



CANADIAN
PARTNERSHIP
AGAINST CANCER

Embedding Equity in Your Project Design

Objective

- To provide an illustrative example of how to design an equity-focused model of care project
 - This is a hypothetical example. For illustrative purposes, this case study is focused on a non-Indigenous patient population.
 - This is not the only approach that could be taken and does not represent a comprehensive or exhaustive list of equity considerations.

Equity-Focused Roadmap

1 Review evidence
Critically review evidence, including lived experience and community-based knowledge, and reflect on sources of potential bias

2

Partner with equity-deserving groups
Connect and build relationships with equity- or community-based organizations and establish an approach to govern and work as a team

3

Engage
community members, key users and collaborating partners

4

Co-design
an innovative model based on shared priorities to meet the needs of the community

5

Co-implement
the model with community partners using change management strategies to address barriers and leverage facilitators

6

Monitor and evaluate
the impact on community members, key users and collaborating partners based on mutually meaningful indicators

7

Disseminate knowledge
to system partners and report back to the community

8

Sustain, spread and scale

Define

Engage

Implement

Measure

Refine

Equity-Focused Roadmap

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Review Evidence

PURPOSE

Review evidence, including lived experience and community-based knowledge, to understand the needs and gaps of the equity-deserving group.

CASE EXAMPLE

A cancer program within a Canadian province identified a rural region that was experiencing inequitable access to survivorship care close to home.

CURRENT SITUATION



RURAL COMMUNITY



PRIMARY CARE



PATIENT

PATIENT AND COMMUNITY CHALLENGES

- Limited access to survivorship supports close to home (treatment center >4 hours away)
- High rates of precarious employment
- Low return-to-work rate and high numbers of survivors on long-term disability



ONCOLOGISTS



NURSES



CANCER CENTRE

PROVIDER AND SYSTEM CHALLENGES

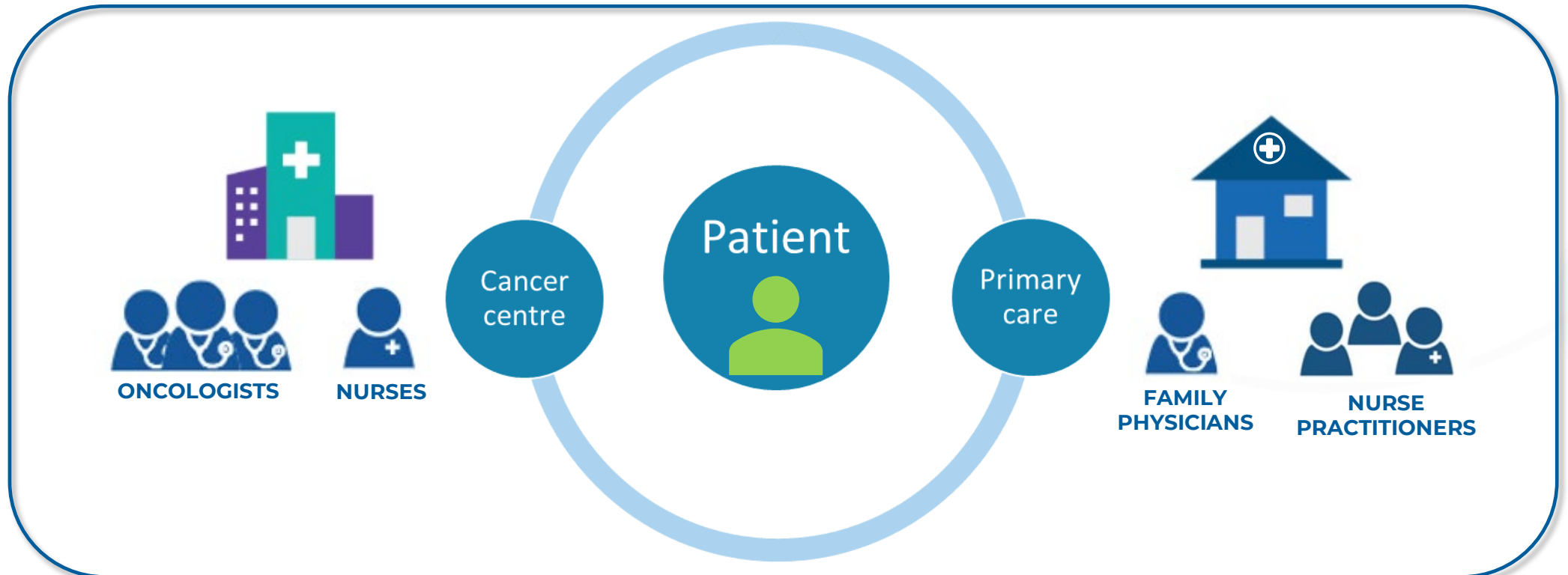
- Growing case load
- Persistent nursing and specialist vacancies
- Global pandemic
- Increased healthcare costs due to repeated visits to primary care and the emergency department

