

Equity and Diversity Initiatives Within a Cancer Center's Clinical Trials Office

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1. Background

The events surrounding George Floyd's death permanently impacted the Minneapolis and St. Paul communities the Masonic Cancer Center serves. In an effort to combat institutional racism, implicit biases, and discrimination, an Equity, Diversity and Inclusion (EDI) Committee was launched at the University of Minnesota Clinical Trials Office (CTO) to increase equity work within the clinical trials workspace. The EDI committee aims to increase equitable practices in three domains: patient engagement and recruitment, office environment, and clinical trial structure.

2. Goals

The Continuum on Becoming an Anti-Racist Multicultural Organization, adapted by Melia LaCour, is a tool designed to gauge an institution's level of organizational antiracism. The continuum is a scale from one to six; one is defined as an exclusionary institution that intentionally and publicly excludes or segregates people of disability, color, or other marginalized groups. The high end of the spectrum, six, is defined as being a fully inclusive, antiracist, multicultural organization in which members across all identity groups participate in decision making that shapes the institution. Employees utilized the continuum to assess where the CTO and university fit, providing a baseline assessment. A 66 percent response rate (n=52) ranked the CTO an average of 3.67, compared to the University of Minnesota at 4.12.

3. Solutions and Methods

The EDI Committee, established in June 2020, meets weekly to collaborate on EDI-related projects. Brainstorming sessions with staff and leadership led the committee to implement solutions promoting change through education, shared resources, and outreach. To date, 10 discussion sessions were offered to employees. A centralized Google Drive containing EDI resources and projects was developed. Of note, the revision to the CTO's mission now includes an equity, diversity, and inclusion statement. Signage promoting inclusivity and delineating gender norms was placed throughout the office. The work policy for email signatures was modified to include personal pronouns, in aims to eliminate gender assumptions. Committee members are invited to attend protocol-writing meetings to address equity within this process. These projects exemplify CTO's move towards equitable practices at an institutional level.

4. Outcomes

Employees completed a secondary survey (n=83) in March 2021 regarding EDI initiatives. With a 53 percent response thus far (n=44), 47.7 percent of respondents noted a drastic increase in EDI resources and educational opportunities. Over 75 percent of respondents stated they have participated in at least one EDI event. All respondents indicated that the EDI committee's mission positively impacts the CTO and its office environment; contrarily, 83.8 percent of respondents indicated the committee needs to do

more to be truly effective. The Continuum on Becoming an Anti-Racist Multicultural Organization survey will be readministered at the end of March 2021 to measure change from baseline.

5. Lessons Learned

The EDI initiatives are ever-changing based on time capacity, staff engagement, and levels of effectiveness. Limitations include balancing workload between committee members, as well as measuring change with subjective surveys. Establishing group norms, keeping members accountable, and pushing leadership to participate drive the committee forward in its efforts to see equitable change in patient engagement and recruitment, within the office environment, and clinical trial structure.