

2 President's. 2 Themes. 1 Goal.

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In my first column, I highlighted the 2024-2025 ACCC President's Theme—*Reimagining Community Engagement and Equity in Cancer*. To build on that intention and announce that theme to the broader oncology

community, I had the great pleasure of speaking recently with my friend and colleague, Robert Winn, MD, president of the Association of American Cancer Institutes (AACI), about the partnership and purpose our organizations share.

Like ACCC, the president of AACI designates a platform or “theme” for their tenure. For his theme, Dr. Winn chose *Inclusive Excellence*, which aligns elegantly with our associations’ mutual objective of engaging communities meaningfully, not through surface-level efforts but by deeply engaging our community leaders, patients, and caregivers as experts, colleagues, and partners. They have rich experiences and insights that can shape the way we deliver cancer care and conduct research; they are attuned to the factors that contribute to health disparities including the systemic and structural racism that directly affects health outcomes.

To build on ACCC’s and AACI’s overlapping presidents’ themes, Dr. Winn and I recently participated in a webinar that is now available [on-demand](#). In our frank conversation, we touch on how cancer care institutions have neglected to connect the dots between their clinicians—especially researchers—and the lived experience of the people in the communities they serve. We have stumbled as well in developing a widespread model or framework to seek input from members of underserved communities on solutions to dismantle systems that are not working for them and insight on how to build better ones.


While many cancer programs *involve* the community in health assessments, patient satisfaction surveys, and advisory councils, ACCC and AACI seek an *integration* of cancer care clinicians, teams, and communities. Only through true integration can we hope to achieve health equity. Navigation plays a critical role. One webinar participant posted this question in the chat: “My organization is in the heart of the George Floyd community. What is the 1 thing I can do to begin

ensuring there is a building of trust between myself as a financial navigator and a patient from the community?”

There is no “1 thing” to build trust; however, there are ways in which we can become more trustworthy in healthcare and in research as we engage our patients and communities. Open, honest, and authentic communication, transparency, and inclusivity are critical to establishing a trusting relationship. Take the time to understand the historical and current factors that erode trust, while supporting local initiatives and building meaningful connections to identify resources and strengths in the community that can support patients and their families. However, trust is also tied to organizational policies, practices, and culture that may be barriers to accessing quality and equitable cancer care. Trust spans between individuals and organizations, and we will be having deeper conversation around this throughout my presidency and beyond.

Dr. Winn talked about the importance of PSA—not the test to help detect prostate cancer—but PSA in terms of *place, space, and ancestry* and how their intersectionality influences the accessibility and, ultimately, quality of care a patient with cancer receives. Our institutions must acknowledge the role that place (zip codes), space (rural locations and other geographic areas with limited resources), and ancestry play and then develop solutions to remove barriers and improve health equity.

Another webinar participant brought up growing efforts to dismantle diversity, equity, and inclusion (DEI) programs. Juxtaposed against the recent Juneteenth celebration, a [June 24 article](#) wrote about how at least 22 states have now banned or rolled back DEI measures at state university systems. Important work remains to be done on many fronts, and now is not the time to falter in our efforts.

ACCC and AACI have a shared commitment to engaging communities that unites us all. As Dr. Winn exulted: “I’m so excited to partner with ACCC because I think that in our ability to have inclusive excellence, we can also reimagine how we can, as 2 organizations coming together, *do more good*.” Let’s do just that this year. I invite you to envision the ways in which your cancer program can do more good and then share those ideas with the broader oncology community in a blog or article by reaching out to mmarino@acc-cancer.org. Let’s work together to reimagine new ways to engage our communities and improve health equity. 

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