Health Equity

Health Equity Principles

Cancer is a disease that affects everyone, but it doesn't affect everyone equally.

While innovations in cancer prevention, detection, treatment, and survivorship have come a long way, not everyone has benefited equally. Research shows that while overall cancer mortality rates in the US are dropping, populations that are marginalized are bearing a disproportionate burden of cancer. If we are to further reduce deaths from cancer and achieve our mortality goal of reducing cancer deaths by 40% by 2035, we need to make sure everyone has the ability to benefit from the advances in prevention and treatment of cancer.

What is health equity?

For the American Cancer Society (ACS) and our nonprofit, nonpartisan affiliate, the American Cancer Society Cancer Action Network℠ (ACS CAN), health equity means **everyone has a fair and just opportunity to prevent, find, treat, and survive cancer**. Equity is not the same as equality. Equality is providing everyone with the same tools and resources. Equity is providing tools and resources based on needs that allow everyone the opportunity to be as healthy as possible. At ACS and ACS CAN, we are strengthening our organizations' commitment to advance health equity through our work at the national, state, and local levels.

What are health equity principles?

Adopting evidence-based health equity principles can guide our work and can foster a culture at ACS and ACS CAN that promotes and embraces health equity. These principles are the foundation for everything we do – our research, events, programs, services, and policies. It is important that everyone at ACS and ACS CAN – from frontline to leadership staff and volunteers – understand and adopt these principles. Our health equity principles are categorized by the three 3 Ps: **People**, **Place**, and **Partnerships**.

Partnerships

People

Leverage the power of volunteers.

Help people with the greatest need.

Embrace diversity and inclusion.

Partner with different sectors.

Everyone has a fair and just opportunity to prevent, find, treat, and survive cancer.

Collaborate with community members.

Prevent and address unintended consequences.

Understand the community's historical, social, cultural, and economic context.

Address structural and social determinants of health.

Implement sustainable community solutions.

Place

The next three sections of this guide provide a frame of reference and a few broad examples about how to potentially incorporate health equity principles into daily work. They are broken down by People, Place, and Partnerships.

A ☑ symbol denotes one of the nine principles.

Examples are cross-cutting and are not meant to be an exhaustive list of possibilities. Opportunities may vary based on an individual's readiness to adopt these principles, the job role, the external environment, available resources, and the needs and input of the population of focus.

Health Equity Principles: People

☑ Help people with the greatest need

Use quantitative and qualitative data to determine which populations have the greatest disparities in cancer prevention, detection, treatment, and survivorship. The data should drive how we prioritize our work. Some strategies that are designed for everyone may be less effective in improving cancer outcomes for minority groups and people with low socioeconomic status. We must know and target the unique challenges and barriers that these groups face in making healthy choices.

Examples:

- Identify populations affected by disparities and design programs or policies to prioritize and address them. See our 80% in Every Community Colorectal Cancer Campaign for an example of this.

- Prioritize outreach and engagement of Black and Hispanic/Latinx individuals for Making Strides Against Breast Cancer® events as they are disproportionally affected by breast cancer.

- Include disparities data in our campaign communications materials.

- Prioritize Road to Recovery® driver recruitment in diverse communities.
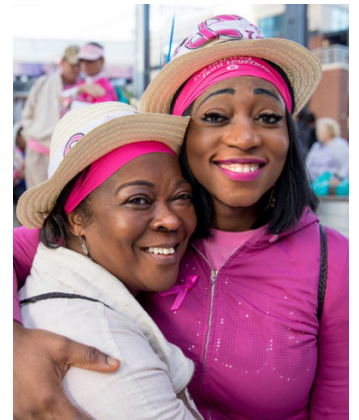
☑ Embrace diversity and inclusion

Embrace diversity and include populations that have been marginalized. This includes people living in poverty, communities of color, women, LGBTQ communities, people with disabilities, people who live in rural communities, and others who have historically been excluded. Understanding, accepting, respecting, and valuing different people and creating an inclusive and collaborative environment are essential to ensuring everyone has the opportunity to be as healthy and cancer-free as possible.

Examples:

- Promote and ensure all ACS and ACS CAN volunteers and staff participate in organizational training and learning opportunities related to diversity, equity, and inclusion (e.g., ACS Diversity and Inclusion Core Curriculum available on Society Pathways and population-specific trainings that highlight the historical context and experiences of different groups).

- Engage diverse teams, partners, and community members from the beginning of and throughout your work so that an array of perspectives is included in program creation, planning, delivery, and evaluation.

- Attempt to align ACS Area Board membership with similar demographic makeup of the area being served so the board is representative of the community.

Health Equity Principles: People

☑ ## Collaborate with community members

Engage community members, including cancer patients, in mutually beneficial relationships, focusing on those with the highest cancer burden and populations that have cancer disparities. Participate in community events, practice cultural humility, and engage community members in the creation, planning, delivery, and evaluation of ACS and ACS CAN work.

