

March 2023



Commentary

Fostering DEI, Providing Culturally Competent Care, and Eliminating the "Minority Tax" at AACI Cancer Centers

By Yolanda Sanchez, PhD



Yolanda Sanchez, PhD, is director and CEO of the University of New Mexico Comprehensive Cancer Center.

Photo credit: Kata Sasvari

Commentary Overview

- In February 2023 I became director and CEO of the University of New Mexico Comprehensive Cancer Center (UNMCCC).
- I am the first Hispanic woman to lead a National Cancer Institute (NCI)-Designated Cancer Center. My appointment marks an important milestone in the ongoing effort to increase diversity in the cancer center leadership pipeline.
- This new role also provides an opportunity to reflect on how cancer centers can improve strategies to recruit diverse leaders and positively impact patients in unique catchment areas, such as the one served by UNMCCC.

Last month I embarked on a new phase in my career as director and CEO of the University of New Mexico Comprehensive Cancer Center (UNMCCC), where I am breaking new ground as the first Hispanic woman to lead a National Cancer Institute (NCI)-Designated Cancer Center. This is not only a significant professional accomplishment for me personally, but an important milestone in the ongoing effort to diversify the cancer center leadership pipeline.

In my new role, I must acknowledge the changing face of directors of AACI cancer centers and the trailblazers, role models, and mentors who came before me to lead NCI-Designated Cancer Centers. My peers include women, Hispanic/Latinx and African American men, and other underrepresented minorities (URM). This is also a timely opportunity, as the NCI now prioritizes building a diverse workforce to serve unique populations and remove health disparities.

My work over the past 20 years has been on the research side of cancer, most recently as a professor of molecular and systems biology and associate director of basic sciences at Dartmouth Cancer Center. During my time at Dartmouth, I worked to promote excellence in discovery science while collaborating with my colleagues to support the translation of those discoveries to the clinic, preparing me well for my current role.

Increasing Opportunities for URM in Cancer Center Leadership

As a 2021 AACI survey highlighted, diversity is lacking within cancer center leadership nationwide. Among its findings, this [survey data](#)—part of the [AACI presidential initiative](#) led by [Dr. Caryn Lerman](#)—showed dramatic underrepresentation of women and ethnic and racial minorities at all levels of senior leadership at AACI cancer centers.

But this lack of representation isn't limited to AACI cancer centers – or even to the oncology workforce. People of Hispanic/Latinx origin comprise 16.8 percent of the adult population in the United States, but represent only [4.7 percent of practicing oncologists](#). According to recent data, only [5.8 percent of U.S. physicians](#) identify as Hispanic, and Latina women hold just [1.6 percent of senior executive roles](#) in the nation's largest companies.

This lack of diversity is not only discouraging to would-be cancer center leaders from underrepresented groups; it is also not serving the needs of patients, who experience limited access to culturally competent care and who suffer other health disparities as a result.

One reason that has been cited for the lack of Hispanic and Latinx individuals in medicine is a dearth of role models. It makes sense: if a group is underrepresented in a field, such as oncology, there will be limited opportunities for individuals to see their backgrounds and experiences reflected, and fewer existing career paths to follow.

Fostering Diversity, Equity, and Inclusion (DEI) While Avoiding the "Minority Tax"

Another issue is the "minority tax," referring to situations where under-represented minorities (URM) are burdened with the additional—often uncompensated and unacknowledged—work of representing and advocating for their communities.

When the board rooms of cancer centers, health care systems, and other institutions are filled with leaders who lack different lived experiences, it is more difficult for the institution to actively provide an environment where DEI are prioritized for providers, patients, researchers and learners. In these instances, minority voices and allies become exhausted trying to change their institution from the ground up.

Further, when the leadership team of an institution lacks women, URM, or parents with young children, emerging leaders from these demographic groups—who are in most cases paid less than their white male counterparts—must spend hundreds to thousands of dollars in childcare or eldercare to have a "seat at the table" on nights and weekends.

Recruiting Diverse Candidates: Be Intentional, Welcoming, and Supportive

Throughout my career I have prioritized collaboration across basic science, population science, and clinical research, and mentored trainees and junior faculty to help them develop successful research careers. I worked extensively with leaders of Dartmouth Cancer Center as well as clinical oncology to increase mentoring opportunities. In collaboration with Dartmouth's leaders in cancer research training and education, I supported training and recruitment tools to encourage women and URM to pursue careers in oncology, which included providing research experience to a diverse cohort of students in our laboratory. I also led initiatives to enhance community outreach and engagement, particularly among rural and underserved communities, and advocated for DEIB—diversity, equity, inclusion, and belonging—in academic and health care settings.

One thing we learned in the process is that we need to be intentional in our recruitment efforts to increase diversity along the training and leadership continuum. When we tasked search firms and search committees with providing us with a diverse slate of candidates for recruitment of students and faculty, we saw results. But our efforts would be frustrated unless we were also

intentional in creating a welcoming and supportive environment. When surveying women and URM faculty at Dartmouth, accessible and affordable housing and childcare were identified as top barriers for institutions to become diverse, inclusive, and equitable.

Reducing the Cancer Burden in New Mexico Through Culturally Compassionate Care

It is a great honor as a Hispanic/Latinx woman to serve New Mexico's catchment area, where we can make a huge impact by providing access to the latest cancer treatments and care in a culturally compassionate way. New Mexico's catchment area is greater than 40 percent Hispanic, 11 percent Native American and American Indian, and 2 percent African American, and has a growing Asian population. Most of our patients live in rural and difficult to reach areas. As we work with the unique populations that we serve, UNMCCC can become a model for the rest of the nation.

My new role at UNMCCC marks a return to the Southwest, where I have spent many years of my life and career. I was born in El Paso, Texas; grew up in Ciudad Juárez, Mexico; completed my undergraduate and graduate degrees in the University of Texas system; and completed my PhD research at MD Anderson Cancer Center, doing postdoctoral work at Baylor College of Medicine before joining the University of Cincinnati College of Medicine faculty in 1998 and coming to Dartmouth Medical School in 2006.

I am eager to continue the legacy of **Dr. Cheryl L. Willman**, my predecessor at UNMCCC, who built partnerships with the American Indian Pueblos and Nations and Black and Hispanic communities in our catchment area. I am also looking forward to working with my mission-driven colleagues at UNMCCC to stimulate transdisciplinary collaboration, develop a diverse workforce, and translate research discoveries into preventive and diagnostic tools and therapies that will reduce the cancer burden in New Mexico.

Our Mission

The Association of American Cancer Institutes (AACI) represents 108 premier academic and freestanding cancer centers in the United States and Canada. AACI is accelerating progress against cancer by enhancing the impact of academic cancer centers and promoting cancer health equity.

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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