

Building Meaningful Diversity, Equity, and Inclusivity into Oncology Practice

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Disclosures

- **Funding**

- U54 CA0914010 (NCI)
- 09/01/2021-08/31/2025
- Meharry-Vanderbilt-TSU Cancer Partnership

- **Honoraria:**

- Tennessee Oncology Practice Society
- South Carolina Oncology Society

- **Advisory Committee:**

- Appalachian Community Cancer Alliance
- Seed funding from Bristol Myers Squibb and AstraZeneca

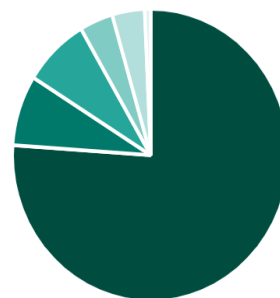
Disclaimer



CHIEF DIVERSITY OFFICER STATISTICS BY RACE

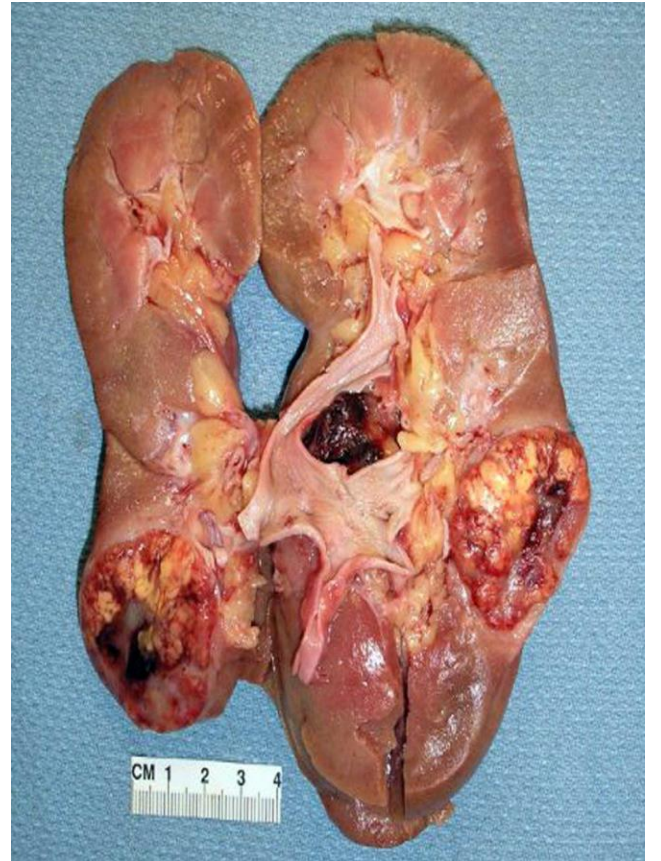
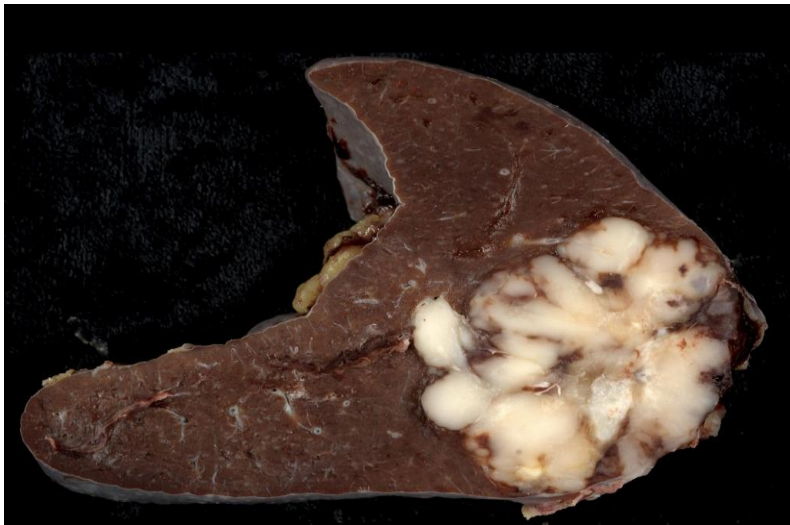
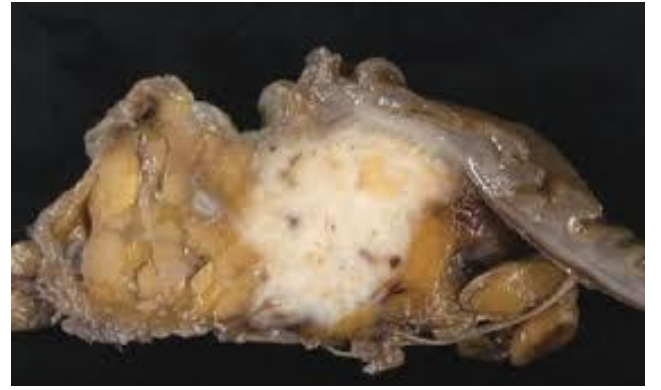
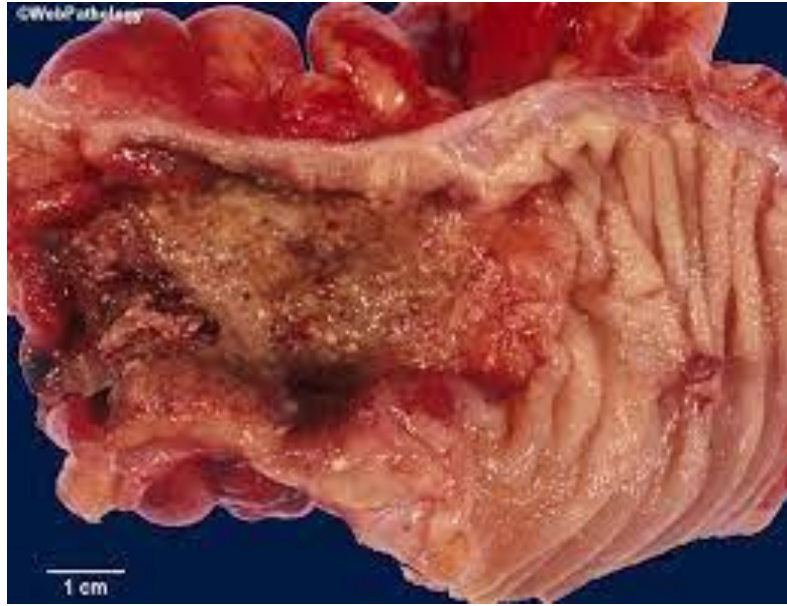
The most common ethnicity among chief diversity officers is White, which makes up 76.1% of all chief diversity officers. Comparatively, there are 7.8% of the Hispanic or Latino ethnicity and 7.7% of the Asian ethnicity.

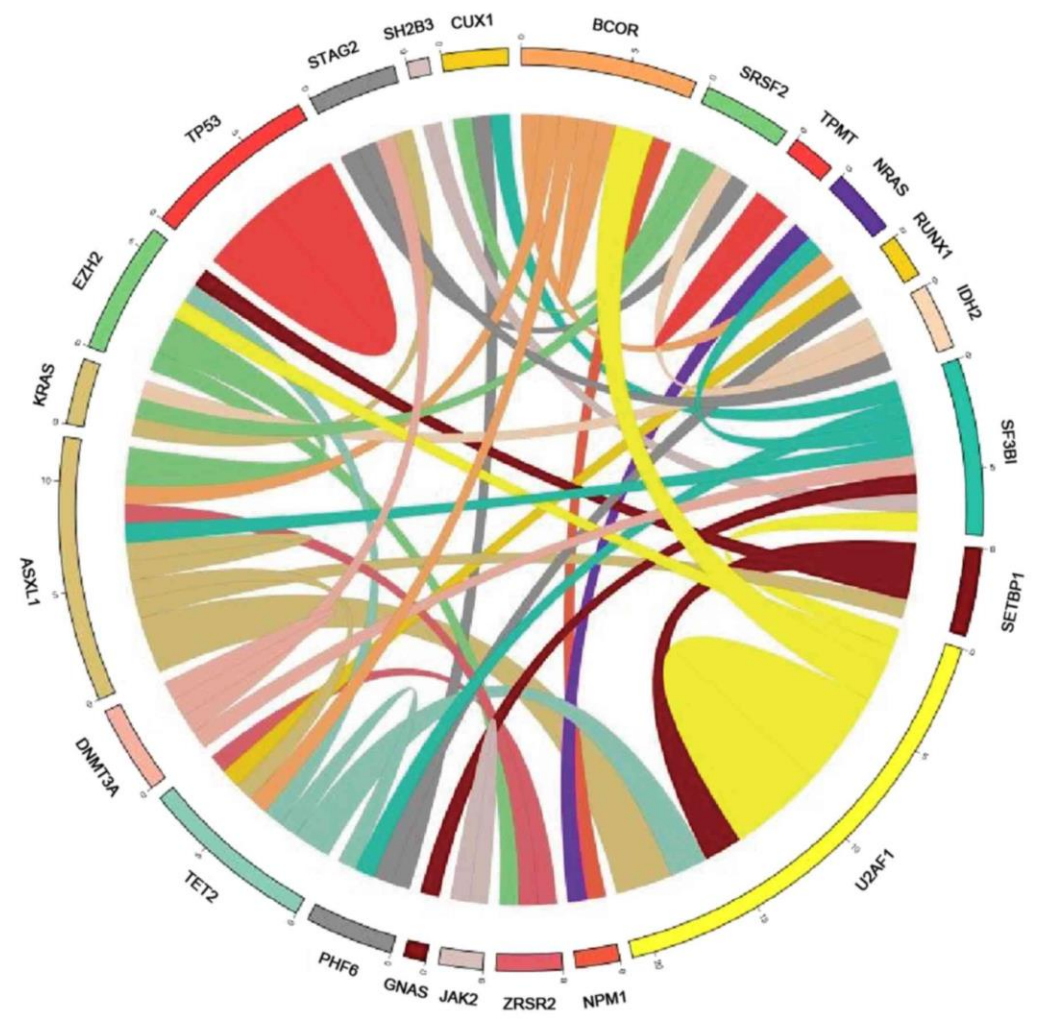
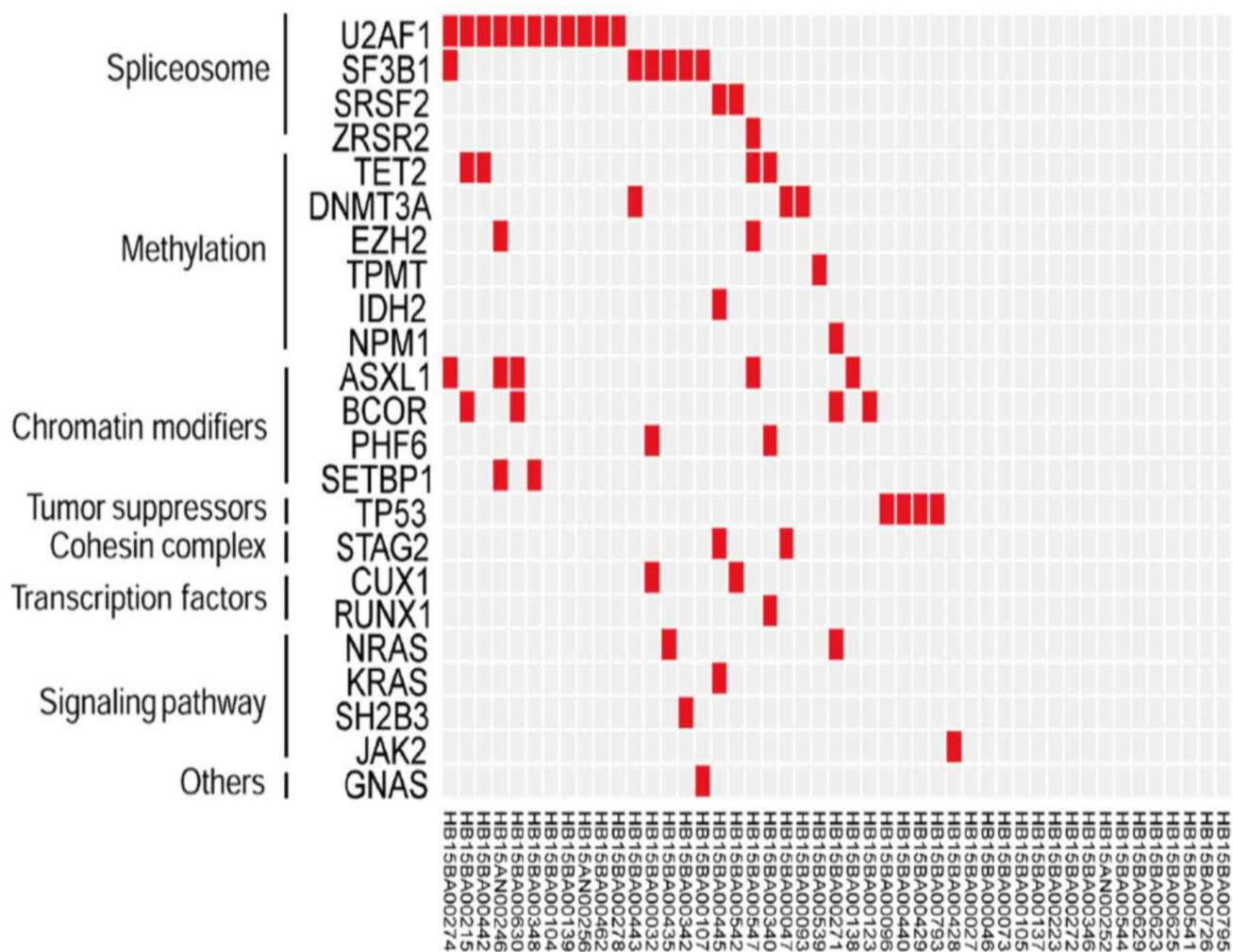
Job Title ▾



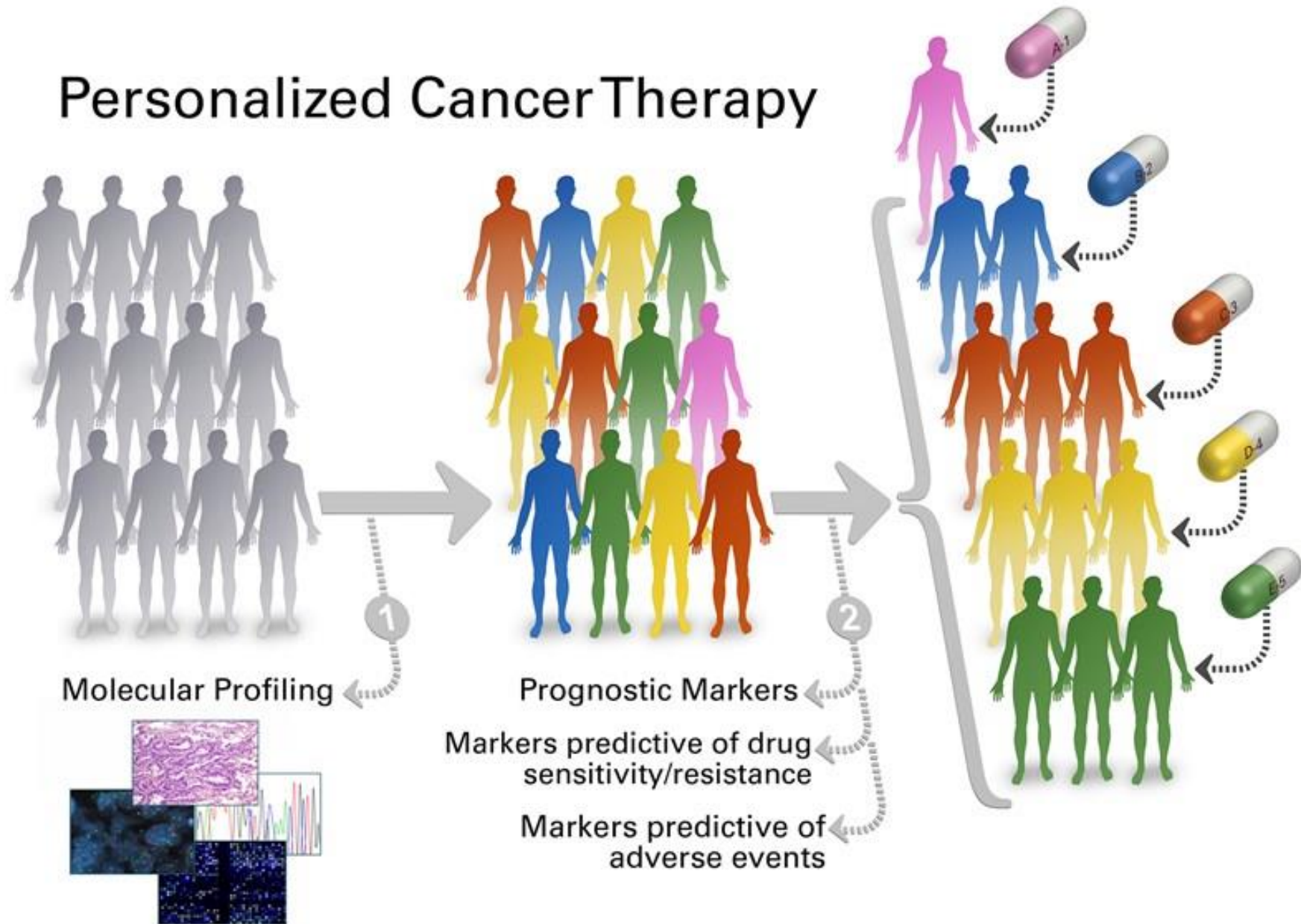
- White, 76.1%
- Hispanic or Latino, 7.8%
- Asian, 7.7%
- Unknown, 3.9%
- Black or African American, 3.8%
- American Indian and Alaska Native, 0.7%

1





Personalized Cancer Therapy





Objectives

- **Why does Equity matter? What is Equity Anyway?**
- MOST IMPORTANT POINT OF TALK
- Strategic Overview, Domain Approach
- Take Home Points



WHY?

