

Building a Culture of Health through the Cancer Lens: Evaluation Executive Summary

The American Cancer Society (ACS) and its nonpartisan advocacy affiliate, the American Cancer Society Cancer Action Network (ACS CAN), have a vision to achieve a society where everyone has a fair and just opportunity to be healthy and cancer-free. With the support of the Robert Wood Johnson Foundation, ACS and ACS CAN advanced health equity (HE) by increasing organizational capacity and collaborating with communities to improve social determinants of health (SDOH) that affect cancer. This executive summary describes findings from a process and outcome evaluation conducted by NORC at the University of Chicago, which includes data from surveys, interviews, and document review throughout the duration of the work from January 1, 2018, to June 30, 2021. For more information on these findings, please see the Evaluation Report.

ACS and ACS CAN advanced health equity by:

- Training over 2,000 staff and volunteers
- Conducting public opinion research and an organizational assessment
- Developing a marketing, communications, and messaging strategy
- Funding 12 Pilot Community Projects
- Engaging 41 regional staff members to provide local support to community partners
- Convening stakeholders from the North, North Central, and South regions

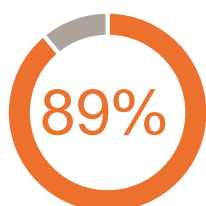
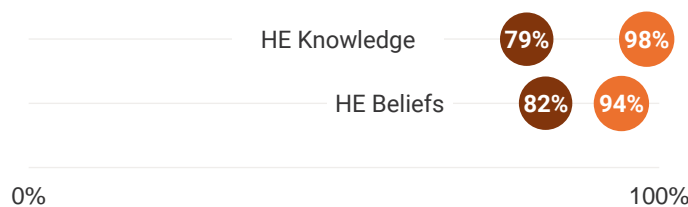


Health equity trainings and collaborative work sessions significantly increased knowledge, attitudes, and beliefs.

ACS and ACS CAN staff, volunteers, and community partners have strong knowledge and beliefs related to health equity, particularly among those who participated in training and grant-related activities.

Within the Organization

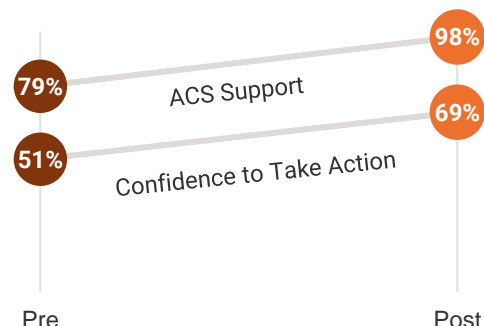
Trained staff and volunteers were significantly more knowledgeable about health equity and expressed significantly stronger health equity beliefs than **those who were not trained**.



As a result of ACS' and ACS CAN's health equity training, **most trained staff and volunteers** reported they were **more motivated to act to advance health equity**.

In Pilot Communities

Community leaders reported significantly increased confidence and feelings of support from ACS **after the Health Equity Institute**, where they participated in training and collaborative sessions to develop community action plans during the community projects launch.

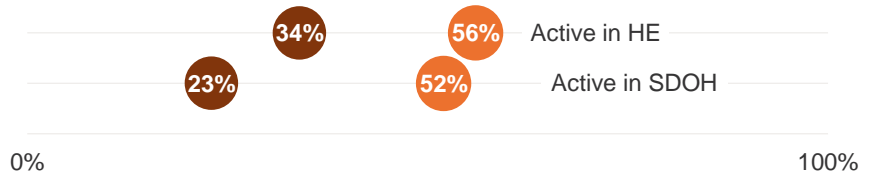


ACS and ACS CAN put health equity into action.

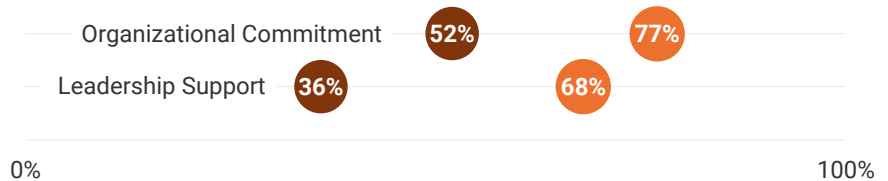
Within the Organization

ACS and ACS CAN integrated health equity into organizational culture by embedding health equity as a value in the strategic plan and in organizational policies.

Trained staff and volunteers reported significantly more active involvement than **those who were not trained**.



Trained staff and volunteers also perceived significantly more organizational commitment and support to address health equity than **those who were not trained**.



In Pilot Communities

Given the relationship between cancer and nutrition and physical activity, **10 out of 12** Pilot Community Projects focused on **food insecurity**. These projects resulted in:



Increased awareness



New and stronger partnerships



New tools and resources



Expanded community infrastructure

The remaining two Pilot Community Projects addressed financial insecurity and community needs assessment.

Pilot Community Project Success Factors:

- ✓ **Partners from diverse** sectors that are **actively engaged** within their communities
- ✓ **Tangible goals** and **data** to inform **program development** and **evaluate progress**
- ✓ **Flexible program structure** that can be adapted to meet community needs and leverage community resources
- ✓ **Willingness to learn** about communities and **build trust** within them among ACS and ACS CAN staff

COVID-19

The pandemic simultaneously **increased needs** and **generated challenges**.

Within the organization, the pandemic created **resource constraints** that prompted staff restructuring and reductions.

In pilot communities, the pandemic caused **delays** and necessitated **changes in implementation**, particularly for the second cohort.

Social Justice Movement

The social justice movement in 2020 **increased awareness and interest in health equity-related work**.

ACS and ACS CAN were in the **right place at the right time** to use the momentum generated by this movement.

ACS and ACS CAN will increase their relevance by developing a clear strategy that staff and volunteers understand and are trained and empowered to implement in a sustainable way.

Takeaways

There is a role for ACS and ACS CAN in addressing health equity. To be most impactful, this work needs a clear strategy that is practically aligned with mission priorities.

Public opinion research from 2018 indicates that 92 percent of people think it is important for ACS to increase opportunities for all people to prevent, find, treat, and survive cancer. Nationally, engaging in health equity work contributes to and demonstrates relevance.

In communities, health equity work contributed to stronger partnerships, diverse networks, and greater visibility for ACS and ACS CAN. Staff supporting both cohorts of Pilot Community Projects agreed that the organization should work to address social determinants of health. However, as the pandemic caused resource constraints within the organization, staff supporting Cohort 2 expressed some reservations about the relative priority of work addressing broad, upstream social determinants of health compared to more cancer-specific work.

Health equity training is effective. Future training opportunities should focus on skill building to achieve strategic results.

Survey results indicate that trained staff and volunteers understand what health equity and related concepts mean, and why they are important. Staff and volunteers expressed a need to better understand how health equity concepts can be put into action in their own work through their individual roles.

ACS and ACS CAN are powerful conveners. An intentional focus on sustainability will increase impact over time.

Pilot Community Project participants praised the momentum ACS and ACS CAN catalyzed in communities, but raised concerns about sustainability. While pilot projects benefitted from working with organizations that were already active and connected in the community, ACS and ACS CAN staff functioned in a project management capacity, coordinating their efforts.

Looking Ahead

Clearly identify how the organization will be most effective in addressing health equity while also achieving mission priorities both nationally and in communities.

Continue to train new staff and volunteers, and develop additional trainings to build on knowledge and develop skills and capacity to apply it.

Prioritize developing strategies for sustainability to ensure continued strong partnerships and relevance.