

## Patient Navigator Research Program Wins Approval; Model Already Being Tested at Native American Sites

By Neil Swan, Staff Writer

The concept of patient navigators or advocates to help guide cancer patients through the maze and confusion of diagnosis and treatment is becoming more widely accepted and will now undergo extensive field-testing to develop the most effective approaches nationwide.

A \$24 million research program to develop and test patient navigator procedures to help minority and underserved cancer patients receive better and more timely treatment was approved in March by the National Cancer Institute's (NCI) Board of Scientific Advisors. The plan was proposed by the NCI's Center to Reduce Cancer Health Disparities (CRCHD), which is already testing the navigator concept for Native American patients at two locations. The newly approved research program will seek to develop and test a broader array of navigation concepts, but CRCHD-supported pilot programs are already winning acceptance and praise from patients and their families.

Registered nurses acting as patient navigators at sites in the Pacific Northwest say they feel that they are making a difference in the lives of Native Americans who are diagnosed with cancer, by acting as knowledgeable advocates for the patients and helping them "navigate" their way through the complexities of the health care system.

Preliminary results indicate that patient



Cancer survivor HollyAnna Pinkham, a member of the Yakama tribe, worked with a patient navigator in setting up programs for cancer patients and their families. She models a traditional buckskin dress handed down within her family. (Photo: HollyAnna Pinkham)

navigators help their clients receive more timely treatment and more information relating to cancer treatment and cancer-preventive behaviors. The idea is to help patients achieve greater satisfaction with the health care system experience. The concept was outlined in a previous *Equal Access* article (**Patient Navigator to Help Eliminate Patient Suffering and Death**, Fall 2003, Vol. 1, Issue 2) profiling a patient navigator in Laredo, TX serving Hispanic community members.

The CRCHD supports, and the Northwest Portland Area Indian Health Board operates, two patient navigator sites in the Pacific Northwest through a pilot program.

"Patients have different concerns at

the different sites,” says Katrina Ramsey, program evaluator for the project. “At Yakama, transportation is an issue. People must often drive enormous distances. They may have to drive 140 miles for chemotherapy.”

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## Navigators have become active in the communities they serve.

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At other sites, the patient navigators spend a great deal of time coordinating the care provided at Indian health clinics with the care provided elsewhere by cancer specialists. At Puyallup, patient navigator Michelle Joseph, R.N., makes sure that she accompanies clients on their first visits to the oncologist to provide support and answer questions. “Patients have a lot of questions that they just don’t feel comfortable asking the physician,” she says. “When the physician leaves the room they will turn to me and ask questions about things they don’t understand. I think they see me as a strength – and their voice. After the doctor leaves, I have had patients look right at me and say: ‘What is he *really* saying?’

“I make every effort to educate them about their disease – their family, too – and to explain to them their options for treatment. I emphasize that it is their choice. Due to the networks we have developed in the community, sometimes we can actually match a patient with special needs or concerns with the appropriate oncologist – the one who can best respond to those needs,” she says.

One educational tool is an information binder that the navigators assemble and present to each client. The binder is divided into sections with information about the patient’s diagnosis, available cancer education materials and how to obtain them, copies of lab tests or medical procedure records, their complete surgical history, their complete medication list, information

release forms, and the patient navigator’s business card and phone number. “Patients love that binder,” Joseph says. When patients bring their binder to each doctor’s appointment, it ends waiting and confusion in obtaining prior medical records.

Navigators have become active in the communities they serve. At the Yakama site, a former patient navigator, Christine Ross, R.N., helped organize a Native American Patient Navigator Blood Drive Day to spotlight the program. The event, besides collecting blood and bone marrow, was dedicated to a Yakama woman who died last year from leukemia. She was the first person to benefit from the Yakama patient navigator program, and she greatly appreciated the service, according to her family.

In another community-based effort, a Yakama tribe member and cancer survivor, HollyAnna Pinkham, and Nurse Ross are planning an auction of Native American artwork to benefit Indian cancer patients nationwide. About 130 Native American artists and craftsmen have pledged to donate items of their work for an



On the Yakama reservation, HollyAnna Pinkham prepares the hide of an elk that she shot. She will use the leather in crafting a traditional Indian saddle. She is donating the saddle to an auction of Native American arts and crafts that will benefit cancer survivors. (Photo: HollyAnna Pinkham)

auction in Arizona. Pinkham is donating to the auction a traditional Yakama saddle that she made using elk hide from an animal that she hunted, killed, and skinned.

