Diversity, Equity and Inclusion: What Does That Mean for Me?

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Disclosures

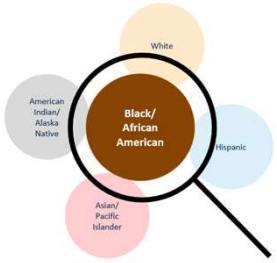
Consultant for Servier Pharmaceuticals and spouse is an employee with stock ownership at Novartis.

Learning Objectives

1. Discuss existing health disparities in cancer care
2. Summarize structural and social factors that perpetuate racism as a risk factor for outcome disparities in oncology
3. Describe a framework for mitigating racial disparities in cancer care with evidence-based interventions in teaching, research, and clinical practice

Describe existing health disparities in cancer care

A Targeted Approach



Closing the Gap

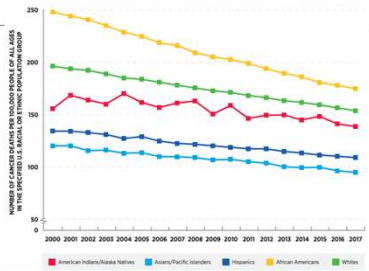


Figure used with permission. CancerDisparitiesProgressReport.org [Internet]. Philadelphia: American Association for Cancer Research; ©2020 [cited 2021.06.14]. Available from

Disparities in Incidence and Death

Ratios of incidence and death of Blacks relative to Whites among different cancers

Cancer	Incidence	Death
Prostate	**1.69**	**2.11**
Stomach	1.68	2.04
Multiple Myeloma	2.23	2.00
Cervix uteri	**1.17**	**1.41**
Breast	**0.97**	**1.39**
Colorectal	**1.25**	**1.37**
Liver and intrahepatic bile duct	**1.61**	**1.35**
Pancreas	**1.24**	**1.21**
Lung and Bronchus	**1.13**	**1.02**
Kidney and renal pelvis	**1.22**	**0.92**

CancerDisparitiesProgressReport.org [Internet]. Philadelphia: American Association for Cancer Research; ©2020 [cited 2021.06.14]. Available from [illegible]; Howlander N, et al. SEER Cancer Statistics Review, 1975-2016. National Cancer Institute, Bethesda, MD. [illegible].

Disparities in Cancer Research

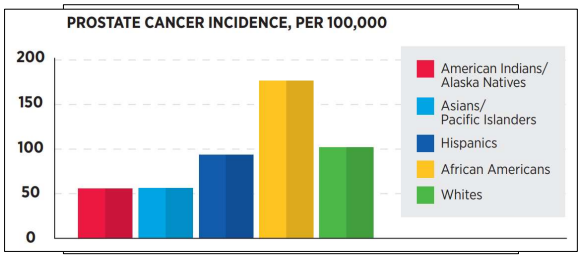


Figure used with permission. CancerDisparitiesProgressReport.org [Internet]. Philadelphia: American Association for Cancer Research; ©2020 [cited 2021.06.14]. Available from http://www.CancerDisparitiesProgressReport.org/.

Socioeconomic Disparities

- Impoverished and uninsured are more likely to be diagnosed at a later stage and less likely to receive optimal therapy
- Cancer mortality rate 3x higher for non-college educated men

% Below the poverty line
21% African Americans
8% Whites

% Uninsured
10% African Americans
5% Whites

% having not completed 4 years of college
78% African Americans
64% Whites

CancerDisparitiesProgressReport.org [Internet]. Philadelphia: American Association for Cancer Research; ©2020 [cited 2021.06.14]. Available from http://www.CancerDisparitiesProgressReport.org/; American Cancer Society. Cancer Facts and Figures 2020. Atlanta: American Cancer Society, 2020. Available at: [illegible]

Which of the following best represents the disparities that exists in cancer outcomes?

A. The disparity in mortality between White and African American patients with cancer continues to worsen, with African American patients experiencing an increasing rate of death relative to that of White patients.

B. Disparities in cancer outcomes are largely attributable to biological and genetic factors, with limited impact from socioeconomic factors.

