Tackling social inequalities in cancer prevention and control for the European population

Policy Dialogues in Cancer Control: EU Policy Conference

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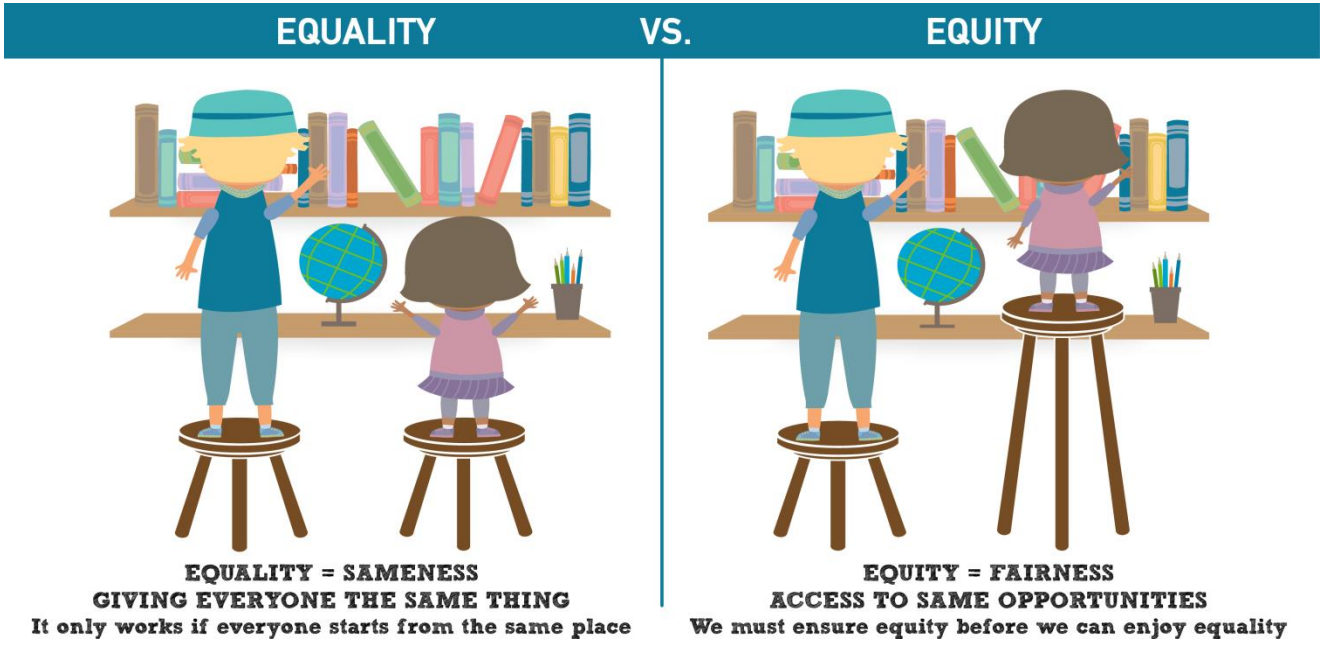
What is our scope

Social (inequities) inequalities in health: refers to differences in health that are **systematic, socially produced, unnecessary and avoidable**, and considered **unfair and unjust** .

Some key documents from the EC and WHO recommend using the term "social inequalities in health" instead of "social inequities in health" because it is more readily understood by the general public and the term "health inequities" does not have a direct translation in all languages.



Whitehead M, Dahlgren G. Levelling Up, Part 1: Concepts and principles for tackling social inequalities in health. Copenhagen: World Health Organization; 2006).
Commission staff working document. Communication from the commission to the European parliament, the council, the European economic and social committee and the committee of the regions. Solidarity in health: Reducing health inequalities in the EU. Brussels, SEC (2009) 1396)

These social inequalities exist **among social groups within countries……**

"social gradient" in health runs across the socio-economic spectrum and means that health inequalities affect everyone.

