



Health Equity Pilot Community Projects: Frequently Asked Questions (FAQs)

What are the American Cancer Society (ACS)’s Health Equity Pilot Community Projects?

- ACS’ Health Equity Pilot Community Projects are helping ACS and our nonprofit, nonpartisan advocacy affiliate, the American Cancer Society Cancer Action NetworkSM (ACS CAN), remove barriers to cancer prevention, detection, treatment, and survivorship in communities bearing a disproportionate cancer burden. This is so everyone has the opportunity to live a longer, healthier life.
- This work is part of our funding from the [Robert Wood Johnson Foundation](#) (RWJF), the nation’s largest philanthropic organization dedicated solely to health.
- Pilot Community Projects in 12 communities in ACS’ North, North Central, and South regions bring together community members, cross-sector partners, and ACS and ACS CAN volunteers and staff. Collectively, we build knowledge, skills, and confidence and explore, identify, and implement community-driven solutions to advance health equity.
- There are two cohorts:

Cohort 1

April 2019- 2021

- Apsáalooke (Crow) Nation, MT
- East Cleveland, OH
- Flint, MI
- Jackson, MS
- Maricopa County, AZ
- Milwaukee, WI



Cohort 2

November 2019-2021

- Elmore County, ID
- Gary, IN
- Union County, TN
- Little Rock, AR
- Mobile, AL
- Salt Lake County, UT

- These pilots will be used to determine the efficacy and structure of spreading this community project model to more locations.

How were the communities identified?

Our funder, RWJF, expressed interest in exploring community-level work in areas of the country with limited RWJF investments related to health equity. These regions include the Frontier, Rust-Belt, and Southern regions, aligning with ACS’ North, North Central, and South Regions.

Leadership nominated communities based on the following criteria:

- Clearly documented cancer disparities;
- Existing health equity momentum in the community (e.g., organizations, coalitions and community-based activities aligned with addressing health equity); and
- Key staff, volunteers, and partners with demonstrated capacity and willingness to advance health equity and meaningfully engage people in the community who bear a disproportionate burden of cancer.

A committee (comprised of ACS and ACS CAN cross-departmental staff from regions who didn't submit nominations, Global Headquarters staff, and volunteers) reviewed the nominations and identified the 12 communities based on criteria above.

Who is involved in the Community Projects?

Each location formed a Community Leadership Team (comprised of community members, cross-sector partners, and ACS and ACS CAN volunteers and staff) develop and implement an action plan that makes sense for the community. Each Community Leadership Team is led by co-chairs, made up of one volunteer and two ACS and/or ACS CAN staff, who co-lead an inclusive engagement process with the Community Leadership Team. Examples of partners include corporate partners, community-based organizations such as faith-based organizations, community investors and funders, academic institutions, health systems, and government.



What are the goals of the Health Equity Community Projects?

The goal of the Community Projects is to explore, identify, and implement community-driven solutions to advance health equity and address social determinants of health contributing to cancer disparities such as:

- ✓ financial stability
- ✓ access to healthy and affordable foods and food security
- ✓ transportation/mobility



What are the anticipated outcomes?

1

Increased capacity for ACS/ACS CAN and communities to work together to advance health equity and address social determinants of health related to cancer

2

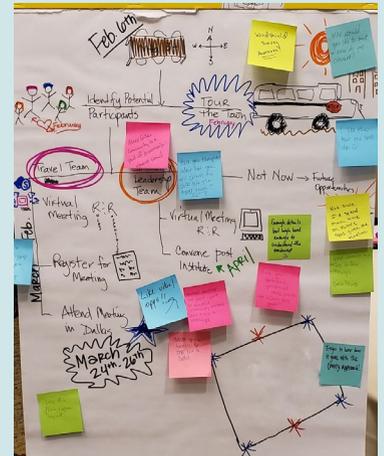
A model for community-based health equity collaboration and action that could be adapted in other communities

3

Increase in ACS' mission impact in communities

What are the major activities and milestones of the Community Projects?

