

## American Society of Clinical Oncology Strategic Plan for Increasing Racial and Ethnic Diversity in the Oncology Workforce

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### A B S T R A C T

In December 2016, the American Society of Clinical Oncology (ASCO) Board of Directors approved the ASCO Strategic Plan to Increase Racial and Ethnic Diversity in the Oncology Workforce. Developed through a multistakeholder effort led by the ASCO Health Disparities Committee, the purpose of the plan is to guide the formal efforts of ASCO in this area over the next three years (2017 to 2020). There are three primary goals: (1) to establish a longitudinal pathway for increasing workforce diversity, (2) to enhance ASCO leadership diversity, and (3) to integrate a focus on diversity across ASCO programs and policies. Improving quality cancer care in the United States requires the recruitment of oncology professionals from diverse backgrounds. The ASCO Strategic Plan to Increase Racial and Ethnic Diversity in the Oncology Workforce is designed to enhance existing programs and create new opportunities that will move us closer to the vision of achieving an oncology workforce that reflects the demographics of the US population it serves.

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### INTRODUCTION

Cancer disparities are unfavorable differences in cancer incidence, outcome, and burden of disease that exist among specific populations in the United States.<sup>1</sup> Significant progress has been made to reduce cancer mortality for all populations; however, black men and women in the United States bear the greatest burden of disease, having the highest incidence and mortality rates for common cancers, such as lung, colorectal, and prostate cancers.<sup>2</sup> A 2015 American Cancer Society report suggests that the breast cancer mortality gap between black and white women has actually widened over the past few years.<sup>3</sup> Similar disparities exist in other cancer types and for other racial and ethnic populations. The factors contributing to racial and ethnic disparities in cancer outcomes are complex and interrelated,<sup>4</sup> but lack of access to high-quality care that is understanding and respectful of diverse traditions and cultures plays a significant role.<sup>5,6</sup>

As the US population becomes more diverse, increasing the racial and ethnic diversity of health care providers is essential to ensure high-quality cancer care is delivered to our burgeoning minority communities in a manner that honors their

values. Developing a physician workforce that reflects the diversity in the United States will improve attitudes toward and awareness of minorities in health care institutions, bring increased intercultural responsiveness, and engender trust and comfort in patients, particularly in communities that have traditionally been underserved. A diverse oncology workforce will help expand health care access, foster research and discovery in minority populations, and influence policymakers to meet the needs of a growing heterogeneous population. Therefore, improving quality cancer care in the United States requires the recruitment of oncology professionals from diverse backgrounds.

### CURRENT STATE OF AND TRENDS IN RACIAL AND ETHNIC DIVERSITY IN ONCOLOGY

The National Academy of Medicine (formerly the Institute of Medicine) has long recognized the need to diversify the physician workforce as a way to improve health disparities.<sup>7</sup> Physicians from backgrounds that are underrepresented in medicine (URM) are even more poorly represented in oncologic subspecialties when compared with other areas of medicine. The Association of

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American Medical Colleges defines URM as “those racial and ethnic populations that are underrepresented in the medical profession relative to their numbers in the general population.”<sup>8</sup> Historically, the designation solely included “blacks, Mexican Americans, Native Americans (that is, American Indians, Alaska Natives, and Native Hawaiians), and mainland Puerto Ricans.”<sup>8</sup> The definition was changed in 2003 in recognition of changing US demographics; however, the racial and ethnic groups noted still remain the most URM.<sup>9</sup> For the purposes of this strategic plan, races and ethnicities that have been identified as URM include but are not limited to American Indian/Alaska Native, black/African American, Hispanic/Latino, and Native Hawaiian/Other Pacific Islander.

In an effort to assess the current trends in the oncologic workforce, ASCO has compiled data evaluating the race and ethnicity of trainees, practicing physicians, and its own members. The proportion of black/African American and Hispanic/Latino oncology fellows is consistently lower than many of the other internal medicine subspecialty fellowships.<sup>10</sup> According to the most recent census, 13% of the US population is black or African American, and 18% is Hispanic or Latino.<sup>11</sup> In contrast, of the physician workforce practicing oncology, only 2.3% self-identified as black or African American, and 3% self-identified as Hispanic or Latino<sup>12</sup> (Fig 1). The demographics of the ASCO membership are similar to the national statistics of practicing oncologists, with 2.38% and 3.08% of members self-identifying as black or African American and Hispanic, respectively.

### BARRIERS TO DIVERSIFICATION

Although the distribution of medical students is not reflective of the racial or ethnic demographics of the US population,<sup>11</sup> the number of URM trainees in oncology is still lower than one might expect. Several factors may be negatively affecting the selection of oncology as a medical specialty for trainees. These factors include limited exposure to oncologic specialties during medical school<sup>17</sup> and the fact that oncology training for medical students often focuses on the inpatient setting, giving students an uneven view of the specialty.