Consumo de tabaco (16-44 años), 1987-2006 - Género y Clase Social | Tabaco | ID - Conductas

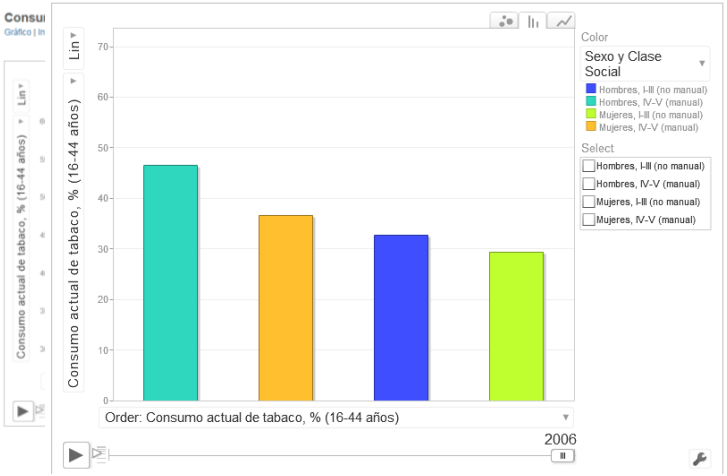
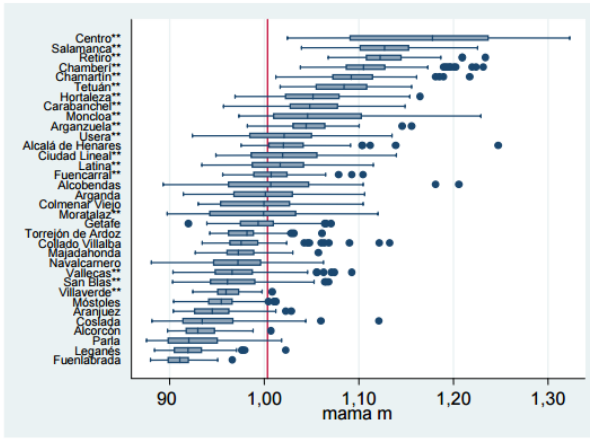
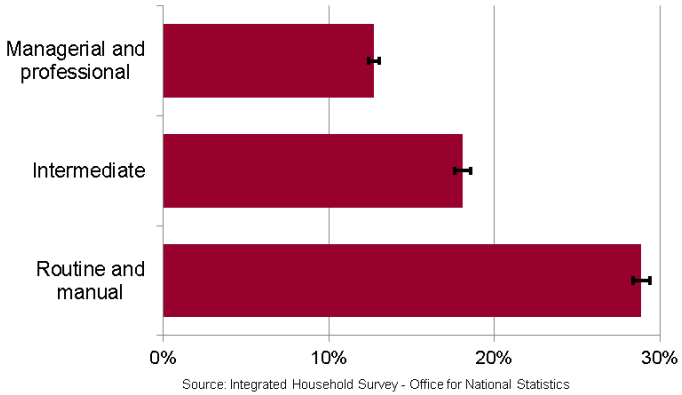


Figura 2: RRs por sección censal según distritos sanitarios económica



Smoking prevalence in the UK by occupation, 2013



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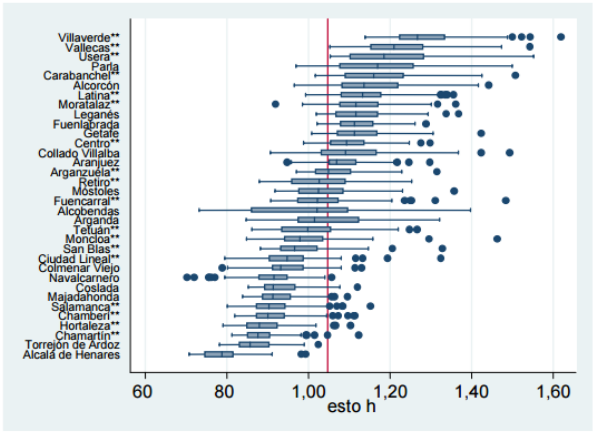


Whitehead M, Dahlgren G. Levelling Up, Part 1: Concepts and principles for tackling social inequalities in health. Copenhagen: World Health Organization; 2006).

