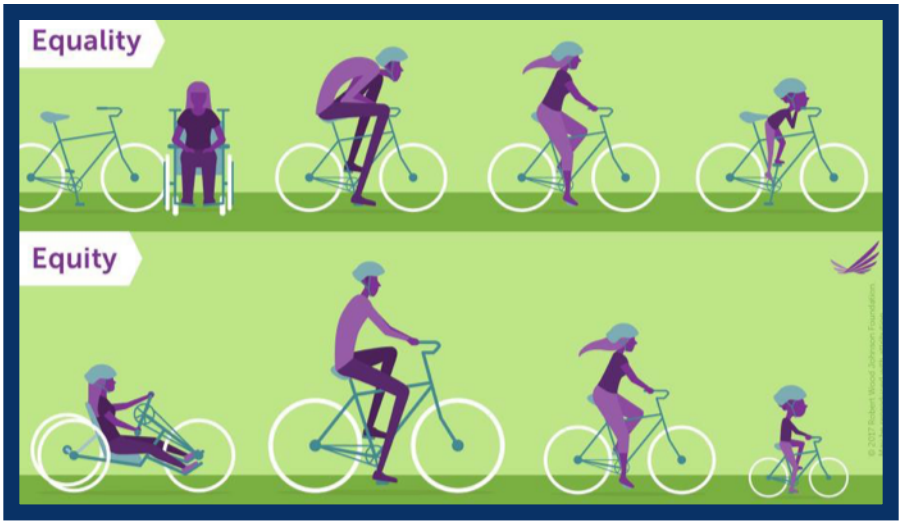
What is health equity?

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. It 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. ACS and ACS CAN are on a journey toward achieving health equity. To save more lives from cancer, ACS and ACS CAN are strengthening our commitment to health equity and increasing our understanding of and action on the social determinants that drive disparities in the cancer burden.



Why is health equity important?

Cancer is a disease that affects everyone, but it doesn't affect everyone equally. Healthy People 2020 describes a health disparity as a particular type of health difference that is closely linked with economic, social, or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater social or economic obstacles to health based on their racial or ethnic group, religion, socioeconomic status, gender, age, or mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.[i, ii] Changes in health disparities help us measure progress toward health equity.

“Show me the data!”: Cancer Disparities Facts

People with lower socioeconomic status (SES), which is approximated by a person’s educational, economic, or work status, have higher cancer death rates than those with higher SES. The largest gaps are for the most preventable cancers.[iii, iv] Socioeconomic inequalities in cancer mortality have widened over the past three decades.[v]

Racial and ethnic minorities tend to receive lower-quality health care than non-Hispanic whites.[iii] For most cancers, African Americans have the highest death rate and shortest survival of any racial/ethnic group in the US.[vi] Thirty-two percent of African Americans surveyed said they have experienced racial discrimination at a health care provider visit.[vii]

Despite historically lower incidence rates, African American women are 40% more likely to die of breast cancer than white women overall and are twice as likely to die if they are over 50.[viii] Hispanic/Latina women have the highest rate of cervical cancer compared to other races/ethnicities, nearly 35% higher than non-Hispanic whites.[ix, x]

A systematic literature review found that residential segregation contributed to cancer and cancer-related racial disparities in 70% of analyses.[xi] Furthermore, living in segregated African American areas was associated with increased chances of later-stage diagnosis, higher mortality rates, and lower rates of survival from breast and lung cancers.[xii]

