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# Health Equity Principles: Roundtable Edition



# Health Equity Principles: Roundtable Edition

What is health equity?

What are ACS' Health Equity Principles?

Framework for ACS National Roundtables

## Section 1: People

- Make health equity a strategic priority.
- Help people with the greatest need.
- Prioritize diversity, equity, and inclusion.
- Value community expertise.

## Section 2: Places

- Understand the community's historical, social, cultural, and economic context.
- Address the structural and social determinants of health.
- Implement sustainable community solutions.

## Section 3: Partnerships

- Leverage the power of volunteers and Roundtable members.
- Partner with different sectors.
- Prevent and address unintended consequences.

Health Equity Action Planning

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Acknowledgments



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

While innovations in cancer prevention, detection, treatment, and survivorship have come a long way, not everyone has benefited equally. Research shows that while overall cancer mortality rates in the U.S. are dropping, people who are marginalized or historically excluded bear a disproportionate burden of preventable death and disease. To end cancer as we know it for everyone, we must advance health equity.

## **What is health equity?**

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

Social drivers/determinants of health (SDOH)— the circumstances in which people are born, live, learn, work, play, worship, and age—are often influenced by long-standing policies and systems that are outside an individual's control and result in an individual's unmet health related social need (HRSN). Addressing HRSN is an important component of cancer care delivery.

To the [American Cancer Society \(ACS\)](#), and its non-profit, nonpartisan advocacy affiliate, [the ACS Cancer Action Network \(ACS CAN<sup>SM</sup>\)](#), health equity means that everyone has a fair and just opportunity to prevent, detect, treat, and survive cancer. Equity is not the same as equality. Equality is providing everyone with the same tools and resources, and equity means providing the tools and resources, based on needs, that allow everyone the opportunity to be as healthy as possible. To better understand the difference between equity and equality, please take a look at these graphics provided by the [Robert Wood Johnson Foundation](#), our partner in advancing health equity (*continued on next page*):

### EQUALITY:

Everyone gets the same—regardless if it's needed or right for them.



### EQUITY:

Everyone gets what they need—understanding the barriers, circumstances, and conditions.



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### EQUALITY:

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



### EQUITY:

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



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## What are ACS' Health Equity Principles?

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





Health Equity Principles		ACS National Roundtable Application
Make health equity a strategic priority		Demonstrate the roundtable's commitment to health equity by making it an explicit strategic priority and embedding it into the strategic plan, mission, vision, values, etc.
	<b>People</b>	
	<ul style="list-style-type: none"> <li>• Help people with the greatest need.</li> <li>• Prioritize diversity, equity, and inclusion.</li> <li>• Value community expertise.</li> </ul>	Support the integration of health equity into data collection, planning and evaluation, and communications. Ensure roundtable infrastructure (steering committee and chairs) is adequately equipped with experienced health equity leaders to drive goals outlined in the strategic plan/shared agenda. An ad-hoc or standing committee could be established and tasked with prioritizing health equity.
	<b>Place</b>	
	<ul style="list-style-type: none"> <li>• Understand the community's historical, social, cultural, and economic context.</li> <li>• Implement sustainable community solutions.</li> <li>• Address SDOH with prioritizing health equity and taking action to further achieve it.</li> </ul>	Understand cancer disparities and intentionally address inequitable care by developing evidence-based strategies that improve health outcomes for communities that are historically excluded or marginalized.
Learn and improve	<b>Partnerships</b>	
	<ul style="list-style-type: none"> <li>• Partner with different sectors.</li> <li>• Leverage the power of volunteers.</li> <li>• Prevent and address unintended consequences.</li> </ul>	Establish and support multi-sector partnerships with organizations that represent or work with communities that are historically excluded or marginalized, and that share common priorities and vision around improving health equity.
		Roundtable leadership and team members should continue learning about health equity and working to improve their knowledge and skills. In addition, they should check the roundtable's health equity progress by revisiting their action plan and adjusting as needed.





The next three sections of this guide provide a frame of reference and a few broad examples of incorporating health equity principles into your daily work. They are broken down by People, Places, and Partnerships.

