

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

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1

Disclosures

- Our SCREEN Project is funded by Gilead Sciences

2

Positionality Statement 

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

3

Presentation Roadmap

- GW Cancer Center Overview
- Our Foundation for Addressing Health Equity**
- Overview of 3 Health Equity Focused Programs at GWCC

4

GWCC Cancer Program Profile

Catchment Area

Where patients are coming from (DC, VA, MD)

Region Science and Technology Center, GM School of Nursing

Metrolina, SMC, SPS, Hospital, MHA

1,111 Analytic cases in 2023

4 Cancers seen most at GWCC in 2023

4 Priority populations:

- African-American
- African Immigrant
- Latino/o/x
- LGBTQ

5

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>

6

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

Health Equity Workgroup
Conceptual Framework for Commitments & Strategies

DCHA

MISSION STATEMENT:

- To ensure equitable and inclusive care to diverse health disparities and improve health outcomes for patients and communities.
- To promote and protect vulnerable populations with health equity in mind, including but not limited to racial and ethnic minorities.
- To address social determinants of health, including housing, food, and financial stability, and to promote health equity and social justice.
- To ensure that all patients, regardless of race, ethnicity, or social status, have access to high-quality, patient-centered care.

GOALS:

- Improve patient and community health outcomes.
- Reduce health disparities and improve health equity.
- Engage and empower patients and communities.
- Address social determinants of health.
- Improve patient and community health equity.
- Engage and empower patients and communities.
- Address social determinants of health.
- Improve patient and community health equity.

7

6 Pillars to Address Health Equity


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

8

Building Equal Access Together in Cancer (BEAT-C)

9


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



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

10

Aim 1: Systems Analysis

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

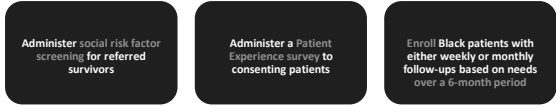


Participant Advisory Board | Cancer Survivorship Community Support Coalition

11

Aim 2: CHW Intervention

Population: Stage I-IV Black cancer survivors



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

12

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.

13

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

14

Strengthening Community Reach and Equity by Engaging Neighborhoods (SCREEN)

15

Strengthening Community Reach and Equity by Engaging Neighborhoods (SCREEN)



Mandi Pratt-Chapman, PhD
GW Cancer Center

Principal Investigator



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

16

Strengthening Community Reach and Equity by Engaging Neighborhoods (SCREEN)



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

17

A Collaborative Approach to Project Design and Implementation



- Service Providers 
- Community Partner Representatives: Steering Committee 
- Community Partner Representatives: Advisory Group 

18

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



19

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

20



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 LGBTQ+ populations:
 - Elevated prevalence of risk factors for certain cancers
 - Delayed diagnosis and treatment
 - Tailored screening approaches
 - Psychological and social factors
 - Oncofertility concerns

21

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

22

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

Context	Original Item	Original Response Options	Revised Item	Revised Response Options	Rationale
Gender Orientation	Which of the following best represents how you think of yourself? (Check all that apply)	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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 	<p>The rationale for the original item was that it was too broad and did not capture the full range of sexual orientation and gender identity experiences. The revised item was developed to be more inclusive and to capture a wider range of experiences.</p>
Gender Identity	Which of the following best represents how you think of yourself? (Check all that apply)	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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 	<p>The rationale for the original item was that it was too broad and did not capture the full range of sexual orientation and gender identity experiences. The revised item was developed to be more inclusive and to capture a wider range of experiences.</p>

23

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

24

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

25

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](#)

26

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



27

Thank you!
