Open Enrollment: Rewriting the Rules of Access in Clinical Trials

SYLLABUS & COURSE GUIDE

A Free, 60-Minute Live Activity
Premiere Date: Wednesday, October 15, 2025
6:30 PM - 7:30 PM ET



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Faculty:
Monica E. Peek, MD, MPH, MSc (Moderator)
Lea Ann Chen, MD
Priscilla Pemu, MD, MS, FACP

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Information for Participants

Statement of Need

Individuals from underserved communities often face roadblocks to clinical trial participation, including geographic limitations, socioeconomic barriers, restrictive eligibility criteria, and systemic inequities. These challenges are compounded by unconscious bias among health care professionals (HCPs), which can shut down vital conversations before they begin. Clinical trials subsequently lack diversity and produce data that does not reflect real-world populations, leading to care that leaves underserved communities behind. HCPs and multidisciplinary care teams must not only be equipped to navigate clinical trial discussions, but to engage compassionately with patients: dispelling myths, communicating through low health literacy, and addressing internal biases. With focused HCP education, compassion and cultural awareness can improve clinical trial access and outcomes for everyone.

In this CME Outfitters live webcast, expert faculty will examine socioeconomic, geographic, and systemic factors that contribute to disparities in clinical trial access, particularly in underserved or community-based settings. Faculty will help learners identify interprofessional strategies, including use of culturally responsive communication, patient navigators, and advocacy partnerships, to engage underrepresented patients in clinical trial discussions and enrollment.

Learning Objectives

At the conclusion of this activity, learners will be able to better:

- Assess socioeconomic, geographic, and systemic factors that contribute to disparities in clinical trial access, particularly in underserved or community-based settings
- Identify interprofessional strategies, including use of culturally responsive communication, patient navigators, and advocacy partnerships, to engage underrepresented patients in clinical trial discussions and enrollment

Financial Support

Supported by an educational grant provided by Johnson & Johnson.

Target Audience

Physicians, physician associates (PAs), nurse practitioners (NPs), nurses, pharmacists, front office staff, health care administrators, executives, support staff, and patients

Faculty

MONICA E. PEEK, MD, MPH, MSC (MODERATOR)
Ellen H. Block Professor of Health Justice
Vice-Chair for Diversity, Equity and Inclusion
Associate Director, Chicago Center for Diabetes Translation Research
Department of Medicine
University of Chicago
Chicago, IL

Monica E. Peek, MD, MPH, MSc, is the Ellen H. Block Professor of Health Justice in the Department of Medicine at the University of Chicago, where she provides clinical care, teaches, and does health services research. She is an internist who strives to provide comprehensive humanistic care for her patients. Dr. Peek's research pursues health equity and social justice, with a focus on promoting equitable doctor/patient relationships among racial and ethnic underserved populations, integrating the medical and social needs of patients, and addressing health care discrimination and structural racism that impact health outcomes (e.g., diabetes, COVID-19).

Dr. Peek has authored over 150 peer-reviewed papers and has served as the principal investigator for multiple grants from institutions such as the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), National Heart, Lung, and Blood Institute (NHLBI), Patient-Centered Outcomes Research Institute (PCORI), Agency for Healthcare Research and Quality (AHRQ), the Robert Wood Johnson Foundation, the Greenwall Foundation, the Merck Foundation, and others.

Dr. Peek is the Associate Director of the Chicago Center for Diabetes Translation Research, the Executive Medical Director of Community Health Innovation, and the Director of Research (and Associate Director) at the MacLean Center for Clinical Medical Ethics. She is a Senior Associate Editor for the journal *Health Services Research*. Dr. Peek is a member of the National Academy of Medicine.

Dr. Peek's research has been featured in national media outlets such as *The Chicago Tribune*, NPR, PRI/The World, CNN, *Democracy Now*, CBS, ABC, *TIME Magazine*, the *Christian Science Monitor*, *STAT News*, and the *Huffington Post*.

LEA ANN CHEN, MD
Assistant Professor of Medicine
Director of Inflammatory Bowel Disease Translational Research
Rutgers Robert Wood Johnson Medical School
New Brunswick, NJ

Lea Ann Chen, MD, is an Assistant Professor of Medicine and Pharmacology and the Director of Inflammatory Bowel Disease Translational Research at Rutgers Robert Wood Johnson Medical School in New Brunswick, New Jersey. She completed her medical degree at Washington University School of Medicine in St. Louis, Missouri, her internal medicine training at Mount Sinai Hospital in New York, New York, and her gastroenterology fellowship in the physician-scientist track of Johns Hopkins School of Medicine in Baltimore, Maryland.