C. The impact of social determinants on outcome in cancer care is limited to only a couple of cancers.

D. African Americans are more likely to have lower household incomes, be uninsured, and have a lower level of education compared to Whites, contributing to worse cancer outcomes.

Summarize structural and social factors that perpetuate racism as a risk factor

James Marion Sims and Henrietta Lacks

- J. Sims: Practiced surgical techniques on enslaved Black women without anesthesia
  - He later went on to do to the same procedures in wealthy white women under anesthesia (1840s)
- Henrietta Lacks' infamous immortalized cell line was harvested from her in the 1940s without her consent.
  - Her cells' success in cancer research remained unknown to her family until 1975, decades after she passed away from cervical cancer

Image used with permission. Image: Henrietta Lacks in 1940s.

Black Wall Street

Image: blackpast.org; Image: britannica.com

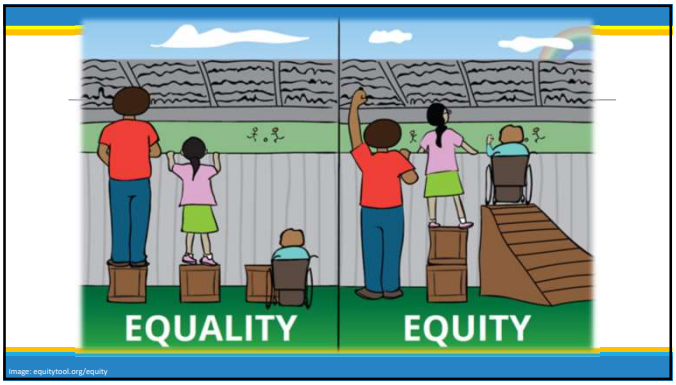


Image: equitytool.org/equity

Equality vs. Equity (Cont'd)

1965

"You do not take a person who, for years, has been hobbled by chains and liberate him, bring him up to the starting line of a race and then say, "you are free to compete with all the others," and still justly believe that you have been completely fair. Thus it is not enough just to open the gates of opportunity. All our citizens must have the ability to walk through those gates."

commencement speech at Howard University

LYNDON B. JOHNSON

Image: colorlines.com

Language Matters

Race | Genetics | Racism

Any of the groups into which humans are often divided on the basis of physical traits and regarded as constituting a primary division of mankind

A branch of biology that deals with the heredity and variation of physical traits and regarded as constituting a primary division of organisms

Of a particular race

Marriam-Webster Dictionary

Dietze, et al. *Nat Rev Cancer* 2015 Apr;15(4):248-54.

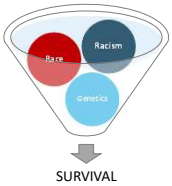
Why Do Racial Disparities Exist?

Race	Genetics	Racism
Social construct that is often a poor substitute for genetics	Adverse genetics more likely to be present in Black people (?)	Structural and systemic barriers cause racial disparities

Dietze, et al. *Nat Rev Cancer* 2015 Apr;15(4):248-54.

Case Study: Triple Negative Breast Cancer (TNBC)

Fact: Black women with TNBC have worse clinical outcomes (30% higher mortality) than White women with TNBC.



SURVIVAL

Dietze, et al. *Nat Rev Cancer* 2015 Apr;15(4):248-54.

Genetics vs. Racism in Breast Cancer

Risk Factors for TNBC (Gierach 2010)

Breastfeeding: Yes > No	Age: Younger > Older	Race: Black > White	Family History: Yes > No	Obesity: Yes > No	Age at menarche <12: Yes > No

TNBC Risk Factors impacting Black women:

Poor access to healthy nutrition → increased risk of obesity

Lack of knowledge, lack of social support, and lower socioeconomic status → reduced breastfeeding rates at 3 months: 53% for White mothers and 36% for Black mothers

Gierach, et al. *Breast Dis.* 2010;32(1-2):5-24; Dietze, et al. *Nat Rev Cancer.* 2015 Apr;15(4):248-54.

Dietze's Model for TNBC

Figure 2: Proposed model of how disparities might drive signalling pathways associated with aggressive biology in TNBC.

