



# Pfizer's Institute of Translational Equitable Medicine Addresses Equity in Health Research

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When it comes to healthcare, the terms “equitable” and “access” often go hand-in-hand. In order to prevent, treat, and identify diseases that disproportionately impact underserved and minority populations, Pfizer believes that research must be directed to the root causes of healthcare disparities. The recently-launched Institute of Translational Equitable Medicine (ITEM) is intended to do just that: work toward a more equitable future of health care.

For Aida Habtezion, M.D., who is Pfizer's Chief Medical Officer, ITEM's mission is intrinsic to her work. As a practicing physician prior to her role at Pfizer, she struggled when seeing health disparities in her own patients. "You see the same disease impacting patients of different backgrounds differently," she says. "You see different outcomes, with worse outcomes in those that are in underserved populations. It's frustrating because you continue to see it. It's always there."

While COVID-19 has brought new awareness to the ways that some populations are disproportionately impacted by certain health conditions, Habtezion says the problem is nothing new. Consider the hard facts. African American women are twice as likely to die of breast cancer than any other racial group.[1] African American males are 2.5 times more likely to die of prostate cancer than non-Hispanic, white men.[2] American Indians and Alaska Natives born today have a life expectancy that is 5.5 years less than all other races in the U.S. (73.0 years to 78.5 years, respectively).[3] These challenges to health equity have a historical basis. Early- and late-stage medical research has long lacked diversity that reflects the true makeup of the U.S. population. While white Americans make up 67 percent of the U.S. population, they comprise 83 percent of trial participants. While Black/African Americans and Hispanic/Latinxs make up 13.4 percent and 18.1 percent of the U.S. population, they make up only five percent and less than one percent of trial participants respectively.[4]

## **Changing the tide**

Habtezion took a leave of absence from her position as Professor of Medicine and Associate Dean for Academic Affairs at Stanford University School of Medicine to become Pfizer's Chief Medical Officer. She wanted to make a larger impact in unmet needs by applying scientific knowledge to diseases and was particularly interested in what's known as "translational" research, which is known as "bench-to-bedside and bedside-to-bench relationships."

"Inequities are everywhere. You can pick any disease and you will find inequities," says Habtezion. "Pfizer has such a large and broad portfolio covering many disease and therapeutic areas, which gives us a chance to look into those therapeutic areas. We can use and leverage the expertise already in existence in networks we have, as well as create new ones to delegate to diseases that have the greatest unmet needs and disparities."

For Habtezion, ITEM offers an opportunity to work toward research equity, which in turn will positively impact health inequities as a whole. Her goal, and the goal of ITEM, is to

use data to better understand the drivers of health inequities—whether they’re biological, environmental, societal, or an interaction among all of the above—and how scientific discoveries can meet the needs of underrepresented and minority patients. “We think of it as a holistic approach,” she says, explaining that her team will be collaborating with all of Pfizer’s therapeutic areas to uncover needs and opportunities.

The institute’s initiatives span three key dimensions to close the gaps in health disparities: research, development, and medical activities leveraging science, data, and translational expertise. ITEM strives to integrate equity across Pfizer’s end-to-end development pipeline in five ways. Research will be directed to understand the drivers of healthcare disparities in diseases across Pfizer’s development portfolio. New targets of diseases will be identified that are inclusive of underrepresented minorities, and for the benefit of all populations. Precision medicine will be amplified by including minorities and identifying root causes of disparities. Collaboration will be fostered with colleagues across Pfizer to enhance key initiatives focused on patient centricity, health equity, and social determinants of health. ITEM will engage and form partnership with the communities that are most impacted by the inequity. In addition, ITEM will work to prioritize resources and policies that foster community partnerships and improve representation of Black, Hispanics, and other minorities in the STEM workforce.

## **It takes a village**

ITEM’s goals are far-reaching, and Habtezion knows that Pfizer can’t do this work alone. She understands that health inequity is a public health threat that must be addressed in partnership with patients, patient advocacy groups, academic as well as institutions such as NIH, healthcare foundations, and medical societies. She recognizes how important it is to empower underserved populations and remove barriers to care, including lack of trust, accessibility, and financial and societal challenges.

“My dream is of a world free of health inequities, where we meet patients’ needs—especially those most vulnerable patients—and where we are rid of health disparities between racial, ethnic groups, and socio-economic groups” says Habtezion. “This is not something that one can do in a silo. We need to partner with others internally, but also externally, and it will require investment in many places. As a society, we all need to come together to try to address this challenge.”

[1] Study Finds Breast Cancer Mortality Rates Still Higher for Black Women. University of Central Florida. Available at <https://www.ucf.edu/news/study-finds-breast-cancer-mortality-rates-still-higher-for-black-women/>. Accessed 11/19/21.

[2] Association of Black Race With Prostate Cancer-Specific and Other-Cause Mortality. Dess RT, Hartman HE, Mahal BA, et al. *JAMA Oncol*. 2019;5(7):975–983. doi:10.1001/jamaoncol.2019.0826

[3] Disparities. Indian Health Service. Available at <https://www.ihs.gov/newsroom/factsheets/disparities/> Accessed 11/19/21.

[4] Representation in Clinical Trials: A Review on Reaching Underrepresented Populations in Research. The Association of Clinical Research Professionals. Available at <https://acrpnet.org/2020/08/10/representation-in-clinical-trials-a-review-on-reaching-underrepresented-populations-in-research/>. Accessed 11/19/21.

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