Clinically, Dr. Chen specializes in the care of patients with inflammatory bowel disease (IBD) and complicated C. difficile infections, and she has a special interest in working with underserved populations. Her research is focused on understanding longitudinal microbiome dynamics in the pathogenesis and behavior of IBD and its implications for clinical care. Her research has been funded by the National Institute of Health, the American Gastroenterological Association, the Crohn's and Colitis Foundation, the American College of Gastroenterology, and multiple private and industry sponsors.

PRISCILLA PEMU, MD, MS, FACP
Professor and Interim Chair
Department of Medicine
Associate Dean Clinical Research
Director, Clinical Research Center
Morehouse School of Medicine
Atlanta, GA

Open Enrollment: Rewriting the Rules of Access in Clinical Trials

Priscilla Pemu, MD, MS, FACP, is a medical doctor specializing in the care of adults with complex medical problems under treatment in the clinic and hospital settings. She trains medical students and new medical doctors specializing in internal medicine. As a physician-scientist, she leads research funding with grants from the National Institutes of Health and the American Heart Association, informed by her daily experiences with patients. She continuously inspires others to investigate the best ways to improve the long-term health of patients living with chronic illnesses, including cancer and diabetes.

As a co-leader and co-investigator, Dr. Pemu brings her unique perspective as a successful clinician investigator to the Strategic Empowerment Tailored for Health Equity Investigators (SETH). Likewise important to the SETH is her expertise in training a diverse pool of mentees across disciplines and research settings, including community physicians' partnerships. The National Research Mentoring Network's (NRMN) focus on sustainability and creating community value benefits from Dr. Pemu's leadership. She is responsible for working with the Associate Directors to review and update strategies for peer mentors, aligned with the changing needs of SETH and Building Infrastructure Leading to Diversity (BUILD) constituents. Dr. Pemu additionally evaluates the effectiveness of social network analysis peer mentorship online tools in the Health Disparities Learning Collaboratory.

Dr. Pemu is currently a professor of clinical medicine, Medical Director of the Clinical Research Center, and Vice-Chair for Research in the Department of Medicine at Morehouse School of Medicine in Atlanta, Georgia.

Nurse Navigator

VALARIE WORTHY, MSN, RN
Patient Advocate
VP Community Outreach & Engagement
TOUCH, BBCA

Valarie Clark Worthy, MSN, RN, is a registered nurse with over 43 years of experience and a master's degree in leadership and community health systems. Currently, she serves as a Shared Resource Manager and Patient Navigator at Duke Cancer Institute in Durham, North Carolina, where she plays a vital role in understanding patients' perspectives on clinical trials and connecting patients to valuable resources.

A 25-year breast cancer survivor, Ms. Worthy began her journey of advocacy and outreach shortly after her diagnosis and treatment in 2000. In 2009, she received specialized training at Harold Freeman's Patient Navigation Institute in New York, New York and became the first employee hired in Duke Cancer Institute's Office of Cancer Disparities, now known as the Office of Community Outreach and Engagement. This training enabled her to develop key skills in guiding patients through the complex healthcare system, especially in underserved populations.

In 2003, Ms. Worthy co-founded Sisters Network Triangle, a local support group for women with breast cancer that she led for 18 years. Her commitment to community outreach led her to co-found TOUCH, The Black Breast Cancer Alliance (BBCA) in 2020, a nonprofit focused on raising awareness about breast cancer and promoting clinical trial participation in the African American community.

Ms. Worthy's impact extends beyond her professional roles. She has co-authored several articles and book chapters on community engagement and African American cancer patient coping strategies. Her advocacy is further demonstrated through her involvement in local church and community initiatives centered on cancer awareness and prevention.

For her exemplary contributions to cancer care, Ms. Worthy has received numerous accolades, including the American Cancer Society's Lane Adams Quality of Life Award, which honors caregivers who provide compassionate and holistic care. Her dedication to improving outcomes for cancer patients, particularly in communities of color, continues to inspire and influence the broader health care landscape.

This continuing education activity is provided by CME Outfitters.

