



PATIENT SUPPORT PILLAR

HEALTH EQUITY IMPACT REPORT



AUGUST 2022

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Dear colleagues, partners, and friends:

Daily, we continue to see injustices for historically excluded people and communities worldwide. The COVID pandemic magnified these injustices, especially for people at high (or higher) risk for or who already have cancer. The American Cancer Society (ACS) continues to refine our approach and deepen our commitment to ensuring everyone has a fair and just opportunity to prevent, find, treat, and survive cancer. Our team members, volunteers, and partners continue to reflect on what more we can do and how to step up and demonstrate our collective commitment to providing trusted information and support for both people at risk for cancer and all people and their caregivers facing cancer diagnoses.

The 700-strong workforce of ACS’ Patient Support Pillar is committed to advancing health equity, and it's interwoven through everything we do. I am proud of the many accomplishments we’ve made; to that end, this [Health Equity Impact Report](#)—the first of its kind—is an opportunity to share some of the success stories, lessons learned, and significant milestones of our journey.

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 work 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. Let’s continue to be curious, reflect on our roles, and identify what action we can take—big or small—to forge a path forward to be more impactful, relevant, innovative, and human-centered. It will take all our individual and collective efforts—ACS, partners, and communities—to ensure that everyone facing cancer lives their best and longest life. I’m counting on your passion and leadership; I know we can accomplish great things together!

Thanks for all that you do to advance health equity,



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 June of 2022, 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 identify ways for health equity actions to be taken in their work, 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, find, 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, find, treat, and survive cancer.

ACS continues strengthening our organizational commitment to advancing health equity through global, national, state, and local actions.

Health equity is *not* an ACS program but an ambitious, deliberate, and targeted approach through which we seek to improve cancer-related outcomes and eliminate cancer disparities.

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 \(ACS Staff only\)](#)
[Society Source \(ACS Staff only\)](#)





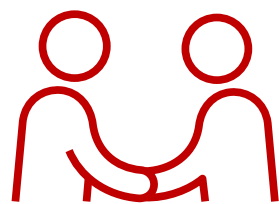
OUR IMPACT BY THE NUMBERS

IN 2021,
54.5 MILLION LIVES*
WERE TOUCHED BY PATIENT SUPPORT
PROGRAMS AND SERVICES



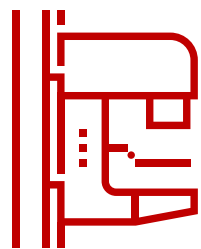
CHANGE GRANT IMPACT

Community health centers, safety net hospitals, and other health systems receive grants and technical support through the **Community Health Advocates implementing Nationwide Grants for Empowerment and Equity (CHANGE) program**, [a partnership with the National Football League](#), to help people disproportionately impacted by cancer access life-saving cancer screenings.



OVER 1 MILLION

OUTREACH AND
EDUCATION
INTERVENTIONS



400,000

LOW OR NO-COST
BREAST, CERVICAL,
LUNG OR COLORECTAL
CANCER SCREENINGS
PROVIDED SINCE 2011

GLOBAL PATIENT NAVIGATION IMPACT



10,550

NEW PATIENTS IN KENYA AND
UGANDA NAVIGATED SINCE THE
INCEPTION OF ACS-SUPPORTED,
GLOBAL PATIENT SUPPORT
PROGRAMS IN 2017



61,171

TAILORED EDUCATION
MATERIALS DISTRIBUTED
TO PATIENTS, CAREGIVERS,
AND PROVIDERS TO 112
HEALTH FACILITIES IN
KENYA AND UGANDA FROM
2019-2021



81

GLOBAL PARTNERS
ENGAGED ACROSS
PREVENTION, TREATMENT,
AND PATIENT SUPPORT.

PFIZER GLOBAL MEDICAL GRANTS PARTNERSHIP IMPACT

Since 2019, the American Cancer Society (ACS) and Pfizer Global Medical Grants have partnered to develop and fund three separate grant programs aimed at reducing the disparities that exist between Black and white men and women facing cancer.

In 2020, ACS and Pfizer launched the first 2-year grant program in *Breast Health Equity*, funding 9 research institutions to address the Black and white mortality disparity affecting Black women with breast cancer. All breast health equity grantees were required to submit joint applications with committed community partners to foster greater collaboration in executing evidence-based interventions.

By 2021 ACS and Pfizer would go on to develop and fund grantees in two more programs to address prostate cancer disparities and racial disparities in cancer care (a pan-tumor project).

As of 2021:



25

FUNDED PROJECTS TO
ADDRESS RACIAL
DISPARITIES ALONG
THE CANCER CARE
CONTIUUM

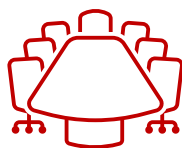


8

DISPARITIES
REDUCING ECHO
SESSIONS HELD TO
ENGAGE GRANTEES TO
ENHANCE PROJECT
OUTCOMES

PATIENT SUPPORT PARTNERSHIP IMPACT

We couldn’t tackle complex issues without our partners and collaborators. These advisory boards, community partners, roundtables, and sector leaders help us mobilize others and expand our reach to advance health equity.



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.

16 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.

34 COALITIONS
ENGAGED



HEALTH EQUITY
PILOT COMMUNITY
PROJECTS

The projects support community members and cross-sector partners in implementing community-driven solutions to address barriers to equitable cancer outcomes.

143 PARTNERS
ENGAGED



HEALTH SYSTEMS
SCREENING
INTERVENTIONS

ACS partnered with healthcare systems across the country to work towards increasing cancer screening rates and reducing screening barriers exacerbated by the COVID-19 pandemic.

77 PARTNERS
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](#).

441 PARTNERS
ENGAGED

PATIENT INFORMATION AND SERVICES IMPACT



Cancer information is available through cancer.org, where people with cancer, their loved ones, and others can learn more about cancer and ACS action to address cancer, including advancing [health equity](#).

130 MILLION

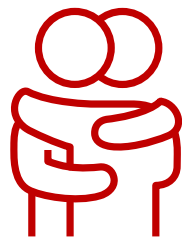
TOTAL VISITS TO [CANCER.ORG](https://cancer.org) IN 2021



Cancer information is also available through The [National Cancer Information Center](#) (NCIC) 24 hours a day, seven days a week, to help guide people and their caregivers through their cancer experience.

250,000

CALLS AND CHATS TO NCIC IN 2021



[Reach to Recovery](#), a digital support network for breast cancer survivors, helps people facing breast cancer cope with their experience.

3,900

PEOPLE SERVED IN 2021

350

VOLUNTEERS IN 2021

1.5 MILLION

PEOPLE SERVED SINCE 1969



The [Cancer Survivors Network](#) provides a safe online space where people with cancer and caregivers can connect with others facing similar experiences.

1 MILLION

PEOPLE SEEKING SUPPORT IN 2021



[Road to Recovery](#) provides transportation to and from treatment for people with cancer who do not have a ride or are unable to drive themselves. Due to the pandemic, services did not fully come back online until fall of 2021.

845

RIDES IN 2021

128

PEOPLE SERVED IN 2021

228,000

RIDES THROUGH
TRANSPORATION GRANTS

24,000

TRANSPORTATION GRANT
BENEFICIARIES IN 2021



The 30 [Hope Lodges](#) across the U.S. are places where people with cancer and their caregivers can find free lodging when their home is far from treatment centers.

1,114

ROOMS IN OPERATION

6 MILLION

NIGHTS OF LODGING PROVIDED SINCE 1970

29,000

PEOPLE SERVED SINCE 1970

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.



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

- The [National HPV Vaccination Roundtable](#) (the HPV Roundtable) is a coalition of 70+ organizations working at the intersection of immunization and cancer prevention. Our 2021 annual meeting featured a panel presenting recent research and insights from diverse organizations represented on the HPV Roundtable. This work represented efforts in Asian American, African American/Afro Caribbean, American Indian/Alaskan Native, and Hispanic/Latino communities. A second panel presented recent research findings on effective interventions in rural communities and explored how immunization registries and geographic data mapping can target areas of low vaccination. **Over 600 people participated virtually in the national meeting**, generating excitement around the inclusion of diverse perspectives and expanded membership.
- The National Advisory Council on Health Equity (NAC), **comprised of 16 thought leaders from racial, ethnic, and geographically diverse backgrounds, organizations, and sectors**, provides recommendations on how ACS can advance health equity in organizational policies, practices, programs, and research. The Council provides recommendations on how to embed health equity more deeply into Patient Support activities. For example, they provided insights on how to further advance health equity through our Get Screened initiative by uplifting barriers to cancer screening, suggesting how to ensure our messages are culturally competent, and identifying trusted messengers to communicate about cancer screening.
- As part of the organizational response to the impact of COVID-19, ACS launched the [National Consortium for Cancer Screening and Care \(ACS National Consortium\)](#). The core purpose of the ACS National Consortium is to establish a collective national response to the COVID-19 pandemic's detrimental impact on cancer screening and care. The ACS National Consortium convened leading organizations and scientific advisors to accelerate, strengthen, and mobilize around sensible but bold cancer screening and care activities to minimize the adverse effects of the COVID-19 pandemic. The Health Equity Principles were utilized throughout the planning, recruitment, and development phases of the ACS National Consortium.
 - Hosted **829 participants** virtually across **3 public forums** to identify **10 critical barriers** in screening and cancer care.
 - Engaged **27 organizations** to create **9 consensus recommendations** to improve cancer outcomes nationwide, reflecting areas where improvement is most needed to close gaps in cancer outcomes.
- The [Comprehensive Cancer Control National Partnership \(CCCNP\)](#), established in 1998, is a collaborative group of nineteen diverse national organizations working together to build and strengthen comprehensive cancer support efforts across the nation. Today, the CCCNP is an influential group of leading cancer organizations that utilize their combined strengths and resources to change the trajectory of the cancer burden in the U.S. **In 2021, ACS led two pieces of training for the CCCNP about integrating health equity into 34 state cancer support plans.**



Members of the National Advisory Council on Health Equity (NAC) convene in Atlanta, GA prior to the pandemic.