- Values: Justice, Solidarity, Integrity, Compassion
- Duty: Hippocratic Oath, Service to All

Why?



63 y/o black female (she/her/hers)

New metastatic NSCLC adenocarcinoma.

50 pack year smoking history (no LDCT screening)

ECOG2, CKD2, HTN, COPD

FH: sarcoidosis

NGS: No current molecular targets, PDL1 70%

Patient interested in immunotherapy and wants to know data supporting use

What do you tell her?

Immunotherapy Trial Representation

Tumor Type	Clinical Trial and Treatment Agent	Trial Design and Population	Sample Size (N)	Racial Composition (% , N)*			
				Caucasian	Black or African American	Asian	Other
Melanoma	CheckMate 067 ³⁵ Nivolumab +/- ipilimumab	Global phase III, previously untreated	945	97.5%	0%	1.1%	1.5%
				921	0	10	14
	CheckMate 037 ³⁶ Nivolumab	Global phase III, previously treated	405	98.3%	0.7%	0.5%	0.5%
				398	3	2	2
Squamous cell carcinoma of the head and neck	CheckMate 141 ³⁷ Nivolumab	Global phase III, previously treated	361	83.1%	3.6%	11.9%	1.4%
				300	13	43	5
Non-small cell lung cancer	CheckMate 057 ³⁸ (non-squamous) Nivolumab	Global phase III, previously treated	582	92%	3%	3%	3%
				533	16	17	16
				KEYNOTE 010 ³⁹ Pembrolizumab	Global phase II/III, previously treated	344	72%
246	13	73	5				
	OAK Trial ⁴⁰ Atezolizumab	Global phase III previously treated	850	70%	2%	21%	7%
				598	16	180	56
Renal cell carcinoma (clear cell)	CheckMate 025 ⁴¹ Nivolumab	Global phase III, previously treated	821	88%	1%	9%	3%
				720	5	74	22
Urothelial carcinoma	IMvigor211 ⁴² Atezolizumab	Global phase III, previously treated	931	72.1%	0.3%	12.7%	14.8%
				671	3	118	138
Gastric and gastroesophageal junction cancer (PD-L1+)	KEYNOTE 059 ⁴³ Pembrolizumab	Global phase II, previously treated	259	77.2%	1.9%	15.8%	5.0%
				200	5	41	13

*General U.S. population racial composition: 76.6% white, 13.4% black or African American, 5.8% Asian, 18.1% Hispanic or Latino.

Why?



43 y/o black male (he/him/his)

New metastatic colon cancer

No significant PMH, works out, cares about fitness

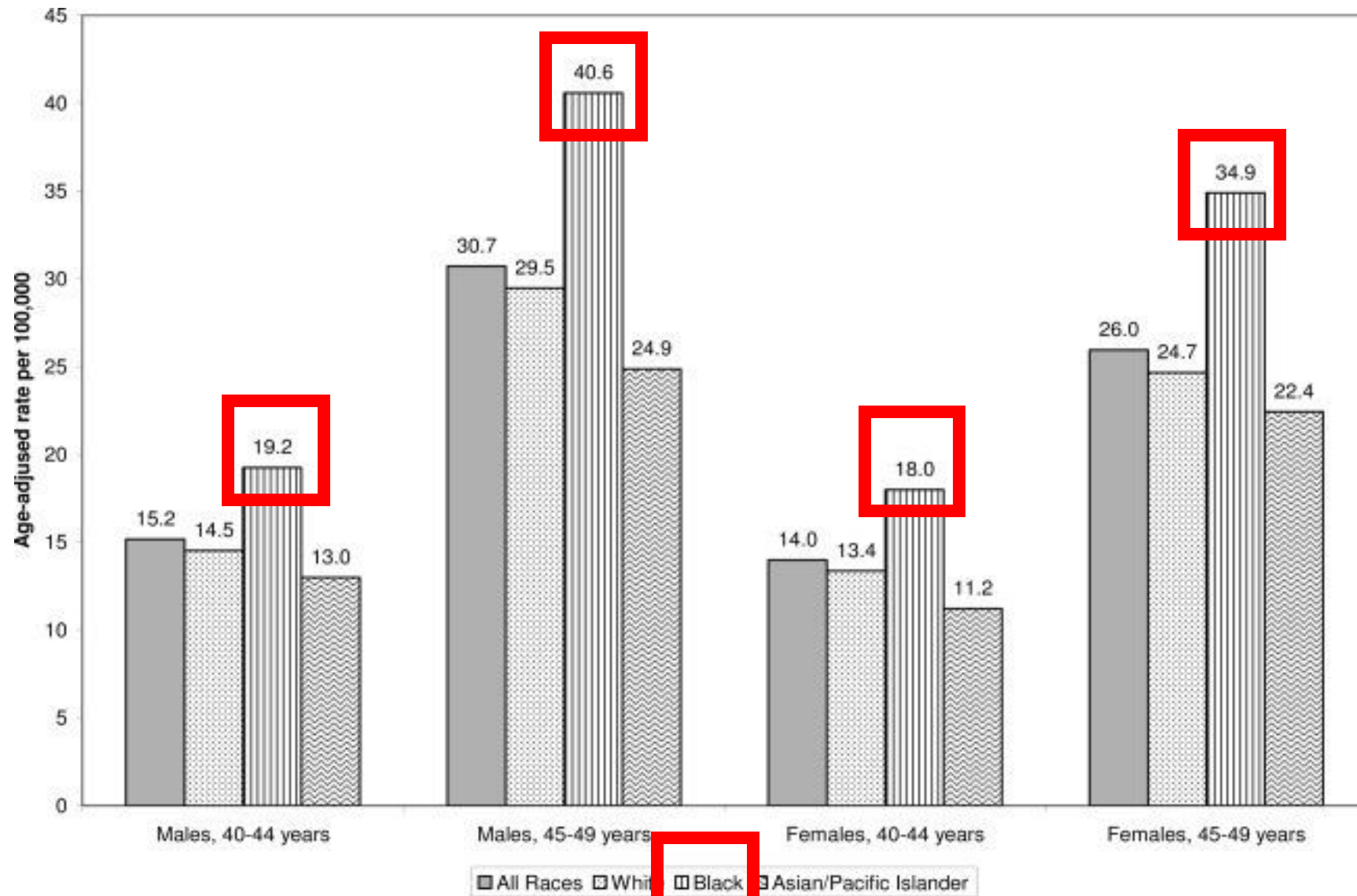
FH: Colon Cancer in Mother 60s deceased

Patient is devastated.

Asks how this could have happened to him?

What do you tell him?

Colorectal cancer in U.S. adults younger than 50 years of age, 1998–2001





Updated Colorectal Cancer (CRC) Screening Recommendations 2021

- Average Risk Age 45-49 (Category B)
- Racially Focused Recommendations: **NONE**

Rationale for Expanding Screening Guidelines

Incidence has always been high among young Blacks

➔ Now increasing in young Whites and Hispanics/Latinos

Insufficient empirical evidence on benefit/harm of earlier CRC screening in Blacks

NCI CISNET modeling does not support different screening strategies by race

Why?



39 y/o transgender Latina (she/her/hers)

PMH: Transitioned with gender affirming surgery and hormones ~10yrs ago, asthma, T2DM

FH: TNBC Mother Age 65 (dx 2mo ago)

Interested in breast cancer screening given her mother's recent diagnosis.

Wants to know if USPSTF and NCCN guidelines include her?

Wondering if her chance of BRCA1/2 mutation is greater than white women?

What do you tell her?

Transgender Patient Data*

Extrapolated risk from cisgender women HRT studies

- Gooren et al (2013) Incidence Rate = 4.1 per 100,000py TW, 170 per 100,000py CW
- Brown and Jones (2015) Incidence Ratio = 0.7 (95% CI 0.03, 5.57) vs. CM

Institutional Best Practices

- Fenway Health
- UCSF Center for Excellence for Transgender Health
- Endocrine Society Clinical Practice Guidelines

LatinX and Non-White Hispanic Data**

- Lower BC incidence, but younger age, more TNBC
- BRCA1/2 pathogenic allele frequency may be higher
 - Regional BRCA 1/2 variants
 - More VUS due to incompletely understood
- NCCN eligible for BRCA 1/2 testing
 - ~10% NHW
 - ~25% LatinX

*Parikh et al. *RadioGraphics*. 2019

** Herzog JS, et al. *Nature*. 2021

**Weitzel et al. *J. Am. Soc. Clin. Oncol*. 2013

WHY?

- Values: Justice, Solidarity, Integrity, Compassion
- Duty: Hippocratic Oath, Service to All

- Practice: Professionalism, Informed Shared Decision Making
- Performance: Standards, Safety, Patient Experience, **Outcomes**

Equal Treatment = Equal Outcome

Odom BD et al. Active surveillance for low-risk prostate cancer in African American men: a multi-institutional experience. *Urology*. 2014

Spratt DE et al. Individual patient data analysis of randomized clinical trials: impact of Black race on castration-resistant prostate cancer outcomes. *Eur Urol Focus*. 2016

Dess RT et al. Association of Black Race with prostate cancer-specific and other-cause mortality. *JAMA Oncol*. 2019

George DJ et al. A prospective trial of abiraterone acetate plus prednisone in Black and White men with metastatic castrate-resistant prostate cancer. *Cancer*. 2021

WHY?

- Values: Justice, Solidarity, Integrity, Compassion
- Duty: Hippocratic Oath, Service to All

- Practice: Professionalism, Informed Shared Decision Making
- Performance: **Standards**, Safety, Patient Experience, Outcomes

ACCOUNTABILITY

NEWS | 16 February 2023

FDA to require diversity plan for clinical trials

US regulatory agency makes 'big change' to increase the number of participants from under-represented groups in drug testing.

Enhancing Oncology Model

EOM seeks to improve quality of care and equitable health outcomes for all EOM beneficiaries, including but not limited to:

	EOM Requirement	Description
1	Incentivize care for underserved communities	<p>Differential MEOS payment to support Enhanced Services (base: \$70 PBPM; \$30 PBPM, outside of TCOC accountability, for dual eligible beneficiaries)</p> <p>TCOC benchmark will be risk adjusted for multiple factors, including, but not limited to, dual status and low-income subsidy (LIS) status</p>
2	Collect beneficiary-level sociodemographic data	EOM participants will collect and report beneficiary-level sociodemographic data to report to CMS for purposes of monitoring and evaluation
3	Identify and address health-related social needs (HRSN)	<p>EOM participants will be required to use screening tools to screen for, at a minimum, three HRSN domains: transportation, food insecurity, and housing instability</p> <p>Example HRSN screening tools:</p> <ul style="list-style-type: none"> • NCCN Distress Thermometer and Problem List • Accountable Health Communities (AHC) Screening Tool • Protocol for Responding to and Assessing Patient’s Assets, Risks, and Experiences (PRAPARE) Tool <p>Collect ePROs from patients, including a HRSN domain*</p>
4	Improved shared decision-making and care planning	EOM participants will be required to develop a care plan with the patient, including discussion of prognosis and treatment goals, a plan for addressing psychosocial health needs, and estimated out-of-pocket costs
5	Continuous Quality Improvement (CQI)	EOM participants will be required to develop a health equity plan as part of using data for CQI

Objectives

- **What is Equity? Why does it matter?**
- MOST IMPORTANT POINT OF TALK
- Strategic Overview: A Domain Approach
- Take Home Points

What is Equity?

DISPARITY



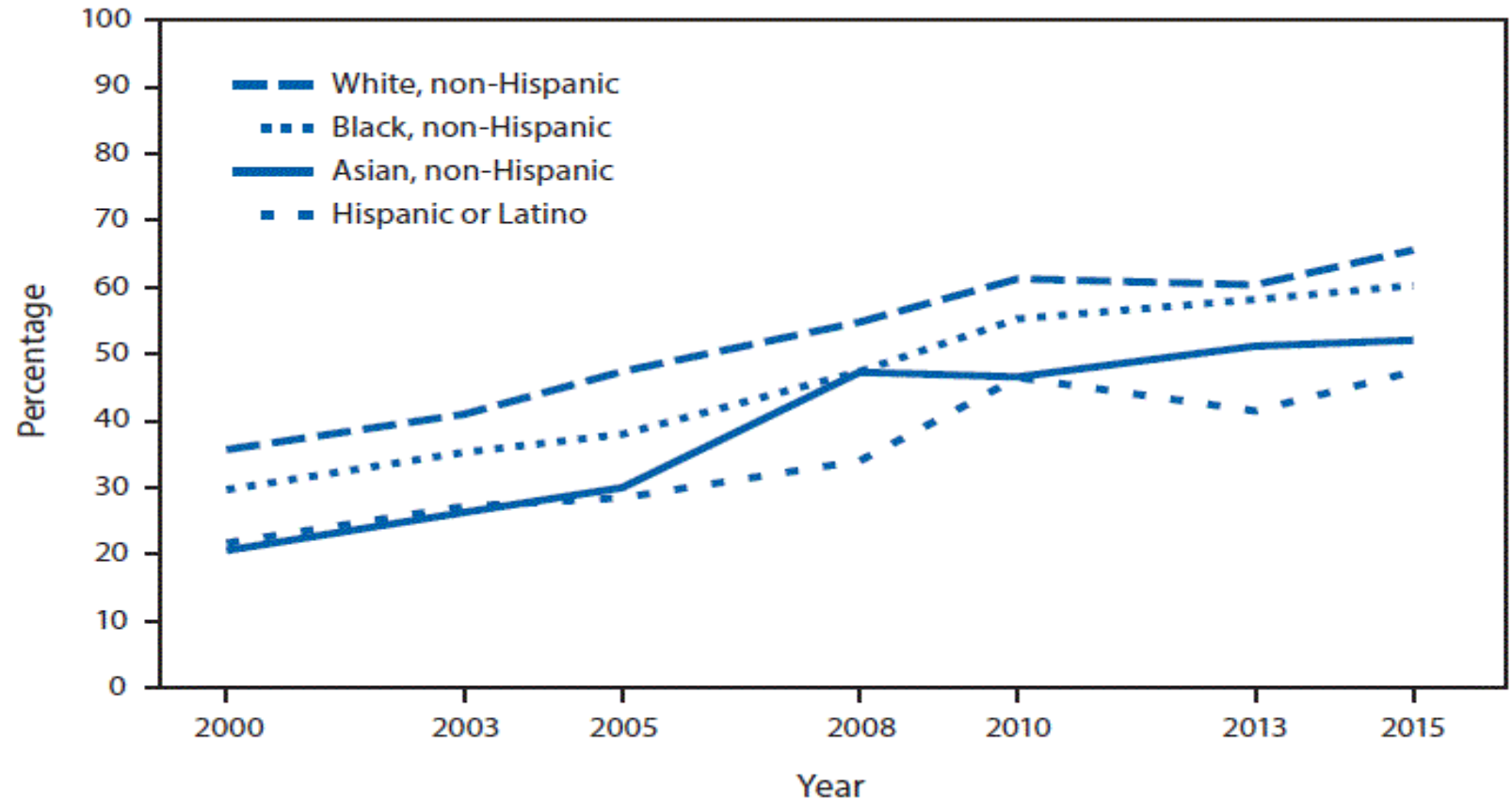
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Health *Disparities*

are **preventable differences** in the burden of disease, injury, violence, or opportunities to achieve optimal health that are **experienced by socially disadvantaged populations.**

~CDC Nov. 2020

United States Colon Cancer Screening Rates (by Race)



