

**CANCER EQUITY
FRAMEWORK**

2024





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VCCC Alliance members



CANCER EQUITY FRAMEWORK - SUMMARY

Introduction

Health equity is enabled when all individuals have optimal opportunities to attain the best health possible. This requires us to recognise that each person has different circumstances. Rather than allocating all individuals or groups of people the same resources and opportunities (equality), we allocate the exact resources and opportunities specifically needed to reach an equal outcome (equity). Achieving health equity in research and clinical practice requires approaches that centre on fairness and social justice, and reform systems in ways that lead to long-term, sustainable, equitable outcomes into the future.

Health equity must be elevated as a strategic priority by sector leaders and efforts need to move beyond individual interventions, towards implementing sector-wide culture change. This requires the cancer sector understanding the continuing impact of historic and oppressive systems of power and the unequal access to the social determinants of health. While achieving health equity in healthcare can feel like it is beyond the power of the individual, every interaction with patients and carers within the cancer care system (clinical care and research) is an opportunity to advance health equity. A cancer workforce that is informed, committed and supported to deliver care that is equitable in all facets must be a goal of all health services.

System-wide change towards equity begins with every individual working in health. The Cancer Equity Framework (the Framework) is conceptualised as a ‘call to action’ to bring sector leaders, educators, researchers, and health practitioners together with consumers and community, to make health equity a shared vision. The VCCC Alliance integrates education, research and clinical care through its membership, and is well placed to drive collective efforts to promote the cultural changes needed to realise the systemic reforms called for in federal and state-based cancer control plans and strategies. The Framework acts as a guide for the VCCC Alliance to work together with our members and the broader sector to co-design the activities and resources needed to support the sector to embed a culture of equity.

Background

The Cancer Equity Framework was developed following a review of the literature and stakeholder interviews with representatives from VCCC Alliance health services including executives, policy and strategy managers, diversity and inclusion managers, and clinicians. The VCCC Alliance's Equity Advisory Group (EAG) and Consumer Network were integral in developing the Framework. Key themes were identified from the literature and consultation processes and based on these, through iterative development in conjunction with the EAG, the Framework was formulated.

Working together to embed a Culture of Equity



Advancing health equity requires building a culture of equity in which all employees—individually and collectively—identify and reflect on the structural inequalities that reproduce health inequities and engage in activities to transform them (TODIC ET AL 2022)

Despite a growing awareness of, and significant commitment to addressing health inequities, unfair and avoidable disparities persist at each stage of the cancer care continuum, from prevention through to end of life care.

Many traditional public health interventions frame health problems as individual, and interventions are consequently designed to target changing individual behaviours. Such approaches on their own fail to acknowledge the structural inequities and biases that prevent individuals and communities from receiving timely, equitable, and culturally safe care to enable them to achieve optimal health outcomes.

A paradigm shift needs to occur in the way we approach addressing health inequity. Once there is understanding that the ecosystem of health care is structurally unequal, a new approach to achieving health equity becomes possible.

The factors that make up the root causes of health inequity are diverse, complex, and interconnected. Factors such as income, education, conditions of employment and social support act to strengthen or undermine the health of individuals and communities. Structural inequities occur when differences in access, distribution of wealth and availability of resources are reinforced through structural mechanisms. Systems that provide fundamental things we all need, such as education, employment, criminal justice and healthcare historically benefitted some but not all and continue to foster discrimination in the form of racism, sexism, classism, able-ism, xenophobia, homophobia, and transphobia. To advance health equity, it is necessary to confront the complex legacies of colonialism and historic discrimination that are embedded in all institutions.

There is a clear and urgent requirement to address the needs of people in our community who are poorly served by the current systems of cancer care and control, and to change those systems. Transformation of organisational culture to embed principles of equity is a necessary part of health system reform.

CLINICAL CARE

Transform systems and practices to drive culture change and address inequities across the cancer care continuum



RESEARCH

Integrate principles of equity into each stage of the research process

EDUCATION & TRAINING

Empower the cancer workforce with knowledge and skills to identify and address inequity

Everyone has a role in creating a Culture of Equity



... the system needs to centre the voice of consumers. This is part of creating equity. It needs to not only occur at this level of policy and strategy design, but also in service delivery, research, evaluation, and monitoring.

VCCC ALLIANCE CONSUMER IN CONSULTATIONS UNDERTAKEN IN THE DEVELOPMENT OF FRAMEWORK

Creating equitable health systems takes a true partnership between leadership, the cancer workforce, consumers and community. To elevate health equity as a priority, it is critical to have dedicated leaders capable of leading the change, and the commitment of financial and human resources to ongoing change efforts. Representation of a diversity of voices of people who experience barriers to healthcare access is also essential. Everyone has a role and responsibilities to be fulfilled in order to move towards an equitable health system.

