



# 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.

## 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**  
Abramson Cancer Center  
at the University of Pennsylvania
- **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**  
American Oncology Network
- **Nadine Barrett, PhD, MA, MS**  
Duke Clinical Translational Science Institute
- **Evelyn Abayaah-Issah, DrPH(c), MS, HPM**  
Mass General Cancer Center