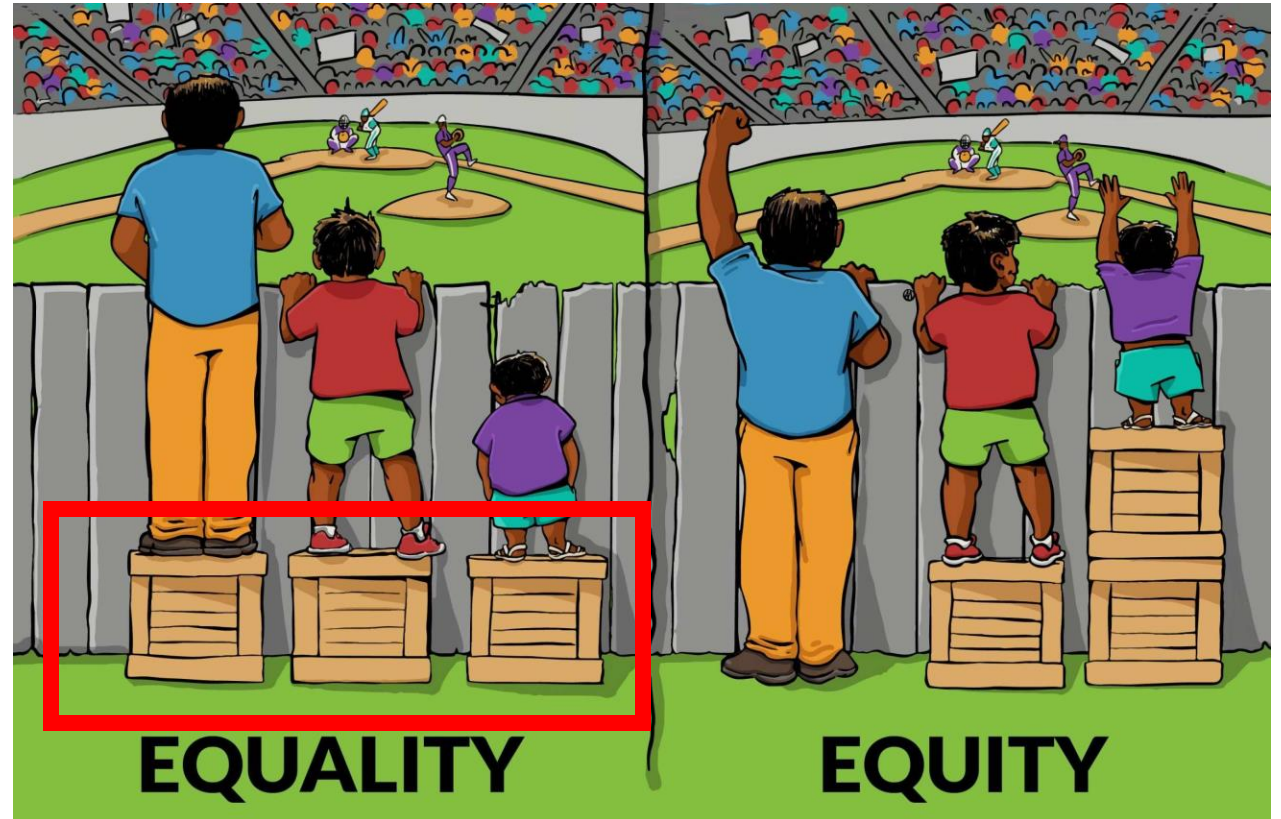
Health *Equity*

DISPARITY

IOM 6th Domain:

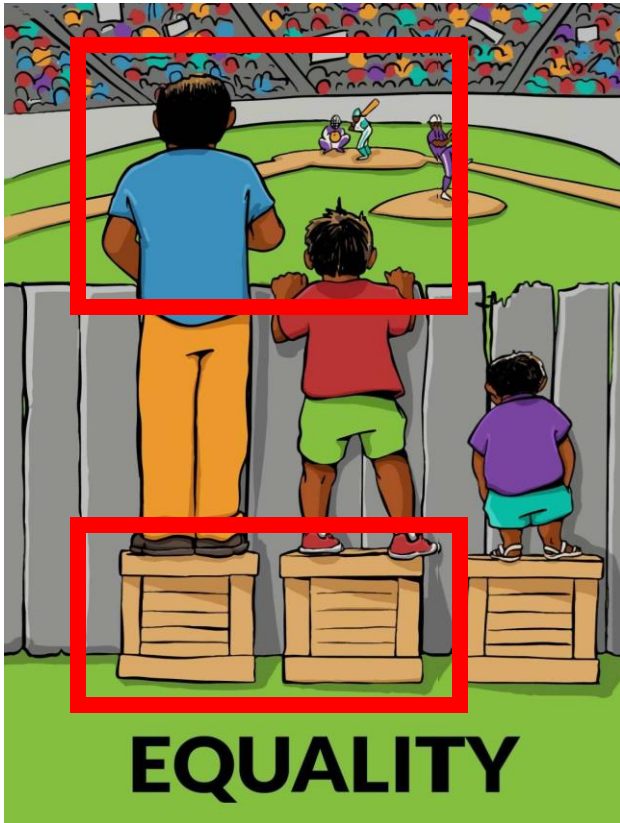
[Health] Equity is **providing care that does not vary in quality** because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status

Quality Oncology Practice Initiative
Committee on Cancer

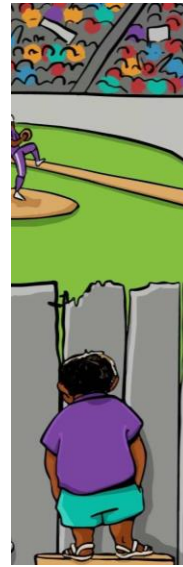


Definitions: *Quality vs. Equality vs. Equity*

100%



100%



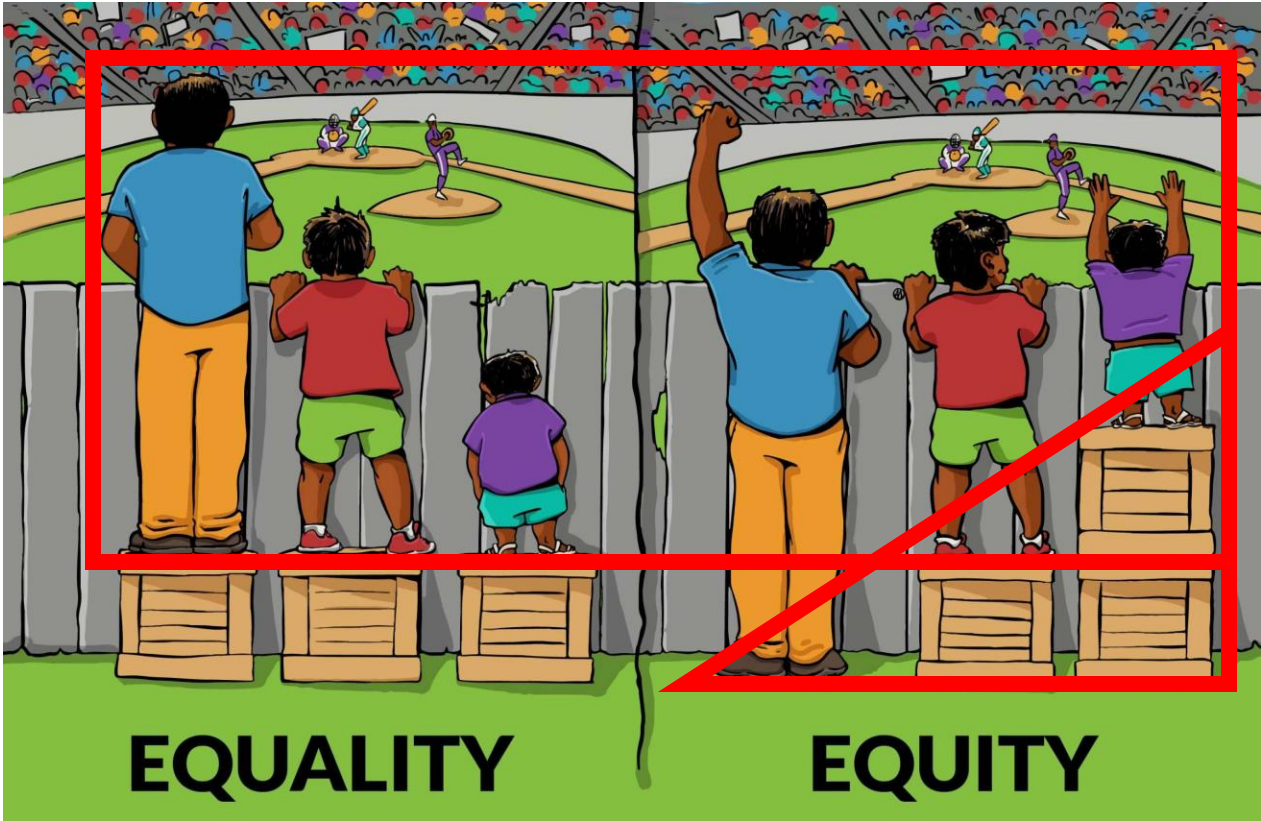
How can we support and recruit from these sites?

Health *Equity*

ACCC:

[Health] Equity is achieved when **all individuals have the opportunity to reach their full health potential, AND no one is held back** from achieving this potential due to social position or other socially determined circumstances.

DISPARITY



Get to know your people

Socially Disadvantaged Populations (Intrinsic)

- Women
- African Americans
- Appalachian Poor
- Asian Americans
- Elders
- Immigrants/Refugees
- Latinos/Hispanics
- Persons with Disabilities
- LGBTQA community
- Native Americans
- Overweight People
- Prisoners
- Religious Minorities

Social Determinants of Health (Extrinsic)

- Early Childhood Development and Educational Opportunities
- Occupation, Employment, Workplace Safety
- Income Level
- Access to Housing and Utilities
- Food Insecurity
- Safe Air, Water, Toxin-Free Environment
- Neighborhood Conditions and Physical Environment
- Exposure to Crime and Violence
- Transportation Availability
- Social and Community Inclusivity



The NEW ENGLAND
JOURNAL of MEDICINE

Perspective

A Data Infrastructure for Clinical Trial Diversity

David Blumenthal, M.D., M.P.P., and Cara V. James, Ph.D.

April 27, 2022

DOI: 10.1056/NEJMp2201433

URGENT: Need robust data on race and ethnicity in electronic databases

Advantage: Improve speed and efficiency in identifying diverse people for clinical studies

Challenge: Reluctance to ask/answer due to discomfort or fear of how data will be used

Objectives

- What is Equity? Why does it matter?
- **MOST IMPORTANT POINT OF TALK**
- Strategic Overview, Domain Approach
- Can equity in research translate to equity in practice?

Structural Commitment

Approach:

Disorganized
Random
Chasing Trends
No oversight
No alignment

Results:

Moral Injury
Burnout
Distrust/Disillusionment
Wasted Resources
Individual Reliant
Not Sustainable
No Capacity Building
Defensive of Criticism



Approach:

Organized
Strategic
Value/Mission Driven
Evaluative
Adaptive/Learning

Results:

Supportive
Reflective
Coalition Building
Efficient/Targeted
Organization Reliant
Sustainable
Capacity Building
Accepting of Criticism

12 Ways CEOs And Companies Fail Chief Diversity Officers

4. CDOs Are Hired Into Haphazardly-Conceived Jobs

In too many businesses, CEOs jumped on the 'everybody else is doing it bandwagon' and created CDO positions without being entirely clear about what the role was really supposed to be and do. In the weeks after George Floyd's

5. CDO Roles Are Lopsidedly HR-Focused

Like financial operations, communications, human resources, marketing, and legal affairs, DEI should be a cross-business function. In many places it's isolated to one area of the company: HR. Some DEI professionals ascend to the CDO job

8. DEI Work Isn't Deeply Connected To The Business Strategy

It's painfully apparent to many CDOs that the work they lead isn't nearly as connected as it should be to other parts of the business. With the exception of demographic representation numbers, the CEO and executive leadership team usually don't have the same expectations for KPIs; the same shared, enterprise-wide accountability standards; and the same strategic concern for DEI as they do other things. Most CDOs strongly believe that good business strategy has DEI deeply, measurably, and sustainably imbedded into its every dimension.

Values, Mission, Strategy, and Plan

Support culture and system where work environment and care experience identifies and embraces diverse identities to enhance patient and staff centered outcomes

MISSION	POLICY
Human Focused	Personalized Care Experience
Patient Partnered	Implementation Prioritizes Patient
Seek Non-Medical Expertise	Non-Medical Partners, Advisory Council
Values/Fosters Diversity	Hiring, Leadership, Promotion
Deliberative and Reflective	Plan of Action, Committee, Analysis
Accountable	Accepting of Failure as Opportunity



EXAMPLE FRAMEWORK:

American Cancer Society
Health Equity Principles
April 2020 Report

Objectives

- What is Equity? Why does it matter?
- MOST IMPORTANT POINT OF TALK
- **Strategic Overview, Domain Approach**
- Take Home Points

Strategic 'Logic Model' Framework

Inputs, Resources, Priorities, Plan

Operations, Delivery, Outcomes, Analytics

Workplace

Community

Partnering
Organizations

SOC
Services

Research
Services

SDOH
Services

Human
Resources

Community
Outreach

Strategy
Officer

Clinical
Operations

Clinical
Research

Social
Services

Diversity, Equity, Inclusion Officer

Workplace

Most control to change, but can be a trap

Personnel

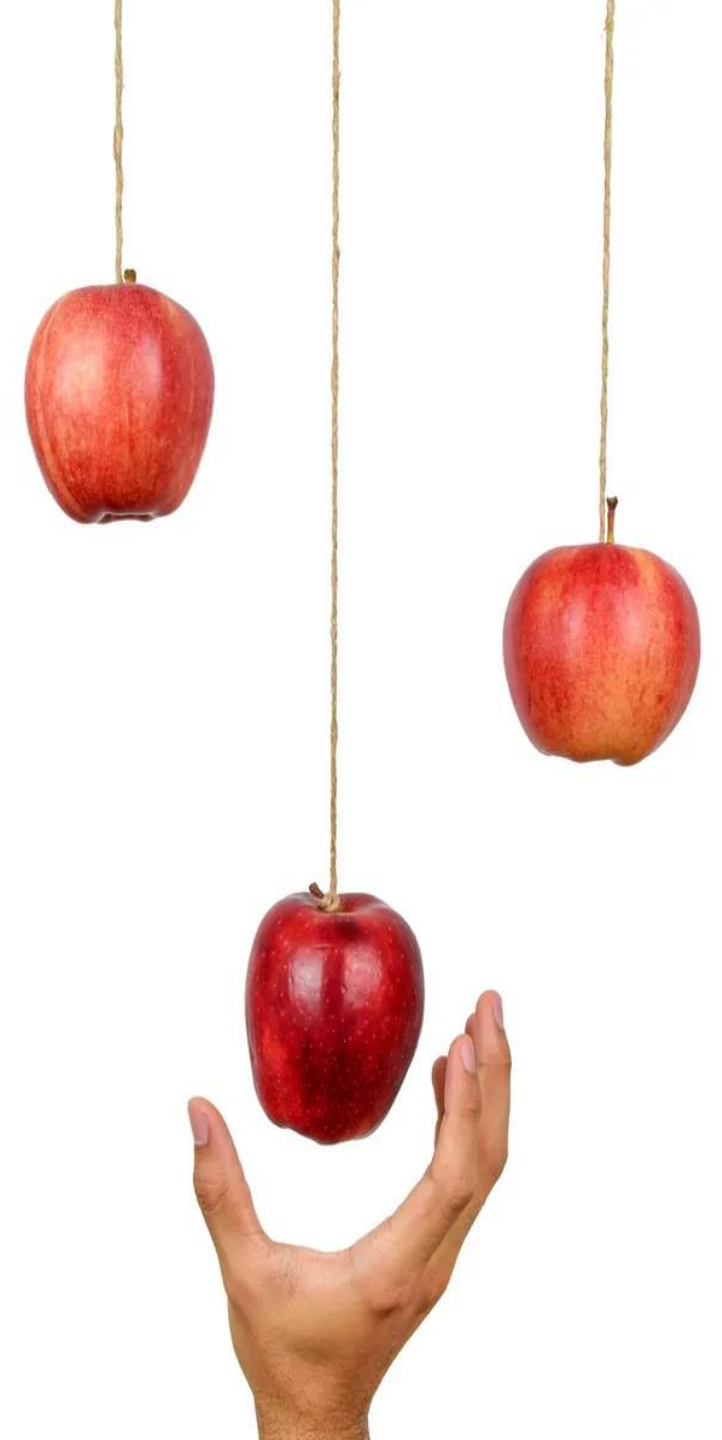
- Demographics
- Skills
- Experience
- Interest