Review Evidence

CASE EXAMPLE

The cancer program had learned about a **connected care model** that had been successful in other jurisdictions at improving the continuity of care between oncology and primary care. They wanted to explore the model with the community to understand their priorities.

NEW CONNECTED CARE MODEL

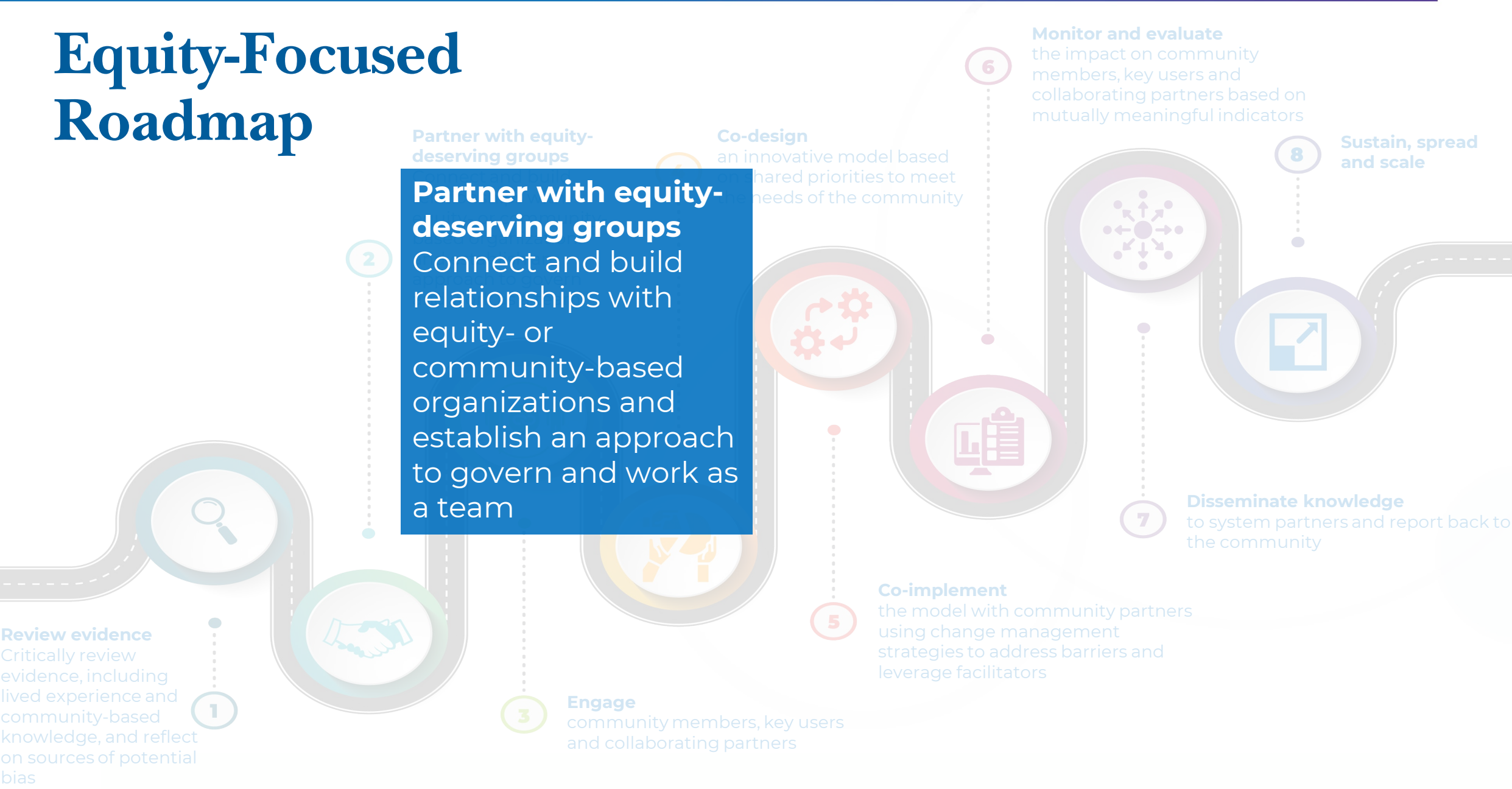


Review Evidence

EQUITY CONSIDERATIONS

- Include people impacted by the initiative in the process of defining the inequity and selecting the intervention or program
- Examine the nature of the knowledge to define the inequity and select the focus. For example:
 - Consider factors that may bias the design, analysis, and interpretation of research studies (e.g., structural racism in the field, non-engagement of end-users, social and political constructs of race, gender, socioeconomic status)
 - Look at other valuable forms of knowledge produced by the people impacted by the initiative, including lived experience and community-based knowledge
- Consider where the proposed model of care was successfully implemented, what the evidence was that suggested effectiveness and how it was produced, and whether the model would work within the focus population

Equity-Focused Roadmap



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Partner with equity-deserving groups

PURPOSE

Partner with the people who experience or are impacted by the inequity to understand the needs of the community and co-design solutions.

CASE EXAMPLE

The cancer program connected with the local Social and Community Services Department in the rural region. They recruited a local champion who identified community members interested in supporting the co-design of a solution.

PROJECT TEAM



Oncologists Nurses

CANCER CENTRE PROVIDERS



LOCAL COMMUNITY CHAMPION, SURVIVORS, FAMILIES AND CAREGIVERS



Family Physicians Nurse Practitioners

LOCAL PRIMARY CARE PROVIDERS



COMMUNITY CANCER ORGANIZATION

Partner with equity-deserving groups

CASE EXAMPLE

To establish an equitable approach to work as a team, a shared governance structure was selected and all community members were compensated for their time. Various strategies were identified to mitigate power dynamics and ensure that all members were able to participate to the best of their ability. This included:

- Implementing a rotating chair schedule for meetings
