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Why clinical trial diversity is key to increasing access to routine care and innovative treatment options

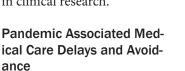
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The COVID-19 pandemic has shone a light on care technologies are known to be significantly lower Cancer is a particularly powerful example of how longstanding health care disparities and amplified the longstanding inequities in care coupled with the among older Black and Hispanic patients than their importance of clinical trial diversity, especially particpandemic's impact on reduced access/utilization of white or Asian counterparts. In addition to difference es in access and digital literacy, structural inequities ipation of those patients and communities disproporroutine health care can converge and create an even (i.e., lack of broadband internet availability) impact tionately impacted by the disease being studied. Since more devastating impact on patients, families and clinical trials function as the gatekeeper to bringing communities. Cancer incidence is known to be disdisproportionately some groups and communities new medicines safely to patients and communities, it proportionately higher in under-represented minori-- racial and ethnic minorities, rural communities has become increasingly important that diverse comties compared to other groups, and access -- to timely and individuals of lower socioeconomic status (6). munities be represented in our research efforts. Without recognition and action, the digital divide will diagnosis, quality care and to clinical trials of promis-Clinical trial participation provides access to possiing therapies -- is suboptimal among people of color. only widen. ble new and innovative treatment options for patients, Furthermore, cancer and its treatment predispose to an especially important benefit for those who have many other health outcome disparities, as demon-**Summary and Conclusions** It is important for the medical and public health conditions with limited treatment options – such as strated by the disproportionate impact of COVID-19 some forms of advanced cancer. It is important to on morbidity and mortality rates among people with community, policymakers, employers and health advocates around the world to come together to note that, while not all clinical trial participants will cancer. receive the investigational treatment being evaluated encourage people within our communities to get the in the clinical trial, all patients receive high quality Social Determinants of Health (SDOH) care they need.

standard-of-care, which is the standard treatment that is used for the health condition.

During the COVID-19 pandemic many patients have delayed or avoided routine medical care for underlying conditions – a hidden harm that has further amplified its already enormous health toll. While pandemic associated medical care

delays and avoidance may be understandable, safely returning to essential care is imperative for improving patient outcomes and reducing disparities as well as increasing patient access and ability to participate in clinical research.



During the COVID-19 pandemic, delays and/or avoidance of medical care for both routine and serious conditions have been widely reported. According to one recent analysis (1) an estimated 41% of adults in the

U.S. delayed or avoided medical care because of concerns about COVID-19 - includin clinical research (2-4). By recognizing and understanding the SDOH, we can help accelerate return to ing both routine care (31.5%) and urgent or emergenmedical care, overcome barriers to minority particcy care (12.0%). Avoidance of urgent or emergency care was more prevalent among individuals with ipation in research, and ultimately improve patient underlying medical conditions, Black adults, Hispanic outcomes. Effective and meaningful community adults, young adults, persons with disabilities and engagement, collaborations, and partnerships are critunpaid adult caregivers. When patients delay or avoid ically important for addressing all of the SDOH, and medical care, they increase both their morbidity and especially helpful for increasing awareness, education mortality risks. For example, and building trust.

• Vaccines play an important role in helping to protect people from preventable diseases, but data show concerning decreases in vaccination rates since the onset of the COVID-19 pandemic. A recent international poll revealed that 73% experienced disruptions in vaccine demand.

• Similarly, while routine cancer screenings have contributed to important cancer survival gains, screening rates have dropped during the pandemic. In the U.S. alone, approximately 285,000 breast cancer screenings, 95,000 colon cancer screenings and 40,000 cervical exams were missed between March 15 and June 16, 2020.

Social and economic factors, referred to as social determinants of health (i.e., education, economic stability, neighborhood, health and health care access, social and community context) not only contribute to healthcare disparities but may also negatively impact the decision and the ability of patients to participate

• As we join the multi-sector effort to combat COVID-19, we must also focus on helping people in our communities get the routine care they need to protect their long-term health.

• It's vital to support individuals and patients in returning to care because delays or cancellations

are associated with significant health risks.

While the COVID-19 pandemic has caused unprecedented disruption to the healthcare system, it has also led us to identify opportunities to strengthen it for the future. We are committed to working with stakeholders to enact solutions that will improve patient care and help protect public health over the long term.

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Bridging the Digital Divide

Digital technologies have many potential benefits for improving healthcare, including the potential to improve healthcare quality, patient safety and reduce disparities (5). However, inequities in access to virtual technologies do exist and may lead to or exacerbate disparities. Often referred to as the "digital divide", there is a considerable difference between those patients/communities that have access to digital technologies and the ability to understand and use them effectively (digital literacy) and those who do not. For example, access and utilization of digital health