.....and **between countries**

Age-standardised rates for all cancers excluding non-melanoma skin cancers in Europe 2012.

Incidence:

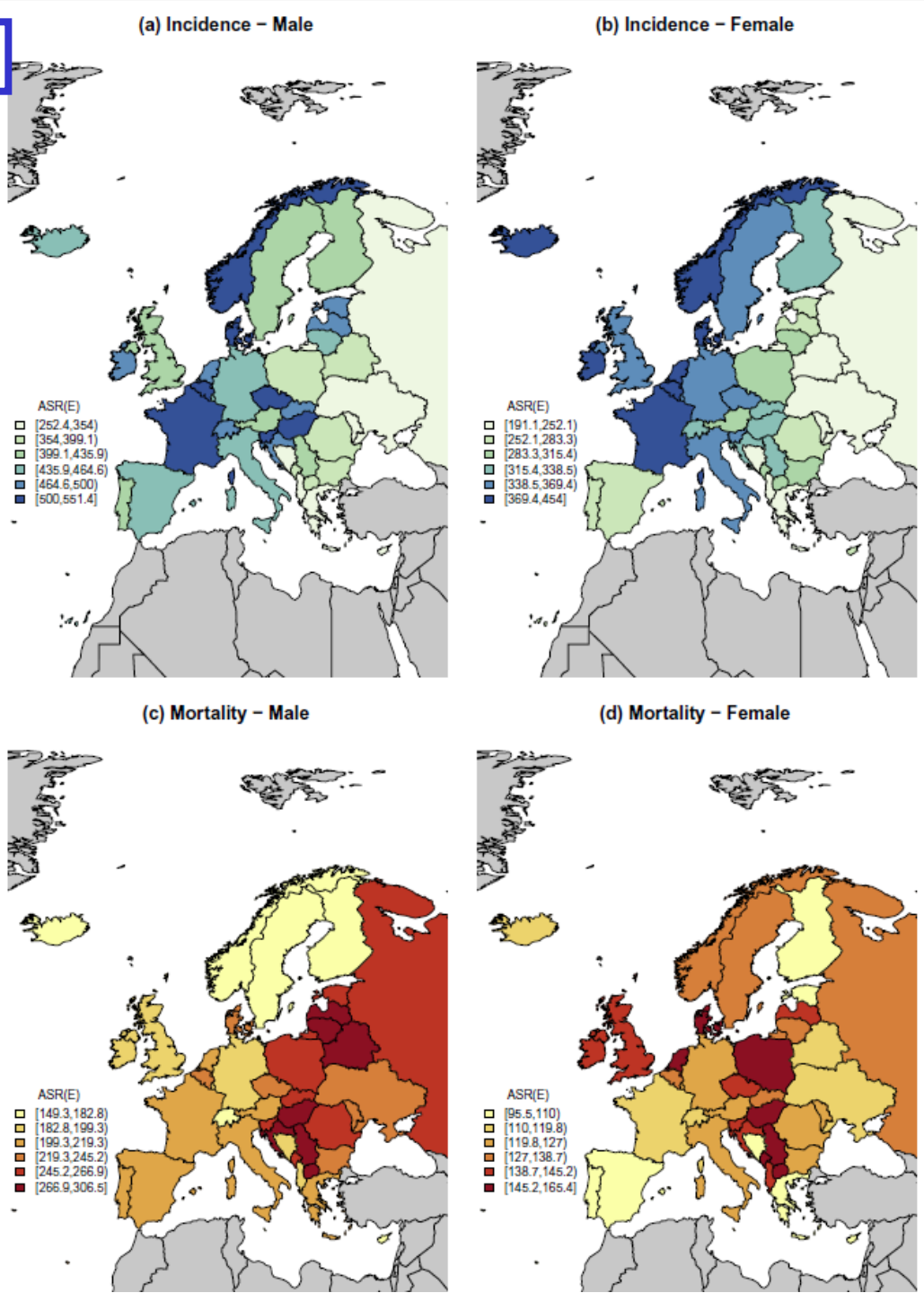
-Highest (both sexes) in Northern and Western European countries. In men in France (550 per 100,000) and in women in Denmark (454)

