



PATIENT SUPPORT PILLAR

2022 HEALTH EQUITY IMPACT REPORT



AUGUST 2023

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Dear colleagues, partners, supporters, and friends:

The Health Equity Impact Report is a non-exhaustive collection of success stories, lessons learned, and significant milestones of our journey in 2022, and I am proud to be able to share it with you. This year was one of momentous change and growth for the Patient Support Pillar at the American Cancer Society (ACS). We began an organizational design process to go into effect in 2023 with the goal of becoming more relevant to patients, caregivers, and clinicians, using a realigned team providing expert-level assistance to solve important cancer problems. This was alongside community partnerships that will strengthen our work. And by changing our structure, we can better support today's challenges while poised to support greater and more equitable outcomes.

This was an extraordinary opportunity to impact the lives of people with cancer and their families and to ensure everyone has an opportunity to prevent, detect, treat, and survive cancer. To fully seize that opportunity required a unified, consistent approach to how the organization and those we serve engage with the Patient Support Pillar team on every level.

Daily, we continue to see injustices for historically excluded communities domestically and across the globe. Our team members, volunteers, and partners will continue demonstrating our collective commitment to health equity and providing trusted information and support for people at risk for cancer and all people and their caregivers facing cancer diagnoses. And we humbly acknowledge that we can't do this important work alone. Collaboration is critical, especially when it comes to leveraging the expertise of our partners and sharing power and decision-making with people with cancer, their caregivers and families, and their communities to develop solutions.

There is still much to be done to ensure that all people have a fair and just opportunity to live a longer, healthier life free from cancer regardless of how much money they make, the color of their skin, their sexual orientation, their gender identity, their disability status, or where they live. We will continue to identify what action we can take—big or small—to forge a path forward to be more impactful, relevant, innovative, and people-centered.

Thanks for all that you do to advance health equity and to support our work,
Arif Kamal, MD, MBA, MHS
Chief Patient Officer



Arif Kamal, MD, MBA, MHS
Chief Patient Officer



ARIF KAMAL, MD, MBA, MHS
CHIEF PATIENT OFFICER

**THE RIVERS FAMILY
JAMIL, BREAST CANCER THRIVER &
VOLUNTEER HEALTH EQUITY CHAMPION
RICK, COLON CANCER THRIVER**



INTRODUCTION

REPORT OBJECTIVES

This Health Equity Impact Report is a compilation of milestones, key performance indicators, success stories, lessons learned, and personal narratives through January of 2023, capturing the impact of the American Cancer Society (ACS)'s Patient Support Pillar programs and services through a health equity lens. To improve the lives of patients and families impacted by cancer and continue to eliminate disparities, ACS continues to strengthen its organizational commitment and actions to advance health equity through its work at global, national, state, and local levels.

After reading this report, we intend that readers will see the ways a health equity approach can have impact, whether through partnerships, storytelling, research, community engagement, securing resources, volunteerism, or other activities. Furthermore, we hope that readers will see opportunities to replicate some of the work within their local communities and apply the lessons learned to advance health equity in sustainable ways. Each "spotlight" story in the report links to the nine [ACS Health Equity Principles](#) to enhance learning and reflection opportunities and inspire action.

In this report, you will find:

- Background information on the Patient Support Pillar,
- Data storytelling and impactful spotlights of health equity action across the globe, and
- Detailed summaries of our work that provides more descriptive information by roles played.

ABOUT HEALTH EQUITY AT THE AMERICAN CANCER SOCIETY

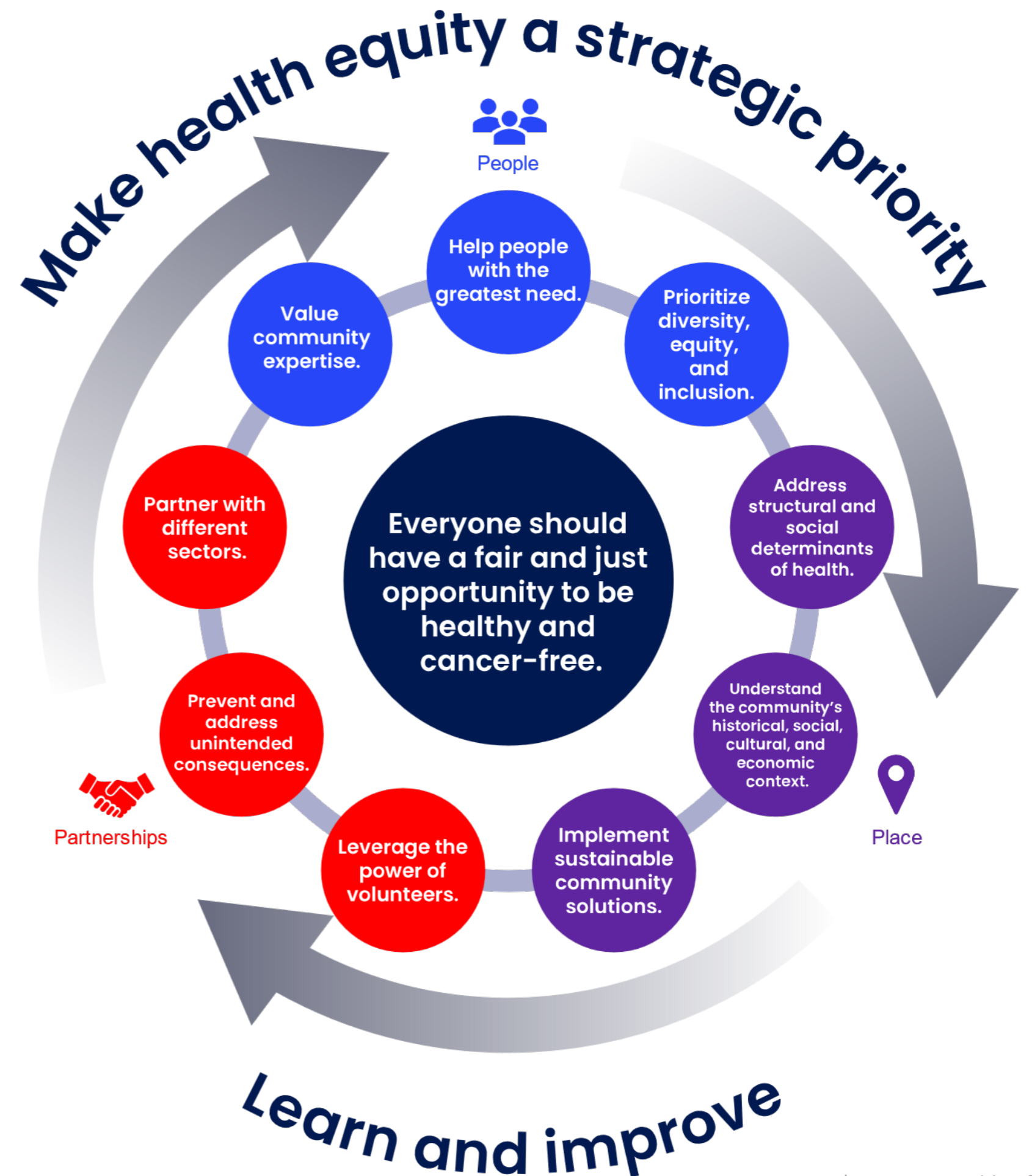
Cancer affects everyone but not equally. Many barriers can impact a person's ability to prevent, detect, treat, and survive cancer, with racism and discrimination making it even more difficult to address social determinants of health. A person's quality of life and cancer outcomes can be determined by their ZIP code, education, income, access to health care and healthy and affordable foods, and other variables outside their control. These barriers are deeply rooted, long-standing inequities at all levels of society that will take an intentional effort to address for equitable cancer outcomes.

