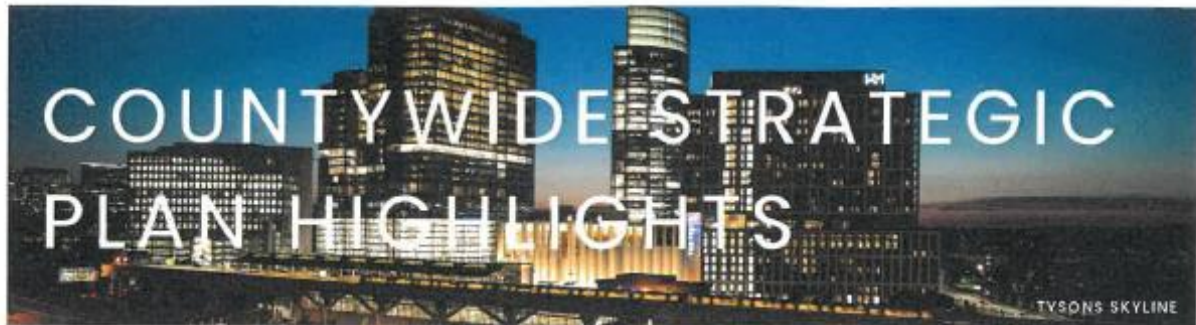


● Fairfax County Health & Human Services System



KEY DRIVERS

The ongoing implementation of the Countywide Strategic Plan is galvanized by the following four Key Drivers:



EQUITY

Apply a racial and social equity lens to engagement efforts and strategy development



COMMUNITY OUTCOMES

Align collective work with the Ten Community Outcome Areas and related Indicators of Community Success



DATA INTEGRATION

Use data-driven insights, disaggregating by place and population wherever possible



INCLUSIVE ENGAGEMENT

Create multiple avenues for community, stakeholder, and employee engagement

SHAPING THE
**FUTURE
OF FAIRFAX**
COUNTYWIDE STRATEGIC PLAN



10 COMMUNITY OUTCOME AREAS

The following ten outcome areas represent the issues of greatest importance to the Fairfax County community. They were developed based on extensive community input, and were reinforced repeatedly over an 18-month outreach period.

CULTURAL AND RECREATIONAL OPPORTUNITIES

All residents, businesses and visitors are aware of and able to participate in quality arts, sports, recreation and culturally enriching activities

What does success look like?

- Access to Local Arts, Sports and Cultural Opportunities
- Satisfaction with Local Arts, Sports and Cultural Opportunities
- Awareness and Appreciation of Diverse Cultures
- Representation of Diverse Cultures

ECONOMIC OPPORTUNITY

All people, businesses, and places are thriving economically

What does success look like?

- Healthy Businesses in a Diverse Mix of Industries
- Economic Stability and Upward Mobility for All People
- Preparing People for the Workforce
- Promoting Innovation in the Local Economy
- Promoting Economic Vibrancy in All Parts of Fairfax County



CORE INITIATIVES

- School Readiness/Early Childhood
- Community Schools
- Opportunity Youth/Career Readiness
- Behavioral Health
- My Brother's Keeper (MBK)

The Fairfax County Successful Children and Youth Policy Team (SCYPT) works to guide a Collective Impact approach to fully support outcome-driven collaborative efforts to improve the lives of children and youth.

In order to become confident individuals, effective contributors, successful learners and responsible citizens, all of Fairfax County's children need to be safe, nurtured, healthy, achieving, active, included, respected and responsible. This can only be realized if the county, schools, community and families pull together to plan and deliver top-quality services, which overcome traditional boundaries.

SCYPT'S ROLE

- Provide strategic direction, marshal resources, and make recommendations to address issues related to children and youth.
- Promote shared accountability for outcomes and processes.
- Coordinate initiatives, ensuring they tie to Fairfax County's Public Schools' Ignite, Fairfax County Strategic Plan, One Fairfax and other major efforts.
- Coordinate planning and action among agencies and sectors.

SCYPT'S STRUCTURE

A policy body, the SCYPT comprises of 37 high-level leaders from Fairfax County Government, Fairfax County Public Schools and community-based providers and stakeholders.



SCYPT: A COLLECTIVE IMPACT (CI) APPROACH

Collective Impact is a network of community members, organizations and institutions that advance equity by learning together, aligning and integrating their actions to achieve population and systems-level change.

The five conditions of CI success:

1. Common Agenda
2. Continuous Communication
3. Backbone Function
4. Mutually Reinforcing Activities
5. Shared Measurement System

STRATEGIC GUIDING PRINCIPLES

Equity: Decisions should promote the just and fair inclusion of all children, youth and families in the community, so that they all can participate, prosper and reach their full potential.

Prevention: Addressing root causes, protective factors, and risk factors is essential; strategies that do not include prevention are likely to be unsustainable.

Community Engagement: Broad engagement by multiple sectors and stakeholders, including youth, families and "the general public," is necessary to develop and implement collective action.

SCYPT OUTCOMES

- Children get a healthy start in life.
- Children enter kindergarten ready to succeed.
- Children and youth succeed academically.
- Children and youth are safe and free from violence and injury.
- Children and youth are healthy.
 - Children and youth are physically healthy.
 - Children and youth are socially, emotionally, and behaviorally healthy and resilient.
- Youth earn a post-secondary degree or career credential.
- Youth enter the workforce ready to succeed.
- Youth contribute to the betterment of their community.



