

# Inequalities in Survivorship



**CanCon**  
Cancer Control Joint Action

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# INTRODUCTION

- Definition

“Health inequalities” are the results of an unequal distribution of social determinants of health and could be due to both contextual determinants (policies, culture and values) and population determinants (socioeconomic position, social class, gender, ethnicity, education, occupation, income, etc.) (*World Health Organization, 2010*).

- **3 factors** leading to health inequalities in survivorship and rehabilitation:

- **Personal factors:** there are differences in terms of quality of life and capacity to cope during this period due to social class parameters and personal circumstances.
- **Organisational factors:** there are differences in service provision/access to services both within and between EU member States.
- **Factor linked to professional practices:** there are differences within the practice of health care affecting the care providers.

# Evidence of Inequalities in the literature

## □ VICAN 2 : French national study / 2 years after first diagnosis

### ▪ Personal factor:

- Health status
- Quality of life
- Impact on income
- Professional situation 2 years after diagnosis

### ▪ Organisational factor:

- Participation in choice of treatment
- The exchanges of information with the medical team
- The search for information outside the medical team

# Evidence of Inequalities in the literature

## □ Evidence from the WP8 literature review results

- Topic “Medical follow-up: physical rehabilitation, management of late effects and tertiary prevention”
  - accessibility issues identified (both due to personal & organisational factors)
- Topic “Psychological support”
  - accessibility issues identified (due to possible geographical and social isolation)
- Topic “Social rehabilitation and employment issues”
  - back-to-work issues identified

# DRAFT RECOMMENDATIONS

All of the above might lead to three possible areas of recommendations related to inequalities in cancer survivorship and rehabilitation:

1-Creating the conditions in which health inequalities generally, and their structural causes, are recognized and dealt with at structural levels by EU member states.

2-Creating the conditions in which quality of life/capacity to cope are rendered more equal for all survivors. This would embrace all health service responses, e.g. Rehabilitation, supportive care, but would extend to social care, living and working conditions.

3-Ensuring that financial and health care institutions are obliged, as far as possible, to treat those who have previously suffered cancer in an equitable manner and in accordance with the way they treat all other consumers. This notion refers to the “droit à l’oubli” promoted in the French national cancer plan.

Thank You