OFFICE OF COMMUNITY OUTREACH AND ENGAGEMENT

Our goal is to apply COE strategies to inform UMGCCC research and make an impact along the cancer continuum in the catchment area, with a particular focus on eliminating cancer disparities. The aims of COE are to:

1. Describe the UMGCCC catchment area using a data-driven approach
2. Conduct evidence-based and impactful cancer control activities serving those in the catchment area
3. Apply COE strategies to inform research and support integration of COE throughout UMGCCC Programs

To learn more about UMGCCC COE, please visit https://www.umms.org/umgccc/community.

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COMMUNITY ADVISOR BOARD MEMBER & CANCER SURVIVOR SPOTLIGHT: JAY SPEIGHTS

Jay Speights, is a pastor, chaplain, award-winning author, spiritual coach, community builder, and Director of The New Seminary for Interfaith Studies in New York. Jay serves as a community advisor board member for UMGCCC Community Outreach and Engagement's community advisory board.

Jay Speight’s testimony and message to others:

"A cancer diagnosis is not a death sentence. By engaging in a positive inner dialogue, surrounding yourself with the right providers, and taking advantage of all available conventional and alternative healing modalities, you can declare victory over this dreadful disease."

I received my diagnosis of a highly aggressive case of prostate cancer in early 2022, as the world was shutting down from the pandemic. Months lapsed before I could schedule appointments and begin treatment. During that period, I shifted my focus to self-healing by expanding my spiritual practice, moving to a plant-based diet and other healing modalities such as sound therapy, meditation, and exercise, as well as exposing myself to the Divine healing power of nature as much as possible.

According to my oncologist, my efforts had an impact in my recovery. This experience made me realize that there must be a reimagining of the dialogue involving the diagnosis of cancer where patients are encouraged to actively engage in their healing and surround themselves with a healing team comprised of friends, family members, and others who will support their efforts, including their physicians. I urge all those receiving a cancer diagnosis to don't just stop with the diagnosis and the treatment prescribed by your providers.

Be actively engaged in your healing after a cancer diagnosis!
COMMUNITY ADVISOR BOARD MEMBER & CANCER SURVIVOR SPOTLIGHT: RUTH TRAVIS

Ruth Travis is the founder of Ruth's Pink House and is a retired pastor. Dr. Travis is a product of the Baltimore City Public School System. She is a graduate of Edmondson Senior High School. She received her Bachelor of Science degree in physical education from Morgan State College; Masters Degree of Education from West Chest University; Masters Degree in Theology from St. Mary’s Seminary in Baltimore, Maryland. In May 1992, Dr. Travis received her Doctor of Ministry degree from the United Theological Seminary in Dayton, Ohio.

Bishop John Hurst Adams gave Dr. Travis her first pastoral appointment to the Chesapeake City Circuit which included Bethel and Ebenezer A.M.E. Churches in Cecil County Maryland (Dr. Travis served these two congregations driving 122 miles for six years.

Dr. Travis was employed as a Physical Education Teacher, Coach, and Athletic Director in the Baltimore City Public School System. After 30 years of service, she retired in 1999 from Lake Clifton Eastern High School, one of the largest high schools in the country.

Ruth serves as a community advisor board member for UMGCCC Community Outreach and Engagement’s community advisory board.

"Your diagnosis is NOT a death sentence, but it is a license to LIVE."

Ruth Travis’ testimony and message to others:

I am a 16-year- breast cancer survivor and I live my life in the words of Jill Scott, “Living my life like it’s golden.” As a woman of faith, God took my challenge and turned it into a calling. My non-profit, Ruth’s Pink House is used to provide educational and financial support to enhance breast cancer survivors an opportunity to focus on healing and not be burdened and stressed out over financial responsibilities.
COE'S PROGRAM ASSISTANT AT THIS YEARS BALTIMORE IMMIGRATION SUMMIT!

Jhoselyn Rodriguez joined COE in November 2022. Jhoselyn has a Bachelors in Science in Exercise Science from Salisbury University and is currently a graduate student at Towson University studying health science and community health. Like many other community members and professionals, Jhoselyn wears many hats in the community and is involved in various initiatives in Maryland to advocate for health equity for minority and immigrant communities.

This year, Jhoselyn was asked to be a panelist for one of the workshops at the Baltimore Immigration Summit at Towson University to discuss the unique needs and opportunities facing America’s immigrant population. Some of the unique needs facing immigrants living in the United States are limited:

- Affordable housing
- Education on tenant rights
- Access to medical insurance and affordable health care services
- Knowledge on patient rights
- Inclusivity and cultural competency in health care settings
- Language access in service settings like department of social services, health care settings, schools, etc.
- Access to affordable prenatal care
- Representation in leadership roles

Jhoselyn Rodriguez, B.S., panelist at the 2023 Baltimore Immigration Summit

To see the panel discussion for the Unique Needs and Opportunities Facing America’s Immigrants Population visit https://youtu.be/2vM0MRBiCV4

To contact Jhoselyn about this panel discussion and roles outside of UMGCCC COE please email jhoselyn@coachingsaludholistica.org

To collaborate with UMGCCC COE on cancer education in English and Spanish and other related projects please email Jhoselyn at jrodri23@umd.edu
CANCER DISPARITIES AMONGST MEN

According to the American Cancer Society, men are most often affected by prostate cancer, colorectal cancer, lung cancer, and skin cancer. Some facts and trends of cancer amongst men by the National Cancer Institute:

- Prostate, lung, and colorectal cancers account for an estimated 43% of all cancers diagnosed in men in 2020.
- The cancer death rate (cancer mortality) is 158.3 per 100,000 men per year.
- The rate of new cases of cancer (cancer incidence) is 442.4 per 100,000 men per year (based on 2013–2017 cases).
- When comparing groups based on race/ethnicity and sex, cancer mortality is highest in African American men (227.3 per 100,000).