Recruitment/Investment

- Training
- Credentialing
- Leadership
- Career Growth
- Mentorship

Sites

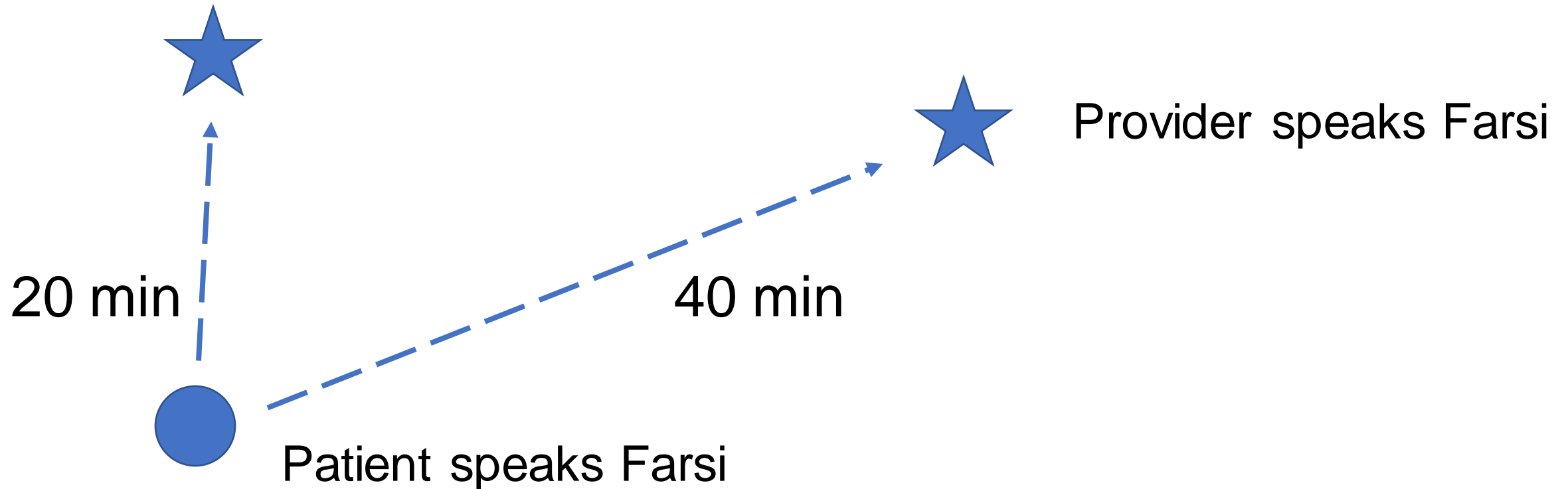
- Population
- Services
- Resources
- Allocation



Workplace Application Examples

Patient Centered Referral Intake Process

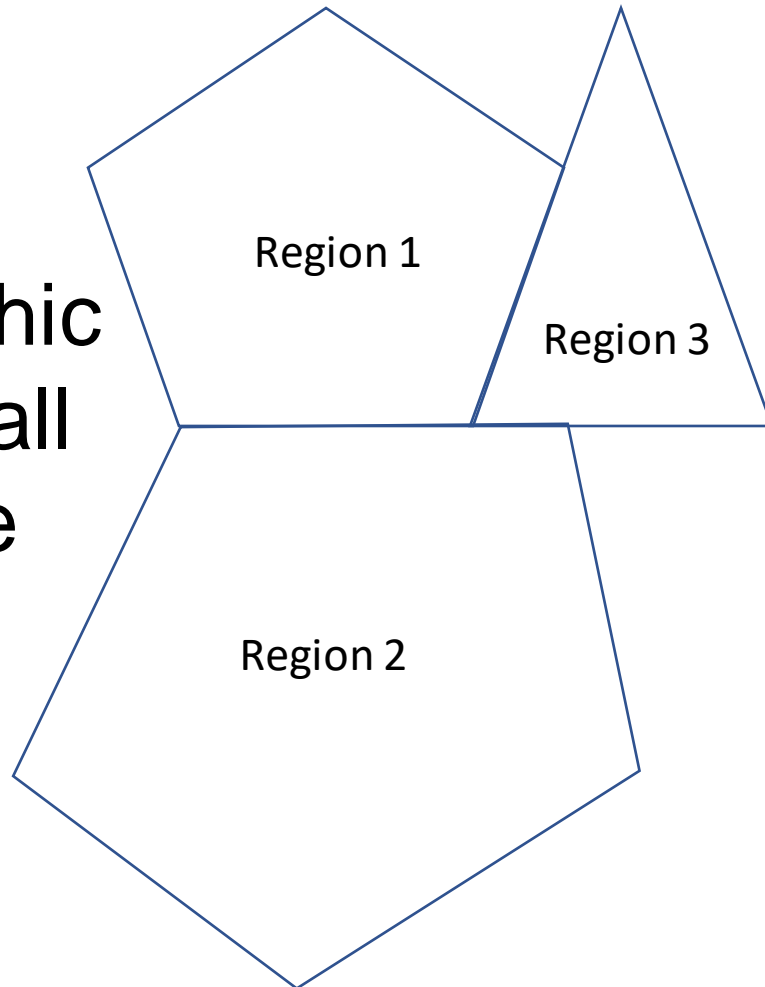
(does not assume geographic convenience is most important)



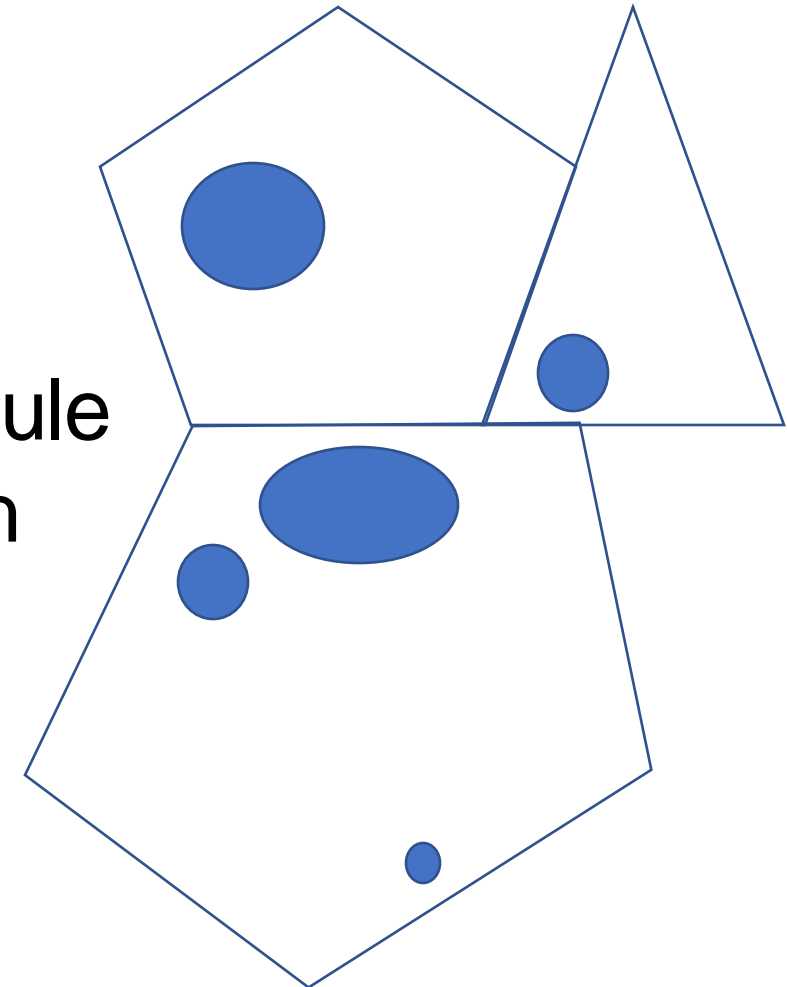
Workplace Application Examples

Utilizing Diverse Skills to Improve Patient Communication

Geographic
Based Call
Schedule



Alternative
Call Schedule
for Spanish
Speaking
Providers



Workplace Application Examples

- Training for Quotas, Compliance, and Benchmarking
 - Generic
 - Not Targeted or Purposeful to Strategy
 - Not Partnered with Staff Career Plan
 - Minimal Follow Up with Little Capacity Building
- Training for Mentorship, Leadership, and Career Growth
 - Tailored to staff/team wants and needs
 - Purposeful and action oriented
 - Paired with overall career growth plan
 - Follow up to build independence, mastery, and trainer capacity

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Diversity, Equity, Inclusion Officer

PROBLEM:

Genetic Counseling Services Not Available

OSH Referral not covered by NI or TennCare
Patients receive anticipatory letter of OOP costs
Few patients follow through with referral

SOLUTION:

Provide Genetic Counseling Through “Patient Centered” Research

Provider recommends patient.

Patient receives and navigates email.

Patient fills out and navigates questionnaire.

Patient watches series of videos.

Patient completes a test and receives score.

Patient tracks online progress.

Patient receives notice of referral.



Organizations



**Pharmaceutical
Company**

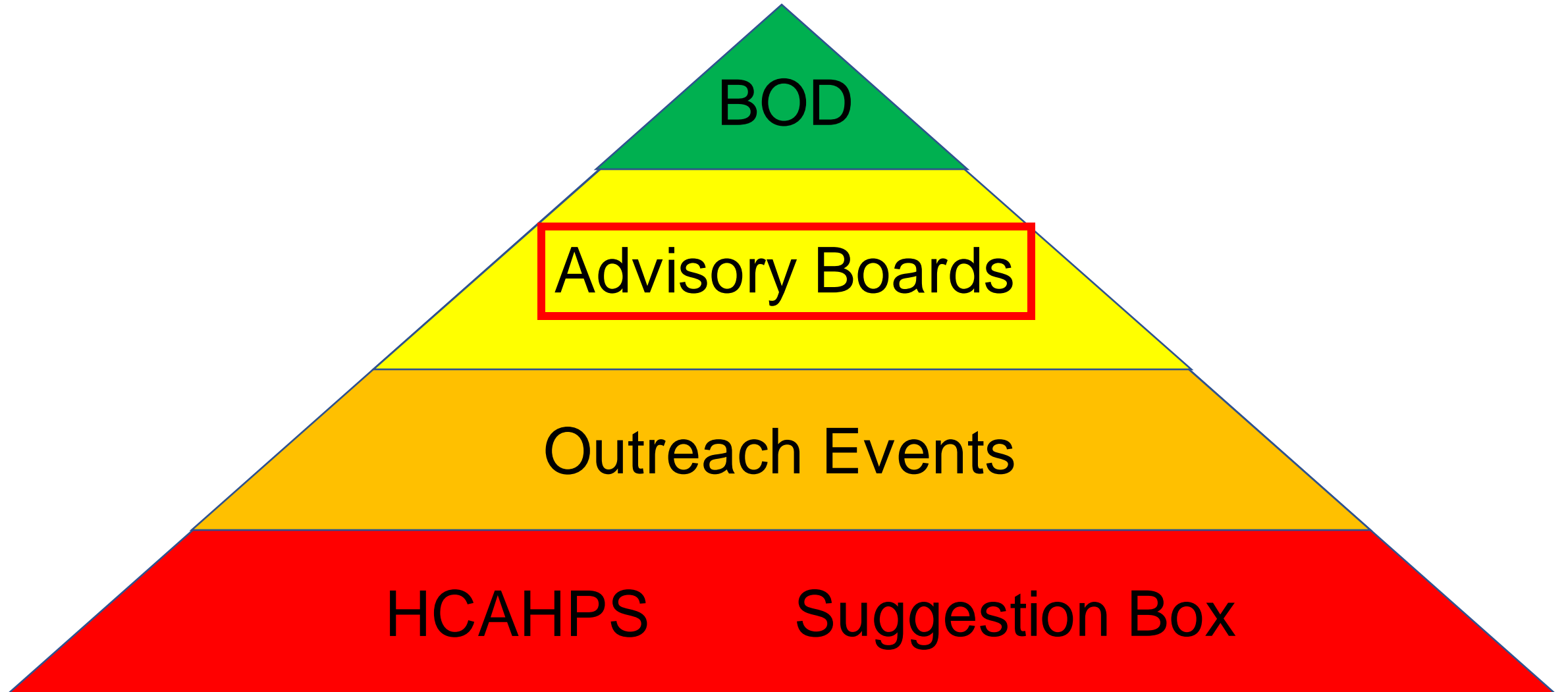
**Health Data
Company**

**Clinical
Practice**

**Diagnostic
Company**

**Insurance
Company**

Community Representation





Community Advisory Boards

UNC Lineberger Advocates Collaborate with Researchers and Providers



Community Advisory Board
Represents Community Voice



Patient & Family Advisory Council
Represents Patient & Caregiver Voice in Cancer Care Delivery



Patient Advocates for Research Council
Represents Patient & Caregiver Voice in Cancer Research



Provide patient, caregiver or community perspective for research grants and program development



Review materials intended for patients, caregivers or the community



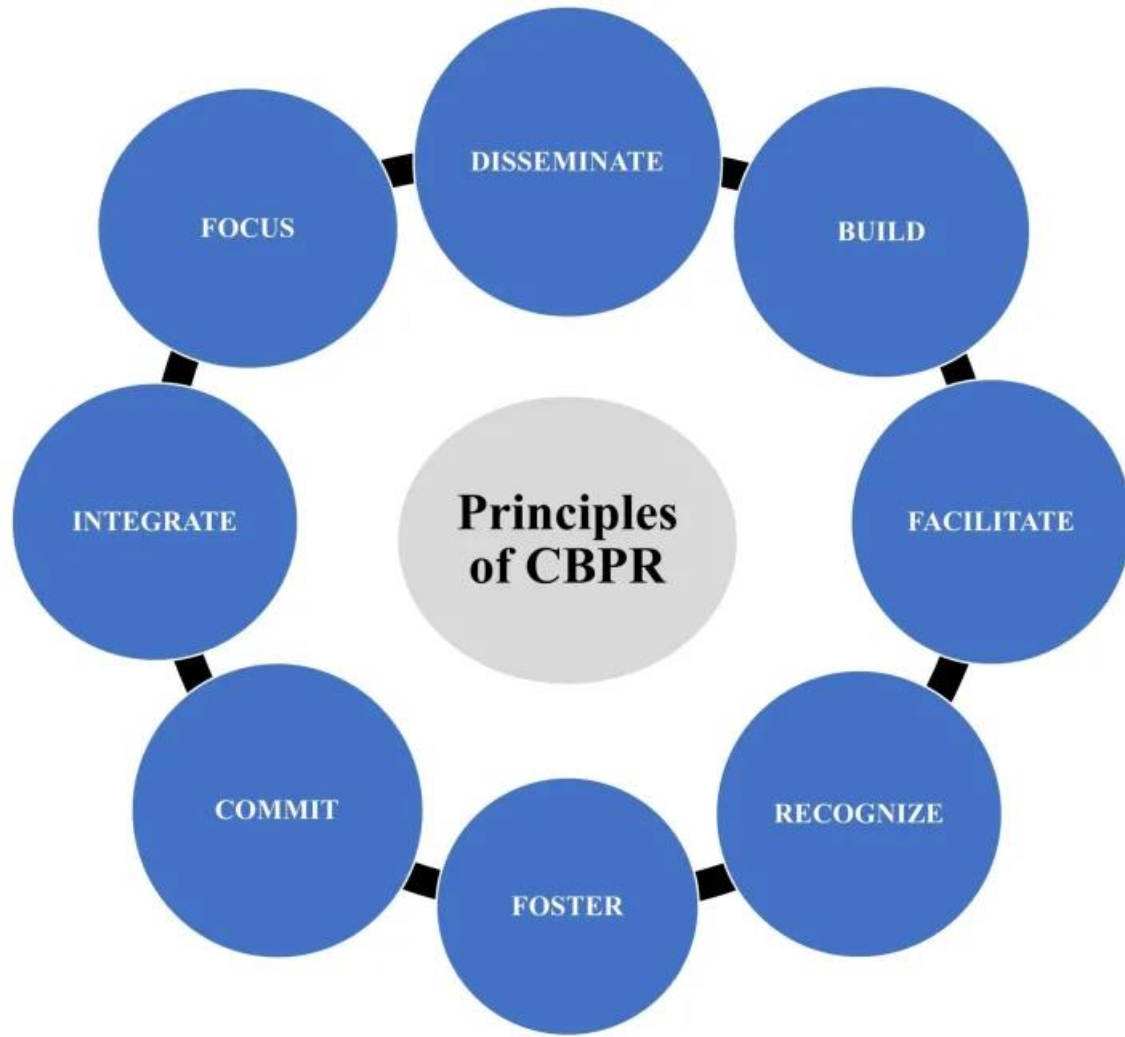
Train and educate researchers and healthcare professionals



Represent patients, caregivers or community voice on committees



Provide input for the development of funding applications and serve as application reviewers



Community informed

Community as adviser

Community involved

Community as collaborator

Community directed

Community as leader

Greater Community Engagement

Organizations



**GILDA'S
CLUB
MIDDLE
TENNESSEE**

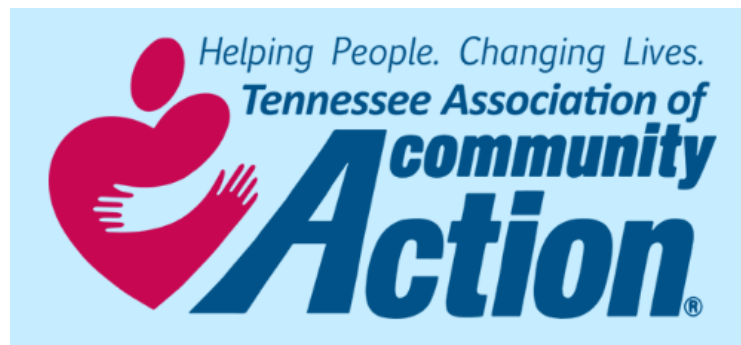
An Affiliate of the
CANCER SUPPORT COMMUNITY



AL-MAHDI ISLAMIC CENTER



conexión
a m é r i c a s



MHIA
Mental Health America
of the MidSouth

Alignment with Advocacy and Policy



Strategic 'Logic Model' Framework

Inputs, Resources, Priorities, Plan

Operations, Delivery, Outcomes, Analytics

Workplace

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Diversity, Equity, Inclusion Officer