GLOBAL & NATIONAL SPOTLIGHT

- ACS has a 60-year commitment and leadership to global cancer prevention and treatment efforts. In 2007, ACS co-founded the Cervical Cancer Action: A Global Coalition to Stop Cervical Cancer (CCA) that is now known as CCAE ([Cervical Cancer Action for Elimination](#)) to expedite the global availability, affordability, and accessibility of cervical cancer prevention technologies. ACS currently serves as the co-chair of CCAE along with [Cancer Research UK](#). In 2020, ACS issued a public statement to affirm our commitment to work towards a reduction in the global burden of HPV disease and the elimination of cervical cancer.
- In addition to global efforts to address cervical cancer elimination, ACS' global prevention team provides grant funding and technical assistance to partners in LMICs. The initiative partners with local cancer organizations to lead collaborative programs with partners in ministries of health, health systems, and medical societies to increase the uptake of HPV vaccine and normalize HPV vaccine for cervical cancer prevention.
 - To spotlight the experiences of women in LMICs and to communicate the impact of cervical cancer, ACS partnered with [Togetherforhealth](#), an NGO committed to leveraging global connections to address cervical cancer in low-resource settings. ACS launched [Faces of Hope](#), a virtual space where cervical cancer survivors, providers and policymakers share their stories highlighting the urgency of addressing cervical cancer and the tragedy of women dying from a disease that is preventable.
- In November, the [National Colorectal Cancer Roundtable](#) hosted the [2021 80% In Every Community Conference & NCCRT Annual Meeting](#) for NCCRT members and partners across the country to hear from the nation's leading experts on colorectal cancer screening research, implementation, and policy. Dr. Pascale White of the Icahn School of Medicine at Mount Sinai, board member and co-founder of [The Association of Black Gastroenterologists and Hepatologists](#) (ABGH), presented as keynote speaker on *Leading the Focus on Health Equity*. During this important and engaging conversation, Dr. White discussed the founding of ABGH, the importance of institutions making progress towards advancing health equity in colorectal cancer screening outcomes by addressing diversity in faculty, staff, trainees, and institutional leadership, and asked attendees to share their thoughts and experiences in small-group discussions. [This highly rated presentation](#) highlights the importance of NCCRT and other national coalitions lifting the voices of their members to address health equity issues across the cancer continuum.
- Since 2017, the ACS [National Lung Cancer Roundtable](#) (NLCRT) **has galvanized more than 185 organizations and over 200 leading experts**, as well as patient and caregiver advocate representatives, at the national, state, and local levels to collectively partner to problem-solve and achieve enduring systematic change to reduce deaths from lung cancer. We engage experts in multidisciplinary, problem-solving collaborations, catalyze action to create, build, and strengthen innovative solutions, and develop and disseminate evidence-based interventions and best practices. The NLCRT was recommended by the recent [President's Cancer Panel Report](#) as a priority cancer control model that effectively harnesses the collective power and expertise of the entire lung cancer community to close gaps in cancer screening by connecting people, communities, and systems to improve equity and access. The NLCRT's mission is to create lung cancer survivors (*continued on next page*).



Rose Chiedo, a mother living with cervical cancer in Kenyatta.

GLOBAL & NATIONAL SPOTLIGHT

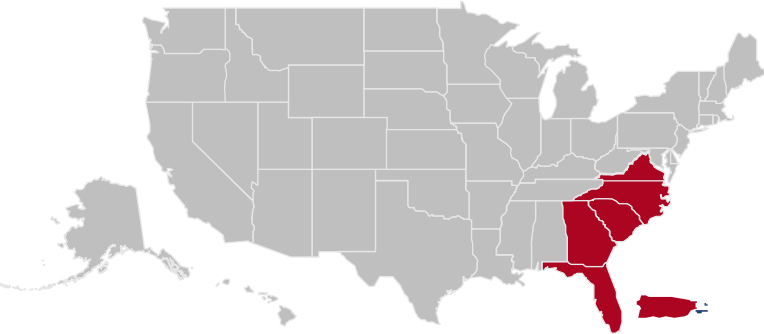
ACS continues to strengthen its organizational commitment to advance lung cancer-related health equity through the NLCRT, specifically in identifying and working to overcome barriers to equitable access to promote implementation, uptake, and adherence of lung cancer screening and nodule surveillance, optimize use of biomarker testing and staging to guide appropriate and timely therapy and care, eliminate the pervasive stigma associated with lung cancer, and strengthen state-based initiatives.

Themed *Disparities to Equity: Moving the Needle on Lung Cancer*, the NLCRT’s 2021 Annual Meeting featured the work of those who are shaping a more equitable direction to lung cancer care and control in areas such as risk reduction, early detection, tobacco prevention and treatment, diagnosis and therapy, survivorship, policy, and state-based initiatives. The overarching goal of the conference was to address the determinants of cancer-related health disparities to advance health equity across the lung cancer continuum. **This virtual meeting was attended by more than 500 participants representing NLCRT member organizations and the lung cancer community.**



REGIONAL SPOTLIGHT: SOUTHEAST

Voices Raised to Advance Health Equity:
The Southeast Breast Health Equity Summits



ACS, along with a number of community leaders and health system partners, held Breast Health Equity Summits in Virginia and the Carolinas in 2020 and 2021, focusing on reducing disparities across the breast cancer continuum. The summits were held in October to coincide with regional Making Strides Against Breast Cancer (MSABC) activities and Breast Cancer Awareness Month. The primary goal of the summit was to educate community members and influence policy decisions for meaningful, sustainable change, especially around access to screenings.

Presentations were tailored to help participants learn about the gaps in access to care for individuals based on race and ethnicity, geography, and socioeconomic status in each state while discussing best practices for addressing these disparities. There was also a focus on accessing screening services for women with limited or no health care insurance by highlighting each state’s Breast and Cervical Cancer Early Detection Program and ACS and ACS CAN’s role in its support.

The summits were [broadcast widely on social media platforms](#) and [highlighted in regional news stories](#). They convened hundreds of participants, including subject matter experts, clinicians and health care professionals, researchers, policy advocates, community influencers, ACS Health Equity Champion volunteers, and many other representatives from various sectors.

HEALTH EQUITY PRINCIPLES IN ACTION



**Embrace diversity
and inclusion.**



**Collaborate with
community members.**



**Partner with
different sectors.**



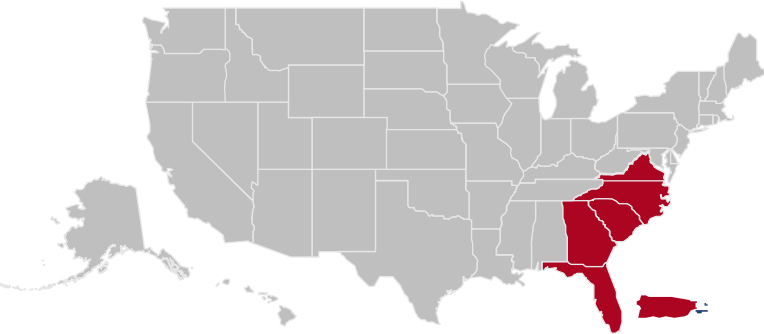
**Implement sustainable
community solutions.**



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

REGIONAL SPOTLIGHT: SOUTHEAST

Voices Raised to Advance Health Equity:
The Southeast Breast Health Equity Summits, cont.



WCCB Charlotte news anchor Trish Williford speaks to North Carolina Summit attendees on Zoom and Facebook Live.

"I appreciate the ACS's attention and dedication to closing the gap in healthcare disparities and inequities of all areas. It can only be done with the power of 'we'!"

- Attendee

"I was encouraged to learn that there are many different 'hands on the plow' to ensuring EQUITY in breast health."

- Attendee

"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."

- Statement from ACS featured on 3WTKR CBS Northeast N.C. News

TO LEARN MORE:

- [North Carolina Summit Replay on Facebook](#)
- [Virginia Summit Replay on Facebook](#)

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

- ACS' efforts to support cancer patients and caregivers in low and middle-income countries (LMICs) with culturally appropriate and scientifically accurate information about cancer continue to grow. **In 2021, 40 health workers from 10 regional hospitals and 20 health educators from 11 civil society organizations in Ethiopia were trained to use the suite of 5 cancer education materials explicitly developed for Ethiopian audiences.**
- Since 2017, over 9,000 newly diagnosed patients have received patient navigation services funded by ACS at [Kenyatta National Hospital \(KNH\)](#) in Nairobi, Kenya. At the [Uganda Cancer Institute \(UCI\)](#), a new comprehensive patient navigation program modeled on the program at KNH was launched in March 2021 and **has served nearly 2,300 newly diagnosed cancer patients through December 2021.**
- In 2020-2021, ACS collaborated with KNH and the [Kenya Network of Cancer Organizations \(KENCO\)](#) to conduct a study on the impact of COVID-19 on cancer patients in Kenya. ACS learned that cancer patients in Kenya face disproportionately strong downward pressure of the economic burden and logistical challenges in accessing vital cancer care. Survey findings were published in the [International Journal of Cancer](#) to help inform COVID-19 mitigation strategies to support patients with cancer in LMICs.
- ACS added Spanish translations to the [Reach To Recovery breast cancer peer support website](#) so that people with Spanish as their primary language could receive the program's benefits in their language from start to finish. **Reach To Recovery now has 21 Spanish-speaking volunteers, doubling the volunteer workforce.** In 2021, ACS had 59 Spanish-speaking patients join Reach To Recovery.
- As part of organizational health equity efforts, ACS led health equity training for team members and volunteers to increase health equity knowledge, attitudes, and beliefs. The Foundations of Health Equity Training was rolled out in the summer of 2021 and was an organization-wide requirement. **2,182 participants out of 2,340 ACS team members completed at least one training module (93% completion rate). As a result of this training, 47% of respondents strongly agreed that they felt more motivated to act to advance health equity.**



Clinical Navigators provide cancer education to newly-diagnosed cancer patients and caregivers at Kenyatta National Hospital in Nairobi, Kenya.