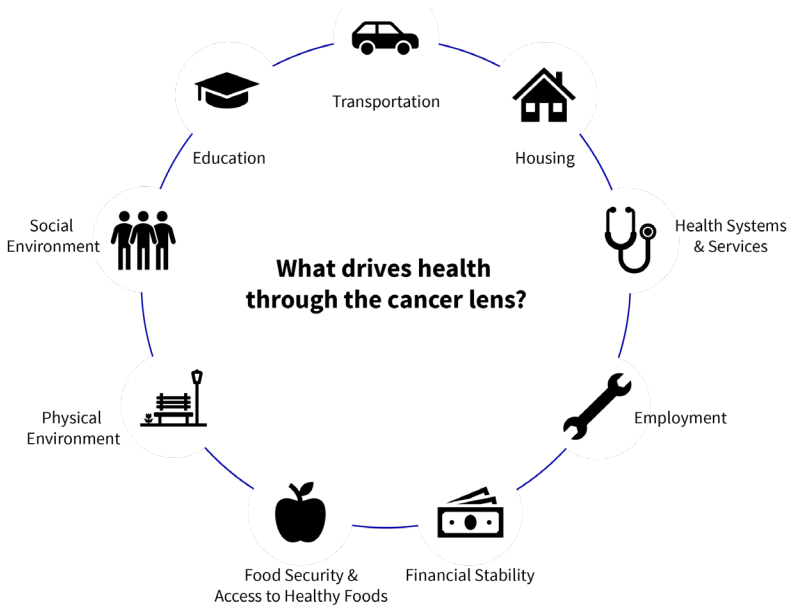
In a study of patients with colon cancer, a subset of patients without private insurance (i.e., uninsured, Medicaid, or Medicare) who lived in areas with low oncologist density were less likely to receive adjuvant chemotherapy.[xiii]

Research confirms that the LGBTQ community has a disproportionate burden of cancer, has a higher prevalence of some risk factors, and faces barriers to accessing health care beyond those of the general population.[xvi, xvii]

Up-to-date HPV vaccination coverage among adolescents in rural areas were 15 percentage points lower in comparison to urban communities (41% vs. 56% respectively).[xiv, xv]

How is health equity achieved?

Did you know that 80% of what influences our health is not actually medically related? Health is driven by more than inherited characteristics (i.e., genes) and medical care. It is driven by complex and interrelated social, economic, cultural, environmental, and health system factors that are historically linked to systemic discrimination or exclusion.[iv] These **social determinants of health** – such as financial stability/hardship (e.g., unexpected medical bills, paying out of pocket for preventive health services), access to healthy foods/food security, and transportation/mobility – contribute to health disparities.



Social determinants of health cut across all the work being done at ACS and ACS CAN. They influence a person's ability to prevent, find, treat, and survive cancer. They also often dictate a person's opportunity and ability to make healthy choices and can greatly impact their cancer experience. If we are to further reduce suffering and 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 are ACS and ACS CAN doing to advance health equity?

ACS in collaboration with ACS CAN is partnering with the Robert Wood Johnson Foundation (RWJF), the nation's largest philanthropy focused solely on health. Through this partnership, we are working to advance health equity through a multifaceted approach that includes:

- Strengthening our organizational commitment and capacity to advance health equity and address social determinants of health that create cancer-related health disparities
- Engaging multiple sectors and collaborators so we can work together to identify and develop solutions that improve equitable access to cancer prevention, detection, and treatment resources at the national, state, and local levels
- Establishing and nurturing mutually beneficial relationships with communities so we can explore, identify, design, implement, and evaluate community-driven solutions to address the social determinants of health, ultimately leading to lasting, healthy, thriving communities
- Sharing our lessons along the way so other organizations that are also on their health equity journey can learn from our successes and challenges

How can staff and volunteers advance health equity?

Volunteers and staff can help advance health equity by learning more about it, understanding why advancing health equity is important for our mission, and using our health equity principles as a guide for this important aspect of our work. Addressing the inequities in cancer outcomes requires all of us to use a health equity lens in our work. Our families, friends, colleagues, and communities are counting on us.

How can a health equity lens be incorporated into our scope of work at ACS and ACS CAN?

Health equity is not a program or "add-on" skill, but rather a daily process through which we seek to improve cancer-related outcomes and eliminate cancer disparities.

- Ask yourself how healthy equity affects the work you do at ACS/ ACS CAN and how health equity principles might apply to your work. In addition, can you enhance the narratives used to articulate your work to include health equity?
- Applying a health equity lens to your work could affect how you prioritize key audiences, define key messages, deliver programs, develop and analyze research, position public policy priorities.
- Participate in upcoming 2020 health equity educational opportunities at ACS or ACS CAN that will help you enhance your work.

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