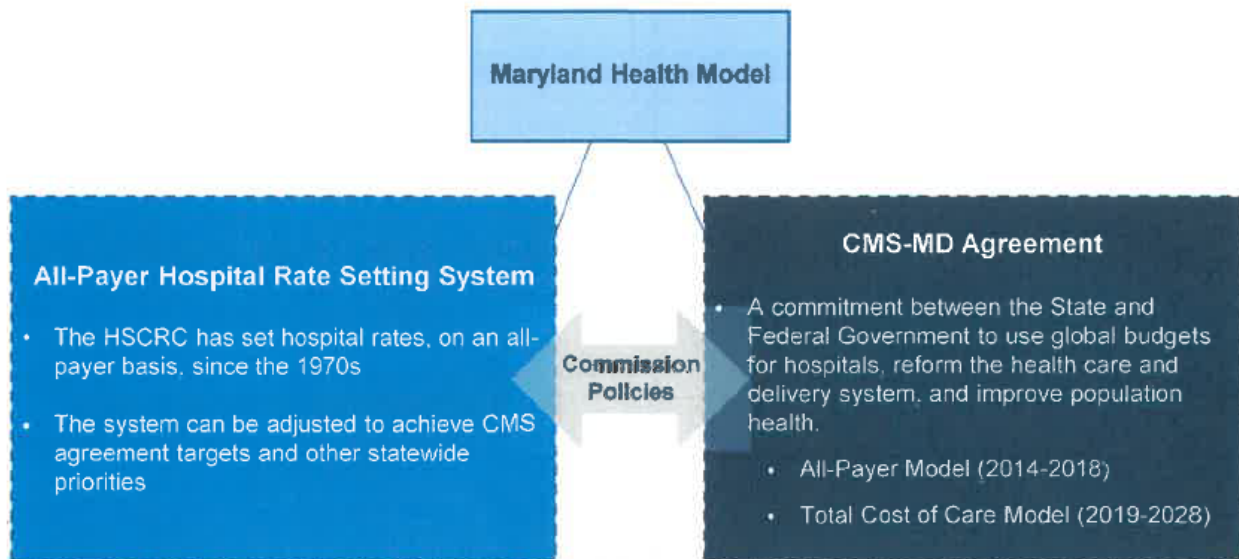
Fairfax County is committed to nondiscrimination on the basis of disability in all county programs, services and activities. Reasonable accommodations made upon request; call 703-324-1724, TTY 711.



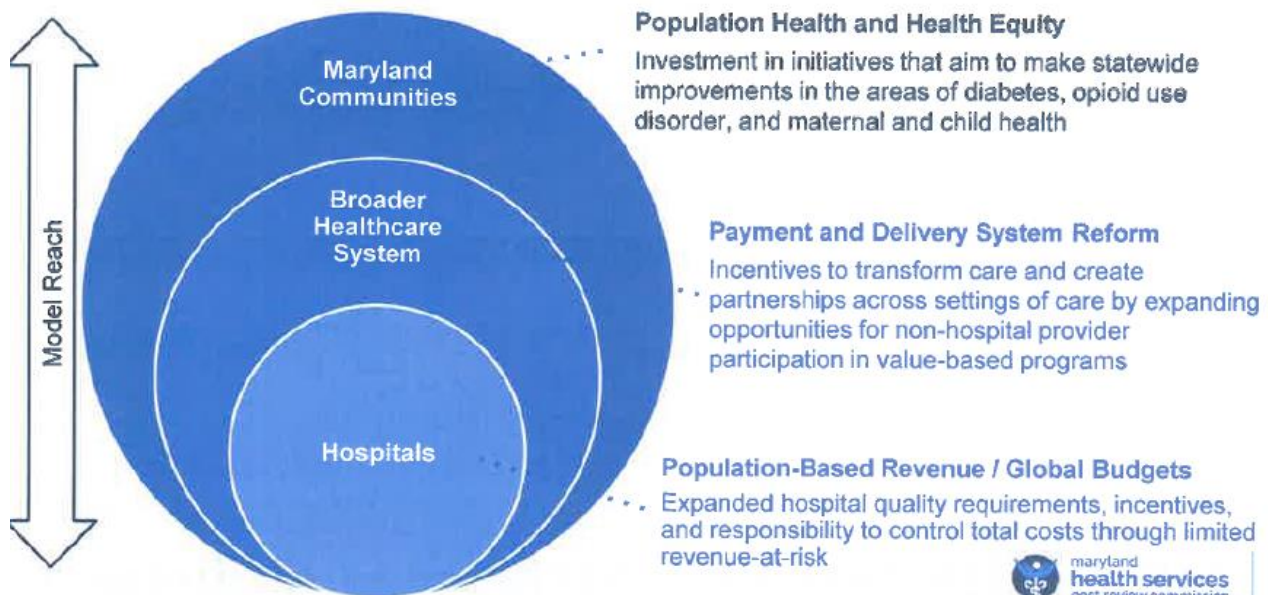
A Fairfax County, Virginia publication. Printed 8/2024

- Maryland Department of Health-TCOC model

Maryland's Unique Healthcare System: Overview



TCOC Model Components





Maryland's Vision

Empower all Marylanders to achieve optimal health and well-being.