Examples:

- Listen to cancer patients and the broader community to find out what's important to them when it comes to their health, including identifying what barriers are in their way. For more examples, please see the Diversity and Inclusion in Volunteer Recruitment Resource.

- To avoid making assumptions, ask questions about the community of focus' priorities and solutions to better understand how to align the priorities of ACS and ACS CAN with them.

- Integrate community voices and perspectives in the planning and delivery of events, including Relay For Life® and Making Strides Against Breast Cancer events. The community and volunteers should shape local priorities and planning for fundraising events.

Health Equity Principles: Place

☑ Understand the community's historical, social, cultural, and economic context

Learn about the historical, social, cultural, and economic context that shapes the lives of those touched by cancer in the community or population before aligning research, events, programs, services, and policies that may impact them.

Examples:

- Develop an understanding of the values, norms, needs, and strengths of communities affected by cancer disparities by researching and immersing yourself in the community. Attend local events and have genuine conversations with community members. For more examples, please see Strategies for Engaging a Diverse Volunteer Base.

- Meet with community leaders and anchors, such as school leadership, religious organizations, and major employers. For example, build a relationship with a prominent faith leader and invite them to speak to at an ACS or ACS CAN event to better understand the lived experiences of the community's members.

☑ Address structural and social determinants of health

Identify and implement evidence-based strategies addressing the underlying structural and systemic barriers that impact cancer prevention, detection, treatment, and survivorship. Structural barriers refer to the systematic disadvantages of one group compared to other groups that are deeply rooted in our society, such as racism, classism, ableism, and sexism. These structural barriers influence the systems in which we live, work, learn, and play, (e.g., health care access, housing, financial stability, access to healthy and affordable food options, transportation), otherwise known as the social determinants of health.

Examples:

- Highlight our work that addresses the social determinants of health. For example, the ACS Hotel Partners Program and Hope Lodge® facilities provide housing for cancer patients who are getting treatment far from home.

- Invest in research that further explores underlying issues preventing people from being screened or seeking treatment, such as paid family leave or a living wage, to identify the true barriers to care.

- Encourage ACS regional Cancer Control staff and volunteers to collaborate with primary care networks and health systems to address the social determinants of health. For example, uplift and share patient navigator stories to make the case for addressing the social determinants of health.

Health Equity Principles: **Place**

<div style="background-color:#5B2C8D; color:white; padding:20px;">

☑ **Implement sustainable community solutions**

Go beyond providing programs and services and act with the intention of building relationships. Identify and implement evidence-based policies, systems, and environmental changes to build healthier communities that have lasting impact and ultimately improve community members' cancer prevention, detection, treatment, and survivorship.

</div>

Examples:

- Partner with local, regional, and state transportation departments to improve policies, plans, and projects that ultimately improve mobility access to preventative services and treatment within the community.

- Convene cross-sector partners to better understand and increase food security for cancer survivors. Partners could include local food retailers, food banks, health systems, and cancer patients. This work could focus on promoting healthy, affordable food at grocery stores and food banks, etc.

Health Equity Principles: Partnerships

✓ Leverage the power of volunteers

Engage diverse volunteers and leverage their skills and experiences to inform and support the common goal of building healthier communities.

Examples:

- Invite volunteers who are interested in health equity to participate in the development, implementation, and evaluation of programs and policies.

- Utilize community health needs assessments and health department data to document cancer disparities and identify unmet needs. With this data in mind, ACS Cancer Control staff can work with ACS Area Boards to embed health equity into their plans and priorities.

- Identify areas of interest for volunteers who are active within the organization to better understand issues that appeal to them and increase our relevance. For example, there may be a volunteer active in Making Strides Against Breast Cancer events who is interested in influencing legislators to preserve and/or expand Medicaid.

✓ Partner with different sectors

Engage partners from different and new sectors, including those that represent or address health disparities, to maximize the impact of our work. A partnership is defined as a collaboration between two entities or organizations to build trust, share resources, and come together around a common goal.

Examples:

- ACS Area Boards and CEOs Against Cancer® Chapters can facilitate and leverage action on key social determinants of health such as access to care or transportation through its partners, employees, networks, or cross-sectoral initiatives.

- ACS regions could convene organizations from different sectors and facilitate ongoing dialogue to influence action on a health equity priority area such as food security.

- ACS and ACS CAN volunteer leaders and staff can play a supportive role in national, state, and local intersectoral committees/task forces/roundtables that work on sustainable efforts to reduce cancer disparities.

- ACS and ACS CAN volunteers and staff can collaborate with faith-based institutions and social/civic organizations on aligning our work and increasing our relevance and mission impact.