Stack of cancer education flipcharts distributed to health workers and health educators serving newly-diagnosed cancer patients in Ethiopia.

GLOBAL & NATIONAL SPOTLIGHT

- Cervical cancer kills more women in India than anywhere else in the world. India accounts for nearly 1/4th of the global cervical cancer deaths. To address the high burden, ACS has partnered with the [Cancer Awareness, Prevention, and Early Detection \(CAPED\) Trust](#) to roll out a government capacity-building project aimed at reducing disparities in cervical cancer by training community health workers (CHWs), creating awareness through door-to-door mobilization in high need communities, and facilitating screening camps for women ages 30-55. Accomplishments in the first 6 months of 2022 include:
 - Obtained government buy-in to screen women who are asymptomatic.
 - **Trained 139 CHWs** on cervical cancer causes, symptoms, preventive measures as well as community mobilization & awareness strategies.
 - Grant support to government-led screening efforts **in 46 villages, screening more than 3,000 women.**
 - Patient navigation support for all the persons who need a further diagnosis and/or treatment after the screening.
- Since 2019, ACS has partnered with the [Cancer Foundation of India \(CFI\)](#) and the [Centre for Social and Behaviour Change \(CSBC\) at Ashoka University](#) to develop innovative social and behavioral change interventions and resources aimed at preventing cervical cancer through increasing uptake of the HPV vaccine.
- In Colombia, ACS leveraged the [Ministry of Health and Social Protection's](#) routine SMS text messages to test **over 30 messages with over 12,000 parents** in Bogota designed to motivate them to get their daughters the first dose and/or second dose of a free HPV vaccine.



CAPED conducted an interactive training session on cervical cancer awareness for 40 CHWs at Bhora Kalan Public Health Center (PHC) in April of 2022.



Non-Communicable Disease Teams from a local public health center conduct the Screening Camps in Anganwadi after door-to-door mobilization done by the CAPED team.



Participants at the HPV Intervention Design Workshop, New Delhi

GLOBAL & NATIONAL SPOTLIGHT

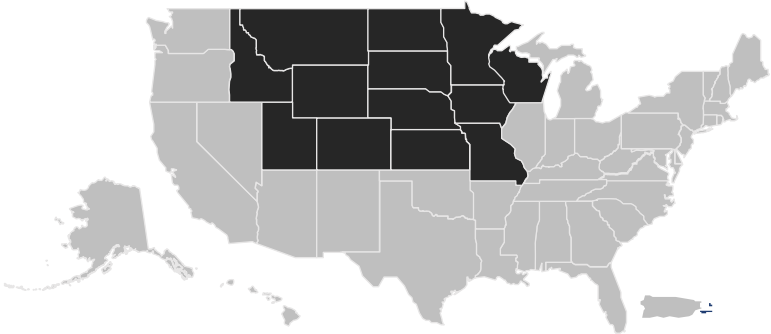
- Patient navigation is an evidence-based intervention designed to reduce health disparities and help achieve health equity. The work of the [National Navigation Roundtable](#) focuses on achieving health equity and access to quality care across the cancer continuum through effective and sustainable models of patient navigation. In 2021, the NNRT:
 - Wrote the [Patient Navigation in Cancer Care: Review of Payment Models for a Sustainable Future](#) briefing paper.
 - Wrote [a comment letter](#) to the [Center for Medicare and Medicaid Innovation](#) regarding the Oncology Care First Model.
 - Created and conducted a survey to identify patient navigation barriers and solutions while coping with COVID-19 impact on facilities.
 - Published two papers on [measuring oncology patient navigation impact](#) and [the role patient navigation plays in improving outcomes](#).

The work of the NNRT is still very much in progress. In 2022 and beyond, the focus of the NNRT will be on developing sustainable models for patient navigation with a focus on reimbursement for patient navigation services.

- Despite an unprecedented acceleration of new treatment options for non-small cell lung cancer (NSCLC) that target specific biomarkers, many patients face vast challenges receiving comprehensive biomarker testing. In fact, many cancer treatment facilities, particularly in community practice settings and in rural communities, are limited in their ability to offer biomarker testing. Often overlapping, these barriers can be categorized as provider barriers, patient barriers, and system barriers. Specifically, provider barriers may include knowledge gaps regarding the need for high-quality biomarker testing for appropriate treatment selection among oncologists, pathologists, and proceduralists (i.e., pulmonologists, thoracic surgeons, and interventional radiologists), lack of communication between medical stakeholders, confusion regarding choice of assay, procurement of adequate tissue for sampling, and cost. In addition to the common logistical barriers like cost and coverage complexities, patients may not understand the importance of testing, especially due to the slow turnaround time. At the system level, there are often no clear processes, no clear role delineation, a lack of resources, and a lack of prioritization.
 - In September 2020, the [National Lung Cancer Roundtable \(NLCRT\)](#) convened the first [National Summit](#) on Optimizing Lung Cancer Biomarkers in Practice (Key Takeaways [here](#)). This 2-day meeting constituted the initial milestone in establishing the NLCRT Biomarker Initiative, an interdisciplinary group of stakeholder organizations and invited experts and patients working together to align on strategies to raise awareness of comprehensive biomarker testing, increase uptake, and ensure all eligible NSCLC patients receive the most effective and timely treatment. The summit successfully produced a set of strategies to be adopted by NLCRT member organizations for increasing the awareness of patients, clinicians, and health plans around the evidence-based role of deploying comprehensive biomarker testing in appropriate patients, with the goal of delivering the most effective treatments to lung cancer patients.
 - In January 2021, ACS launched a three-state pilot in Kentucky, Mississippi, and Georgia, which concluded in February 2022. NLCRT and ACS leadership are actively planning for the nine-state (Arkansas, Louisiana, Indiana, Virginia, Texas, Florida, South Carolina, Tennessee, and West Virginia) expansion of the ECHO Series that launched in January 2022, with the ECHO Series itself beginning in September 2022.
- Black and African American people experience disproportionately high incidence and mortality rates from colorectal cancer (CRC), with CRC death rates almost 40% higher than those of white people. While screening is only one element of the work that needs to be done to address these CRC disparities, it is important to promote screening in the best way possible. To this end, [the National Colorectal Cancer Roundtable](#), along with [Quest Diagnostics](#), [Elevance Health Foundation](#), and the [Association of Black Gastroenterologists and Hepatologists](#) developed the [2022 Messaging Guidebook for Black & African American People: Messages to Motivate for Colorectal Cancer Screening](#). The Guidebook is intended to provide information and tools to help public health professionals work towards closing disparity gaps by using effective, tailored cancer screening messaging to help motivate people to get screened. More to come on the Guidebook in 2023.

REGIONAL SPOTLIGHT: NORTH

Community and Cancer Science Network
and Advancing a Healthier Wisconsin



With the support of the [Advancing a Healthier Wisconsin Endowment](#), [The Community and Cancer Science Network \(CCSN\)](#) is a broad collaboration across multiple sectors and specialties that comes together to address breast and lung cancer disparities in Wisconsin. ACS, serving as a community partner and principal investigator (PI), joins forces with an academic partner, the Medical College of Wisconsin, on the [Integration Hub](#) of the Community and Cancer Science Network. “The idea behind the integration hub is to build collaborative infrastructure across the state,” said Dr. Melinda Stolley, Anne E. Heil Professor of Cancer Research, Professor of Medicine, and Associate Director of Cancer Support and Prevention at the Medical College of Wisconsin, who is the initiative’s academic Co-PI.

- At its inception in 2019, the [CCSN Integration Hub](#) established a full advisory team, built developmental evaluation capacity, and identified community and academic leaders who would collaboratively shape proposals for impacting three key areas:
- A pilot curriculum for community members and early-career biomedical researchers to address issues of mistrust and misunderstanding,
 - Understanding the role of mammography quality in breast cancer disparities, and
 - Supporting multi-sector collaborative workgroups focused on furthering the work around critical issues of cancer disparities.

Throughout 2021, the CCSN focused on learnings related to communication and creating a common language among partners to strengthen collaboration. Communities and academics often use very different vocabulary or the same words but with very different meanings. To address this, the CCSN has learned to be thoughtful and intentional in its language, often turning to trusted partners, their Advisory Team, co-PIs, and others when there are questions about terminology or other communication methods. As the CCSN continues to seek ways to incorporate inclusive language, they are providing a proof-of-concept model of how to work differently and connect with people with unique perspectives. In turn, this allows them to increase their capacity and the capacity of their network to eliminate cancer disparities.

HEALTH EQUITY PRINCIPLES IN ACTION



Help people with
the greatest need.



Embrace diversity
and inclusion.



Collaborate with
community members.

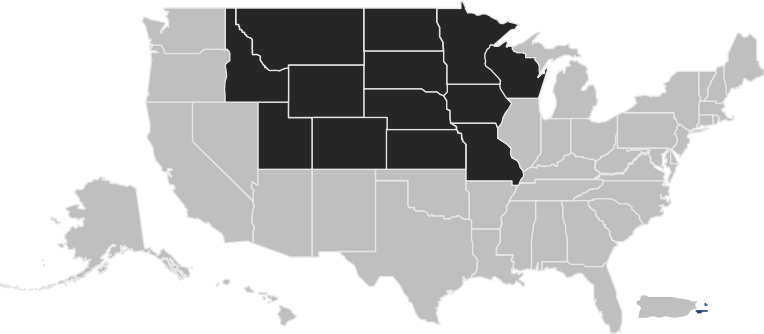


Partner with
different sectors.



Implement sustainable
community solutions.

Community and Cancer Science Network
and Advancing a Healthier Wisconsin, cont.



Aerial view of Milwaukee, WI.



