## Health Equity Report Card (HERC)
(Updated February 2024)

### Community Engagement

- Incorporates meaningful community involvement in practice leadership through a community/patient advisory committee or designated board position that is reflective of:
  - the community the healthcare system serves or
  - the community where the healthcare system resides or
  - 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 timely access to government, commercial, or community-based non-emergency transportation services or financial support for public transportation.

- 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 underrepresented 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 training to promote health equity and improve patient/provider relations 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.
- Survivorship care planning is discussed with all appropriate patients at the end of treatment or other applicable times as documented in the medical record.
- Germline and Somatic Biomarker Testing are discussed with all appropriate patients as documented through medical records.

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**Elevating Cancer Equity Working Group Members**

- **Chair:** Shonta Chambers, MSW  
  Patient Advocate Foundation
- **Chair:** Robert A. Winn, MD  
  VCU Massey Comprehensive Cancer Center
- Zeke Aguilera, ACT Lead  
  ACS CAN
- Nadine Barrett, PhD, MA, MS  
  Duke Clinical Translational Science Institute
- Linda Burhansstipanov, DrPH, MSPH  
  Native American Cancer Research Corporation
- Christina Chapman, MD, MS  
  Michigan Medicine
- Moon Chen, PhD, MPH  
  UC Davis Health
- Thomas Farrington  
  Prostate Health Education Network
- Carmen Guerra, MD, MSCE  
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- Chanita Hughes-Halbert, PhD  
  Medical University of South Carolina
- Marjorie Kagawa-Singer, PhD, MA, MN, RN, FAAN  
  UCLA Fielding School of Public Health
- Mel Mann, MBA, MEd  
  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

**HERC – Community Setting Working Group Members**

- **Chair:** Jahan Aghalar, MD  
  New York Cancer & Blood Specialists
- **Chair:** Darcie Green  
  Latinas Contra Cancer
- Deric Savior, MD, FCPP  
  Main Line Health
- Paula Chambers-Raney  
  Fight Colorectal Cancer
- Jamil Rivers  
  The Chrysalis Initiative
- Tina Gerovac-Lavasseur, DNP, RN  
  American Indian Cancer Foundation
- Alti Rahman, MHA/MBA, CSSBB  
  American Oncology Network
- Susan Sabo Wagner, MSN, RN, OCN, NEA-BC  
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- Nadine Barrett, PhD, MA, MS  
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