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Recommendations

* **STRENGTHENING EDI IN RESEARCH: IMPROVING PATIENT DATA COLLECTION AND ENHANCING RESEARCH TEAM DIVERSITY**

EU member states should systematically and within legal bounds improve the data they hold for ethnicity, LGBTIQ+ identity, psychosocial development, quality of life, physical and mental health, education, socioeconomic status and employment rights of cancer patients. The EU should work towards a standardised data collection that is shared via the EU Health Policy Platform alongside other major EU initiatives. An equal weight should be given to efforts to increase diversity and inclusion in healthcare and research personnel.



* **IMPROVING EDI IN CANCER SERVICES: PROVIDING CULTURALLY SENSITIVE CARE AND PROMOTING DIVERSE REPRESENTATION IN CARE TEAMS**

Cancer services should develop, improve, and implement culturally sensitive care, ensuring that patients receive support that respects their cultural, psychosocial, financial, educational, reproductive, and sexual needs. Inclusive cancer services also require the promotion of diverse representation in care teams to better reflect the communities they serve. Patients with lived experience should be actively engaged in health strategy development, funding decisions and building services and the co-creation of new policies related to their care, fostering a collaborative approach that prioritises their unique perspectives and needs.



* **FOSTERING DIVERSITY AND INCLUSION WITHIN PATIENT ORGANISATIONS**

Patient organisations should have a more proactive approach to achieving diversity and inclusion by actively recruiting individuals from diverse backgrounds, providing training on cultural competency and sensitivity, and implementing policies and practices that promote inclusivity and equity within the organisation. By embracing diversity and inclusion, patient organisations can better serve their communities and advocate for more equitable healthcare policies and services.

The process was steered by a diverse working group of individuals from various backgrounds and professions, the majority of whom are young people living with and beyond cancer.

Based on our findings, we focused on four important areas to ensure fairness and inclusivity in cancer care and grouped our recommendations as follows:

1. RACE, ETHNICITY, CULTURE, REFUGEE, OR MIGRANT STATUS:

To address disparities and ensure equitable access to cancer care for individuals from diverse racial, ethnic, and cultural backgrounds, including refugees and migrants.

2. GENDER IDENTITY AND SEXUAL ORIENTATION:

To promote awareness and support for LGBTIQ+ individuals affected by cancer, ensuring they receive respectful and inclusive care regardless of their gender identity or sexual orientation.

3. AGE, PHYSICAL AND MENTAL DEVELOPMENT, AND WELLBEING:

To recognize the unique needs of individuals at different stages of life, including children, adolescents, and young adults, and recognise mental health status and neurodiversity as important determinants of health outcomes.

4. EDUCATION, CAREER, AND SOCIOECONOMIC STATUS:

To address social determinants of health and ensure that individuals from all socioeconomic backgrounds have access to quality cancer care, regardless of their education level, career status, or living conditions.



41% of young people with cancer don't feel represented by booklets and other information provided to them by healthcare facilities



Recommendations for
**Equitable, Diverse, and Inclusive
Cancer Care in Europe**



The **Recommendations for a Equitable, Diverse, and Inclusive Cancer Care** in Europe proposes three key recommendations to reduce disparities in healthcare systems and 10 actions in support of vulnerable and minoritised groups. The recommendations are based on research, input from patients, survivors, and healthcare experts, ensuring that the voices of those with lived cancer experience guide the proposed solutions.

