Diseguaglianze di salute nei tumori femminili prevenibili con lo screening: problemi e soluzioni

Teresa Spadea
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Tumore della mammella a Torino

Rischi di incidenza e sopravvivenza per alcune variabili sociali, controllati per area di nascita e classi di età

INCIDENZA **RR (i.c. 95%)**	**1985-89**	**1990-94**	**1995-99**
ISTRUZIONE Bassa vs. alta	0,80 (0,70-0,90)	0,73 (0,65-0,81)	0,78 (0,71-0,87)
AREA DI NASCITA Sud vs. nord ovest	0,79 (0,71-0,88)	0,74 (0,67-0,82)	0,81 (0,74-0,88)

SOPRAVVIVENZA A 5 ANNI **HR (i.c. 95%)** **Casi incidenti 1985-99**	**1985-1999**
ISTRUZIONE Bassa vs. alta	1,28 (1,22-1,35)
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Diseguaglianze di incidenza e di sopravvivenza di segno opposto: responsabilità di prevenzione secondaria

Percentuale di donne di 50-69 anni che, in assenza di sintomi o disturbi, si sono sottoposte a MAMMOGRAFIA, per titolo di studio e ripartizione geografica – Istat
Anni 1999-2000 e 2004-2005

	MAMMOGRAFIA		
	Totale donne 50-69 anni		
	1999-2000	2004-2005	Incremento percentuale
TITOLO DI STUDIO			
Laurea e diploma di scuola media superiore	70.0	79.3	13.3
Licenza media	66.7	73.6	10.3
Licenza elementare e nessun titolo	51.8	65.5	26.4
RIPARTIZIONI GEOGRAFICHE			
Italia Nord-Occidentale	63.8	79.5	24.6
Italia Nord-Orientale	71.3	85.7	20.2
Italia Centrale	67.4	77.5	15.0
Italia Meridionale	39.8	51.3	28.9
Italia Insulare	38.0	50.7	33.4
Italia	**58.1**	**71.0**	**22.2**

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Primo impatto favorevole di prevenzione secondaria su diseguaglianze di accesso

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TI			
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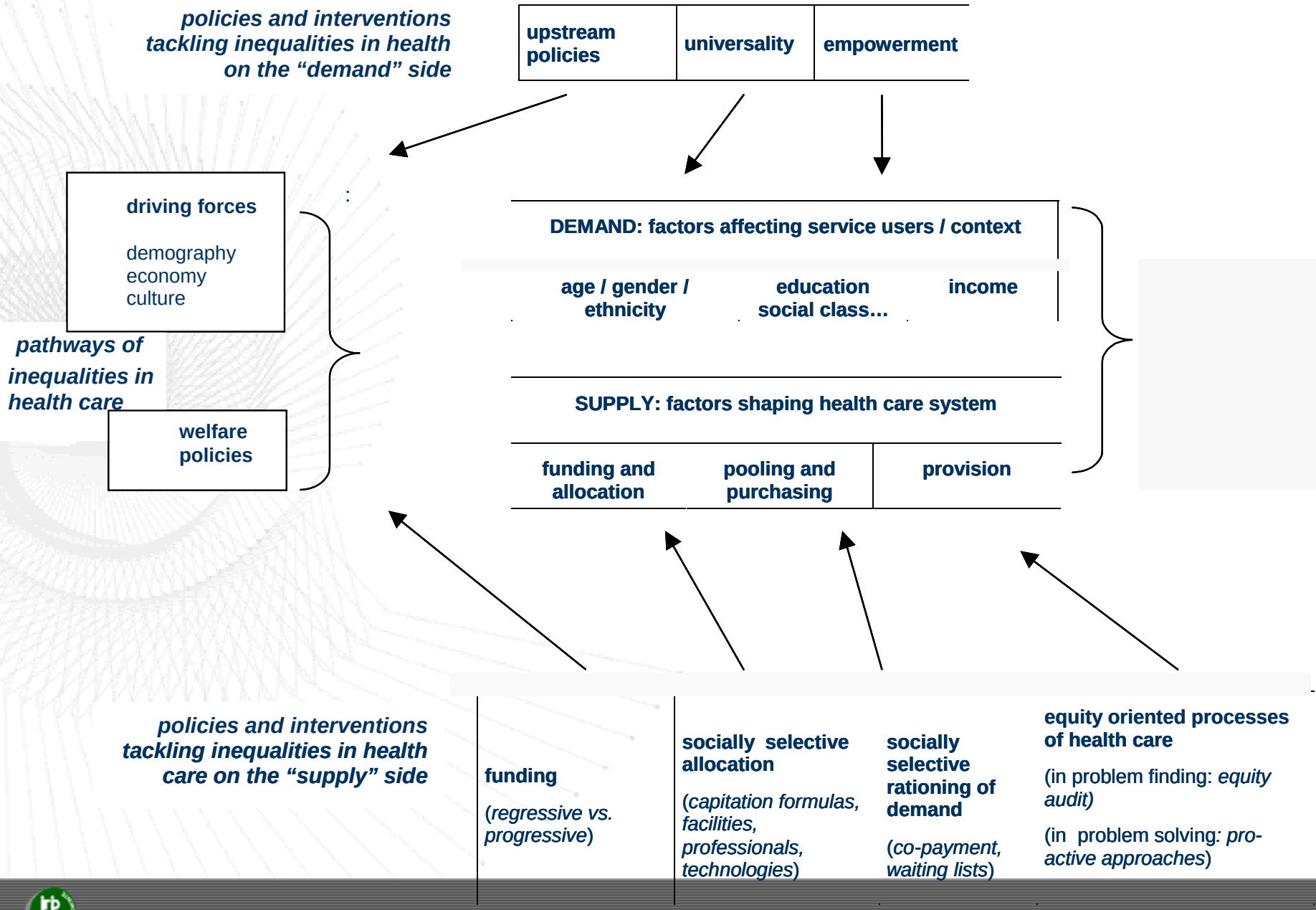
policies and interventions tackling inequalities in health on the "demand" side
upstream policies
universality
empowerment
driving forces
demography
economy
culture
pathways of inequalities in health care
welfare policies
DEMAND: factors affecting service users / context
age / gender / ethnicity
education
social class…
income
SUPPLY: factors shaping health care system
funding and allocation
pooling and purchasing
provision
policies and interventions tackling inequalities in health care on the "supply" side
funding
(regressive vs. progressive)
socially selective allocation
(capitation formulas, facilities, professionals, technologies)
socially selective rationing of demand
(co-payment, waiting lists)
equity oriented processes of health care
(in problem finding: equity audit)
(in problem solving: pro-active approaches)


