

DIVERSITY, EQUITY, AND INCLUSION EFFORTS START AT THE TOP

Efforts to expand diversity, equity, and inclusion across Smilow Cancer Hospital and Yale Cancer Center are focused on diversifying the medical staff, faculty, trainees, and student body, but, more importantly, bringing equity to disparities in healthcare outcomes.

The focus emanates from Eric P. Winer, MD, Director of Yale Cancer Center and Physician-in-Chief of the Smilow Cancer Network and extends throughout the enterprise. The leadership is committed to building a staff that more closely resembles the community it serves and ensures that everyone benefits from advances in medicine, regardless of their background or economic status.

“The causes of disparities in healthcare outcomes are many,” said Dr. Winer, who is also the Alfred Gilman Professor of Pharmacology and Professor of Medicine (Medical Oncology). “The contribution of sociodemographic factors, unequal access to care, and the failure of our cancer care system to help every patient complete their treatment play a major role. We are totally committed at Yale to addressing this problem and diminishing these disparities.”

Faye Rogers, PhD, who was recently appointed Associate Cancer Center Director for Diversity, Equity, and Inclusion, said her primary goal is to increase the diversity of faculty, staff, and trainees within Yale Cancer Center. “Beyond

increasing the diversity of our community, it is essential that we create an inclusive environment where each individual feels a true sense of belonging,” said Dr. Rogers.

Among the many leaders helping to reach those goals are Aliënn Salleroli, MS, BSN, RN, OCN, Assistant Patient Services Manager, Smilow Cancer Hospital; Paris Butler, MD, MPH, FACS, Associate Professor of Surgery (Plastic) and Vice Chair of DEI for Surgery; and Alfred Lee, MD, PhD, Professor of Medicine (Hematology) and Director of the Medical Oncology-Hematology Fellowship Program.

“DEI should stand on its own,” said Ms. Salleroli, Co-Chair of the Yale New Haven Hospital DEI Nursing Task Force. “It should be on every single nurse’s mind with everything they do. They should constantly be thinking, ‘Is this fair? Is this right? Is this helping the patient?’”

“Our medical system is plagued by immeasurable health inequities and health disparities, both in the U.S. and globally,” said Dr. Lee, who directs the Medical Oncology-Hematology Fellowship Program. “There’s never been a more important time to be in medicine to embrace these challenges and transform them to the benefit of patients everywhere.”

“I can proudly say that I started looking at disparities in surgery in 2006 as I started feeling somewhat isolated as an African-American man in surgery,” Dr. Butler said.

But Dr. Butler, who began pushing for enhanced diversity efforts long before the murders of George Floyd and Ahmaud Arbery, and the killing of Breonna Taylor brought DEI to the forefront, bristles at the false narrative that diversity means lowering the bar. “Nothing could be further from the truth—this is all about achieving inclusive excellence.”

To illustrate the disparities, Dr. Winer notes that a Black woman in Washington, DC, is twice as likely to die from breast cancer than a white woman who lives there—despite breast cancer incidence rates being lower in Black women than white women. “The more effective we are in curing cancer, the more we are able to help people live longer, the more tragic these disparities become,” Dr. Winer said. “It may be delays in screening, or poor access to care. It may be having a provider who doesn’t look like you and may not feel like someone you can talk to. It can be not having the resources to afford a taxi to go to the clinic for treatment. It’s a complicated problem and there isn’t one easy fix.”

For Ms. Salleroli, it’s a matter of getting people to become comfortable with an uncomfortable topic, understanding their implicit biases—and overcoming them. “We need to stop making DEI an uncomfortable topic,” she said. “Part of everything we do—at all staff meetings—should be talking about different cultures, different marginalized

A portrait of Paris Butler, MD, MPH, FACS. He is a middle-aged man with a shaved head and a goatee, wearing glasses, a grey suit, a white shirt, and a purple tie with a small pattern. He is smiling and has his hands clasped in front of him. He is wearing a watch on his left wrist and a ring on his left hand.