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Monica E. Peek, MD, MPH, MSc, reports no financial relationships to disclose.

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NURSE NAVIGATOR

Valarie Worthy reports no financial relationships to disclose.

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Rebecca Vargas-Jackson, MD—no disclosures to report

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This activity is designated for 1.0 contact hours.

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Through an agreement between the Accreditation Council for Continuing Medical Education and the Royal College of Physicians and Surgeons of Canada, medical practitioners participating in the Royal College MOC Program may record completion of accredited activities registered under the ACCME's "CME in Support of MOC" program in Section 3 of the Royal College's MOC Program.

Foreword on Moving Forward

The language and terms used throughout this course reflect contemporary best practice and guidance. To ensure continuous alignment with current best practice, terminology will be reviewed and updated as guidelines evolve. For example, when color is used regarding race, capital letters are used (e.g., Black, White, Brown), as recommended by the National Association of Black Journalists

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Advancing Health Equity Across the Spectrum

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INTERPROFESSIONAL CONTINUING EDUCATION

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To Ask a Question

To submit a question, please go to the *Ask Question* tab at the bottom of the screen.



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- Sandra Caballero, PharmD (Planning Committee)
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LEARNING OBJECTIVE 1

Assess socioeconomic, geographic, and systemic factors that contribute to disparities in clinical trial access, particularly in underserved or community-based settings.

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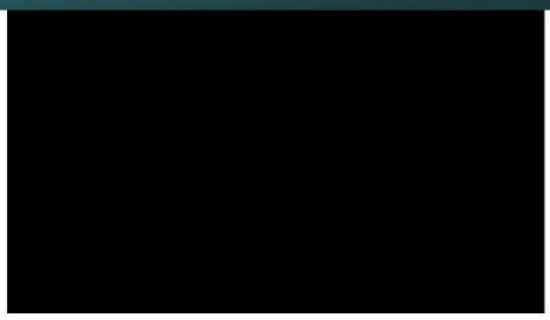
LEARNING OBJECTIVE 2

Identify interprofessional strategies, including use of culturally responsive communication, patient navigators, and advocacy partnerships, to engage underrepresented patients in clinical trial discussions and enrollment.

Clinical Rationale and Context for Inclusive Research

Why Trust and Invitation Matter

A Patient Navigator's Perspective



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Audience Response

How often do you discuss clinical trial opportunities with patients from underserved communities?

A. Regularly: I actively look for opportunities
B. Sometimes: when obvious trials are available
C. Rarely: only when patients ask
D. Never: I don't feel equipped to discuss them

Bring The Full Picture Into Focus

Overall Medians Mask Specialty-Level Gaps; Many Trials Don't Report Race and Ethnicity, Biasing Medians

Population (U.S.)		Trial Participation (U.S.)*
White	72.4%	79.7% median
Black	12.6%	10.0% median
Hispanic/Latine	16.3%	6.0% median
Asian	4.9%	1.0% median
American Indian/Alaska Native	0.9%	0.0% median

*Medians across U.S. trials registered 2000–2020, reporting often missing.
United States Census Bureau – 2010 Census. https://data.census.gov/cedsci/. Turner BE. *Lancet Reg Health Am.* 2022;11:100252.

Zoomed In: Who Is Missing From Trials?

Burden vs Enrollment Snapshots and Nonreporting Rates

Oncology	Black and Hispanic patients underrepresented in FDA-registration trials versus U.S. cancer burden. Black = 22% and Hispanic = 44% of expected participation. Underrepresentation (RQ = trial share ÷ US incidence): Black 0.42; Hispanic 0.60; White 0.98; Asian 1.04; AIAN 0.00; NH/PI 0.00. Values < 1.0 = underrepresented.
Cardiovascular	Underserved racial and ethnic groups persistently underrepresented across cardiology trials; representation lags burden. For example, in FDA-approval CV drug trials: Black participation overall 2.9%; PPR 0.29.
Diabetes/CVOTs	Hispanic/Latine, non-Hispanic Black, and Southeast Asian participants underrepresented in major CV outcome trials (DPP-4, GLP-1, SGLT2); reporting often incomplete.