Ensure High-Value Care

Align public and private investments towards common *population health outcomes*

Enable innovative models across the care continuum

Constrain all-payer TCOC growth

Improve Access to Care

Expand and align all-payer advanced primary care

Support statewide efforts to strengthen the behavioral health care continuum

Increase all-payer primary care investment

Promote Health Equity

Elevate community decision-making

Identify, address, and measure HRSN

Invest in community capacity building

Accountability

Infrastructure: Data and analytics, Workforce, Health Information Technology, Administrative Simplification

Maryland's Health Equity Plan will: Elevate community voice to define our shared commitment to health. Integrate and align resources across clinical and population health needs. Overcome systemic and structural racial and ethnic health inequities.

- Mary's Center-Social Change Model

Mary's Center's Dental Model
February 27, 2023

Our highly innovative Mary's Center dental model is a hybrid of three different dental care operational structures, using the best practices of each: (1) data-driven, high-volume office, with a balanced staff for protocol-driven workflows reflecting a Navy Dental Center, (2) a technology-intensive private practice staff-driven model allowing for accountable cost controls, and (3) a public health, social responsibly model increasing access to afforded dental care for everyone. Our hybrid model allows Mary's Center to fulfill its mission while simultaneously delivering great clinical outcomes that are safe and predictable while also being financially self-sustainable.

Our team of general dentists, specialists, hygienists, and dental assistants are able treat patients comprehensively in a traditionally designed family dental office environment, which includes care for children, adults, and the elderly. These services include cleanings, sealants, periodontal care, fillings, build-ups and crowns, root canals, extractions, partial and full dentures. Additional specialty care, which is in great demand in our underserved populations, is available through community partnerships with private offices, universities, and partnering clinics.

Each of our dental suites are typically operational six days a week, Monday through Saturday from 8am to 6:30pm for 295 days or about 3,100 hours per year per chair. While we have only three (3) physical offices, they operate like six (6) separate offices, with each separate office being staffed with two (2) dental office teams. We aim to always be staffed with at least two dentists and two hygienists. At capacity, each of the three (3) 7-chair offices can produce 7 to 9 patients encounters per hour, with a realistic target of 20,000 encounters per year after adjustments.

The Navy Dental Center operational structure part of the hybrid model is the implementation of protocols permitting us to stay on schedule and to keep our staff streamlined with checklists and duty assignments. We operate with the electronic medical record (EMR) system eClinicalWorks (eCW) to maintain our scheduling, billing, and the maintenance of digital records with digital radiographs (x-rays) in addition to an outsourced 24/7 call center. Patients are paneled to the same provider to ensure consistent continuity of care to the patient's satisfaction until care is completed or unless there is a need for a provider change. Our "fun technologies" such as digital x-ray sensors, digital impression scanners, and a Dental-3D printer reduces material costs and increases efficiencies to deliver a quicker and higher level of care quality in addition to provider, staff, and patient enjoyment.

Patient, provider, and staff turnover can all be high in a public health setting, and a high failure/no-show rate makes the management of a large and dynamic patient base challenging. Our well-trained Patient Care Navigators (PCNs) are extremely effective in maintaining the schedules to ensure all our dentists and hygienists remain fully productive. Our PCNs manage our recall, retention, reactivation, no-show/failure, emergency, and continuity of care lists to keep patients engaged in their care. The entire scheduling and re-scheduling process to keep schedules full for our providers is a constantly cascading complex effort to fully accommodate as many patients as possible by removing the scheduling barriers to quickly as possible.

We often staff the dental team with new and recent graduates from Dental, Hygiene, and Dental Assisting Schools. Given our unique model, we grow our dental leadership team from within by encouraging and providing career paths. Much like a military rank structure, we have mostly crossed-trained positions that are often interchangeable but also have very uniquely specialized positions (DDs, DOCs, HYGs, DDOs, PCNMs, PCNs, LDAs, DAs, HAs, FSWs, and student interns). These efforts allow for an effective recruitment, promotion, growth, and retention environment for the best mission-orientated staff.

In the coming years, we are focused on adding additional dental chairs, reconfiguring current sites, and building new sites that will focus primarily on children's care, the elderly's unique needs, and those with special care needs. As we incrementally add forty (40) more chairs to our current twenty-one (21) units and our 3-chair mobile unit, we will achieve the optimum ratio of 1-chair operating 6-days a week at 60 hours to meet the dental needs of our entire 60,000 unique participant base at Mary's Center.

For further details and discussion of Mary's Center's dental model, Dr. Rich Gesker, EVP of Dental Services invites you to contact him at (202) 255 - 5890 or by email at DrRichGesker@MarysCenter.org. Anytime is a good time to discuss oral health!

- SAS Institute

SAS in Health and Life Sciences



>70

Countries with SAS Health Care customers

100%

of the Fortune Global 500 Health Care companies are SAS customers

>1700

Health and Social Services customers globally

Collaboration with customers

Oscar Lambret

Healthy NV Project

EVERNORTH

SAN BERNARDINO COUNTY

MAYO CLINIC

Erasmus MC

Gemelli

SAS

Common data challenges



ETL process time-consuming



Secure data access and regulatory compliance



Data integration



Analyzing health and non-health data



Automated, near real time incremental data

SAS



This program has proven to increase customer engagement, improve outcomes, reduce total medical costs and make complex condition management easier and more affordable.

