ASCO Announces New Program Designed to Increase Workforce Diversity and Reduce Cancer Care Disparities

With demographic trends promising to aggravate an already dire situation in the United States regarding cancer care disparities, ASCO is intensifying its efforts to eliminate such inequities. In April, ASCO released policy recommendations for eliminating cancer care disparities in the United States. ASCO's "Disparities in Cancer Care" policy statement[1] recommends several strategies: increasing research into cancer disparities, increasing enrollment of minorities onto cancer clinical trials, encouraging greater diversity in the oncology workforce, educating the oncology workforce about cultural issues and disparities, and ensuring equal access to quality health care.

During an April 29, 2009, press briefing, ASCO President Richard Schilsky, MD, discussed the organization's roadmap to address cancer care disparities, which emphasizes solutions—not just descriptions—of the problem. He also announced the first recipients of ASCO's Diversity in Oncology Initiative, funded by Susan G. Komen for the Cure, the first program of its kind designed to diversify the oncology workforce and increase the number of oncologists practicing in medically underserved areas.

Disparities: A Problem Poised to Mushroom

Derek Raghavan, MD, chair of ASCO's Health Disparities Advisory Group, emphasizes the need for such programs. During the press briefing, he cited a new study[2] indicating a real danger that cancer care disparities are likely to snowball drastically, and soon. Reason: While cancer disproportionately strikes older people and minority group members, those demographic sectors are poised for rapid growth in decades ahead. "This is like global warming," said Raghavan. "If we neglect disparities, we will have a disaster in the future."

Generous Funding for Programs That Can Help

The Diversity in Oncology Initiative is part of a $10 million grant that Susan G. Komen for the Cure has provided to ASCO and The ASCO Cancer Foundation to support programs geared toward addressing the quality of, access to, and delivery of cancer care, with general applicability to breast cancer. This initiative is designed to reach people at different stages during training, from the first year of medical school, through residency and fellowship.

"We're putting significant funding behind [the Diversity in Oncology Initiative], because there is a coming crisis in cancer care generally as populations age, with significant impacts on women of color and other disparate groups," said Hala Moddelmog, president and CEO of Susan G. Komen for the Cure. "It's absolutely essential that we encourage young health professionals to pursue careers in oncology."

The Komen funding is part of more than $1.3 billion that Komen has invested in breast cancer research and community programs since its inception. Since 2004, Komen has invested more than $93,000,000 in disparities research. The organization remains firmly committed to funding mechanisms dedicated to disparities research.

Dana Wollins, assistant director in ASCO's quality division, explains how the two goals of the new programs intertwine. "A diverse workforce brings increased cultural competency to oncology. It also heightens trust and comfort in patients. We hope that increasing the number of minority oncologists will lead to better, more widely available cancer care for underserved minority groups. Communities with heavy concentrations of minority group members tend to be ones that are underserved medically, although other sorts of communities, including remote ones, also suffer inadequate oncology care."

Latinos, African Americans, and Native Americans account for 25% of the US population but represent only 6% of practicing physicians. Ethnic minority groups are more likely to practice in underserved areas and care for minority, poor, and uninsured individuals than their white counterparts. Diversity among physicians may help improve cross-cultural training and competencies by broadening physician perspectives regarding racial, ethnic, and cultural differences. According to the Institute of Medicine, racial concordance of patient and provider is associated with greater patient participation in care processes, higher patient satisfaction, and greater adherence to treatment.

Programs Reach Physicians at Various Career Stages

The programs are designed to let ASCO reach people at different stages during training, from the first year of medical school, through residency, and into a physician's post–medical school career.

- The Medical Student Rotation is designed to reach first- or second-year medical students from populations underrepresented in medicine who are considering an oncology career. The program will match each student with an oncologist who will act as a mentor during an 8- to 10-week clinical or clinical research rotation. During this first year of the program, four students were selected to receive these $8,500 awards.

Loan Repayment Program Recipients

Although none of the physicians in the first set of loan repayment award recipients themselves belong to an ethnic minority, all have had personal experiences in developing countries. They witnessed at early ages how people suffered from lack of access to good medical care.

Derrick S. Haslem, MD: Practicing Back Home in Rural Southern Utah

Derrick Haslem's father worked in construction and believed in education. "He said that he took me to the sites with him so I'd know never to do that work."

