MALTA EU2017

CanCon
Cancer Control Joint Action

Final Conference of the Joint Action on Comprehensive Cancer Control (CANCON)

14 FEB 17 - 15 FEB 17
Hilton Malta, St. Julian's

Tackling Social Inequalities in Cancer Prevention and Control for the European Population

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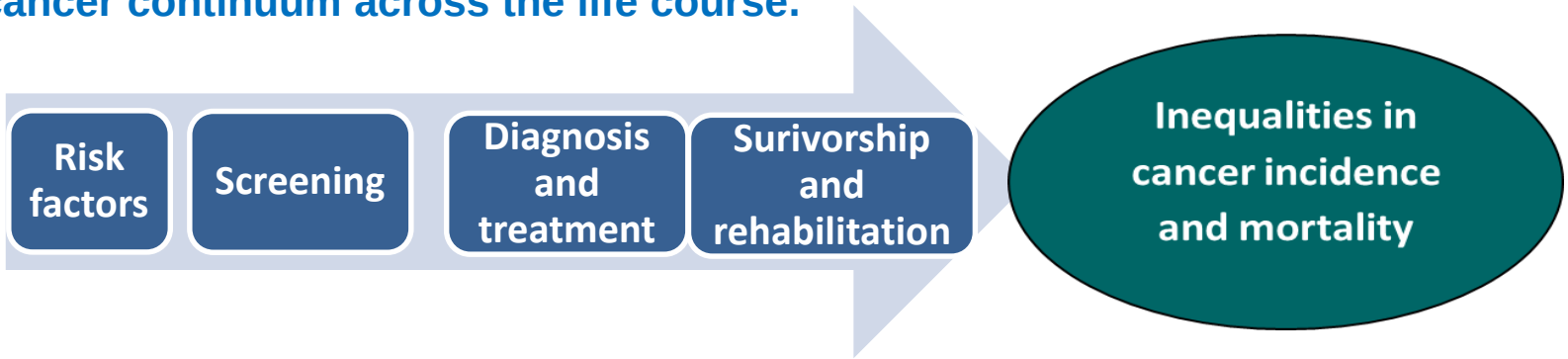
Introduction. What is our scope?

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

Social inequalities in cancer**:** refers to **health inequalities that span the full cancer continuum across the life course.**



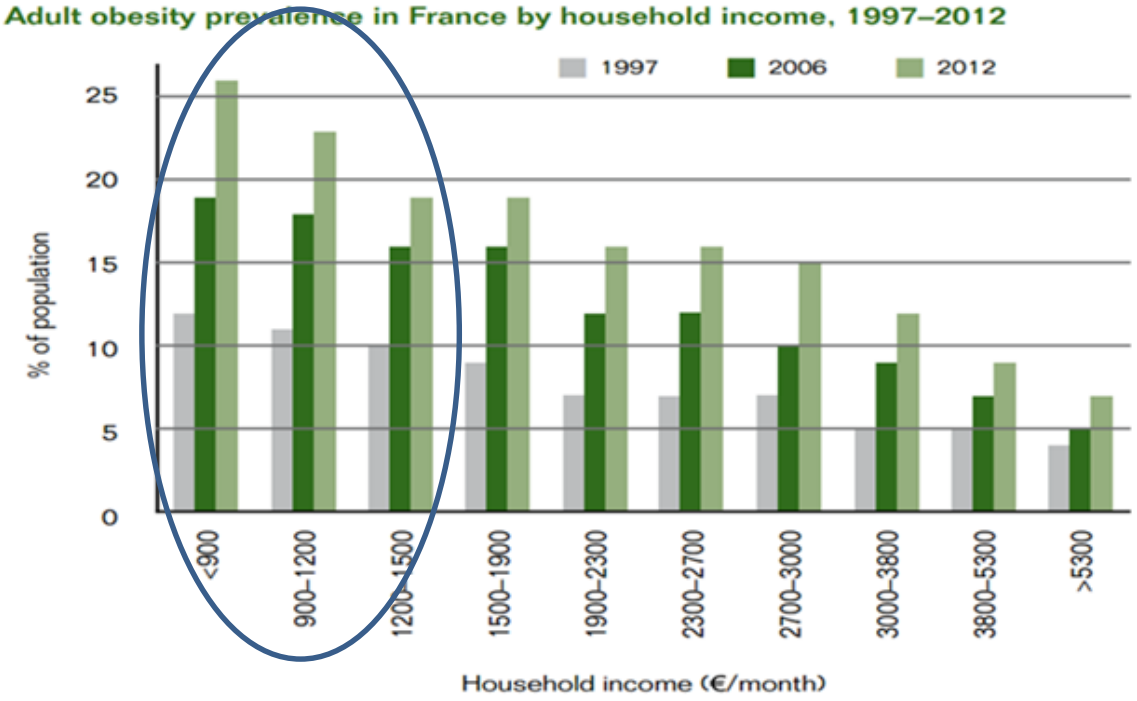
More **privileged groups (and countries) have better outcomes**, because :