-Lowest in the Balkan Peninsula

Mortality:

-Highest in men in Eastern and Central European countries (e.g. Hungary: 306) and in women in Denmark (168)

-Lowest in men in Northern European countries (eg: Finland: 163) and in women in Southern European countries (eg: Spain: 99)



Ferlay J. EJC, 2012

This policy paper aims to promote equity oriented policy-making related to cancer prevention and control.

It provides recommendations that:

- Enable policy-makers to **assess the burden of social inequalities in cancer** in their country or region;
- Highlight **practical actions to tackle social inequalities** at European and national level;
- Ensure that **reducing social inequalities in cancer is a top priority** within European and national strategies or plans on cancer prevention and control;
- Take into consideration the **socio-economic differences** existing among European citizens, both on **social gradient** and in **socially vulnerable groups**.

Based on the lessons learned by EU Member States identified by

- Contributing experts,
- Literature review and
- Survey sent to Member States addressed to collect the information about this topic.

The recommendations should be **adapted to the policy country needs**, and must be **based on knowledge** of the cancer profile in the specific population and their **economic and social context**.

Recommendations on capacity building for tackling social inequalities in cancer prevention and control

Recommendation 1:

Embed equity in all aspects of cancer control and prevention strategies

- Well-intended universal policies, programs and services might inadvertently worsen social inequalities: more privileged groups are better equipped to act on these advantages of new knowledge or access to interventions in the early stage
- A revision of National Cancer Control Plans (NCCPs) in Europe concludes that equity goals are absent as key goals

SR 1.1: Formulate specific objectives directed to tackle social inequalities in cancer, with a focus on cancer intervention, prevention and control strategies, for the social gradient within a population, and targeted to socially vulnerable groups.

SR 1.2: Include indicators of social cancer inequality in the quality criteria established for cancer prevention and control programmes and services.

Recommendations on capacity building for tackling social inequalities in cancer prevention and control

Recommendation 2:

Adopt a Health Equity Impact Assessment (HEIA) Approach

- Information on the social determinants of cancer risk and outcomes in a population can be used to monitor trends and allow for comparison of the ways the diseases affects different social groups
- The HEIA aims to identify potential health impacts (positive or negative) of a plan, policy or program on vulnerable or disadvantaged groups within the general population.

SR 2.1: Assess the evidence on social inequalities in cancer and identify any gaps in knowledge.

SR 2.2: Introduce a unique identifier to facilitate safe record linkage between different databases in each European country in order to monitor social inequalities in cancer.

SR 2.3: Collect information on patients' reported outcome measures (PROM) and link this information with cancer registry data.

SR 2.4: Assess the impact on social inequalities in cancer of current and new cancer programmes and services