- Co-Chairs will build working relationships, conceptualize health equity through the cancer lens, learn about the importance of centering the community in health equity work, and gather data to gain a better understanding of the health equity landscape in the community.
- Co-Chairs will review and make meaning of the data gathered to understand the health equity landscape in the community, identify a priority social determinants of health topic to address, and identify appropriate community members and partners to invite to the Community Leadership Team.
- The Community Leadership Teams will hear from experts about best practices of community-level health equity action and emerging health equity topics. They will then explore and identify community-driven solutions appropriate to for their community to advance health equity and create an action plan. They will also discuss strategies, share successes, and troubleshoot collectively.
- Community Leadership Teams will meet at least monthly to build working relationships and refine, implement, and report out on the action plan.



How was the Community Project model developed?

The Community Projects are modeled after [Interactive Design Foundation's Ideation Process](#), and they bring together community members, partners, and ACS and ACS CAN volunteers and staff to explore, identify, and implement solutions driven by the communities' needs and opportunities. The approach was created and refined in partnership with ACS and ACS CAN volunteers and staff from various parts of the organization.

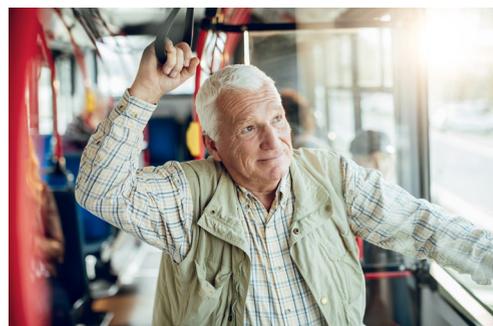
What support will be available from the ACS Global Headquarters (GHQ) Health Equity Team?

The GHQ Health Equity team partners, champions, and advocates with and for the 12 Community Leadership Teams and their Co-Chairs. The GHQ Team serves to brainstorm and troubleshoot with the Community Leadership Team, connect them to experts, answer questions, and provide guidance as needed.

Each community will receive up to \$40,000 to implement activities outlined in their action plan, which will be initially developed during the Institute. The Institute is a multi-day meeting of key Community Leadership Team members who build knowledge, skills, and confidence about strategies to advance health equity and create an initial community action plan. Community Leadership Teams will have the opportunity to submit a budget describing how they would spend the funds after the Institute.

What happens after the project period ends?

The goal is for the Community Projects is to build capacity so the action plan could be implemented or even expanded beyond the project period. The work could be sustained by new funding opportunities and the Community Leadership Team's increased knowledge, skills, and working relationships developed throughout the project period. Community Leadership Team members may be invited to share their successes or lessons learned with the GHQ Health Equity team to disseminate to other communities or speak at ACS/ACS CAN meetings. Lessons from the two pilot cohorts will be used to determine the efficacy and structure of spreading this community project model in more locations.



What can I do to learn more?

We encourage all volunteers, staff, and partners to learn more about health equity by visiting our [Health Equity Society Source webpage](#). Under the "Resources" section you will find documents that provide an overview of health equity, webinar recordings that go into depth on the topic, and additional tools from ACS partners. Training is also being provided for select regional staff and volunteers not participating in the Community Projects to increase their health equity skills and catalyze action.

Contact the Health Equity Team at healthequity@cancer.org for additional information.

Health Equity

About Us

Our Work

- Global Cancer Control
- Health Equity
- Health Systems
- Patient and Caregiver Support
- Prevention and Early Detection
- Programs and Services
- Sponsored Programs & Grants

Our Team Sites

- Cancer Control Team Site
- HPV VACs Team Site
- Cancer Control Site Owners
- NCIC Team Site
- NCIC Procedures

Cancer is a disease that affects everyone, but it doesn't affect everyone equally.

For ACS and ACS CAN, health equity means everyone has a fair and just opportunity to prevent, find, and survive cancer. We believe no one should be disadvantaged in their fight against cancer because of how much money they make, the color of their skin, their sexual orientation, their gender identity, their disability status, or where they live. Health equity is not a program but rather an approach through which we seek to improve cancer-related outcomes and eliminate cancer disparities.

Important Links

- Robert Wood Johnson's Health Equity Mission
- ACS Partnership with Robert Wood Johnson Foundation
- ACS Blueprint for Cancer Control

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