American Cancer Society®

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Health Equity Principles

Health Equity Principles

What is health equity?

What are ACS' Health Equity Principles?

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- Help people with the greatest need.
- Prioritize diversity, equity, and inclusion.
- Value community expertise.

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Acknowledgments

Everyone should have a fair and just opportunity to prevent, detect, treat, and survive cancer.

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, people who are marginalized or historically excluded continue to bear a disproportionate burden of preventable death and disease. To end cancer as we know it for everyone, we must advance health equity.

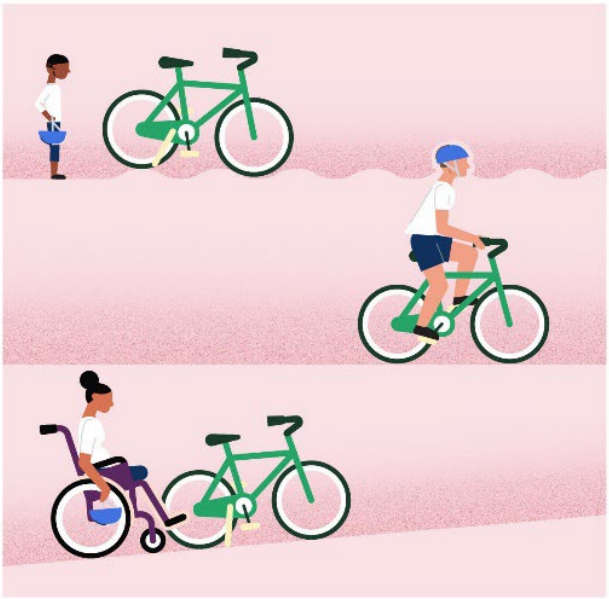
What is health equity?

Many barriers can impact a person's ability to prevent, detect, treat, and survive cancer. A person's cancer outcomes can be determined by their ZIP code, education level, income, access to health care, and other factors like discrimination in healthcare. These barriers, also known as the social determinants of health, are shaped by structural inequities, such as racism, classism, homophobia, and ableism. The social determinants of health are deeply rooted conditions at all levels of society that will take intentional action to address and achieve equitable cancer outcomes.

To the American Cancer Society (ACS), and its nonprofit, nonpartisan advocacy affiliate, the American Cancer Society Cancer Action Network (ACS CAN℠), health equity means that everyone has a fair and just opportunity to prevent, detect, treat, and survive cancer.

It's important to note that equity is not the same as equality. Equality is providing everyone with the same tools and resources, while equity means providing the specific tools and resources, based on individual needs, that allow everyone the opportunity to be as healthy as possible. To better understand the difference between equity and equality, please take a look at the graphics on the next page provided by the Robert Wood Johnson Foundation, our partner in advancing health equity:

EQUALITY:
Everyone gets the same–regardless if it's needed or right for them.



EQUITY:
Everyone gets what they need–understanding the barriers, circumstances, and conditions.

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EQUALITY:
Everyone gets the same – regardless if it's needed or right for them.

EQUITY:
Everyone gets what they need – understanding the barriers, circumstances, and conditions.