BEST PRACTICES FOR MEN TO PREVENT CANCER

The best practices to prevent prostate, testicular, and colon cancer:

- Stay away from tobacco.
- Get to and stay at a healthy weight.
- Get moving with regular physical activity.
- Follow a healthy eating pattern that includes plenty of fruits, vegetables, and whole grains, and that limits or avoids red/processed meats, and highly processed foods.
- It’s best not to drink alcohol. If you do drink, have no more than 2 drinks per day for men.
- Protect your skin by using sunscreen.
- Know yourself, your family history, and your risks.
- Get regular check-ups and cancer screening tests. Speak to provider about risks and screening tests for cancer.

PROSTATE CANCER

According to the American Cancer Society:

Prostate cancer is the most common cancer in American men, except for skin cancers. The chance of getting prostate cancer goes up as a man gets older. Most prostate cancers are found in men over the age of 65. African American men and Caribbean men of African ancestry are more likely to develop prostate cancer than men of other races. Having one or more close relatives with prostate cancer also increases a man’s risk of having prostate cancer.

The discussion about screening should take place at:
- Age 50 for men who are at average risk of prostate cancer and are expected to live at least 10 more years
- Age 45 for men at high risk of developing prostate cancer. This includes African Americans, Caribbean men of African ancestry, and men who have a first-degree relative (father or brother) diagnosed with prostate cancer at an early age (younger than age 65)
- Age 40 for men at even higher risk (those with more than one first-degree relative who had prostate cancer at an early age)

COLORECTAL CANCER

According to the American Cancer Society:

Colorectal cancer is cancer that starts in the colon or rectum. Some factors that increase colorectal cancer risk include being overweight or obese, physical inactivity, a diet high in red and processed meats, smoking, heavy alcohol use, being older, and a personal or family history of colorectal cancer or polyps.

The American Cancer Society recommends the following for people at average risk for colorectal cancer:
- Men and women should start regular screening at age 45.
- People who are in good health and with a life expectancy of more than 10 years should continue regular colorectal cancer screening through the age of 75.
- For people ages 76 through 85, the decision to be screened should be based on a person’s preferences, life expectancy, overall health, and prior screening history.
- People over 85 should no longer get colorectal cancer screening.
PRIDE MONTH

Lesbian, Gay, Bisexual, Transgender and Queer (LGBTQ) Pride Month is currently celebrated each year in the month of June to honor the 1969 Stonewall Uprising in Manhattan. The Stonewall Uprising was a tipping point for the Gay Liberation Movement in the United States. In the United States the last Sunday in June was initially celebrated as "Gay Pride Day," but the actual day was flexible. In major cities across the nation the "day" soon grew to encompass a month-long series of events. Today, celebrations include pride parades, picnics, parties, workshops, symposia and concerts, and LGBTQ Pride Month events attract millions of participants around the world. Memorials are held during this month for those members of the community who have been lost to hate crimes or HIV/AIDS. The purpose of the commemorative month is to recognize the impact that lesbian, gay, bisexual and transgender individuals have had on history locally, nationally, and internationally.

Source: https://www.loc.gov/lgbt-pride-month/about/

RESOURCES FOR THE LBGTQ+ COMMUNITY

National LBGT Cancer Network
https://cancer-network.org/programs/support-groups-for-survivors/

The Johns Hopkins Center for Transgender and Gender Expansive Health
https://www.hopkinsmedicine.org/center-transgender-health/services-appointments

Chase Braxton The Center for LGBTQ Health Equity
https://www.chasebrexton.org/services/center-lgbtq-health-equity

CHALLENGES AND BARRIERS IN THE HEALTH CARE SETTING FOR LGBTQ+ PEOPLE

According to the American Association for Cancer Research, the following are challenges and barriers most often reported by LGBTQ+ people:

- Limited legal protections
- Limited insurance coverage (a transgender individual may not be covered for any procedure or cancer screenings that are inconsistent with the gender marked on the insurance card, such as a pap smear for a transgender man with an intact cervix)
- Limited knowledge of clinicians on LGBTQ cultural competency beliefs and practices
- Anti-LGBTQ bias and discrimination in health care settings
- Fear of discrimination
- Limited LGBTQ inclusive language in screening and care
- Limited LGBTQ inclusive support groups

IMPROVING LGBTQ CULTURAL COMPETENCY AMONG ONCOLOGISTS

According to the American Association for Cancer Research, oncologists can do the following to improve LGBTQ cultural competency:

- Include sexual orientation, gender identity, name, and preferred pronouns on intake forms
- Consider the potential negative impact of gendered titles such as, "women’s breast cancer support group" or "men’s prostate cancer center"
- Reduce the use of pink and blue in various aspects of the clinical encounter (such as pink robes for mammography screening center)
- Offer every patient of reproductive age the option to discuss fertility preservation and make referrals to a reproductive specialist
- Advocate for patients with insurance, especially transgender patients