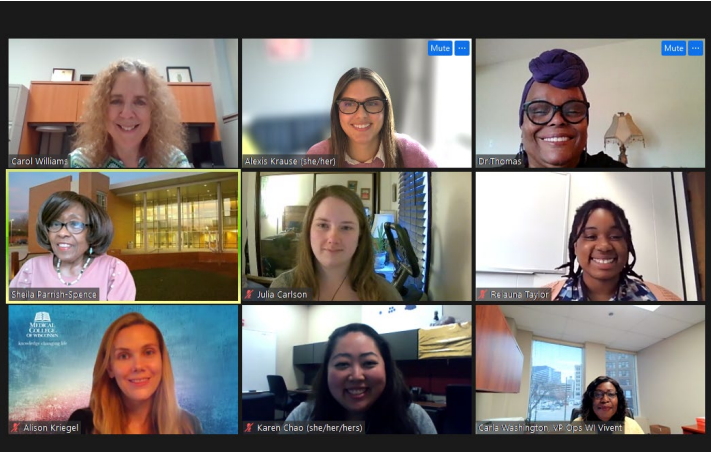
The Collaborative Work Group team
meets in person.

“AHW provided the foundation for CCSN. It allowed a team to look at cancer disparities from many different perspectives and use that understanding to propose solutions, which include three initiatives coordinated by a central body known as the Integration Hub.”

-Jenelle Elza, RN
ACS Strategic Partnerships Manager
Community Co-PI for the CCSN Integration Hub

"This initiative provides an environment, structure, and framework to do this work together and create sustainable solutions that can be applied to other focal areas in the future. We’re seeing the impact within organizations and structures. Our peers from across the state are looking to us because they’re hungry to do something different."

-Kim Kinner, M.A.
Senior Director, ACS Strategic Partnerships
Co-PI for the CCSN Integration Hub



The Research Community Scholars team
meets over Zoom during the pandemic.



Community & Cancer Science Network

TO LEARN MORE:

[The Community and Cancer Science Network Home](#)

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.

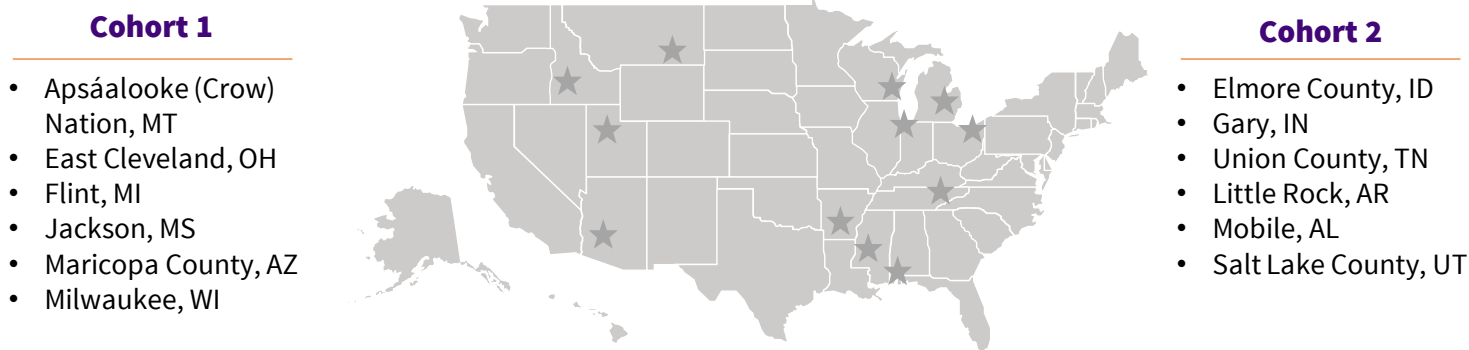
WANDA BLAKELY
BREAST CANCER SURVIVOR & VOLUNTEER,
MAKING STRIDES AGAINST BREAST CANCER

WE ARE **COMMUNITY PARTNERS**

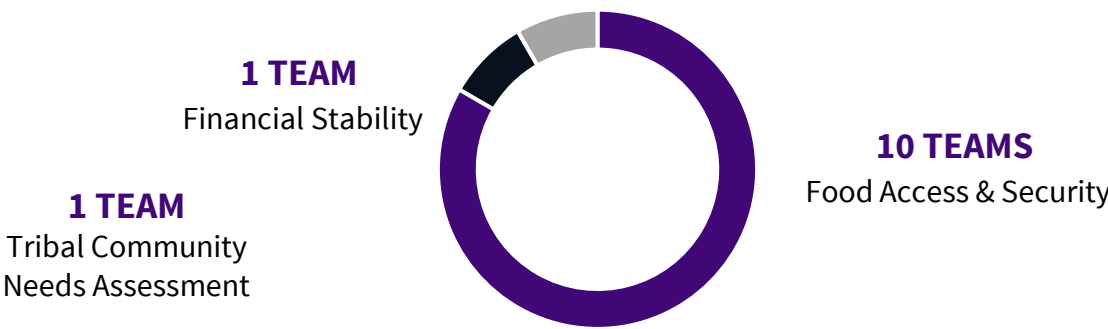
GLOBAL & NATIONAL SPOTLIGHT

With funding from the Robert Wood Johnson Foundation (RWJF), the Health Equity Pilot Community Projects helped ACS and ACS CAN work with community members and organizations from various sectors to remove barriers to cancer prevention, early detection, treatment, and survivorship in communities bearing a disproportionate cancer burden. The overall impact of the Community Projects included increased partnerships, community awareness, engagement in leading solutions, and community capacity.

Pilot Community Project activities reached many community members with support from **41 ACS and ACS CAN staff from the South, North, and North Central regions.**

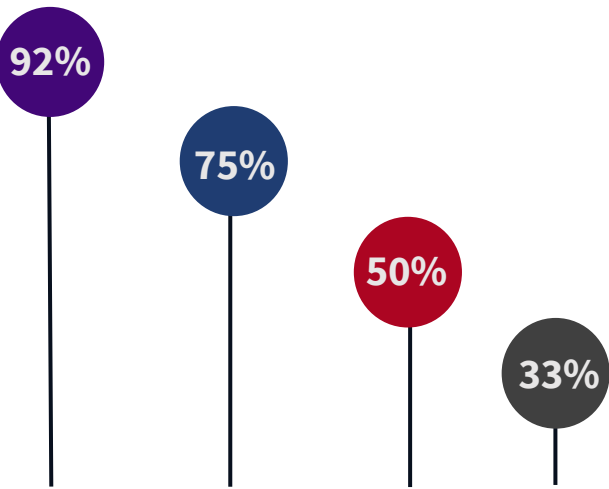


Working with their communities, ten project teams addressed **food access and security**, one team addressed **financial stability**, and one team conducted a **community needs assessment by tribal members** to understand their needs better.

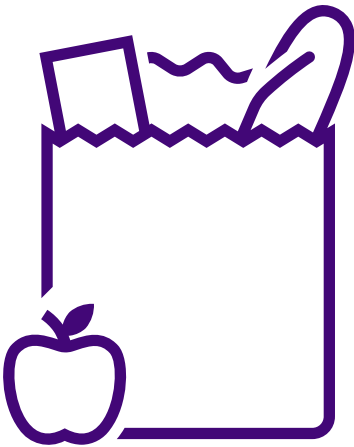


Among the 12 community project teams:

- **92%** developed health education resources, outreach templates, toolkits, and other materials.
- **75%** expanded access to healthy foods through food distribution efforts.
- **50%** developed data collection tools (e.g., survey instruments) and websites compiling resources and programs available in the community.
- **33%** trained community members in data collection methods for needs assessments, establishing organizational processes, or health equity-related topics.



- One community distributed at least **450 healthy food boxes** to **150 people** and **provided coupons to 470 people.**
- Another distributed **101,651 pounds of food** to **10,595 individuals** and **4,826 families.**
- Two communities **provided at least \$30,000** from the RWJF grants in total sub-grants across the two communities **to community organizations for cancer-related care, repairs to markets, and a FoodFARMacy.**



GLOBAL & NATIONAL SPOTLIGHT

Lack of transportation directly impacts cancer outcomes. Every day, thousands of cancer patients need a ride to treatment, but some may not have a way to get there. ACS’ Road To Recovery program provides transportation to and from treatment for people with cancer who do not have a ride or cannot drive themselves. ACS also provides transportation grants to local health system partners so they can provide transportation assistance to their patients. Thanks to these grants, many patients who had no other transportation options could access treatment and cancer care appointments in 2021. Grants were awarded through a competitive application process focused on the unmet needs of patient populations seeking access to care. Here are some of the incredible stories of lives touched through this program.



Nationally Funded Transportation:
222 grants at \$2.982M



Regionally Funded Transportation:
191 grants at \$2.758M



**228k rides to treatment
for 17k people**

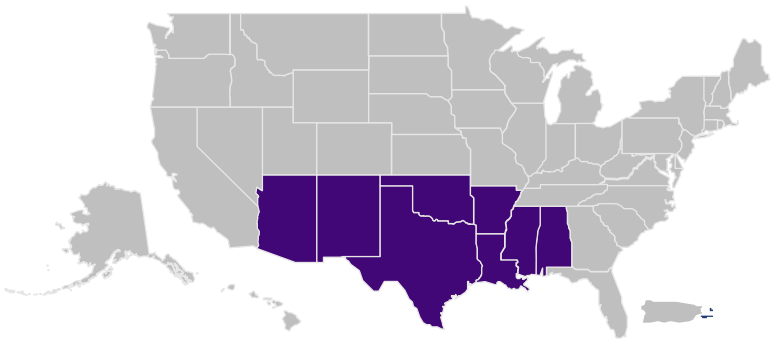
“This ACS grant has given OHCI (Orlando Health Care Institute) the opportunity to help a woman who is homeless and in need of 30 treatments for her care. She did not qualify for (the Institute’s) own transportation program because she does not have a permanent address, and she is staying at a hotel that is also outside of our mileage radius of 20 miles. The radiation team reached out to us and asked if we could provide assistance. This grant money allowed us to purchase Uber Gift Cards that she was able to use and schedule all of her appointments. She was shocked that we were able to assist in the way we did and was very appreciative of the ACS taking this hardship and turning it around for her. She is without a support system but not anymore! She feels supported by this gift and the care she is receiving at OHCI. Thank you, ACS, for the ability to make this otherwise almost impossible situation a success story. She is still actively receiving treatment at this time.”