- they have **fewer risk factors** for cancer, and/or
- can **take advantage** of new interventions and screening programmes **more quickly,**
- can **more easily** access health services, and
- can **minimize the social and financial consequences** of cancer when it occurs.

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)
Krieguer 2005

Social inequalities in cancer exist among social groups within countries…….

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



% of adult **obesity prevalence increased** during 3 different studies across all population

But **this increasement is higher in the population with lower household income**

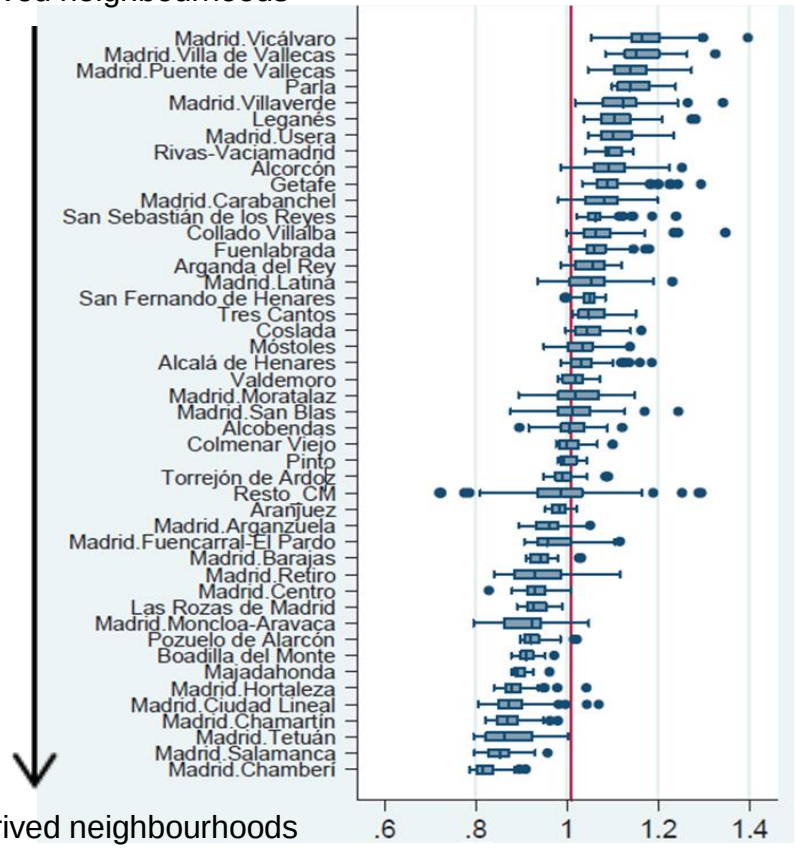
Loring B, Robertson A. Obesity and inequalities. WHO 2014

Social inequalities in cancer exist among social groups within countries…….

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

Gastric cancer mortality increase by deprivation neighbourhoods. Madrid (Spain)

