem in America is "not just a scientific and medical issue, but a moral and ethical issue."
Dr. Harold Freeman

This "disconnect" is a key determinant of the unequal burden of cancer.



"We have clearly made progress in bringing attention to and addressing issues of disparities in both the public health arena and in cancer research, training, screening and prevention, treatment, and access to quality care," according to Dr. Nadarajen A. Vydelingum, deputy director of the National Cancer Institute's (NCI) Center to Reduce Cancer Health Disparities (CRCHD).

"In comparison to earlier years, the focus on health disparities is now nationally driven with multi-institutional support," he said.

"The NCI now has a center devoted to reducing cancer health disparities along with numerous programs and initiatives. The National Institutes of Health (NIH) has adopted its own strategic plan. The Department of Health and Human Services (HHS) has, for some time now, addressed these issues through the Office of Minority Health. There is a National Center on Minority Health and Health Disparities, and there are also White House initiatives on race and health, along with continuing work by groups such as the American Cancer Society and the Institute of Medicine," he said. "Nevertheless, major challenges remain," he added.

"If one went back in time, prior to 1980, to view how the Nation addressed health disparities, the picture would be much different," he said.

"There was no integration of 'minorities' or 'special populations' into the public health or NIH research agenda," Vydelingum said. "There was no language of 'disparities.' There was no reported recognition of the role of poverty, race, and cancer. There was no tailoring of prevention, screening, treatment, or research programs to the needs of special populations."

Prior to the 1980s, there were only a few "champions for the underserved" who were slowly and methodically bringing attention to the existence of cancer and health disparities. These champions included Dr. Joseph Fraumeni, Dr. Ulrich Henschke, Dr. LaSalle Leffall, and Dr. Harold Freeman, now director of the CRCHD, he said.

In a separate address, Dr. Freeman said that a crucial 1973 paper about health disparities by Leffall and Henschke "put this issue on the map" by calling attention to striking negative differences in cancer mortality in African Americans.

The notion of "cancer disparities" was

first recognized on a national level as part of the HHS report "Health United States 1980," which discussed aspects of health and cancer disparities that are related to race and ethnicity, including: differences in access to high-quality medical care, considerably fewer preventive services, treatment delays until later stages of disease, low survival rates, and the need for healthier lifestyles.

A number of advances were made in the 1980s. In 1986 the NCI's National Cancer Advisory Board, recognizing the persistent disparity in cancer incidence and mortality between blacks and whites, approved a special initiative to reach African Americans. Drs. Claudia Baquet and Peter Greenwald played key roles in coordinating the initiative. Also that year, the National Black Leadership Initiative on Cancer was launched as the first formal minority outreach project of the NCI.

The need to address disparities continues to hold a high priority on NCI's agenda.

Further advances were made during the 1990s when Dr. Samuel Broder and Dr. Richard Klausner were NCI directors. Klausner established the Office of Special Populations Research (OSPR) to coordinate research related to special populations – the poor, the underserved, the elderly, and various minority groups.

In 1999 activities related to cancer health disparities converged. Under director, Dr. Otis Brawley, OSPR issued its first research funding solicitation for "Special Populations Networks for Cancer Awareness Research and Training." This major initiative was designed to encourage people from affected communities to work with scientists to find ways of addressing important questions about the burden of cancer among minorities. In April 1999 the Institute of Medicine issued its report on "The Unequal Burden of Cancer," identifying many important disparities issues.

Also in 1999, the President's Cancer Panel (PCP) issued a report, "Discovery Must Be Linked to Delivery," noting that the disconnect between health care discovery and delivery contributes significantly to the unequal burden of cancer when important medical advances are not made available to those most in need. Dr. Freeman, then PCP chair, said the problem was "not just a scientific and medical issue, but a moral and ethical issue," stating that there is "an imperative to use existing knowledge, technology, and resources to minimize suffering and death from cancer in all segments of the population."

By 2001, the NCI adopted a strategic plan with objectives in five major areas, including reducing cancer-related health disparities. Dr. Richard Klausner, then NCI director, elevated the status of the OSPR to that of a center. Thus, the CRCHD was created with Dr. Freeman, a noted cancer surgeon and advocate for underserved populations, as its director.

"This brings us to the present year of 2004," said Vydelingum. "CRCHD recently received approval for two new RFAs (Requests for Applications or grant application solicitations) to support the Community Networks Program (an outgrowth of SPN) and to conduct intervention research in patient navigation programs. The current NCI director, Dr. Andrew von Eschenbach, has been "highly supportive of these initiatives."