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Cigna Healthcare

Data integration and predictive modeling

By analyzing data across medical, pharmacy, and behavioral health sources, Cigna Healthcare can anticipate the needs of customers with chronic diseases, anticipate an acute health event or alert a case manager/health coach when a customer needs intervention.

Key Takeaways

- 1 Build and deploy predictive models to identify those at risk of diabetes and schedule preventative screenings
- 2 Establish a member matching methodology to uniquely identify patients across multiple health data system
- 3 Trigger interventions for oncology patients that contribute to improved health outcomes
- 4 Integrate insights into clinical workflows and treatment plans to ensure quality care, best outcomes and cost-effective locations



Capabilities



Turn-Key Data Ingestion

- Easily ingest your data that follow industry standard format, such as FHIR.



Secure access to systems

- Establish secure access to your various systems, data sources and applications.



Integrate data

- Combine health and non health data
- Prepare data for analytics



Open-Source Capabilities

- Integrate teams & technologies across the analytics lifecycle.
- SAS & Open-Source users can collaborate

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Optimize data refresh schedules

- Schedule data ingestions in advance
- Pick a suitable time



Low code/no code interface

- Includes a no code/low code interface, so anyone can ingest FHIR data or consume insights.



Embedded machine learning & AI

- AI/ML predictions complement your descriptive analytics
- Anticipate member and patients' needs



Flexible deployment options

- Cloud-native and cloud-agnostic
- Portability across on-prem, hybrid, or multi-cloud environments.



- Urban Ministries of Durham



URBAN MINISTRIES
OF DURHAM

About Us

Urban Ministries of Durham is the primary point of connection for those who are homeless, hungry, or in need in Durham. With the help of nearly **4,000 volunteers**, countless donations from the community, and a dedicated staff, we serve over **6,000 people each year** who come seeking food, shelter, clothing, and supportive services. We are the primary public homeless shelter in Durham, and we welcome neighbors regardless of race, ethnicity, religious beliefs or non-belief, sexual orientation, gender identity, or disability. We provide immediate relief to those experiencing chronic or temporary homelessness, and work with clients to end their homelessness as quickly and responsibly as possible. Last year, 118 people ended their homelessness at UMD.

Our Programs

Community Shelter

Using a Housing First, low-barrier approach, UMD offers safe emergency shelter to nearly 800 men, women, and children in a typical year. We offer collaborative, client-centered Case Management to address the domains of housing, wellness, and income. Referrals include our in-house Workforce Development program for those in need of employment income despite barriers to obtaining and holding a job.

Community Café

UMD serves three meals a day, seven days a week, 365 days a year to shelter guests and anyone who is hungry free of charge. Staff and volunteers partner to serve 250,000 meals to their neighbors each year.

Food Pantry and Clothing Closet

Using donations from the community, UMD distributes groceries, hygiene items, diapers and gently used clothing to over 500 homeless or low-resource households each year.



To learn more visit us at www.umdurham.org



URBAN MINISTRIES OF DURHAM

MISSION, VISION & VALUES STATEMENTS

Mission:

We connect with the community to end homelessness and fight poverty by offering food, shelter and a future to empower our neighbors in need.

Core Values:

Urban Ministries of Durham is committed to offering a service environment that is based on:

Respect

We believe in the inherent dignity and value of all people and believe no one's basic human needs should go unmet. We work to recognize and value each person's strengths and abilities and to welcome and care for people across the diversity of race, gender, religious beliefs and non-belief, and sexual and political orientation.

Collaboration

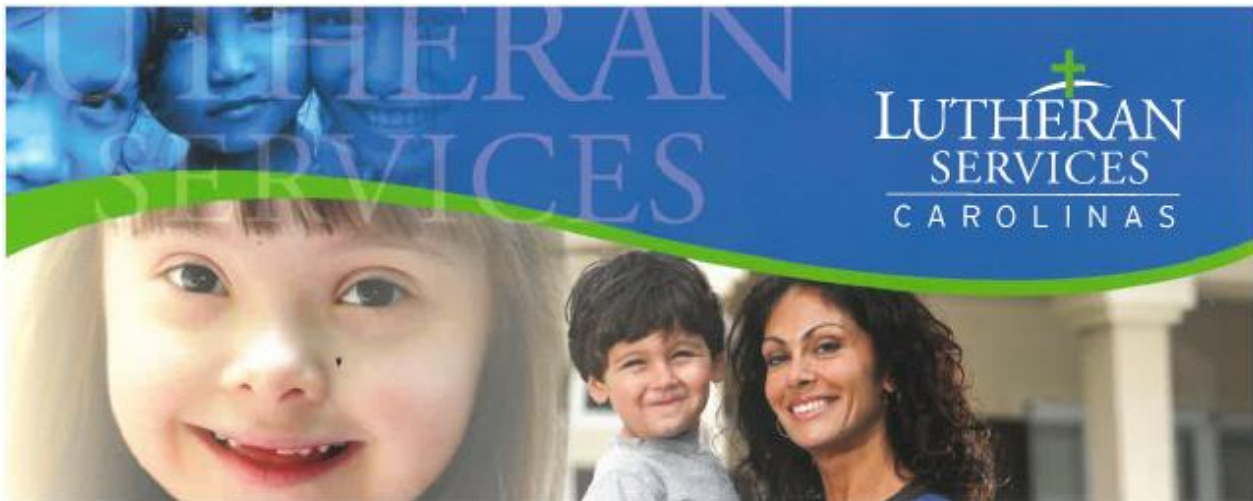
Recognizing that each person is in charge of their own life, we listen closely, work in partnership and support the ways that those in need help one other. We work in concert with many other organizations to end homelessness and extreme poverty. We believe we all benefit when we use resources efficiently, work as a team, and move forward together.

