Equity of access to breast cancer screening programmes in 27 European countries

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Introduction

Systematic and socially produced

Unfair, and avoidable


Whitehead M, WHO 1990
Social inequalities in cancer refer to health inequalities spanning the full cancer continuum, across the life course (Krieger 2005).
Participation in Cancer screening programmes reduce cancer mortality.

Council recommendation (2003/878/EC): increase participation, ensuring equal access:

- Population-based programmes are more equitable than opportunistic approaches
- Social inequalities in access and participation have been identified
Introduction

What kind of inequalities in cancer screening?

<table>
<thead>
<tr>
<th>Type</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Between-countries</strong></td>
<td>Differences in the programme implementation status (pilot, totally implemented) between European countries</td>
</tr>
<tr>
<td><strong>Within-countries</strong> (by subgroups of population)</td>
<td>Inequalities in access related to gender, socioeconomic level, ethnic background, etc.</td>
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</tbody>
</table>
How can we tackle inequalities in cancer screening?

<table>
<thead>
<tr>
<th>Intervention Approach</th>
<th>Objective</th>
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<tr>
<td>Population approach</td>
<td>Increase OVERALL population health</td>
</tr>
<tr>
<td>Targeted approach</td>
<td>Decrease health inequalities between SOCIALLY DEFINED GROUPS</td>
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Both approaches are necessary and complementary.
Methods

EUROPEAN COMMISSION (EC) SURVEY-JRC (2012-2013)
- To give an overview regarding the organisation of breast cancer care and screening across Europe

EPAAC SURVEY-FISABIO (2013)
- Gathering information related to equity in the whole cancer screening process for the three types of cancer screening programmes

- Contributors of the two surveys contacted in 2014 for a common follow-up of data
- Information for the period 2010-2014 on 27 countries gathered: 26 of the 28 EU member states (92.9%) plus Norway
Aim

To assess EQUITY of access in European breast cancer screening programmes
Inequalities in access to breast cancer screening programmes

**Results**

- **Type of social groups**
  - no residence permits
  - in prison
  - not health insured
  - not registered in the BMR
  - no health card
  - undergoing treatment at mental hospital

- **Type of approach**
  - Population approach
  - Population+targeted approach
  - Targeted approach
  - Missing

**Results**

- **Inequalities in access to breast cancer screening programmes**
  - Free of charge
  - Social Groups not covered
  - Objective to avoid inequalities

- **Missed**
- **Yes**
- **No**
Results

Participation periodically analysed according to socioeconomic variables

Other variables:
- Socioeconomic status
- Educational level
- Ethnicity/Nacionality
- Others
Results

Specific social groups identified that participate to a lesser extent than others

- Deprived population
- Migrant/ethnic minority groups
- Higher socioeconomic level
- Elder women
- Rural residence
- Younger women
- Urban residence
- Disabled people

Lower participation

Map showing the participation of different social groups in Europe.
Results

Barriers to participation studied

Type of barriers
- Beliefs and Knowledge
- Accessibility
- Contact
- Availability
Results

Interventions to tackle inequalities in participation

Target population

- General Population
- General and Vulnerable Population
- Vulnerable population
- Health Professionals
# Results

**Examples of interventions to tackle inequalities in participation**

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<td>• Informative materials adapted to the needs of specific social groups.</td>
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<td>• Decrease transport barriers, remove fees</td>
<td>• Mobile units in rural areas and ethnic communities</td>
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<td>• Facilitate out of hours appointment</td>
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## Results

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• Information sessions                    | • Informative materials adapted to the needs of specific social groups.            |
| **Organizational changes**               | • Establishment of population-based screening programmes.                             |                                                                                     |
| **Accessibility improvements**           | • Decrease transport barriers, remove fees  
• Facilitate out of hours appointment | • Mobile units in rural areas and ethnic communities                                |
| **Invitation strategies**                | • Follow up calls to non-attendants                                                  |                                                                                     |
| **Social participation mechanisms and empowerment** |                                                                                      | • Training health agents from local ethnic groups  
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Conclusions/Recommendations

- To ensure **universal** (including women not health insured, without residence permits and in prison) and **free access** to breast cancer screening programmes

- To **monitor participation** beyond age and territory, including other variables related with **ethnicity and socioeconomic level**

- To improve **interventions** to tackle inequalities in access/participation, with both **population and targeted approach**
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Thank you for your attention