



The DCI Community Outreach, Engagement and Equity Program

A key part Duke Cancer Institute's overall mission, as a National Cancer Institute-designated Comprehensive Cancer Center, is to reduce the burden of cancer and promote health equity, beginning with communities in DCI's diverse catchment area.

Since the first formal program dedicated to that mission — the DCI Office of Health Equity & Disparities — was launched in 2012, shifting cancer data and the concerns of the communities DCI serves have informed the research conducted by DCI investigators as well as the development of community outreach initiatives and educational events.

In alignment with our vision to achieve cancer health equity and to meet the continuing challenges, the DCI Office of Health Equity has now expanded into a more robust and comprehensive program addressing cancer health equity across the entire DCI mission. The new program is called DCI Community Outreach, Engagement, and Equity (COEE).

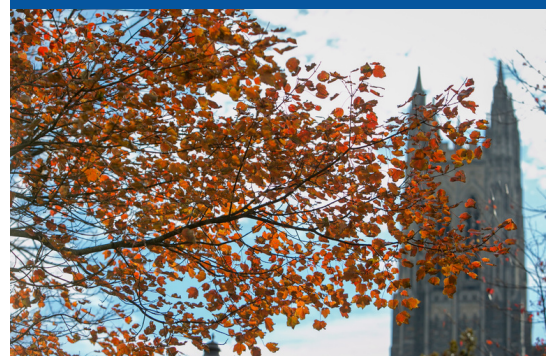
The COEE program engages bi-directionally with leaders in diverse communities in our catchment area and with DCI scientists and clinicians in order to build long lasting transformative partnerships in basic science and clinical research, education, screening, and patient navigation.

Our Goals:

- To engage meaningfully, respectfully, and collaboratively with community partners
- To strengthen partnerships between our communities and DCI for novel discoveries that benefit our catchment area community
- To disseminate and implement evidence-based strategies and policies to reduce the burden of cancer in our community
- To monitor and evaluate progress in cancer health equity through a multi-level and prospective data infrastructure at the patient, community, and regional level

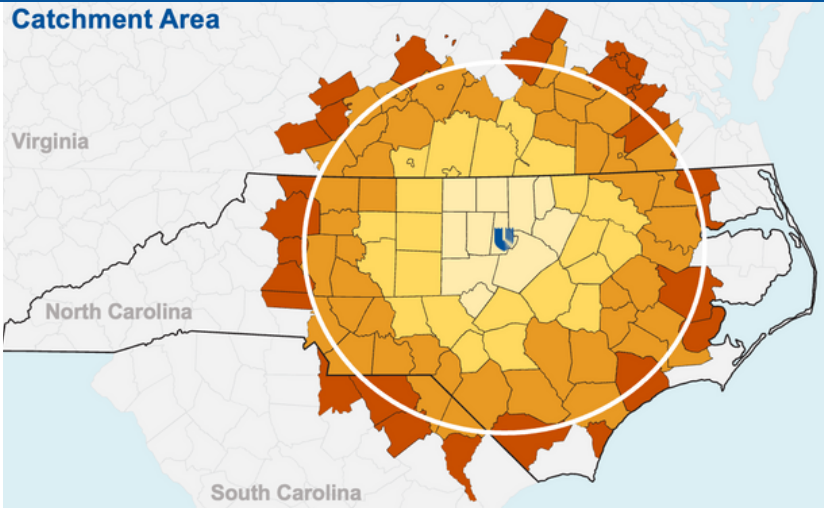
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How to Contact DCI COEE
COEE Email: DCICOE@duke.edu
[Complete: Intake Form](#)

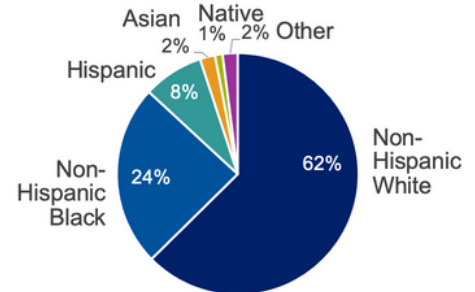
Duke Cancer Institute's Geographic Catchment Area



0-60% of oncology patients
 61-75% of oncology patients
 75-85% of oncology patients
 85-90% of oncology patients

Demographics

Race and Ethnicity



Social Determinants of Health

Below \$25k 25%
 <12 Grade Education 16%
 Urban 78%

COEE Leadership and Staff



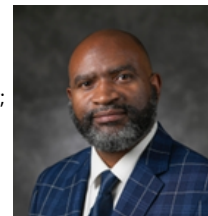
Steve Patierno
 DCI Deputy Director

Role: COEE executive leadership



Tomi Akinyemiju
 Associate Director, COEE

Role: COEE vision and strategy; DCI scientist and leadership engagement; catchment area surveillance and analysis



