

EQUAL ACCESS

Closing the Gap Between Discovery and Delivery

Volume 2 ■ Issue 1

CENTER TO REDUCE CANCER HEALTH DISPARITIES

Inside

Events Calendar	3
Researchers Reach Elusive Population	4
“Energy Balance” Fights Obesity	7
NCI Recruiting Minority Researchers	9
Video Spotlights Childhood Cancer	10
Vydellingum Named For Diversity Award	11
Experts Examine Disparities Costs	11

Staff

Managing Editor

Nadarajen A. Vydellingum, Ph.D.

Deputy Editor

Francis X. Mahaney, Jr.

Associate Editors

Neil Swan, Bill Killam & Jennifer Clister

Photographers

Bill & Ernie Branson

For questions or comments about the newsletter, send an email to fm58q@nih.gov

For more information on the Center, visit our Web site at <http://crchd.nci.nih.gov>

How a Segregation-Era White Researcher Practices “Leadership of a Different Color”

By Neil Swan, Staff Writer

The Deep South Network (DSN) for Cancer Control is winding up a successful five-year outreach effort to help reduce cancer health disparities in the Mississippi Delta and the Black Belt of rural Alabama.

The staff and volunteers of the DSN are virtually all African-Americans. The boss and principal investigator is a white doctor--a physician who admits growing up in a segregated culture characterized by “500 years of oppression.” He is Dr. Edward E. Partridge, who is noted for his compassion, but who says he still must strive at times to overcome his roots.

He has succeeded in conquering any vestiges of discrimination, based on the loyalty, respect, and devotion that he inspires among the DSN staff and more than 400 local volunteers. “Dr. Partridge has a genuinely good heart,” says a staffer. “He takes time to talk with you. He is humble and caring,” echoes a DSN volunteer.



University of Alabama at Birmingham

Dr. Edward E. Partridge of the University of Alabama at Birmingham works closely with African-American staffers, volunteers, and patients, earning their respect and admiration for his concern and caring attitude.

At a July meeting of DSN staffers and the other 17 Special Populations Networks’ (SPN) projects, Partridge spoke about his very personal and emotional journey from a racially divided society to leading a research project dedicated to helping poor blacks. SPN is funded by the Center to Reduce Cancer Health Disparities, part of the National Cancer Institute (NCI).

Partridge is a busy man, much in demand. Besides his DSN leadership post, Partridge is a gynecological oncologist, a cancer surgeon, a medical school professor, and the leader of the Cancer Prevention and Control Program for the NCI-designated Comprehensive Cancer Center at the University of Alabama-Birmingham (UAB).

Partridge, 57, is a tall, commanding figure who grew up in Demopolis, Alabama, deeply entrenched in the Black Belt of the segregated South. But he, like many whites of the era, had close personal relationships with black people. A black woman, Henrietta Burr, worked for his family as a cook and what would today be called a “nanny.” “She was a special lady,” Partridge recalls fondly. “I have pictures of Henrietta holding me as a baby. Later, as we grew up, my brother and I spent much time with her, sometimes on a rainy day rocking in chairs on the porch while she talked to us and gave us her philosophy of life. And she did not hesitate to give us a whipping when she thought we deserved it.

“Henrietta was special,” he says. “A lot of love flowed both ways – we loved her, and she loved us.” He was devastated when Henrietta died while he was in college.



Dr. Partridge, principal investigator for the Deep South Network, finds time to assist in the training provided to the rural volunteers in the Alabama cancer awareness outreach program.

In his early teens, Partridge and another white boy worked one summer side by side on a dairy farm with two young black men, Rabbit and Matthew. “I learned a lot from them, good and bad. They would tell stories – truly eye-opening stories for a 14-year-old,” recalls Partridge.

He sums up that era’s relationship between the races: “On a personal basis, you could share love, admiration, and respect with someone of the other race. One-on-one, it was a human relationship. But moving away from personal relationships it was different. In the society at large, it became, I think, a culture against a culture.

“The Ku Klux Klan was everywhere. I remember

the Freedom Riders coming through Demopolis on Greyhound buses and the Selma-to-Montgomery civil rights march.” That march began in Selma, only 25 miles away, with a bloody clash between the rights protestors and Alabama state troopers. “I graduated from a segregated high school in Demopolis in 1965, the year of the Civil Rights Act that integrated schools in my area.”