Joseph, the patient navigator at Puyallup, says she finds her job enormously rewarding. "I hear wonderful comments from the patients, who feel that, in me, they have someone they can rely on. It is rewarding to know that you are making a difference for them in getting a speedy diagnosis and helping to reduce their pain and suffering."

To expand beyond these programs in the Pacific Northwest, CRCHD will solicit applications for research grants totaling \$24 million in awards under its Patient Navigator Research Program to develop and test a broad range of navigator interventions at locations across the country.

The research program will examine ways that navigation can be provided by professionals, specialists, or even volunteers working in primary care settings, community health centers, and hospitals. It will test ways to support, advise, reassure, and guide patients using a variety of existing or investigative interventions.

The grants will be awarded for research conducted over five years. Dr. Roland Garcia of CRCHD is the program director.

In addition, there is legislation before Congress to support development of patient navigator models. In the House of Representatives, a bill introduced by Rep. Robert Menendez (D-NJ) and Sen. Kay Bailey Hutchison (R-TX), authorizes NCI, the Health Resources and Services Administration (HRSA), and the Indian Health Service (IHS) to sponsor more patient navigator models across the cancer care continuum. H.R. 918 has been referred to

the House Subcommittee on Health.

In the Senate, the Closing the Health Gap Act has been introduced by Sen. Bill Frist (R-TN), Senate majority leader, to address a broad range of health care disparities. ❖

## NCI Cancer Prevention Fellowship Program

The NCI Cancer Prevention Fellowship Program provides postdoctoral training opportunities in cancer prevention and control. The purpose of the program is to train individuals from a multiplicity of health science disciplines in the field of cancer prevention and control.

The following training opportunities are available:

- Master of public health degree.
- Clinical cancer prevention research track.
- Ethics of prevention and public health track.
- NCI summer curriculum in cancer prevention.
- Mentored research at the NCI.
- Weekly colloquia series.
- Leadership and professional development training.

The online application is now available at: <http://cancer.gov/prevention/pob>.

The deadline for applying to the Cancer Prevention Fellowship Program is Sep. 1, 2004. If you do not have access to the Internet, please contact our office at (301) 496-8640.

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Send application material to:

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# New CNP Research Network Focuses on Closing Gaps Between Cancer Discovery and Care Delivery

A new nationwide research network has been created by the Center to Reduce Cancer Health Disparities (CRCHD).

CRCHD is launching the Community Networks to Reduce Cancer Health Disparities Through Education, Research, and Training (Community Networks Program or CNP). The Community Networks Program aims to reduce cancer health disparities by conducting community-based participatory education, training, and research among racial/ethnic minorities and underserved populations. The goal of this program is to improve cancer interventions in communities with cancer health disparities.

CNP succeeds the Special Populations Networks (SPN) for Cancer Awareness, Research, and Training, whose five-year span draws to an end in 2005.

CRCHD plans to reorient the focus from the SPN's special population awareness research to the CNP's emphasis on reducing cancer health disparities among racial and ethnic minority and underserved populations. The SPN's work reinforced that there is a disconnect between the research discovery and development systems and the cancer prevention and care delivery system. The funding redesign and reissuance under the CNP now focuses on closing this gap in the delivery system in communities with cancer health disparities.

NCI plans to commit about \$24 million in 2005 to fund 18 to 22 grants under the CNP. Applicants proposed projects of up to five years in duration with budgets of up to \$1.75 million per year for large-scale programs.

The CNP will be implemented in three phases, with these goals:

- Phase I - Develop and increase the ability to support community-based participatory

education, research, and training to reduce cancer health disparities.

- Phase II - Develop community-based participatory research and training programs to reduce cancer health disparities.
- Phase III - Establish credibility and sustainability of the CNP. ♡

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## Dr. Emmanuel Taylor Joins CRCHD

Dr. Emmanuel A. Taylor has joined the staff of the Center to Reduce Cancer Health Disparities as a health scientist administrator in the Health Policy Branch. He conducts original policy analysis and research on the effect of current or proposed health policy on cancer health disparities. He then disseminates the results to health professionals,



Dr. Emmanuel A. Taylor  
(Photo: Bill Branson)

and the public.