Accountability

Each person owns the successes and setbacks that result from their choices. We expect each other to live up to the commitments we have made and the goals we have set. We remind everyone in the community of each person's connection to all their neighbors and the duty to make our community more equitable.

We are committed to living out our core values in all our interactions with our clients, each other, and the community.

- Lutheran Services Carolinas



WELCOME TO LUTHERAN SERVICES CAROLINAS

With the help of volunteers, donors, faith partners, and others, LSC provides many residential options and at-home services to seniors; helps veterans and others transition from homelessness to dignity; shields children from abuse and neglect through foster care; helps those battling mental illness through innovative programs; encourages growth and independence for those with intellectual or developmental disabilities; places children in loving adoptive homes; provides welcome to refugees seeking sanctuary; protects communities through disaster preparedness; and enables many men and women with varying life challenges or disabilities to live proudly and independently with residential or supportive services.

LSC invites people from across the Carolinas to learn more about its people and programs through its ongoing awareness effort called "Connect-4-Good." If you would like to join LSC's growing network of supporters, call 1-800-HELPING and speak with an LSC representative. **Connect today. Connect-4-Good!**



PROGRAMS AND SERVICES IN BOTH NORTH & SOUTH CAROLINA

Lutheran Disaster Response (LDR) – As the lead agency for LDR in North and South Carolina, LSC facilitates disaster preparedness and response services for congregations, families, and individuals through a two-state collaborative called Lutheran Disaster Coalition of the Carolinas (LDCC). After initial disaster response by local emergency services agencies, LSC works with LDR to support long-term relief and recovery efforts. Currently, LSC is providing disaster case management services in both South and North Carolina. For more information about disaster response, contact LSC at (704) 637-2870.

Unaccompanied Minors – Since 2007, LSC has worked with Lutheran Immigration and Refugee Service (LIRS) to serve unaccompanied minors. In both North and South Carolina, LSC provides these children with post-placement case management services and in South Carolina, provides transitional foster care

options as well. To learn more, contact the LSC office in Raleigh at (919) 832-2620 or the LSC office in Columbia at (803) 750-9917.

Bridge of Hope – Bridge of Hope is a church-based approach to ending homelessness. Bridge of Hope affiliates, including Lutheran Services Carolinas, provide professional staff to work with area churches to help single mothers who have been homeless or are at risk for homelessness find stability and permanent housing for their families.

Refugee and Immigrant Services – LSC provides welcome and safe haven to refugees, asylees, and victims of human trafficking. In NC, assistance with housing, employment, and assimilation into American culture is provided through the LSC office in Raleigh at (919) 832-2620 and in SC, help is provided through the LSC offices in Columbia (803) 750-9917 and Charleston (843) 855-4492.

If a phone number is not listed and you are seeking more information about a specific LSC program, call 1-800-HELPING. You can also visit the LSC website at www.LSCarolinas.net or call the LSC Administrative Office at (704) 637-2870.

Empowered by Christ, we walk together with all we serve.



Trinity Living Center (TLC) – Some older adults become lonely or isolated due to changes in health, resources, or mobility. Adult day service programs, like LSC's Trinity Living Center in Salisbury, help end that isolation. At TLC, participants are able to enjoy activities and re-establish friendships while receiving medical care, nutritious meals, and assistance with personal care if needed. TLC can also provide transitional care and follow-up after a hospital discharge and can play an important role in chronic disease management. Drop by for a visit or call (704) 637-3940 to schedule a free day.

Trinity Oaks – Trinity Oaks is a continuing care senior living community located in historic Salisbury, NC. In addition to recently renovated independent living cottages and apartments, the campus offers assisted living residences, skilled nursing care, and both in-patient and out-patient rehabilitation on a beautiful 40-acre campus. Schedule a tour today by calling (704) 633-1002.

Trinity Place – Trinity Place is a senior living community located in Albemarle, about 40 miles from Charlotte. Trinity Place offers short-stay and long-term residents skilled nursing care, rehabilitation, and assisted living services in a comfortable country setting. Out-patient rehabilitation is also available. Stop by to see recent renovations or call (704) 982-8191 to schedule a tour.

Trinity Ridge – Nestled in the foothills of North Carolina's Blue Ridge Mountains, Trinity Ridge is a senior living community offering in-patient and out-patient rehabilitation as well as skilled nursing care. The spacious neighborhood-style design offers beautiful indoor spaces as well as inviting courtyard and garden spaces outdoors. Call (828) 322-6995 today to learn more or to schedule a tour.