A  symbol denotes one of the principles.

A  symbol denotes a stand-alone topic into which we will dive deeper.

Examples are cross-cutting and are not meant to be an exhaustive list of possibilities. Opportunities may vary based on a team's readiness to adopt these principles, the job role, the external environment, available resources, and the community's input and needs.



## Principle: Make health equity a strategic priority.

Demonstrate the ACS National Roundtable's commitment to health equity by making it an explicit strategic priority, embedding it into the strategic plan, mission, vision, values, etc.

### Examples:

- Establish a **common agenda** that calls out health equity as a key priority and is embedded throughout.
- Develop a health equity commitment statement or pledge ([see an example on page 9](#)).
- Ensure health equity is clearly incorporated into the mission, values, and strategic plan.



### A Deeper Dive: The Common Agenda

The ACS National Roundtable membership should have a shared vision for change that includes a common understanding of the problem and a joint approach to solving the problem through agreed-upon actions:

- Create a common agenda: clear problem definition, common vision, population-level goal, basic theory of change
- Develop high-level population goal
- Solicit and incorporate community perspective/voice



### A Deeper Dive: Developing Health Equity Messages

Tailor ACS' key health equity messages to share the roundtable's commitment to health equity, your target populations, and the strategies being used to advance health equity (*continued on next page*).





## **Spotlight:** **A Health Equity Commitment Statement** **from the ACS National Breast Cancer Roundtable**

The ACS National Breast Cancer Roundtable (ACS NBCRT) believes that every person should have a fair and just opportunity to prevent, find, treat, and survive breast cancer, regardless of age, income, ethnicity, skin color, sexual orientation, gender identity, disability status, language, or zip code.

Therefore, the ACS NBCRT commits to centering health equity in all that we do. We agree to work toward fairness and justice by assessing systematic disparities in opportunities, outcomes, and representation and redressing [those] disparities through targeted actions. To achieve this, we will:

- Ground our work in data and context, creating innovative solutions.
- Focus on policy and systems changes, in addition to programs and services.
- Amplify community voices to co-create sustainable solutions and shared decision-making tools.
- Listen to and engage with all cultures and communities, and
- Build equity in leadership, accountability, and representation.



## **Principle: Help people with the greatest need.**

Use quantitative and qualitative data to determine which populations have the greatest disparities in cancer prevention, detection, treatment, and survivorship. The data should drive how we prioritize our work. Some strategies that are designed for everyone may be less effective in improving cancer outcomes for minority groups and those of low socioeconomic status. We must know and target the unique challenges and barriers that these groups face in making healthy choices.



## Examples:

- Identify populations affected by disparities and design programs or policies to prioritize and address them. See our [80 in Every Community Colorectal Cancer Screening Campaign](#) for an example of this.
- Stratify key data and outcome measures by demographics including race, ethnicity, geography, and sexual orientation, etc. to identify potential inequities or work to improve data collection where unable to stratify measures/data.
- Prioritize outreach and engagement of Black and Hispanic/Latino individuals for ACS National Breast Cancer Roundtable (ACS NBCRT) activities because they have the largest breast cancer disparities.
- Include disparities data in your communications materials, including presentations and educational resources, ensuring any images used are representative of the populations of focus.



## **A Deeper Dive: Using cancer disparities data to drive action and achieve health equity**

Use cancer disparities data to identify priority populations and design strategies to help achieve the ACS National Roundtable's health equity goal. As the membership identifies strategies or interventions for tackling cancer disparities and achieving health equity, they should establish a cohesive evaluation plan so that using data is an integral part of implementation rather than an afterthought.



## **Spotlight:** **ACS National HPV Vaccination Roundtable**

To review HPV vaccination data and better understand who has the greatest need, the ACS HPVRT Best Practices Taskgroup created an ad hoc committee in June/July 2023 focused on HPV Data Sources/Toolkit creation. In addition, the ACS Interventions and Implementation created an HPV Data Sources Toolkit that has started to help the ACS HPVRT and partners understand up to date data trends and disparities.