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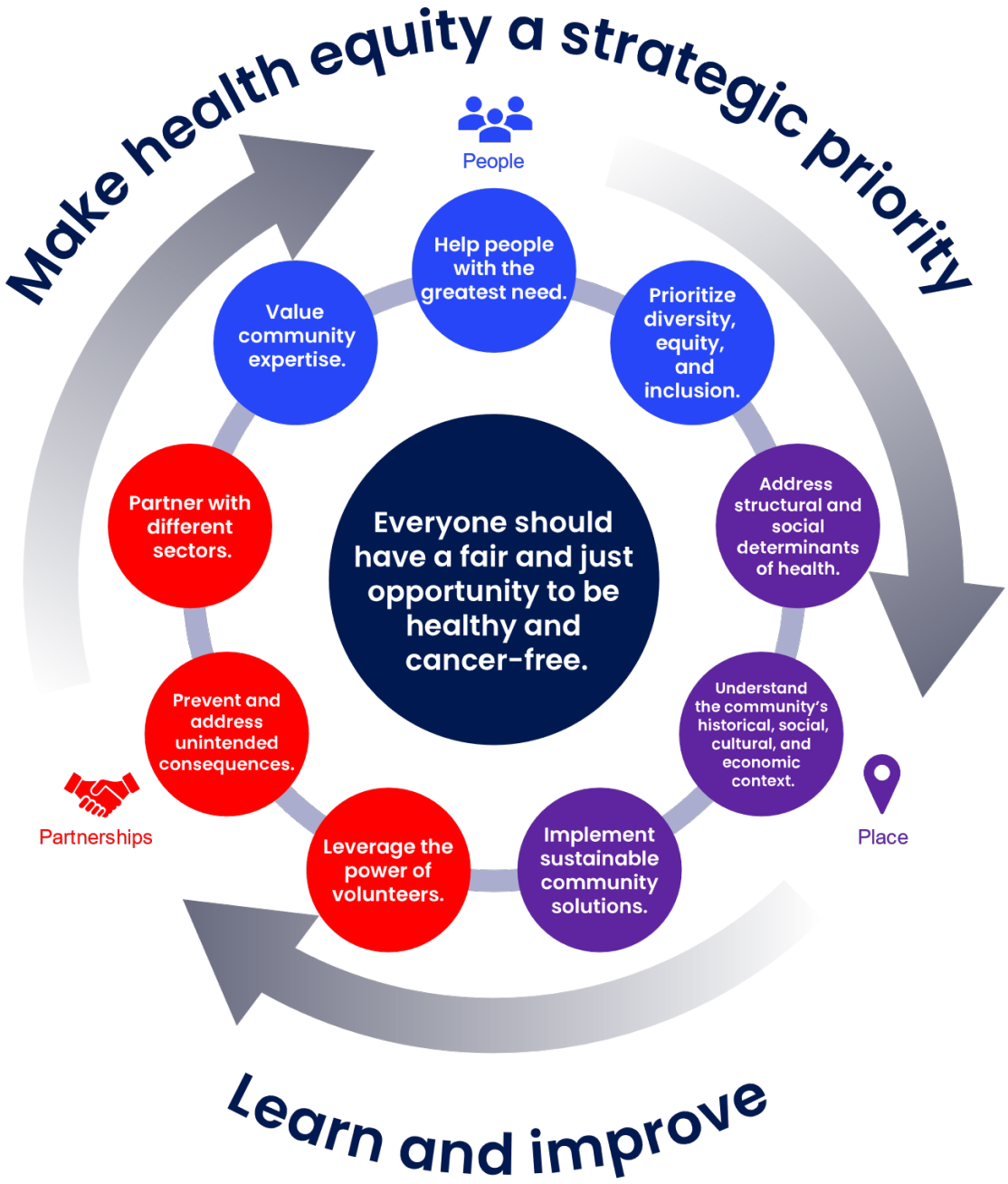
What are ACS' Health Equity Principles?

The nine evidence-based Health Equity Principles you will learn about in this guide are the foundation of everything we do as an organization. They guide our work, foster a culture that embraces health equity, and express our commitment to making health equity a strategic priority. **It is an expectation that everyone at ACS and ACS CAN – from frontline team members to volunteers – understand and follow these principles.** Each of us is on our own health equity journey, and we may be stronger in some areas while needing to strengthen others. It's also important to highlight that as the world around us changes, we must also change and continue to learn.



The next three sections of this guide provide a frame of reference for our Health Equity Principles and include examples of how to incorporate them into your daily work. They are broken down by People, Places, and Partnerships.

A ☑ symbol denotes one of the principles.

The examples we've included are wide-ranging and are not meant to be an exhaustive list of possibilities. Opportunities may vary based on a team's readiness to adopt these principles, the job role, the external environment, available resources, and the community's input and needs.

Health Equity Principles: People

Principle: Help people with the greatest need.

Use quantitative and qualitative data to determine which populations have the most significant disparities in cancer prevention, detection, treatment, and survivorship. The data should drive how we prioritize our work. Some strategies designed for everyone may be less effective in improving cancer outcomes for marginalized or historically excluded communities.

Examples:

- Set specific goals that address cancer disparities and achieve health equity. See our 80% in Every Community Colorectal Cancer Campaign as an example.
- Prioritize outreach and engagement of Black and Hispanic/Latino individuals for Making Strides Against Breast Cancer® events, because breast cancer is the leading cause of cancer death in the US for Black women and Hispanic women/Latinas.
- Include disparities data in campaign communications materials and highlight what ACS and ACS CAN are doing to address them, such as ACS CAN's Costs of Cancer project.
- Prioritize Road to Recovery® driver recruitment in communities with the greatest need, including rural communities.

Principle: Prioritize diversity, equity, and inclusion.

Honor, respect, and value populations that are marginalized. This includes people with limited incomes, communities of color, women, LGBTQ+ communities, people with disabilities, people who live in rural communities, and other people who have been historically excluded. Creating an inclusive and collaborative environment ensures everyone has a fair and just opportunity to prevent, detect, treat, and survive cancer.

Examples:

- Promote organizational training and learning opportunities related to diversity, equity, and inclusion (e.g., ACS Diversity and Inclusion Core Curriculum available on ADP; population-specific trainings highlighting the historical context and experiences of different groups) and ensure all ACS and ACS CAN volunteers and team members participate.
- Use inclusive language that respects all people. See ACS' Inclusive Language and Writing Guide for comprehensive guidance.
- Recruit and engage diverse collaborators throughout your work to ensure an array of perspectives are included in program creation, planning, delivery, and evaluation.
- Ensure that ACS Area Board membership and event volunteer leadership committees reflect the communities we serve.