Additional barriers exist that are specific to URM students enrolled in medical school. An important barrier is insufficient URM role models.<sup>18</sup> The lack of oncology faculty from

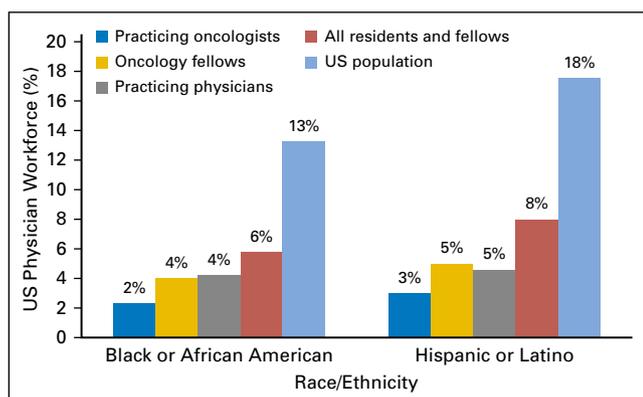


Fig 1. Physicians, fellows, and US population by race and ethnicity. Data adapted.<sup>13-16</sup>

backgrounds that are traditionally URM may affect specialty selection. Additionally, because evidence shows that oncologists’ unconscious or implicit racial bias is negatively associated with oncologist communication and patients’ reactions to racially discordant oncology interactions,<sup>6</sup> implicit bias may also influence the selection of oncology training program trainees, irrespective of qualifications.

### ASCO WORKFORCE DIVERSITY EFFORTS AND GOALS

For the last several years, ASCO has engaged in efforts designed to support and promote diversity in the oncology workforce, primarily through the Diversity in Oncology Initiative (DOI) programs. Developed by the ASCO Health Disparities Committee and funded through the Conquer Cancer Foundation of ASCO, the DOI consists of award opportunities for medical students and residents who self-identify as URM. Two award opportunities are available: (1) the Medical Student Rotation provides clinical or clinical research oncology rotations for US medical students from URM backgrounds (a mentoring component is included whereby the award recipient is paired with a clinical oncologist who provides ongoing academic and career guidance), and (2) the Resident Travel Award provides financial support for URM residents to attend the ASCO Annual Meeting. Since its inception in 2008, the program has awarded more than \$1.1 million in funding to 136 recipients at more than 90 different institutions nationwide. To date, 105 awardees have become ASCO members, and some are active volunteers, serving on various committees. This outcome-based strategic plan for workforce diversity in oncology was developed to help guide the overall workforce diversity efforts of ASCO, including DOI programs.

### STRATEGIC PLAN DEVELOPMENT

The ASCO Health Disparities Committee partnered with representatives from the ASCO Professional Development Committee and Workforce Advisory Group, along with other ASCO stakeholders. A Workforce Diversity Strategic Planning Retreat was held in February 2016 to help build consensus around workforce diversity, identify measurable and attainable goals, and brainstorm for best practices to achieve these goals. During the retreat, a diverse group of experts reviewed strategies from other physician organizations, as well as successful models of workforce diversity outside of medicine, to help generate ideas for the ASCO strategic plan. The retreat summary outlined recommended goals, objectives, and outcomes, which formed the basis of the ASCO Strategic Plan to Increase Racial and Ethnic Diversity in the Oncology Workforce (2017 to 2020). The strategic plan was reviewed and approved by the ASCO Board of Directors on December 14, 2016.

### ASCO STRATEGIC PLAN TO INCREASE RACIAL AND ETHNIC DIVERSITY IN THE ONCOLOGY WORKFORCE (2017 TO 2020)

The ASCO 3-year strategic plan for increasing racial and ethnic diversity in the oncology workforce in the United States is

summarized in Table 1. There are three primary goals: (1) to establish a longitudinal pathway for increasing workforce diversity, (2) to enhance ASCO leadership diversity, and (3) to integrate a focus on diversity across ASCO programs and policies. The strategic plan is designed to enhance existing programs and create new opportunities that will move us closer to the vision of achieving an oncology workforce that reflects the demographics of the US population it serves. The plan has been developed to establish short-term goals, achievable within 3 years, that will fulfill the mission to promote the development of an oncology workforce that is culturally competent and equipped to care for disparate populations.

The first goal is focused on improving the pathway to oncology for medical trainees; the remaining two goals focus on

ASCO as an organization. As noted by the American College of Radiology, successful diversity programming “will be preceded by embracing diversity and inclusion as core values central to the mission, senior leadership demonstrating long-term commitment to diversity goals, [and] building diversity from the top down.”<sup>18(p1424)</sup>

In addition to providing a visible example and leadership, ASCO acknowledges that to provide the best care for our changing nation, workforce diversity within the society and its leadership will help drive innovative strategies that will allow us to keep pace with our changing society.