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Meccanismi di generazione delle diseguaglianze di salute legati all'assistenza sanitaria
Politiche ed interventi utili a contrastarli, tra cui gli screening
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Policy recommendations (2)

HEALTH CARE FACTORS AFFECTING UTILIZATION AND OUTCOMES	***INTERMEDIATE OUTCOMES:*** ***INDICATORS OF INEQUALITIES IN HEALTH CARE UTILIZATION***			*POOR HEALTH OUTCOMES*
	HEALTH PROMOTION & PREVENTION	**IDENTIFICATION OF NEED & DIAGNOSIS**	**TREATMENT & QUALITY OF CARE**	
• **ACCESSIBILITY** geographic, architectural, legal information & communication • **AFFORDABILITY** resource allocation individual SES • **QUALITY AND ACCEPTABILITY** professional training & practice patient-professional interaction compliance continuity and appropriateness in supply organization	• health education / promotion messages not received or ineffective (*focus on immigrants*) • incorrect preventive attitudes of GP (*hypertension control; smoking counselling; weight control*) • reduced uptake of / access to preventive interventions (*cancer screening programmes; vaccination coverage; dental care for children*) • lack of monitoring (*equity audit*)	• delayed or inaccurate diagnosis (*geographical distribution of primary care*) • unrecognised symptoms or denial of need; trust in official medicine (*focus on immigrants*) • ability to "jump the queue" or to "negotiate" (*waiting lists*) • lack of monitoring (*equity audit*)	• culturally insensitive patterns of care / failure to empower patients and families (*official vs. alternative medicine; focus on immigrants*) • reduced (increased) access to appropriate (inappropriate) interventions/drugs (*introduction of new drugs / technologies*) • poor communication in care setting / inappropriate design and organization of provision (*asthma in children; management of chronic patients (cancer, diabetes)*) • lack of comprehensive (social and health) care networks (*continuity in cancer /diabetes treatment; mental health*) • lack of monitoring (*equity audit*)	• self-perceived health / quality of life / patient satisfaction • hospital admissions / re-admissions • survival • drug prescriptions • mortality

Cosa riporta la letteratura sull'efficacia degli screening nel ridurre le diseguaglianze di salute?