64 y/o Latina female (she/her/hers)

Relapsed/Refractory HPV+ Anal SCC (4th line)

PMH: ECOG1, oral controlled T2DM

SH: Nashville Indigent Program

ESL, low health literacy, children help

Food Insecure – Food Pharmacy Beneficiary

03/2020: Obtained external expert advice on possible 4th line therapies

04/2020: Collaborated on possible Phase 1 HPV+ cancer trial

06/2020: Progressed and arranged for OSH Research to contact patient

08/2020: Patient not yet linked with OSH Research

09/2020: Patient fails screening due to elevated bilirubin

OSH not able to provide off-study medical care

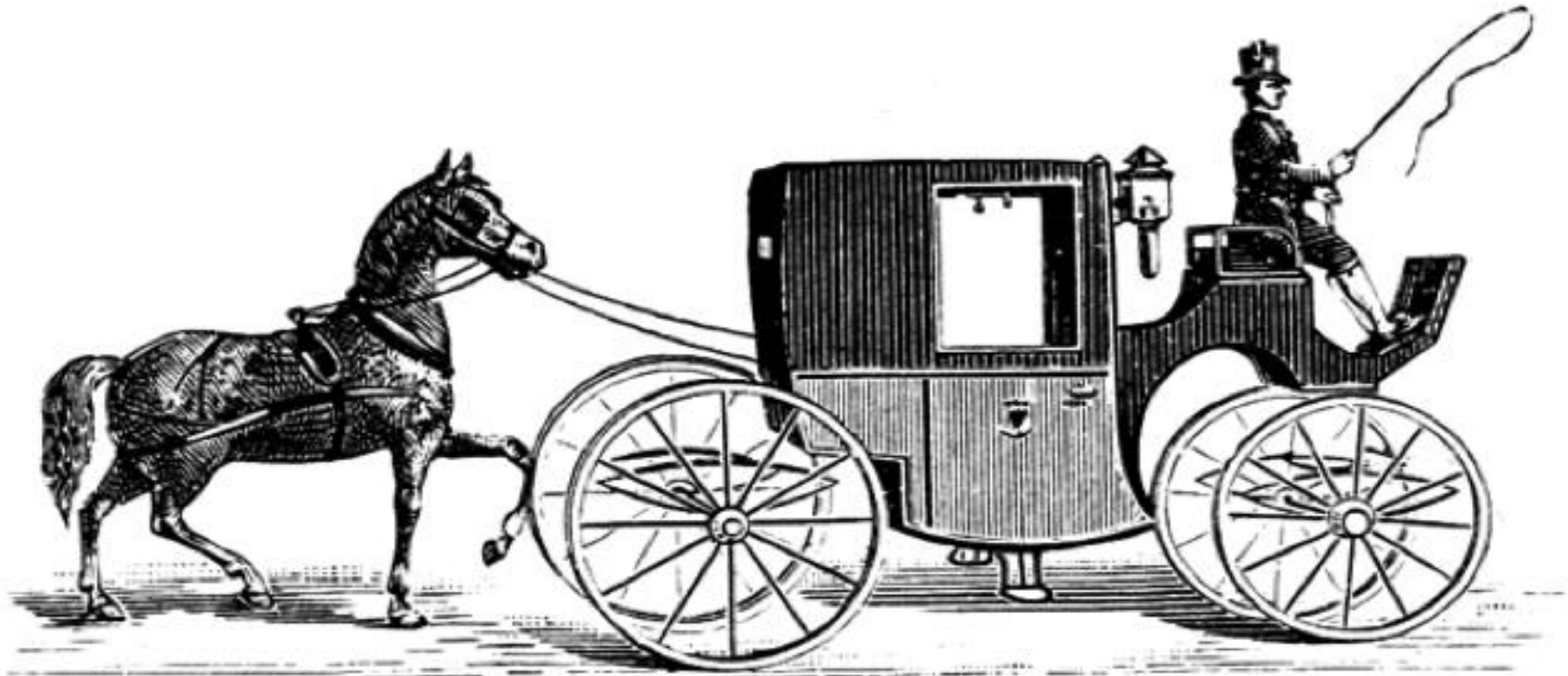
10/2020: Bilirubin unrelated to malignancy, had stone and stricture

11/2020: Sent back to OSH for ERCP and stenting

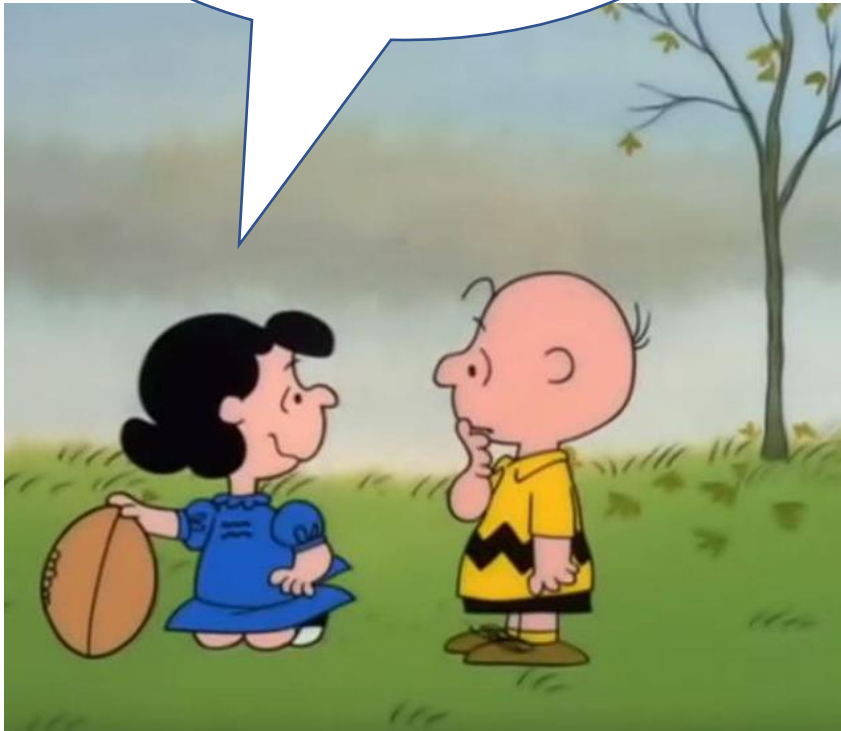
12/2020: Progressed, PS declining, transitioned to hospice

LET'S FIND OUR DISPARITIES !!!

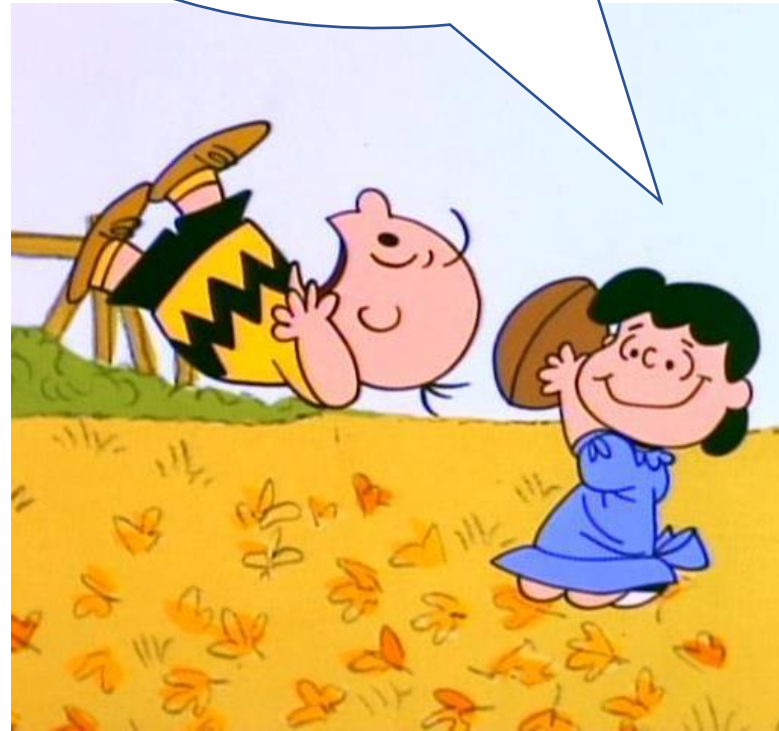
This isn't working at all... I should warn others not to put their cart before the horse.



We need you to participate in our research/initiative so we can provide you with better care. PLEASE!

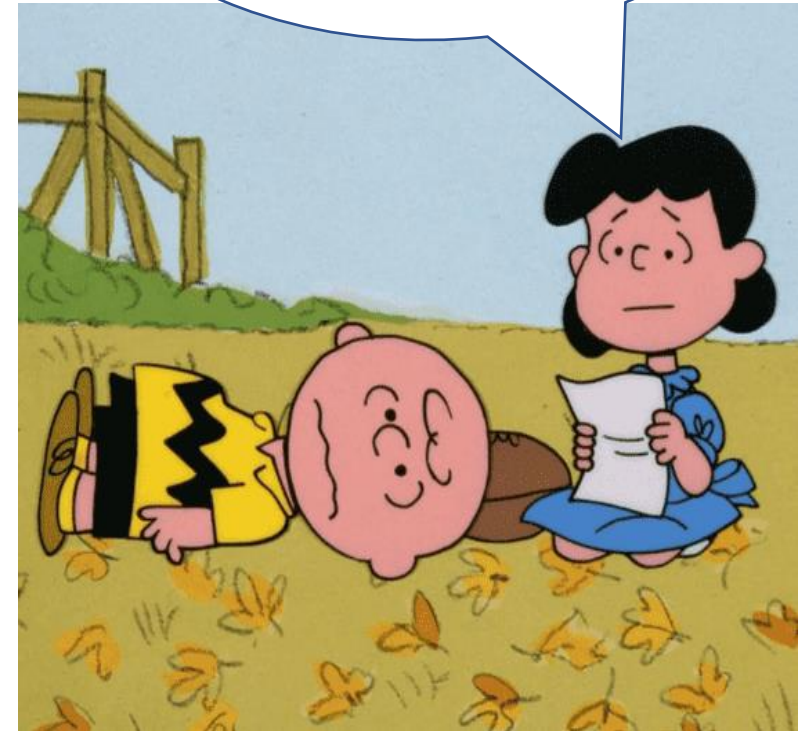


Thanks for participating.
We learned so much from you.
Have a nice day.



Why are 'these people'
so hesitant and
resistant to seek care
and enroll in trials?

I KNOW!
LET'S STUDY IT!



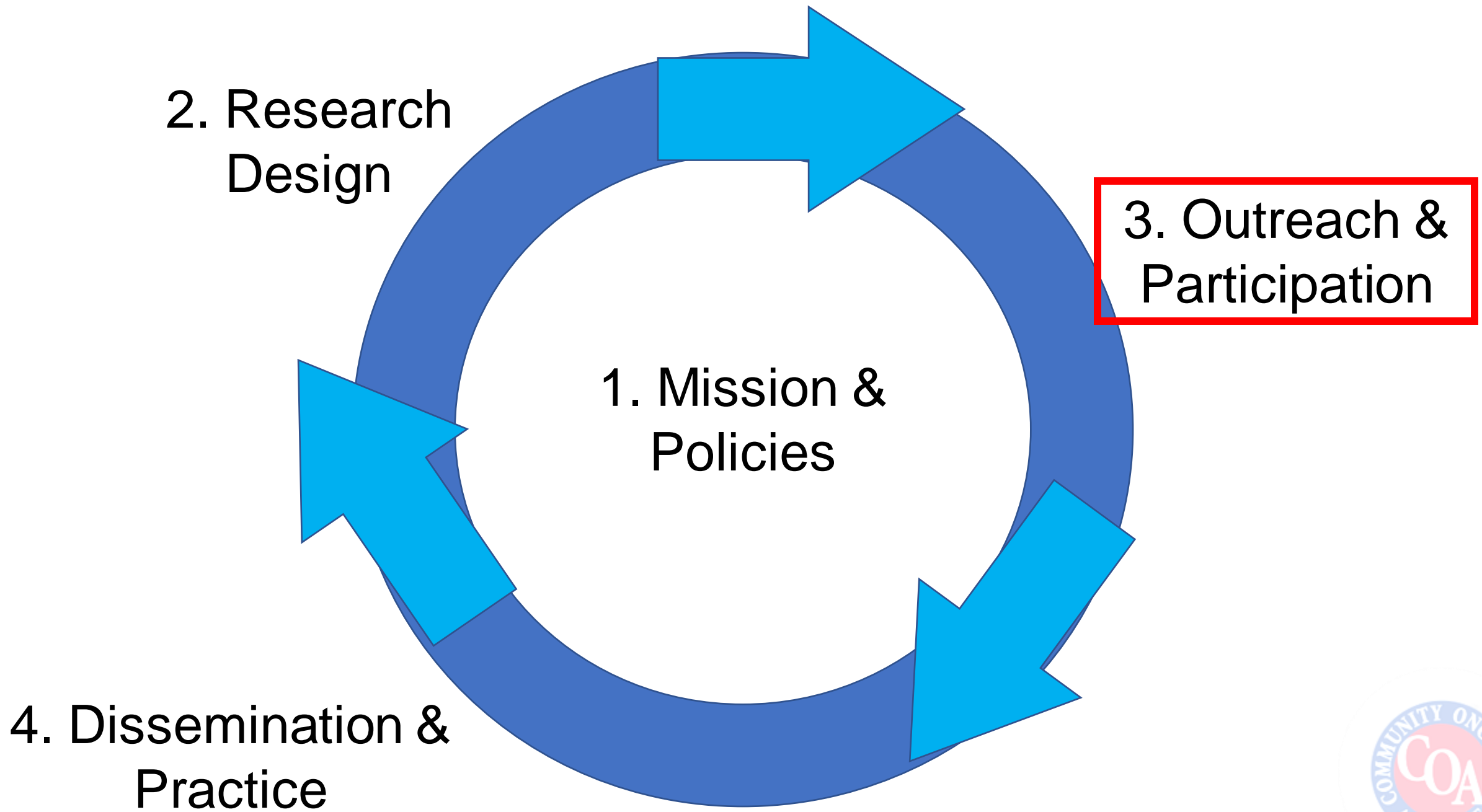
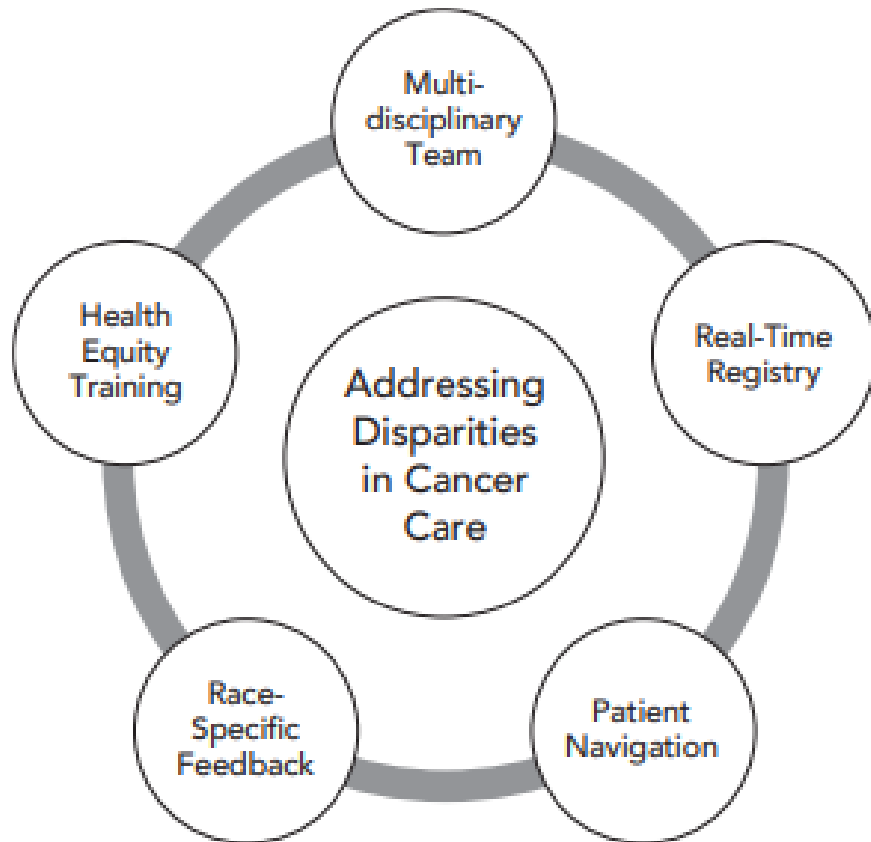


Figure 2. Critical Components of the ACCURE Trial Intervention



EXAMPLE FRAMEWORK:

The Lynx Group

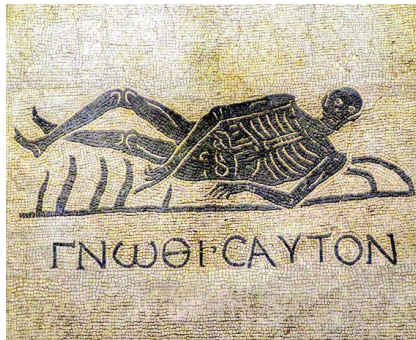
Reducing Racial
Disparities in Cancer Care