Taylor has more than 20 years of health information management and research experience at the state, federal, and community levels, as well as in academia and

the private sector. He will provide scientific expertise and guidance to scientists and policy makers for community-based participatory and translational research regarding cancer prevention and control in minority and medically underserved populations. ♡

## New NCI Deputy Director Has Unique Responsibility Planning and Prioritizing Research on Cancer Health Disparities

Reducing cancer health disparities is an important strategy in achieving the National Cancer Institute's (NCI) goal of eliminating the suffering and death due to cancer by 2015. NCI director, Dr. Andrew von Eschenbach, has made cancer health disparities reduction one of the institute's seven strategic priorities.

Although research into cancer health disparities is being conducted and funded throughout the NCI, the institute's Center to Reduce Cancer Health Disparities (CRCHD) leads the efforts to improve the cancer care outcomes of individuals from populations who bear an unequal cancer burden.



Dr. Mark Clanton, NCI's new deputy director for Cancer Care Delivery Systems, is leading the institute's strategic planning process. (Photo: Bill Branson)

"The Center's role today and in the future, as determined by its director, Dr. Harold Freeman, is focused on research to generate knowledge about effective ways to reduce disparities," says Dr. Mark Clanton, NCI's new deputy director for Cancer Care Delivery Systems. In this role, Clanton is leading the strategic planning process at NCI as well as the development of NCI's research priorities in care delivery.

"The knowledge gained from research on reducing cancer health disparities will be applied within the context and constraints of the existing care delivery system," Clanton explains. "Understanding the care delivery system as it applies to cancer will increase our chances of having a forcible and lasting impact on disparity reduction in this country.

"My job is to understand how to engineer or modify the health care system, using research and health care policy analysis, to make quality cancer care services available to *all* who need them," he adds.

According to Clanton, reducing disparities and improving the nation's overall ability to care for cancer patients will require a focus on three key forces that shape health care delivery: 1) the health economics of cancer care (how cancer care is financed and paid for), 2) the quality of cancer care and all its components (treatment guidelines, quality improvement initiatives for providers, helping patients make informed treatment decisions), and 3) access to care, which can be affected by many factors, including lack of insurance, geography, and injustice or unequal treatment based on race or socioeconomic background.

In order to reach the 2015 goal, most experts agree that improving access to cancer-related services, particularly for underserved populations, is a must. As cancer therapies become more complex, more precisely targeted to specific genetic and protein abnormalities, there is likely to be an increase in their cost compared to more traditional care. To ensure that the greatest benefit is gained from the most effective, least toxic treatments being developed, Clanton adds, we must make quality cancer care more accessible. Improved access to care becomes most meaningful when patients can readily find their way into and through the complex health care system.

Helping patients navigate the complexities of the cancer care system is a major research focus of the CRCHD. “If the research funded by the Center can discover effective models for guiding patients through treatment, then both access to care and the quality of patient care will improve,” Clanton says.

As the deputy director responsible for the NCI Office of Science Planning and Assessment, Clanton will look across NCI’s entire research portfolio for ways to improve access to care and reduce cancer health disparities. NCI leadership is also focused on improving racial and ethnic minority participation in clinical trials. Scientific discovery has helped clinicians understand that there are racial and ethnic differences in how patients respond to treatment. It is, therefore, important that individuals representing diverse populations participate in clinical trials of new therapies. The NCI’s Center for Cancer Research is working in collaboration with a community partner to increase African-American participation in prostate and breast cancer clinical trials.

In a similar fashion, several areas within NCI divisions including Cancer Control and

Population Sciences, and Cancer Epidemiology and Genetics, along with other areas within NCI are also contributing research aimed at reducing cancer health disparities.

Clanton’s background has prepared him well for his dual responsibilities in strategic planning and cancer care delivery systems. He has 20 years of experience in clinical care and health care systems delivery and 18 years of volunteer work with the American Cancer Society (ACS). He was involved in strategy development and implementation of ACS’s nationwide strategic priorities. Prior to joining NCI, Clanton was president-elect of the ACS. A graduate of Howard University, Tulane University School of Medicine, and the Harvard School of Public Health, he became the first African-American vice president of Blue Cross and Blue Shield of Texas and later became the chief medical officer.

His new position at NCI is unique within the National Institutes of Health (NIH) because he will provide a leadership and research focus that analyzes the systems by which care is delivered. He will lead efforts to understand how information and data generated by delivery systems can be used in basic and translational research.