- Identifying strategies to ensure equitable decision-making (e.g., consensus-based methods, anonymous voting)
- Ensuring balance between the number of representatives from the community and the providers at each meeting
- Encouraging all sources of evidence as equally important including lived experience
- Conducting virtual and in-person meetings at the local community centre in the rural community
- Ensuring that meeting materials were circulated in advance to allow everyone a chance to review and thoughtfully reflect
- Identifying various communication channels and methods to ensure that all members were able to contribute meaningfully to the work (e.g., avoiding acronyms)

Partner with equity-deserving groups

EQUITY CONSIDERATIONS

- Carefully consider who is at the table and who is not, why, and who else needs to be
- Understand the values, beliefs, and biases that come to the table
- Understand what power dynamics exist between the people at the table; Ensure process to minimize power dynamics
- Determine level of partner involvement and contribution to the work; Ensure partners have the power and voice to contribute as they wish
- Build trusting relationships with partners
- Establish reciprocity in relationships; Ensure that partners are getting something that benefits them in return
- Select communication channels and methods that ensure partners understand the work and can contribute meaningfully

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PURPOSE

Engage with members of the community that the model is intended to benefit, key users and collaborating partners to ensure diverse voices and perspectives are considered when further exploring needs and gaps, and identifying barriers, facilitators and opportunities to address those needs.

CASE EXAMPLE:

Facilitated focus groups were held with survivors, families and caregivers at the local community centre.

Challenges

- Limited access to survivorship supports in the community
- Distance, time and cost of travel and accommodations



Opportunities

- Access to care closer to home
- Better coordination and continuity of care
- More holistic care through local primary care providers

Engage

CASE EXAMPLE

The project team engaged collaborating partners and key users like the oncology team and local primary care providers. The purpose was to share findings from the community focus groups and understand how cancer survivors were currently supported.