More deprived neighbourhoods



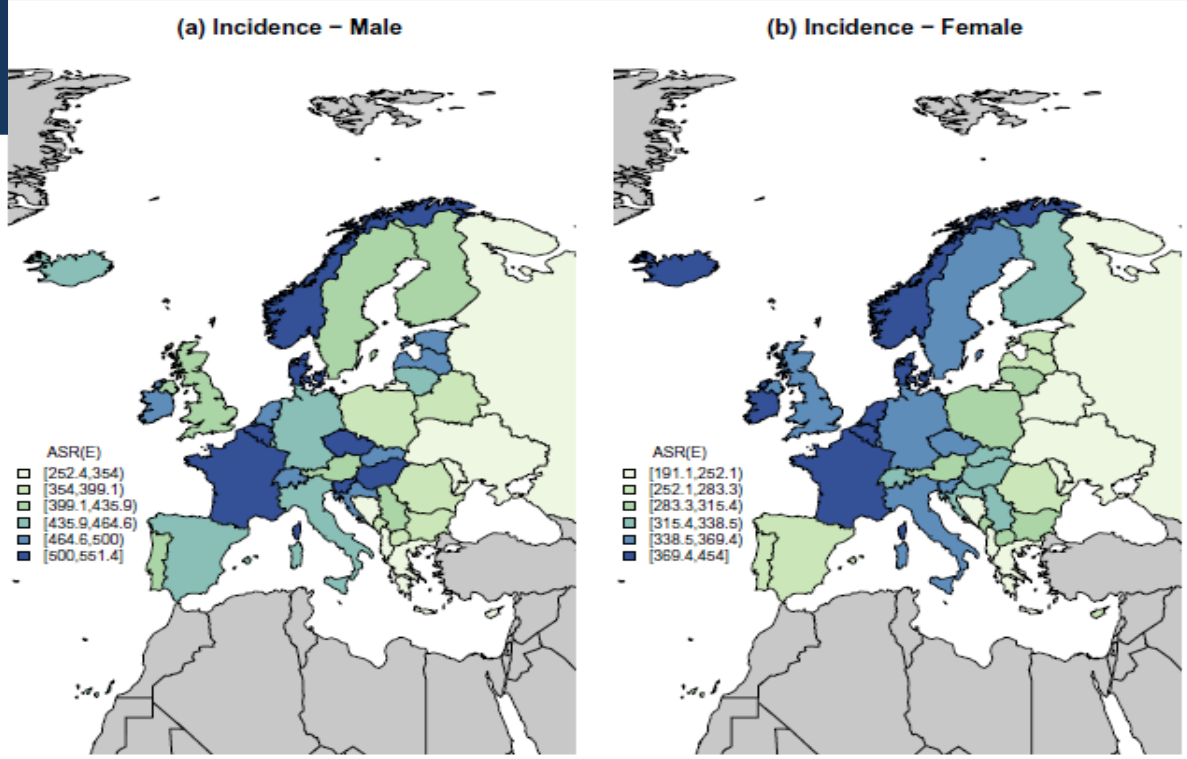
Less deprived neighbourhoods

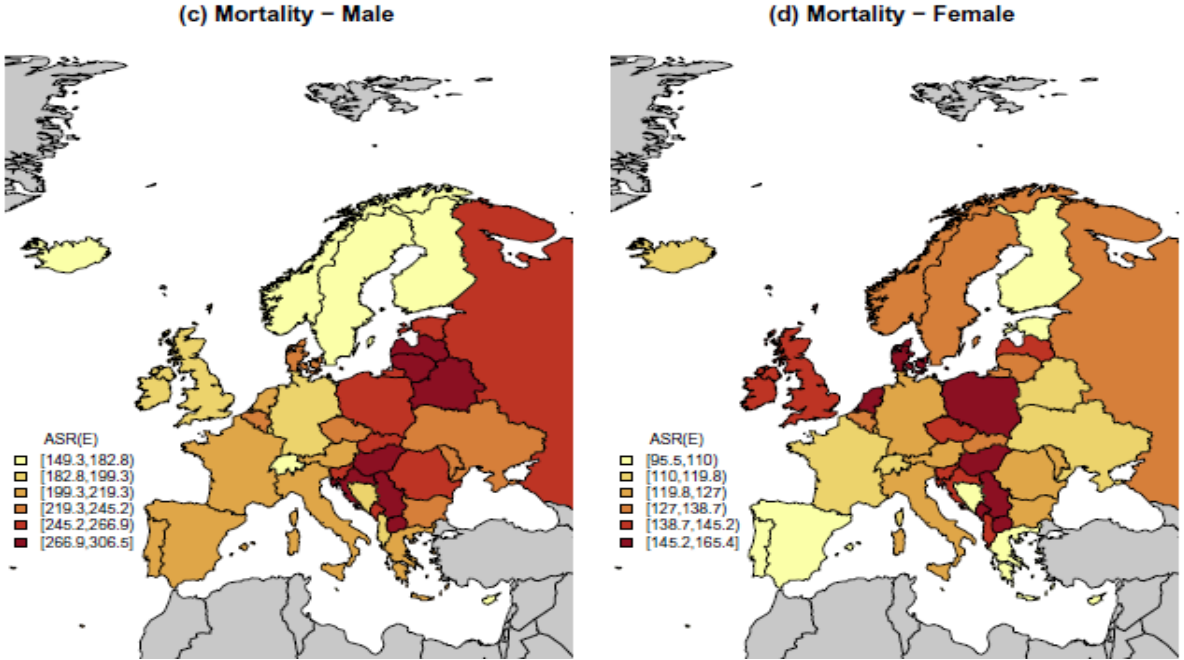
II Atlas de Mortalidad y Desigualdades Socioeconómicas 2001-2007. Madrid