Also at the Town Hall meeting, Dr. Mark Clanton, NCI deputy director for Cancer Care Delivery Systems, said that the need to address disparities continues to hold a high priority on NCI's agenda. ⇝

SPN Legacy Continues in 2nd Generation Effort vs. Disparities

The National Cancer Institute's Special Populations Networks (SPN) researchers and staffers gathered in Washington, DC to "Celebrate the Power of Our Commitment to the Community."

The SPN researchers marked a notable record of successes in nearing the end of their five-year effort to build infrastructures for promoting cancer awareness within minority and medically underserved communities. The SPN research and outreach efforts are winding down in Asian American, Hispanic, African American, American Samoan, Native Hawaiian, Appalachian, American Indian and Alaska Native communities across the country.

Their success demonstrates a "new paradigm" for health disparities research involving community-based cancer education, research, and training. They have become the spring-board for a second generation of cancer awareness, education, and prevention programs in minority and underserved communities, according to an NCI appraisal.

Sponsored and funded by the NCI's Center to Reduce Cancer Health Disparities (CRCHD), the SPN effort will be soon be transitioning to an ambitious new CRCHD project: the Community Networks to Reduce Cancer Health Disparities Through Education, Research and Training (Community Networks Program – CNP).

"The SPN projects have done their job," Dr. Kenneth Chu, CRCHD program director, told the SPN Summit 2004 participants in July. "You have shown that special population researchers can publish – with more than 130 Medline papers to your credit. You have shown that minority junior researchers can be found, trained, and can become productive – with 200 minority investigators applying for pilot research projects. And you have shown that you leveraged the NCI funds by obtaining an additional $20 million in non-NCI funding to further your efforts. Equally important, you have shown how to help your communities."

In an official presentation to the NCI Board of Scientific Advisors, CRCHD pointed to the successes of the SPN in requesting approval of $125 million in funding for CNP's next-stage five-year program. With an enthusiastic "thumbs up" from NCI Director Dr. Andrew C. von Eschenbach, the board approved the CNP, which will be launched next year after the grant winner announcements, Chu noted.

"Celebrating the Power of Our Commitment to the Community" at the SPN Summit 2004 are leaders from the NCI and CRCHD. From left, NCI Deputy Director Dr. Mark Clanton, CRCHD Deputy Director Dr. Nadarajen A. Vydelingum, and CRCHD Director Dr. Harold P. Freeman.

"We have developed a new paradigm for health disparities research, involving cancer education, research, and training," said CRCHD in its bid to the NCI board.

"When we engaged researchers to aid their own, train their own, and perform research to help their own, we have uncovered the power of their commitment to their own. There is a bond of trust between the researchers and their communities," the advisors were told.

In seeking approval for CNP, CRCHD said, "We have an investment in these leaders and their communities. It has yielded great dividends. We

need to build on this investment to yield even greater gains."

"It's wonderful now that we have researchers from these communities," CRCHD Director Dr. Harold P. Freeman shared at the summit. He traced the history of NCI's interest in cancer health disparities to a 1973 paper published by Dr. LaSalle Leffall, Jr. and Dr. U.K. Henschke that "put this issue on the map" by pointing to the striking inequalities in cancer mortality that unfairly burden African Americans.

Various SPN researchers presented their lessons learned and successes at the summit and concluded with an awards presentation moderated by Frank Jackson, CRCHD program director.

After the SPN winds down early next year, the CNP will begin operating. The goals of the new program are to significantly improve access to and utilization of beneficial cancer interventions in communities with cancer health disparities, in order to reduce those disparities and inequalities. NCI plans to commit about $24 million in 2005 and to fund 18 to 22 grants under the CNP over the five subsequent years. ⊷

New Overview Group Fosters Communications Across NCI

The issue of health disparities has finally pushed itself into the research forefront. In recent years, scientists have become increasingly aware that health disparity issues such as education, barriers to health care, equal treatment, and minority training are of the utmost importance. Many national health organizations have begun to address such issues in a variety of ways. From these preliminary efforts, it has emerged that the most effective, but often the most elusive, weapons to combat health disparities are **communication** and **collaboration.**

With this in mind, the National Cancer Institute (NCI) has established a committee of senior staffers from various divisions and centers to work together with the nation's top cancer researchers to develop and lead a united initiative to eliminate cancer health disparities. It will foster better communications on health disparities across NCI.