Leadership: Committed and engaged leadership is essential to drive a culture of equity. Cultural change occurs through strong strategic executive leadership across the cancer care and control system. Diverse representation at leadership level is an essential part of culture change, it demonstrates that diversity is valued and that different perspectives are necessary to drive change.

Cancer workforce: Cancer healthcare, research and education organisations support their workforces to embed equity in their everyday practices and strive for a diverse workforce, at all levels, that reflects the heterogeneity of the communities they serve. Commitment to a diverse workforce includes valuing and not overburdening employees from diverse backgrounds.

Consumers: Partnering with consumers identifies and prioritises issues of importance to them. This in turn enables researchers, clinicians, and educators to better understand and utilise the lived experience of cancer for the benefit of all.

Community: Identifying problems of inequity and developing solutions together with affected populations, allows ownership over the process and ensures that interventions are sustainable and acceptable to the community at large.

A continuous cycle of action to promote change

This Framework proposes culture change as a continuous cycle of action where leaders, the cancer workforce, consumers, and community work together to understand and take action to address the underlying drivers of health inequities.

Assessing inequities: Across the cancer care continuum, assess unwarranted and avoidable disparities in prevention, diagnosis, treatment and outcomes, diagnose the root causes and identify those systems and practices that create or perpetuate these inequities.

Addressing inequities: Co-design interventions with affected populations and support the development of a culture of equity. Adopt an approach of continuous improvement and learning; test and adapt interventions, evaluate efforts, reassess, and plan next steps.

Striving for equity: Commit to addressing identified inequity. Build a shared vision for a culture of equity, set goals to achieve this vision, engage the cancer workforce, consumers and community in the process and prioritise and resource efforts.

Focus areas for change

CLINICAL CARE

Transform systems and practices to address inequities across the cancer care continuum and drive culture change

- › The seven steps of **Optimal Care Pathways** are used for exposing patterns of unfair and avoidable disparities across the cancer continuum.
- › Systems and practices across the entire cancer care continuum are reviewed to identify whether they cause or exacerbate inequity.
- › Practical tools and resources are developed to support the workforce to embed equity into systems and everyday practice.
- › Cultural safety and humility in the healthcare system is improved along the entire cancer care pathway.
- › Consumers and communities are integrally engaged to better understand their needs, and co-design health services and systems to accommodate those needs.
- › Greater diversity among the cancer workforce, at all levels including leadership, reduces the barriers patients face when seeking care.

RESEARCH

Integrate principles of equity into each stage of the research process

- › The health issues and knowledge of communities that have been historically invisible in much of the research and data, are represented in health research.
- › Researchers are provided with training and resources to develop the knowledge and skills to successfully navigate relationships with communities impacted by research.
- › Researchers meaningfully engage and create equitable partnerships to co-create knowledge with communities impacted by research.
- › Consumers and community members are engaged in prioritisation, design, conduct and dissemination of research findings.
- › Cancer research teams reflect the diversity of the Australian community and research should include representation of all communities where possible.
- › Institutional support is provided to promote equity in research.

EDUCATION AND TRAINING

Empower the cancer workforce with knowledge and skills to identify and address inequity

- › Embedding health equity into training enables the workforce to reflect critically about the influence of the cultural and social determinants of health and to provide culturally appropriate, safe, and inclusive care.
- › Rather than being siloed as a standalone subject, discussions of equity and healthcare disparities should be integrated across existing curriculum for the cancer workforce.
- › Incorporating cultural perspectives into training supports the cancer workforce to approach care for all patients respectfully and knowledgeably with an appreciation of their values and needs.
- › Training and education should include opportunities to explore awareness of one's own socio-cultural background, identity, and biases, and how these factors impact patient-provider communication in the management of cancer.

Guiding principles and approaches informing the Framework

This framework is embedded in the human rights principle that access to quality healthcare should not vary on account of age, gender, ethnicity, disability, geographic location, and socio-economic status. It responds to the reforms called for in Australian (federal and state-based) cancer care and control plans and strategies to address persistent discrimination in the health system that remains a major barrier to health equity.

Acknowledging the ongoing impacts of colonisation and historic discrimination

The ongoing impact of colonisation and historic discrimination (racism, sexism, ableism, classism, homophobia and transphobia) within systems remains a pervasive barrier for priority populations engaging with health services.

Understanding intersectionality

Inequities are compounded when people experience overlapping forms of discrimination or disadvantage based on attributes such as Aboriginality, age, disability, ethnicity, gender identity, race, religion, regionality, income and social status, and sexual orientation.

Building common understanding

Organisations working together with a common understanding of a problem and a shared vision to solve it, will deliver far greater benefits for more people, more quickly, than an individual organisation could achieve alone.

Taking a systems approach

Viewing health inequities through a systems lens targets transformation of the systems that cause and reinforce inequities at each level (individual, interpersonal, organisational, community and societal).