Trinity View – Located in Arden, North Carolina near Asheville, Trinity View is an active senior living community offering rental independent living and assisted living residences. Nestled between the Blue Ridge and Great Smokey Mountains, Trinity View's warm summer days and mild winters make it an inviting retirement destination. Visit or call (828) 687-0068.

Trinity Village – Those seeking in-patient or out-patient rehabilitation, skilled nursing care, assisted living, or specialized memory care will find both quality of care and quality of life at Trinity Village. Located in Hickory, NC, the spacious senior living community offers many comfortable common areas, including a bistro, library, solarium, and a chapel. Call (828) 328-2006 to learn more.

SearStone – LSC has had a unique relationship with SearStone, a not-for-profit senior living community in Cary. Originally a SearStone sponsor, LSC now assists in directing a portion of the proceeds from this not-for-profit venture to benefit eldercare programs in Wake County. To learn more about SearStone, call (866) 717-5400.

SOUTH CAROLINA CHILD AND FAMILY SERVICES

Therapeutic Foster Care (TFC) – LSC offers various levels of foster care to meet the special physical and emotional needs of every child. The TFC program serves children and youth throughout SC who are emotionally distressed, developmentally disabled, or medically fragile. Learn more by calling (803) 750-9917.

SC Supported Living – In Columbia, LSC offers ten residences where adults with significant intellectual and/or developmental disabilities can receive the person-centered care and support they need to become as capable and independent as possible. These homes are staffed by professional caregivers who help residents improve their daily living, social, and vocational skills, while enjoying comfortable homes in residential neighborhoods. The Columbia residences are named Barger Hill, Myers Crest, Rose Cliff, Stone Haven, Westridge, Harmony House, Aull Place, and Victory Downs. Additionally, LSC operates two residences in Darlington: Briar Cliff and Briar Gate. As an alternative similar to foster care, LSC also offers those with intellectual and/or developmental disabilities the opportunity to receive similar care and support while residing in a private home with a host family.

Veterans Services – LSC strives to provide veterans with the resources they need and the support they have earned. To learn more about transitional housing and support for South Carolina veterans who have been homeless or are at risk of homelessness, call the LSC Columbia Office at (704) 940-3333.

PROGRAM	DAYS SERVED	REVENUE	PEOPLE SERVED
Trinity Place	30,379	\$9,849,926	189
Trinity Village	61,586	\$16,623,839	400
Trinity Ridge	37,580	\$14,067,157	259
Trinity Grove	33,076	\$12,902,730	241
Trinity Landing Independent Living	3,251	\$416,294	161
Trinity Glen	35,365	\$12,512,398	202
Trinity Elms Health & Rehab	30,021	\$11,121,095	227
Trinity Elms Assisted Living	29,911	\$5,183,716	115
Trinity Elms Independent Living	18,327	\$1,241,585	69
Trinity Oaks Health & Rehab	44,579	\$14,075,446	227
Trinity Oaks Independent Living	68,811	\$10,607,117	278
Trinity View	28,867	\$3,803,209	147
Trinity Living Center	5,633	\$380,614	70
Trinity at Home	N/A	\$994,107	106
LSA Pharmacy	N/A	\$7,698,856	N/A

SENIOR SERVICES

PROGRAM	DAYS SERVED	REVENUE	PEOPLE SERVED
Home & Community Based Services*	1398	\$1,330,987	92
Adoptions	N/A	\$424,259	155
NC Foster Care	49,713	\$6,336,977	256
NC Residential	9326	\$3,474,803	65
NC New Americans	N/A	\$2,626,720	460
SC New Americans	N/A	\$3,824,340	935
SC Foster Care	22,705	\$3,790,831	152
SC Residential	21,120	\$5,085,385	60
Disaster Case Management	N/A	\$111,301	N/A
Recovery	2961	\$128,673	787

CHILD & FAMILY SERVICES

COLLABORATIONS & PARTNERSHIPS

PACE at Home
Hickory, NC

Senior TLC (PACE)
Gastonia, NC

PACE of the Triad
Greensboro, NC

PACE of the Southern Piedmont
Charlotte, NC

Lutherhaus
Hickory, NC

Dallas High School Apartments
Dallas, NC

Searstone
Cary, NC

Tsali Care Center
Cherokee, NC

Trinity Rehab
North Carolina

Building Independence
Raleigh, NC

\$163,577,860
LSC Total Operating Revenue

6,300
People Directly Served by LSC

*All figures are for FYE Sept. 30, 2022

- North Carolina Department of Health and Human Services

DHHS Mission, Vision, Values and Goals



The mission statement defines who we are and what we do. The vision statement defines what we aspire to be. Together, they serve as the foundation for NCDHHS.

The values are the guiding principles that shape our behavior and actions. The priority goals are what we strive to do in support of our values and daily activities. Together, they make NCDHHS a great place to work.

NCDHHS Priorities

Behavioral Health & Resilience



We need to offer services further upstream to build resiliency, invest in coordinated systems of care that **make mental health services easy to access** when and where they are needed and to **reduce the stigma** around accessing these services.