Angelo Moore
 Assistant Director, COEE

Role: COEE operations, community outreach and partnerships



Nadine Barrett
 Associate Director, Community and Stakeholder Strategy

Role: DCI Community and stakeholder strategy



Kearston L. Ingraham

Research Program Evaluator
 Certified Patient Navigator



LaSonia Barnett

Senior Program Coordinator
 Certified Patient Navigator



Nadia Aguilera-Funez

Health Educator
 Certified Bilingual Patient Navigator



Melina Ksor

Certified Health Education Specialist
 Research Assistant/Intern



Aretha Burford Cooper

Staff Assistant



Frances Wang

Senior Biostatistician

We are interested in learning more about the various community-engaged research studies and programs being conducted at DCI. We are committed to helping facilitate community-impacting research conducted at DCI, and to integrate community perspectives into ongoing research. If you would like to request assistance on research projects, grant applications, or other support, please contact us and someone from our office will reach out to you.

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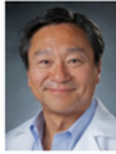
Duke Cancer Institute COEE Advisory Committees



Sumedha Ariely
Duke Global Health Institute



Xiomara Boyce
DCI Patient Navigator



Nelson Chao
DCI Global Oncology



Daniel George
DCI Medical Oncology



Tonia Gray
Destiny Total Health



Garrett Hartley
Pfizer



Shelley Hwang
DCI Surgical Oncology



Kristin Ito
Lincoln Community Hospital



Jessica Jin
Duke Hem/Onc



Kimberly Monroe
Partnership for Healthy Durham



David Nalepinski
DCI Community Oncology



Devon Noonan
DCI School of Nursing



Rebecca Previs
DCI Gyn/Onc



Kimberly Scott
Wake County Health Equity Task Force



Linda Sutton
Duke Clinical Research Unit



Kia Williams
Blue Cross Blue Shield Foundation



Hannah Worriax
DCI Breast Oncology



Valerie Worthy
DCI Patient Navigator



Cornell Wright
NC Office of Minority Health and Health Disparities

COEE Steering Committee

The DCI COEE steering committee, made up of experts across patient, community, and scientific groups, serves as an advisory board to the COEE program. The steering committee ensures that we actively engage multiple perspectives across DCI to reduce the burden of cancer in our community and beyond, and achieve health equity. The Steering Committee meets quarterly with the COEE program leadership.

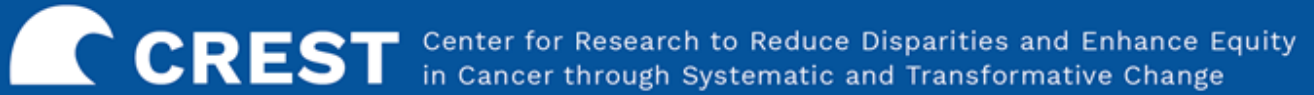


Community Advisory Council

The Duke Cancer Institute’s Community Advisory Council (CAC) provides a platform for meaningful, intentional, and bi-directional relationships between communities in our catchment area and the DCI. Members represent diverse perspectives and geographic areas within our catchment area and provide an opportunity to build long-lasting connections that foster trust, inclusivity, transparency and openness. The CAC partners with DCI researchers to understand the cancer health needs in our catchment area, help foster trust with our local communities, collaborate on research studies, raise awareness through cancer education, early detection and outreach events, and partner in dissemination of results to various communities.

Left to Right: Angelo Moore , Marsha Edwards, Maritza Chirinos, Cristina Valarezo, Jeff Forde , Victoria Dowd , Jeff Dowd, Nadine Barrett, Sarah Plentl, Dean Mark Melton, Ping Zhang, Tara Blackley, Michael Palmer, Sue McLaurin, Kearston Ingraham, Marla Jordan, Demetrius Harvey

Not Pictured: Ava Crawford, Awanya Davis, Alexis Hoyt, Bo Marshall, Claudia Graham, Iris Owens, Jenni Danni, Kenisha Bethea, Marissa Mortiboy, Pao-Hwa Lin, Ph.D., Rev. Jemonde Taylor, Robbie Tilley, Rev. Jemonde Taylor, Pastor Steve Raj



Top 10 First Primary Invasive Cancers (Analytic Cases) By Site January 2014 to December 2019