.....and between countries

Cancer **incidence** higher in Northern and Western European countries

Cancer **mortality** higher in Eastern and Southern ones.





Age-standardised rates for all cancers excluding non-melanoma skin cancers in Europe, 2012. Ferlay J. EJC, 2012

This policy paper aims to

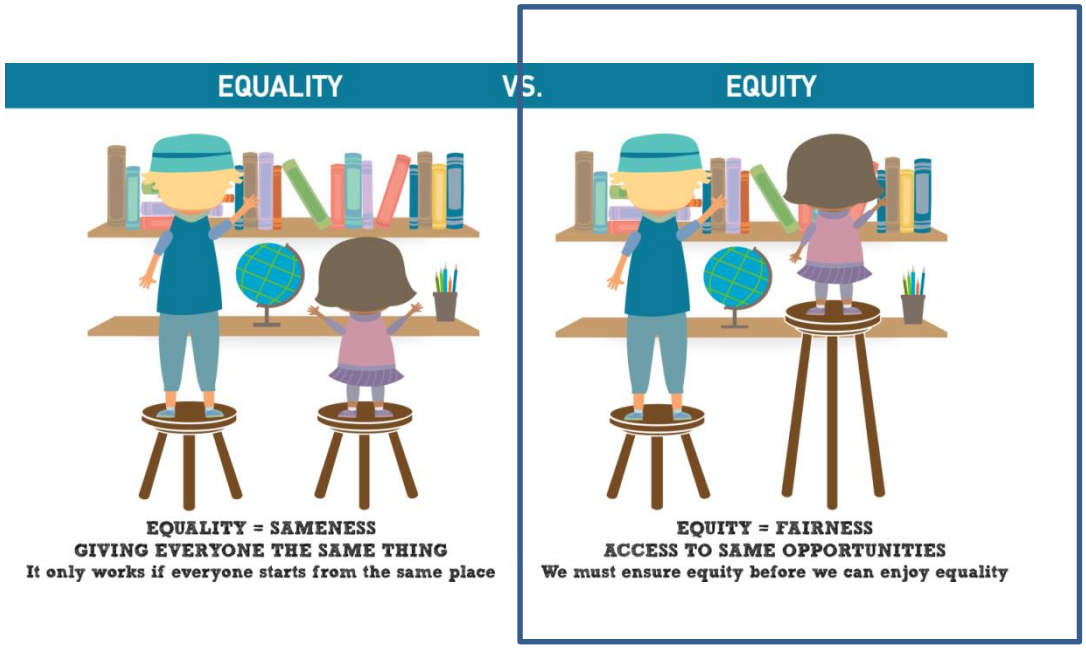
Promote equity oriented policy-making related to cancer prevention and control.

It provides recommendations that:

- 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 policies on cancer prevention and control.

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 **the economic and social context.**

Equity oriented health cancer policies



Proportionate universalism approach

Universal policies with a scale and intensity that are proportionate to the level of disadvantage

→ The benefit increase through the gradient and the gap between social economic groups is reduced

Marmot Review, 2010

Structure of the policy paper

- **13 Recommendations** focused in 3 main issues
  - Capacity-building for cancer prevention and control (1-6)
  - Primary and secondary cancer prevention policies (7-8)
  - Cancer treatment, survivorship and rehabilitation policies (9-13)

- Each Recommendation
  - **Background** based in selected evidence identified by the literature review
  - **Sub-recommendations**
  - **Examples** identified through the Member States survey, from the participant experts and from the literature review

1.- Embed equity within the cancer prevention and control policies in all European Union Member States.

Background

- Universal coverage: everyone must have free access to the same range of good quality services, regardless of income level or social status.

- Well-intended universal policies might inadvertently worsen social inequalities.