Principle: Value community expertise.

" Sometimes, decision-makers or other stakeholders may inadvertently face power dynamics or other structural barriers that can hinder particular partners from participating candidly and fully; true inclusion requires intentional examination of group needs and processes to ensure that all stakeholders have full opportunity to contribute to the process."

- *Collective Impact Principles of Practice: Putting Collective Impact Into Action*

Earn and sustain relationships with people with cancer, their families, and their caregivers, focusing on people with the highest cancer burden. Engage them in creating, planning, delivering, and evaluating ACS and ACS CAN work. Respect leadership and expertise from many sources to identify health challenges and develop lasting solutions.

Examples:

- Listen to others to find out what's important to them regarding their health, including what barriers are keeping them from achieving their optimal health. Please see the Diversity and Inclusion in Volunteer Recruitment Resource for more examples.
- Ask community members about their priorities and any ideas they may have for addressing them. Look for overlap with ACS and ACS CAN priorities and resources.
- Integrate the voices and perspectives of people with cancer, cancer survivors, their families, and their caregivers, focusing on people with the highest cancer burden in the planning and delivery of events. This includes Relay For Life® and Making Strides Against Breast Cancer® events. The community and volunteers should shape local priorities and the planning of fundraising events.

Health Equity Principles: Places

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

Learn about the historical, social, cultural, and economic context that shapes the lives of people touched by cancer in marginalized or historically excluded communities. This process takes time and requires repeat engagement. Ensure that research, events, programs, services, and policies that impact the community reflect their priorities.

Examples:

- Develop an understanding of the values, norms, needs, assets, and strengths of communities affected by cancer disparities by attending local events and engage in genuine conversations with community members. For more examples, please see Strategies for Engaging a Diverse Volunteer Base.
- Participate in community celebrations, such as Pride Month or Hispanic Heritage Month, to acknowledge the significant contributions of the LGBTQ+ and Hispanic/Latino communities. Offer ACS and ACS CAN resources and demonstrate to these communities we care about them.
- Ask federally qualified health systems partners about the people they serve to understand their communities better.
- Meet with community leaders, such as university leadership and local employers. For example, build a relationship with a community leader and invite them to speak at an ACS or ACS CAN event to better understand the lived experiences of that community's members.

Principle: Address the structural and social determinants of health.

Identify and implement evidence-based strategies to address structural and systemic barriers (i.e., the systematic disadvantage of one group compared to others) that impact cancer prevention, detection, treatment, and survivorship. Address barriers within the cancer care delivery system, including the cancer care team, the larger health care organizations (including payers and hospital systems), and the environment surrounding the health care system. For example, ACS may work with a health systems partner to increase access to cancer screening by providing transportation in a rural community.

Health Equity Principles: Places

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 people facing cancer who must travel for treatment.
- Invest in research that further explores underlying issues preventing people from being screened or seeking treatment, such as paid family leave or provider bias (such as homophobia/anti-LGBTQ+ bias), to identify the actual barriers to care.[2]
- Encourage ACS Patient Support team members and volunteers to collaborate with primary care networks and health systems to address the social determinants of health. For example, share patient navigator stories with them to underscore the need for addressing the social determinants of health.

Health Equity Principles: Places

Principle: 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.

Examples:

- Support ACS CAN's grassroots campaigns for policies such as Medicaid expansion, to increase access to care.
- Collaborate with health systems to develop and implement quality improvement strategies for evidence-based cancer screening and HPV projects.
- Convene cross-sector partners to implement a process to increase cancer screening for populations that face barriers, such as a lack of housing or transportation. Partners could include local clinics, community-based organizations, sports teams, media, etc.

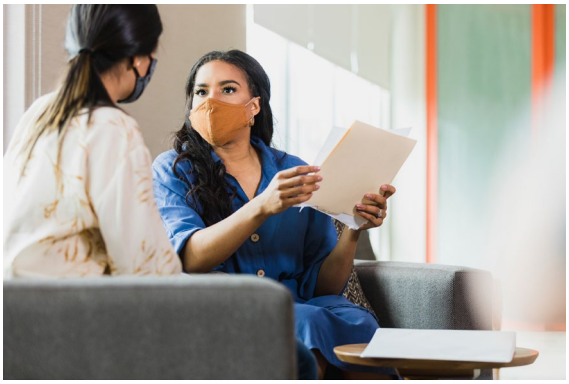
Health Equity Principles: Partnerships

Principle: Leverage the power of volunteers.

