

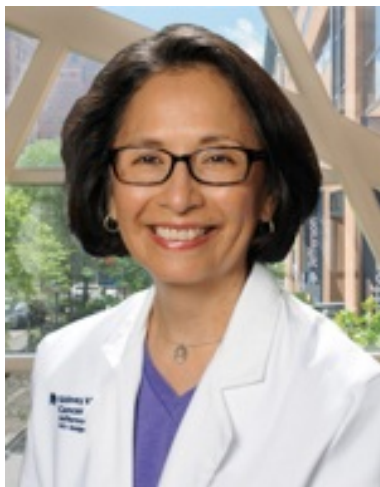
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# Commentary

## Addressing Cancer Health Disparities From the Inside Out

By Ana Maria Lopez, MD, MPH



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### Commentary Overview

- To fulfill their mission, cancer institutes must commit to anti-racism.
- Cancer institutes are committed to excellence, and excellence can only be achieved through the inclusion of difference.
- The science of community engagement takes time, is based on trust, and requires mutual respect.

**Amid national unrest in response to the senseless and violent deaths of George Floyd, Breonna Taylor, Ahmaud Arbery, and many other Black people, the Association of American Cancer Institutes (AACI) published a statement standing against racism and discrimination. This active commitment was joined by individual AACI members.**

Cancer institutes have long been dedicated to addressing disparities in cancer care, but we are now being called upon to confront disparities within the context of structural and systemic racial discrimination and to rectify inequities in all aspects of our work.

Some may wonder why cancer institutes—filled with scientists and charged with addressing the burden of cancer through research—should venture into public health and advocacy.

***Medicine is a social science, and politics is nothing more than medicine on a large scale.***  
— Rudolf Virchow

Cancer institutes are committed to excellence in cancer research, care, education, and community engagement. To fulfill their mission, cancer institutes must commit to anti-racism. To some, this may seem like a change in direction. It is not. It is in fact essential to the core mission

of the cancer institute, and the approach is part and parcel of how cancer institutes approach problems and barriers to the mission.

To be anti-racist, a cancer institute must engage within, define, and understand where they are as an institution, and must envision the goal. With the end in sight, cancer institutes can begin to define the steps forward, and the metrics that will indicate that we have arrived at the goal line. It is only through a deep process of self-examination that cancer institutes can begin to see past the distractions and truly see a path to progress.

For scientists, this is a familiar process, integral to our role as researchers. The scientific method is the cornerstone of how we behave as a learning health system. We observe. We plan. We create. We outline the steps, the proposed solution to achieving our goal, and then we act. We monitor and record outcomes, sharing missteps and lessons learned with clarity and transparency. Ultimately, we analyze our data and results, where and how things worked and where they failed.

### ***Excellence is a habit. — Aristotle***

Cancer institutes are committed to excellence, and excellence can only be achieved through the inclusion of difference.<sup>1</sup> Countless experiments demonstrate that inclusive, diverse teams regularly outperform homogeneous ones. So, if cancer institutes want to achieve excellence, to achieve innovative solutions consistently, then the cancer workforce—cancer caregivers and research teams—must be diverse and inclusive.

But the equation is not simply that inclusion leads to innovation. This misses a step. Inclusion leads to wellness, and wellness leads to innovation. Inclusion supports engagement, morale, and the sense of well-being from which innovation can more freely emerge. Within the pandemic of racism is the pandemic of burnout, which has been documented extensively among health professionals. Inclusion is part of that solution.

Inclusion is a mission-based goal integral to the cancer institute. It can be how a cancer institute approaches life. The cancer institute's commitment to excellence fuels its actions toward inclusive excellence. Inclusive excellence may include long-term financial investments in pipeline programs, mentorship, and workforce development that tracks success beyond the entry point by measuring promotion, advancement, and leadership attainment.

Health systems desperately need innovation as they face multiple challenges on many fronts while wrestling with persistent inequities in access, care, and outcomes. Diverse populations continue to experience higher cancer burden, mortality rates, and barriers to clinical trials. We sometimes state these observations as a series of immutable facts without the scientific curiosity that asks, "Why?"

A contextual understanding of social determinants can alter perceptions, illuminate what is changeable, and challenge us to design experiments and test interventions. To accomplish these goals with staying power, cancer institutes must engage and partner with communities and be guided by them, in their role as citizen-scientists, to improve cancer outcomes. The science of community engagement takes time, is based on trust, and requires mutual respect. In this aspect of inclusion towards inclusive excellence, efforts may include changes in resource allocation, pilot funds for co-laboratory approaches, and engagement of learners.

The path proposed is likely to look different at each cancer institute. There is no cookie cutter here. Each cancer institute may generate a personalized plan based on a process of deep self-reflection. Like a strategic plan, it will have goals, metrics, and incentives. We will learn from every step whether we're successful or not. We will expect to stumble, fall, and get up again. Although expecting failure is not something we're always good at, we must remember the learning that comes from identifying the path *not* worth taking.

This is both a stormy time and a time of great opportunity. Where each institute will start is up to each individual institute. Where we'll each end up will hopefully be closer to our goal of equity. Let's take the long view. Let's start!

***And once the storm is over, you won't remember how you made it through, how you managed to survive. You won't even be sure, in fact, whether the storm is really over. But one thing is certain. When you come out of the storm, you won't be the same person who***

walked in. That's what this storm's all about. — Haruki Murakami

On October 13, during the 2020 AACI/CCAF Annual Meeting, Dr. Lopez will be a panelist for a session titled, "How Cancer Centers are Addressing Health Disparities and Social Injustice." Before joining Sidney Kimmel Cancer Center at Jefferson Health in 2018, Dr. Lopez worked at Huntsman Cancer Institute in Salt Lake City, where she was director of Cancer Health Equality and associate vice president for Health Equity and Inclusion at the University of Utah Health.

<sup>1</sup> Page, Scott. *The Difference: How the Power of Diversity Creates Better Groups, Firms, Schools, and Societies*, Princeton University Press, 2007.

## Our Mission

Representing 102 of North America's premier academic and freestanding cancer centers, the Association of American Cancer Institutes is dedicated to reducing the burden of cancer by enhancing the impact of leading cancer centers.

## About AACI Commentary

To promote the work of its members, AACI publishes *Commentary*, a monthly editorial series focusing on major issues of common interest to North American cancer centers, authored by cancer center leaders and subject matter experts.



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