To ACS, and its non-profit, nonpartisan advocacy affiliate, the ACS Cancer Action Network (ACS CANSM), health equity means that **everyone** has a fair and just opportunity to prevent, detect, treat, and survive cancer.

Evidence-based **Health Equity Principles** are the foundation of everything we do; they guide our work and foster a culture at ACS that promotes and embraces health equity. They are categorized by People, Place, and Partnerships. This report describes moments in which team members implemented the Principles through programs and activities worldwide.

The Health Equity Principles and concrete examples of how to utilize them can be found here:

[Cancer.org \(External\)](#)
[Brand Toolkit \(ACS Staff only\)](#)





OUR IMPACT BY THE NUMBERS

IN 2022,

**50.8 MILLION LIVES AND
70% OF ZIP CODES IN THE US**

**WERE TOUCHED BY PATIENT SUPPORT
PROGRAMS AND SERVICES**



OUR IMPACT BY THE NUMBERS

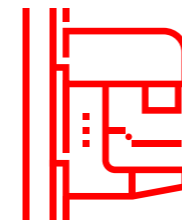
MEDICAL CONTENT



49.4 MILLION

New users of medical content on cancer.org

CANCER PREVENTION AND SUPPORT



1.341 MILLION

Completed cancer screenings for all [Community Health Advocates Implementing Nationwide Grants for Empowerment and Equity \(CHANGE\) Program](#)-funded projects from 2011-2022, a partnership with the NFL



4,850

Individuals navigated through BEACON-Initiative-affiliated global patient navigation programs since 2021



23

Low- and Middle-Income Countries (LMICs) where ACS is working with partners to reduce global health disparities and improve cancer care



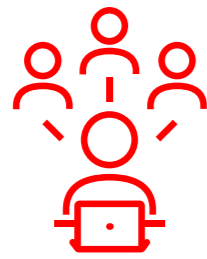
94

Cancer organizations, health institutions, and ministries of health that ACS has partnered with globally

OUR IMPACT BY THE NUMBERS

PATIENT AND CAREGIVER SERVICES

INFORMATION, REFERRALS, AND PATIENT PROGRAMS AND SERVICES



141,500

Recipients

REACH TO RECOVERY



2,900

Breast cancer patients and survivors connected

NATIONAL CANCER INFORMATION CENTER (NCIC)



300,000

Calls, chats, and emails

TRANSPORTATION GRANTS



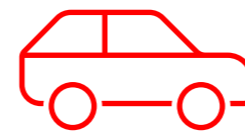
305,852

rides provided

34,167

individuals served

ROAD TO RECOVERY



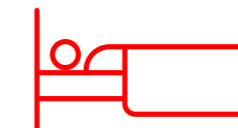
17,981

rides provided

1,828

individuals served

HOPE LODGE



329,000

Nights of free lodging

19,400

Individuals served

OUR IMPACT BY THE NUMBERS

PARTNERSHIP AND CAPACITY-BUILDING



THE NATIONAL ADVISORY COUNCIL ON HEALTH EQUITY

Comprised of health equity leaders from various fields, including public health, communications, and civil rights, the Council provides feedback and advice on how to further embed health equity into key ACS programs, services, and organizational policies.

14 PARTNERS ENGAGED



COMPREHENSIVE CANCER SUPPORT

[Comprehensive Cancer Support](#) planning and implementation coalition partners are engaged in 50 states, the District of Columbia, 6 U.S. Pacific Island jurisdictions, Puerto Rico, and eight tribes and tribal organizations.

60 COALITIONS ENGAGED



COMMUNITY IMPACT

The Community Impact Team leads partnership development, promotion and implementation of ACS programs, and delivers evidence-based strategies to impact the cancer continuum in the field.

903 PARTNERS ENGAGED



PROJECT ECHO

We use the [ECHO \(Extension for Community Health care Outcomes\) Model](#)[®] to advance health equity across the cancer continuum. By participating in an ECHO Series, one specialist can contribute to the development of 20 or more local experts who then go on to apply this knowledge to improve the lives of groups persistently marginalized in health care today.

651 PARTICIPANTS ENGAGED




NATIONAL AND STATE-BASED ROUNDTABLES

ACS partners with other organizations on [6 roundtables](#) focused on:

- [colorectal cancer](#),
- [breast cancer](#),
- [lung cancer](#),
- [patient navigation](#),
- [HPV vaccination](#),
- and [cervical cancer](#).

1,235 PARTNERS ENGAGED

At the heart of our stories are the many roles we play to advance health equity as **#OneACS**. Whether we **convene** multi-sectoral leaders, **partner** with communities, **build capacity** to make our work sustainable, or **demonstrate courage** to drive innovation, our Pillar team works tirelessly to create solutions, bring people together, and achieve a vision of a world without cancer.