Engage volunteers from marginalized or historically excluded communities, and leverage their expertise to inform and support the common goal of ensuring everyone has a fair and just opportunity to prevent, detect, treat, and survive cancer.

Examples:

- Use community health needs assessments and health department data to document cancer disparities and identify unmet needs. With this data in mind, Patient Support team members can work with ACS Area Boards to embed health equity into their plans and priorities.
- Identify areas of interest for volunteers to better understand issues that appeal to them and increase our relevance. For example, a volunteer involved in Making Strides Against Breast Cancer® events may also be interested in influencing legislators to preserve and/or expand Medicaid.



- Invite volunteers interested in health equity to participate in the development, implementation, and evaluation of programs and policies. For example, ACS CAN is amplifying the voices of diverse volunteers by establishing affinity leadership groups such as the Black Volunteer Caucus, the LGBTQ+ & Allies Engagement Group, the Asian & Pacific Islander Volunteer Advisory Group, and the Hispanic/Latino Volunteer Advisory Group. These affinity group members engage in meaningful outreach, recruitment, advocacy, and policy work nationally and locally.

Principle: Partner with different sectors.

Engage partners from different sectors and partners who represent specific communities to maximize the impact of our work. A partnership is a collaboration between two entities or organizations to build trust, share resources, and come together around a common goal. Potential partners include community centers, places of worship, schools, civic or volunteer groups, state or local agencies, small businesses, media partners, and youth-serving organizations. This is not an exhaustive list.

Health Equity Principles: Partnerships

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 Patient Support team members could convene organizations from different sectors and facilitate ongoing dialogue to influence action in a priority area of health equity, such as increasing access to care for specific populations.
- ACS volunteer leaders and team members can support national, state, and local intersectoral committees/task forces/roundtables that work on sustainable efforts to reduce cancer disparities.
- ACS volunteers and staff can collaborate with places of worship and social/civic organizations to align our work and increase our relevance and mission impact.

Principle: Prevent and address unintended consequences.

Consider how existing policies, practices, or programs may have potentially harmful, unintended consequences or disproportionately impact certain populations, and engage individuals who would most likely be impacted in the development, implementation, and evaluation of a potential 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:

- ACS CAN advocated for insurance to cover follow up colonoscopies after a positive non-invasive stool test. New guidance was announced that required private insurance plans to cover follow-up colonoscopies, but it did not require state Medicaid programs and non-ACA compliant health plans (i.e., state employee health plans) to follow the new guidance. This resulted in unequal access to colonoscopies following a positive stool-based test based on the type of insurance and is a problem for people who reside in states that have not expanded Medicaid. To address this issue, ACS CAN is working with states to increase coverage by expanding Medicaid in the states that have not yet done so, making sure state Medicaid programs are offering all available tests approved by the United States Preventive Services Taskforce, and ensuring that state employee health plans cover appropriate colorectal cancer screenings.
- Involve populations impacted by a policy or program in the conceptual and planning phases and have authentic discussions regarding what challenges may arise or potential unintended consequences they may see.

It will take all of us working together to advance health equity, and we will keep fighting. What will your contribution be?

Achieving a world where everyone has a fair and just opportunity to prevent, detect, treat, and survive cancer will take time. It will take ongoing investments, unwavering commitment, determination, and humility. Most importantly, if we are to reduce cancer disparities, it will take a commitment and willingness to listen to and learn from people who are marginalized and engaging them in the work every step of the way.

If you are an ACS or ACS CAN volunteer or team member, there are many ways you can continue your health equity journey.

- After reviewing this resource, reflect on how healthy equity affects your work and how you might apply ACS' health equity principles. How can you enhance the narratives used to articulate your work to include health equity?
- Join an **Employee Engagement Group**.
- Apply your learnings from the mandatory 3-step Foundations of Health Equity training and two supplemental trainings – *Communicating About Health Equity* and *Volunteer Engagement* – on ADP and the **Volunteer Learning Center**.
- Browse our **health equity** and **diversity, equity, and inclusion** resources on Society Source, Brand Toolkit, and Canva.
- Learn more about our **diversity and inclusion partnerships** and **health equity mission** on cancer.org.
- Participate in training and education sessions offered by the ACS DEI Team, including population-specific and diversity training on ADP and the **DEI Society Source page.**
- Share how using ACS and ACS CAN's health equity principles help you achieve our organizational goals on our communications platforms, including ACS2Go and social media.
- ACS and ACS CAN's commitment to health equity aligns with how we deliver our mission and measure our success. Practicing our health equity principles can help you increase the number of lives we touch and partners we engage. Thank you for being a part of this important work.

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Finally, we extend gratitude to the many people with cancer we serve and their families, caregivers, and community members. Thank you for sharing your experiences, knowledge, and trust with us. We look forward to finding new ways to serve you and standing alongside you to end cancer as we know it, for everyone.

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