He went to the University of Alabama, played football, and joined a fraternity. “That was a completely segregated four years of my life,” he reflects. In medical school, at UAB, there were no black students. “But once I got into the clinical years, seeing patients, I again developed personal relationships with African-Americans . . . who were mostly nurses and patients. Education is so important for changing paradigms,” he says.

When did his segregation-spawned attitudes change? “I really can’t put my finger on it,” he admits. “There was no single moment. No ‘Aha!’ It was a culmination of my time in college, medical school, a residency, and a fellowship.

“All this, plus spiritual changes and the transformations occurring as you get older and more educated” moderated his racial attitudes,

he says. "If I had stayed in Demopolis, as a high school graduate only, I am almost certain that I would still be living in the '60s" as far as racial feelings.

As he became increasingly involved in cancer research with projects from the NCI, "My relationships grew and grew, and I was more and more involved in the (black) community and the training of our community health advisors, all volunteers from these rural areas." He strives always to be racially color-blind. Still, he asks a black physician colleague to act as his "conscience," advising Partridge if he inadvertently "steps out of line" in dealing with African-Americans.

Partridge works closely with the DSN program manager, Claudia Hardy, at their offices at UAB in Birmingham. "He's a busy doctor with patients and a cancer surgeon, but he's a visionary" in planning ways to battle health disparities, she says. "He trusts me to handle the details. He is so caring, so devoted to the project and the people. He will find time to respond to a volunteer phoning in from one of the counties. Once, when a speaker canceled an appearance at a local DSN meeting, Dr. Partridge heard about it and he said, 'I'll go do it.' And he drove two hours to Sumter

County to talk to those folks.

"I have such respect for him," she says. "Revealing his personal feelings like that (about race) takes courage."

Julia Foster, one of the black DSN volunteer workers, knows Partridge from childhood in Demopolis, where their families were closely acquainted. "I always get a chance to talk to him when he is at a [DSN] conference," she says. "He takes time to talk with you. He will hug you, and that startles some people. I tell them that his mother would have been proud of him, because he has that humbleness that she had. He has that care and concern."

When Partridge spoke to the SPN Summit 2004 meeting in Washington, DC, he summarized his experiences in a moving address that he entitled: "Civil War, Civil Rights and the New Moral Imperative: Leadership of a Different Color."

Partridge concluded his remarks about personal transformation by saying: "We all need the ability to listen. We all need to have a willingness to change. We all need to have, and to share, love."

He received a standing ovation from the racially mixed audience. Many in attendance wiped tears from their eyes. ♡

Future Meetings

Preventive Medicine 2005
American College of Preventive
Medicine (ACPM)
Feb. 16-20, 2005. Washington, DC

31st Annual Meeting
Association of Community Cancer
Centers (ACCC)
Mar. 9-12, 2005. Alexandria, VA

29th Annual Meeting
American Society of Preventive
Oncology (ASPO)
Mar. 13-15, 2005. San Francisco, CA

2005 Annual Meeting of the Society
of Behavioral Medicine (SBM)
Apr. 13-16, 2005. Boston, MA

96th Annual Meeting
American Association for Cancer
Research (AACR)
Apr. 16-20, 2005. Anaheim, CA

National Health Observances

Jan. 1-31
Cervical Health Awareness Month
National Cervical Cancer Coalition
www.nccc-online.org

Jan. 16-22
Healthy Weight Week
Healthy Weight Network
www.healthyweight.net

Mar. 1-31
National Colorectal Cancer
Awareness Month
Cancer Research and Prevention
Foundation
www.preventcancer.org/colorectal

April 1-30
Cancer Control Month
American Cancer Society
www.cancer.org

April 4-10
National Public Health Week
American Public Health Association
www.apha.org

Deep South Researchers Reach Elusive Population

Alabama's Black Belt residents live today with a heritage lingering from the days of cotton plantations and slaves. Predominantly black, the region is poor and rural. Its residents struggle to find jobs, access to health care, and adequate schooling for their children. Many still flee to northern cities in search of jobs.

Those who remain in the Black Belt live in a different world: tradition-bound, tied closely to small local communities, schools, and churches. The people tend to be suspicious of new ideas and outsiders.

