

Bridge to Community: Needs Assessment and Data Collection Through Community Partnerships

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Background

- The University of Maryland Greenebaum Comprehensive Cancer Center (UMGCCC) serves a catchment area of 5.4 million Marylanders in Baltimore City and the 10 central counties of Maryland.
- A primary objective of the UMGCCC Office of Community Outreach and Engagement (COE) is to use a data-driven approach to describe the catchment area—inclusive of a needs assessment to inform strategic planning and program development aligned with community and UMGCCC priorities.
- By evaluating community perspectives on UMGCCC's five priority cancers—breast, cervical, GI, lung, and prostate—this assessment ensures institutional strategies directly align with community-identified needs.
- UMGCCC partnered with Community Ministry of Prince George's County (CMPGC) in 2020 to conduct its inaugural needs assessment. CMPGC is an interfaith nonprofit organization focused on reducing poverty and health disparities.
- This presentation describes the 2025 follow-up assessment evaluating ongoing cancer needs within the UMGCCC catchment area and adjacent regions.

Project Goals

Obtain responses from 975 Marylanders via a 28-item electronic survey to:

- Describe the demographics of community needs assessment participants and assess cancer-related knowledge, beliefs, and behaviors among respondents.
- Identify potential barriers to cancer screening, prevention, diagnosis, and treatment.
- Inform the development of culturally competent and accessible cancer control programs and research priorities.

Methods Implemented

- Survey instrument developed using iterative feedback from the UMGCCC Community Advisory Board (CAB) and UMGCCC leadership and members.
- Recruitment outreach included emails to community partners, health-system liaisons, the UMGCCC CAB and membership, and in-person distribution and dissemination of a video featuring UMGCCC CAB members and leadership.
- Conducted in compliance with the University of Maryland IRB. All eligible participants received an electronic gift card as an incentive.

Results

Figure 1: Needs Assessment Respondent Representation by County (N=577)
Map with response rates by county

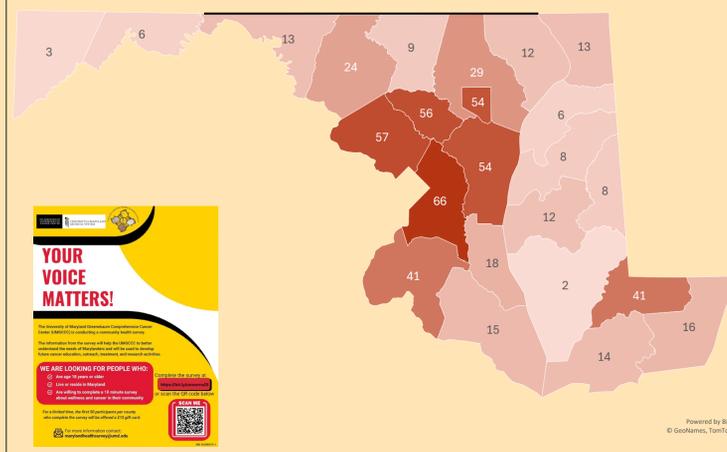


Table 1: Needs Assessment Respondent Demographics (N=577)

	Frequency	Percent	MD Percent
Age (Mean and SD)	47.61	15.9	Median: 39.7
Gender			
Man	119	20.6	48.8
Woman	447	77.5	51.4
Non-binary	4	0.7	-
Race			
White	263	45.6	56.7
Black	262	45.4	31.6
Native American	19	3.3	.9
Asian	29	5.0	7.3
Other	31	5.4	.1
Ethnicity			
Hispanic/ Latino	61	10.6	13.3
Not Hispanic/ Latino	516	89.4	86.7
Cancer Survivor (Yes)			
No	463	80.2	94.6
Lung	9	1.6	-
Colorectal	10	1.7	-
Breast	39	6.8	-
Cervical	8	1.4	-
Prostate	10	1.7	-
Melanoma or skin	16	2.8	-
Education			
high school/ GED or less	67	11.6	31.7
some college or associates	166	28.8	23.6
4-year college degree or higher	343	59.5	44.7
Employment			
not currently or on disability	74	12.9	22.7
retired	69	12.0	12.8
part time/full time	433	75.1	64.5

Figure 2: Perceived cancers affecting the community most (n=577)