Using the ACCURE Trial as a Model
Learning Guide

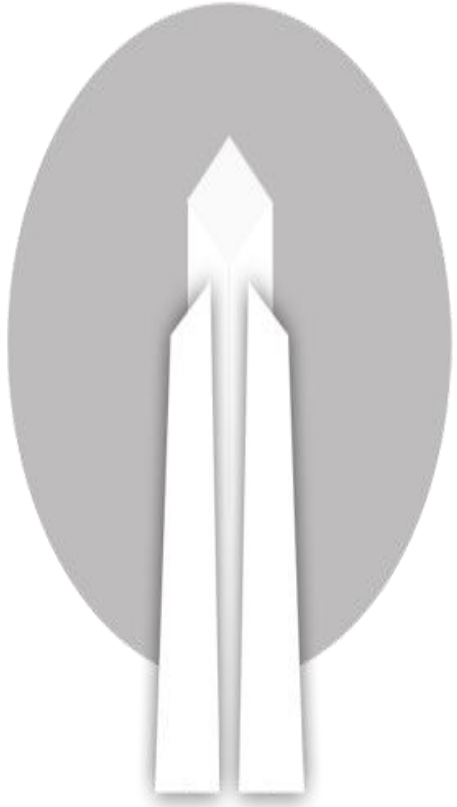
Solution is not one size fits all

	Institution #1	Institution #2	Institution #3
Infrastructure	+++	-	+++
Funding	+++	+	++
Patient Demographics	-	+++	++
Equity Research Focus	+	+++	-

Institutional Needs Assessment



INSTITUTION A



**Has skilled researchers,
grant funding, resources**

**Needs to improve access to
vulnerable populations**

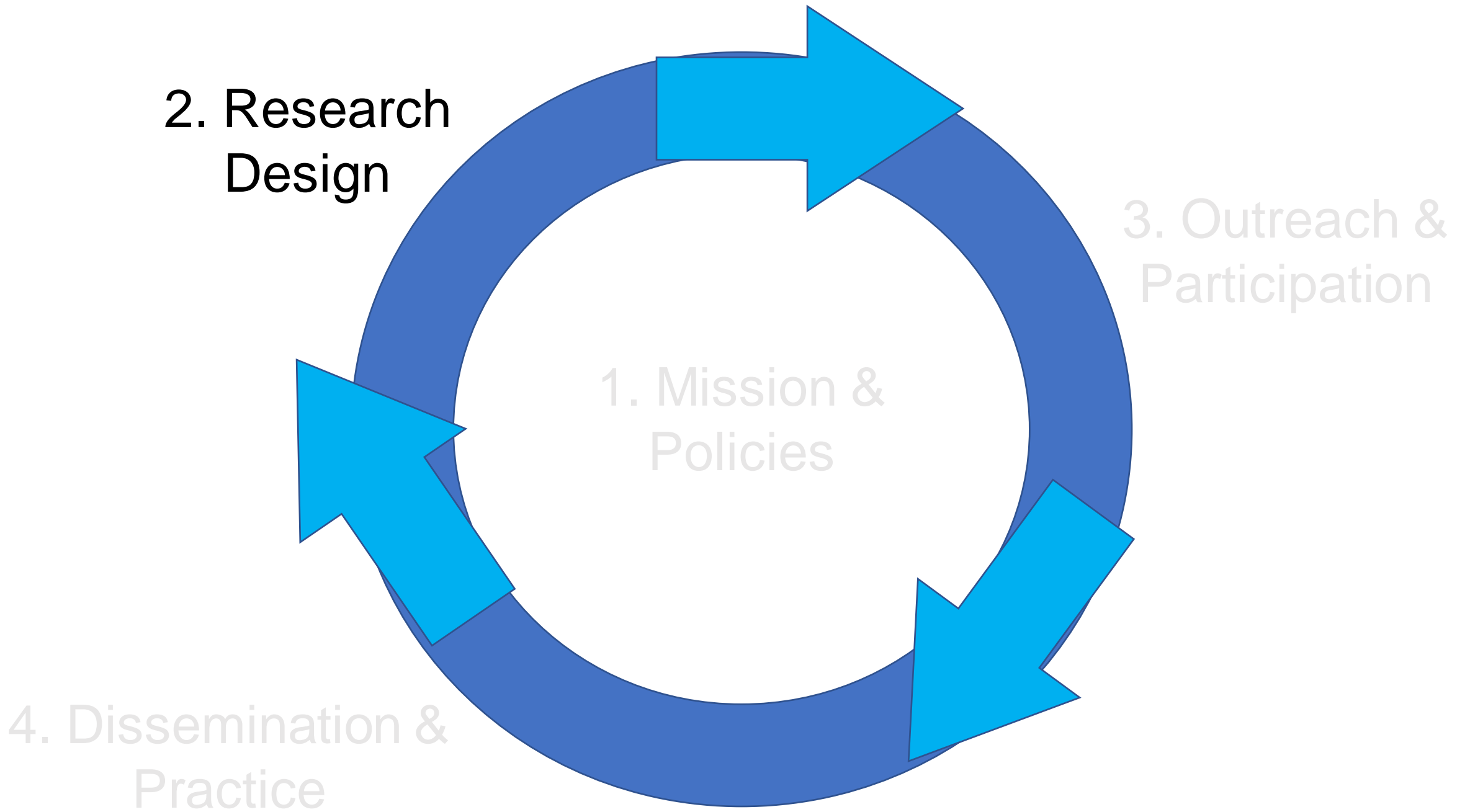


**Needs infrastructure
support for high
quality clinical care
and research**

**Has diverse staff and
patients with interest
in equity research**



INSTITUTION B



Ethical Hypothesis Considerations

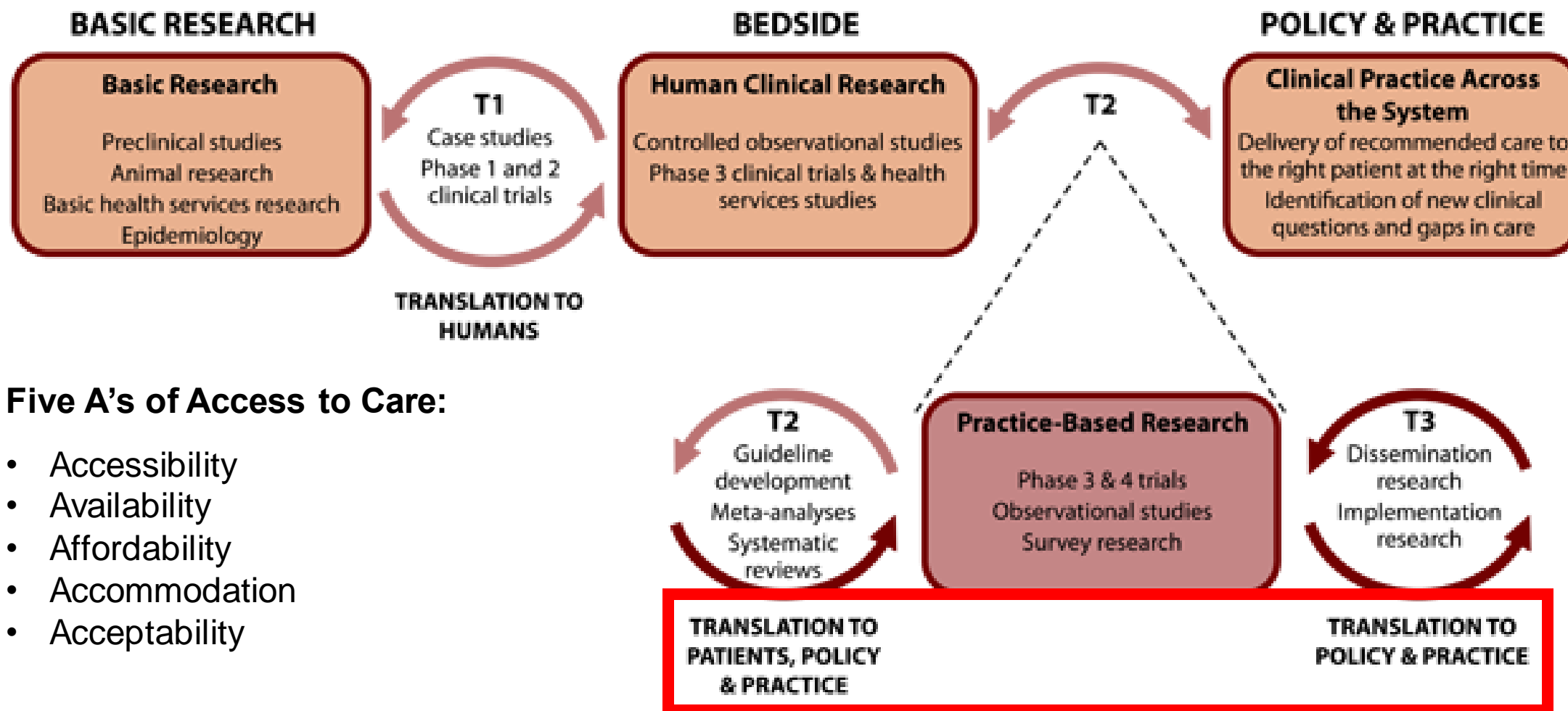
Standard Medical Research

- Status quo is the current best
- Design Requires High Threshold to Change
- Focus Forward (Applied Knowledge): biochem, cellular, animal, human

Health Equity Research

- Status quo is inequity
- Design Must Be Change Oriented
- Focus Backward (Root Causes)

~17 years*



Five A's of Access to Care:

- Accessibility
- Availability
- Affordability
- Accommodation
- Acceptability

*Morris, Wooding, and Grant. *J R Soc. Med.* 2011

Westfall et al. Practice-based research – “blue Highways” on NIH roadmap. *JAMA.* 2007; 297(4): 403–406 (adaptation).

NSW Health and Medical Research Strategic Review 2012. NSW Ministry of Health. Page 4 (adaptation).



**UNDER
CONSTRUCTION**

Research Portfolio Assessment

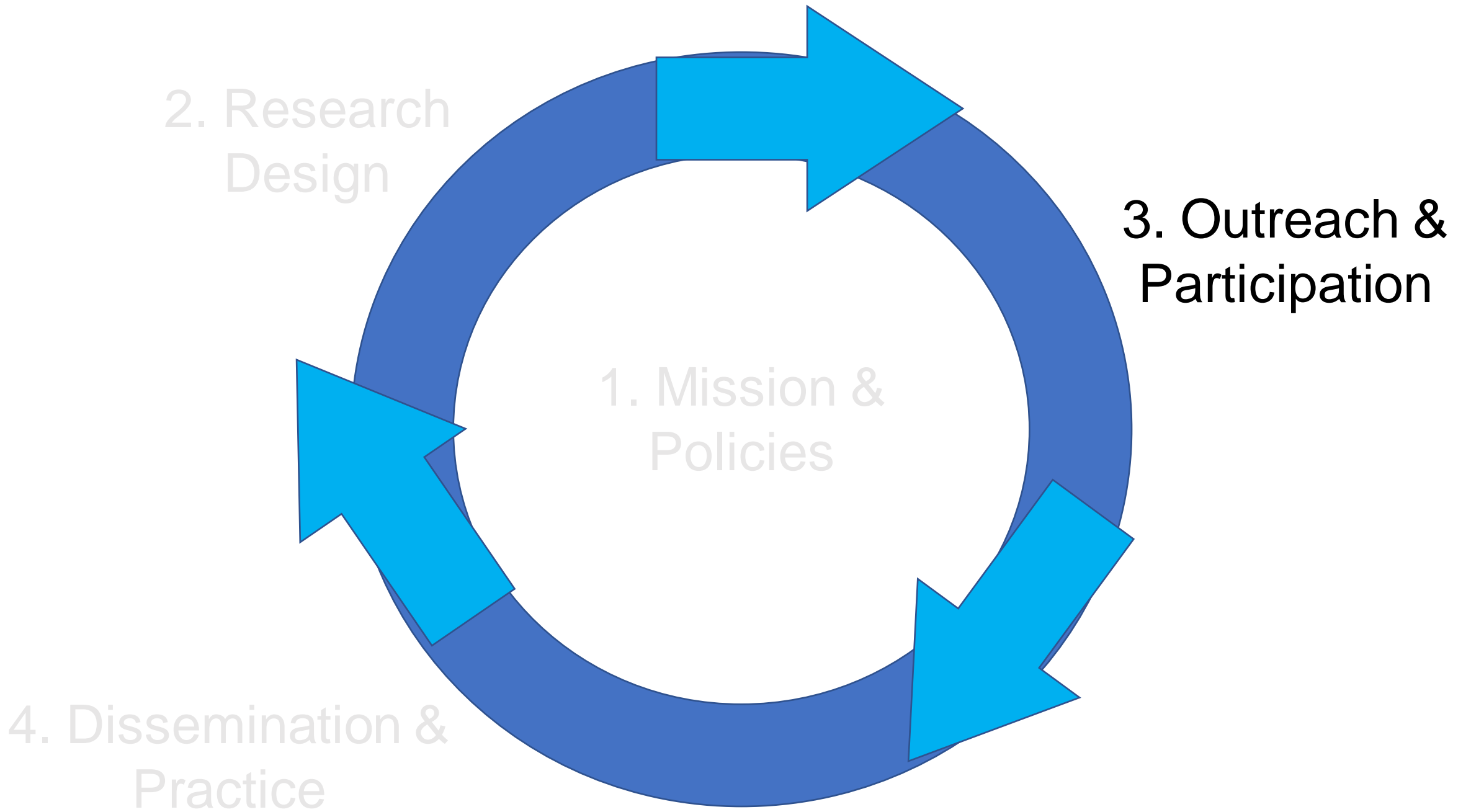
1) Categorize Current Trials

- Population, Prevention, Cancer Treatment, Supportive

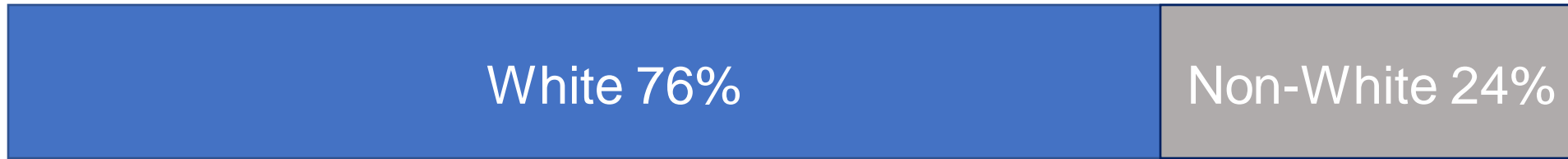
2) What percent have an equity focus or endpoint(s)?

3) Is enrollment equitable (Adjusted For Catchment Area Population)?

4) Are our research activities helping or hindering Minority-Serving Institutions?



Relative Cancer Prevalence (US 2013)



Proportion Enrolling in Trials (US 2003 - 2016)



Trial Enrollment 8%

92% Excluded !!!