To make contact with this hard-to-reach population in the Black Belt, researchers and trained local volunteers from the Deep South Network (DSN) for Cancer Control have designed and implemented an outreach strategy that emphasizes local connections and grassroots participation. It is a novel strategy to reach a unique population. DSN is funded to assist the "medically underserved" of Mississippi and Alabama by the Center to Reduce Cancer Health Disparities (CRCHD), part of the National Cancer Institute (NCI).

The outreach strategy recognizes the power and importance of churches and spirituality to the people of the Black Belt, as well as their loy-



Volunteers taking their instruction as Community Health Advisors trained as Research Partners (CHARPs).

alty to small communities and their schools. It emphasizes personal and family ties and relationships along with small-town bonds, devotion, and grassroots networks.

"We know that the faith of our volunteers, their belief in God, is an integral part of who they are and the way they live," explains Claudia M. Hardy, program manager for the DSN. "We tailor our program to match the personalities and the lifestyles of the folks who are there. We allow them to be who they are. We don't tell them, 'You can't do this, and you can't do that.' Because of the importance of the churches in people's lives, we work closely with these churches and with their leaders, who command respect and influence."

DSN meetings in the region open and close with

prayers, because *not* doing so would be strange and unsettling to residents, she explains.

At a recent annual meeting of the DSN Black Belt counties held in Selma, one of the volunteers was invited to sing a song she composed, a sort of "personal testimony" about her experiences with hard times and pain, emphasizing her survival. No one batted an eye at her gospel-like personal declaration because it reflected the familiar inspirational "testimonies" heard from the pews regularly in local churches.

In "getting the message out" about cancer awareness and education, "The NCI was wise to give major decision-making powers to the locals," says Frank Jackson, CRCHD project manager who visited the Selma gathering.

Jackson was impressed by the intensity and the dedication of the DSN volunteers and staffers at the meeting. "The meeting was a highly spiritual event – emotional and participatory – almost like a church service," he observes. "This approach would not work among black populations in urban areas like Washington, DC. But it's obviously what works in the Black Belt."

There is good evidence that the strategy works to increase cancer awareness. Medicare data show that mam-

mography screening for breast cancer has increased in the targeted counties, especially among black women.

DSN builds on community empowerment, using a community-based participatory research methodology involving close involvement of trained volunteers called CHARPs, or Community Health Advisors trained as Research Partners. Working with local schools, it also seeks to recruit more minority students into biomedical research careers.

The DSN has trained 428 volunteers, or CHARPs. All but nine are African-Americans, and all but 15 are women. These CHARPs are community-minded, active residents who are well-known and respected in their tightly knit communities. All volunteers have at least a high school edu-

cation and receive eight weeks of training in local, two-hour sessions. They learn about cancer and cancer awareness so that they are comfortable and informed when responding to questions from friends and neighbors. Working with the DSN's paid staff of about 17, the CHARPs learn the importance of urging their neighbors to comply with screening recommendations. They learn how important it is for African-Americans to participate in clinical trials for cancer therapies, when they are available.

"They make us CHARPs feel that we are important to the program," says Julia Foster, a CHARP in Marengo County who is a retired teacher and a breast cancer survivor. "They make us feel appreciated, and it is a wonderful program to be a part of."