In conclusion, ASCO is committed to actively engaging in efforts to reduce disparities in cancer care and outcome; therefore, workforce diversity is important to the organization. As the voice of

**Table 1.** Overview of ASCO Strategic Plan to Increase Racial and Ethnic Diversity in the Oncology Workforce (2017 to 2020)

Strategic Plan	
Mission	To promote the development of an oncology workforce that is racially and ethnically diverse, culturally competent, and equipped to care for disparate populations
Vision	To achieve an oncology workforce that reflects the demographics of the US population it serves, exemplifies inclusion and diversity, and provides culturally competent, high-quality, and compassionate care
Goals	<ol style="list-style-type: none"> <li>1. Establish a longitudinal pathway for increasing workforce diversity</li> <li>2. Enhance ASCO leadership diversity</li> <li>3. Integrate a focus on diversity across ASCO programs and policies</li> </ol>
Goal 1	<p>Objective 1: Improve and expand mentoring opportunities for early medical school trainees</p> <p>Tactics</p> <ul style="list-style-type: none"> <li>Improve and increase awareness of the ASCO DOI by: <ul style="list-style-type: none"> <li>Increasing the number and type of mentoring opportunities available for URM trainees</li> <li>Expanding the mentor pool for medical students who are URM</li> <li>Strengthening relationships with traditionally black medical colleges/universities and other medical schools and student organizations such as the Latino Medical Student Association, Student National Medical Association, and American Medical Student Association</li> </ul> </li> </ul> <p>Objective 2: Develop additional peer leadership and mentoring opportunities for residents and fellows</p> <p>Tactics</p> <ul style="list-style-type: none"> <li>Enhance mentoring opportunities for DOI RTA recipients</li> <li>Create new mentoring and leadership opportunities for URM fellows</li> </ul> <p>Objective 3: Research, assess, and prioritize policy solutions to increase the proportion of physicians who are URM in the oncology workforce</p> <p>Tactics</p> <ul style="list-style-type: none"> <li>Assess current policy needs</li> <li>Develop a prioritized set of recommendations for ASCO to advance in diversifying the oncology workforce</li> </ul>
Goal 2	<p>Objective 1: Increase racial/ethnic diversity among ASCO leadership development programs, committees, and the ASCO Board of Directors</p> <p>Tactics</p> <ul style="list-style-type: none"> <li>Educate the ASCO Board of Directors, committees, and staff about the importance of diversity</li> <li>Promote the availability of leadership opportunities to ASCO members who are URM</li> <li>Expand pool of nominees for board membership, committee appointments, the ASCO Leadership Development Program, and ASCO Annual Meeting faculty</li> </ul> <p>Objective 2: Support career development</p> <p>Tactic</p> <ul style="list-style-type: none"> <li>Establish new programs for oncologists and trainees who are URM, such as workshops to raise awareness of grant opportunities available for URM researchers, career assistance to trainees and physicians who are URM, and networking opportunities with leaders who are URM</li> </ul>
Goal 3	<p>Objective 1: Integrate diversity into overall ASCO workforce strategic plan</p> <p>Tactic</p> <ul style="list-style-type: none"> <li>Provide recommendations to ASCO Workforce Advisory Group to address diversity in the ASCO workforce strategic plan when it is being updated in 2018</li> </ul> <p>Objective 2: Ensure each ASCO committee includes a focus on diversity and health equity in its work where appropriate</p> <p>Tactics</p> <ul style="list-style-type: none"> <li>Conduct an assessment of existing ASCO programs and their applicability to and engagement with diverse populations</li> <li>Review committee responsibilities and authorities on regular basis to make sure that an objective involving diversity is included</li> </ul> <p>Objective 3: Integrate greater focus on health equity and diversity into ASCO education and professional development programs</p> <p>Tactics</p> <ul style="list-style-type: none"> <li>Integrate an increased focus on health equity into ASCO Annual Meeting</li> <li>Harness ASCO University to improve the availability of training related to diversity and health equity</li> <li>Ensure that all marketing and visual imagery displayed by ASCO online, at annual meeting, or in other venues is inclusive and reflects diversity</li> </ul>

Abbreviations: ASCO, American Society of Clinical Oncology; DOI, Diversity in Oncology Initiative; RTA, Resident Travel Award; URM, underrepresented in medicine.

cancer care providers and the patients they serve, ASCO will continue to work to advance access and delivery of high-quality cancer care for all patients regardless of their race or ethnicity. ASCO will collaborate with stakeholders across the cancer community to achieve greater racial and ethnic diversity in the oncology workforce and in the work of the society.

To begin the implementation of the ASCO Strategic Plan to Increase Racial and Ethnic Diversity in the Oncology Workforce (2017 to 2020), ASCO has convened a work group comprising members of the ASCO Health Disparities Committee, Professional Development Committee, and Workforce Advisory Group. Members of this work group along with ASCO staff will be responsible for overseeing the implementation of this strategic plan, determining measurable outcomes, and assigning roles and responsibilities. Progress will be reviewed annually and reported to the ASCO Board of Directors, Health Disparities Committee,

Professional Development Committee, and Workforce Advisory Group as well as other appropriate bodies identified by the work group.

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