On behalf of the NCI director, Clanton recently presented the Cancer Care Health Disparities Progress Review Group (PRG) report, *Making Cancer Health Disparities History*, to the Health and Human Services (HHS) Health Disparities Council. The report contains 14 recommendations to the HHS Secretary that could reduce cancer health disparities in the United States (See **PRG Report**, Page 8). Clanton also served as a PRG member and subcommittee chairman. Many of the recommendations suggest specifically what HHS might do to reduce cancer disparities. ❖

# ICC Announces National Program Designed to Begin Eliminating Cancer Health Disparities Nationwide

By Francis X. Mahaney, Jr., Staff Writer

**“Of all the forms of inequality, injustice in health is the most shocking and inhumane.”**

– Martin Luther King, Jr.

The nation’s minorities and poor are experiencing higher rates of cancer than average, and dying more frequently and more quickly. Amid increasing evidence of this, a national group has announced a national action plan outlining how the Administration and Congress can begin to eliminate disparities in cancer care among the medically underserved.

The plan was unveiled to researchers and the news media in Washington in March at the 9<sup>th</sup> Biennial Symposium on Minorities, the Medically Underserved and Cancer. Sponsored since 1987 by the Intercultural Cancer Council (ICC) and the Baylor College of Medicine, the symposium drew more than 2,000 participants this year.

The ICC Caucus plan calls for the Administration and Congress to take immediate action to:

- Implement and fund the recommendations of the Trans-DHHS Cancer Health Disparities Progress Review Group Report, *Making Cancer Health Disparities History*. (See **PRG Report** article, Page 8).
- Pass legislation for the Patient Navigator, Outreach and Chronic Disease Prevention Act, ensuring that every American has equal access to prevention, screening, and treatment along with a trained advocate to help them navigate through the complexities of the health care system. Recently, the National Cancer Institute’s Center to Reduce Cancer Health Disparities (CRCHD) received approval to launch a

\$24 million Patient Navigation Research Program for the Underserved. (See **Navigator** article, Page 1.) During the ICC meeting CRCHD director, Harold P. Freeman, outlined various ways that some patient navigator programs are already operating.

- Increase federal data collection to better document racial, ethnic, and socioeconomic diversity in cancer care.
- Restore Medicare reimbursement levels for cancer treatment and cancer care this year.
- Eliminate barriers to more effective pain management and palliative care for minorities and the underserved.
- Enact the Patients’ Bill of Rights to provide strong, comprehensive protection to all cancer patients in managed care plans, and achieve universal health insurance by the year 2010.

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## African-Americans have the highest death rate from colon and rectal cancer of any racial or ethnic group in the United States.

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The ICC report noted that when it comes to disparities, minorities’ cancer incidence rates are on the rise in many categories. Members of the 560 federally recognized Native American Indian tribes in the United States are hit particularly hard. American Indians continue to have the poorest survival rates “from all cancers combined” than any other racial group, according to the ICC report. Lung cancer remains the most common type of cancer death in men in eight of the nine Indian Health Service areas.

Among African-Americans, lung cancer continues to account for the largest number of



cancer deaths among men and women combined, followed by prostate cancer in men and breast cancer in women. African-American women have the highest death rate from colon and rectal cancer. African-Americans have the highest death rate from colon and rectal cancer of any racial or ethnic group in the United States, the report noted.

Cancer remains the leading cause of death in Asian-American women. Breast cancer incidence in Japanese-American women is now approaching that of U.S. whites. Cervical cancer incidence rates are five times higher among Vietnamese-American women than white American women. ↻

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## **PRG Panel Releases Recommendations for Reducing Care Disparities for Top-Level Review and Action at HHS**

The Trans-HHS Cancer Health Disparities Progress Review Group (PRG) has released a significant report, *Making Cancer Health Disparities History*. The report includes 14 recommendations to the U.S. Department of Health and Human Services (HHS), designed to significantly reduce cancer health disparities in the United States.

A remarkable aspect of this report is that it represents the first time that the PRG process was used to review and produce recommendations on such a large-scale problem as cancer health disparities. The PRG process, created by the National Cancer Institute, was designed to provide periodic, state-of-the-art science reviews and recommendations on specific cancer sites, such as prostate or lung cancer.

PRG panels are made up of prominent members of the scientific, medical, and advocacy communities assembled to identify areas of

strength, gaps, opportunities, and priorities in scientific research. PRG reports become road maps to guide future planning, implementation, and evaluation.