After high school, Haslem joined a mission trip to the Dominican Republic. The nearest clinic was two hours away. "I realized I was in a lot better position than the majority of people in the world. It felt good to help them, whether it was rebuilding a house or teaching hygiene," he said.

The construction background prompted him to consider engineering as an undergraduate. But wanting more human interaction, he chose medicine, deciding firmly on oncology soon after his mother developed colon cancer.

Haslem always planned to return to southern Utah, the underserved area where he grew up. There, he'll care for a diverse population. Half the residents are Mormon. Many farmers and ranchers there, he says, have a tough-it-out attitude and habitually postpone seeking care. Many Hispanic people reside there, too, along with some Native American, including Shivwit people.

Health care providers there need relief, says Haslem. "It's hard to get doctors to come here. It's a bit isolated," he explains. "But once people live here, they love it and never want to leave."

Boone Wilder Goodgame, MD: Maintaining a Family Tradition, Caring for Those in Need

Boone W. Goodgame lived in Uganda until age 14, when his family moved to Texas, where he finished high school. In Uganda, his father, an internist, worked as a medical missionary.

A graduate of the University of Texas and Baylor College of Medicine, Goodgame completed his residency and fellowship training at Washington University School of Medicine. He now serves there as an assistant professor of medicine. His research interest involves the biologic predictors of outcomes in lung cancer patients.

Goodgame's clinical practice is divided between an underserved urban area and an underserved rural area. The center at which he works in St. Louis, MO, is the primary safety net hospital in the area, with a large population of underinsured or uninsured patients.

"Patients in rural areas often have very different backgrounds from those in urban areas, but they also frequently have limited access to care," he said. Patients there often drive one or two hours for treatment. "We provide an academic type setting with a high standard of care."

"Although anyone can get lung cancer, it disproportionately affects those who have had fewer opportunities in life," he said. "My interest in lung cancer reflects my wanting to make a difference for people who are disadvantaged."

"I chose oncology because I like the level of patient interaction," he said. "It's rewarding to be able to take care of people going through such a difficult time."

Brooke Gillett, DO: Planning a Long Career Among Rural Patients

As a child in Las Vegas, NV, Gillett observed her mother, a speech pathologist, diagnosing patients and planning treatment. Early on, she decided on a medical career.

As an undergraduate at Southern Utah University, she volunteered in a hospital emergency department. "I saw firsthand how physicians coming into an underserved area could really make a difference," she said.

Before starting medical school, she joined a medical/dental group working in Guatemala. "The clinic was very basic. The main goal of the trip was to educate the villagers about hygiene and instruct village health care workers in basic principles of childbirth and sexually transmitted diseases. It was a great experience," she said.

Starting this September, Gillett will join Oncology Hematology Associates in Springfield, MO. It is a small-town practice serving many underserved rural areas nearby in both Missouri and Arkansas. "When searching for a practice, I thought back to those experiences that made me aware of the needs of people in underserved communities," she said. "I am excited about starting a long career in southern Missouri.

"I think it is great that ASCO is reaching out," she said. "They really need doctors in those communities."

Medical Student Rotation Award Recipients

- Amanda Adeleye, Columbia University College of Physicians and Surgeons, New York, NY
- Kenisha Pemberton, Florida State University College of Medicine, Tallahassee, FL
- Kimberly Lockhart, University of Arkansas for Medical Sciences, Little Rock, AR
- Frank Crespo, The Warren Alpert Medical School of Brown University, Providence, RI

Resident Travel Award Recipients

- Andrew Aguirre, MD—Internal Medicine, Massachusetts General Hospital in Boston, MA
- David Chism, MD—Internal Medicine, University of Medicine and Dentistry of New Jersey/Robert Wood Johnson Hospital, New Brunswick, NJ
- Derrick Cox, MD—General Surgery, Georgetown University Hospital, Washington, DC
- Mitzie-Ann Davis, MD—Obstetrics/Gynecology, University of Pennsylvania, Philadelphia, PA
- Renee Funches, MD—Internal Medicine, Emory University Hospital, Atlanta, GA
- Lisa Marie Garcia, MD—Obstetrics/Gynecology, Boston Medical Center, Boston, MA
- Lourdes Mendez, MD—Internal Medicine, Cornell New York–Presbyterian, New York, NY
- Kelvin Moses, MD—Urology, Emory University, Atlanta, GA
- Bridget Oppong, MD—General Surgery, University of Rochester, Rochester, NY
- Rhoda Raji, MD—Obstetrics/Gynecology, Temple University Hospital, Philadelphia, PA
- Mayra Sanchez, MD—Internal Medicine and Pediatrics, Kansas University Medical Center, Kansas City, KS
- Zanetta Stewart-Lamar, MD—Internal Medicine, Wake Forest Baptist Medical Center, Winston-Salem, NC
- Veronica Wilson, MD—General Surgery, Baylor University Medical Center, Dallas, TX