Link to the toolkit: [hpyroundtable.org/wp-content/uploads/2023/09/HPV-Data-Sources.pdf](https://hpyroundtable.org/wp-content/uploads/2023/09/HPV-Data-Sources.pdf)



## **Principle: Prioritize diversity, equity, and inclusion.**

Embrace diversity and inclusion of populations that have been most marginalized. This includes people living in poverty, communities of color, women, LGBTQ communities, people with disabilities, people who live in rural communities, and others who have historically been excluded. Understanding, accepting, respecting, and valuing people and creating an inclusive and collaborative environment are essential to ensuring everyone has the opportunity to prevent, detect, treat, and survive cancer.

### **Examples:**

- Promote and ensure all ACS National Roundtable team members participate in organizational training and learning opportunities related to diversity, equity, and inclusion (e.g., ACS Diversity and Inclusion Core Curriculum and population-specific trainings that highlight the historical context and experiences of different groups; the [Inclusive Language and Writing Guide](#)).
- Engage diverse teams, partners, and community members from the beginning of and throughout your work so that an array of perspectives is included in program creation, planning, delivery, and evaluation.
- Work to ensure that roundtable volunteer leadership reflects the communities they serve.



### **Spotlight:** **Who is at the table?**

The following ACS National Roundtables completed a "Who is at the table?" exercise to increase the diversity and inclusion of their membership.

- ACS National Navigation Roundtable
- ACS National HPV Vaccination Roundtable
- ACS National Roundtable on Cervical Cancer
- ACS National Breast Cancer Roundtable

They administered surveys to better understand the characteristics of their members, uplifted existing health equity champions, and invited new members to be a part of the roundtable. For example, the ACS National Navigation Roundtable (ACS NNRT) reviewed their steering committee by developing a matrix that looked at race, culture, professional experience and geography. The result: An increase in diversity that included more frontline navigators and people of color.



## Principle: Value community expertise.

Engage community members, including cancer patients, in mutually beneficial relationships, focusing on those with the highest cancer burden and populations that have cancer disparities. Participate in community events, practice cultural humility, and engage community members in the creation, planning, delivery, and evaluation of ACS and ACS CAN work.



### Spotlight:

#### The ACS National Colorectal Cancer Roundtable

The ACS National Colorectal Cancer Roundtable (ACS NCCRT) developed the "[Tailored Messaging Toolkit: A Practical Coalition Guide](#)" which was developed in partnership with a diverse group of NCCRT members/volunteers. The toolkit was for Comprehensive Cancer Control grantees and coalitions, and it focused on tailored tested messages and delivery mechanisms to enhance colorectal cancer screening rates.



### Spotlight:

#### The ACS National Roundtable on Cervical Cancer

The ACS National Roundtable on Cervical Cancer (ACS NRTCC) engaged a diverse community to identify ACS NRTCC priorities, review the Equity Statement and Plan, and incorporate the Equity Action Plan into ACS NRTCC Strategic Plan.

## Examples:

- Listen to the community to find out what's important to them when it comes to their health, including identifying what barriers are in their way. For more examples, please see the [Diversity and Inclusion in Volunteer Recruitment Resource](#).
- To avoid making assumptions, ask questions about the community's priorities and solutions to better understand how to align the priorities of ACS and ACS CAN with them.
- Integrate community voices and perspectives in the planning and delivery of roundtable activities.







## **A Deeper Dive: Addressing Power Dynamics and Ideas for Action**

Power dynamics are inevitable among different sectors, organizations, communities, and individuals. These power dynamics can influence roundtable priorities. As large, complex networks of organizations, the ACS National Roundtables must confront the power imbalances that arise when certain groups have more resources and influence than others.



### **Sharing Power**

- Identify ways for power to be shared with community-based organizations, whether through decision-making ability, consultation, or some other channel.
- Create more and intentional collaboration opportunities for community members and representatives from smaller organizations to engage with leadership.



### **Decision Making**

- Share decision-making power with communities through both formal (e.g., community advisory groups) and informal (e.g., community input, tribal consultation) means.
- When including community members in formal decision-making groups, provide training to help leadership and community members understand one another's perspectives and how to interact effectively.
- Use voting practices that ensure transparency in decision-making, such as public voting.



