

Tarrant County Cancer Disparities Initiative Top Priority Areas

Process: Over the course of several meetings and discussions, partners in this collaboration identified many different types of breast cancer health disparities and placed them on a visual map through a process known as concept mapping. This map was put into outline form and organized into social determinants of health disparities according to how they occurred (e.g. within health services, policy, transportation, social/behavioral). The collaboration reviewed the list of social determinants and voted on which ones were most significant. As we reviewed the votes, the following priority areas emerged as possible areas of focus for this collaboration.

PRIORITY AREA	DESCRIPTION
SCREENINGS	Many discussions revolve around copays, access to mobile services, access points within communities, hours of availability, and accessibility of screening referrals. Follow-up is a big factor connected to screenings.
EDUCATION AND OUTREACH	Discussions around specific communities focused here, as unique barriers to different groups (young women, pregnant women, etc.) emerged. A lot of emphasis was placed on cultural competence of outreach with each group, tailoring outreach by audience, and doing outreach in community settings. Health literacy a significant focus in education and outreach, incorporating translation, debunking myths, creating a higher number of people engaged in outreach, and keeping education and outreach continuous.
COLLABORATION	Collaboration is an overarching theme that ties into every other priority area. Ideas unique to this category include ideas of Community Navigators. Community navigators are seen as resource that can fill in many of the gaps (screening to follow-up; consistency in treatment; culturally-tailored outreach) and reach a lot of underserved groups. Emphasis of navigation is throughout spectrum of care, including pre-diagnosis, financial/eligibility, treatment, survivorship, as well as psychosocial services at all stages. Navigation is seen essential to developing collaboration between specialty and primary care; communities and outreach services; patients and health information; etc.

**CULTURAL
COMPETENCE**

Cultural competence is also an overarching theme that ties into a lot of ideas about reaching community groups, particularly groups that are underserved. Ideas unique to this category include addressing the Cultural and Linguistic competence of health care services. Cultural and linguistic competence of physicians and organizations has been frequently discussed as a barrier for individuals receiving quality treatment.

**POLICY and
TRANSPORTATION**

While several policy-related issues have emerged, much of the discussion has been around the need to learn more about what is already happening, and how to gather support for the issues discussed in this collaboration. Transportation, racism/ethnicism, and cost of care have been biggest areas. Many of these areas are already being addressed in larger groups, and concerns have been expressed about duplicating efforts or focusing on a too-narrow slice of these broad issues.

POSSIBLE COMMUNITIES AS PARTNERS:

- **Southeast Fort Worth**
- **African-American communities**
- **Hispanic communities**
- **Undocumented individuals**
- **Arlington**
- **Aging (after 65)**
- **Communities of Hispanics and African-Americans**
- **Survivors**
- **Women of reproductive age/younger women**
- **Women with formal education**
- **Men**