Foster volunteers at least two hours a week, participating

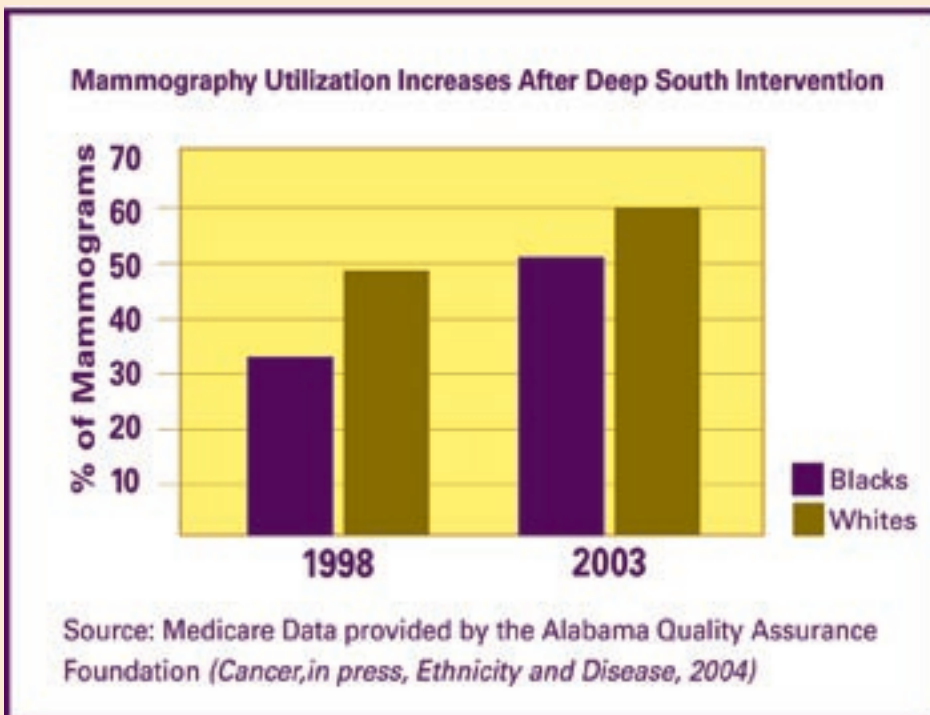


Levander Rudolph, a CHARP volunteer in Lowndes County, AL, sings at the Deep South Network for Cancer Control's Black Belt Rally.

in local conferences and workshops, speaking to local organizations. She was profiled in a local newspaper about her own experiences as a five-year cancer-free survivor. "Whenever I see people, I always ask, 'Have you had your mammogram yet?' In the Black Belt, and particularly with black people, it is very hard to get them to change, to do new things. I will offer to drive them to get the mammogram," she says.

"People call me for information or help, and I direct the callers to the American Cancer Society, or the Avon Foundation, or the Susan B. Komen Breast Cancer Foundation," explains Foster. "I give them a bunch of phone numbers, and I tell them, 'If you can't get help, you call me back.' That's what I do – trying to erase that (cancer) disparity."

The impact on the community of the DSN program is evident in the fact that the annual meeting in Selma attracted more than 350 partici-



pants and two local TV news crews. The program's achievements were featured on a 30-minute Alabama Public TV series, *Discovering Alabama*.

Hardy herself is a product of the Black Belt, graduating from a rural high school near Selma. From the University of Alabama-Birmingham, she manages the many projects of the DSN in Black Belt Alabama. (The DSN efforts in the Mississippi Delta were featured in the Summer 2003 issue of *Equal Access*, *Along the Mississippi Delta, Citizens Mobilize Against Cancer*.)

Hardy points to many DSN achievements. During its fourth year of operation the DSN Black Belt project made cancer awareness contacts with 10,419 individuals. Some 1,505 people were referred to cancer screening procedures, far more

than in earlier years.

Other cancer awareness activities during the fourth year included 17 church events, ten conferences, 52 health fairs, 15 presentations to local groups, nine Paint the Town Pink activities for National Breast Cancer Awareness Month, three parades, eight Relay for Life team events with the American Cancer Society, one Town Hall meeting, one Walk-A-Thon, and 52 other cancer awareness activities.

"People have really gotten involved in the activities," says Hardy. "For Paint the Town Pink, they hang pink ribbons on local business and along major highways. Many are quite talented, and some make the ribbons. Local fashion shows incorporate our messages. We participate in homecoming and school activities. Local newspapers feature our activities with articles and pictures."

"Black Belt" Ranks Among Highest in Poverty Rate

In southwestern Alabama, where the Appalachian Mountains drop off into fertile flatlands, is an isolated, remote and poverty-ridden 12-county area called the Black Belt. It is foreign even to Alabamians from Birmingham, Montgomery, or more prosperous counties.

Named for its rich dark soil, the Black Belt is black in racial makeup, too. The racial breakdown in the Black Belt counties is 64% black and 35% white, compared to the reversed state-wide makeup of 73% white and 24% black.

The Black Belt ranks among the highest in poverty, infant deaths, poor education, births to single mothers, unemployment, and gaps in health care.

Cancer death rates for prostate cancer are 54% higher in the Black Belt than in the rest of Alabama. The breast cancer death rate is 11% higher.