The following graphs show: (L) Incident (R) Mortality

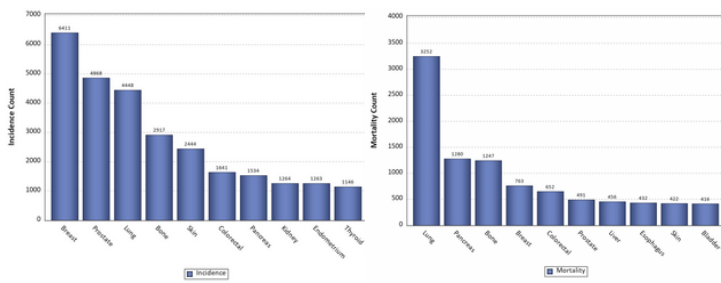


Fig 1: All patients

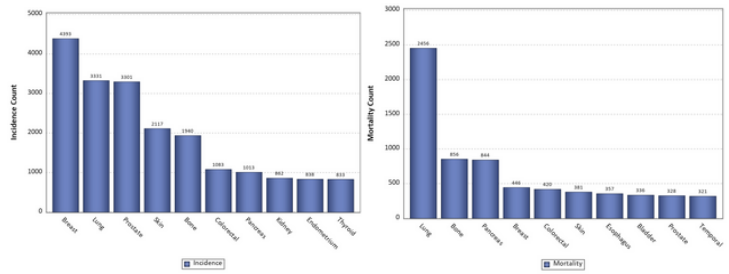


Fig 2: White patients

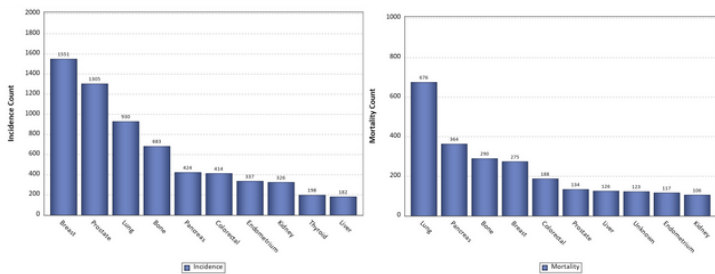


Fig 3: Black patients

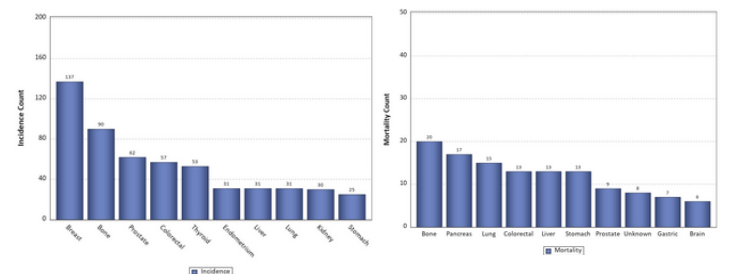


Fig 4: Hispanic patients

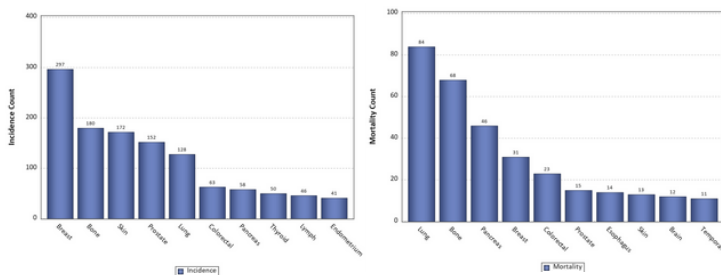


Fig 5: Asian/Pacific Islander patients

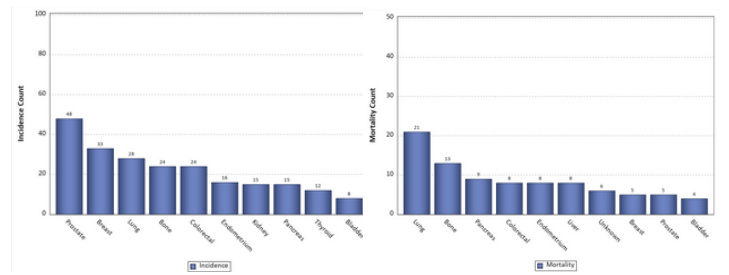
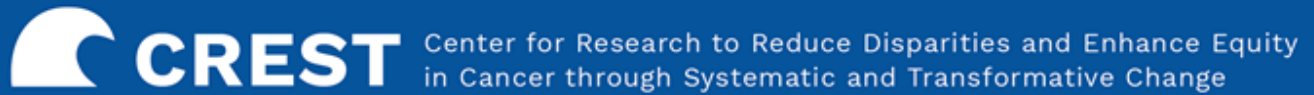
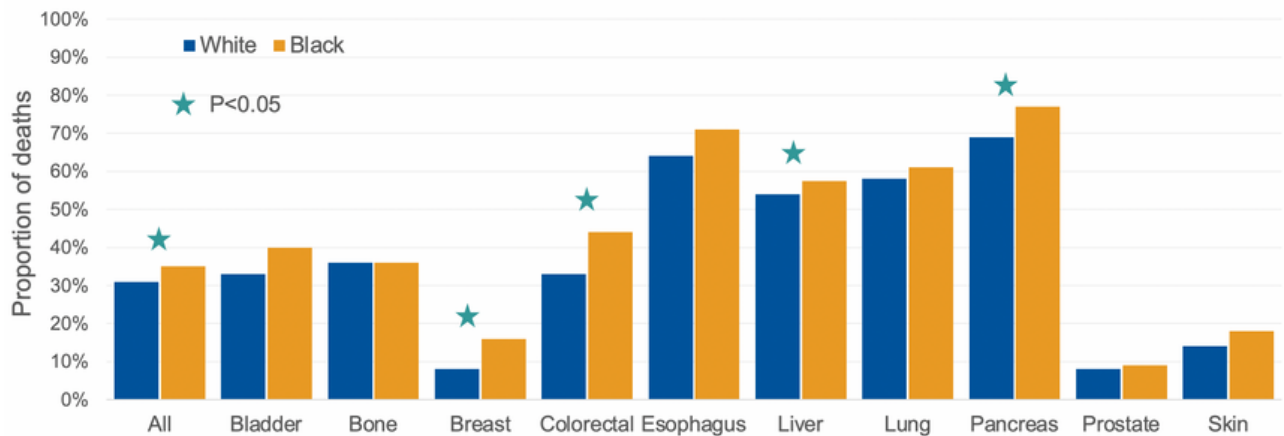