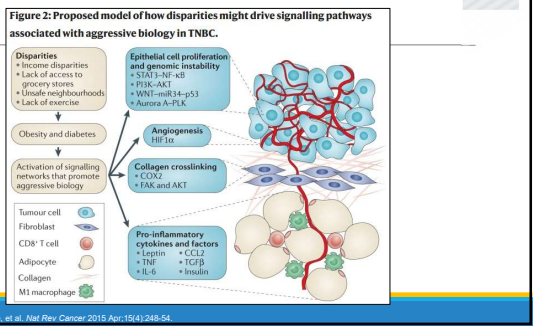


Figure used with permission. Dietze, et al. *Nat Rev Cancer* 2015 Apr;15(4):248-54.

Genetics vs. Racism?

- Similar to BRCA1, what research has been done to **identify genetic mutations** that may be present **at a higher frequency in women of West African decent**? (eg. *genome-wide association studies by the Black Women's Health Study in Boston University → CLPTM1L, LOC643714*)
- What therapeutic areas are currently being **funded in breast cancer research**? (*ER/PR and Her2 vs TNBC*)
- Although Black women develop TNBC at higher rates, **why do disparities exist** in TNBC clinical outcomes?

Which of the following is true regarding race in the context of cancer care?

A. Race is a biological construct that can be used accurately to predict the genetic profile of patients

B. Race is a social construct which is often a poor substitute for genetics

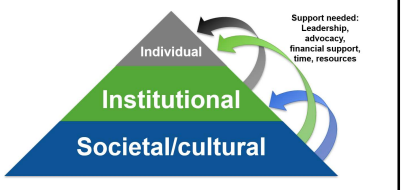
C. Race is a medical construct that can be an important risk factor for many clinical outcomes

D. Race is a cultural construct that is a key risk factor for disparities

Identify strategies for overcoming racial disparities in cancer care

Antiracist work must happen on every level of structural inequality

Adams M, Blumenfeld WJ. Readings for Diversity and Social Justice. United Kingdom: Routledge, 2018.



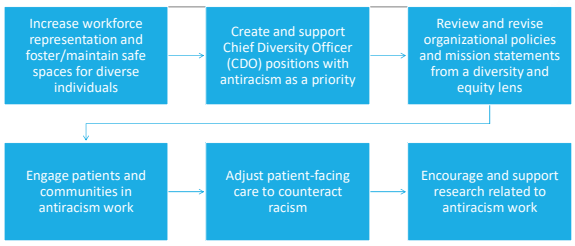
APPOS

Individual

- "Recognize and take individual responsibility to deepen our awareness around structural racism and its impact on our patients and communities over time" – Arya V, et al.
- Commit to continuous education and training
- Understanding, recognizing, and responding to:
  - Implicit bias, micro- and macro-aggressions, structural and social determinants of health, gaslighting, structural racism, racist policies, white supremacy, intersectionality, privilege, oppression

Arya V, et al. *J Am Pharm Assoc* 2020;60(6):e43-46; Adams M, Blumenfeld WJ. Readings for Diversity and Social Justice. United Kingdom: Routledge, 2018.

Institutional



Arya V, et al. *J Am Pharm Assoc* 2020;60(6):e43-46; Issaka RB. *JAMA* 2020;324(6):556-557.

Societal/Cultural

- Continue to advocate for and prioritize antiracist training
  - Local, regional, and national advocacy
- Prepare future pharmacists to engage in care for under-represented groups with cultural humility
- To err is human but ignorance is not bliss: foster a space where reporting racist acts, systems, and policies is seen as a necessary opportunity for growth
- Overt acts of racism must be met with discipline

Arya V, et al. *J Am Pharm Assoc* 2020;60(6):e43-46; Issaka RB. *JAMA* 2020;324(6):556-557; Adams M, Blumenfeld WJ. Readings for Diversity and Social Justice. United Kingdom: Routledge, 2018.