### **Representation**

- Strive for diverse representation, especially in decision-making groups (e.g., team members, committees, boards, etc.). Diversity could be reflected in race, ethnicity, lived experience, sector representation, income, disability status, etc.
- Ensure engagement with tribal nations starts by recognizing tribal sovereignty.



### **Accountability**

- Regularly document decisions and how they were made to help ensure equity and transparency in decision-making. This could be done by regularly taking and sharing official meeting minutes.
- Recognize the power held by community voices and the expertise they bring to the ACS National Roundtables.
- Build transparency into funding structures by providing guidance on how funding is prioritized and allocated.



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

Learn about the historical, social, cultural, and economic context that shapes the lives of those touched by cancer in the community or population before aligning research, events, programs, services, and policies that may impact them.

### **Examples:**

- Develop an understanding of the values, norms, needs, and strengths of communities affected by cancer disparities by researching and immersing yourself in the community. Attend local events and have genuine conversations with community members. For more examples, please see [Strategies for Engaging a Diverse Volunteer Base](#).
- Meet with community leaders and anchors, such as school leadership, religious organizations, and major employers. For example, build a relationship with a prominent faith leader and invite them to speak at an ACS event to better understand the lived experiences of the community's members.
- Create culturally relevant programs, tools, and resources such as [the 2022 NCCRT Messaging Guidebook for Black and African American People: Messages to Motivate for Colorectal Cancer Screening](#).





## **Spotlight:**

### **ACS National Colorectal Cancer Roundtable**

At the ACS NCCRT annual meeting there was a session entitled "Understanding Medical Mistrust in Relation to Colorectal Cancer: Insights from the American Cancer Society's Health Equity Community Projects." Medical mistrust is commonly defined as suspicion or lack of trust in medical organizations, providers, and/or systems. Research has shown that mistrust of medical professionals and medical systems results in worse health outcomes for patients. Emerging evidence suggests medical mistrust may influence colorectal cancer (CRC) screening disparities among certain groups including African American men and women.

The session provided an overview of the American Cancer Society's 18-month Health Equity Community Projects, where a total of 11 community health centers across the country are working to address medical mistrust related to colorectal cancer screening. Participants learned how selected Federally Qualified Health Centers—their governing boards/ patient advisory councils and partnering community-based organizations—are cross-learning with other sites using Project ECHO, implementing community-driven solutions to elevate patient perspectives and address medical mistrust in relation to colorectal cancer screenings and follow up.



## **Principle: Address the structural and social determinants/drivers of health.**

Address or acknowledge the underlying structural and systemic barriers that impact cancer prevention, detection, treatment, and survivorship. Structural barriers refer to the systematic disadvantage of one group compared to other groups that is deeply rooted in our society, such as racism, classism, ableism, and sexism. These structural barriers influence the systems in which we live, work, learn and play, (e.g., health care access, housing, financial stability, access to healthy and affordable food options, and transportation) otherwise known as the social determinants of health.

# Health Equity Principles: **Places**



## Examples:

- Highlight our work that addresses SDOH. For example, [our hotel partnerships and Hope Lodges](#) provide housing for cancer patients which is a social determinant of health.
- Share research that further explores underlying issues preventing people from being screened or seeking treatment, such as paid family leave or a living wage, to identify the true barriers to care.
- Collaborate with health systems to address the social determinants of health and work towards health equity.



## **Principle: Implement sustainable community solutions.**

Go beyond providing programs and services and act with the intention of building relationships. Identify and implement evidence-based policies, systems, and environmental changes to build healthier communities that have lasting impact and ultimately improve community members' cancer prevention, detection, treatment, and survivorship.

## Examples:

- Advocate for policies that have lasting impact and improve access to care for communities who are marginalized. ACS CAN has previously advocated for the following:
  - The [Centers for Disease Control and Prevention's National Breast and Cervical Cancer Early Detection Program \(NBCCEDP\)](#), which provides community-based breast and cervical cancer screenings. The program helps people with low incomes who do not have adequate insurance gain access to timely breast and cervical cancer screening, diagnostic, and treatment services.
  - The Removing Barriers to Colorectal Cancer Screening Act that passed in 2020 and phased out surprise out-of-pocket expenses that can act as a barrier to lifesaving colorectal cancer screenings for Medicare beneficiaries.