A close-up portrait of Evelyn Robles-Rodriguez, a woman with short, curly, light-colored hair, smiling warmly. She is wearing a dark top. The background is a plain, light-colored wall.

EVELYN ROBLES-RODRIGUEZ, DNP, APN, AOCN
DIRECTOR, OUTREACH, PREVENTION,
& SURVIVORSHIP
MD ANDERSON CANCER CENTER AT COOPER
ACS-FUNDED GRANTEE, 2021

Convening a wide variety of diverse, multi-sectoral partners is essential to advancing health equity. When we come together to explore complex problems, we create pathways to new solutions, fresh insights, and shared values for a more equitable world.



WE ARE CONVENERS

GLOBAL & NATIONAL SPOTLIGHT



PARTNERS ENGAGED

14

SECTOR LEADERS

National Advisory Council on Health Equity Works to Address Transportation Needs

The American Cancer Society's National Advisory Council on Health Equity is comprised of 14 leaders from racial, ethnic, and geographically diverse backgrounds, organizations, and sectors, providing recommendations on how ACS can advance health equity in organizational policies, practices, programs, and research and how to embed health equity more deeply into Patient Support activities. Last year the council recommended that we allocate ACS' transportation grants which are awarded to health systems across the country to help alleviate the financial burden of transportation costs for cancer patients in an equitable way. As a result of this feedback, ACS moved to a competitive application process and expanded reporting requirements, including numbers of patients served by zip code, race, ethnicity, gender identity, insurance type, location, and cancer site.



PARTNERS ENGAGED

3

KEYNOTE MULTI-SECTORAL
SPEAKERS

Partnering with Sector Leaders to Uplift the LGBTQ+ Community

The ACS New England LGBTQ+ Workgroup held its second [Speak Up For Your Health: Cancer and Wellness in the LGBTQ+ Community](#) webinar in 2022. Both programs featured experts in LGBTQ+ cancer-related care who presented on appropriate cancer screenings for LGBTQ+ individuals, barriers to care in oncology, and the importance of being an advocate for an individual's personal health. The program also highlighted steps individuals, health care professionals, and organizations can take to overcome these barriers to care. A digital resource binder of ACS, ACS CAN, and community partner resources was created and shared for both programs and remains accessible on the event website linked above.



LIVES TOUCHED

21,073

DOWNLOADS OF THE 2023
CANCER FACTS AND FIGURES
REPORT ON CANCER.ORG

Volunteer Council Helps Guide Efforts to Highlight Disparities in "Cancer Facts and Figures"

The health equity team established a [Cancer Facts and Figures \(CF&F\)](#) volunteer council to identify gaps and provide feedback on what may be missing from the disparities chapter of the CF&F report; share guidance on nomenclature preferred by the communities being discussed in the chapter; and advise ACS on how to disseminate the report to a diverse set of audiences who are focused on highlighting and addressing cancer disparities. Most importantly the council, comprised of health equity experts, helped ACS refine how we describe the structural inequities that contribute to cancer disparities.

GLOBAL & NATIONAL SPOTLIGHT



PARTNERS ENGAGED

5

COMPANIES AND HEALTH CARE ORGANIZATIONS



LIVES TOUCHED

724,367

VIDEO VIEWS

2,037

PEOPLE REACHED ON AVERAGE PER SOCIAL POST

9,129

WEB VISITORS

Tailored Marketing Campaign Prioritizes Black Community Members in Indiana

Tailored messaging about cancer screening is essential, and presenting compelling information through effective channels helps motivate people to get screened. Using that strategy, ACS partnered with the [Indiana Cancer Consortium](#), the [Indiana University Melvin and Bren Simon Comprehensive Cancer Center](#) (IUSCCC), [Anthem Blue Cross Blue Shield Foundation](#), [Washington National](#), and [Roche](#) for [a public health campaign](#) focused on Black and African American people. Black individuals in Indiana have significantly higher incidence and mortality rates than other races/ethnicities. The purpose of this campaign was to increase awareness of the need to screen for various cancers, familiarize Black people with screening guidelines, and motivate those that have not been screened to schedule their cancer screening tests. To accomplish this, ACS created a marketing campaign utilizing numerous delivery methods, including content to encourage members of the Black community to get screened and educate them on the ACS cancer screening guidelines.



Dr. Monet Bowling
Surgical Oncologist

CONVENING SPOTLIGHT:

Purposeful Convening: ACS National Roundtables Catalyze Partner Action Toward Improving Health Equity

Some barriers challenging our efforts to reduce the burden of cancer are too complex for any one organization to address on its own. To overcome these barriers, ACS unites organizations in collaborative partnerships through its six mission-critical national roundtables. An ACS roundtable is a coalition of organizations dedicated to a shared vision of giving all people a fair and just opportunity to prevent and survive cancer. Through a variety of convening models, the ACS National Roundtables bring together diverse, multi-sector partners to catalyze collective action towards improving population health and advancing health equity.

The ACS roundtables collectively contribute to metrics tracked to monitor the Patient Support Pillar’s impact. In 2022, ACS national roundtables engaged 1,235 partner organizations through educational activities, convenings, and meetings. Annual meetings, summits, committee engagements and community events like the NLCRT’s Lung Cancer Screening Day activate partners to learn, collaborate and invest in work that improves cancer outcomes and health equity. Each year, we aim to not only engage member organizations but also cancer advocates, providers and organizational partners across the nation.

Implicit Bias in Health care Systems through the Lens of a Colorectal Cancer Survivor **Convening Model: National Meeting and Conference**

The 26th annual ACS National Colorectal Cancer Roundtable Annual Meeting & 80% in Every Community Conference took place Nov. 16-18 in Baltimore, MD, bringing together nationally known experts, thought leaders, and decision-makers on colorectal cancer screening research, policy, and delivery. Through moving and action-oriented conversation between a clinician and colorectal cancer survivor, the event’s keynote, “Armchair Dialogue” explored data on implicit bias in health care, followed by a discussion on how this impacts the lived experiences of colorectal cancer patients and survivors.