- Non-Racial Vulnerable Groups
- Social Determinants of Health

White 83%

Non-White 17%

Racial Representation in Oncology Trials

Enrollment Characteristic	1990-2000		2001-2010	
	Prevention	Treatment	Prevention	Treatment
Articles Reporting Race/Ethnicity	53%	78%	35%	51%
Number of participants included when race/ethnicity information was reported	91,741	91,663	45,815	104,337
White	84,860 (92.5)	74,695 (81.5)	40,803 (89.0)	86,484 (82.9)
African American	5046 (5.5)	10,624 (11.6)	4811 (10.5)	6403 (6.1)
Hispanic	1560 (1.7)	3294 (3.6)	183 (0.4)	2333 (2.2)
Asian	275 (0.3)	65 (0.1)	18 (0.04)	3398 (3.3)
American Indian	14 (0.01)	1 (0.0)	NR	79 (0.1)
Other	NR	2984 (3.3)	NR	5640 (5.4)
No mention of African Americans	NR	29%	NR	22%



CATCHMENT AREA DEMOGRAPHICS



N = Required to Power Hypothesis

Current Enrollment



Proportional Enrollment (Equality)



Scientifically Meaningful Enrollment (Equity)



Trial Matching Services

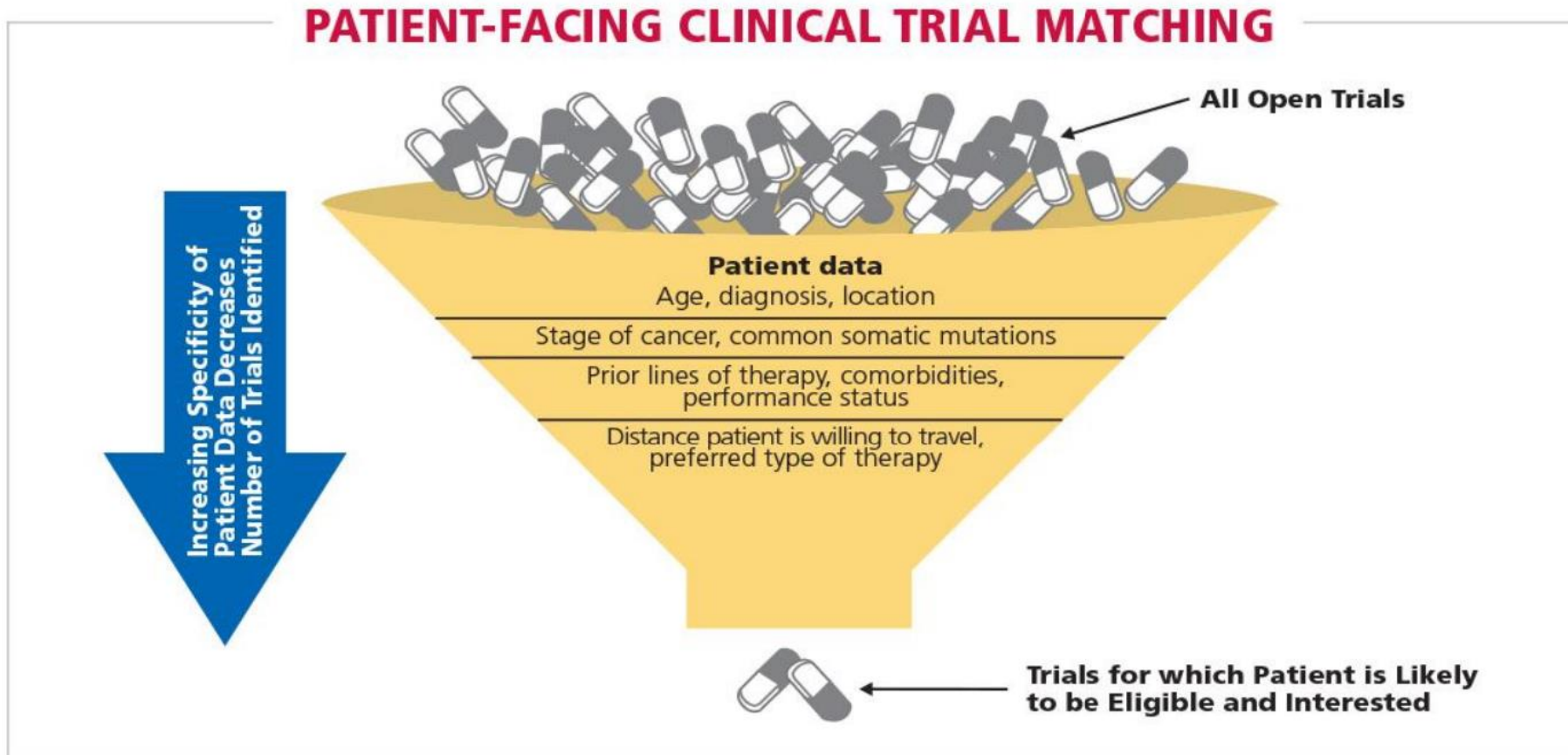
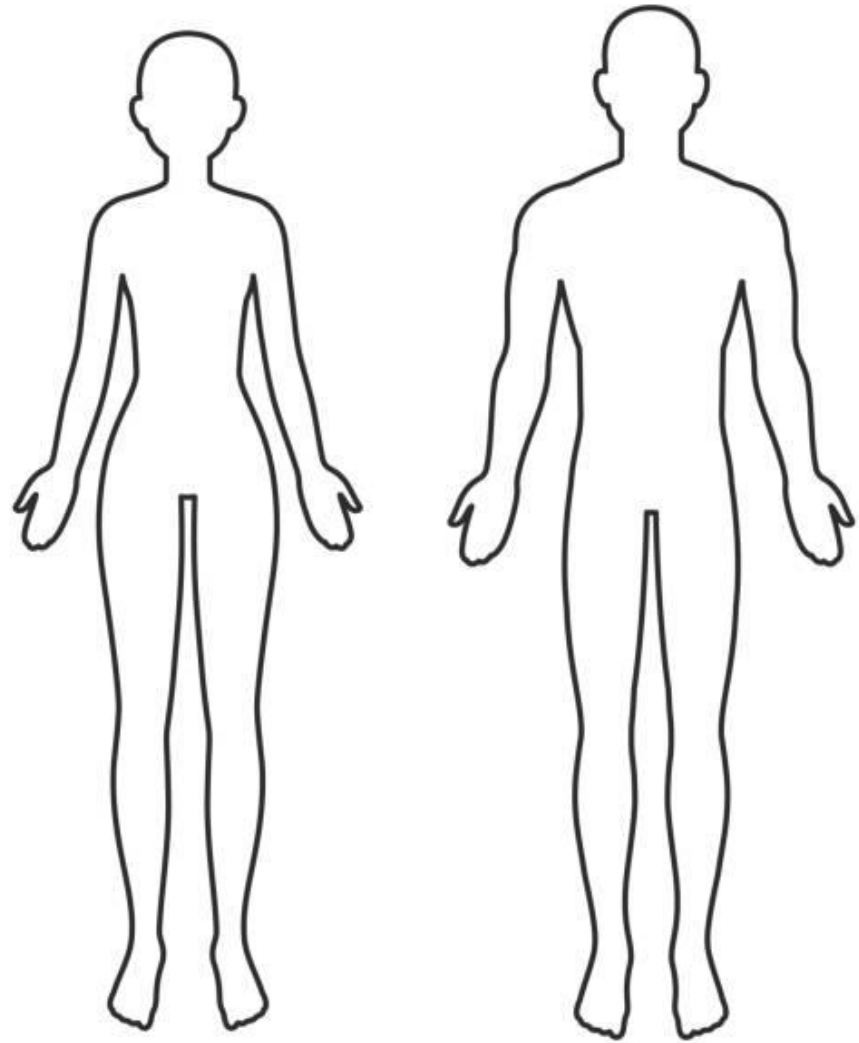
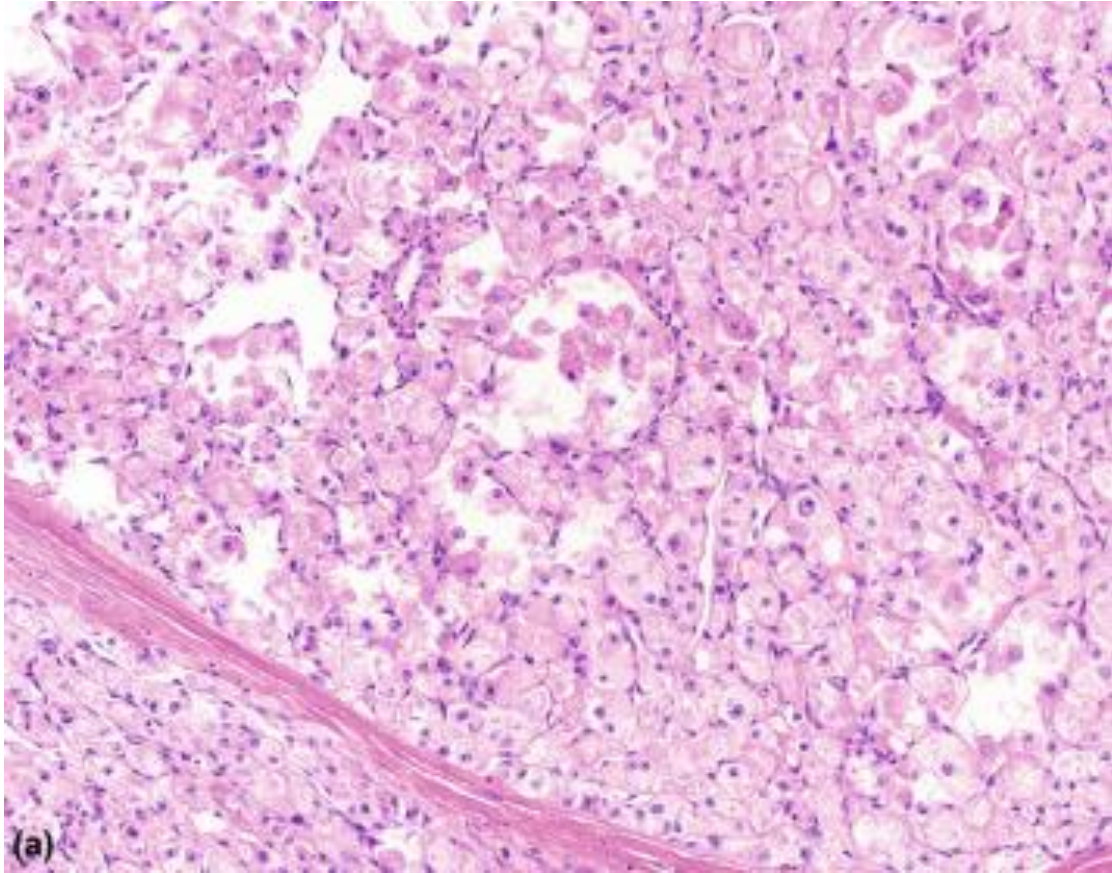
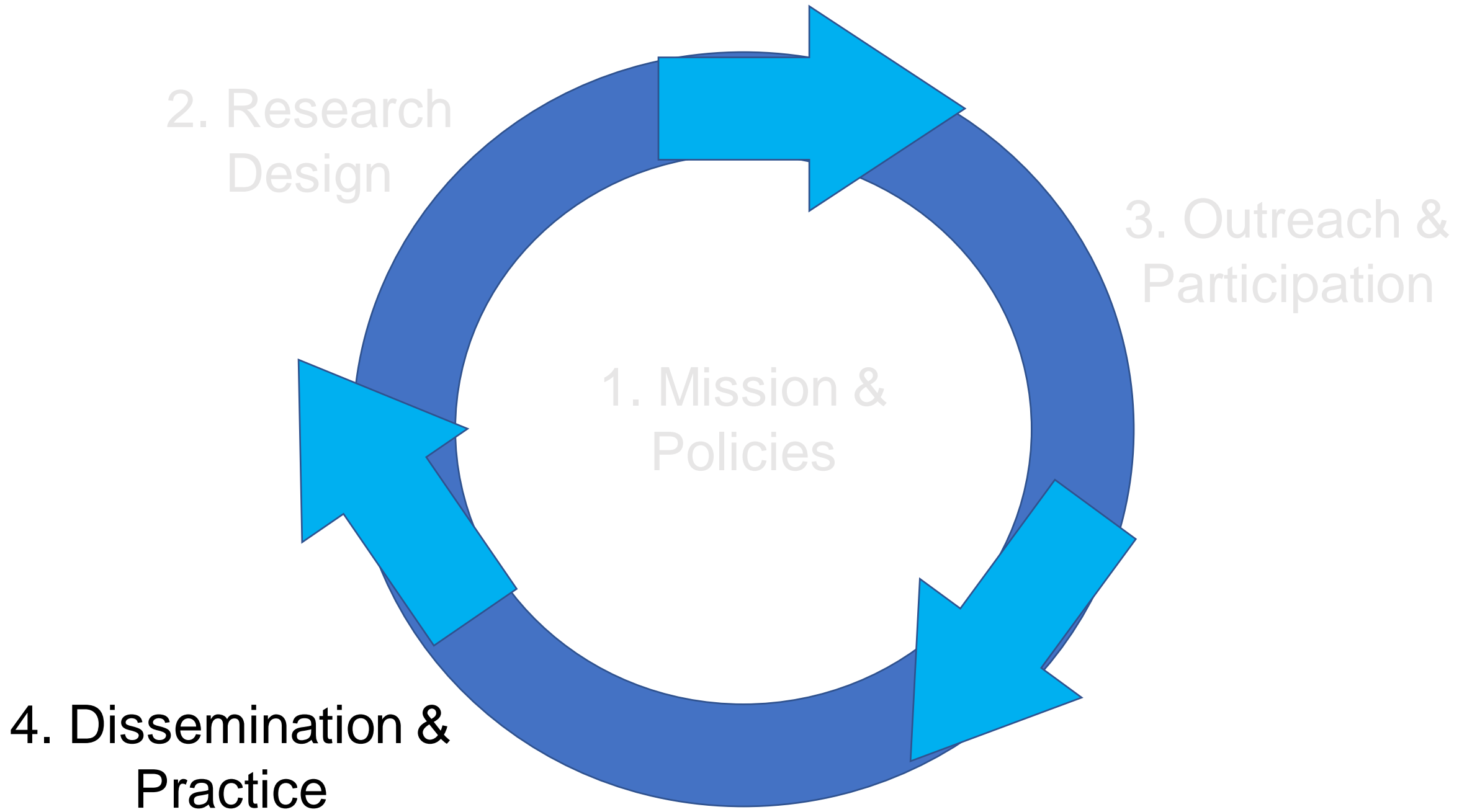
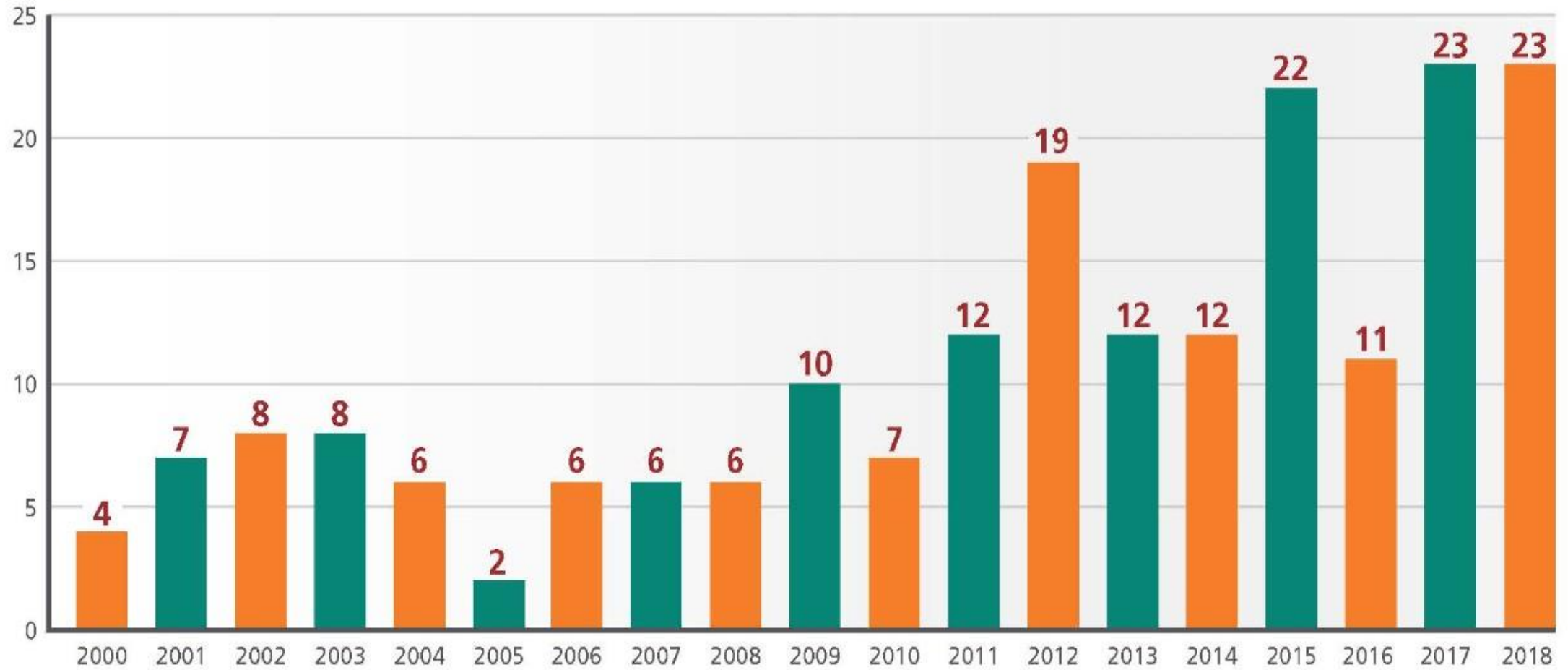


Figure 1: Consideration of additional patient data further refines the clinical trials considered for a patient and makes a match more accurate. Data may include clinical characteristics like genetic mutations, but may also include patient preference data such as location of the trial or type of therapy.





