

# Focus on Communities

**T**he opportunity for oncology nursing to have a broader influence in clinical care has never been more in sync with the times, buoyed by breakthroughs in diagnostics, precision treatments, and broader applications of interprofessional care. However, that influence is still encumbered by inequities in cancer care delivery to marginalized or underserved patients here in the United States and globally. As an example, a study using a 1997–2014 database of more than one million patients reported significant survival disparities for uninsured and publicly insured patients with prostate, lung, and colorectal cancer (Ellis et al., 2017).

Concurrently, the exchange of ideas about cancer care delivery is no longer hobbled by antiquated efforts to communicate. The Internet—and its willing accomplice social media—continues to break down communication barriers, enhance connectivity, and allow mutual goals and collective solutions (Barr, Vania, Randall, & Mulvale, 2017; Mimms, 2016). With assistance from the Internet, awareness about the care of patients with disadvantages relies less on where patients are from or where they are treated. With the Internet supporting discussion of ideas and methods, the reach of oncology nurses—targeting the common foe of malignancy—can be even more collaborative and limitless.

To focus on disparities in cancer care delivery integral to oncology nursing practice, the Oncology Nursing Society (2017) published a position statement on access to quality care. And, relatedly, within this issue of the *Clinical Journal of Oncology Nursing (CJON)* is a new column, Communities. This eighth regularly occurring *CJON* column will target oncology nursing expertise and practice that reaches patients receiving care out of the main-

stream and dealing with access-to-care issues. The Communities column will increase the visibility of oncology nursing in

ical problems. These are a few of the initiatives that will be covered in the Communities column in *CJON*.

"The Communities column will increase the visibility of oncology nursing in practice as a force of change."

practice as a force of change when disparities are one of many clinical challenges.

The first Communities column was written at my special request by Associate Editor Deborah "Hutch" Allen, PhD, RN, CNS, FNP-BC, AOCNP®. As you will read, the focus of this column is the role of oncology nurses in educating underserved minority populations about early diagnosis and treatment related to recent genetic/genomic research, specifically the *TP53* gene. *TP53* mutations have been shown to be more prevalent in minority populations and associated with more aggressive cancers with poor prognosis, which are more difficult to treat and occur at an earlier age.

Going forward, new Associate Editor Annette Galassi, BSN, MA, RN, OCN®, will coordinate the Communities column. Galassi shared her thoughts on the impact oncology nurses can have.

Whether I'm traveling across the country or around the globe, I am impressed by colleagues who are working with limited resources to deliver care. I see nurses leading breast and cervical cancer screening programs in Appalachia and in Africa, ensuring culturally relevant cancer care for Native American and Aboriginal communities, and coordinating complex care of older adult patients with cancer with limited means and multiple med-

If you are aware of topics or authors to feature in future Communities columns, contact Annette at [agalassi57@gmail.com](mailto:agalassi57@gmail.com), or *CJON* staff at [pubCJON@ons.org](mailto:pubCJON@ons.org).



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The author takes full responsibility for the content of the article. No financial relationships relevant to the content of this article have been disclosed by the editorial staff.

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## KEYWORDS

disparities; communities; access to care; populations

## DIGITAL OBJECT IDENTIFIER

10.1188/18.CJON.7