CV = cardiovascular; CVOT = cardiovascular outcome trials; RQ = representation quotients; AIAN = American Indian/Alaska Native; NH = Native Hawaiian; PI = Pacific Islander.
PPR = participation-to-prevalence ratio; DPP-4 = dipeptidyl peptidase-4; GLP-1 = glucagon-like peptide-1; SGLT2 = sodium-glucose cotransporter 2.
Turner BE. *Lancet Reg Health Am.* 2022;11:100252. Unger JM. *JAMA Netw Open.* 2023;6(7):e2322438. Tagawa K, et al. *JAMA Health Forum.* 2024;5(8):e241388. D'Muro FM, et al. *JAMA Cardiol.* 2023;10(9):954-960. Vicent V, et al. *Heart Lung Circ.* 2022;31(9):1263-1269. Gindani R, et al. *Front Public Health.* 2024;12:1412874.

MythBuster #1: Underserved Patients Aren't Interested in Clinical Trials

Patients Will Say Yes If Asked

- **Reality:** When asked, many say yes! In a U.S. cancer center survey, only 32% had ever been asked; 84% of those asked enrolled.
- **Black patients**: In an HIV care cohort, 67% were willing to join future trials and 86% said yes when invited; "not being asked" was a major barrier.
- **Hispanic/Latine patients**: A recent multi-site study shows 74-76% willing to participate, < 10% report being asked.
- **National context**: Only 9% of U.S. adults report receiving a trial invitation; offer rates drive participation.
- **Meta-analysis across 35 studies**: When offered a cancer trial, ~55% enroll, with participation of Black patients similar to that of White patients.

HIV = human immunodeficiency virus.
Moreland K, et al. *Curr Oncol.* 2024;31(9):5357-5373. Garber M., et al. *J Gen Intern Med.* 2007;22(1):17-62. Occa A, et al. *Prev Med Rep.* 2022;25:101742. Unger JM, et al. *J Natl Cancer Inst.* 2021;113(3):244-257.

What This Means For Care Today

Drug Metabolism
Drug efficacy
Varies across populations. Underrepresentation limits generalizability and different groups can respond differently to therapies.

Adverse Reactions
Adverse events differ by race and ethnicity. For example, ACE-inhibitor angioedema risk is several-fold higher in Black patients than in White patients.

Treatment Response
Dosing requirements may vary.
Up to 40% difference in efficacy.

Dosing Requirements
Treatment guidelines are often based on limited populations, which compromises applicability to the whole U.S. population.

Why This Matters In Your Practice:
- Evidence-based medicine requires evidence from diverse populations, as safety and effectiveness can vary by age, sex, race, and ethnicity.

ACE = angiotensin-converting enzyme.
National Academies of Sciences, Engineering, and Medicine. *Improving Representation in Clinical Trials and Research: Building Research Equity for Women and Underrepresented Groups*. 2022. https://www.ncbi.nlm.nih.gov/books/NBK584403/. Kubo K, et al. *Pharmacogenomics J*. 2017;17(6):494-500. Ohara M, et al. *Clin Pharmacokinet*. 2019;58(9):1077-1089. Reichman ME, et al. *Pharmacoepidemiol Drug Saf*. 2017;25(10):1190-1196.

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Trust Requires Transparency: Historical Context

1900s-1970s: Nonconsensual sterilizations in underserved groups (e.g., Indigenous women)

1932-1972: Tuskegee Syphilis Study

1950s-1970s: Prison medical experiments

Modern accountability: Perceived dismissal or bias in visits erodes trust and follow-through

Building Trust in Your Practice:
1. **Acknowledge** historical context when appropriate
2. **Explain** modern protections and oversight
3. **Demonstrate** transparency in your approach
4. **Follow through** on commitments to patients

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Centers for Disease Control and Prevention (CDC). 2024. https://www.cdc.gov/tuskegee/timeline.htm. KFF. https://www.kff.org/racial-equity-and-health-policy/how-history-has-shaped-racial-and-ethnic-health-disparities-a-timeline-of-policies-and-events/. Lerner BH. *N Engl J Med*. 2001;355(16):1605-1607. Nong P, et al. *JAMA Netw Open*. 2020;3(12):e2029550. Haywood C Jr, et al. *J Gen Intern Med*. 2014;29(12):1557-1562.