The Cancer Disparities Overview (CanDO) group was formed after a meeting of CRCHD Director Dr. Harold P. Freeman, CRCHD Deputy Director Dr. Nadarajen A. Vydelingum, and other NCI division directors.

While many of the divisions and centers throughout NCI are individually working to tackle the health disparity problem, it became apparent that there was a lack of communication about this critically important issue across NCI.

This lack of internal communication often yields missed opportunities, costly duplications, and an inefficient use of available information, it was determined. To address these problems, the CanDO group, chaired by Vydelingum and composed of 11 other senior NCI staff members, meets monthly to develop potential partnerships and inform divisions of new disparities-related research, activities, and policies. The group sees itself as a major resource to develop and implement the strategic plans of the NCI and its parent, the National Institutes of Health (NIH), regarding health disparities issues.

To better achieve its purpose, CanDO accepted this definition of health disparities: "Health disparities are differences in the incidence, prevalence, mortality, and burden of cancer and related adverse health conditions that exist among specific population groups in the United States. These specific population groups may be characterized by gender, age, race, ethnicity, education, income, social class, disability, geographic locations, or sexual orientation."

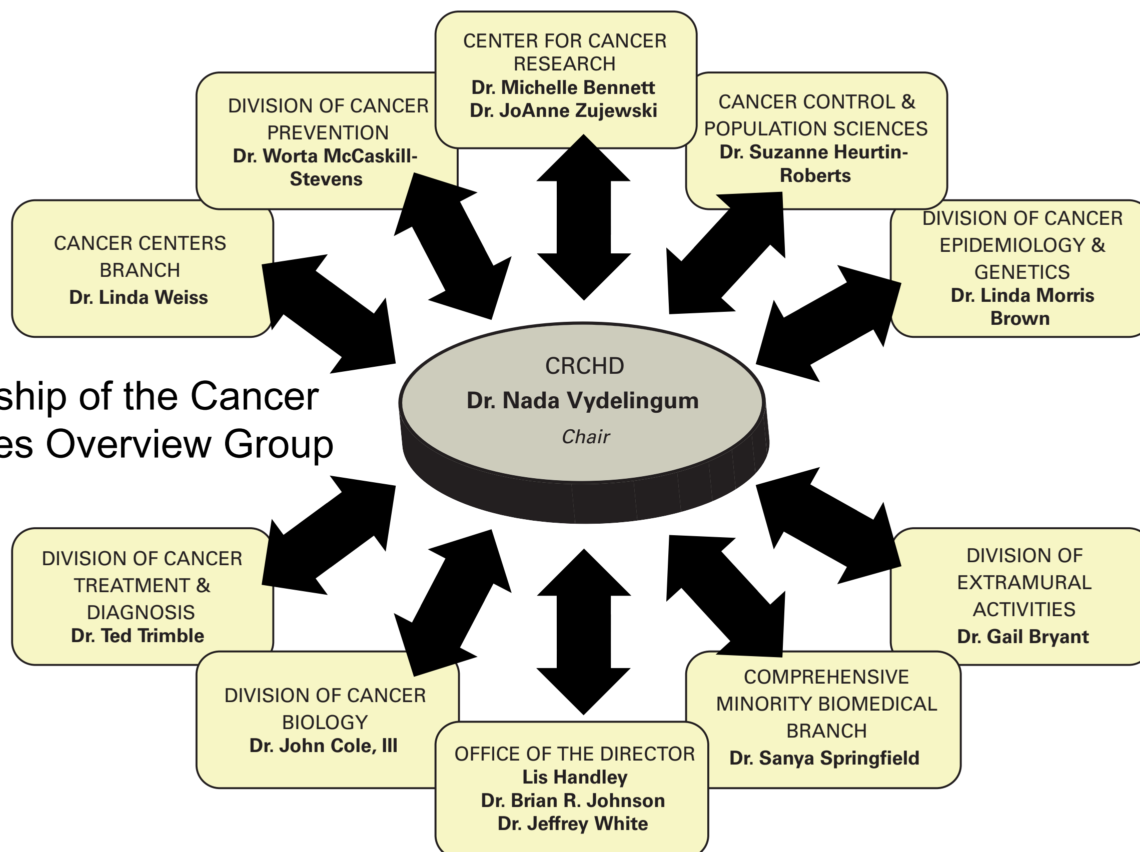
From this definition, CanDO delineated its mission: "To support the goal of eliminating health disparities by facilitating linkages among divisions, centers, and offices within the NCI and

promoting interactions with other NIH institutes, government agencies, and academic institutions. The ultimate goal of CanDO is to help the NCI create an integrated vision of cancer health disparities and to serve as a resource to those considering measures to reduce and eliminate these disparities."