PARTNERS ENGAGED

163

ORGANIZATIONS

HEALTH EQUITY
PRINCIPLES IN ACTION:



**Address structural
and social determinants
of health.**



**Value community
experience and expertise.**



**Prevent and address
unintended
consequences of policies,
practices and programs.**

Leveraging Partners to Accelerate the Uptake of Lung Cancer Screening **Convening Model: Strategic Priority Summons**

In July 2022, the ACS National Lung Cancer Roundtable hosted the Accelerating Uptake of Lung Cancer Screening Summit in Washington DC. Over the course of a two-day working meeting, 95 cancer advocates, clinicians, researchers, and community members identified barriers to lung cancer screening and developed strategic priorities from a health equity perspective. By centering health equity in every discussion, sustainable solutions to accelerate uptake of lung cancer screening were identified to be implemented across diverse communities.



PARTNERS ENGAGED

69

ORGANIZATIONS

HEALTH EQUITY
PRINCIPLES IN ACTION:



**Leverage the power
of volunteers.**



**Implement sustainable
community solutions.**

Uplifting Community and Patient Voices in Setting National Breast and Cervical Cancer Priorities **Convening Model: Community Conversations and Key Informant Interviews to Produce Formative Research**

After launching in October 2022, the ACS National Breast Cancer Roundtable and ACS National Roundtable on Cervical Cancer embarked on setting their strategic priorities. By engaging with a wide range of participants, including those from historically underrepresented communities, the roundtables ensure that their efforts focus on addressing the most pressing issues related to breast and cervical cancer.



PARTNERS ENGAGED

22

COMMUNITY CONVERSATIONS

66

KEY INFORMANT INTERVIEWS

HEALTH EQUITY
PRINCIPLES IN ACTION:



**Value community
experience and expertise.**



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

We know that our work will not have a lasting impact unless we apply a resourceful approach that supports growth and sustainability. **Building capacity** through strong alliances, workforce development, and authentic leadership is how we transform health equity from a moment in time to an ongoing journey.



CURTIS MIYAMOTO, MD
ASSOCIATE DIRECTOR FOR CLINICAL SERVICES
FOX CHASE CANCER CENTER, TEMPLE HEALTH
ACS-FUNDED GRANTEE, 1991
VOLUNTEER, REAL MEN WEAR PINK

WE ARE **CAPACITY-BUILDERS**

GLOBAL & NATIONAL SPOTLIGHT



LIVES TOUCHED

741

PATIENTS ENROLLED IN PLATFORM

Implementing Sustainable EMR Solutions for Tribal Members in Michigan

With funding from ACS, [Pokagon Health Services](#) contracted with [CareMessage](#), a text-messaging outreach platform that leverages technology to serve safety-net organizations, to update policies surrounding sending and receiving protected health information through the platform, including information about screening. An opt-in process [was created for patients and communicated via Pokagon Band of Potawatomi](#) social media and print media. Post cards were sent out to patients regarding the sign-up process for the new platform and front desk staff were educated about encouraging patients to sign up. Five outreaches on colorectal, cervical and breast cancer screenings were conducted with a total of 175 messages sent. Additionally, a Health and Wellness Advocate was hired to manage the CareMessage platform and reach out to patients whose Electronic Medical Record (EMR) indicated were due for a screening. As a result of this work, breast cancer screening rates increased from 39.3% to 55.3%, colorectal Screening rates from 52.6% to 56.6%, and cervical from 30.3% to 36.8%.



PARTNERS ENGAGED

10

PILOT HEALTH CARE INSTITUTIONS IN 8 COUNTRIES IN ASIA, AFRICA, AND LATIN AMERICA

Addressing SDOH Through Global Patient Navigation Pilots

In February 2022 and with funding from the [MSD Foundation](#), ACS launched a pilot of the [BEACON \(Building Expertise, Advocacy, and Capacity for Oncology Navigation\) Initiative](#) to support the expansion of patient navigation to health institutions in low- and middle-income countries (LMICs) where 70% of the world's deaths from cancer occur. The programs being developed focus on navigating patients who are experiencing poverty or otherwise marginalized. The initiative consists of an online, self-service Global Patient Navigation Toolkit and Peer Learning Collaborative delivered virtually, both of which are free to access and attend. The first section of the Toolkit lays the foundations for building effective patient navigation programs by orienting users to key concepts of social determinants of health (SDOH), health equity, barriers to care, and patient- and people-centered care. In the first 11 months of the pilot, approximately 140 health workers accessed the Toolkit or attended one or more virtual events to learn new ways of working, share successes and challenges, and learn from their peers whose challenges are similar even in different cultural contexts.



PARTNERS ENGAGED

3

CANCER CENTERS IN SUB-SAHARAN AFRICA

Addressing Disparities in the Oncology Workforce in Low-and-Middle Income Countries Through Sustainable Solutions

The [American Cancer Society ChemoSafe project](#) is addressing the disparity in occupational risk exposure for oncology health workers in lower-income countries. Biosafety cabinets are essential for pharmacists to prepare chemotherapies safely and are standard in cancer centers in higher-income countries, but most cancer centers in Sub-Saharan Africa do not have them. As a result, pharmacists are exposed to hazardous medicines that raise their risk of developing cancer and may harm their unborn or nursing children. In 2022, ACS installed three biosafety cabinets for cancer centers in Ethiopia, Tanzania, and Rwanda, which together are home to more than 123,000 persons with a new cancer diagnosis each year. With these new cabinets in place, pharmacists can provide high-quality care that is in line with international safety standards and establish a safe foundation that can be scaled up as access to treatment expands.

GLOBAL & NATIONAL SPOTLIGHT



LIVES TOUCHED

69,283

PATIENTS ACROSS 53 CLINICS

800

HEALTH CARE PROFESSIONALS
TRAINED

Rural Human Papilloma Virus (HPV) Vaccination Disparities in Pennsylvania Through Consistent Messaging and Education

[UPMC Children’s Community Pediatrics](#) is a pediatric primary care provider in central and western Pennsylvania, serving rural, urban, and suburban communities. In 2022 they received funding from [NFL Crucial Catch](#) and the [Mellon Foundation](#) to work with ACS on increasing HPV vaccination rates across 53 practice locations. By focusing on updating patient and family education materials, consistent and ongoing provider and staff training on how to talk to families about HPV vaccination and lowering the vaccination age recommendation to age 9 (as recommended by ACS), UPMC Children’s Community Pediatrics was able to increase vaccination series rate completion by 1% for 13-year-old males and 2% for 13-year-old females. Most significantly, series initiation for the 9–10-year-old age demographic (male and female combined) increased by 8.4%. Consistent messaging and materials throughout the service area have ensured that all eligible patients and families will receive appropriate HPV vaccination recommendations regardless of location within the service area, addressing the disparities often present with HPV vaccination in more rural communities.