Barriers in Community-Based Practice

System-Level Barriers:
- Limited research infrastructure
- Time constraints in clinical workflow
- Lack of research coordinator support
- Distance to academic medical centers
- Insurance and transportation issues
- ID/documentation needed for screening/consent
- Insurance and research-billing rules excluding uninsured
- Site policy on stipends, alternative IDs, proxy addresses

Provider-Level Barriers:
- Unfamiliarity with available trials
- Discomfort discussing research
- Assumptions about patient interest
- Lack of training in research communication



Patient-Level Barriers:
- Health literacy challenges
- Language barriers
- Work schedule inflexibility
- Childcare responsibilities
- Fear of being "experimented on"
- Fear of immigration exposure or "public charge"
- Low trust due to prior system interactions
- Language/notarization hurdles for forms

ID = identification.
Ebrahimi H, et al. *JAMA Netw Open*. 2024;7(4):e248739. Minasian LM, et al. *JCO Oncol Pract*. 2020;16(3):125-127. Unger JM, et al. *CA Cancer J Clin*. 2025;75(4):341-361. Mackay CB, et al. *Cancer*. 2017;123(15):2893-2900. Williams CP, et al. *Cancer Med*. 2024;13(3):e7185. Castillo BS, et al. *Curr Oncol*. 2024;31(6):3017-3029. Jorge S, et al. *J Natl Compr Canc Netw*. 2023;21(1):27-32.e2. Bodicoat DH, et al. *Trials*. 2021;22(1):880. Zgierska AE, et al. *J Clin Transl Sci*. 2024;8(1):e38.

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Practical Methods to Communicate, Navigate, and Enroll

Audience Response

What is your biggest barrier to discussing clinical trials?

A. I do not know what trials are available
B. Not enough time in appointments
C. Lack of research coordinator support
D. Worry patients will not understand
E. Concern about patient safety
F. Other

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Make The Conversation Easy To Understand

System-Focused Solutions:

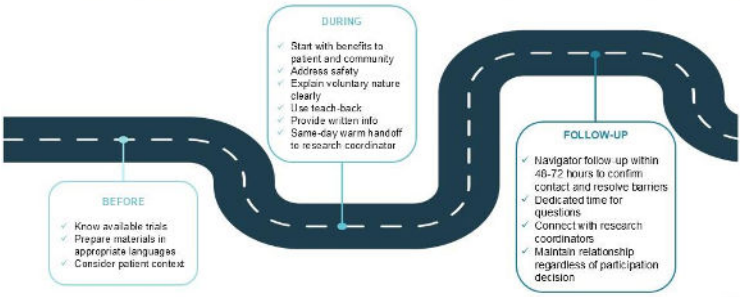
- Plain language explanations
- Visual aids and written materials in multiple languages
- Teach-back methods to confirm understanding
- Cultural brokers and patient navigators
- Multiple touchpoints for information processing
- Messaging transcreation that adapts content for culture, language, and beliefs (not just reading level)

> Health literacy is not an individual characteristic that absolves care providers... it's a characteristic of the system within which you're delivering care.
> - Dr. Priscilla Pemu

Agency for Healthcare Research and Quality (AHRQ). 2025. https://www.ahrq.gov/health-literacy/improve/precautions/index.html. Griffey RT, et al. J Commun Healthc. 2015;8(1):10-21. Ha Dinh TT, et al. JBI Database System Rev Implement Rep. 2016;14(1):210-247. Fouad MN, et al. J Oncol Pract. 2016;12(6):556-563.

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Your Conversational Roadmap



AHRQ. 2025. https://www.ahrq.gov/health-literacy/improve/precautions/toolkit.html. Gilligan T, et al. J Oncol Pract. 2018;14(1):42-48.

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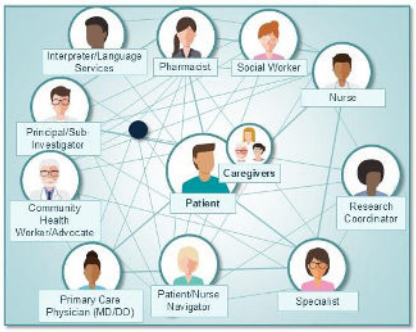
Five Steps – One Flow



Jaritz AE, et al. N Engl J Med. 2025;393(10):940-942.