Practice Equity

Identify strategies for overcoming racial disparities in cancer care

Racism in Medicine

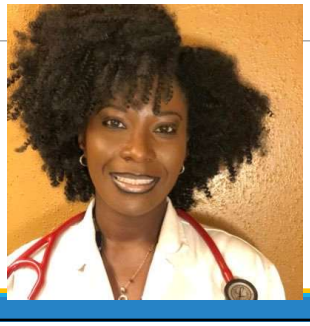


Image: twitter.com/drdennar

Healthcare Workforce

	White	Hispanic	Black	Asian	American Indian/Alaska Native	Native Hawaiian and Other Pacific Islander	Multiple/ Other Races
U.S. Population (%)	60.1	18.5	13.4	5.9	1.3	0.2	2.8
U.S. Workforce (%)	64.4	16.1	11.6	5.3	0.6	0.2	1.8
Pharmacists (%)	70.4	3.7	5.9	17.9	0.2	0.1	1.8
Physicians (%)	67.0	6.3	4.8	19.6	0.1	0.0	2.1
Dieticians/ Nutritionists (%)	68.7	8.5	15.0	6.0	0.3	0.1	1.4
Nurses (%)	73.5	4.7	10.4	8.4	0.4	0.1	1.5
Advanced Practice Providers (%)	84.0	4.5	5.7	4.1	0.2	NR	1.3
Social Workers (%)	60.6	12.0	21.5	3.0	0.8	0.1	2.0
Oncology Workforce (%)	51.5	4.7	3.0	26.8	0.1	0.1	1.8

https://www.census.gov/quickfacts/table/PST045216/00
https://www.aamc.org/data-reports/workforce/report/diversity-medicine-facts-and-figures-2019
2020; American Society of Clinical Oncology. Facts & Figures: Diversity in Oncology. Available at [illegible]. Accessed June 14, 2020; CancerDisparitiesProgressReport.org [Internet]. Philadelphia: American Association for Cancer Research; ©2020 [cited 2020.06.14]. Available from [illegible]

Improving Workforce Diversity

- Improving workforce diversity and cultural awareness
  - Prioritize in health affairs and training programs
  - Prioritize in recruitment and retention
- Maintaining workforce diversity
  - Mentorship and leadership
  - Minimizing isolation
  - Constant and consistent attention on cultural awareness

CancerDisparitiesProgressReport.org [Internet]. Philadelphia: American Association for Cancer Research; ©2020 [cited 2021.06.14]. Available from

Improving Workforce Diversity (Cont'd)

Influence	Advantage of Workforce Diversity
Implicit biases	Challenges and rejects biases as false and unreliable
Cultural Incompetence	Improves cultural competence Challenges "one-size-fits-all" approaches
Systemic disparities	Rejects and prevents systematic discrimination and racism
Creativity	Fosters creative solutions, ideas, and innovations

CancerDisparitiesProgressReport.org [Internet]. Philadelphia: American Association for Cancer Research; ©2020 [cited 2021.06.14]. Available from http://www.CancerDisparitiesProgressReport.org/

Case: Practice Equity

A Black female pharmacist is seeing patients in clinic and walks into the room of an elderly White male patient to counsel him on his new oral chemotherapy. The patient is accompanied by his wife and daughter who are also White. The pharmacist has both a pharmacy resident and a pharmacy student with her to observe the counseling. The patient asks the pharmacist to hold up her hands against his because "Blacks have longer fingers."

How should she respond? What should she do? What should the pharmacy learners do?

A pharmacist is rounding with her team and an environmental services worker accidentally hits a code button in a patient's room while cleaning. A nurse responds to the alarm to learn that it was an accident. The nurse states "I know you are from different shores and English is not your first language, but you should know better than to hit that (explicit) button." Other nurses and environmental service team members are around.

How should the EVS team member respond? What should those observing the scenario do?

Antiracism in the Workplace

Responding to interpersonal racism
- Best practices for guiding these responses?
- Protections for employees experiencing racism?
- Resource Awareness

Feedback and teaching to learners and potential allies
- Debriefing and diffusing
- Empowering others to respond against discrimination

Evidenced-based guidance vs. personal experiences
- Get uncomfortable
- Case discussions - personal experiences are valuable
- Cultural competency and implicit bias education/training

Education on reporting and escalation pathway

"The culmination of my 4 years of medical school, 3 years of internal medicine residency, 3 years of hematology/oncology fellowship, and 9 years as a staff oncologist did not protect me from being viewed through a racial lens."