Child & Family Well-Being



We will work to ensure that North Carolina's children grow up safe, healthy and thriving in nurturing and resilient families and communities. **Investing in families and children's healthy development builds more resilient families, better educational outcomes and, in the long term, a stronger society.**

Strong & Inclusive Workforce



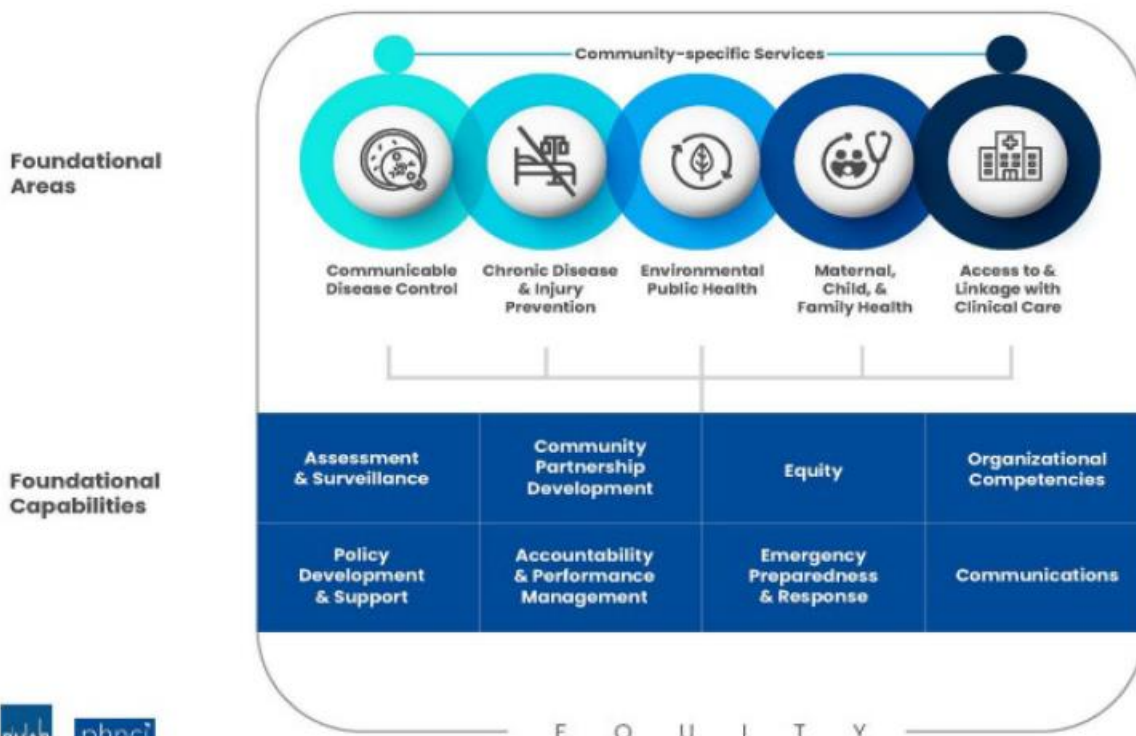
We will work to strengthen the **workforce that supports early learning, health and wellness by delivering services to North Carolina.** And we will **take action** to be an equitable workplace that lives its values and ensures that all people have the **opportunity to be fully included** members of their communities.

2023-2025 NCDPH Strategic Map

To further efforts to lead an integrated and equitable public health system and to advance the health and well-being of North Carolinians, the other above-listed priorities have been developed and integrated into our refreshed Strategic Map, seen below. In this map, the three strategic priorities have been highlighted in yellow.

	1. Safeguard the Public's Health	2. Support Healthy People and Communities	3. Enable North Carolina's Healthiest Future Generation	4. Improve Organizational Health with a Focus on our Workforce
A	Prevent, investigate and respond to public health threats	End the HIV epidemic	Reduce disparities in infant and maternal morbidity and mortality	Support recruitment, development, retention, and diversity of Public Health workforce
B	Control vaccine preventable diseases	Reduce commercial tobacco use through healthy environment	Reduce tobacco use, e-cigarette use, and vaping under age 21	Build a durable statewide infrastructure that supports foundational public health capabilities
C	Identify and address emerging contaminants	Promote healthy eating and active living	Promote reproductive health using a reproductive justice framework	Promote modernized data processes
D	Promote Harm Reduction and reduce substance overuse and overdose deaths	Reduce the burden of chronic disease and injury		Develop the capacity to collect, analyze, and report local public health data
E	Build resiliency for climate change	Support and Develop Healthy Homes		Improve efficiency of core business processes
5. Advance equity in all of our work				
6. Earn trust by listening to and uplifting the voices and value of public health				
7. Strengthen partnerships with Local Health Departments and Local, State, and Federal Partners				
8. Drive data-informed decision-making and evidence-based policy				

Foundational Public Health Services



FROM THE DIRECTOR

Creating Hope



MICHAEL B. KASTAN

IT IS LIKELY THAT YOU OR SOMEONE YOU CARE ABOUT is affected by cancer; one in two men and one in three women will be diagnosed with cancer in their lifetimes. In this issue of *Breakthroughs*, you will see just a few of the faces of people who are bravely taking on cancer with the help of Duke Cancer Institute. We were one of the first centers in the country to treat the whole person, not just their cancer, and we continue to break new ground in support services for our patients and their families. Our Supportive Care and Survivorship Center partnered with Duke University Communications to bring you the Many Faces of Cancer photo essay featured on the cover.