Family Physicians



Nurse Practitioners

LOCAL PRIMARY CARE PROVIDERS

CHALLENGES

- Lack of education and guidelines around survivorship care
- Limited knowledge about the patients' cancer treatment and side effects
- Minimal connection and support from oncology team

Engage

EQUITY CONSIDERATIONS

- Understand who may be positively or negatively impacted by the initiative and what barriers and facilitators they face
- Understand local success factors and build relationships with existing or new communities and equity-deserving populations
- Ensure methods of engagement are equitable and enable participation (e.g., ensuring accessibility, readability, making language accommodations)
- Self-reflect on personal values, beliefs, biases and assumptions and why
- Consider who is collecting information on barriers and facilitators and ensure strategies to mitigate any power dynamics (e.g., involve peers, meet in neutral spaces)
- Explore the biological, environmental, political and societal factors that might affect populations as potential barriers and facilitators

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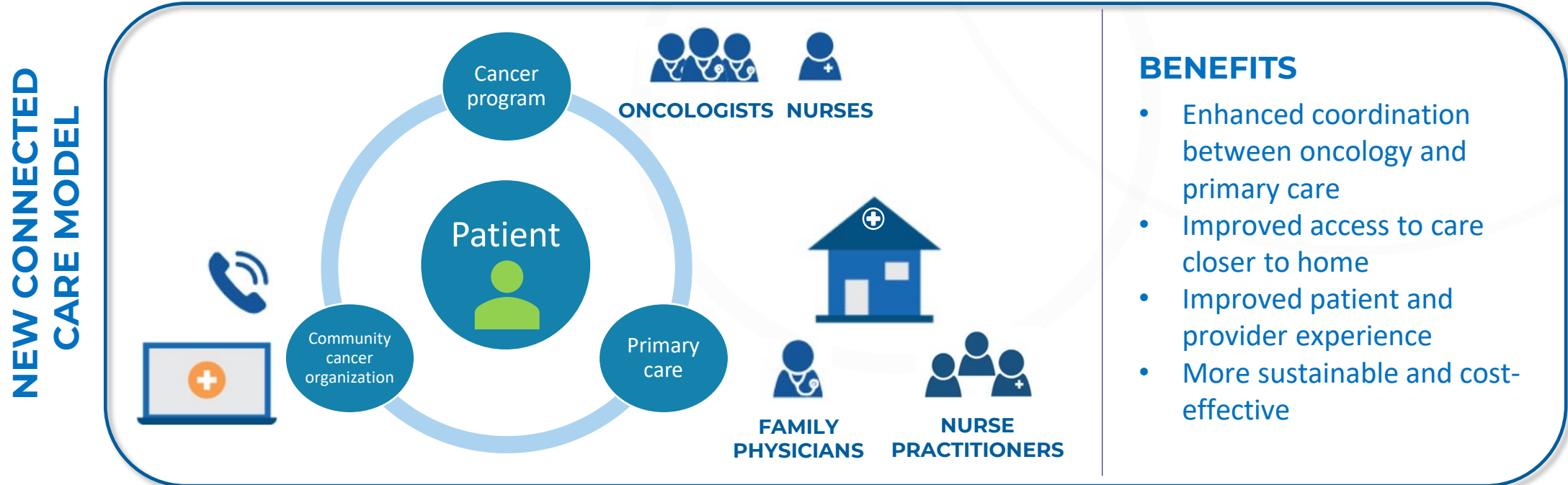
Co-Design

PURPOSE

Collaborate with community members, partners and key users to co-design a tailored model, including identifying who needs to do what differently and how different strategies can support implementation. Consider potential positive and negative impacts and mitigation strategies.

CASE EXAMPLE

Once the project team adapted the connected care model, they held additional focus groups to understand if the model would meet the needs of those impacted.



BENEFITS

- Enhanced coordination between oncology and primary care
- Improved access to care closer to home
- Improved patient and provider experience
- More sustainable and cost-effective

Co-Design

EQUITY CONSIDERATIONS

- Reflect on who is involved in the process to design the model and ensure the process is inclusive and minimizes power dynamics
- Consider the underlying assumptions of the model, who made the assumptions, and the potential sources of inequity (e.g., who is delivering them, resources required, the process of enacting them, etc.)
- Consider how the model could be designed or adapted to be more equitable
- Consider whether the model is feasible, acceptable, useful, accessible, effective, and safe for those impacted
- Consider how the model will be implemented and what change management strategies could be used to address the barriers and leverage facilitators

Key Messages

- Equity-focused project design presents a new way of thinking, engaging and working
- Community engagement takes time
- Building trusting relationships with equity-deserving populations is important to understand what inequities and barriers exist
- Partners may already have existing relationships that could be leveraged
- Co-creation and co-implementation of solutions will have the greatest impact
- An equitable cancer system is fundamental to improving cancer care in Canada and around the world

Discussion

Where have you had success embedding equity in your own work, including working with patients, families and community members?