CANADIAN PARTNERSHIP AGAINST CANCER

CPAC'S FOCUS ON HEALTH eQUiTY

OVERVIEW

An equitable cancer system is fundamental to improving cancer care in Canada and around the world. Equity is embedded in the ultimate outcomes of the Canadian Strategy for Cancer Control (the Strategy) – all people in Canada have access to high quality cancer care – and anchors CPAC's 2022 to 2027 Business Plan. CPAC's specific role is grounded in improving health equity in cancer care.

Our work to advance health equity with partners builds on foundational work already underway to incorporate diversity, equity and inclusion (DEI) into all our internal functions and culture at CPAC, and our role and commitment to supporting reconciliation with First Nations, Inuit and Métis.

Key principles that guide our work:

- We begin by addressing the needs of people who are systemically excluded from the health system.
- We are grounded in our commitment to reconciliation with First Nations, Inuit and Métis.
- We seek to understand at the outset who is experiencing inequitable access to care and we look to co-develop solutions that strengthen health equity based on shared priorities, leveraging community strengths and knowledge.
- Our role is to collaborate with existing and new partners to build partnerships based on trusting relationships. Together we will make high-quality care more equitable across the cancer continuum.
- With time, evaluation and data collection, we will be able to measure progress towards the goal of more equitable access to quality cancer care across Canada.

CPAC's Board of Directors is committed to learning, understanding and building a more inclusive Board culture and ensuring a health equity lens to guide their oversight of CPAC's work.

[1] https://www.publichealthontario.ca/en/health-topics/health-equity

[2] https://www.partnershipagainstcancer.ca/topics/lung-cancer-equity

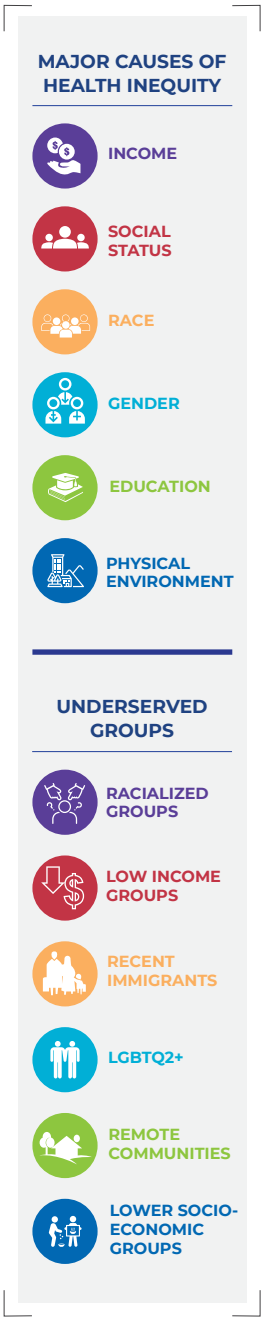
[3] https://www.canada.ca/content/dam/phac-aspc/documents/sevices/publications/science-research/key-health-inequalities-canada-national-portrait-executive-summary/key_health_inequalities_full_report-eng.pdf

FREQUENTLY ASKED QUESTIONS

1. **What is needed to attain health equity?** Achieving health equity requires reducing unnecessary and avoidable differences that are unfair and unjust so that everyone has the equal opportunity to reach their fullest health potential. Many causes of health inequities relate to social and environmental factors, including income, social status, race, gender, education and physical environment.[1] Disparities in access to health care are made worse by structural and systemic racism. For CPAC, our focus on health equity will support progress towards the Strategy goal of more equitable access to quality cancer care for all people in Canada.

2. **What are the impacts of health inequities and inequitable access to health care?** Many communities and populations in Canada are underserved by health-care systems that embody structural and systemic racism and may exclude those who are not part of the dominant group. This includes racialized groups, people with low income, recent immigrants, people who identify as LGBTQ2+ those living in remote settings and/or are from lower socioeconomic groups. As a result, people without equitable access to care are more likely to develop cancer, be diagnosed at a later stage, have reduced access to high-quality care and worse cancer outcomes. Health-care innovations can also inadvertently worsen existing disparities. Some examples:

   - South Asian women in Canada are less likely to receive breast cancer screening, and more likely to have a late-stage breast cancer diagnosis.
   - People living in remote regions or who experience poverty are more likely to develop cancer than the general population, and also face barriers to accessing care and experience rates of higher mortality.[2]
   - Smoking prevalence and lung cancer incidence follow a socioeconomic gradient, with rates increasing as incomes and education levels decrease.[3] In addition, people who identify as lesbian, gay or bisexual are more likely to smoke.
   - Women experiencing poverty and/or with lower education levels have higher rates of obesity, which is associated with an increased risk of developing some cancers.



3. **How will CPAC's commitment to health equity change how we work with partners?** This will require us to do things differently. As we identify new areas of work, we need to first understand what inequities and barriers exist and support our partners in engagement with communities. We need to build trusting relationships and co-create solutions with existing and new partners and expert advisors to collectively agree on the approach, desired outcomes and set health equity-focused indicators to track progress. This will likely require more time and resources, more focus on engagement and relationship building, and there may be different ideas about what success looks like and how long it will take to achieve.

4. **How does this relate to CPAC's focus on DEI?** CPAC is committed to strengthening diversity, equity and inclusion (DEI) and to fostering an inclusive, diverse and equitable work environment. Our work to advance health equity with partners is intrinsically linked and builds on foundational work already underway to incorporate DEI into all our internal functions, policies, processes, leadership and culture at CPAC, and our role and commitment to supporting reconciliation with First Nations, Inuit and Métis.