

## ACCC Welcomes its Newest Members

### Atrium Health System

Charlotte, North Carolina  
Delegate Rep: Hugh Warden  
Website: [atriumhealth.org](http://atriumhealth.org)

### Dana-Farber Cancer Institute

Boston, Massachusetts  
Delegate Rep: Gregory Calosso  
Website: [www.dana-farber.org](http://www.dana-farber.org)

### Pikeville Medical Center

Pikeville, Kentucky  
Delegate Rep: Brandi Wilson  
Website: [pikevillehospital.org](http://pikevillehospital.org)

## ACCC Announces New Executive Director



Meagan O'Neill, MS

**A**fter a nationwide search, the Board of Trustees of the Association of Cancer Care Centers (ACCC) is proud to announce the selection of Meagan O'Neill, MS, as its new executive director. O'Neill is the first woman to serve in this role for the organization, and the third executive director in the Association's history.

"For 50 years, oncology professionals have turned to ACCC for resources and advocacy, so they in turn could provide their patients with the best possible care,"

said O'Neill. "It's an honor to continue this legacy and the organization's service to the profession and the individuals."

Prior to her appointment, O'Neill co-led the Oncology Services Practice for ECG Management Consultants (ECG), a nationally known health care consultancy. Throughout her time at ECG, O'Neill worked alongside numerous ACCC member programs on operational improvement, performance transformation, and strategic planning initiatives.

"ACCC's mission is to lead and ignite transformative, high quality, and equitable cancer care for all patients through education, advocacy, and collaborative excellence," said ACCC President Nadine J. Barrett, PhD, MA, MS. "As ACCC celebrates its 50th anniversary and plans for the next 50 years of advancement in oncology prevention, detection, and treatment, Meagan will be instrumental in collaborating with the Board and the membership on that mission."

O'Neill will assume the helm of the association from Christian Downs, JD, MHA, who served in the position for over 20 years. The ACCC Board and membership

would like to thank Downs for his years of service and dedication. Under his leadership, ACCC achieved many successful milestones, including advocacy work that supported the passage of the Medicare Prescription Drug, Improvement, and Modernization Act and the Affordable Care Act; development of key educational initiatives like the ACCC Patient Assistance & Reimbursement Guide, the ACCC Innovator Award Program, and the ACCC Financial Advocacy Network; and the launch of new resources such as the ACCCBuzz blog and CANCER BUZZ podcast.

Downs will remain with ACCC as a senior consultant, working on new strategic initiatives for the organization, while providing a smooth leadership transition to O'Neill.



Dr. Nadine J. Barrett



Dr. Robert A. Winn

# Two Presidents. Two Themes. **One Goal.**

**Reimagining Community Engagement and Equity in Cancer:**  
A Virtual Conversation with Two Presidents

**A**CCC President Nadine J. Barrett, PhD, MA, MS, senior associate dean for Community Engagement and Equity in Research at the Wake Forest University School of Medicine and Atrium Health, learned the power of listening early in life. As a young child, Dr. Barrett would accompany her mother, a nurse, to the nursing homes where she worked. There, her mother encouraged her to spend time with the centers' residents. "Go and listen; don't do a lot of talking, but listen to people's stories," Dr. Barrett recalls her mother saying, sharing the memory and its lasting impact in "Reimagining Community Engagement and Equity in Cancer: A Virtual Conversation With 2 Presidents." She was joined by Robert A. Winn, MD, director and Lipman Chair in Oncology, VCU Massey Comprehensive Cancer Center, and president of the Association of American Cancer Institutes (AACI), as they engaged in a compelling [discussion](#) moderated by Christie Mangir, MS, breast cancer survivor, patient advocate, and public health consultant.

### Power in Humility

During their conversation, Dr. Winn echoed the value of Dr. Barrett's takeaway from her time spent listening to the residents at the nursing homes in his dismissal of the reductive phrase *dumbing down* which is often used to describe conversations between patients and their providers. "I will not let any of my faculty members talk about *dumbing down*—you're not dumbing down anything, we're just making what we do more accessible," Dr. Winn explained. "The least wise of us are the ones who consistently say, 'You need to actually learn my lingo.' No. We need to be able to communicate in the language of the people more effectively."

That sentiment embodies Dr. Winn's presidential initiative for AACI, *Inclusive*

*Excellence*. He elaborated on the need to tailor language to communicate more effectively and emphasized that doing so does not detract from the data. "Making the language more accessible to the community doesn't dilute the science," he said. "Making the language and understanding clearer to the community doesn't mean that you have fewer people on clinical trials; it probably means you have more. Culturally, as academic and cancer centers around the country, even in the community, we have to start thinking that the reality is, there is power in humility."

### Equity in Who We Call Experts

Dr. Barrett connected *Inclusive Excellence* to her ACCC president's theme, *Reimagining Community Engagement and Equity in Cancer*, as she questioned the practice of the broader oncology community neglecting the experiences and approaches of community cancer centers simply because their findings are not published in academic journals. "A publication is wonderful," she said. "But it doesn't necessarily mean that's the best evidence, especially when we're talking about interventions, because some of these interventions are happening, boots on the ground, in communities, and we're not engaging them. [But] together, could you imagine what we could do?"

### Hardly Reached, Not Hard to Reach

Dr. Barrett avoids the terms *underserved* and *hard to reach* as they pertain to community engagement. "They're hardly reached because we're not reaching out," she said. To establish the trust needed for engagement to flourish between communities and institutions, she recommended some underrated qualities and practices, returning to humility as a touchstone and prioritizing openness and transparency. She likened it to a marriage or any other relation-

ship. "Those are things that you want, right? You don't expect the community to build trust, you actually show up in these ways that are really authentic and meaningful and collaborative and amplify the strengths of our community."

**"I learned that the world does not circulate around my perception and my experience only."**

— DR. BARRETT

### The Heart of Patient Navigation

In 1990, following an observation on the number of Black women who were being diagnosed with terminal breast cancer at Harlem Hospital Center in New York, New York, and in combination with American Cancer Society findings on the effects poverty has on the treatment of cancer and other chronic diseases, Harold P. Freeman, MD, launched the first patient navigation program.

According to Dr. Barrett, Dr. Freeman trained her as a patient navigator. Thus, she has firsthand insight about how he paved the way for patient navigation to reshape cancer care. However, she noted that the discipline is now sometimes considered a *concierge service* offered to everyone, an approach that she argues departs from its founding principle. "Recognizing that patient navigation came from Harlem, there's a clear disparities piece that exists in its DNA that we start missing sometimes," Dr. Barrett said. "And yet, the reality is, there are so many of us who are scientists and advocates in our communities, and we are not letting go. We will not give up."