- Equity goals are absent in the National Cancer Control Plans in Europe

1.- Embed equity within the cancer prevention and control policies in all European Union Member States.

1.1.- Formulate **specific objectives** that aim to tackle social inequalities in cancer across the whole population with additional emphasis on socially vulnerable groups.

> ***Eg:*** *The third National Plan Against Cancer, France, which analyses social determinants along with other factors in relation to patient care trajectories.*

1.2.- Include indicators of **social inequality within the quality criteria** established for cancer prevention and control programmes.

> ***Eg:*** *Use of Quality Improvement Plans in every hospital in Ontario that include equity as an element of quality.*

2.- Align cancer prevention and control policies with a Health in all Policies approach.

Background

- The causes of social inequalities in cancer are multiple and inter-related.

- Actions to tackle these causes need to be interconnected,
  - both across sectors and
  - across intervention levels.

2.- Align cancer prevention and control policies with a Health in all Policies approach.

2.1.- Create a **multi-sectoral working group** that includes **experts on social inequalities** in health **to embed a Health in all Policies approach** within cancer policies.

Eg: *The Steering Committee of the National Health Programme in Poland will be focused on the social determinants of health and equity issues*.

2.2.- Assess **the impact of current and new policies, programmes, and health services** on social inequalities in cancer.

Eg: *The "Apprendre et Agir pour Réduire les Inégalités Sociales de Santé" in Toulouse (France) assess interventions in terms of health inequalities*.

2.3.- Produce **a report** on social inequalities in cancer, **and make it available to the public.**

Eg: *The National Cancer Equality Initiative (England)*

3.- Adopt a Health Equity Impact Assessment framework.

Background

- The analysis of the ways of cancer affects different social groups, information on the social determinants of cancer risk and outcomes in the population are needed.

- The Health Equity Impact Assessment (HEIA) tool aims to identify potential health impacts (positive or negative) of a plan, policy or program on vulnerable or disadvantaged groups.

3.- Adopt a Health Equity Impact Assessment framework.

3.1.- **Assess the evidence** on social inequalities in cancer and identify any gaps in knowledge.

Eg: *Some MS have started to asses cancer inequalities (incidence, mortality) by geographic region (Spain, Poland, Lithuania).*

3.2.- Introduce a **unique national identifier to** facilitate safe record linkage between different databases in each European country in order to monitor social inequalities in cancer.

Eg: *The Turin Longitudinal Study (Italy) links regional cancer data with socio-economic indicators.*

3.3.- Collect information on **patient reported outcome measures**, and link this information with cancer registry data

Eg: In England, the NHS collects the state of health reported by patients before and after surgery.

3.4.- Use the **Health Equity Impact Assessment tool** to assess systematically the impact of policies on social inequalities in cancer.

Eg: *this tool has been test by urban planners, health policy decision makers, and other municipal authorities to support the health and equity assessment of policies affecting air pollution (England)*

4.- Engage and empower communities and patients in cancer prevention and control activities.

Background

- Community participation is a necessary step to increase the capacity for interventions related to the social determinants of health.
- Provide respectful healthcare to support informed patient decision-making

4.- Engage and empower communities and patients in cancer prevention and control activities.

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

Eg: *The MSS; in Spain, cancer patients associations are participatory members of the Committee of the National Cancer Strategy*.

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

Eg: *The U.S. and Australia seek out minority group patient participation*.

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

Eg: *There is a range of factors that influence cancer service users' participation that can be taken into account in European countries*.

5.- Promote the exchange of good practice and support development of professional expertise in social inequalities in cancer in all European Union Member States

Background

- Training is one of the main components for organizational change.

5.- Promote the exchange of good practice and support development of professional expertise in social inequalities in cancer in all European Union Member States

5.1.- Foster **exchanges of professional experience** across European Union member states in tackling social inequalities in cancer.

Eg: *The EUROCOURSE action aims to develop necessary standards to support use of registry data in research.*

5.2.- Provide **appropriate training** for cancer prevention, care, and rehabilitation professionals to tackle social inequalities in cancer.

Eg: *The French National Cancer Institute's "Cancer equity task force". This think tank gathers professionals from all INCa services and cancer-related groups in order to discuss about improvement of equity.*

6.- Support the development of European research programmes that help deliver equity in cancer prevention and control in all European Union Member States.