“The successful adaptation of the PRG process to cancer health disparities opens the door to using the process to review and provide recommendations for other health disparities,” says Dr. Mark Clanton, NCI’s deputy director, Cancer Care and Delivery Systems.

“As a member of the Trans-HHS Cancer Health Disparities PRG, I am proud of the product that our group produced,” he says. “It offers priority areas that need to be addressed, with recommendations that span the spectrum from the practical (such as greater screening for breast, cervical, and colorectal cancer), to the conceptual (such as ensuring that every cancer patient has access to state-of-the-science care).”

Clanton officially presented the PRG report to the HHS Health Disparities Council, made up of top representatives from all HHS agencies, who will review the report and decide which recommendations can and should be pursued.

The goals of the PRG were to:

- Comprehensively define and describe issues related to cancer health disparities.
- Identify areas of strength, gaps, opportunities, and priorities to address cancer health disparities in research and intervention development.
- Facilitate the adoption and implementation of evidence-based policy, community, and clinical interventions.

To read the full PRG report and recommendations go to:

<http://www.chdprg.omhrc.gov/pdf/chdprg.pdf> ↻



## Better Cancer Screening and Care for Native Americans Urged in Panel Report on Yakama and Northwest Indian Tribes

The President's Cancer Panel has issued a report, *Facing Cancer in Indian Country: The Yakama Nation and Pacific Northwest Tribes*, which calls for increased access to cancer screening and treatment for Native Americans.

Native American cancer incidence and mortality rates have been on the rise over the past 30 years. American Indian and Alaska Native cancer survival rates are among the lowest of any U.S. ethnic group, the report notes.

"We must not shirk the responsibility of our government to provide necessary cancer and other health care to the first Americans," said former panel chairman Dr. Harold P. Freeman, director of the Center to Reduce Cancer Health Disparities.

Unfortunately, as the report points out, "For many American Indians and Alaska Natives in the Pacific Northwest region of our nation, lack of cancer screening and treatment – or dangerously delayed care – is the norm, not the exception."

Barriers to cancer care for Native Americans include, according to the report, inadequate health services funding, gaps in the care infrastructure, cultural issues, information and training needs, and geographic obstacles.

In July 2002, the President's Cancer Panel was invited to visit the Yakama Nation in Washington State to learn about cancer occurring among the Yakama and other Native American tribes in the Pacific Northwest. Moving and troubling testimony was received from nearly 40 cancer survivors, family caregivers, physicians and other medical personnel, outreach workers, health care administrators, and cancer researchers. They described an Indian health system crippled by severe and chronic underfunding, inadequate infrastructure and

staffing, and a maze of complex Indian Health Service (IHS) system requirements.

The panel's report made a number of recommendations, including:

- Funding for the IHS must be increased to improve access to cancer prevention, diagnosis and treatment services, as well as primary care services.
- The U.S. Department of Health and Human Services (HHS) should convene a meeting of its involved agencies, including the Health Resources and Services Administration, the IHS, the Centers for Medicare and Medicaid Services (CMS), and other public health care funders and providers (such as the Department of Veterans Affairs) to determine how greater synergy and cost efficiencies can be achieved to improve cancer-related care for Native Americans.
- Patient navigator programs should be established to help Native American cancer patients and those at risk for cancer. (See **Navigator**, Page 1.)
- Congress should rapidly reauthorize the Indian Health Care Improvement Act to help Native Americans more fully utilize Medicaid, Medicare, and other public health services for which they are eligible.
- Recent actions and future plans for Medicare and Medicaid reimbursement and service changes should be re-examined given the increasing dependence of IHS and tribally operated health services on patient care revenues from these programs.
- Efforts to develop more accurate cancer data on Native Americans in the Pacific Northwest, including data from Indians in urban settings, should be increased. ❖

# CRCHD's College Interns Have Varied Health Career Goals

Four young women are enhancing their graduate studies with real-world work experience as interns on the staff of the Center to Reduce Cancer Health Disparities (CRCHD). They are enrolled under three internship programs, with varying employment terms, requirements, and goals.



CRCHD's college interns gather in the Center's offices. Standing, from left, Erica Warner and Megan Quill; seated, Hope Anderson and Rose Chon.

**Hope Anderson**, 26, has a bachelor's degree in medical technology and is receiving a Master of Public Health (M.P.H.) degree in environmental health sciences, both from Ohio State University. The Warren, OH native is enrolled in a six-month NCI Health Communications program internship.