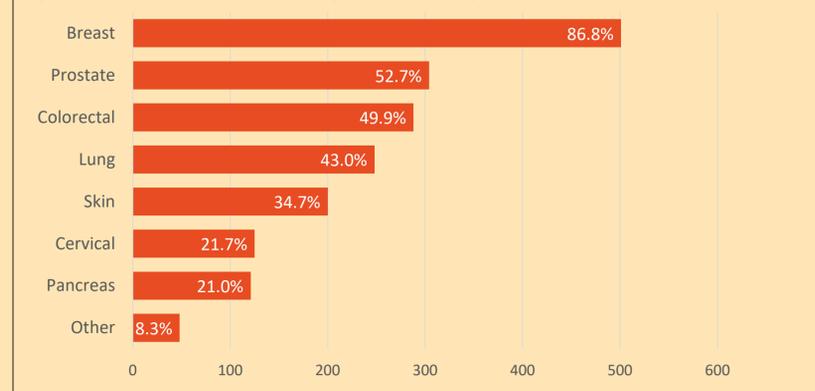
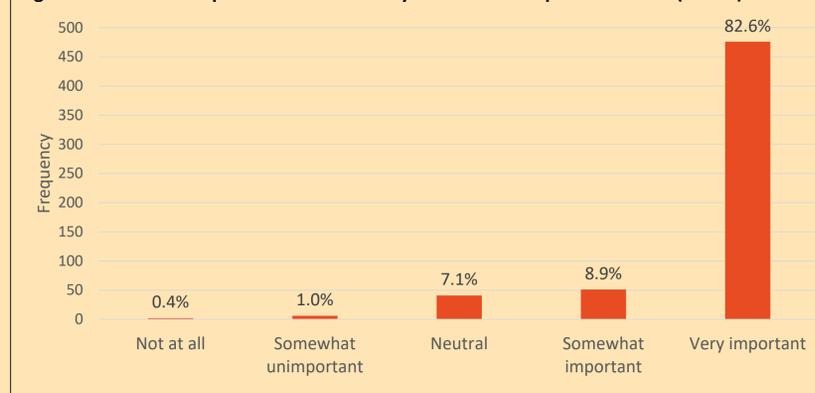


Figure 3: Key Factors, Barriers and Supports in Cancer Prevention & Care (n=577)

	Frequency	Percent
Perceived factors contributing most to cancer in the community		
Alcohol and Tobacco	417	72.3
Poor diet/nutrition, physical inactivity, obesity	400	69.3
Genetics	371	64.3
Poor healthcare and environmental exposures	363	62.9
Lack of knowledge/ information	283	49.0
*Not getting screened	356	67.0
Perceived barriers to cancer screening among the community		
Too busy	293	50.8
Lack of knowledge/ information	388	67.2
Lack of transportation/ local screening locations (inaccessible hours)	329	57.0
Fear (of finding cancer, painful screening, or screening causing cancer)	404	70.0
Cost /Insurance coverage concerns	442	76.6
Support services that would increase community cancer screening, diagnosis, treatment		
Appointment scheduling and reminders	307	53.2
Transportation/ Mobile screening vans/ Caregiving support or childcare	430	74.5
Financial/ Assistance with insurance enrollment	482	83.5
Education	432	74.9

Note: *Pilot respondents not included in responses to this item

Figure 4: Perceived importance of laboratory research to help cure cancer? (n=577)



Population -specific findings

- Hispanic/LatinX participants:
 - 57.1% suggest translation/interpreter services were critical for improving cancer care
 - 55.4% cite risk of deportation as a barrier to accessing care
- Participants in rural counties:
 - 62.5% suggest pesticides as a pervasive environmental exposure in their community
 - 59.8% suggest secondhand smoke is a pervasive environmental exposure in their community

Discussion

- Despite geographic and demographic diversity, residents across the catchment area identified common cancer drivers, screening barriers, and essential support services
- While universal themes emerged across the catchment area, identifying unique community-level factors is essential for addressing specific disparities and proactively tailoring oncology care and research to meet population specific needs
- Collaborating with CMPGC and community-based partners served as a critical force multiplier, leveraging established local trust to enhance outreach and maximize participation in the needs assessment.
- Community-identified needs and priorities align with the clinical and research strengths of UMGCCC.

Lessons Learned & Next Steps

- Diversification of outreach strategies—both personalized and community based—is key
- Using CAPTCHA reduced bot responses and improving overall data quality.
- Lay and scientific reports will be produced and distributed guide community activities and needs, and to inform UMGCCC leadership, members, and cancer professionals on research, strategy, outreach, and priority-setting based on community input.
- Needs assessment data integration into [UMGCCC Cancer InFocus \(CIF\)](#) platform

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