Eg: *France support research designed to improve the understanding of factors and processes that create inequalities across the cancer continuum (e.g.: exposure of lower social classes to cancer risk factors such as smoking etc.).*

7.- Implement proportionate universalism policies to develop and maintain living environments favouring compliance with the European Code Against Cancer

Background

- 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”.

7.- Implement proportionate universalism policies to develop and maintain living environments favouring compliance with the European Code Against Cancer

7.1.- Ensure that tobacco and alcohol control policies, as well as other **interventions promoting healthy behaviours**, are addressed to the whole population, with **additional emphasis among socially vulnerable groups.**

Eg: *Providing healthy foods at schools can reduce the social gradient in unhealthy diets and is an effective strategy in the long term*.

8.- Improve equitable access and compliance with cancer screening programmes.

Background

- **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.**

8.- Improve equitable access and compliance with cancer screening programmes.

8.1.- Provide **screening processes** that address the whole population with **additional emphasis among socially vulnerable** groups.

Eg: *Leaflets and posters in eight languages were produced and disseminated in multiple locations to promote the participation in cervical cancer screening of immigrant women. (Piedmont, Italy) .*

8.2: Ensure the **development and implementation of guidelines** for quality assurance in cancer screening, which **must include equity as a quality criteria.**

Eg: *The European Commission Initiative on Breast Cancer is working on the definition of quality requirements and indicators. Explicitly equity is a transversal item that has been included as a quality indicator.*

9.- Ensure equitable access to timely, high-quality and multi-disciplinary cancer care.

Background

- Diagnostic delay
- Treatment delay
- Access at high quality cancer services

9.- Ensure equitable access to timely, high-quality and multi-disciplinary cancer care.

9.1.- Implement an integrated a model of cancer care management, whereby **primary and secondary care are seamlessly linked**.

***Eg**: Some organizational models can reduce social inequalities in cancer care "the Comprehensive Cancer Care Networks (CCCN)*

9.2.- Implement measures to ensure **access to and use of appropriate treatments** that are addressed to the **whole population with additional emphasis on socially vulnerable groups.**

***Eg:** The experience of patient navigator : scheduling and help with paperwork, offering informational support; addressing patient barriers, such as lack of transportation, lack of childcare, low literacy, language translation...etc*

9.3.- Ensure the **development and implementation of guidelines** in all involved disciplines, which must include **equity as a quality criteria**.

***Eg:** The Centre for Clinical Practice at NICE, designed "Positively equal" , as an essential tool to help on equality issues as a systematic and integrated part of the clinical guideline development process.*

10.- Ensure equitable access to high-quality surgical care in all European Union Member States.

Background

- Surgery is a key component of multi-disciplinary cancer care and contributes significantly to improved survival in Europe.
- It is estimated that 80% of all new cases of cancer in 2015 will require surgery, some several times.

10.- Ensure equitable access to high-quality surgical care in all European Union Member States.

10.1.- Establish **optimal benchmarking standards** for surgical oncology in all European Union Member States to help reduce current inequalities experienced by cancer patients.

> ***Eg:*** *A study on breast cancers revealed large differences in care for breast cancer across Europe. Delivery of "standard-of-care" surgery ranges from 78% (France) to 9% (Estonia). Standardised European guidelines were still not available.*

