

How to increase participation in colorectal cancer screening – including among vulnerable citizens

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Agenda

- Social inequity
- Social inequity in screening participation
- How to increase screening participation
 - and reduce inequities



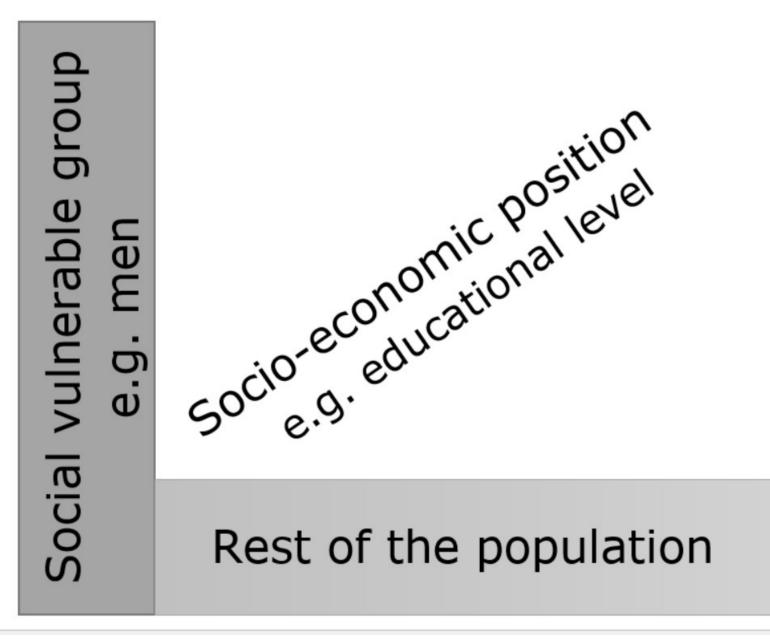
Social inequity

Definition

"Social inequities in health are systematic differences in health status between different socioeconomic groups. These inequities are socially produced (and therefore modifiable) and unfair"

- Dichotomy: differences between categorical social groups
- Gradient: differences across the whole population of ranked social groups

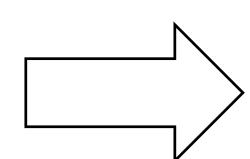
1) Whitehead M. (1990) The concepts and principles of equity and health. World Health Organization



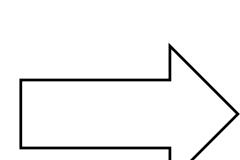


Social inequity in screening participation

- Indicators of socio-economic position
 - Income
 - Education
 - Employment
 - Different indexes
- Dichotomous variables
 - Ethnicity
 - Sex



 Individuals with lower socio-economic position are less likely to participate in screening



- Ethnic minority groups are less likely to participate in screening
- Men are less likely to participate in screening (unless sigmoidoscopy)

Mosquera I. et al. Inequalities in participation in colorectal cancer screening programmes: a systematic review. Eur J Public Health. 2020;30(3):416-425. de Klerk et al. Socioeconomic and ethnic inequities within organised colorectal cancer screening programmes worldwide. Gut. 2018;67(4):679-687.



Reasons for non-participation

- Postponement and procrastination
- Lack of awareness and knowledge
- Test related issues
- Lack of trust in doctors
- Ignorance is bliss: No screening, no diagnosis. No diagnosis, no disease

Most of what we do has the greatest effect among those best off

The inverse care law

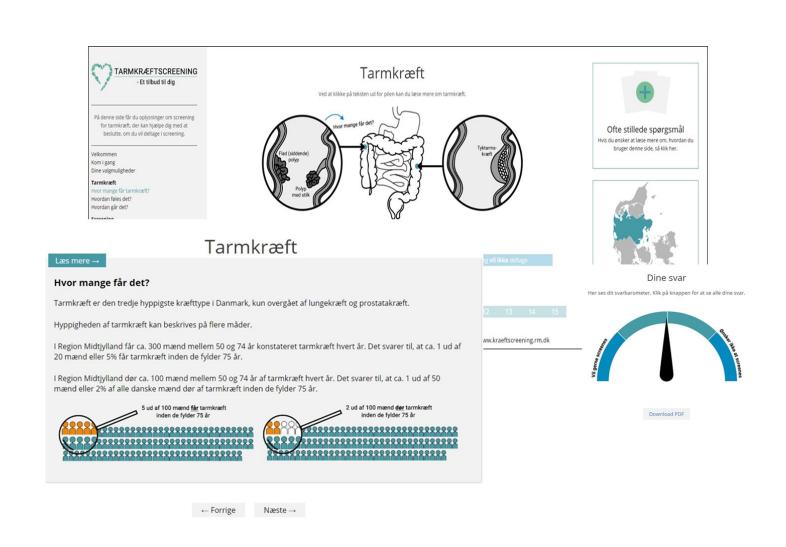
"When health care becomes a commodity it becomes distributed just like champagne. That is rich people get lots of it. Poor people don't get any of it."