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One Team, Clear Roles for Trial Access



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The Role of Patient Navigators



What Patient Navigators Provide:

- **Cultural competency** and language skills
- **Community trust** and relationships
- **Practical support** (scheduling, transportation)
- **Education** and advocacy
- **Bridge** between patients and research teams
- **Close loop** on eligibility within 48 hours

Implementation in Your Practice:

- **Partner** with community health workers
- **Train** existing staff in navigation skills
- **Connect** with local patient advocacy groups

Documented gains with navigation include increased underserved population participation (9% → 16%) and ~2× higher trial retention.

Uveges MK, et al. *Contemp Clin Trials Commun*. 2019;12:98-102. Fouad MN, et al. *J Oncol Pract*. 2016;12(8):556-563. Sae-Haw M, et al. *JCO Oncol Pract*. 2021;17(12):e1966-e1978. Akingbade E, et al. *J Clin Oncol*. 2024;42(Suppl 16):11093.

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Addressing Common Patient Concerns



"Are you experimenting on me?"

- Explain rigorous safety monitoring
- Describe phases of clinical research
- Emphasize voluntary participation
- Share oversight mechanisms
- Clarify what trials do not do

"Will I get worse care if I'm in a study?"

- Clarify enhanced monitoring in trials
- Explain standard of care protections
- Discuss right to withdraw anytime

"What if the treatment doesn't work?"

- Acknowledge uncertainty inherent in research
- Discuss alternative treatment options
- Explain how trial results benefit future patients

"Can I afford this?"

- Clarify what trial covers vs insurance
- Discuss potential cost savings
- Address time off work concerns
- Address options for uninsured/underinsured patients

Evans SR. *NEJM Evid*. 2022;1(1):EVIDdbx2100005. de Melo-Martín I, et al. *J Med Ethics*. 2008;34(3):202-205. Christopher PP, et al. *PLoS One*. 2017;12(9):e0184224. McConnell T. *Journal of Law, Medicine & Ethics*. 2010;38(4):849-849. Huey RW, et al. *Oncologist*. 2021;26(7):568-576. Williams C, et al. *Mayo Clin Proc Innov Qual Outcomes*. 2023;7(6):524-533.

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What Helps a Patient Say Yes?



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MythBuster #2: Clinical Trials Are Too Complicated for Community Practice

Trials Serve The Community

Reality:

- ☐ Many trials designed for community implementation
- ☐ Research networks support community providers
- ☐ Telemedicine + tele-prescreen reduces travel burden; e-consent where permitted
- ☐ Eligibility check ≤ 48 hours
- ☐ Simple protocols becoming more common

Examples of Community-Friendly Trials:

- ☐ Pragmatic clinical trials in real-world settings
- ☐ Registry-based randomized trials
- ☐ Digital health interventions
- ☐ Prevention studies

National Institutes of Health [NIH] Common Fund. 2023. https://commonfund.nih.gov/rcs-research-collaboratory. National Cancer Institute, Community Oncology Research Program [NCORP]. https://ncorp.cancer.gov/about/infographics/ncorp-relationship.html.

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Strategies for Implementing Clinical Trials in Practice

1	2	3
Start Small:	**Build Momentum:**	**Measure Impact**
1. Identify 1-2 therapeutic areas of interest 2. Connect with local research networks 3. Train one staff member as a research liaison 4. Track eligible patients systematically	1. Celebrate successes (enrollment and outcomes) 2. Share patient stories (with permission) 3. Expand to additional therapeutic areas 4. Mentor other practices	1. Patient enrollment rates by demographics 2. Patient satisfaction with trial discussion 3. Provider confidence in research communication 4. Community engagement metrics

AHRQ. 2024. https://www.ahrq.gov/health-literacy/improve/precautions/tool1.html. National Cancer Institute. 2019. https://www.cancer.gov/research/infrastructure/clinical-trials/ncorp. AHRQ. 2024. https://www.ahrq.gov/health-literacy/improve/precautions/tool17.html

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Community Network = Reach

Community Engagement Strategies:



Provider Network Development:



NIH, Community Engagement Alliance [CEAL]. https://ceal.nih.gov/resources/bringing-research-to-communities-through-partnerships. Gibbons GH, et al. *Am J Public Health*. 2024;114(S1):S7-S11. Stewart MK, et al. *J Clin Trans Sci*. 2019;3(S1):16-20. Craig LS, et al. *Am J Public Health*. 2024;114(S1):529-532. Vance KD, et al. *J Clin Trans Sci*. 2025;9(1):e104. AHRQ. 2022. https://www.ahrq.gov/ncepcr/community/report/index.html.