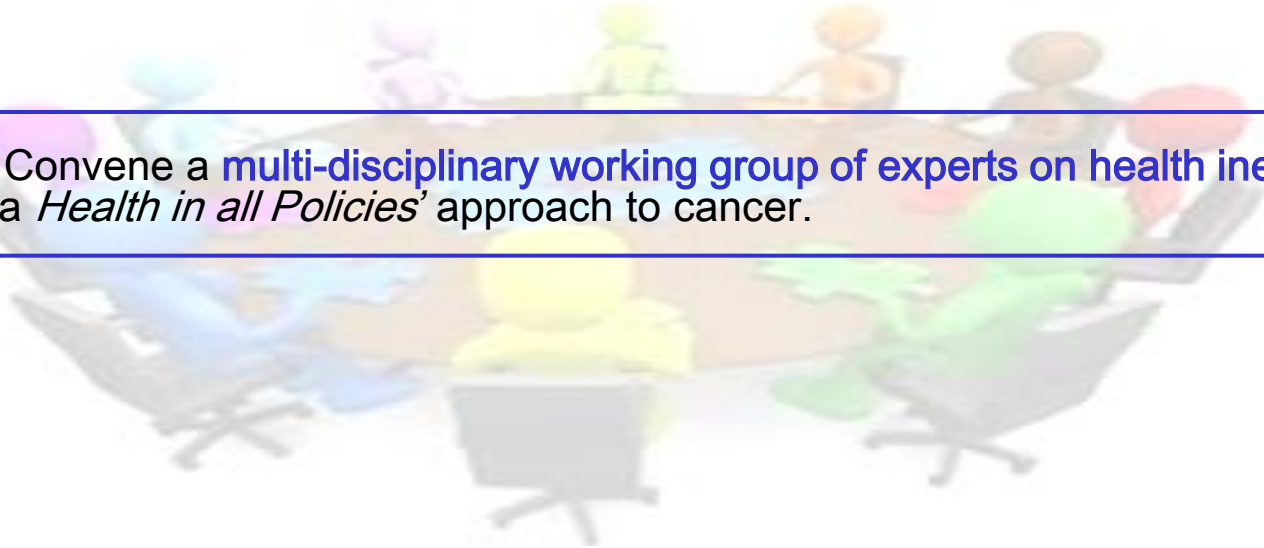
SR 2.5: Periodically develop a report on the situation on social inequalities in cancer.

Recommendations on capacity building for tackling social inequalities in cancer prevention and control

Recommendation 3:

Align the cancer prevention and control strategy with a 'Health in all Policies' approach.

- As **causes of social inequalities** in cancer and in health **are multiple and inter-related**, the **actions** to tackle these causes **need to be interconnected, both across sectors and across intervention levels.**
- Successful health in all policies strategies could be facilitated by several activities, including the **development of a shared language** to facilitate **communication between actors from different sectors.**



SR 3.1: Convene a **multi-disciplinary working group of experts on health inequalities** to develop a *Health in all Policies*' approach to cancer.

Recommendations on capacity building for tackling social inequalities in cancer prevention and control

Recommendation 4:

Engage and empower communities and patients in cancer prevention and control activities

- **Community participation** is a means and a necessary step to improve the health of the population and to **increase the capacity for interventions related to the social determinants of health** .
- Healthcare providers should adopt a partnership style with patients, and provide **healthcare that is respectful of patients to support informed patient decision-making**

*SR 4.1: **Involve communities and patient associations** in decision-making processes.*

*SR 4.2: Ensure that **socially vulnerable groups are involved** in the design, implementation and evaluation of health policies related to cancer prevention and control.*

*SR 4.3: Ensure that **all patients receive up-to-date and accurate information** and are proactively involved in their care..*

Recommendations on capacity building for tackling social inequalities in cancer prevention and control

Recommendation 5:

Promote the exchange of experiences of good practices and support development of professional expertise in cancer social inequalities

- **Train cancer professionals** to support a **shift towards equity** and to guarantee the right to health for the whole population.
- **Exchange "good practices"** to tackle cancer inequalities and **sharing expertise** between countries

SR 5.1: Foster European **exchanges of professional experience** in cancer and in tackling social inequalities in cancer

SR 5.2: **Train cancer** prevention, care, and rehabilitation **professionals in tackling social inequalities in cancer.**

Recommendation 6:

Support the development of European research programmes that help deliver equity in cancer.

-Integrated research data, originating from multiple data sources, through the continuum of cancer represent a powerful research tool at European level in order to go in deep on social inequalities in cancer outcomes.

-There is a lack of systematic studies of the effects of policies on equity. Data and evidence on social determinants of health come from a variety of disciplinary backgrounds and methodological traditions, social history, economics, social policy, anthropology, politics, psychology, sociology, environmental science, epidemiology, biology and medicine, so a pluralistic approach will be therefore necessary

Recommendations on primary and secondary prevention

Recommendation 7:

Implement the European Code against Cancer taking into account the needs of socially vulnerable groups

- The risk factors for cancer are largely preventable but disproportionately prevalent in poor and disadvantaged communities .
- Without targeting, preventive programs, intervention or communication campaigns can inadvertently contribute to widening inequalities via the so called "Inverse Prevention Law"

SR 7.1: Ensure that tobacco and alcohol control policies account for the whole social scale within a population and targeted to socially vulnerable groups.