ONCOLOGY DRUG APPROVALS BY YEAR





55 y/o white male (he/him/his)

New hepatocellular carcinoma
PMH HCV treated 2018, Child-Pugh A

SH: Lost job and insurance during COVID

- 08/2020:** ER for RUQ pain – CT Mass, AFP+, Biopsy+, steroids, D/C w/referral
- 09/2020:** Establish Care, Enroll in Nashville Indigent (NI) Program
- 10/2020:** Additional workup of LLQ masses – splenic remnants not cancer
- 11/2020:** Internal Tumor Board – unresectable due to asplenia and mild portal HTN
- 12/2020:** External Tumor Board – resectable at their high-risk program
- 01/2021:** TACE while getting NI approval
- 02/2021:** TACE while patient enrolls in TennCare
- 03/2021:** Original Institution resects HCC

- 1. Without equitable *clinical care*,
how can we conduct equitable *research*?**
- 2. Research cannot be a substitute for
standard of care**

Strategic 'Logic Model' Framework

Inputs, Resources, Priorities, Plan

Operations, Delivery, Outcomes, Analytics

Workplace

Community

Partnering
Organizations

SOC
Services

Research
Services

SDOH
Services

Human
Resources

Community
Outreach

Strategy
Officer

Clinical
Operations

Clinical
Research

Social
Services

Diversity, Equity, Inclusion Officer

Social Determinants of Health Services

Oral Targeted Therapy

1. Qualifying Disease Identified (Screening)
2. NCCN or other Pathway (Confirmation)
3. Patient Consented (Provider Contact)
4. Orders Placed (Standardized Process)
5. Orders Executed (Data Tracked)

Hide VIA_LYOS354: Acalabrutinib (2:26	4:1
Acalabrutinib (Calquence) PO		100 mgX2
CBC		
CMP		
LDH		
CT Chest	Approved/KA	
CT Abdomen Pelvis	Approved/KA	
MEDSYNC		
MD Return with Scan Results		
Medical Assistant		
Distress Screening		
Adherence Assessment		Compliant/JR
Chart Prep		
Drug Access and Reimburseme...		Pending
AdhereTech Enrollment		
SOC Drug Therapy consent an...		
Park Pharmacy		
Drug Access and Reimburseme...		

Social Determinants of Health Services

Food Insecurity

1. Screening Tool
2. Screening Performed
3. Patient Identified
4. Informed Discussion
5. Order or Action Taken
6. Tracking of Navigation or Completion



Says Provider to Financial Counselor or Navigator

Social Determinants of Health Services

- Standardized & Validated Screening (Hunger Vital Sign, MST)
- Standardize Workflows (Consistency in Denominators and Numerators)
- Build Team Based Order Set
 - Financial Counselor, Navigator, Dietician, Speech Therapy
 - Additional Co-occurring screening tools
 - Builds in Community Resources and Partners
 - Includes Closed Loop Follow Up Contact

Social Determinants of Health Services

Connect Internals with External Community Partner Needs

ITEM # <input type="checkbox"/>	NAME <input type="checkbox"/>	CATEGORY <input type="checkbox"/>	PACKAGING <input type="checkbox"/>	STORA <input type="checkbox"/>
6019CC	Sloppy Joe	Heat & Eat Meal	5/4 lb Bags	Frozen
6022CC	TACO MEAT	Heat & Eat Meal	5-4 lb Bags	Frozen
6022CCCH	Chicken Taco Meat	Heat & Eat Meal	5-4 lb Bags	Frozen
6046CC	SPAGHETTI W/MEAT SAUCE	Heat & Eat Meal	5/4lb Bags (31% meat)	Frozen
6012CC	CHICKEN ALA KING/POT PIE FILLING	Heat & Eat Meal	5/4 lb Bags (25% meat)	Frozen
6016CC	Chili w/Beans	Heat & Eat Meal	5/4 lb Bags (30% meat)	Frozen
6092CC	Chicken and Dumplings	Heat & Eat Meal	5/4lb Bags	Frozen
6001CC	Boil-in-Bag Macaroni & Cheese	Heat & Eat Meal	5/4 lb Bags	Frozen
6032CC	Boil-in-Bag Broccoli with Cheese Sauce	Heat & Eat Meal	5/4 lb Bags	Frozen



Reviewing Food Pantry Inventory

Cross Referencing for Preferred Foods Based If:

- Malnutrition/Weight Loss
- Dysphagia
- Cancer Survivors
- Cultural/Religious Preferences

<https://www.secondharvestmidtn.org/get-help/>

Objectives

- Why does Equity matter? What is Equity Anyway?
- MOST IMPORTANT POINT OF TALK
- Strategic Overview: A Domain Approach
- **Take Home Points**



Take Aways

- Personalized Medicine = Cancer + HUMAN (Passion)
- Equity Is MORE than a value
- Disparity is Passive, Equity requires Action
- Know Your People, Learn to Listen

- Sustained, Strategic, and Structural Commitment
- Workplace: Think beyond quotas and benchmarks
- Community POV MUST be at the Table
- Research is NOT substitute for SOC
- Research Design must Advance the Science for Communities
- Treat SDOH Workflows with Same Respect and Diligence as SOC

WE DID IT !



SINCERE THANKS TO YOU ALL 😊

References (Pathology Photos)¹

Lung:

Rosen, Y. Squamous cell bronchogenic carcinoma (gross pathology). Case study, Radiopaedia.org. (accessed on 02 May 2022) <https://doi.org/10.53347/rID-9258>

Kidney:

Gaillard, F. Renal cell carcinoma (gross pathology). Case study, Radiopaedia.org. (accessed on 02 May 2022) <https://doi.org/10.53347/rID-9888>

Pancreas:

Hruban, R., Fukushima, N. Pancreatic adenocarcinoma: update on the surgical pathology of carcinomas of ductal origin and PanINs. *Mod Pathol* **20**, S61–S70 (2007). <https://doi.org/10.1038/modpathol.3800685>

Breast:

File is from Wikimedia Commons and may be used by other projects.

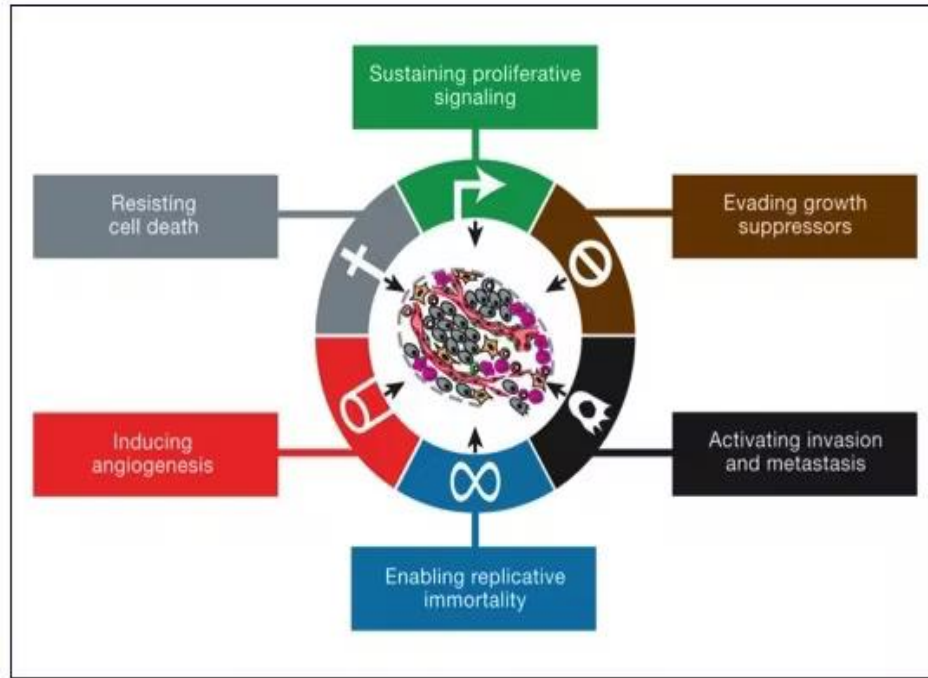
Spleen:

Uthman, E. Splenic lymphoma (gross pathology). Case study, Radiopaedia.org. (accessed on 02 May 2022) <https://doi.org/10.53347/rID-77581>



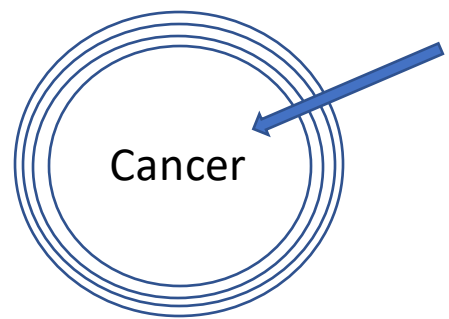
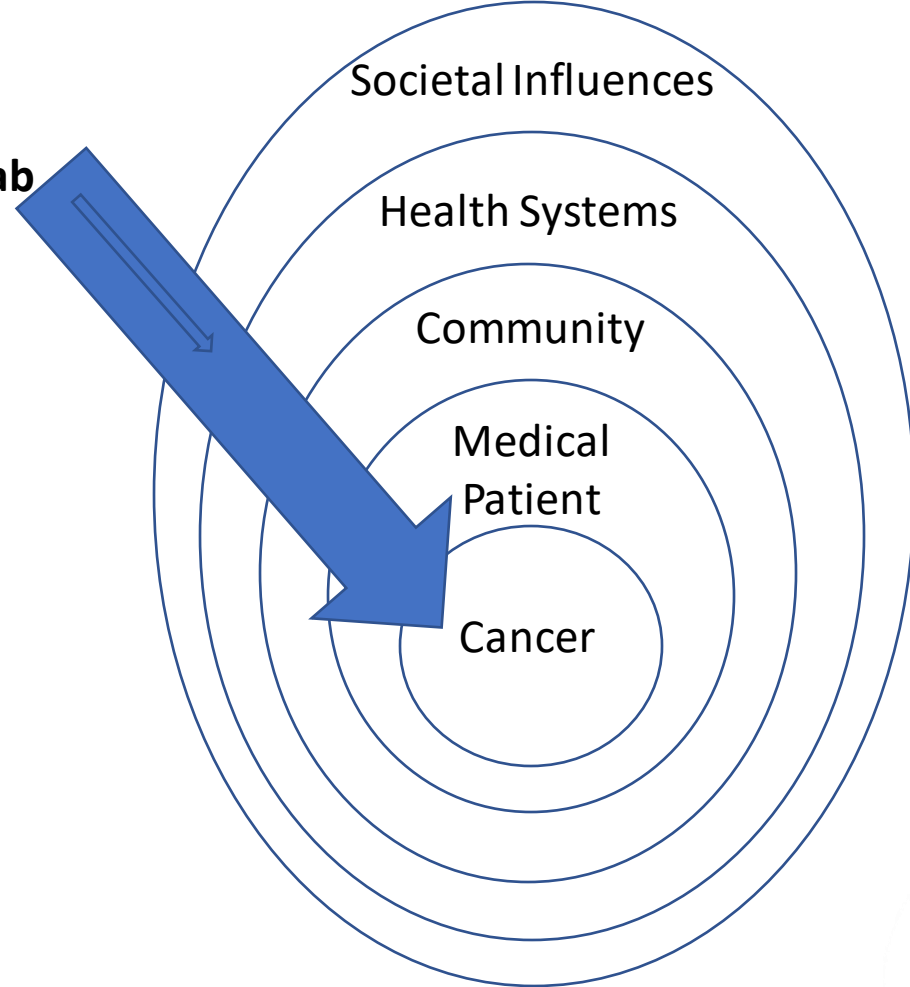
Disease vs. Patient

CANCER MODEL



PATIENT MODEL

CRT +
Durvalumab



CRT +
Durvalumab





ASCO[®]

AMERICAN SOCIETY OF CLINICAL ONCOLOGY



Association of Community Cancer Centers



1986

First Report on Cancer Disparities by SES/Race

2002

Cancer Action Network

2002

Surveillance and Health Equity Sciences Dept.

2022

RFA: Cancer Health Equity Research Center (\$16mil)

2013

Health Disparities Committee

2017

Strategic Action Plan

2018

Health Equity Committee

2020

Equity Focused Plenary Renewed Action Plan

- Structural Barriers
- **Awareness**
- Access to Quality
- **Equitable Research**

2021

Presidents Theme “Equity: Every Patient. Every Day. Everywhere.”

May 2022

COA Health Equity Committee

December 2022

FDA to require diversity plan for clinical trials

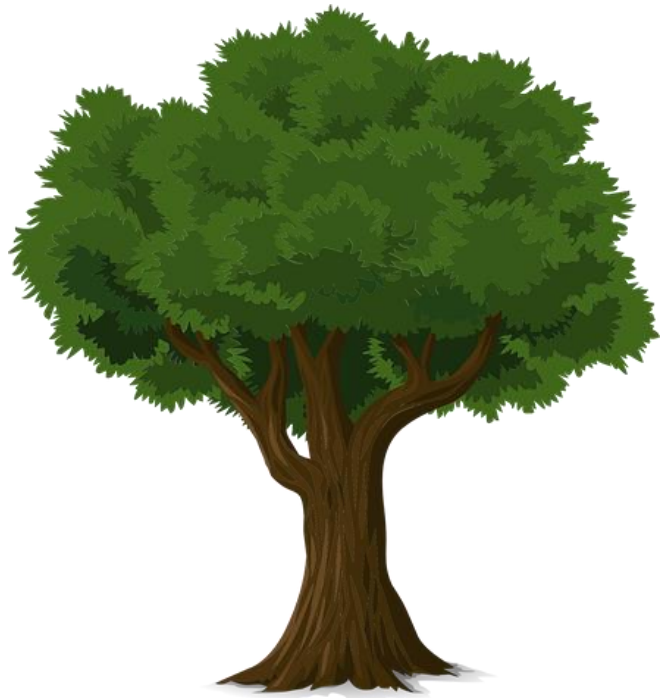
July 2023

Enhancing Oncology Model (EOM) includes required Health Equity Domain

- LIS Risk Adjustment
- SDOH
- HRSN
- Equity CQI Plan

Individual Experiment

Clinical Equipoise

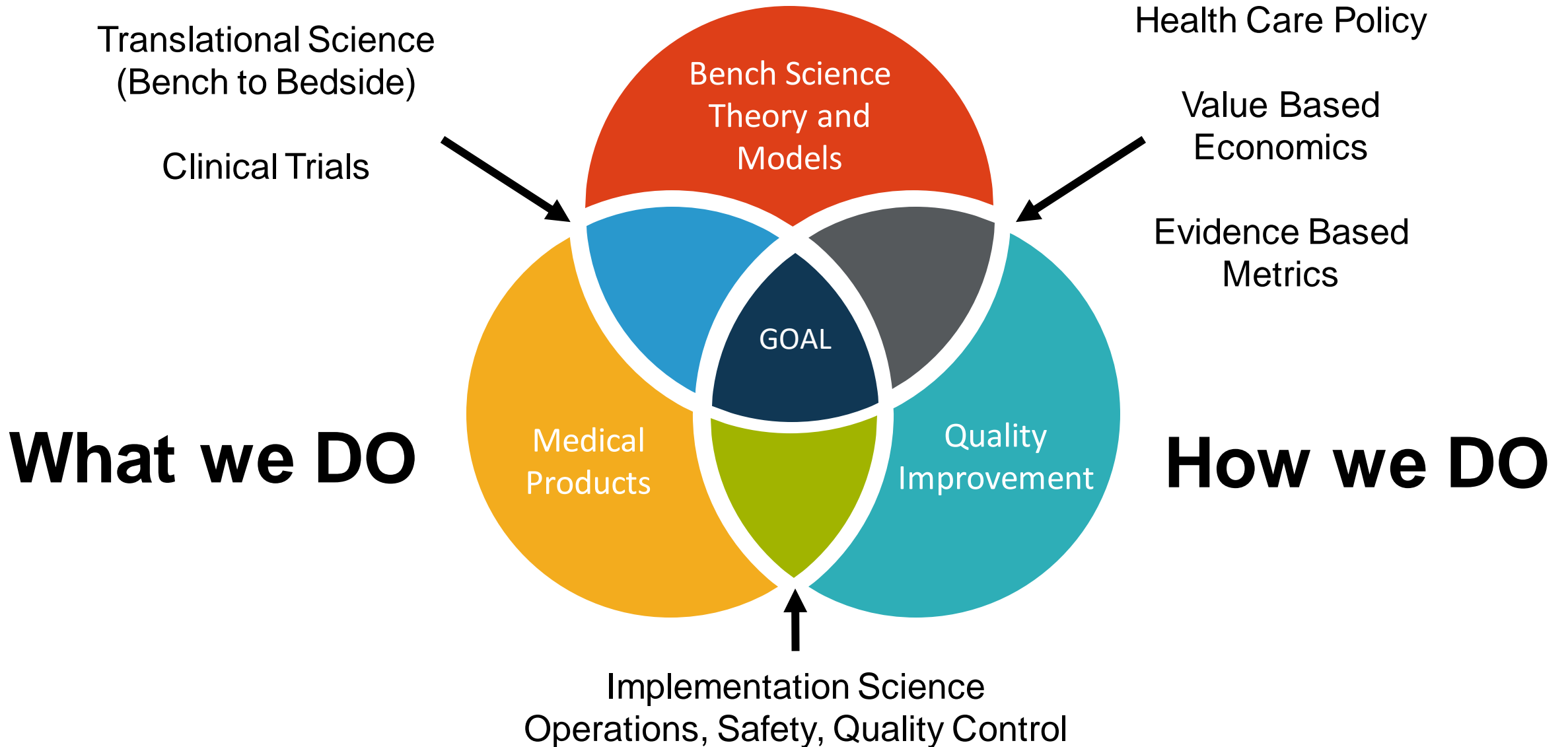


Totality of Clinical Research

Steady and Clear Progress



What we KNOW



INPUTS

- Population
- Environment

- Personnel
- Training
- Equipment

- Partners
- Portfolio
- Process
- Policies
- Measures