Julian Hart, The Lancet 1971



Decision aid developed for residents with low educational attainment

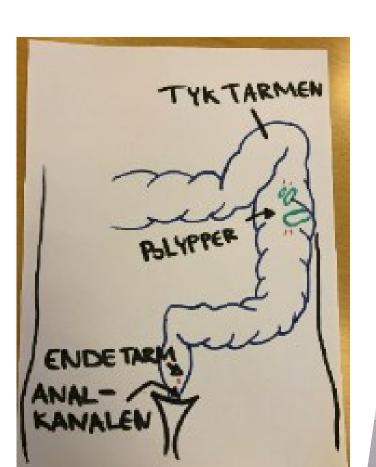
		Intervention % (95% CI)	Control % (95% CI)	Absolute difference
Educational attainment	Total	42.1 (38.8;45.4)	34.1 (31.0;37.3)	8.0 (3.4;12.6)
	<10 years	34.7 (27.9;41.1)	27.1 (20.9;34.4)	7.6 (-2.2;17.4)
	10-15 years	43.8 (39.9;47.7)	36.2 (32.5;40.1)	7.6 (-2.1;13.0)
	>15 years	45.1 (33.9;56.8)	27.9 (19.5;40.5)	17.1 (1.4;32.9)





Ethnic minority women

- Want to know WHY to participate
- Need information in native language
- Face-to-face information/teaching
- Make the women "ambassadors"





Badre-Esfahani et al. Perceptions of cervical cancer prevention among a group of ethnic minority women. PLoS One. 2021;16(6):e0250816.

Tatari et al. Perceptions about cancer and barriers towards cancer screening among ethnic minority. BMC Public Health. 2020;20(1):921.

Tatari et al. The SWIM study: Ethnic minority women's ideas and preferences for a tailored intervention to promote national cancer screening programmes -A qualitative interview study. Health Expect. 2021;24(5):1692-1700.



The homeless – preliminary results

- Want to know HOW to participate
- The body makes "noise"
- Cancer is a near experience







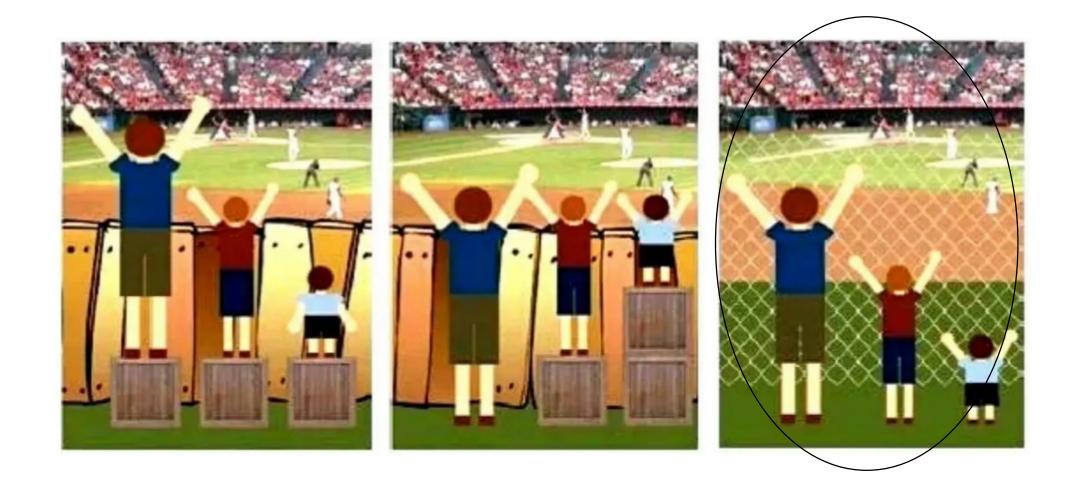
Social vulnerable groups in general

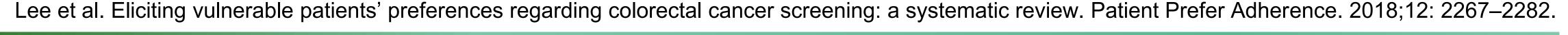
- They use e.g. general practitioners less than they need
 - Extended consultations
 - Consultations at shelters and homeless cafés, etc.



Social vulnerable groups in population-based programmes

- Key points
 - Strive for solutions that accommodate needs of the vulnerable population
 - Include the vulnerable populations in developing interventions







I have no conflicts of interest to declare