Fig 6: Native American patients

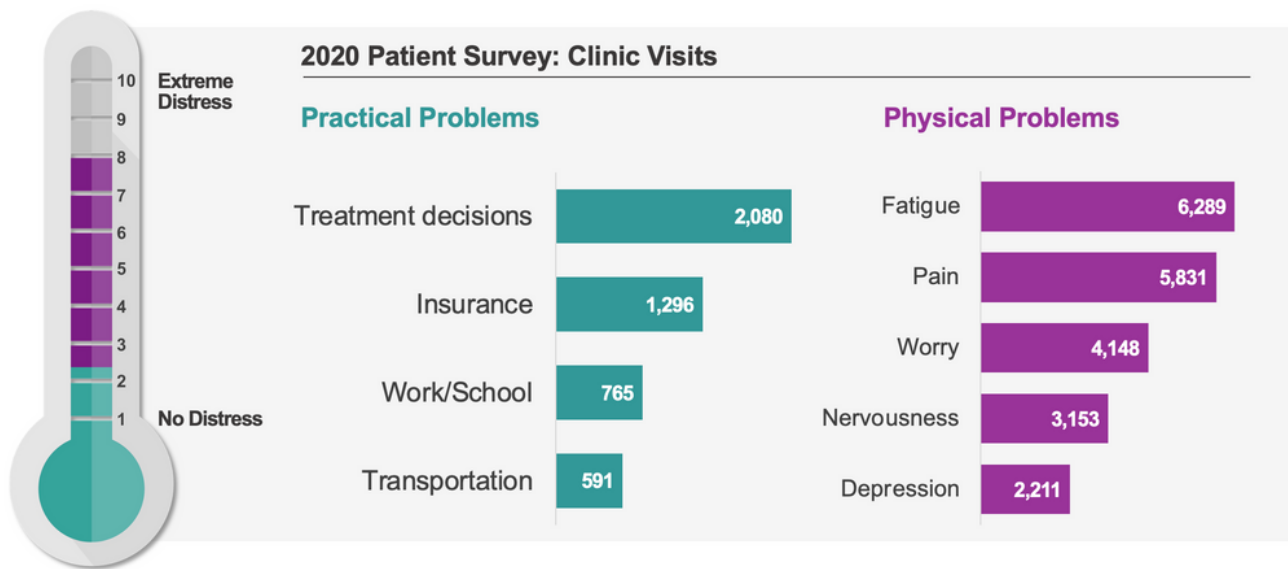
Figures represent the distribution of first primary invasive cancers (analytic cases) at DCI between 2014 and 2019 by site. Overall, breast and prostate cancer were the two most commonly diagnosed cancers, while lung and pancreas cancers were the two most fatal



Top 10 Mortality Cancers DCI, 2014 - 2019



Black-White mortality disparity: Unadjusted mortality among Black and White patients with first primary malignant cancers diagnosed between 2014 and 2019 at DCI. Top 10 based on overall mortality in all race and gender groups



Data from 2020 DCI clinic visits for analytic cancer patients who completed the Distress Thermometer survey and noted a distress problem type (note: one patient can be in more than one grouping since a patient can report multiple distress types)

CREST Analytical Team

- Tomi Akinyemiju, DCI Associate Director COEE
- Claire Howell, DCI Clinical Strategy Manager
- Steve Power, Director, Duke Cancer Registry
- Frances Wang, DCI Senior Biostatistician