LIVES TOUCHED

693

WEBINAR PARTICIPANTS

Addressing Food Insecurity for People with Cancer Through Continuing Education

In partnership with the [Leukemia & Lymphoma Society](#), ACS hosted a live, interactive webinar for health care professionals on the issue of food insecurity among cancer survivors. Food insecurity affects about 10% of households in the US, but among those with a cancer diagnosis, estimates of food insecurity are higher – ranging from 17% to 55% of the patient population. Among cancer patients, being female, of Hispanic ethnicity, younger age, unemployed, and having lower household income are associated with experiencing food insecurity. The need to address food insecurity among cancer patients is apparent, especially in the health care setting. The webinar, [Food to Address Outcomes: Strategies to Support Patients with Cancer Facing Food Insecurity](#), featured expert speakers from [Memorial Sloan Kettering Cancer Center](#) in New York City and [MaineHealth](#) in Portland, ME who offered insight on how to effectively screen for food insecurity in a clinical setting, assess opportunities for implementing food access programming, and identify potential partners and collaborators.



PARTNERS ENGAGED

3

NONPROFIT AND/OR HEALTH
CARE SYSTEMS

GLOBAL & NATIONAL SPOTLIGHT



LIVES TOUCHED

180

ONCOLOGISTS ENGAGED

11,500

DOWNLOADS OF TREATMENT GUIDELINES

Ensuring All Patients in Sub-Saharan Africa Receive Evidence-Based Cancer Treatment

Standard treatment guidelines improve patient survival by equipping oncologists with recommendations based on the latest evidence. In the US, there are more than 60 guidelines for different cancers, often updated multiple times in a year. African countries lack the resources to develop and maintain standard treatment guidelines, so care is not standardized and is often out of line with current evidence-based practice. ACS established the [African Cancer Coalition](#), a group of more than 180 African oncologists who work with the [National Comprehensive Cancer Network \(NCCN\)](#) in the US, and have adapted 56 NCCN guidelines for use in Africa. In 2022, the Coalition reviewed and updated 29 guidelines and adapted four new pediatric treatment guidelines. With more than 11,500 guideline downloads in 2022 and endorsement by six countries that have more than 300,000 new cancer cases each year, this project is working to ensure that all patients have access to evidence-based cancer treatment.



LIVES TOUCHED

3,500

PATIENTS

Improving Access to Affordable, High-Quality Cancer Medicines in Lower-Income Countries

The market for cancer medicines functions poorly in lower-income countries, where low volumes create inefficiencies that limit access to affordable medicines that have been reviewed by a stringent regulatory authority like the US Food and Drug Administration. The result is that cancer patients in lower-income countries frequently pay more for treatment than patients in high-income countries, and medicines are often substandard quality. ACS partners with the [Clinton Health Access Initiative](#) to establish market entry agreements with high-quality international suppliers to bring their products into markets in lower-income countries. In 2022, [Aurobindo](#), the 2nd largest pharmaceutical company in India, joined the partnership, which now includes 5 companies offering complete treatment regimens for 47 cancers, all approved by a stringent regulatory authority, and now available in 60 countries at a cost that averages 50% less than what countries were paying previously. These affordable, high-quality medicines have reached more than 3,500 patients to date.



PARTNERS ENGAGED

6

COMPANIES AND/OR HEALTH CARE ORGANIZATIONS

GLOBAL & NATIONAL SPOTLIGHT



LIVES TOUCHED

8,000

PATIENTS

Advancing Health Equity Through ACS Patient Navigation Capacity-Building Initiative

ACS awarded patient navigation grants of up to \$300,000 to 20 cancer centers in 2022. Each center developed their own innovative project design to address an established need in navigation delivery to address health disparities. The initial planning and implementation period (July 2022- December 31, 2022) laid the foundation for success. On January 31, 2023, grantees reported baseline caseloads and top 3 barriers to care from the first 6 months since the award. Over 8000 patients were served, and the top 4 barriers included: transportation, financial concerns, mental health, and housing. Bi-monthly learning community session workshops also kicked off in January, beginning with the 8 Domains of Sustainability identified within the Patient Navigation Sustainability Assessment Tool.



PARTNERS ENGAGED

20

CANCER CENTERS



CAPACITY-BUILDING SPOTLIGHT:

Addressing Transportation Barriers in Illinois Through Sustainable Solutions

[John H. Stroger Hospital of Cook County Health](#), is the largest public safety net hospital in Illinois, serving more than 800,000 patients a year. While most hospitals in Illinois spend less than 2% of their net revenue on charity care, Stroger Hospital spends 37%, a disparity that impacts patients, and burdens the health system and taxpayers. Most patients are publicly insured (Medicaid, Medicare, etc.), or uninsured and need additional supports to access care.

In 2021, there was a high missed appointment rate (42%) in the Cook County Health oncology division. [ACS](#) and Stroger team members designed and executed a program to identify factors contributing to missed appointments in oncology and find strategies to improve time to treatment completion. The Kaizen Health Transportation Logistics platform was identified as a solution to reduce missed appointments and was piloted in the oncology department. Nurse navigators and social workers at Cook County Health were trained to use the platform to order pre-scheduled and on-demand transportation service after assessing the need with a social determinants of health tool.

Between June and December 2022, 1,045 rides were ordered through the platform for oncology patients with an identified transportation need, who had exhausted insurance benefits, or did not qualify for other assistance programs. The automated workflows relieved the hospital's nurse navigators and social workers of repetitive tasks, creating more time for complex patient engagements. Importantly, there was significant decrease in missed appointment rates for the subset of the oncology patients who received rides from 42% to 19%. Fewer missed appointments and on time treatment completion can help improve outcomes and drive down the cost of care per patient. The systemic change also helps improve equity in access to care since most patients receiving rides were non-white and publicly insured or uninsured.