## **Spotlight: ACS National Navigation Roundtable**

The ACS National Navigation Roundtable began developing the concept for an Implementation Guide focused on Sustainability Model for Patient Navigation through the lens of Health Equity. The guide utilizes the Patient Navigation Sustainability Assessment Tool (PNSAT)/ a model developed by the University of Colorado School of Public Health utilizing eight(8) Domains of sustainability. The Guide will gather & utilize Case Studies that highlight strategies for sustainability in diverse settings and serving diverse and under resourced communities. In 2023, the ACS NNRT disseminated information on the PNSAT model and the recently published Oncology Navigation Standards of Professional Practice through electronic newsletters, virtual webinars, and presentations at local, state and national forums. The ACS NNRT is committed to the creation of a sustainable model for oncology patient navigation to achieve health equity across the continuum of cancer care. The dissemination of standards of practice and a sustainability model supports the standardization and sustainability of the field of Navigation necessary to gain reliable fiscal reimbursement.

ACS CAN advocated for reliable fiscal reimbursement for Patient Navigation Services provided to cancer patient and their caregivers. In January of 2023, the ACS NNRT offered an educational webinar addressing the issue. In 2023, CMS included reimbursement streams for Medicare recipients in active cancer treatment. The ACS NNRT worked with ACS CAN to respond to CMS about the proposed regulations and to provide education to Patient Navigators and Administrators on the implication of the final ruling.



## **A Deeper Dive: Additional Resources Around SDOH**

Use the following resources to understand the social determinants of health that impact the communities we serve.

- [County Health Rankings & Roadmap](#) is an interactive website providing a snapshot of how health is influenced by where we live, work, and play, from the University of Wisconsin Population Health Institute.
- [City Health Dashboard](#) is a searchable database of U.S. cities providing 37 measures of health and drivers of health equity, from the National Resource Network, the Department of Population Health at NYU Langone Health, and the Robert F. Wagner School of Public Service at NYU
- [AARP Livability Index](#) is a web-based tool (using address, ZIP code, or community) to measure community livability by categories related to housing, neighborhood, transportation, environment, health, engagement, and opportunity.

# Health Equity Principles: **Partnerships**



## **Principle: Leverage the power of volunteers and member organizations.**

Engage diverse volunteers and leverage their skills and experiences to inform and support the common goal of building healthier communities.

### **Examples:**

- Invite volunteers who are interested in health equity to participate in the development, implementation, and evaluation of programs and policies.
- Utilize community health needs assessments and health department data to document cancer disparities and identify unmet needs.



## **Spotlight : The ACS National Lung Cancer Roundtable (ACS NLCRT)**

The ACS National Lung Cancer Roundtable (ACS NLCRT) established a Health Equity Task Group in 2023. The task group is charged with collaborating with community members, multidisciplinary partners, and organizations to address the unequal burden of lung cancer risk, incidence, mortality, and inequities across the lung cancer continuum in historically marginalized communities; and to develop and implement inclusive, sustainable, and community-specific initiatives encompassing patient-centered and evidence-based care.

When planning for expansions of the Lung Cancer Biomarker Testing ECHO (2023-2025), the ACS NLCRT Lung Cancer Atlas and other data sources were used to prioritize social determinants of health in the states considered for participation.



## **Principle: Partner with different sectors.**

Engage partners from different and new sectors, including those that represent or address health disparities, to maximize the impact of our work. A partnership is defined as a collaboration between two entities or organizations to build trust, share resources, and come together around a common goal.

# Health Equity Principles: **Partnerships**



## Examples:

- Convene organizations from different sectors and facilitate ongoing dialogue to influence action on a health equity priority area.
- ACS National Roundtable team members can play a supportive role in collaborative efforts that work on reducing cancer disparities. For example, uplift stories from people with cancer who faced unique barriers through our roundtables.
- ACS National Roundtable team members and staff can collaborate with faith-based institutions and social/civic organizations on aligning our work to increase our relevance and mission impact.



