

Elevating Cancer Equity: Recommendations to Reduce Racial Disparities in Access to Guideline Adherent Cancer Care



Institutional and Practice Equity Report Card	
Community Engagement	
Incorporates meaningful community involvement in practice leadership through a community/patient advisory committee or designated board position that is reflective of:	
<ul style="list-style-type: none"> • the community the health care systems serves or • that is reflective of the community where the healthcare system resides or • is reflective of the demographics identified through the community needs assessment. 	
Marketing and educational materials use messaging that is linguistically and culturally appropriate for the community served.	
Contracts with or has formal and equitable partnership with community providers, community-based organizations, and/or faith-based organizations (when mutually appropriate and not harmful) for community engagement and/or patient navigation.	
Demonstrates the results of the community health needs assessments are used as a tool for program development through documented action plan tied to results.	
Accessibility of Care and Social Determinants of Health	
Facilitates access to government, commercial, or community-based non-emergency transportation services or financial support for public transportation where available.	
Collects Social Determinants of Health data at intake and throughout the continuum of care. Population-level data collected (z-codes) helps to guide patient care and population-level health management as documented through the medical record or meeting notes.	
Offers flexible hours for screening and treatment appointments.	
Offers culturally and linguistically representative patient navigators or community health workers through internal hiring or contracting with community-based organizations.	
Establish a process to navigate patients with identified social needs to local and or national resources.	
Training is provided to staff on barriers to clinical trial participation and there are targeted efforts to reduce barriers to clinical trial participation through connection to appropriate services.	
Addressing Bias in Care Delivery	
Diversity, inclusion, and equity is embedded into the practice, institution, or health system policies (Examples: recruitment, hiring, and promotion policies, resource allocation standards).	
Adopts measures related to the recruitment, retention, and promotion of minority researchers and practitioners.	
Implements Health Information Technology or other workflow processes to identify critical moments in shared decision making and care planning when disparate care can occur.	
Incorporates disparities and equity framework into quality improvement activities.	
Provides and requires annual implicit bias training for all employees.	

Quality and Comprehensiveness of Care

When appropriate, patients are offered or referred to appropriate preventive and supportive care services (e.g. smoking cessation and weight management programs, reducing exposure to environmental hazards).

Clinical trial options are discussed with all patients as documented through medical records.

Offers culturally and linguistically representative patient navigators or community health workers through internal hiring or contracting with community-based organizations.

Clinical Practice Guideline Recommendations

Clinical practice guidelines should be reviewed for disparity issues within guidelines that could eliminate or reduce disparity. Additionally, clinical practice guidelines should incorporate language recognizing the existence of bias in care.

Clinical practice guidelines should incorporate a framework to account for health disparities into the panel processes. Panels should also consider adding a health equity expert representative.

Clinical Practice Guidelines should consider incorporating age adjustments on screening recommendations for specific populations that may have earlier manifestations.

Elevating Cancer Equity Working Group Policy Change Recommendations
Congressional Recommendations
<p>Clinical Trial Diversity: Congress should pass legislation requiring the FDA to consider clinical trial diversity as an element of the drug approval process in a way that is proportionate to the intended patient population.</p>
<p>Supporting Cancer Prevention: Congress should allocate funds for public awareness campaigns of lifestyle factors impacting cancer risk that are linguistically and culturally reflective.</p>
<p>Supporting Cancer Prevention: Congress should pass legislation allocating funds for public education on the importance of the Human Papillomavirus(HPV) vaccine.</p>
<p>Supporting Access to Screening: Congress should allocate additional funding for CDC screening programs including the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) and the Colorectal Cancer Control Program (CCCP). Congress should also allocate funds for screening that prioritizes cancers where disparities are particularly prevalent.</p>
<p>Supporting Access to Screening: Congress should allocate funds to be granted to community-based organizations to connect people with screening, early detection and treatment support. Congress should restore funds for the National Comprehensive Cancer Control Program.</p>
<p>Supporting a Diverse Healthcare Workforce: Congress should allocate funds to Historically Black Colleges and Universities (HBCUs), tribal colleges, and other minority serving institutions (MSIs) because they excel at care, practice, education, and community engagement.</p>
<p>Supporting Patient Navigation: Congress should pass legislation ensuring reimbursement of patient navigators and community health workers in Medicare/Medicaid/Private Insurance markets.</p>
<p>Social Determinants of Health: Congress should allocate funds for the reconnect loan and grant program and eliminate the household threshold requirement. Access to basic infrastructure like electricity has a critical impact on health.</p>
CMS and Commercial Payer Recommendations
<p>Ensuring Equitable Access to Genetic Testing and Cancer Risk Reduction: All payers should cover appropriate genetic counseling and testing for individuals at high risk of cancer as well as related risk reduction services.</p>
<p>Addressing Clinical Trial Participation Barriers: CMS should ensure Medicare, Medicaid, CHIP, and exchange plans offer coverage of the costs of clinical trial participation including parking, transportation, and lodging.</p>
<p>Patient Navigation: CMMI and commercial payers should include reimbursement for patient navigators, community health workers, care coordination, and connection to social support services in alternative payment models.</p>
Federal Agency Recommendations
<p>Data Collection: The Office of Management and Budget should revise their regulations dictating the collection and reporting of federal data on race and ethnicity. Data should be disaggregated from existing methods that fail to recognize the heterogeneity of African Americans, Pacific Islanders, Asians, Hispanics, American Indians and Alaska Natives.</p>
<p>Research: The Department of Health and Human Services should prioritize funds and resources for interdisciplinary research in SDOH and health disparities research. HHS should require health care systems to partner with community-based organizations to conduct research.</p>
<p>Cancer Prevention: The CDC should make the HPV vaccine an opt-out instead of an opt-in vaccine.</p>
<p>Patient Navigation: Create a Department of Labor code for Patient Navigators</p>

State and Local Policymaker Recommendations

Medicaid Expansion: State governors and legislatures should expand their state Medicaid programs to increase access to screening, early detection and care.

Elevating Cancer Equity Working Group Members

- **Chair:** Shonta Chambers, MSW, Patient Advocate Foundation
- **Chair:** Robert Winn, MD, VCU Massey Cancer Center
- Zeke Aguilera, ACT Lead, ACS CAN
- Nadine Barrett, PhD, Duke University School of Medicine
- Linda Burhansstipanov, DrPH, MSPH, Native American Cancer Research Corporation
- Christina Chapman, MD, MS, Michigan Medicine
- Moon Chen, MPH, PhD, UC Davis Health
- Thomas Farrington, Prostate Health Education Network
- Carmen Guerra, MD, MSCE, Penn Abramson Cancer Center
- Chanita Hughes-Halbert, PhD, Medical University of South Carolina
- Marjorie Kagawa Singer, PhD, UCLA Fielding School of Public Health
- Mel Mann, MBA M.Ed, Patient Advocate
- Regina Martinez, Volunteer, ACS CAN
- Kris Rhodes, MPH(Anishinaabe), Retired Founding CEO, American Indian Cancer Foundation
- Brian Rivers, PhD, MPH Cancer Health Equity Institute, Morehouse School of Medicine
- Gerren Wilson, PharmD, Genentech
- Karen Winkfield, MD, PhD, Meharry-Vanderbilt Alliance