- The Loan Repayment Program provides up to $70,000 for oncologists who commit to providing cancer care in a medically underserved region of the United States for two years. To qualify for this program, applicants need not come from any particular sort of background. Rather, they must be willing to work full time seeing patients in a medically underserved area. Applicants already serving in such a locale are also eligible for this program. This year, three exceptional individuals were awarded a loan repayment award for their commitment to practicing in rural and underserved regions of the United States.
- The Resident Travel Award provides travel stipends to residents from underrepresented groups in medicine who are considering a fellowship in oncology. Thirteen outstanding individuals were selected to receive a resident travel award during this first year of the program. While at the meeting, they had the opportunity to interact with oncology professionals and learn more about the oncology field and ASCO as an organization.

Although the Impact of Such Awards Is Unclear, Inaction Is Not an Option

"We hope that these awards will have a lasting impact. We will follow the trajectory that these recipients take over time, to understand what these programs actually accomplish over the long term," said Wollins.

As Schilsky explained, "As the world's leading oncology organization, we felt we had an obligation now to address this problem. When we formed our disparities group a few years ago, we asked them for more than statements of the problem. We asked for solutions."

The next application period for the three Diversity in Oncology Initiative awards will open in September 2009. For more information, go to www.ascocancerfoundation.org/diversity.

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References

1. Goss E, Lopez AM, Brown CL, et al: American Society of Clinical Oncology policy statement: Disparities in cancer care. J Clin Oncol 27:2881-2885, 2009

2. Smith BD, Smith GL, Hurria A, et al: Future of cancer incidence in the United States: Burdens upon an aging, changing nation. J Clin Oncol 27:2758-2765, 2009

Commentary: One Small Step

By Christopher S. Lathan, MD, MS, MPH

Over the last 20 years, the oncology community has seen the publication of mountains of descriptive work from health service researchers, epidemiologists, and clinical trialists, detailing the enormous problem of disparities by class and race/ethnicity in oncology outcomes. The fact that there are disparities in treatment among ethnic minorities and the poor is not new. Social scientists have been documenting this for decades, but unfortunately, medicine has been slow to recognize this as a major issue. However, since the publication of the Institute of Medicine report *Unequal Treatment*,[1] in which racial and ethnic disparities in health care are described as systemic and multifactorial, the elimination of racial disparities in health care has become a major focus in health services. The National Institutes of Health has made this a major goal, and many health policy leaders have also discussed the eradication of racial disparities in care as a priority. Not surprisingly, cancer centers have begun to examine the impact of racial disparities on the delivery of cancer care. The National Cancer Institute has promoted its own initiatives to eliminate racial disparities in care. It has become acutely apparent that advances in cancer care must be accompanied by the equitable distribution of cancer treatment.

All of this has led to an avalanche of studies describing the landscape of health care disparities. Researchers and policymakers often focus on just one aspect of the problem when seeking solutions. In truth, racial disparities in care often have multiple causes, including access to care, cultural differences, communication issues with providers leading to refusal of care, biologic differences, and the systemic and structural effects of race and class. This combination of factors does not allow for simple solutions. Therefore, descriptive research is still important to root out the myriad of interactions that will lead to an informed process in dealing with disparities. For this reason, there has been a lack of interventions in the push to change the landscape of health care disparities. Although the research approach has been large and well supported, interventions have been of a small scale and initiated at the local level. Professional organizations of physicians have only just begun to attempt to address the issue in a targeted manner.

Although there is now some movement in plans to address disparities in care, with increased research funding and disparities programs in every cancer center, we are still falling short of our goals on workforce diversity as a profession. Oncology in particular has few physicians from underrepresented