## **Principle: Prevent and address unintended consequences.**

Consider how existing policies, practices, or programs may have potentially harmful, unintended consequences or disproportionately impact certain populations by engaging those who would be most affected in the development, implementation, and the evaluation of the solution. Policies, practices, and programs should be explicit about prioritizing these populations; otherwise, we may contribute to widening the disparities gap versus advancing health equity. Unintended consequences may occur, and it's important to reflect on our work and address these situations when they arise.

## Examples:

- Advocate for evidence-based policies but anticipate and address unintended consequences. For example, a law required that public housing must be smoke-free, but an unintended consequence is that residents could be evicted for smoking. To address this potential issue, with funding from a Robert Wood Johnson Foundation grant, ACS, in partnership with the North American Quitline Consortium (NAQC) and Smoking Cessation Leadership Center (SCLC), increased access to evidence-based tobacco-cessation services for residents of public housing to help reduce tobacco use and improve overall health and well-being.
- Involve populations impacted by a policy or program in the concept and planning phases and have authentic discussions regarding what challenges may arise or potential unintended consequences they may see.



# Health Equity Principles: **Partnerships**



## Consider the following when designing strategies to advance health equity:

- Are those most affected by the issue actively involved in defining the problem and shaping the solution?
- How does this strategy improve the conditions for those communities most in need?
- What are the diverse needs we should consider when selecting strategies that will have the greatest impact on populations experiencing cancer disparities?
- Will those most negatively affected by the problem benefit the same, less so, or more so?
- How can we account for different levels of existing resources, capacity, and supports across population groups when designing strategies?
- What barriers or unintended consequences should be accounted for to make this strategy effective in the communities we aim to serve?
- What process can we establish to identify and address barriers to, and potential unintended consequences of strategies that populations experiencing health inequities may face?



### Spotlight : The ACS National Roundtable on Cervical Cancer

To prevent and address unintended consequences the ACS National Roundtable on Cervical Cancer developed a plan to address stigma associated with cervical cancer. The stigma workgroup conducted a literature review and is working on a paper to describe the harms stigma causes across the cervical cancer continuum. They are looking for resources that can be adapted and will work on a language guide.



# Health Equity Action Planning

This tool is intended to assist ACS National Roundtable members in developing and executing health equity action plans as described throughout this document. Revisit this tool often to track progress on achieving goals and adjust as needs evolve.

List SMART (Specific, Measurable, Actionable, Relevant, Time-Limited) actions that will support the roundtable's efforts.

- **Specific:**
- **Measurable:**
- **Actionable:**
- **Relevant:**
- **Time-Limited:**

Health Equity Priority (e.g., <i>helping people with the greatest need</i> )	Lead Individual	Additional Support	Target Due Date
Action 1			
Action 2			
Action 3			

Health Equity Priority (e.g., <i>helping people with the greatest need</i> )	Lead Individual	Additional Support	Target Due Date
Action 1			
Action 2			
Action 3			

Health Equity Priority (e.g., <i>helping people with the greatest need</i> )	Lead Individual	Additional Support	Target Due Date
Action 1			
Action 2			
Action 3			



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

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

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

- After reviewing this resource, reflect on how healthy equity affects your work and how you might apply ACS' health equity principles. 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 [\*\*Volunteer Learning Center\*\*](#).
- Browse our [\*\*health equity\*\*](#) and [\*\*diversity, equity, and inclusion\*\*](#) resources on Society Source, Brand Toolkit, and Canva.
- Learn more about our [\*\*diversity and inclusion partnerships\*\*](#) and [\*\*health equity mission\*\*](#) on cancer.org.
- Participate in training and education sessions offered by the DEI Team, including population-specific and diversity training on ADP and the [\*\*DEI Society Source page\*\*](#).
- ACS and ACS CAN's commitment to health equity aligns with how we deliver our mission and measure our success. Practicing our health equity principles can help you increase the number of lives we touch and partners we engage through our work. We encourage you to share how using ACS and ACS CAN's health equity principles help you achieve our organizational goals on our communications platforms, including ACS2Go and social media.

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