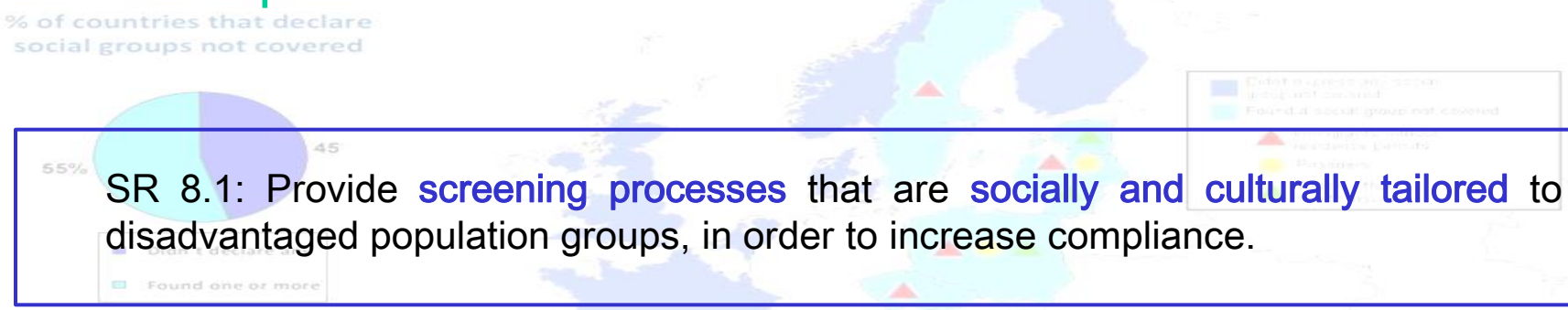
SR 7.2: Implement preventive governmental policies addressed to the whole social scale within a population and targeted to vulnerable groups.

Recommendations on primary and secondary prevention

Recommendation 8:

Improve compliance with cancer screening programmes

- Social inequalities in participation in cancer screening can still be observed within population-based programmes, evidenced by lower participation rates of the lower socioeconomic groups, minority ethnic groups, people with intellectual disability and those in underprivileged areas.
- Also there are inequalities in participation and in implementation between european countries.



SR 8.1: Provide screening processes that are socially and culturally tailored to disadvantaged population groups, in order to increase compliance.

Recommendation 9:

