Boots on the Ground: Practical Tools and Ideas for Addressing Health Equity

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Disclosures

- Our SCREEN Project is funded by Gilead Sciences

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Positionality Statement   GW Cancer Center

Shayla Scarlett, MBA, MPA, DipACLM
Assistant Director, Community Outreach, Engagement, and Equity

African American, cisgender woman	Formally trained in Business and Public Administration	I came to cancer health equity work based on lived experiences of disparities in health and health care witnessed in my family and in my community	Projects shared in presentation are in different stages of implementation and based on work that I am managing, supporting, or championing	Information presented is not from a research scientist perspective

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Presentation Roadmap

GW Cancer Center Overview

Our Foundation for Addressing Health Equity

Overview of 3 Health Equity Focused Programs at GWCC

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GWCC Cancer Program Profile

Catchment Area

1,111 Analytic cases in 2023

Where patients are coming from (DC, PG, Mo)

Virginia Science and Technology Campus, GW School of Nursing

Main campus, SMHS, SPH, Hospital, MFA

4 Cancers seen most at GWCC in 2023

80
228
99
183

● Breast ● Prostate ● Lung ● H&N

4 Priority populations:
- African-American
- African Immigrant
- Latina/o/x
- LGBTQ

Montgomery

Loudoun

Fairfax City

Prince George's

Fairfax County

Prince William

Charles

DC

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Health Equity Defined

- The state in which **everyone** has a fair and just opportunity to attain their **highest level of health**.

- Achieving health equity requires focused and ongoing societal efforts to:

Address historical and contemporary injustices

Overcome economic, social, and other obstacles to health and healthcare

Eliminate preventable health disparities

Source: CDC https://www.cdc.gov/healthequity/index.html

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Our approach to Health Equity is adapted from the DC Hospital Association's Health Equity Workgroup Framework

External Strategy (Community Facing)

Internal Strategy (Institutional Facing)

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6 Pillars to Address Health Equity

| Ensure Accountability | Mitigate Bias | Diversify Leadership | Develop Workforce Pipelines | Purchase and Invest Locally | Address Social Needs |

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Building Equal Access Together in Cancer (BEAT-C)

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Building Equal Access Together in Cancer (BEAT-C)

Hannah Arem, PhD
Medstar Health Research Institute

Mandi Pratt-Chapman, PhD
GW Cancer Center

Multiple Principal Investigators

Ensure Accountability | Mitigate Bias | Address social Needs

Overview
- **Five-year CDC study; Currently in year 3**
- **Objectives:**
  1. To contribute to an evidence base on implementation processes for **social needs screening** and supportive care **using community health workers (CHWs)** and linkage to community-based organizations (CBOs) to reduce racial and ethnic bias in care, and disparities **among cancer survivors** in a major metropolitan region.
  2. To **improve oncology professionals' cultural competence**

Operating at 4 Sites:
- Medstar Health Research Institute
- GW Cancer Center
- Howard University Cancer Center
- Georgetown Lombardi Cancer Center

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Aim 1: Systems Analysis

Population: Individuals who provide care to cancer patients and those who provide social services to cancer survivors

Conduct workflow analysis **to understand the steps performed after treatment completion and transition to survivorship care**

Align social risk factor screening across **institutions**

Participant Advisory Board | Cancer Survivorship Community Support Coalition

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Aim 2: CHW Intervention

Population: Stage I-IV Black cancer survivors

Administer social risk factor screening **for referred survivors**

Administer a Patient Experience survey **to consenting patients**

Enroll Black patients with **either weekly or monthly follow-ups based on needs** over a 6-month period

150 patients enrolled in the 6-month intervention to-date

96 patients have completed the study

94% of participants expressed satisfaction with the study

202 Patient Experience surveys have been completed to-date across 4 institutions

Of GW's 50 enrollees, 28 have 1-2 needs, 3 have 3 needs, and 3 have 4+ needs

Social Needs	Count
No needs	16
Paying for utilities	10
Paying for the basics	21
Housing insecurity	7
Food insecurity	17
Employment	0
Transportation	3
Mental Health	6

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Aim 3: Mitigating Bias and Creating Systems Change

Population: Clinicians and staff who are patient-facing with cancer survivors across the participating institutions

Deliver Implicit Bias Training to clinicians and staff	**Launch of** Diversity, Equity, Inclusion, and Justice (DEIJ) Task Force **and technical assistance training**	**Implement DEIJ Taskforce** systems solutions

419 stakeholders completed implicit bias training

123 were from key identified personnel

GW's DEIJ Taskforce project was recently approved by the GW Cancer Committee as a **2024 Quality Improvement Project** to satisfy Standard 7.4.