☑ **Prevent and address unintended consequences**

Consider how existing policies, practices, or programs may have potentially harmful, unintended consequences or disproportionately impact certain populations by engaging those who would be most affected in the development, implementation, and evaluation of the solution. Policies, practices, and programs should be explicit about prioritizing these populations; otherwise we may contribute to widening the disparities gap versus advancing health equity. Unintended consequences may occur, and it's important to reflect on our work and address these situations when they arise.

Examples:

- Advocate for evidence-based policies but anticipate and address unintended consequences. For example, a new law requires that public housing must be smoke-free, but an unintended consequence is that residents could be evicted for smoking. To address this potential issue, with funding from a Robert Wood Johnson Foundation grant, ACS, in partnership with the North American Quitline Consortium (NAQC) and Smoking Cessation Leadership Center (SCLC), is increasing access to evidence-based tobacco-cessation services for residents of public housing to help reduce tobacco use and improve overall health and well-being.

- Involve populations impacted by a policy or program in the concept and planning phases and have authentic discussions regarding what challenges may arise or potential unintended consequences they may see.

References

- The National Academies of Science. 2017. Communities in Action: Pathways to Health Equity. https://www.nap.edu/read/24624/chapter/5#100.

- American Cancer Society. (2015). Policy, Systems and Environmental Change Resource Guide. Retrieved from https://smhs.gwu.edu/cancercontroltap/sites/cancercontroltap/files/PSE_Resource_Guide_FINAL_05.15.15.pdf.

- American Cancer Society. *Cancer Facts & Figures 2018*. Atlanta: American Cancer Society; 2019.

- American Cancer Society. *Cancer Facts & Figures 2019*. Atlanta: American Cancer Society; 2019.

- Ashing KT, Miller AM, Mitchell E, et al. Nurturing Advocacy Inclusion to Bring Health Equity in Breast Cancer among African American Women. *Breast Cancer Manag*. 2014;3(6):487-495. doi:10.2217/bmt.14.41.

- Belgrave, FZ, & Abrams, JA. Reducing disparities and achieving equity in African American women's health. *Am Psychol*, 2016; 71(8):723-733. http://dx.doi.org/10.1037/amp0000081.

- Braveman, P. A New Definition Of Health Equity To Guide Future Efforts And Measure Progress. 2017. *Health Affair*. Retrieved from https://www.healthaffairs.org/do/10.1377/hblog20170622.060710/full/.

- Browne, AJ, Varcoe CM, Wong ST, et al. Closing the health equity gap: evidence-based strategies for primary health care organizations. *Int J Equity Health*. 2012. https://doi.org/10.1186/1475-9276-11-59.

- Byers T, Wender R, Jemal A, Baskies, AM. et al. The American Cancer Society Challenge Goal to Reduce US Cancer Mortality by 50% Between 1990 and 2015: Results and Reflections. *Cancer*. 2016;66(5):359-369. https://doi.org/10.3322/caac.21348.

- Centers for Disease Control and Prevention – Division of Community Health. *A Practitioner's Guide for Advancing Health Equity: Community Strategies for Preventing Chronic Disease*. Atlanta, GA: US Department of Health and Human Services; 2013.

- Chandra A, Acosta J, Carman KG, et al. Building a National Culture of Health: Background, Action Framework, Measures, and Next Steps. *Rand Health Q*. 2017;6(2):3.

- Department of Health and Human Service. National Partnership for Action to End Health Disparities (NPA). Glossary of Terms. Retrieved from https://minorityhealth.hhs.gov/npa/templates/browse.aspx?lvl=1&lvlid=34.

- Fawcett S, Schultz J, Watson-Thompson J, Fox M, Bremby R. Building Multisectoral Partnerships for Population Health and Health Equity. *Prev Chronic Dis*. 2010;7(6):A118.

- Health Equity: Community Catalyst's Guiding Principles, Projects and People. (2016). Community Catalyst. Retrieved from https://www.communitycatalyst.org/blog/health-equity-community-catalysts-guiding-principles-projects-and-people#.W9DHBOSouHs.

- Heiman HJ, Artiga S. Beyond Health Care: The Role of Social Determinants in Promoting Health and Health Equity. The Kaiser Commission on Medicaid and the Uninsured. (2015) https://www.issuelab.org/resources/22899/22899.pdf.

- Hiatt RA, Sibley A, Fejerman L. The San Francisco Cancer Initiative: A Community Effort To Reduce The Population Burden Of Cancer. *Health Affair*. 2018. https://doi.org/10.1377/hlthaff.2017.1260.

- Ibrahim SA, Thomas SB, Fine MJ. Achieving Health Equity: An Incremental Journey, *Am J Public Health*. 2003;93(10):1619-1621.

- Lisa A. Cooper et al. "Calling for a Bold New Vision of Health Disparities Intervention Research", *Am J Public Health*. 2015;105(S3): S374-S376. DOI: 10.2105/AJPH.2014.302386.