“The most common barrier Boston Medical Center’s patients face when coming in for cancer treatment is transportation. Approximately 70% of Boston Medical Center’s patients are underserved, and financial insecurities often make it difficult, or even impossible, for patients to pay for taxis, shared car services and public transportation on their own. With the generous support of ACS, Boston Medical Center is able to provide patients with ride-sharing options, free of charge, so that they can have a safe and reliable means of getting to and from their appointments. The ride-sharing service made possible by the gracious contributions of ACS provides patients with a sense of reassurance and support in a time of fear and hopelessness. Without this ride-sharing program, many patients wouldn’t have the opportunity to be treated with care and concern by Boston Medical Center’s top-tier providers.”

“This grant provided transportation for patients in 10 Kentucky counties (Jefferson, Adair, Henry, Bullitt, Grayson, Oldham, Pulaski, Carroll, Shelby, and Hancock) and 5 Indiana counties (Clark, Floyd, Scott, Perry, and Washington). It served patients in 22 Kentucky zip codes and 9 Indiana zip codes. Many of these patients shared that they would not have been able to make it to their oncology appointments without these gas gift cards due to various barriers, such as finances and lack of public transportation in rural areas. Some of these patients are traveling up to 150 miles to receive treatment. “

REGIONAL SPOTLIGHT: SOUTH


Project ECHO:
HPV Cancer Free Texas




With the support of [Lyda Hill Philanthropies](#), our [Mission: HPV Cancer Free Texas \(HPVCFT\)](#) initiative boasts an audacious goal: to increase the HPV vaccination series completion rate in Texas from 40% (2017) to 80% by 2026. To reach more providers, Mission: HPVCFT utilized [Project Echo](#) (Extension for Community Healthcare Outcomes), a national movement that revolutionizes medical education and exponentially increases workforce capacity to provide best-practice care and reduce health disparities. The team used this model to educate Texas Community Health Workers (CHWs) about HPV vaccination to help reach under-resourced communities. The Texas CHW HPV ECHO was established to provide expert advice on how to increase HPV vaccination rates in partnership with providers, health care systems, and community leaders. The eight-session curriculum provides participating CHWs with in-depth didactic training about HPV, the safety and effectiveness of the vaccine, methods of communication, trusted tools and resources, and more. During each session, participants engage in activities such as roleplay games that assist with applying session topics. Participants present their experience advocating for the HPV vaccine to offer learning opportunities for themselves and other participants.

With support from Texas A&M Health Science Center, a training program and curriculum were created in both English and Spanish to reach Spanish-speaking CHWs. The Spanish cohort addresses cultural differences such as religion, gender roles, and personal experiences that affect how health decisions are made. The focus on the Spanish-speaking population provides participants a level of comfort the English cohorts cannot. The CHWs and subject matter experts provided culturally appropriate tools and resources that assist with advocating for the HPV vaccine. Since its launch, **750 CHWs have participated, claiming 4,102 continuing education credits (CEUs). Those who participated saw a 25% increase in knowledge about HPV vaccination compared to when they started the training sessions.** In all cohorts, there were positive changes in vaccination beliefs, increased confidence in discussing the vaccine, and decreased misconceptions about the HPV vaccine.


HEALTH EQUITY PRINCIPLES IN ACTION




Help people with the greatest need.




Collaborate with community members.




Partner with different sectors.



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



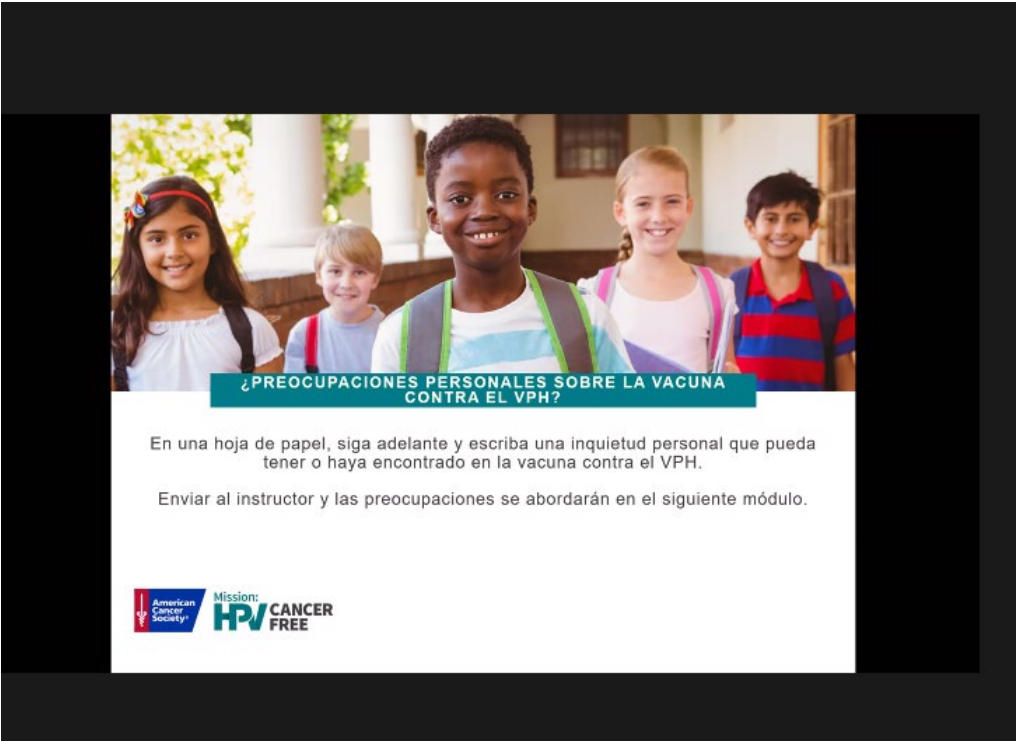
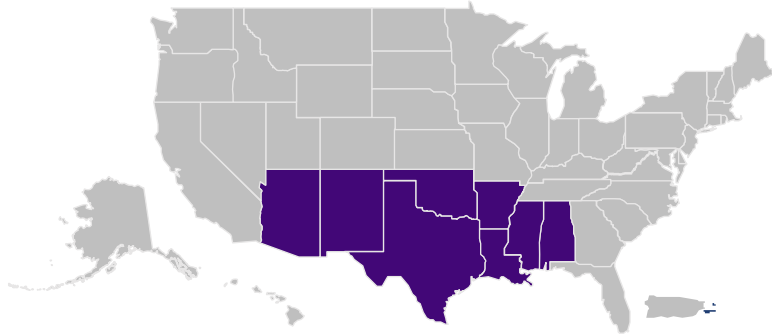
Implement sustainable community solutions.



Address structural and social determinants of health.

REGIONAL SPOTLIGHT: SOUTH

Project ECHO:
HPV Cancer Free Texas



Members of the Hispanic/Latino Community Health Worker cohort participating virtually in the ECHO session.

“The Spanish cohort addresses cultural differences such as religion and gender roles, and personal experiences that affect how decisions regarding health are made. The focus on the Spanish-speaking population provided participants a level of comfort the English cohorts could not. The CHWs and subject matter experts provided culturally appropriate tools and resources that would assist with advocating for the HPV vaccine.”

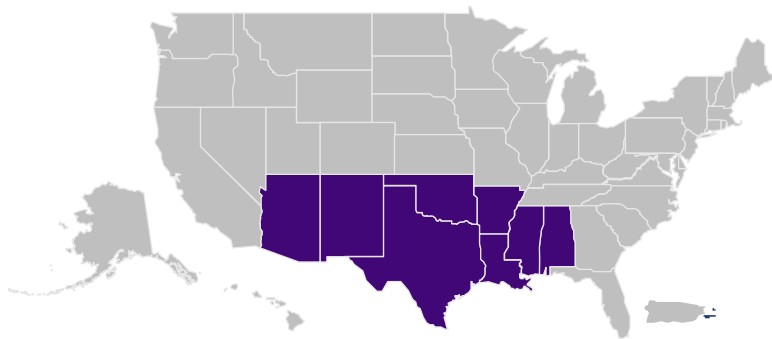
- ACS Cancer Support Strategic Partnership Staff
South Region

TO LEARN MORE:

[Mission: HPV Cancer Free Texas Home](#)
[Texas HPV Coalition](#)

REGIONAL SPOTLIGHT: SOUTH


Partnering with Different Sectors to Provide Food During and After COVID-19




Access to affordable, healthy food is essential in preventing some cancers and improving cancer outcomes during and after treatment. Starting in mid-2020 through late 2021, the need for affordable, healthy food increased in Jackson, Mississippi because of COVID-19. As a member of the Health Equity Pilot Community Projects, the Jackson Community Leadership Team (comprised of community members, community organizations, and ACS and ACS CAN volunteers and staff) [partnered with different sectors](#) to address the immediate food needs in South and West Jackson. Cross-sector partners included community-based non-profit organizations, faith-based organizations, government, academia, and health systems.

Community leadership volunteers from the [University of Mississippi Medical Center’s EversCare Clinic](#) and [New Horizon Ministries, Inc.](#) joined with ACS and other local non-profit organizations **to host 34 community food distribution events** between May 2020 and September 2021. Volunteers included ACS educational materials about healthy eating/active living and cancer screening in food bags for distribution. Additionally, throughout the pandemic, information was shared about preventing COVID-19, convenient testing sites, and, more recently, educational information regarding COVID-19 vaccines. **Over 77 tons of USDA-selected healthy food was distributed to 6,958 Jackson-area families experiencing food insecurity because of the COVID-19 pandemic. These nearly 7,000 families represent 14,863 individuals in Jackson who were able to have regular access to fresh fruits and vegetables and other healthy food items.** This health equity project placed a particular emphasis on reaching African American and Black families living in the two zip codes in Jackson with the highest food insecurity. ACS also partnered with the [Mississippi Immigrants’ Rights Alliance](#) to ensure outreach to another historically excluded community in Jackson. There was also a special series of Thanksgiving distribution events featuring an 18-wheeler and 400 boxes full of fresh vegetables grown at [Footprint Farms](#) – a local, urban farm whose mission is to grow youth outreach, production, agritourism, and community in Jackson. Ultimately, the Mobile Food Pantry expanded ACS’ and partners’ capacity to make healthy food accessible and affordable (at no cost) in communities for cancer patients, survivors, and other community members.


