



Health Equity Fact Sheet

What is health equity?

“Health equity is the ethical and human rights principle that motivates us to eliminate health disparities.”ⁱ For the American Cancer Society (ACS) and American Cancer Society Cancer Action NetworkSM (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.



Source: Robert Wood Johnson Foundation. 2017.

Why is health equity important?

Cancer is a disease that affects everyone, but it is a disease that does not affect everyone equally. [Healthy People 2020](#) defines 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.”ⁱⁱ Changes in health disparities help us measure progress toward health equity. Examples of cancer-related health disparities include:

- People with lower socioeconomic status (SES), which is measured by a person’s social, economic, and 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 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}

ACS and ACS CAN are on a journey toward achieving health equity. To save more lives from cancer, we must strengthen our organizational commitment to health equity and increase our understanding of the social determinants that drive disparities in the cancer burden.

- Despite historically lower incidence rates, African American women are 39% more likely to die of breast cancer than white women.^{viii}
- Hispanic/Latina women have the highest rate of cervical cancer compared to other races/ethnicities, nearly 40% higher than non-Hispanic whites.
- A systematic review of the literature found that residential segregation contributed to cancer and cancer-related racial disparities in 70% of analyses.^{ix} Furthermore, living in segregated African American areas was associated with increased chances of later-stage diagnosis of breast and lung cancers, higher mortality rates, and lower rates of survival from breast and lung cancers.^x
- In a study looking at 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 at all.^{xi}
- While HPV vaccination initiation and completion rates are climbing, disparities among adolescents in rural and urban areas persist with an 11-percentage point gap in initiation rates alone.^{xii, xiii}
- Research confirms that the LGBTQ community has a disproportionate burden of cancer, has distinctive risk factors, and faces additional barriers to accessing health care.^{xiv} Therefore, they have both greater cancer incidence and later-stage diagnosis.^{xv}

How do we achieve health equity?

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 insecurity, 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, detect, 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 goal of health equity, ACS and ACS CAN must address the social determinants of health and apply a health equity lens to our work.

Examples of Social Determinants of Health



Source: Robert Wood Johnson Foundation. 2018

What are ACS and ACS CAN doing to advance health equity?

To help address health equity, ACS and ACS CAN are 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 so we can work together 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 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, and implement community-driven solutions to address the social determinants of health and ultimately help build 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

What can I do to advance health equity?

You 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. We applaud your support and commitment.

Incorporate a health equity lens within your scope of work:

- Health equity is not a program, but rather a process through which we seek to improve cancer-related outcomes and eliminate cancer disparities.
- Ask yourself how health equity affects the work you do at ACS and ACS CAN and how you might apply health equity principles 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, and through ACS CAN, position public policy priorities.

References

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