Given the success of this pilot, Cook County Health is planning to retire its fleet of vans and implement this solution throughout the health system. They also qualified for a \$40,000 ACS transportation grant in 2023 due to the process changes from the pilot, helping more patients who are most at need in Cook County complete cancer treatment. To learn more about ACS transportation and lodging grants, please read [our 2022 press release](#).

HEALTH EQUITY PRINCIPLES IN ACTION



Help people with the greatest need.



Prioritize diversity, equity, and inclusion.



Address structural and social determinants of health.



Implement sustainable community solutions.

CAPACITY-BUILDING SPOTLIGHT:

Addressing Barriers to Care for LGBTQ+ People Through Cultural Competency

LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, and Queer/Questioning) people are disproportionately burdened with risk factors (i.e., high smoking prevalence) and screening disparities, experiencing obstacles to prevention, detection, treatment, and survival because of systemic factors that are complex and go beyond the obvious connection to cancer. Most health care providers lack culturally competent education or training to address the needs of LGBTQ+ patients. With the support of [Merck](#) and [Caterpillar Foundation](#), ACS developed a 5-state pilot to address cancer disparities in the LGBTQ+ community with a goal of increasing primary care clinicians' competence in caring for their LGBTQ+ patients. To dramatically amplify project reach, ACS utilized the ECHO Model® from [Project ECHO](#) (Extension for Community Health Care Outcomes), a national movement that revolutionizes medical education and exponentially increases workforce capacity to provide best-practice care and reduce disparities. Five academic medical centers (Indiana University – Purdue University Indianapolis, The Ohio State University, University of Louisville, University of Michigan, Vanderbilt University) enlisted in the LGBTQ+ ECHO Series contributed by: 1) identifying faculty subject matter experts to co-create curriculum, facilitate sessions, and support participating clinics and 2) recruiting at least one primary care clinic to join the ECHO Series.

During the 6-month ECHO Series, 77 clinicians from 7 primary care clinics and 9 faculty from 5 academic medical centers used the ECHO Model's "all teach all learn" framework to explore topics framed from the LGBTQ+ care lens and included sessions covering cancer prevention and early detection, affirming and inviting communication, and shared decision-making & cancer screening. Participants' knowledge and confidence in their ability to provide sensitive and culturally competent cancer prevention and early detection care for their LGBTQ+ patients improved. Clinicians ranked ECHO sessions high for overall satisfaction, usefulness, and learning something to help meet needs of their patients.

Evidence of potential long-term implications of the LGBTQ+ ECHO pilot emerged in the first ECHO session when [Vanderbilt Primary Care North One Hundred Oaks](#), already collecting SOGI (sexual orientation and gender identity) for their patients, identified immediate opportunities to increase their standards of care by creating an LGBTQ+ Inclusion Committee with representation from each clinic department patients visit and launching an LGBTQ+ care Quality Improvement project. Since the ECHO Pilot concluded, the Vanderbilt clinic continues to meet monthly, has applied for two grants to amplify their work and have asked to participate in Year 2 of the LGBTQ+ ECHO.

Learn more about [Advancing Health Equity and Addressing Cancer Disparities](#) in the LGBTQ+ Community by exploring [The Facts On Our Fight](#): a series of data briefs that talk about cancer disparities and the work ACS and ACS CAN are doing with communities to advance health equity.

HEALTH EQUITY PRINCIPLES IN ACTION



Help people with the greatest need.



Value community expertise.



Prioritize diversity, equity, and inclusion.



Leverage the power of volunteers.



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



Implement sustainable community solutions.



Address structural and social determinants of health.

Communities lie at the center of health equity, and the impact is powerful when they lead and develop solutions that work for their unique needs. From faith-based organizations to community health workers, from FQHC staff to tribal leadership... it's our honor to work with you.

WANDA BLAKELY
BREAST CANCER SURVIVOR & VOLUNTEER,
MAKING STRIDES AGAINST BREAST CANCER

WE ARE COMMUNITY PARTNERS

GLOBAL & NATIONAL SPOTLIGHT



LIVES TOUCHED

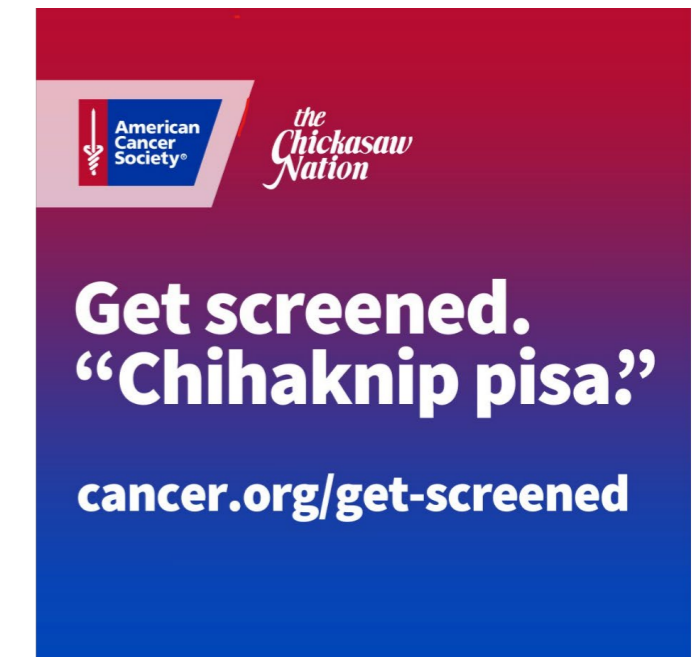
14,000

ESTIMATED AUDIENCE REACH
IN 2022 AND BEYOND

Chickasaw Nation Get Screened Campaign Launches in Oklahoma

In 2022, the Oklahoma ACS team launched a Get Screened Campaign in partnership with the Chickasaw Nation. This was a three-part campaign that runs until summer of 2023 to include:

- A Billboard Campaign: a series of billboards encouraging members to get screened placed in the Chickasaw nation territory. It features branded Get Screened artwork as well as the translated Chickasaw language for Get Screened.
- Employer/Employee Outreach: Chickasaw Nation will be using ACS employer guides and planning tools with the management staff of their casinos and businesses to enhance employee wellness opportunities. In addition, they will be posting co-branded materials to their social media, employee newsletters and daily emails, and intranet sites to promote screening.
- Provider Outreach :Provided consultation and resources on provider outreach for breast, cervical, colorectal screening, HPV vaccination and tobacco cessation. Interventions planned are provider education, small media and client reminders.