From this broader mission statement came a number of important of objectives:

- Assist with NCI health disparities activities to facilitate communications and define linkages and opportunities for interactions in areas of cancer health disparities.
- Serve as a resource with expertise in health disparities that provides the NCI community input into proposals, documents, etc. . . . that contain a health disparities component.
- Develop a vision for how NCI can impact and contribute to the area of health disparities. Support the recruitment and retention of minority staff in leadership positions. Provide mentoring and career development for minorities, and encourage training opportunities for minority researchers at NCI.
- Promote the study and investigation of health disparities' role in rare cancers (e.g., pancreatic) in addition to cancers of high incidence (e.g., breast).
- Develop effective communication strategy across NCI by combining strengths from all divisions, centers, and offices to promote interactions between the intramural and extramural communities in health disparities research.
- Provide feedback and input to components of the NCI Bypass Budget, Annual Report, and Strategic Initiatives with respect to cancer health disparities.

Reducing the burden of cancer health disparities is a dynamic process, requiring the interaction, coordination, and cooperation of many partners, it was determined. CanDO resolved to reevaluate, over time, its mission, goals, and objectives. Members felt the CanDO mission should not be simply a "lifeless" statement and indicated that it should be an evolving declaration, welcoming ideas and concepts from the NCI community. ❧



Membership of the Cancer Disparities Overview Group

Report: Why Some Suffer Unfair Burden of Cervical Cancer

Technically, all cervical cancers are avoidable, yet some 4,000 American women die as a result of cervical cancer every year. Why? And why does it occur so noticeably in certain geographical areas and among certain populations? Those critical questions have been studied by experts who have now made detailed recommendations to drastically reduce cervical cancer deaths in the U.S.

In the history of cancer control efforts, cervical cancer is considered a resounding success story. Since screening programs using the Papanicolaou (Pap) test were implemented over 50 years ago, cervical cancer deaths have declined proportionally – yet cervical cancer still will take the lives of 3,900 women this year.

This is particularly disturbing since all cervical cancers should be avoidable with proper Pap screening, and because effective treatment is available after early detection. Pap screening is underutilized in some areas, and in some populations, resulting in unnecessary deaths.

The National Cancer Institute's (NCI) Center to Reduce Cancer Health Disparities (CRCHD) held a series of Think Tank meetings with scientists and cancer specialists to examine the problem and to recommend solutions.

These experts noted that an entrenched pattern of high cervical cancer mortality has existed for decades in distinct populations and geographic areas. Women suffering most include African American women in the South, Latino women along the Texas-Mexico border, white women in Appalachia, American Indians of the Northern Plains, Vietnamese-American women, and Alaska Natives. An analysis of two geographic regions where cervical cancer mortality is the highest determined that, in addition to a need for targeted interventions and additional resources to reduce cervical cancer deaths, these regions also experience high mortality rates for other health conditions and diseases for which screening and treatment are now available.

The expert team then determined that cervical cancer is a valuable indicator of larger concerns in the health system such as weaknesses in the health care infrastructure, access to care, education of both patients and providers, and adequate health communications that recognize cultural variations. These system inadequacies undermine the health care for women of particular racial and ethnic minority subgroups and underserved women who also are victims of the negative effects of poverty on overall health status, the experts said.

By effectively addressing these glaring inadequacies in the health care system, the nation has an excellent opportunity to reduce the health problems facing not only women with high cervical cancer risks, but the entire population of minorities and medically underserved Americans, according to the report. Thus, this model would not only address the health problems facing women with high cervical cancer mortality, but also the full set of "human circumstances" that contribute to all health disparities, according to the report.

CRCHD has issued a report with recommendations to revise various aspects of the health system – particularly publicly funded health services. The recommendations are designed to eliminate disparities and save lives. The report is entitled "*Excess Cervical Cancer Mortality: A Marker for Low Access to Health Care in Poor Communities.*"

"Nowhere is this failure of our health care system more apparent than in the disparities regarding cancer incidence and outcome, as well as other health issues suffered by members of

particular racial and ethnic minority subgroups and other underserved populations," said CRCHD Director Harold P. Freeman in an introduction to the report. He said that the cervical cancer study and its recommendations "provide an important opportunity for analysis through which to examine our health care system – particularly publicly-funded health services – and courageously craft the changes that will eliminate disparities and save lives."

