

Healthcare Disparities and the Face of Workforce Shortages

How will we provide more with less?

by Luana R. Lamkin, RN, MPH

Recently, I had two educational opportunities regarding disparities in cancer care. The experience was enlightening. I'd like to share what I learned with you and once again relate this experience to concerns about the dwindling number of oncology professionals.

The National Cancer Institute (NCI) recently released a Request for Proposal (RFP) to community cancer centers for the express purpose of improving care in such centers, specifically by reducing disparities in care. A full 40 percent of the effort and funds are to be directed to reducing these disparities.

The NCI's definition of disparate populations includes age, gender, socioeconomic status, rural settings, race, ethnicity, language, and educational status—quite an impressive list. In preparing my cancer center's proposal, I was indeed surprised by the prevalence in our community of differences in outcome based on a number of the criteria. It was eye-opening for me and our staff; we agreed to narrow the disparity regardless of our success or failure to secure NCI funds. Even though the deadline for the NCI's RFP submission has passed, I encourage all ACCC members to review the RFP and see exactly what disparities exist in the community you serve.

In November, I had the pleasure of speaking at the Hawaii Society of Clinical Oncology meeting. The meeting's theme? *Disparities in Care!* No fewer than nine papers were presented reflecting the great work they are doing in Hawaii and the Pacific Basin to bring evidence-based care to these populations, including:

- Educational videos in Tagalog, a Filipino dialect

- Increased mammography screenings by Asian women
- Patient navigator programs
- Repair of diagnostic equipment
- Special programs to enroll minorities in clinical trials.

And the list goes on. While I was startled by some of the disparities presented, at the same time I

was encouraged by the extraordinarily creative solutions these cancer care professionals have employed.

Reducing disparities means increasing access to care. If we are successful in opening the doors to evidence-based cancer care for these underserved and underinsured populations, the number of cancer patients will grow even

faster than the anticipated 55 percent by 2020. And who will care for these patients and all their special needs? Seeing an additional 55 percent or more patients with a projected 14 percent increase in medical oncologists is daunting. And oncology workforce shortages are expected in the areas of nursing, pharmacy, social work, public health workers, and tumor registrars.

One of the foci of ACCC's annual conference in March 17-20, 2010, was the workforce shortage. If you could not be with us in Baltimore, please read about the session at ACCC's website www.accc-cancer.org. And look for a special section on workforce challenges and successes this fall in *Oncology Issues*.

In this—my final "President's Message" column—I'd like to say how honored I've been to serve as ACCC President 2009-2010. 🙏



Coming in Your 2010 Oncology Issues

- ◆ Mentoring a New Cancer Program Administrator
- ◆ Effective Management Strategies for Community Cancer Centers
- ◆ Cancer Care Patient Navigation: What Is It and How Well Does it Work
- ◆ Ensuring Long-term Sustainability of Patient Navigation Services
- ◆ Delivering Effective and Meaningful Cancer Survivorship Care
- ◆ Six Strategies for Energy Savings in Cancer Care Facilities
- ◆ Evidence-based Design in Community Cancer Centers
- ◆ Anthracycline Extravasation: Reducing Risk and Improving Quality in the Community Setting
- ◆ Surgery for Metastatic Disease