HEALTH EQUITY PRINCIPLES IN ACTION




Help people with the greatest need.




Collaborate with community members.




Partner with different sectors.



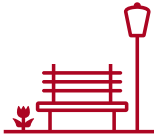
Leverage the power of volunteers.



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



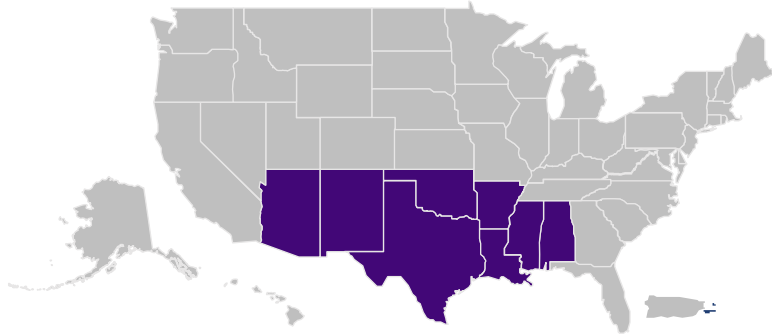
Implement sustainable community solutions.



Address structural and social determinants of health.

REGIONAL SPOTLIGHT: SOUTH

Partnering with Different Sectors to Provide Food During and After COVID-19



Mississippi Urban League team members and volunteers celebrate efforts.



Team members prepare food bundles for distribution.

“South Jackson has become a major food desert in the last five to 10 years. Through our partnership with ACS and others, we’re able to get healthy food to people who need it, especially during this time. Many senior citizens and people with underlying health conditions do not feel comfortable going to the grocery stores, but now they can get what they need.”

- State Representative Ronnie Crudup, Jr.
Community Leadership Team

“When partnering with different sectors, it is important to share information, responsibility, and resources with all your collaborators. It is also important to reduce silos and increase impact by enhancing the work organizations are already doing.”

- Dr. LaQuita Cooper
Former ACS Staff Co-Chair, Jackson Community Project



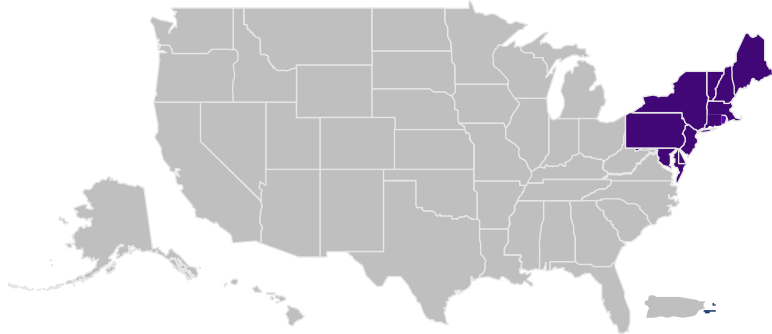
Team members prepare to receive cars through the mobile food pantry pick-up line.



Team members pose in front of a participating food truck.

REGIONAL SPOTLIGHT: NORTHEAST

Ámate a Ti Misma and Committing to Action for the Hispanic and Latina Community



Breast cancer is the most commonly diagnosed cancer and the leading cause of cancer death among Hispanic and Latina women. Research suggests that Hispanic and Latina women have lower rates of mammography utilization and are less likely to receive appropriate and timely breast cancer treatment.

Reinforcing its commitment to the well-being of the Hispanic/Latina community, ACS has partnered with [Univision](#), the leading Spanish language television network in the U.S., along with New York City area hospitals and FQHCs for more than 15 years to offer free breast cancer screenings to women with no health insurance through the *Ámate a Ti Misma*/ Love Yourself campaign. This campaign gives Latinas access to life-saving screening and provides the right tools to empower their families for a healthier lifestyle.

Ámate a Ti Misma has been able to help more than 30,000 Hispanic/Latina women gain access to a life-saving screening. In the weeks leading into Valentine's Day, Mother's Day, and Making Strides Against Breast Cancer events, Univision networks encourage women to join them at local hospitals in New York City, Philadelphia, New Jersey, and Washington, D.C., where women who have no health insurance can get a free mammogram. Univision also produces pro-bono PSAs aired on TV, radio, and social media, encouraging women to get their mammograms or other free screenings by calling ACS' National Cancer Information Center (NCIC). The PSAs are written to be culturally relevant to Latinas as family caregivers and healthcare decision-makers; she cannot take care of her family unless she takes care of herself first – by getting a mammogram.

HEALTH EQUITY PRINCIPLES IN ACTION



Help people with the greatest need.



Embrace diversity and inclusion.



Collaborate with community members.



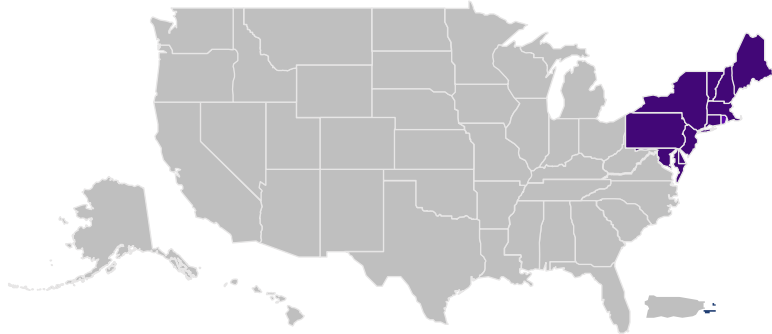
Understand the community's historical, social, cultural, and economic context.



Implement sustainable community solutions.

REGIONAL SPOTLIGHT: NORTHEAST

Ámate a Ti Misma and Committing to Action for the Hispanic and Latina Community



Television PSA for Ámate a Ti Misma on Univision.



ACS team poses with the Univision team.



Women arrive at a women's imaging center for an Ámate event.



Media stills from an Ámate event.

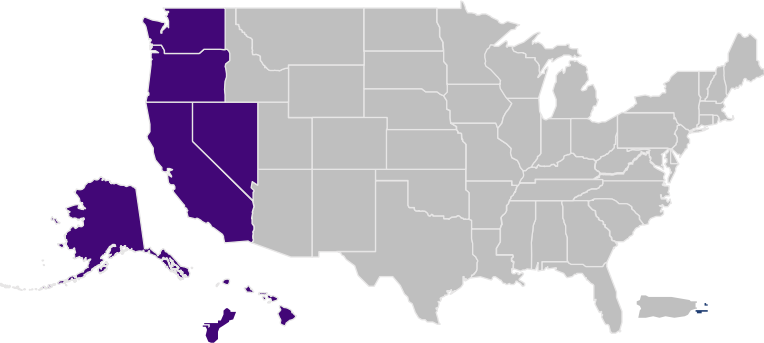
"Taking care of yourself is one of the most important things you can do for your family. We want Latinas to take charge of their health. It is a commitment to the well-being of the Hispanic community because early cancer detection can save thousands of lives."

- Dr. Carmen Guerra
ACS Board of Directors;
Ruth C. and Raymond G. Perelman Associate Professor;
Vice Chair of Diversity, Equity and Inclusion for the Dept. of Medicine;
Associate Director of Diversity and Outreach at the Abramson Center of the University of Pennsylvania

TO LEARN MORE:
[Ámate a Ti Misma on Univision](#)

REGIONAL SPOTLIGHT: WEST

Collaborating with the Venice Family Clinic to Improve Access to Care and Reduce Structural Barriers for Unhoused Patients



ACS partnered with [Venice Family Clinic \(VFC\)](#) as part of the [National Football League \(NFL\) Community Health Advocates implementing Nationwide Grants for Empowerment and Equity \(CHANGE\) Grant](#) to address getting back on track with colorectal cancer screening. VFC is located in Los Angeles, CA, and includes 11 locations that bring comprehensive primary care to approximately 45,000 people (as of November 2021), including people with limited or no access to health care services due to immigration, insurance, or income status. During the pandemic, their colorectal cancer (CRC) screening rates dropped, and they needed support and guidance to get their screening rates back on track.

The clinic addressed barriers exacerbated by the pandemic, including fear, and implemented a process to mail stool-based screening kits to the patient's home for a contactless screening experience. For unhoused patients, the clinic implemented an open-door policy so that patients could return to the clinic at any time to use their restroom to complete the test. This kept the patients' dignity and safety in mind as they would not need to seek out an unsafe public toilet to complete the test. During October, ACS and VFC partnered with the NFL team, the L.A. Rams, to bring the Get Screened message to the community during the clinic's weekly food donation drive. Throughout the 15-month partnership, ACS provided technical assistance, tools, and resources and helped celebrate wins to keep the team motivated.

The clinic also implemented a process improvement effort so that any patient that received a Fecal Immunochemical Test (FIT) also received a weekly text message which increased the screening test's return rate. More returned tests translate to more abnormalities detected and possibly identifying cancer at an earlier stage. As reported by VFC Grants Associate, Lauren Schenker "Venice Family Clinic's partnership with ACS and NFL enabled us to be successful in completing an organization-level transformation in colorectal cancer screening during a public health crisis that has disrupted every aspect of our operations."

IMPACT BY THE NUMBERS

- ✓ **100** community members reached at in-person events
 - ✓ **8,848** client reminders sent to age-eligible patients
 - ✓ **3,147** FIT tests completed
 - ✓ **130** colonoscopies completed
- ↑ **16% increase**
in CRC screening rates after 15 months

HEALTH EQUITY PRINCIPLES IN ACTION



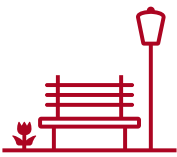
Help people with the greatest need.