Charlot M. *J Clin Oncol*. 2020;38:4118-4120; Whitgob EE, et al. *Aca Med*. 2016;91:s64-s69.

Antiracism in the Workplace (Cont'd)

Theme	Acceptable/Recommended Responses
Assess illness acuity	• How sick is the patient? Can patient be transferred? • Is another provider an option?
Cultivate a therapeutic alliance	• Build rapport • Explore biases without intention of changing minds • Redirect focus to the patient's medical care
Depersonalize the event	• Address the behavior • Acknowledge potential fears, anxiety, and lack of control
Ensure a safe learning environment for trainees	• Discuss with leadership/training director • Provide support; establish confidence in the trainee's competence

Whitgob EE, et al. *Aca Med*. 2016;91:s64-s69.

Research Equity

Identify strategies for overcoming racial disparities in cancer care

Case: Research Equity

- You are the PI of a prospective Phase 2 trial studying the impact of duloxetine for treatment of chemotherapy-induced neuropathy in multiple myeloma patients. Six months into the study, you notice that out of 86 patients enrolled, only 1 is Black. Your study team meets to address this, and the study coordinator mentions "it just seems like Black patients don't really want to be on this study. I have tried really hard to make sure to answer all their questions. I don't know if there is anything else we can do."
- **What are approaches we could take now, and in the future, to address issues raised in this case?**

Considerations of Race in Research

- Mistrust
- Eligibility criteria
- Trial access (Availability)
- Logistical barriers

CancerDisparitiesProgressReport.org [Internet]. Philadelphia: American Association for Cancer Research; ©2020 [cited 2021.06.14]. Available from http://www.CancerDisparitiesProgressReport.org/

Research Equity: Best Practices

- Conduct studies in facilities that have diversity (partner with these centers)
- Flexible eligibility criteria (comorbidities)
- Explore biobanking, tumor repositories, and genomic analyses
- Culturally sensitive and community-facing education programs
- Ongoing community partnerships
- Cultural adaptations to marketing materials (e.g., language)
- Implicit bias training for health care professionals
- Track reasons for patients declining participation in a study

Vuong I, et al. *J Cancer Educ*. 2020;35(5):841-849; CancerDisparitiesProgressReport.org [Internet]. Philadelphia: American Association for Cancer Research; ©2020 [cited 2021.06.14]. Available from http://www.CancerDisparitiesProgressReport.org/

Which of the following is true of antiracist work?

A. A one-time declaration in which one commits to being antiracist is sufficient

B. History of implicit bias training qualifies a person as being actively antiracist

C. Continuous self-reflection, education, and action are required to be antiracist

D. A true antiracist is always comfortable with engaging in antiracist work

Summary Take Home Points

1. Discuss existing health disparities in cancer care
   Black cancer patients face poorer outcomes compared to White counterparts due to systemic racism.
2. Summarize structural and social factors that perpetuate racism as a risk factor for outcome disparities in oncology
   Many historical and current racial injustices negatively impact the experiences of Black people in the United States
3. Describe a framework for mitigating racial disparities in cancer care with evidence-based interventions in teaching, research, and clinical practice *In order to solve racial health disparities, a multi-pronged approach must be taken to acknowledges and addresses the individual, institutional, and societal/cultural impacts of racism.*

Acknowledgements

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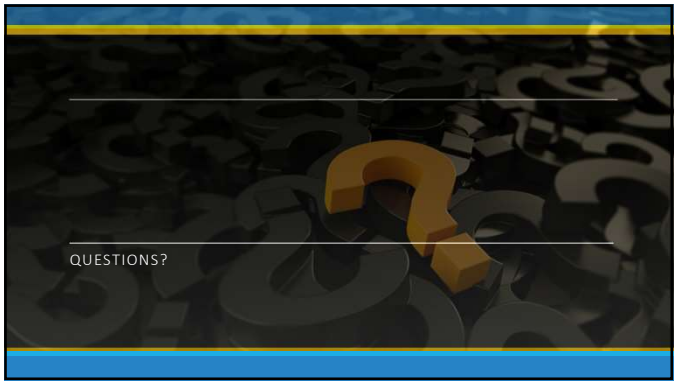
QUESTIONS?