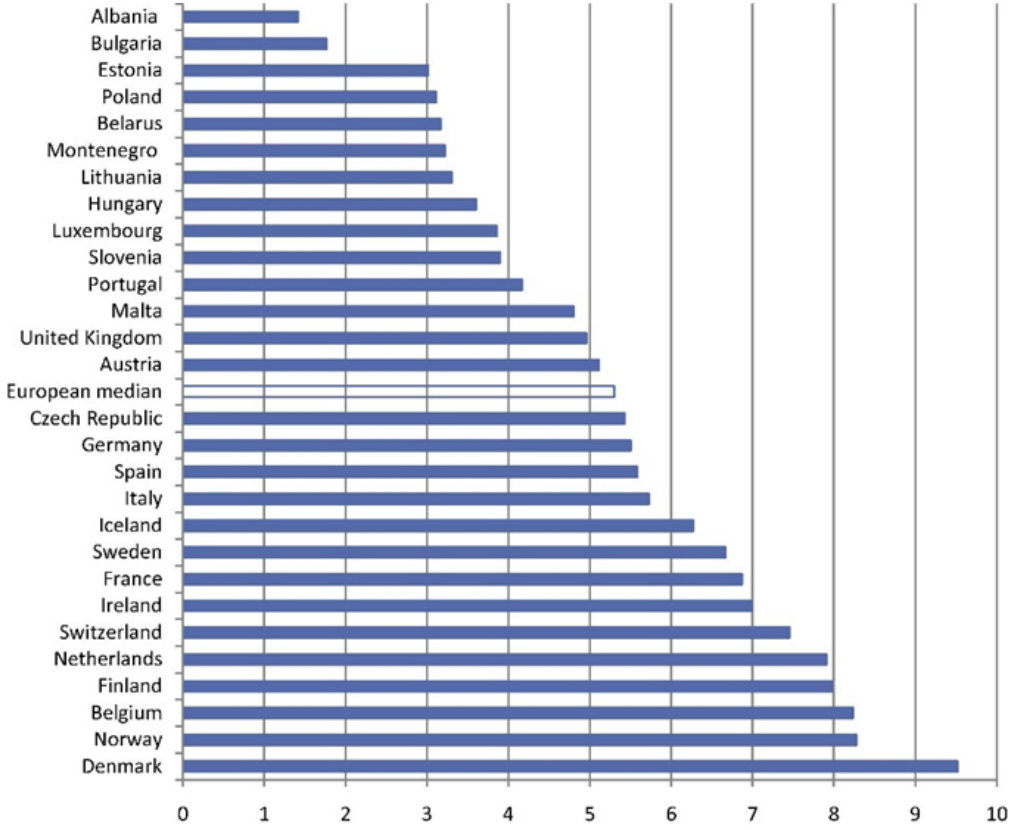
10.2.- Promote the creation of **national information sources on the volume of surgeries per cancer centre**, to provide patients with accurate activity data to aid in their choice of surgical centre.

> ***Eg****: The Italian Oncoguida provides detailed, patient-oriented information on centres providing cancer care, (volume of surgeries by tumour site, availability of psychological and physical rehabilitation services..etc*

11.- Ensure availability of sufficient radiotherapy capacity with appropriate technology innovation in all European Union Member State.

A large discrepancy exists between actual and optimal availability and use of radiation therapy between European countries, as well as between socio-economic groups.

Number of radiotherapy units per million inhabitants.



12.- Ensure that all patients have timely access to appropriate systemic therapy.

Background

- There are inequalities across European in access to effective treatments, as cytotoxic medicines.

12.- Ensure that all patients have timely access to appropriate systemic therapy.

12.1.- Promote **access to innovative therapies** that deliver value-based, effective care, by **harmonising Health Technology Assessment** in all Member States.

***Eg**: For some essential cancer drugs, there are marked differences in time to approval/reimbursement in all EU Member States.*

- *One of the reasons for such delays relates to the heterogeneity of procedures and methodologies used by Member States to assess relative effectiveness and cost-effectiveness of new medicines.*

13.- Develop national cancer rehabilitation and survivorship policies, underpinned by an equity perspective.

Background

- It is important to raise awareness of potential late effects of cancer treatment and of early detection of cancer recurrence and secondary tumours.
- Rehabilitation is a key component to ensure that cancer survivors have the best chance of returning to a normal life.
- Many cancer survivors are at risk for loss of employment, which can lead to significant financial and social burdens, and reduction in the quality of life

13.- Develop national cancer rehabilitation and survivorship policies, underpinned by an equity perspective.

13.1.- Make survivorship and rehabilitation an integral **component of the patient care pathway** from the time of diagnosis.

Eg: *France provides a reduction in the patient's contribution for breast reconstruction.*

13.2.- Raise **awareness about late effects**, with the aim of providing recommendations to all patients and tailoring information specifically for socially vulnerable groups.

Eg:. The CanCon Guide provides evidence on the need to create personalised survivorship care plans (SCPs) to provide clear information to cancer survivors.

13.3.- **Integrate employment programmes** into follow-up survivorship care, with additional emphasis on socially vulnerable groups, to support return to work after acute treatment.

Eg*: In Italy cancer patients in the private sector can switch from a full-time to a part-time position while they are under treatment, and to revert according to their capability.*

13.4.- Develop **financial incentives to help employers** introduce adaptations to work environments/situations in order to accommodate survivors' return to work.

Eg*: In Denmark, a research showed that the active involvement of the employers was key in the rapid reintegration of patients in the workplace.*

Many thanks