Collaborate with community members.



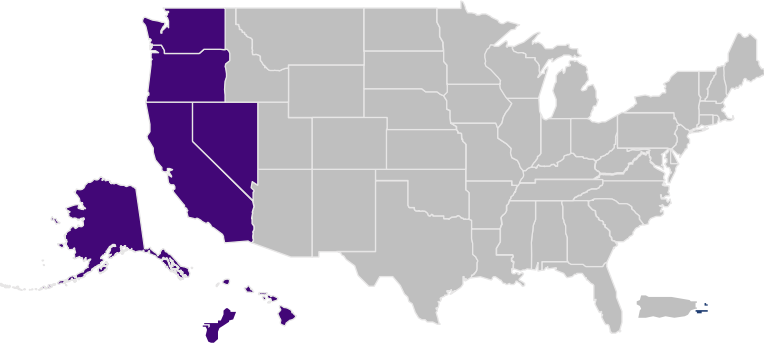
Implement sustainable community solutions.



Address structural and social determinants of health.

REGIONAL SPOTLIGHT: WEST

Collaborating with the Venice Family Clinic to Improve Access to Care and Reduce Structural Barriers for Unhoused Patients



“The impact of this project was far-reaching. Not only did it help us accomplish our aim of increasing colorectal cancer screening rates, but it helped boost morale among our clinical and Q.I. (Quality Improvement) team members during a time when this was desperately needed.”

- Lauren Schenker
VFC Grants Associate

“During a time where it felt impossible to move the needle on QI efforts at our Clinic, this initiative felt like a big win.”

- Director of Quality Improvement



A clinic team member stands by a sign promoting [Crucial Catch](#).



An ACS team member poses with the L.A. Rams mascot.



Attendees are provided with materials to promote CRC screening.

TO LEARN MORE:

[Venice Family Clinic Home](#) and [“Rigo Garcia: A Community Health Educator’s Story” on YouTube](#)

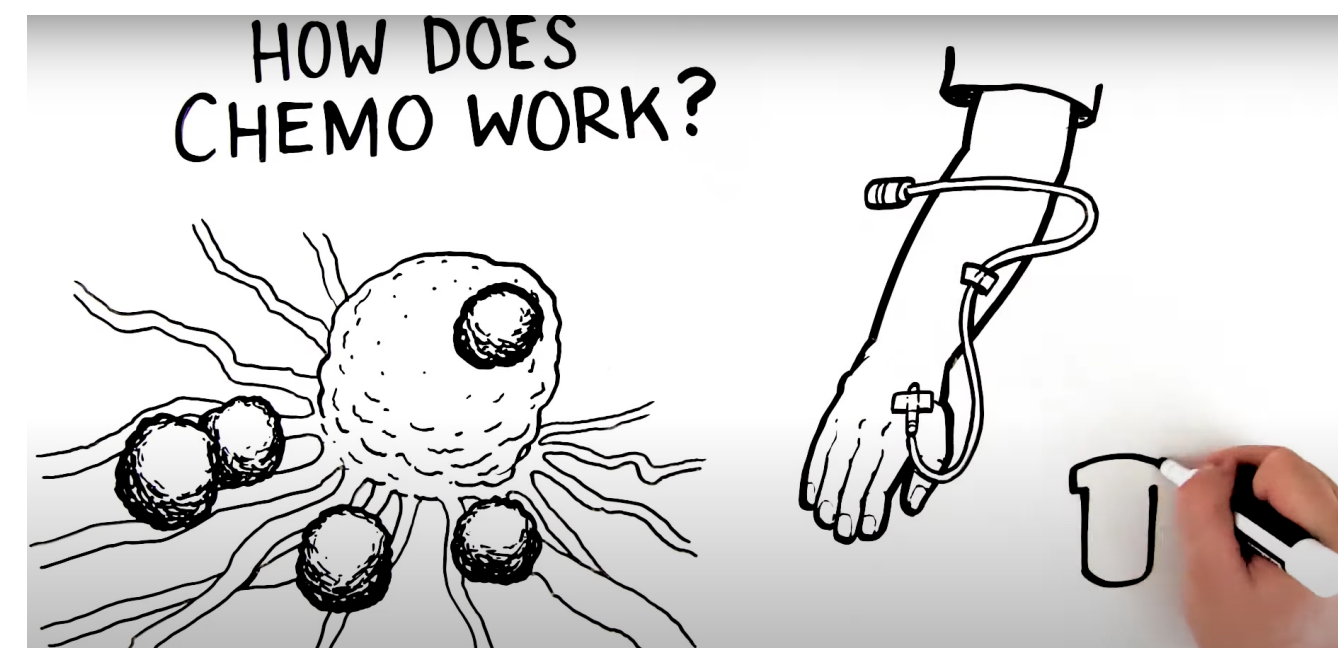
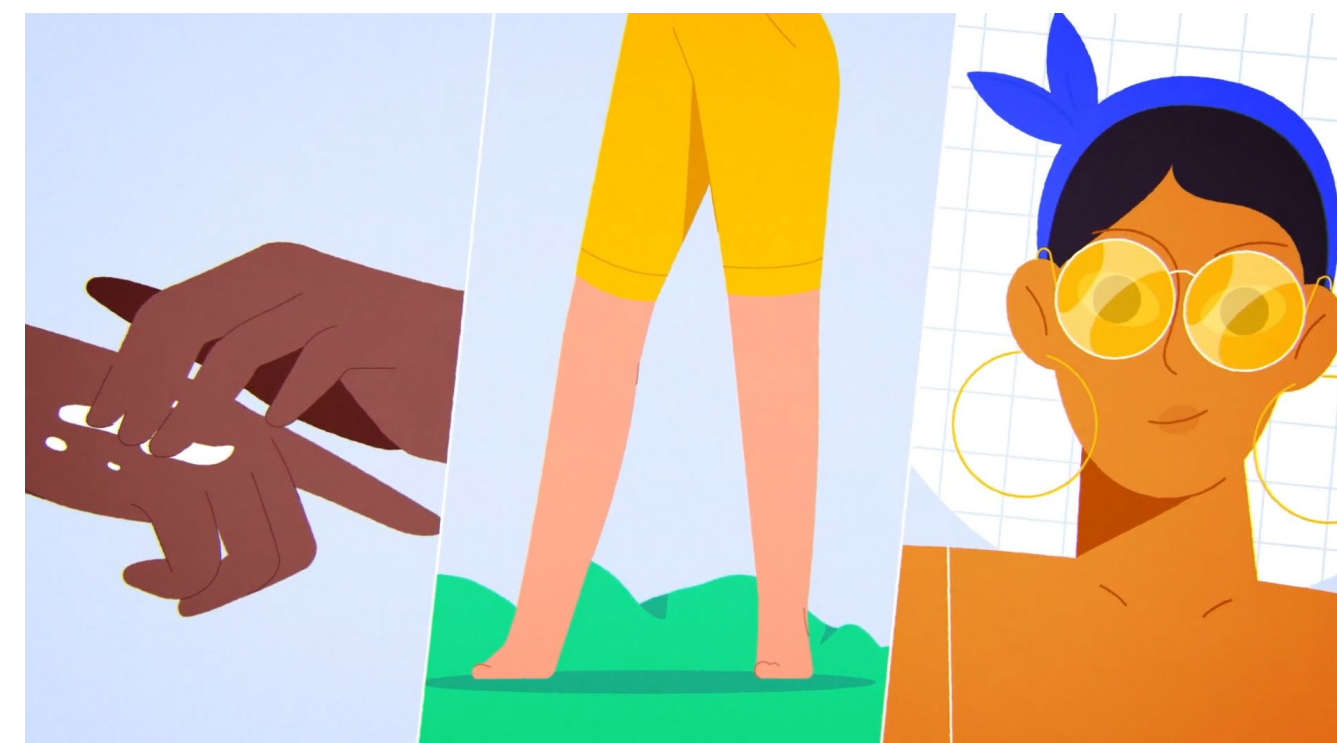
Change requires **courage**, whether it is asking the hard questions, disrupting the status quo, taking on unprecedented challenges, or speaking out loudly and boldly against oppression. From innovative approaches to health literacy and patient empowerment to advocating for shared decision-making, we are courageous on our health equity journey to build a more equitable world free of cancer.

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

WE ARE **COURAGEOUS**

GLOBAL & NATIONAL SPOTLIGHT

- In 2021, ACS embedded health equity into cross-cutting work to empower cancer survivors, caregivers, and health care professionals by increasing health literacy, accessibility, and inclusion in its medical content and publications. Examples included:
 - Developed and translated [limited literacy materials](#) into 13 different languages, allowing people for whom English is a second language to be more informed and empowered to participate in their cancer care decisions fully.
 - Created [nine animated videos appropriate for diverse audiences](#) to provide an alternate method for learning information about cancer treatment and sun safety, providing an alternate form of educational programming for people with different learning preferences. These videos have been collectively viewed **more than 39,000 times**.
 - Developed more than [200 downloadable educational materials in 13 languages](#) while ensuring that people with disabilities can access and read the materials in a format that accommodates their needs.
 - Collaborated with physician experts at Emory University to develop a [Cancer Care for Transgender and Gender Nonconforming People Fact Sheet for Health Care Providers](#), addressing the need for healthcare providers to seek education to overcome knowledge gaps, discrimination, and negative attitudes.
 - Created [a live-action video](#) in English and Spanish talking about colorectal cancer screening.
- Being courageous for health equity means being bold and visible in communication efforts and fighting discrimination and oppression through inclusive word choices that uplift everyone's inherent value. ACS developed [an Inclusive Language and Writing Guide](#) in 2021 to increase consistent standard language and terminology throughout the organization and drive actionable and inclusive messaging. The webinar introducing the Guide had **470 attendees**, and the Guide was viewed and downloaded approximately **1,400 times** from September to June 2022. This project is a testament to the importance of including community members as co-creators and reviewers. It was a collaborative effort involving over 50 ACS team members, volunteers, and partners representing many communities affected by cancer disparities or at the front lines of health equity work. Highly positive feedback was received, with many users citing the value it has when applying health equity principles to their storytelling and writing efforts.



