Social inequalities in cancer screening: a European perspective

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SOCIAL INEQUALITIES IN HEALTH

Systematic
Socially produced

Unnecessary
Avoidable

SOCIAL DETERMINANTS OF HEALTH MODEL (WHO, 2010)

Inequal distribution of money, power and resources.

Global, national and local level.
Social inequalities in cancer refer to health inequalities spanning the full cancer continuum across the life course (Nancy Krieger, 2005).
Inequalities BETWEEN countries

Cancer incidence higher is in Northern and Western European countries

Cancer mortality higher is in Eastern and Southern ones

Inequalities WITHIN countries

Figure 3 Excess hazard of death for the most deprived and most affluent groups, by cancer prognosis, England 1996–2006.

Socioeconomic inequalities in cancer survival in England after the NHS cancer plan.
SURVIVAL AND STAGE OF DIAGNOSIS

TEN-YEAR SURVIVAL FOR EIGHT TYPES OF CANCER COMBINED

DIAGNOSED EARLY
(STAGE I + STAGE II)

SURVIVAL IS MORE THAN THREE TIMES HIGHER WHEN CANCER IS DIAGNOSED EARLY

81%

DIAGNOSED LATE
(STAGE III + STAGE IV)

26%

CANCER SCREENING PROGRAMMES
Figure 1 Multilevel association between screening prevalence and type of screening program (prevalence ratio) and between educational level and cancer screening (RII) by type of screening program taking individual variables into account. PCV after taking into account the type of screening program.

WHAT CAN WE DO TO REDUCE INEQUALITIES?

Population

Whole population

Targeted

Socially vulnerable people

Proportional Universalism

Proportionate efforts to the level of disadvantage

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Fair Society, Healthy Lives: The Marmot Review.
Policy Paper on Tackling Social Inequalities in Cancer Prevention and Control for the European Population

1) Capacity-building for cancer prevention and control
2) Primary and secondary cancer prevention policies
3) Cancer treatment, survivorship and rehabilitation policies

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**Recommendation 8:** Improve equitable access and compliance with cancer screening programmes.

S.R. 8.1: Provide screening processes that address the whole population with additional emphasis among socially vulnerable groups.

S.R. 8.2: Ensure the development and implementation of guidelines for quality assurance in cancer screening, which must include equity as a quality criterion.
Identify and compile European experiences.

Disseminate these experiences in order to promote replication of best practices.

A Best Practice is defined as an “evidence-based intervention or experience aimed at reducing social inequalities in cancer prevention, that has proven to be effective, can be transferable and represents an innovative element for the health system”.
CONTEST OF BEST PRACTICES TACKLING SOCIAL INEQUALITIES IN CANCER PREVENTION – EXTENDED DEADLINE

PARTICIPATING COUNTRIES

SCOPE

Screening programmes

56%

22%

22%

56%

HEALTH PROMOTION
CANCER SCREENING
CERVICAL CANCER
COLORECTAL CANCER
SEVERAL
## EXAMPLES OF BEST PRACTICES

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Country</th>
<th>Objective</th>
<th>Intervention</th>
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</thead>
<tbody>
<tr>
<td>Flemish Centre for Cancer Detection</td>
<td>Belgium</td>
<td>Improve cancer screening information for people with functional diversities.</td>
<td>Improvement of digital accessibility, constructing a Perceivable, Operable, Understandable and Robust Website.</td>
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<td>NHS England</td>
<td>United Kingdom</td>
<td>Reduce age inequalities in cervical screening uptake.</td>
<td>Reinforcing invitation strategy by sending text reminders (in addition to invitation letter).</td>
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<td>English NHS Bowel Cancer Screening Programme</td>
<td>United Kingdom</td>
<td>Decrease SES gradient in bowel cancer screening uptake.</td>
<td>Sending Enhanced Reminder letters aimed specifically at individuals who had not responded to the initial invitation.</td>
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<td>National Institute of Public Health</td>
<td>Slovenia</td>
<td>Increase participation in bowel cancer screening of people with lower level of education, men, and communities with the lowest response.</td>
<td>Extensive information and awareness campaigns (TV, radio, local exhibitions and fairs, SVIT ambassadors, information points at primary care centers).</td>
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<td>Public Health Local Centre</td>
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<td>Promote a favorable attitude of deprived population towards cancer (primary and secondary) prevention.</td>
<td>Empowerment and Peer-education on cancer prevention by community health agents.</td>
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CONCLUSIONS

• Social inequalities in cancer screening exist both between countries and within countries by social groups.

• It is recommended to include an equity perspective in the design and evaluation of cancer screening programmes, and to implement actions tackling social inequalities, based on a proportional universalism approach.
Thank you very much for your attention

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