Developing a diverse workforce

The cancer workforce, particularly at the senior and leadership levels, does not always reflect the diversity of the populations it serves. Greater diversity (age, gender, race, ethnicity, socio-economic background) at all levels, especially at leadership level, is a key step toward eliminating healthcare disparities.

Using data to inform change

Rigorous, standardised, and consistent data collection is needed to identify and understand unwarranted disparities and to design and evaluate interventions. Engaging consumers and community members in this process will enhance data capture, analysis, and utilisation.

Being patient-centred

Patient-centred care emphasises partnerships in health between patients and healthcare professionals. This approach views patients holistically and acknowledges individual preferences and seeks to move beyond the traditional paternalistic approach to health care.

Being trauma informed

Traumatic experiences are associated with significant adverse medical and psychiatric consequences. Given the pervasiveness of trauma exposure in many priority populations, it is crucial for the cancer workforce to develop an understanding of the impact of trauma and how to provide optimal trauma-informed systems and practices for care.

VCCC Alliance commitment to action

- > Development of specific guidance to support health service and research workforce implementation of health equity strategies
- > Initiation and implementation of key activities and projects aligned with the Framework, with embedded accessible educational opportunities.
- > Boost collective efforts and enhance opportunities for collaborations to address inequity across the VCCC Alliance and beyond
- > Embed health equity in research and education programs and activities
- > Working together to bring about systems reform.

VCCC Alliance collaborative projects to support Cancer Equity Framework

We have aligned these projects to the action areas of the Cancer Equity Framework and identified the priority populations they seek to service, but these projects are multi dimensional and have potential to address multiple facets of inequity across the cancer care and research.

Project Name	Action Areas	Focus Area	Collaborators	Targeted Population(s)
Cancer Equity Framework (CEF) Collation and development of resources to support CEF e.g. resources for leadership and cancer workforce to support inclusive and culturally safe practices.	All	All	VCCC Alliance member organisations, key cancer and health organisations, consumers, and community organisations.	All
Aboriginal and Torres Strait Islander program Building relationships and working with Aboriginal Community Controlled organisations to support efforts to reduce disparities for Aboriginal and Torres Strait Islander people. E.g. Advocating for implementation of the Victorian Aboriginal Health, Medical and Wellbeing Research Accord	All	All	Victorian Aboriginal Community Controlled Health Organisation (VACCHO), Aboriginal Community Controlled Organisations (ACCOs), National Aboriginal Community Controlled Health Organisation	Aboriginal and Torres Strait Islander
Data improvement (1) Education module to improve identification of CALD population in health service data; (2) support development of Indigenous data Sovereignty and Governance modules	Assessing	Clinical care	Health services, Victorian Cancer Registry, Australian Institute of Health and Welfare, Australian Bureau of Statistics, Victorian Agency for Health Information, Cancer Australia, Aboriginal Community Controlled Organisations	Aboriginal and Torres Strait Islander
The Nursing Equity Assessment Tool (NEAT) Co-design training and education resources with regional cancer nurses to support implementation of the NEAT as a component of usual nursing care.	Assessing	Clinical care	University of Melbourne, regional health services	All, regional
Lung cancer screening trial for CALD communities Define and develop a navigator model of care for CALD through co-design with community partners, and adaptation to other priority populations.	Addressing	Clinical care	VACCHO, ACCOs, Peter MacCallum Cancer Centre, Australian National University	CALD, regional, all
Cassowary CALD Identify adaptations needed of the Cassowary clinical trial protocol to facilitate patients from CALD communities to participate in primary care-based cancer clinical trials.	Addressing	Clinical care	University of Melbourne, primary care providers	CALD
ADVANCE ACCESS Providing equitable access to cancer symptom care for medical oncology patients from a culturally and linguistically diverse (CALD) background.	Addressing	Clinical care	Peter MacCallum Cancer Centre, Austin Health, Ethnic Communities Council of Victoria	CALD
Health research for all Building capability and development of an online platform of educational tools for health and medical researchers to embed equity practices when working with priority populations.	Addressing	Research	Murdoch Children's Research Institute, Association of Australian Medical Research Institutes	All
Care Plus Extend Extension of the Care Plus program to measure the clinical effectiveness, benefits and barriers delivered to people with Sarcoma, Lung and Colon Cancer in regional and metropolitan settings.	Addressing	Research	Peter MacCallum Cancer Centre, Royal Melbourne Hospital, University of Melbourne, St Vincent's Hospital, regional cancer services	Regional



Overcoming cancer together



VCCC Alliance

Level 10, Victorian Comprehensive Cancer Centre
305 Grattan Street, Melbourne VIC 3000

Tel: 03 8559 7160 | www.vcccallyance.org.au

ABN 84 140 233 790