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Lessons Learned To-Date

- **Audit the system** that you are seeking to introduce an intervention in to understand how things are functioning in practice to identify if there are any process gaps; develop contingency plans to address any identified gaps
- Operate with an **agile mindset** when seeking to implement a systems change; Evaluate and do not be afraid to shift approaches when necessary
- Ensure that you have **champions** to advocate for your work
- Remember the mantra "Nothing about us, without us" **Community engagement is key** at all project stages

- Remember to **concisely document** program changes, improvements, or shifts in strategy in real time
- Diligently **following up with key stakeholders** is a must to get to your optimal reach
- **Share your story** with internal and external stakeholders to help build community and trust
- Having a **community of practice** across institutions invites shared learning, innovation, and support

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Strengthening Community Reach and Equity by Engaging Neighborhoods (SCREEN)

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Strengthening Community Reach and Equity by Engaging Neighborhoods (SCREEN)

Mandi Pratt-Chapman, PhD
GW Cancer Center

Principal Investigator

Ensure Accountability

Diversify Leadership

Overview

SCREEN aims to:

- **Amplify** GW Cancer Center's reach into **African immigrant, African American, Latino, and LGBTQI communities** in the Washington, DC area to **increase breast cancer screening and reduce cancer risk**

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Strengthening Community Reach and Equity by Engaging Neighborhoods (SCREEN)

BE SEEN GET SCREENED
EARLY DETECTION IS KEY TO SURVIVING CANCER

Recruitment of community members to be trained as Neighborhood Health Ambassadors using 100-hour CHW training

Community education and digital health support provided to community members from priority populations

Navigating community members to breast cancer screening

Engaging in health promotion through a text message platform

Evaluating usage of digital health applications and intention to adopt healthy behaviors

Engagement in message testing and implementation of tailored communications campaigns to priority populations

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A Collaborative Approach to Project Design and Implementation

boombox

NUEVA VIDA

The Pennsylvania Avenue Baptist Church

WHITMAN-WALKER

Nuestras Voces... Our Voices

national lgbt cancer network

SelfMade Health Network

Service Providers

Community Partner Representatives: Steering Committee

Community Partner Representatives: Advisory Group

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Lessons Learned To-Date

- Complex programs require ample time to fully implement
- Community collaboration in every aspect of program design and implementation is important
- Training community members with Community Health Worker and digital literacy training has the potential to build community trust

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Strategies for Advancing Sexual Orientation and Gender Identity (SOGI) Data Collection in Cancer Research

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Strategies for Advancing Sexual Orientation and Gender Identity (SOGI) Data Collection in Cancer Research

Researchers
NIH Cohort Consortium Sexual and Gender Minority (SGM) Interest Group Sub-Committee:
- Mandi L. Pratt-Chapman, PhD, MA
- Kristi Tredway, PhD
- Christopher W. Wheldon, PhD
- Carl G Streed Jr, MD, MPH, FACP, FAHA
- NFN Scout, PhD
- Jennifer Ose, PhD, MSc
- Sarah S. Jackson, PhD, MPH

Overview
- The Committee is made up of seven researchers and clinicians with expertise in SGM health, cancer, study design, and SOGI data collection in clinical, research, and population surveillance contexts.
- This research is significant in order to begin to address key challenges of health disparities within LGBTQI populations:
  - **Elevated prevalence of risk factors for certain cancers**
  - **Delayed diagnosis and treatment**
  - **Tailored screening approaches**
  - **Psychological and social factors**
  - **Oncofertility concerns**

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Sub-Committee Process for Advancing Sexual Orientation and Gender Identity (SOGI) Data Collection in Cancer Research

Develop SOGI measures based on NASEM recommendations, existing literature, and own professional and lived experiences

Conduct cognitive testing to evaluate validity, acceptability, inclusivity, and comprehension among LGBTQIA+ and straight, cisgender populations

Review SOGI measures over time to determine if modifications are necessary

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Strategies for Advancing Sexual Orientation and Gender Identity (SOGI) Data Collection in Cancer Research

Q1. Which of the following best represents how you think of yourself? [Check all that apply]:

- Straight or heterosexual
- Lesbian or gay
- Bisexual
- [If respondent is AIAN:] Two-Spirit
- I use a different term [free text]
- I don't know
- Prefer not to answer

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Lessons Learned To-Date

- Sometimes it is important to just start a task rather than wait for conditions to be perfect; Roll out SOGI questions in any new project that you are starting to help advance cancer research and clinical practice
- Seek champions at different levels within the institutional system to advocate for collection of SOGI data
- Be responsive to feedback immediately, when possible
- Document reasons for non-disclosure (use optional question to document)
- Optimize system alignment for data flow across systems

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Key Takeaways

1. Health disparities do not exist in a vacuum; You must **acknowledge structural racism** and its impact on health outcomes
2. You must **optimize your data collection processes**; Probe deeper to get to the root causes of problems
3. Change starts when you **embed a health equity lens** in the fabric of everything you do (policies, hiring, communications)
4. Health equity is **intersectional;** there is no one size fits all approach
5. **Community engagement** must be at the center of every initiative or research project

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Resources

Trainings
- **Implicit Bias: A Practical Guide for Healthcare Settings**
- **Together, Equitable, Accessible Meaningful (TEAM) Training**
- **Oncology Patient Navigation Training: The Fundamentals**

Toolkits & Resources
- **Diversity, Equity, Inclusion, & Justice Implementation Toolkit**
- **Barriers to Care Road Map**
- **Patient Navigation Guide**

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Stay in Touch!

Questions on Community Outreach: shayla.scarlett@gwu.edu
Questions on Research: mandi@gwu.edu

Sign-up for the GW Cancer Center's Patient Navigation and Survivorship E-Newsletter

Sign-up for the GW Cancer Center's Cancer Control Technical Assistance E-Newsletter

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Thank you!

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