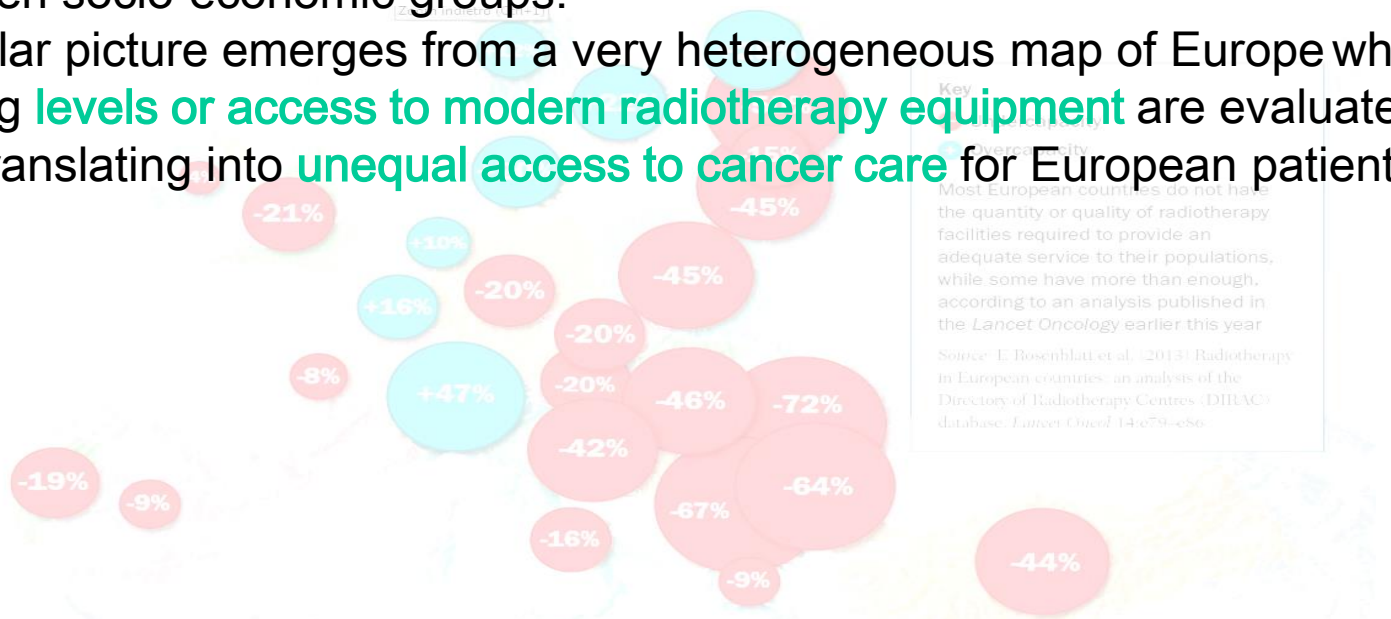
Ensure implementation of professional surgical guidelines at the Member State and EU level.

- Variations in the quality of surgery delivered and unequal access to appropriate surgical interventions across Europe leads to significant differences in cancer outcomes between social groups of people within countries and between countries

Recommendation 10:

Increase staff and improve capacity for radiotherapy delivery across Europe

- A large discrepancy exists between the actual and the optimal availability and utilisation of radiation therapy between European countries, as well as between socio-economic groups.
- A similar picture emerges from a very heterogeneous map of Europe when staffing levels or access to modern radiotherapy equipment are evaluated, thus translating into unequal access to cancer care for European patients



Recommendations on the delivery of care, rehabilitation and survivorship

Recommendation 11:

Ensure that all patients have timely access to appropriate systemic therapy

- Innovative treatments in a timely fashion to cancer patients is hampered by a pricing/reimbursement that differs between European countries, thus accentuating inequalities between countries in access to optimal cancer care.
- Social disadvantages in access to optimal treatments were reported for various types of cancer within European countries, and patients in lower socioeconomic classes show higher levels of comorbidity and lower levels of adherence to treatment, which greatly affect survival.

SR 11.1: Implement measures at MS level to ensure that vulnerable populations have access to and make use of appropriate treatments.

SR 11.2: Promote access to innovation in systemic therapy for all cancer patients, whilst ensuring the affordability of innovative interventions.

Recommendations on the delivery of care, rehabilitation and survivorship

Recommendation 12:

Implement national cancer rehabilitation and survivorship plans within each Member State.

- End of cancer treatment does not point the end of cancer care. Awareness of the late effects and early detection of cancer recurrence and secondary tumours can improve their detection and consequently the curability of cancer and reduce cancer-related symptoms
- Surviving cancer patients suffer unacceptable discrimination in relation to employment and other areas of society including insurance, mortgage approval and social re-integration

SR 12.1: Make survivorship care and rehabilitation an integral part of the patients' care pathways from the time of diagnosis.

SR 12.2: Raise awareness about tertiary prevention and late effects, with the aim of providing recommendations to the whole patients' population, tailored to socially vulnerable groups.

SR 12.3: Develop employment programmes integrated into the follow-up survivorship care of cancer patients for the whole population and targeted to diverse social groups in support of returning to work after the acute treatment.

SR 12.4: Develop special financial incentives for employers to make adaptations to the work situation..

Many thanks