The Center for Community Engagement and Health Equity at Yale Cancer Center strives to achieve health equity and eliminate the burden of cancer for all, across Connecticut.

What is community? For the Center for Community Engagement and Health Equity (CEHE), it’s not just the people in the neighborhoods surrounding Yale and the partners in surrounding towns, but the whole state of Connecticut.

“The entire state of Connecticut is our catchment area, and it’s a microcosm of the country in terms of demography, variations in income, and access to resources,” said Marcella Nunez-Smith, MD, MHS, Director of CEHE.

By extending the vast expertise and resources of Smilow Cancer Hospital and Yale Cancer Center and partnering with community members and organizations on outreach, education, and research, CEHE is driven to ensure cancer health equity, improve outcomes in traditionally underserved neighborhoods, and redefine what quality cancer care looks like across the state.

“As we are making a difference for individuals and families in this state, we have the opportunity to be a model for other states and cancer care networks for how you partner with the community to advance the science and care of cancer,” said Dr. Nunez-Smith.

COMMUNITY CHAMPION PARTNERSHIPS

Patients at Smilow from structurally marginalized communities often have contributing factors beyond cancer that significantly affect their health and access to treatment: food insecurity, housing instability, and lack of transportation to name a few. Through CEHE’s Community Champion Partnerships, Smilow is collaborating with established community-based organizations to identify and address patients’ critical unmet health-related social needs.

“It’s a bidirectional relationship,” said Jessica Lewis, PhD, LMFT, CEHE’s Deputy Director. “We refer patients to these partners so they can be connected with food banks and other vital resources by trusted members of their community. In turn, our partners link anyone in their social service practice area back to us for care, screening, or prevention services.”

One of the two pilot partners in the program, the Community Action Agency of New Haven (CAANH) has a mission to offer pathways to prosperity to those in poverty in the Greater New Haven area. It served 10,970 families in 2021. “Many of them have serious health issues and have not had access to information that could directly benefit their daily lives after they’ve left a healthcare institution,” said Amos Smith, CAANH’s Director. “What distinguishes the Community Champion Partnership is Smilow’s willingness to reach out into the community; there’s a big plus and benefit to this level of engagement.”

Once Smilow practitioners screen patients for these social determinants of health, they enter their referrals into a platform called UniteUs. The platform not only lists relevant resources available, but also tracks the progress of the referral and serves as a data repository for researchers.

“We’ve started with our partners in New Haven, Bridgeport, and Hartford, but our goal as we expand is to connect with community-based organizations across the entire state, to bring cancer information, services, and care to their clients in their communities,” Dr. Lewis said.

COMMUNITY ADVISORY BOARD

Research should not exist in an institutional vacuum. The community advisory board of the Center for Community Engagement and Health Equity at Yale Cancer Center “ensures a diverse and representative community voice to guide the center’s priorities and programming, especially in terms of research priorities,” said Alycia Santilli, co-chair of the advisory board. “We frame all of our work through a health equity lens.”

CEHE administers the advisory board, which is embedded within the Center for Research Engagement’s community steering committee. The committee brings more than 20 years of experience and expertise.

At their monthly meetings, the board members—cancer survivors, caregivers, and others affected by cancer in their communities—advise Yale Cancer Center researchers on their new ideas and projects, ranging from a lung cancer screening app to tumor tissue donation, and others. For example, when medical oncologist
“As we make advances in cancer detection and treatment, it’s important to me to ensure that those benefits are dispersed throughout the population, regardless of where you’re born, where you live, and what language you speak.”

– Sakinah Carter Suttiratana, PhD, MPH, MBA
Neal Fischbach, MD, shared his plans for the Thrive Center, a community wellness center in the Bridgeport, CT area, he asked the board members which specific health programs they would like the center to offer.

The board members also communicate community concerns back to Yale. "The issue that comes up over and over again at our board meetings is prevention," Ms. Santilli said. "How do we ensure that there is equitable distribution of resources and information, especially among Black and brown communities, to ensure they’re educated about cancer screenings, prevention, and care?"

“We have really dramatic disparities related to cancer in our own backyard right here in New Haven,” Ms. Santilli continued. “The board is ensuring that Yale is paying special attention to the people who live right next door and meeting the needs of neighbors as we move forward in these next new phases of health equity and cancer care.”

REDEFINING QUALITY CANCER CARE

CEHE’s Co-Director, Sakinah Carter Suttiratana, PhD, MPH, MBA, has walked those very neighborhoods. A medical sociologist, she is the co-director of a year-long community-engaged research course that starts off with the participants—physicians and PhD-level nurses—touring several neighborhoods in the vicinity of Yale School of Medicine.

That boots-on-the-ground interaction mirrors CEHE’s own mission of increased community engagement. “I share our director’s vision for an academic research center that is more attuned to community concerns and finding more equitable health solutions,” Dr. Suttiratana said. “As we make advances in cancer detection and treatment, it’s important to me to ensure that those benefits are dispersed throughout the population, regardless of where you’re born, where you live, and what language you speak.”

Dr. Suttiratana is currently applying her research expertise to the quantitative quality measures that are standard across the healthcare system for accreditation and payment purposes. “We’re looking at how those measures can help us think
about health equity across Connecticut, in terms of rural versus urban or racial and ethnic disparities in care,” she explained. “But we are also looking at how community members and patients would define quality cancer care, because what’s important to them may be quite different than the quality measures that hospitals report and monitor.”

For example, cancer care facilities report the proportion of women aged 50 to 74 years who are screened for mammograms on a biannual basis. However, there is no systematic monitoring of what happens if a patient has an abnormal result but does not follow-up for next steps. “Understanding what happens and better supporting patients so that they are more likely to call back seems like something we can work on together as a cancer center,” she said.

In Dr. Suttiratana’s countless conversations with community members and patients, many cited the same factor as a key measure of quality cancer care: clear, consistent, and continuous communication. “It means making sure that communication between provider and patient was clear. That options available to them for treatment were clearly communicated not only to the patient but also to the family members helping make that decision,” she said. “It means that from the time they made their first appointment through their multiple courses of treatment, that someone was following up with them. From beginning to end, that is the expectation of community members.”

CEHE is dedicated to making sure such invaluable community insights are not just heard but acted on by ready and eager colleagues across the Smilow Cancer Network and Yale Cancer Center to inform and improve cancer care delivery and equity. “At the end of the day, we’re holding ourselves accountable to our patients and our communities,” said Dr. Nunez-Smith. “We are tireless in trying to innovate for ways in which we can do this faster, better, and more intentionally than we have before.”