LIVES TOUCHED

10

ADVOCATES TRAINED

167

COMMUNITY MEMBERS
INTERVIEWED

56

PEOPLE SCREENED

Leveraging the Power of Volunteers in Michigan to Fight Breast Cancer Disparities

With funding from [Pearl Milling](#), ACS led a breast health equity project in Detroit, aiming to increase breast cancer screening rates for African American and Black women. ACS hosted five focus groups to speak to Black women in the community about barriers around breast cancer screening, then utilized the American Cancer Society Volunteer Training Center to recruit women to become breast health advocates. A total of 10 women completed the training. The training included a “Breast Cancer 101” Course as well as a “Motivational Interviewing” course, with the goal to teach women how to effectively talk about screening. Additionally, ACS built relationships with community/neighborhood organizations for the breast health advocates to provide education in the community. The advocates attended six community events between June-October and were sent materials to distribute within their own networks. ACS also initiated a paid media campaign that would drive women to request a mammogram appointment and partnered with [Karmanos Cancer Institute](#) in Detroit to host a Cancer Screening Day.

GLOBAL & NATIONAL SPOTLIGHT



LIVES TOUCHED

10,000

POTENTIAL PARADE
PARTICIPANTS REACHED

Cancer Screening Conversations at the Albuquerque Pride Parade

ACS team members in New Mexico showed their pride and support by attending the Albuquerque Pride Parade whose theme was “Make Sure to Show Up for All of Your Community”. The Albuquerque Pride Parade was an event celebrating the LGBTQ+ community and was an excellent way to interact and connect with a population that is too often ignored in health care and have often had lower cancer screening rates. To address this issue, ACS Patient Support team members planned this event in coordination with University of New Mexico health researchers. They partnered together to provide targeted information and educational resources to those in attendance. They also presented information on cancer screening and prevention messaging. There were many deep conversations held and impactful interactions that could lead to positive outcomes toward increased screening efforts within the community and beyond.



PARTNERS ENGAGED

9

COMMUNITY HEALTH CENTERS

Innovative Solutions for Increasing Colorectal Cancer Screenings at Federally Qualified Health Centers (FQHCs)

The [Ohio Association of Community Health Centers](#) supports all of Ohio's 57 FQHCs and community health centers, providing care to nearly one million Ohioans across 480+ sites in 75 of the 88 counties. Community health centers are health care providers that deliver affordable, quality comprehensive primary care to medically under-resourced populations, regardless of insurance status. Since 2016, more than 25 have implemented FluFIT: a program where patients eligible for colorectal cancer screening are offered a Fecal Immunochemical Test (FIT) at the time of their annual influenza vaccination. In collaboration with ACS, Ohio Association of Community Health Centers (provided 9 participating health centers with comprehensive training, technical assistance, and data collection tools. The performance for participating centers in the FluFIT program has grown from a rate of 32% screened in 2020 to 40% in 2021.



PARTNERS ENGAGED

1

FEDERALLY QUALIFIED
HEALTH CENTER

Helping Uninsured Patients with the Greatest Need Get Screened in Virginia

[2022 NFL Crucial Catch](#) partner [Neighborhood Health](#), a Federally Qualified Health Center in northern Virginia, aimed to increase the number of uninsured patients with positive fecal immunochemical tests (FIT) getting colonoscopies in a timely manner. One of the health equity barriers preventing timely access to colonoscopies was the complex and lengthy process of applying for financial aid at local hospitals and other health systems. ACS was able to help address this structural barrier by facilitating access and convening meetings between a local ACS health system partner interested in collaborating with Neighborhood Health to help address this cancer disparity issue. The hospital worked to streamline their financial aid process and is now partnering with Neighborhood Health to offer them with an easier process for patients referred by Neighborhood Health for colonoscopies. This was one of the initiatives that contributed to the success in the number of colonoscopies Neighborhood Health patients completed in 2022.

GLOBAL & NATIONAL SPOTLIGHT



LIVES TOUCHED

1,003

PEOPLE OVERALL

374

SPANISH-SPEAKING INDIVIDUALS

Addressing SDOH for Spanish-Speaking Community Members in California

To better understand why patients were not completing their mammograms, [LifeLong Medical Care](#), in partnership with ACS staff in California, created and dispersed a barrier identification survey via WellText in their electronic medical records system to their patients who were due or overdue for their mammograms, with a focus on the Spanish speaking population. Through this survey, scheduling and transportation were identified as the two biggest barriers. Bilingual LifeLong staff were able to assist patients with scheduling and, through partnership with the [NFL Crucial Catch](#) grant, [Lyft](#) rides were provided to patients needing assistance with transportation. Other barriers identified included mammogram literacy and lingering fear of COVID; these barriers were also addressed through education. Through this initiative, LifeLong increased their overall breast cancer screening rates by 10% and increased their screening rates among their Spanish-speaking population by 14%.



PARTNERS ENGAGED

8

TRIBAL HEALTH CENTERS,
CARBONE CANCER CENTERS; THE
PINK SHAWL INITIATIVE

Partnering with Tribal Health Centers and Tribal members in Wisconsin to Increase Cancer Screening Rates

ACS partnered with the [University of Wisconsin's Carbone Cancer Centers](#), [Cancer Health Disparities Initiative](#) and [Tribal Health Centers](#) to educate staff and the community to make informed decisions about cancer screenings through culturally appropriate means. In 2022, over 160 staff from eight Tribal Health Centers were educated on prevention and early detection best practices and strategies for breast, cervical, colorectal and lung cancers within the American Indian and Alaska Native communities. By implementing Quality Improvement strategies with six Tribal Health Centers, over 1200 lives were touched through cancer prevention and early detection education. To improve cancer outcomes, we added mobile mammography to the Wisconsin Breast and Cervical Program, adding access for women who do not live near mammography facilities. In collaboration with the [Pink Shawl Initiative](#), ACS provided culturally tailored breast cancer information in four tribal communities through listening sessions, cancer awareness BINGO, and participated in the Red Cliff Traditional Pow Wow.