Statistical summaries from *The Birmingham News*. ❖



CHARP volunteers joyfully take the pledge, or "charge," to promote good health in their rural Alabama communities. The Deep South project has trained 428 volunteers, almost all of them African-American women.

NCI Outreach Fights Obesity by Pushing “Energy Balance”

As the news media continues to remind Americans that they are in the midst of a national obesity epidemic, evidence continues to mount showing links between obesity and cancer and other diseases such as diabetes and heart disease. Recent estimates say that 3.2% of all new cancers – leading to 14% of cancer deaths in men and 20% in women – are attributed to obesity.

Nearly two-thirds of Americans are now considered overweight or obese. People of color are disproportionately represented amongst those who are obese. Obesity and lack of physical activity, with their lifelong health implications, are of particular concern for the nation’s youth.

One key to helping the public fight obesity is building an awareness of the concept of “energy balance” -- the balance between energy taken in by food and drink, and energy expended. This involves more than “calories-in = calories-out.” Energy expenditure is influenced by each person’s genetics, body size and amount of muscle, and physical activity. While calories are probably the most critical element in maintaining your energy

balance, other factors in your diet – such as how much fiber or calcium you eat, how much muscle and fat you have, your weight or Body Mass Index (BMI), and your risk for cancer and other diseases – may influence your energy expenditure.

The National Cancer Institute (NCI) has several activities addressing areas of energy balance. The Energy Balance Dissemination Initiative (EBDI) is a collaboration in which the Institute’s Center to Reduce Cancer Health Disparities (CRCHD) partners with the Center for Strategic Dissemination (CSD) and plays a key role. EBDI is focused on changing community environments – making it easier for people to be physically active, eat sensibly, and maintain their energy balance – by encouraging and enabling intermediaries and organizations in the community to implement proven, evidence-based approaches to obesity control.

EBDI is using two strategies:

- Conducting market research to identify perceived benefits and barriers associated with the adoption of evidence-based energy balance approaches among interme-

diaries and their intended audiences.

- Developing partnerships with intermediary organizations (worksites, community organizations and agencies) to effectively promote proven approaches for obesity control to community organizations. EBDI’s ideal partners will have people in communities across America – people who can be mobilized into a successful grassroots “sales force” capable of convincing and helping community leaders and others to adopt and use proven obesity control programs. These partners must be those who are advancing their own missions through the success of the initiative.

No initiative of this type currently exists to promote energy balance or, it is believed, to promote widespread adaptation of evidence-based approaches to community-based health promotion, according to Dr. Mary Ann Van Duyn, of NCI’s CSD, project director for the EBDI project.

EBDI will include an emphasis on addressing populations disproportionately affected by obesity, such as racial and ethnic minorities, women, older adults, persons of lower socio-

economic status or literacy level, those with disabilities, children, and individuals with extreme obesity. This project builds on existing minority-outreach efforts undertaken by CRCHD's Special Populations Networks (SPN).

Barbara Wingrove, chief of the Center's Health Policy Branch, notes that four research teams active in the Center's SPN are taking a lead in identifying and understanding the role of intermediaries in adopting evidence-based programs in their communities. The pilot projects will also examine the adaptation of evidence-based programs in culturally diverse populations. The SPN projects have been successful in developing and sustaining community relationships in minority and underserved populations. EBDI and the CRCHD have granted funding supplements to four SPN projects to build on current successes and address the growing rates of obesity in minority and underserved communities.

The EBDI funding supplements will allow pilot trials of EBDI outreach concepts with a variety of high-risk communities. They are:

Low Income Hispanic

Women. From Houston's East End barrios, 144 Hispanic

women are being recruited to participate in focus groups to discuss energy balance and gauge reaction to effective intervention approaches to improve healthy eating and physical activity. Also, informant interviews are being conducted with representatives from several Catholic churches, grocery distributors, mass media, and other community representatives to discuss the potential for church-based energy balance interventions.

Young Adult Native

Hawaiians. Ka 'Aina 'Ike is a college-based nutrition and lifestyle program to Improve Energy Balance in Young Adult Native Hawaiians. The 3-credit (45-hour) college course is directed by a nurse practitioner and a fitness trainer for a class of Native Hawaiians.

