

Nursing Leaders Host Virtual Event, "Addressing Cancer Care Equity & Systemic Racism in Healthcare"

The "Addressing Cancer Care Equity & Systemic Racism in Healthcare" educational program and networking forum hosted last month was designed to educate Dana-Farber staff and those from other Boston-based oncology organizations on ways to provide expert, compassionate, and equitable care while maintaining a focus on communities that have been historically marginalized.

The half-day-long event was organized by co-leads **Kecia Boyd, DNP, RN**, Inclusion, Diversity, and Equity (ID&E) director in Nursing and Patient Care Services (NPCS), **Shanna Sullivan, MSN, RN**, director of Integrative Nursing, and **Ludmila Svoboda, BSN, RN**, nurse director, Cancer Care Equity Program (CCEP). The co-leads were joined by a team to bring the event to fruition with roles ranging from scheduling weekly meetings to selecting the virtual platform.

The event was originally imagined by Svoboda 11 years ago when she began to work with historically marginalized communities in Boston.

"This work has changed me as a nurse, a mother, and as a human being," she said in opening remarks. "It's our moral obligation to work toward more equitable access and to care for all. Together we can be bold in our discussions."

The event featured presentations and panel discussions focused on increasing awareness and taking action to address systemic racism and inequities in cancer care.

Boyd opened presentations by welcoming staff and affirming their motivations. "We know in our hearts that the injustices in health care are wrong and hurt us all," she said.

Barriers in Access to Oncology Care for Historically Marginalized Communities

The first keynote speaker was **Kayoll Gyan, PhD, RN**, associate director and post-doctoral research fellow in the Phyllis F. Cantor Center for Research in Nursing and Patient Care Services. Her research has been dedicated to eliminating health care disparities by way of improving awareness.

A panel discussion moderated by senior program manager in Cell Therapies, **Kidest Mequanent, MHA**, about how to address systemic causes of health care inequity followed. Panelists included **Kerry Believeau, BSN, RN**, nurse director of the International Patient Center, **Shail Maingi, MD**, CCEP network liaison and hematologist at Dana-Farber - South Shore, Beckie Tachick, street outreach manager with Boston Health Care for the Homeless Program, and CCEP Community-Focused Patient Navigator **Fabia Federico**. They addressed the meaning of equity, perspectives of patients coming from abroad, the disparities that Black Americans face in getting quality cancer care, and much more.

Cultural Humility

Svoboda presented on her experience as an oncology nurse in the CCEP and how she practices cultural humility. She outlined the history of disparities that Dana-Farber patients face globally, as many come from around the world, and locally, in the greater Boston area. Svoboda said that that history has led to distrust in the health care system, and one of the ways to address that distrust is through cultural humility, the practice of self-reflection on how one's background affects their perception.

Cultural humility leads to equitable health care through self-awareness, self-reflection, and understanding the experiences and cultures of others.

Racism in Health Care

Guardia Bannister, PhD, RN, executive director of the Institute for Patient Care at Massachusetts General Hospital, and the director of the Yvonne L. Munn Center for Nursing Research, spoke about what systemic racism in health care looks like and how to provide the comprehensive, patient-centered care that everyone deserves.

She pointed to COVID-19 hospitalizations and deaths as the latest indicator of the impact that systemic racism in health care. Compared to white Americans, Black Americans were 2.3 times more likely to be hospitalized for COVID-19, Hispanic Americans were two times more likely, and Indigenous Americans were 2.7 times more likely.

Bannister also shared data that shows Black Americans have the highest mortality rate for all cancers combined compared with any other racial and ethnic group. “The data is telling us that there are opportunities to make health care better,” she said. She pointed to possible solutions in antiracism training, more research in racial disparities, increasing the diversity of nursing staff and teaching faculty, and creating safe spaces for dialogues about race.

A panel discussion led by Normella Walker, executive director of Employee Experience and Diversity, Equity, and Inclusion at Brigham and Women’s Hospital, contributed to that dialogue. **Tula Mahl**, senior research project manager, **Jennifer Skolnick**, staffing specialist, and **Nikkia Watson**, project manager for the Patient Reported Data Group, spoke on the importance of both speaking up and listening depending on the time and place, experiences in which they challenged racism, and battling with imposter syndrome.

Allyship

Boyd presented on the importance of allyship in facing the inequities in health care. She recognized that people typically want to support others but are often confused about the best ways to do that.

An ally, she said, is a person who makes the intentional decision to understand, empathize, and fight for the equity, opportunity, and inclusion of others. Allies use their power and privilege to advocate for others but are not rescuers, superheroes, or fixers. “Action is required to be an ally,” she said. “There is no place for complicity.”