LIVES TOUCHED

1,200

PEOPLE ACROSS 6 TRIBAL
HEALTH CENTERS

GLOBAL & NATIONAL SPOTLIGHT



LIVES TOUCHED

50

HEALTH CARE PROVIDERS



PARTNERS ENGAGED

13

HOSPITALS IN 6 STATES
(ALABAMA, GEORGIA, LOUISIANA,
MISSISSIPPI, SOUTH CAROLINA,
VIRGINIA)

Health Equity and Caregiving ECHO: Meeting the Needs of African American/Black Caregivers in the Southeast

Millions of caregivers face unique barriers to care. A lack of culturally responsive supports and resources, systemic bias in the health care system, and a lack of understanding of culture means African American/Black caregivers can face additional barriers to providing care. By addressing this enormous gap, ACS is leading the charge in the way support is delivered to African American/Black caregivers. The overall goal of this [ECHO series](#) is to educate members of the cancer care team on the unique needs of African American/Black caregivers. The ECHO Series ends in November 2023. Learning objectives include:

- Defining and demonstrating knowledge of health equity, health inequalities, and social determinants of health in the context of cancer caregiving
- Mobilizing leaders in health care to engage in policy, systems, and environmental change activities in support of health equity and caregiving
- Leverage partnerships (locally or state-wide/across-state) and collaborations to advance health equity and caregiving



COMMUNITY PARTNER SPOTLIGHT:

GCCRT Increases Screening Rates for Black Communities in Georgia

The [Georgia Colorectal Cancer Roundtable](#) (GCCRT) supported [Georgia Core's](#) Centers for Disease Control-funded program to provide colorectal cancer screenings in south Georgia in 2022. Colorectal cancer is the second leading cause of cancer death in Georgia and underserved populations experience higher burden. Black Americans have a higher rate of cancer deaths (16.8 per 100,000) compared to White Americans (13 per 100,000), while Georgia residents in rural areas fare worse than their urban counterparts. The average screening rate for eligible patients in Georgia is 70%, the rate in southwest Georgia is only 53% and in southeast Georgia, the rate is only 33%. The project goal is to provide free colorectal cancer screenings to southern and rural Georgia residents who need it the most. Roundtable members supported the project by promoting the program, convening, and introducing partners, and sharing the monthly Colorectal Cancer Screening TeleECHO. Koosh Desai, MD, tri-chair for the Provider Engagement GCCRT subcommittee, utilized his experience to collaborate with partners and serves as the Southeast Medical Director. He also developed a colorectal cancer screening curriculum to disseminate knowledge nationally utilizing the platform Project ECHO. In addition, GCCRT co-chair Dr. Jim Hotz, worked with a specialty group to provide free colonoscopy access to patients, with a positive stool-based test, of a local federally qualified health center. As a result of these efforts:

- 113 providers attended at least one monthly TeleECHO.
- Three FQHCs and 18 clinics were recruited to the program as of Program Year 3.
- For 2022, an additional 1,212 patients were screened for colorectal cancer in south Georgia clinics.
- A clinic dashboard was developed for 15 clinics in South Georgia that demonstrates colorectal cancer screening rates by various populations within that clinic. Clinics can focus on health equity and enhancing screening rates with this data.
- CDC-funded colonoscopies leveraged with colonoscopies donated by Phoebe Putney Memorial Hospital at eight clinics in southwest Georgia.
- More than 12,000 Georgians in southwest and southeast Georgia now have access to this colorectal screening program.

To learn more, visit georgiacancerinfo.org/stay-ahead-colon-cancer.aspx.

HEALTH EQUITY PRINCIPLES IN ACTION



Help people with the greatest need.



Value community expertise.



Partner with Community leaders.



Leverage the power of volunteers.



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




Implement sustainable community solutions.



Address structural and social determinants of health.



WAYS TO TAKE ACTION AND ACKNOWLEDGEMENTS



Health equity action is essential to our mission and the priorities of the Patient Support Pillar. It's what we believe in, and it's a moral imperative. While we are proud of our Pillar's health equity milestones and accomplishments, the work is far from done.

Achieving a world where everyone has a fair and just opportunity to prevent, find, 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 us listening to and learning from people who are marginalized and engaging them in the work every step of the way.

It will take all of us working together to do this and **we will keep fighting**. Will you join us?

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

- Take time to read the **Health Equity Principles**. Ask yourself how health equity affects your work 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?
- 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 VLC.
- 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 DEI Team, including population-specific and diversity training on ADP and the **DEI Society Source page**.

If you are a partner, donor, community member, cancer survivor, or caregiver, we also invite you to join us on our health equity journey in the following ways:

- **Learn:** To learn more about health equity through the cancer lens, visit cancer.org/about-us/what-we-do/health-equity
- **Connect:** Whether you want to learn about cancer treatment options, get advice on coping with side effects, or have questions about health insurance, we're here to help. Find support programs and services in your area at cancer.org/treatment or by calling the National Cancer Information Center 24 hours a day/7 days a week at 1-800-227-2345.
- **Advocate:** ACS CAN gives ordinary people extraordinary power to fight cancer with the training and tools they need to make their voices heard. Visit cancer.org/involved/volunteer/advocate to learn more.
- **Partner:** ACS couldn't do what we do without the support of our partners. Learn more about these partnerships and how you too can join us in our mission to save lives at cancer.org/our-partners
- **Donate:** Every dollar fuels ACS' fight against cancer. Visit cancer.org/donate to make a donation today.
- **Fundraise:** Visit cancer.org/fundraise to learn how to fundraise your way, join an event, or even support while you shop.
- **Volunteer:** Visit cancer.org/volunteer to see how you can get involved with ACS from a variety of opportunities that match your interests.
- **Research:** We are committed to reducing health disparities by conducting internal research and funding grants aimed at fostering a more diverse cancer care and research workforce, as well as addressing inequities that exist in cancer prevention, treatment, and care. Find out more at cancer.org/research/we-fund-cancer-research/apply-research-grant

ACKNOWLEDGEMENTS

We would like to thank and recognize our funders, donors, and impact partners around the world. In particular, we thank the **Robert Wood Johnson Foundation**, whose funding made the production of this report possible.


We would also like to humbly acknowledge and thank the many team members, leaders, and storytellers who created content and provided feedback for this report. We especially extend a sincere note of gratitude to those whose stories we were not able to include; this report is by no means exhaustive, and your exceptional work did not go unnoticed.

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



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