After employment at the Cleveland Clinic as a medical technologist in transfusion services, she came to CRCHD, where she has been working to prepare the "Black Bag" project, a 16-page insert that will be featured in the *Journal for Minority Medical Students* to recruit minority

medical students to come to NCI for further work and study. This assignment presented internship responsibilities "larger and more complicated" than she had expected, Anderson says. She is interested in health communications and outreach, and she would like to perhaps tie it into her interest in environmental health issues, "the key to so many health problems."

**Megan Quill**, 23, a graduate of Haverford College in Pennsylvania with a bachelor's degree in psychology and Latin American studies, hopes to pursue a master's degree in nursing (M.S.N.), and eventually a doctorate in international public health. She is enrolled in a one-to-two-year Cancer Research Training Award (CRTA) program and has been at CRCHD for nine months where, after a familiarization period, she now feels she is making significant contributions. She is currently working on analyses, comparisons, and evaluations of various states' plans to reduce cancer health disparities.

Quill, from Rochester, NY, would like to be a nurse for five to 10 years, while working on a doctorate. Her long-range goal is to teach public health at the college level, with a focus on learning through working with international or local communities in need.

**Rose Chon**, 24, attended high school in San Diego, received a bachelor's degree in health promotion and disease prevention studies from the University of Southern California in Los Angeles, and is now pursuing an M.P.H. in health communications from USC. She is participating in a six-month NCI Health Communications internship program.

Before coming to CRCHD, Chon worked in the NCI Office of Liaison Activities, where she helped update the Web site and assisted in organizing a training program for cancer advocates. At CRCHD, her main assignment is

to design a cancer care handbook for the Patient Navigator Research Program, which will be a comprehensive information binder tailored to individual patient needs. She is considering seeking a doctorate and wants to “empower” medically underserved and minority populations by improving access to and understanding of cancer information and resources.

**Erica Warner**, 23, grew up in New York, graduated high school in Minnesota, and received her bachelor's degree from Duke University in sociology and health policy. This fall she will begin studies at Yale University to pursue an M.P.H., specializing in chronic disease epidemiology.

Warner is in her second and final year as a Public Health Intern in the Emerging Leaders Program, administered by the Department of Health and Human Services (DHHS). For one year she rotated among assignments at the Health Resources and Services Administration (HRSA), the Centers for Disease Control and Prevention (CDC), and the HHS Office of the Secretary. In her second year at CRCHD, she has worked on the development of the Patient Navigator Research Program and participated in a site visit to Indian health clinics on the Yakama and Puyallup reservations in Washington State. Her interests are in researching and designing programs to reduce health disparities; she looks forward to working in the federal government, in academia, or in the non profit sector.

For more information on internship programs:

- DHHS Emerging Leaders – <http://www.hhs.gov/jobs/elp>
- NCI Health Communications – <http://internship.cancer.gov>
- Cancer Research Training Award (CRTA) and other programs – [http://web.ncifcrf.gov/careers/student\\_programs/](http://web.ncifcrf.gov/careers/student_programs/) ↻

## Meetings and Presentations of Interest

In May Dr. Harold P. Freeman, director of the Center to Reduce Cancer Health Disparities (CRCHD), was keynote speaker in Lexington, KY, at a meeting of the Mid-South Cancer Information Service and the three components of CRCHD's Special Populations Network based in that region. Frank Jackson, program director of CRCHD's Disparities Research Branch also delivered a speech at this meeting.

## Upcoming Meetings

### **AICR/WCRF International Research Conference on Food, Nutrition, and Cancer**

July 15 - 16, Washington, DC

Sponsor: American Institute for Cancer Research

### **Special Populations Networks Cancer Health Disparities Summit 2004**

July 18 - 20, Washington, DC

Sponsor: CRCHD

### **Summer Workshop – Disparities in Health in America: Working Towards Social Justice**

July 24 - 30, Houston, TX.

Sponsor: Center for Research on Minority Health (University of Texas)

### **Conference on Quality Health Care for Culturally Diverse Populations: Integrating Community Needs into the National Health Agenda**

September 28 - October 1, Washington, DC

Sponsor: The Commonwealth Fund

### **Frontiers in Cancer Prevention Research**

October 16 - 20, Seattle, WA

Sponsor: American Association for Cancer Research

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