Interventions incorporate Hawaiian cultural values, traditional learning styles, discussions of Hawaiian history and traditions, individual behavioral change strategies, cooking demonstrations, and fitness training.

5-a-Day Promotion for California Hmong Families.

As part of SPN's Asian American Network for Cancer Awareness, Research and Training, this collaborative

pilot study is conducting formative research on the design of a community-wide campaign to promote energy balance through increased physical activity and increased fruit and vegetable consumption among low-income Hmong parents and their children. Trends show Hmong youth are gaining an unhealthy amount of weight.

Adult African-Americans.

Working with Mississippi Delta community volunteers, staffers of the Deep South Network for Cancer Control have adapted a program to increase fruit and vegetable intake among high-risk African-Americans living in rural, southern communities. This study aims to pilot-test the program and to assess the feasibility of expanding this intervention to other rural communities in Alabama and Mississippi. ↻

What Is Obesity?

Obesity means many things. A Government Web site helps you calculate your BMI or Body Mass Index.

<http://www.cdc.gov/nccdphp/dnpa/bmi/calc-bmi.htm>

NCI Prepares Medical Journal Supplement In Effort to Attract Minority Students to Research

In its continuing efforts to attract more members of minorities into biomedical research careers, the National Cancer Institute (NCI) prepared an 18-page insert that was published as part of the fall issue of the *Journal for Minority Medical Students*.

Funded by the NCI's Center to Reduce Cancer Health Disparities (CRCHD), the "Black Bag" insert was a collaborative effort by many components of the Institute, particularly the Office of Workforce Development (OWD) and the CRCHD. It was suggested by Christina Bruce, OWD director.

Targeted to minority medical school students, the insert spotlights the NCI as an attractive and professionally rewarding place to work and conduct research. It describes the NCI's mission and research priorities, including efforts to reduce cancer health disparities among racial and ethnic minorities and medically underserved communities.

"If we are successful at the other (research) priorities



J. Fernando Arena, M.D., Ph.D.
...working at NCI was a "dream
come true."

but do not find a way to eliminate cancer health disparities, then our effort to eliminate suffering and death due to cancer cannot succeed," NCI Director Dr. Andrew C. von Eschenbach tells the students in the insert.

The Black Bag insert profiles CRCHD Director Dr. Harold P. Freeman, a graduate of Howard University Medical School who is also medical director of The Ralph Laurent Center for Cancer Care and Prevention in New York City. Freeman tells the students: "One of the reasons that we need to bring in

diverse researchers is to get diverse ideas. Another reason is to have researchers from the various racial and ethnic groups who can increase diversity within teaching and research institutions around the country."

Also profiled in the insert is Dr. Elmer E. Huerta, director of the Cancer Preventorium at the Washington (D.C.) Hospital Center and principal investigator for the Latin American Cancer Research Coalition, funded by CRCHD as part of its Special Populations Networks. Huerta is also a member of NCI's National Cancer Advisory Board.

The insert tells students how they can seek jobs and internships at NCI, as well as grants and research funding.

"When I was offered the opportunity to come to NCI last year, it was a dream come true," says Dr. J. Fernando Arena of NCI's Epidemiology and Genetics Research Program, who received both his medical and his doctoral degree in Brazil. ♡

NCI Examines How to Partner with PBS To Promote Video on Childhood Cancer

An inspiring and intimate documentary, “A Lion in the House,” a video about childhood cancer that follows five children, their families, nurses, and doctors through an emotion-packed six years of fighting cancer, was previewed for an audience of health care administrators and researchers at the National Institutes of Health (NIH). The compelling video, to be shown to the nation in 2006 on the Public Broadcasting System (PBS), was previewed in October as part of a special lecture series sponsored by the National Cancer Institute’s (NCI’s) Center to Reduce Cancer Health Disparities (CRCHD).

The documentary portrays young cancer patients, their mothers, fathers, brothers and sisters, revealing the myriad of challenges – the treatment advances and the heartbreaking setbacks – involved in fighting childhood cancer. It was compiled from 490 hours of videotaped hospital ward encounters and in-depth interviews with the children, their parents, doctors and other care-givers.

Most of the taping was conducted at the Children’s

Hospital Medical Center in Cincinnati, OH. The hospital staff and administrators approved of, and many participated in, the taping of the stories of five diverse Midwest families who cope with the demands of surviving childhood cancer. All five children featured in the video were patients at Children’s Hospital.