Paris Butler, MD, MPH, FACS

A portrait of Faye Rogers, PhD. She is a woman with her hair styled in a bun, wearing a dark grey blazer over a light purple ruffled blouse. She is smiling and has her hands clasped in front of her. She is wearing a ring on her left hand.

Faye Rogers, PhD



Aliëne Salleroli, MS, BSN, RN, OCN

Alfred Lee, MD, PhD

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– Alfred Lee, MD, PhD

communities, and our differences. Then, we can go to the next step and start doing education.”

Equally important, Dr. Rogers explained, is finding ways to evaluate the progress of our DEI efforts. “We need to implement DEI metrics or benchmarks to gauge how we’re doing. ‘Are we closer to our ultimate goal?’”

Everyone has implicit biases, Ms. Salleroli said, but doing the difficult work of recognizing them helps you and everyone you encounter. “Initially, you might feel a little angry about doing this work because you don’t feel you’re biased against anyone,” she said. “But then you start to think about it, and as we continue the conversation, you become more comfortable with the concept of acknowledging your biases and learning how to deal with them. It’s a long process—and nursing leadership must start this conversation.”

Dr. Lee notes the diversity in the Yale School of Medicine Class of 2026—with 27 members born outside the United States from 20 different countries and regions—and says that as scientific progress continues, it must be available to everyone. “All individuals, regardless of their background, their financial means, their skin color, their cultural identity, their sexual identity, or their beliefs, must benefit equally.”

Creating pathway programs to introduce underrepresented groups to cancer research will be valuable in diversifying the next generation of cancer researchers,

Dr. Rogers said. “We must strive for early exposure (from high school), provide an entry point into research for undergraduates, and cultivate graduate students to postdoctoral fellows with the knowledge, skills, and resources to successfully make the transition as junior faculty,” she explained. “Establishment of programs that accomplish this will not only increase diversity here at Yale, but can also contribute to the development of a diverse nationwide workforce. We hope to develop strategies to achieve this so other cancer centers and institutions can use it as a model.”

Dr. Butler is nationally recognized for his dedication to reducing healthcare disparities along racial and ethnic lines. He has a master’s degree in Public Health and was a Policy Fellow in the Office of Minority Health in Washington, DC, helping to unroll the Affordable Care Act in underserved communities.

Despite his passion for DEI, Dr. Butler approaches it measuredly. “I’m careful to avoid being inflammatory with what I say. I’m objective, a good listener, and I will do my best to redirect in an appropriate way if someone says something completely out of bounds on either side.”

Dr. Butler knows about disparities in breast cancer treatment and outcomes but is equally concerned about disparities in breast reconstructive surgery for survivors. A study he led helped show that Black and Latina women

receive breast reconstruction at significantly lower rates compared to white women. “That’s why I’ve been in the community, along with my breast surgery colleagues, educating about disparities in breast cancer and screening rates, but also in breast reconstruction.”

Dr. Butler is also focused on increasing diversity and inclusion among residents, something he helped do at the University of Pennsylvania prior to joining Yale’s faculty. During the six years Dr. Butler was at Penn, the GME office doubled the number of ethnically underrepresented in medicine (UIM) interviewees and tripled the number of UIM matched candidates. He is working to establish a visiting clerkship at Yale to enhance diversity in the surgical workforce.

“Lengthening the table does not mean lowering the bar,” Dr. Butler said. “It is critical for those working in the DEI space to maintain the highest standards.” And he acknowledges that change may come slow to a place like Yale. “It’s going to require commitment and persistence from leadership and beyond, because we have been a place of incremental change,” Dr. Butler added. “That’s okay as long as we’re continuing to move forward.”

“I recognize that change does not come easily,” Dr. Rogers added, “however having leadership acknowledge the need to diversify our workforce is a key step in the right direction.”