The report makes several conclusions including:

- Cervical cancer mortality is an avoidable cause of death and a marker for conditions that contribute to health disparities.
- Addressing cervical cancer mortality offers an important opportunity to address the Nation's growing concern about persistent health disparities.
- Vulnerable populations must be provided with necessary preventive, acute care, and disease management services.
- Innovation, commitment, and creativity are crucial to finding ways to use available resources more efficiently and effectively.
- Leadership and partnership are needed to create change.

The full report will be made available online; a link to it will be provided on the CRCHD Web site at http://crchd.nci.nih.gov/. ꩜

Honors Awarded CRCHD Staff Member and Grantee

Dr. Roland Garcia, program director of the Center to Reduce Cancer Health Disparities (CRCHD) Research Branch, has been honored for his leadership with two awards, one of them the first-ever honor awarded by a patient advocate organization to its designated "National Healthcare Hero." He was commended for his commitment to improving patient access to quality health care by leading outreach initiatives to underserved populations, specifically Native American and Alaska Native populations, to reduce the disparities in their access to care.

Garcia is program director of patient navigator pilot programs at two American Indian sites in the Pacific Northwest under a program funded by the National Cancer Institute, through CRCHD. Patient navigators are trained advocates for patients, providing advice and support, particularly to racial and ethnic minorities and underserved populations.

He was the inaugural recipient of the Healthcare Hero award presented at a symposium of the Patient Advocate Foundation, which serves as a liaison between patients and their insurers, employers, and creditors to resolve financial and other issues related to their medical care. The foundation also seeks to safeguard patients through effective mediation assuring access to care, maintenance of employment, and preservation of financial stability.

Dr. Roland Garcia was honored with the "National Healthcare Hero" award.

Photo: Bill Branson

Garcia is program director of the CRCHD's new Patient Navigator Research Program (PNRP), a new $24 million five-year research effort to test the cost-effectiveness of various navigator interventions and tactics.

Garcia also received an award from the Department of Health and Human Services (HHS) for his efforts to further the principles of equality and to address and eliminate racial and ethnic disparities. The award was announced in

July by HHS secretary, Tommy G. Thompson, on the 40th anniversary of the enactment of the Civil Rights Act of 1964.

In addition, a CRCHD grantee, Dr. Elmer Huerta, received an HHS award along with the Latin American Cancer Research Coalition in Washington, DC, which he directs. Using culturally appropriate social marketing approaches to promote health and prevent cancer, diabetes, hypertension, and heart disease, the program has now persuaded some 8,000 Latinos – 85 percent of them without disease symptoms – to seek medical screening and education before symptoms emerge, according to the award. Huerta's program, part of CRCHD's Special Populations Networks, was spotlighted in an earlier newsletter article; see **Hispanic Oncologist Becomes a Media Star with TV-Radio Health Messages**, *Equal Access,* Volume 1, Issue 2. ↫

NCI Seeking Applications for Patient Navigation Research

The National Cancer Institute (NCI) invites universities and other institutions to submit applications for funding to conduct research into the efficacy and cost-effectiveness of "patient navigator" interventions and tactics. NCI's Center to Reduce Cancer Health Disparities (CRCHD) will award $24 million in research grants over the next five years.

The **Patient Navigation Research Program: Eliminating Barriers to Timely Delivery of Cancer Diagnosis and Treatment Services (PNRP)** will award funding of up to $800,000 a year to institutions submitting award-winning designs to develop and assess navigator interventions that are shown to be both operationally and cost-effective.

In several pilot patient navigator programs, the CRCHD has learned that capable navigators are a reliable ally for patients and families to lean on for advice, support, and direction. These allies understand the patient's fears and apprehensions and remove barriers to effective care by coordinating the delivery of services. With knowledge of the health care system, the navigator establishes credibility through communication with patients and guides the patient and family through obtaining timely, quality care and making wise treatment and follow-up decisions. The CRCHD now seeks next-step research to determine which navigation interventions work best for each circumstance.

More information on the PNRP RFA (Request for Applications) is available online at: http://crchd.nci.nih.gov/Navigator/RFA.htm. ↫

NIH Releases Research Strategy to Fight Obesity Epidemic

The National Institutes of Health (NIH) has released the *Strategic Plan for NIH Obesity Research*, a multi-dimensional research agenda to enhance both new research development in areas of greatest scientific opportunity and obesity research coordination across NIH. The report, announced in August by NIH Director Elias M. Zerhouni, M.D., is available on the Web at obesityresearch.nih.gov. ↫

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