The video’s two producers, filmmakers Julia Reichert and Steven Bognar, explained at the NIH screening how families and care-givers cooperated to produce the revealing and intimate profiles and personal interviews. “We learned that when a child is diagnosed, it is the entire family that gets cancer,” said Reichert. As the two filmmakers became closely involved in the lives of the five families from diverse backgrounds, they became aware of hard-to-define factors affecting the young cancer patients’ medical prospects and welfare. Only later did they learn that the poorly understood factors affecting treatment outcomes also contribute to what are called “health care disparities,” often affecting the plight and the quality of life of the “medically underserved,” they said.

When CRCHD staffers saw an earlier screening of “A Lion in the House,” they quickly determined that the documentary has a vital relevance to the mission of the Center and the NCI. “It is a very, very moving film,” said CRCHD Director Dr. Harold Freeman, in introducing the screening.

The screening was intended to extend a dialogue on how the NCI and the NIH can best partner with PBS in promoting the documentary before its nationwide broadcast as a three-part, six-hour documentary. PBS is planning a major public outreach campaign regarding the documentary and its captivating scenes and messages. The dialogue relating to the screening will further determine how NIH and NCI can partner with PBS in completing the documentary and in using it to further efforts to meet NCI’s goal of eliminating death and suffering from cancer by the year 2015.

PBS is a private, non-profit media organization owned and operated by the nation’s 349 public television stations; it reaches 99 percent of American homes. ❖

Dr. Vydelingum Nominated For Leading Diversity Award

Dr. Nadarajen A. Vydelingum, deputy director of the National Cancer Institute's (NCI) Center to Reduce Cancer Health Disparities (CRCHD), has been nominated to receive the Institute's Leading Diversity Award for his efforts in attracting minority students and mentoring them to pursue biomedical research careers.

The nomination recognizes his leadership and initiative in sponsoring a two-year NCI pilot program – the Introduction to Cancer Research Careers (ICRC) venture – which identifies, trains, and mentors talented students from minority populations.

There is a long-recognized under-representation in the number of young, aspiring scientists from disadvantaged backgrounds and minority groups who are pursuing scientific research careers.

The highly selective program, tested in 2003 and 2004, provides intern positions at NCI and also covers travel expenses and housing – two expense factors that frequently prevent students from disadvantaged communities from seeking training experiences

outside their home regions. Comparisons show that the ICRC program provides more overall support than summer internship programs at leading medical schools and institutions.

During the two-year pilot, ICRC placed 17 students in NCI biomedical research labs in Bethesda and Frederick, MD. Five of the students received offers for one- to two-year post-baccalaureate research training positions, and one returned for a second summer internship.

College students with a minimum GPA of 3.2 from minorities or disadvantaged populations may apply for ICRC internships. For more information visit: http://web.ncifcrf.gov/careers/student_programs/internships/.

The award nomination recognizes Vydelingum's collaboration with ICRC program managers, his leadership in providing a pipeline of talented, diverse students into the biomedical research field, and his personal commitment to offering opportunities in medical research to individuals who otherwise might not have the chance to train at a research center as prestigious as the NCI. ♡

Think Tank Examines Cost of Disparities

Delays in receiving screening, diagnosis, and treatment for cancer are experienced to a greater degree by underserved communities in America – including racial and ethnic minorities, the poor and rural communities – and these disparate delays result in higher cancer death rates in those populations.

In an effort to correct these delays and disparities, the National Cancer Institute's (NCI) Center to Reduce Cancer Health Disparities (CRCHD) in November sponsored a "Think Tank" of leading researchers, experts, and economists to explore the Economic Costs of Cancer Health Disparities. The expert deliberations included comparing costs of treating specific cancers at an earlier stage of disease and exploring the impact of potential policy adjustments on access to prevention, screening, and earlier follow-up of detection of medical abnormalities related to cancer warnings or diagnosis.

One product of these experts' discussions might be data and cost-effectiveness modeling techniques, showing how improved access to care for all Americans could cut the nation's overall health care costs. ♡

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Center to Reduce Cancer Health Disparities
National Cancer Institute
6116 Executive Blvd.
Suite 602 MSC 8341
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