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Audience Response

After today's discussion, what is your next step?

A. Research what clinical trials are available in my area
B. Talk to my practice about research opportunities
C. Attend training on clinical research communication
D. Partner with community organizations
E. All of the above

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SMART Goals

Specific, Measurable, Attainable, Relevant, Timely

Practice Playbook: Invite, Communicate, Navigate, Close Barriers:

- **Specific:** Use a standard invite and rights script ("voluntary, can stop anytime, care continues"), teach-back, and a brief barrier screen (transport, time off, childcare, language, privacy/immigration) at the first trial talk; provide handouts in at least 3 languages and offer interpreter/bilingual staff.
- **Measurable:** For every eligible visit, document: offer made, teach-back done, interpreter use/decline when applicable, same-day warm handoff, navigator follow-up within 2-3 days, and top barrier recorded and addressed.
- **Achievable:** Add an EHR "eligibility and offer/referral" prompt, a one-page rights/safety script, and transcreated handouts, one designated staff liaison, and a simple tracker for offers, language, barriers, and follow-ups.
- **Relevant:** I will operationalize equity by (1) asking every eligible patient, (2) using plain, transcreated, language-concordant communication with teach-back, and (3) closing top practical barriers (transport, time, childcare, cost) so underrepresented patients can make an informed yes or no.
- **Timely:** Launch within the next month; meet language and documentation standards soon after; make warm handoffs and timely follow-ups routine by end of the quarter; achieve equitable invitation rates by midyear; show clear progress toward enrollment parity by year's end.

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To Ask a Question

To submit a question, please go to the *Ask Question* tab at the bottom of the screen.

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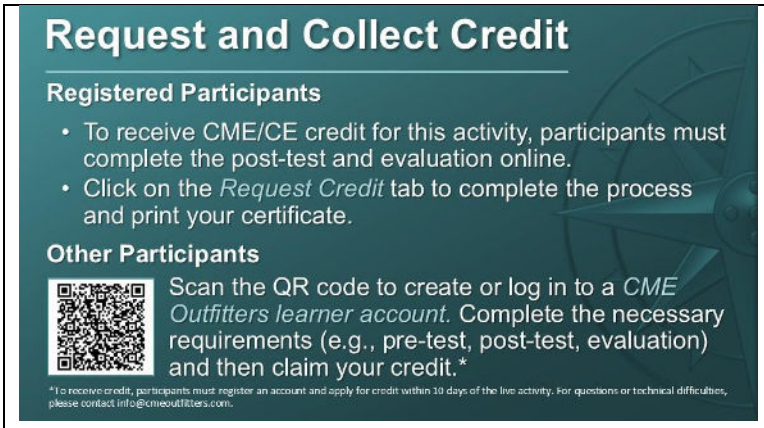
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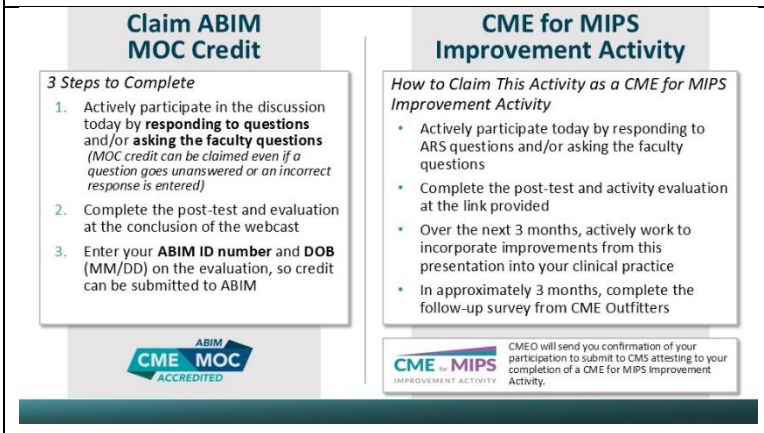
https://www.cmeoutfitters.com/practice/diversity-and-inclusion-hub/

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Other activities in this series include:

- Weight of Inequity – Addressing Social and Structural Barriers in Bariatric Surgery
- The Nursing Network: Bias, Barriers, and Breakthroughs in Care
- Optimizing Biomarker Usage in NSCLC
- Nursing Knowledge, Social Impact: Meeting the Needs of Underserved Patients


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