Clips of sun safety and cancer treatment animated videos from the Medical Content Team featuring diverse characters, relatable messaging, and plain language.

GLOBAL & NATIONAL SPOTLIGHT

ACS acted courageously in the face of a global pandemic by organizing in 2020 and 2021 to rapidly respond to the consequences of COVID-19 on cancer screening and care. The mission was clear: address pandemic disruptions while strengthening the commitment to all patients having access to quality cancer screening and care. ACS launched a multi-faceted and multi-sector nationwide initiative in response, called *Get Screened*, and structured it around six inter-connected building blocks of work:



THE ACS NATIONAL CONSORTIUM

- Convenes national influencers to identify strategies to best minimize the effects of the pandemic on cancer screening and care and to take action.
 - ✓ [Engaged 27 leading organizations to create 9 consensus recommendations](#) to improve cancer outcomes nationwide, reflecting areas where improvement is most needed to close gaps in cancer outcomes.



RESEARCH

- Understands the impact of the COVID pandemic on cancer screening and outcomes.
 - ✓ **20+ cancer and pandemic-related publications** were released in 2021 to show how COVID-19 affected cancer prevention, screening rates, treatment, and outcomes among marginalized groups.



PUBLIC AWARENESS CAMPAIGN

- Mobilizes and activates the public, providers, and other key stakeholders around cancer screening and care. The impact includes:
 - ✓ Newly developed [campaign landing pages](#) (in English and Spanish) garnered more **than 319,000 pageviews**.
 - ✓ Created more than **40 assets** to encourage screening, including digital and social messages, stories from survivors, and print resources, with **7,600 PDF downloads**.
 - ✓ Ten internal news articles were developed, with an average of **2,206 views per article** and a **10% engagement rate**.
 - ✓ A Masterbrand social media campaign with **55 posts** running from June-December of 2021 had over **1 million impressions** and **an average engagement rate of 2.4%**.
 - ✓ A second social media campaign leveraging stories and messages from 22 different online influencers had **1.8 million impressions, 53,000 engagements**, and an **average engagement rate of 7.9%**.
 - ✓ A partnership campaign with the Hispanic Communications Network generated **12 million impressions**.

GLOBAL & NATIONAL SPOTLIGHT



STATE AND COALITION LEADERSHIP

- Connects cancer professionals to effective messaging, policy initiatives, and opportunities for impact.
 - ✓ **In 14 states**, ACS is providing financial resources to catalyze and support this work with critical stakeholders to address the highest needs in each state, including advancing health equity and reducing cancer disparities.



HEALTH SYSTEMS SCREENING INTERVENTIONS

- Engages priority health systems in evidence-based interventions to increase screening rates.
 - ✓ ACS partnered **with 77 healthcare systems** across the country to provide evidence-based interventions and **\$2.2 million in grant funding** to work towards increasing cancer screening rates and reducing screening barriers exacerbated by the pandemic.
 - ✓ **135,000 individuals of screening age** were served within participating health systems.
 - ✓ **88% of participating health systems increased screening rates** in at least one area (44% of the patient population identified as racially and ethnically diverse).

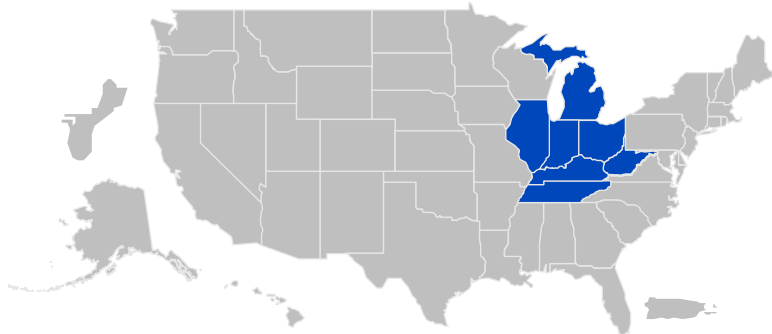


POLICY

- Pursues public policy solutions to help ensure individuals have access to timely and appropriate cancer screening and follow-up care
 - ✓ Read more about how ACS CAN supports policies that enhance access to early cancer screenings [here](#).

TO LEARN MORE: [Get Screened Initiative 2021 Impact Report \(Full Report\)](#) and [Get Screened Impact Report One-Pager](#)

Courageous Innovation Through Communities of Practice and H.E.R.O.



In 2021, the North Central Region held an overarching health equity training for all ACS regional team members, followed by a requirement to create their own health equity personal goal for the year. Goals were aggregated into four broad categories: volunteer growth-focused aims, programmatic-focused aims, advocacy-focused aims, and revenue-focused aims. Team members were then placed into regional "Communities of Practice" (COP), where they convened every quarter to discuss goals and milestones while supporting and collaborating throughout the year to impact health equity.

Requiring all team members to have their own health equity goal embedded in their performance goals proved to be a highly successful tool. Each person was given the verbiage to insert as a framework but was asked to provide their own objectives and measures for success, which helped build traction around commitment. The COPs supported those goals and commitments, but team members found them most helpful when facilitation was strong, and participants openly shared and endorsed each other. Some of the milestones from COP participants included:

- Goal-setting to increase diverse, community-reflective Board members and volunteers and to engage priority populations.
- Aiming to recruit community members for events to help lead and open doors previously shut.
- Leaning in with ACS CAN to recruit Board and community members, speakers, and support efforts from a better vantage point.
- Building relationships with donors who want to make an impact and investing their gifts to do that.

It takes everyone's understanding, clarity, and dedication to make something change. When team members launched the initial training, most people felt that they understood the challenges. By the end of the year, most people were fully committed to learning and leaning in to understand what biases exist, what the needs are, and where the disparities truly exist. Concurrent to the COP, the North Central Region also introduced the "[Health Equity Research and Operations](#)" (H.E.R.O.) campaign which invites investment in health equity from volunteers, partners, and donors, and creates a strong message of ACS' efforts to eliminate barriers and equalize opportunities in a culturally concordant manner.

HEALTH EQUITY PRINCIPLES IN ACTION



Help people with the greatest need.



Collaborate with community members.



Partner with different sectors.



Leverage the power of volunteers.



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

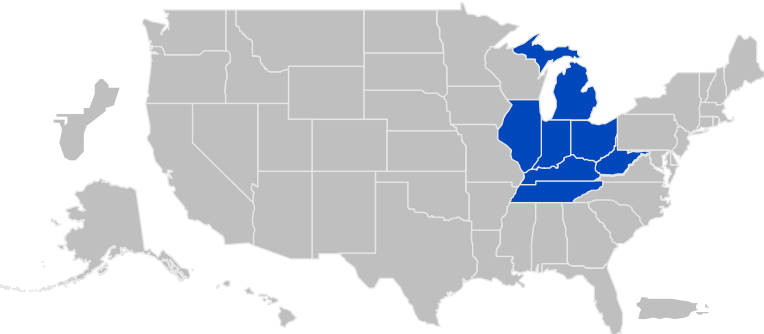


Implement sustainable community solutions.



Address structural and social determinants of health.

Courageous Innovation Through
Communities of Practice and H.E.R.O.



“To create personal goals that have an impact, we have to educate and continually support and foster that growth. ACS is a busy organization, and it's easy to forget the goals and work on meeting your own revenue, patient support, advocacy goals, etc. When you aim specifically to marry these up, it's a shift in thinking. We struggled with focus, we struggled with keeping the aims married, and we struggled with the ability to explain what we're doing in health equity. We worked very hard to ensure everyone had access to lean in, but keeping everyone leaned in had its challenges. To meet this, we supported market leaders through regular meetings to redirect and clarify. We continue to write the script, but we keep the focus. We have strong support from our leaders and that had a ripple effect in the field; it's an evolving process.”

- Deb Dillingham
Senior Director, Cancer Support Strategic Partnerships



TO LEARN MORE:

[ACS H.E.R.O. Campaign Landing Page](#)



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 healthy 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:

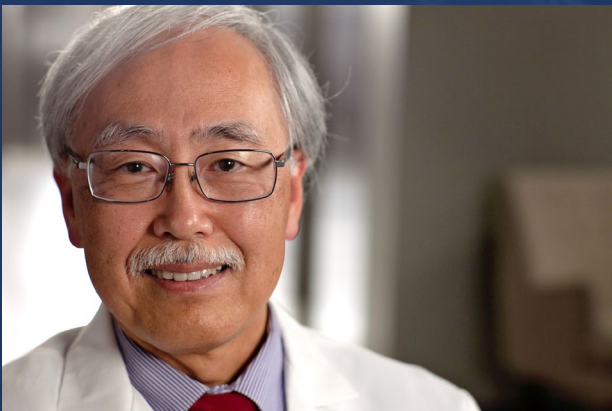
- **Learn:** To learn more about health equity through the cancer lens, visit cancer.org/about-us/what-we-do/health-equity
- **Connect:** Whether you want to learn about cancer treatment options, get advice on coping with side effects, or have questions about health insurance, we're here to help. Find 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

CONTINUE THE STORY

Some of the photo subjects in this report are volunteer participants in the *Health Equity Photojournal Project* (funded by the Robert Wood Johnson Foundation) and the *Get Screened marketing campaign*. We invite you to watch their complete stories to bring your experience in reading this report full-circle.



JAMIL



DR. MIYAMOTO



RICK



EVELYN



RIGO

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Additional stock photo models were used for illustrative purposes only.*

ACKNOWLEDGEMENTS

We would like to thank and recognize our funders, donors, and impact partners around the world (*please see next page for full list of funders and sponsors*).

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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3380 Chastain Meadows Parkway NW, Suite 200, Kennesaw, GA 30144

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