

Who led the ACCURE study?

ACCURE was led by the Greensboro Health Disparities Collaborative (GHDC). GHDC was established in 2004 by The Partnership Project, an anti-racism training organization, the University of North Carolina at Chapel Hill, and partners from medical agencies, community organizations, and universities.

The mission of GHDC is to work with communities to define and address issues related to racial differences in health. All GHDC members complete the Racial Equity Institute's anti-racism training and meet monthly.

To lead the ACCURE study, GHDC received a 5-year grant from the US federal government's National Cancer Institute and worked together to build on the strengths that each partner brings.



Other Results from ACCURE's Telephone Interviews

The topics covered in telephone interviews with ACCURE's 300 patients, who had received services from the nurse navigator, were each patient's:

- health status
- healthcare utilization
- health literacy
- perceived racism
- medical mistrust.



Results from these interviews are not a part of this brochure.

We will complete telephone interviews by November 2017 and will distribute a brochure summarizing these key findings in January 2018.

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THE GREENSBORO
HEALTH DISPARITIES
COLLABORATIVE
PRESENTS
THE FINDINGS OF
THE
ACCOUNTABILITY
FOR
CANCER CARE
THROUGH
UNDOING RACISM
AND
EQUITY



ACCURE

ACCURE (Accountability for Cancer Care through Undoing Racism and Equity) worked for both Black and White patients.

What did the ACCURE study do?

ACCURE’s goal was to improve racial differences in the quality and completion of cancer treatment for Black and White patients with stage 1 or stage 2 breast and lung cancer. Two cancer hospitals – Cone Health Cancer Center in Greensboro, NC and UPMC Hillman Cancer Center in Pittsburgh, PA – participated.



A nurse navigator at each of the 2 cancer centers was hired and trained in challenges that limit care for Black cancer patients. The nurse navigator also received ongoing education about implicit bias, an unintentional attitude toward a person, object, or group and institutional racism that exists in policies, practices, and cultural norms.

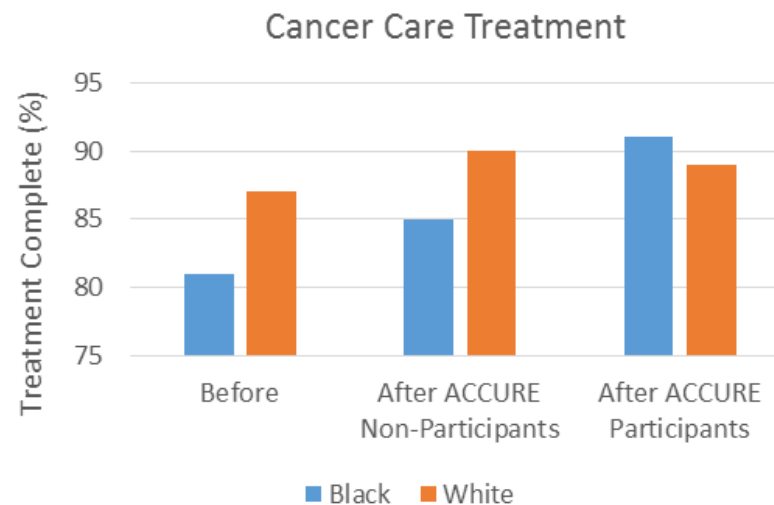
Other activities included connecting enrolled patients to the electronic system built from each cancer center’s electronic health record system that alerted the nurse navigator when a patient missed an appointment or did not reach an expected milestone in care. Also, continuing education sessions were held for all cancer center staff.

How Do We Know that ACCURE Worked?

To see if ACCURE met its goal, we reviewed medical record information for three groups of Black and White patients with stage 1 or stage 2 breast and lung at two cancer hospitals to see if they completed recommended care.

1. We collected information from 8945 Black and White patients who were diagnosed with stage 1 or 2 breast and lung cancer from January 1, 2007 to December 31, 2012 to document treatment completion and possible Black-White differences at baseline.
2. ACCURE enrolled 300 patients diagnosed with cancer from April 1, 2013 to March 31, 2015, who agreed to have their information in the electronic system and work with a nurse navigator.
3. We followed similar patients who were not in the study and did not receive the services described in #2 during the same time to see if their care was more like the enrolled study group.

The bar graph shows the results.



The bar graph shows that before ACCURE enrolled participants, there was a difference in cancer care treatment—81% of Black patients and 87% of White patients completed treatment. After ACCURE was completed, this changed:

- ⇒ There was improved treatment completion after ACCURE, even for those who did not participate in ACCURE. However, the racial gap remained.
- ⇒ For those who did participate in ACCURE, the rates for treatment completion also improved compared to baseline with 91% for Black patients **and** 89% for White patients and the race-related difference resolved.

In summary, ACCURE met its goal. ACCURE activities not only improved cancer treatment completion for both Black and White patients, but it raised treatment completion rates of Black patients to a level that was equal to that of White patients.

After considering patients’ income, health insurance, and diagnosis of other illnesses, the Black-White difference was reduced by 8%.