

# EQUITY ADVISORY COMMITTEE

This theme aims to minimize disparity across the cancer control system for all populations. Ensure access to high quality, culturally appropriate and person-centred cancer prevention, diagnosis, treatment and care no matter where an individual lives, who they are or where they are in the cancer journey. Improve delivery of cancer control services with and for First Nations, Inuit and Métis peoples and partners.

## PROGRAMS OF WORK (2017-22 STRATEGIC PLAN INITIATIVES)

### Primary relationship with

- Narrow the gap in cancer outcomes for at-risk populations
- Increase ability of the system to deliver culturally sensitive care

### Secondary relationship with

- Increase capacity to mobilize evidence into action
- Expand synoptic reporting to further embed evidence into care
- Continue to implement the First Nations, Inuit and Metis action plan
- Address the needs of older people with cancer

### Knowledge and Skills

This committee will provide advice on the focus, major gaps, and partners who may benefit from and who can contribute to advancing the work as well as further the implementation of its results. In particular, advice will be sought to improve the cancer control systems understanding of the interrelated factors that contribute to determining health status and cancer-specific disparities. Additionally, the committee will provide input into strategies for promoting the dissemination and implementation of evidence-based interventions designed to reduce the disparities in cancer prevention and control outcomes. In addition, it will advise on delivering culturally competent care to socially and ethnically diverse Canadian cancer patient populations to improve the quality and equity of, and satisfaction with, care.

The Partnership is seeking 10-15 members for this committee.

The Ideal Committee would include the following skillsets; leadership experience in determinants of health and/or impact of disparities on health promotion and cancer control intervention access and utilization; health policy experience related to health equity; understanding of and expertise in health economics; expertise in knowledge mobilization, particularly as it relates to health information; demonstrated public engagement/civil society expertise involving community representatives, cancer patients and patient advisors on issues pertaining to health equity;

March, 2017

knowledge of single and multi-sectorial approaches involving social services, mental health, cancer continuum and/or health services/healthcare systems; cancer specific communications experience; community leadership working with diverse populations; clinical experience; health disparities researcher; cancer system leadership; indigenous health equity leadership; community care experience; government experience; political science expertise; clinician leaders; and oology experience; and, patient/family members or members of the public with an interest in cancer.