In this issue you'll also read about the dedicated team that helps thousands of people at Duke and beyond reduce their dependence on tobacco, all the while contributing to the science that lies behind the newest treatments.

And you will find an inspiring story of hope about a mother and physician who is benefiting from a new combination treatment for people with bladder cancer and other urothelial cancers. Our

"IN THIS ISSUE OF *BREAKTHROUGHS*, YOU WILL SEE JUST A FEW OF THE FACES OF PEOPLE WHO ARE BRAVELY TAKING ON CANCER WITH THE HELP OF DUKE CANCER INSTITUTE."

physician-scientists played a role in taking this treatment to trial. This is just one example of how DCI is rewriting the narrative for patients who previously had few options. None of this progress would be possible without you. The dedication of our donors and friends motivates us to continue pushing forward to discover, develop, and deliver tomorrow's cancer care...today. Thank you for all that you do.

Michael B. Kastan, MD, PhD
Executive Director, Duke Cancer Institute
William and Jane Shingleton Professor,
Pharmacology and Cancer Biology
Professor of Pediatrics

ON THE COVER:

Many Faces of Cancer. Diagnosed in 2021, Jacqueline Weatherly is currently in remission from multiple myeloma. She credits her doctors for healing her body and the Duke Cancer Patient Support Program for healing her mind. Here, she basks in a snowfall of petals while strolling through Duke Gardens' Cherry Allée. See the rest of the Many Faces of Cancer on page 4.

Breakthroughs is produced two times a year by Duke Cancer Institute Office of Development
300 West Morgan Street, Suite 1000
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FORWARD STEPS

How Cancer Tumors Hijack the Body's Defense System

In the May 10 issue of the journal *Science Immunology*, researchers unveiled a previously unknown tactic used by cancer tumors to dodge the body's immune system.

The analysis by cancer researchers at Duke University School of Medicine and University of North Carolina at Chapel Hill is a step forward in understanding why some cancers do not respond to immunotherapy.

They discovered that a specific type of cell that usually rallies to help the body fight foreign invaders can suddenly operate differently, and instead allow cancer to grow unchecked. Using mouse models, the team found dendritic cells can be successfully manipulated to prevent their rogue transformation.

"By disrupting the mechanisms that enable tumors to evade immune detection, we aim to expand the cancer patient population who can benefit from immunotherapy," said senior study author and medical oncologist at Duke Cancer Institute Brent A. Hanks, MD, PhD, who has appointments in the Department of Medicine and

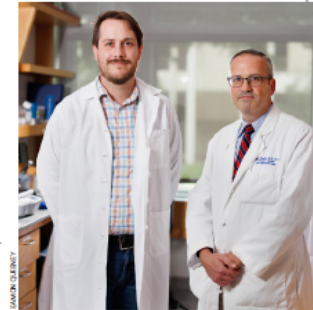
Department of Pharmacology and Cancer Biology at Duke.

What causes the dendritic cells to shift roles starts with a strategy employed by tumors. Cancer tumors produce high levels of lactate that can reprogram healthy dendritic cells into what scientists termed "mregDCs."

Unlike their healthy counterparts, mregDCs act as traitors, suppressing the body's immune response, making it harder for the body to attack cancer cells.

"Probably the most surprising finding was that mregDCs aren't just poor stimulators of T cells needed for an immune response, but they are also capable of blocking other conventional cells from doing their job of initiating an immune response," said lead study author Michael P. Plebanek, PhD, a postdoctoral associate and cancer immunologist at Duke School of Medicine.

Authors note that tumors likely employ a variety of strategies to evade immune detection. But the discovery could lead to a new approach for targeted cancer therapies.



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—Shantell Kirkendoll

Palliative Care Improves Quality of Life for Bone Marrow Transplant Patients

A clinical trial has found that palliative care — relief from symptoms — significantly improves a patient's quality of life and eases fatigue, depression, and post-traumatic stress symptoms while they are hospitalized for bone marrow transplant.

The findings of the trial were presented during the American Academy of Hospice and Palliative Medicine conference in March 2024.

"Patients undergoing hematopoietic stem cell transplantation face a significant burden of treatment-related symptoms and issues that lead to impaired quality of life and reduced function," said co-investigator Thomas LeBlanc, MD, a hematologic oncologist

and chief patient experience and safety officer for the Duke Cancer Institute.

"Standard transplant care may not optimally address these patient experience issues."

Researchers tested the effectiveness of an integrated palliative care intervention across diverse settings. They enrolled 360 adults undergoing bone marrow transplants at three academic medical centers, including Duke University Hospital, Massachusetts General Hospital, and the Fred Hutchinson Cancer Center at the University of Washington.

Half of the adults received usual care. The other half met with a palliative care clinician at least twice a week during their transplant hospitalization to

monitor symptom management, quality of life, depression, anxiety, fatigue, coping, and PTSD symptoms.

Patients receiving the palliative care intervention reported better quality of life, defined by the degree to which an individual is healthy, comfortable, and able to participate in life events. They also had lower depression, PTSD, and fatigue symptoms compared to those receiving usual care.

"Integrated specialist palliative care yielded impressive improvements in the patient and caregiver experience of stem cell transplantation," LeBlanc said. "This should be considered a new standard of care."

—Alexis Porter