1. Literature search

Databases:
MEDLINE
EMBASE
CINHAL
COCHRANE

Keywords [MeSH]:
Topic
Socioeconomic context
Type of study

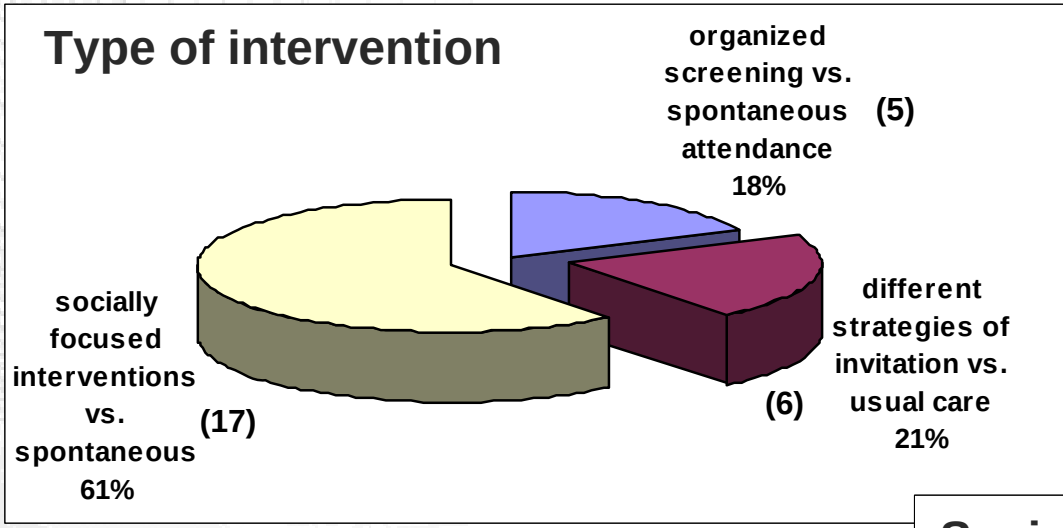
2. Classification criteria

Type of intervention
Geographic area
Socioeconomic indicator

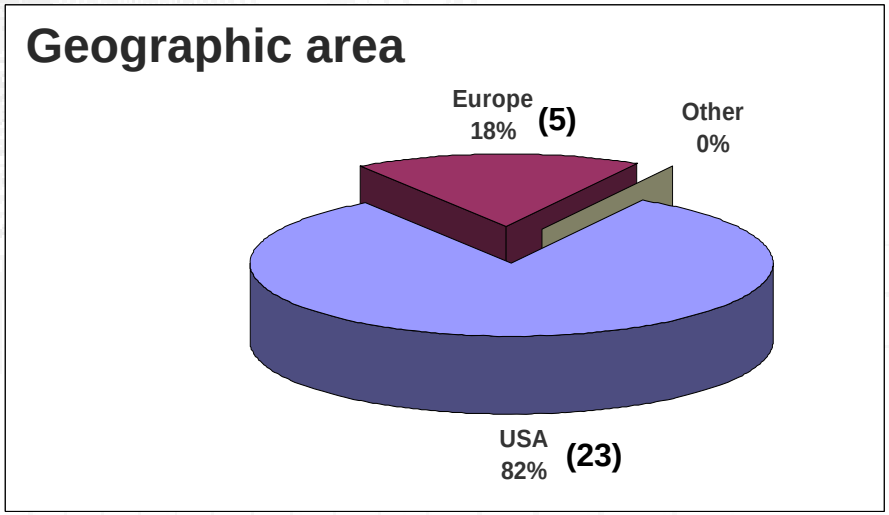
3. Critical appraisal of the studies

BREAST AND CERVICAL CANCER SCREENING: characteristics of the evaluation studies (n=28)

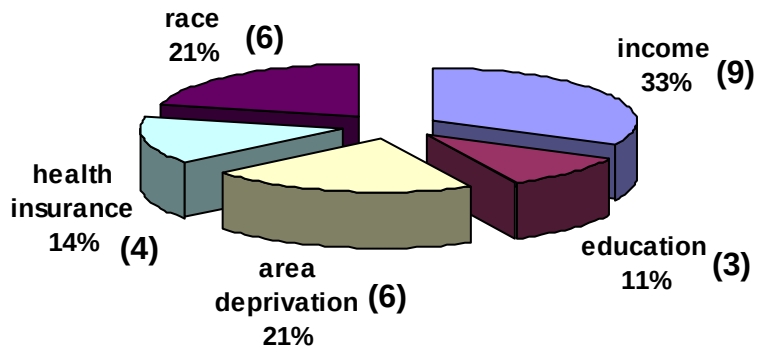
Type of intervention



Geographic area



Social indicator*



* hierarchically: income, education, area deprivation, health insurance and race

letteratura su efficacia di screening contro diseguaglianze

- ✓ **Organized screening programs successful in increasing attendance rates; where directly measured, they also resulted in a less steep social gradient in coverage**
- ✓ **Invitation letters with detailed medical explanations more effective among higher socioeconomic groups**
- ✓ **Key elements from studies, particularly directed to non-adherent women:**
  - **crucial role of primary care physicians;**
  - **great effectiveness of in-person contact and model-based tailored messages (i.e. based on woman's belief (HBM) and/or on her stage in the process of behavioural change (TTM or "stage of change");**
  - **great effectiveness of "access-enhancing" strategies (reduced costs, mobile vans, facilitated appointments, transportation);**
  - **small effectiveness of educational interventions**

Raccomandazioni su efficacia di screening contro diseguaglian

- Active recruitment strategies are more effective in increasing attendance rates than opportunistic recruitment
- Population-based organised programs are generally successful in reducing social inequalities in participation rates, but more evaluation studies are needed to identify best strategies
- Primary care physicians have a key role in prompting women towards early diagnosis and they should be explicitly involved in the process of screening invitation
- Invitation letters including detailed medical explanations are likely to increase social disparities in attendance rates and should be avoided
- Strategies based on theoretical models, such as the Health Belief Model or the Transtheoretical Model, are usually more effective in addressing barriers among the more disadvantaged women
- Pro-active approaches in the timely recognition, treatment and follow-up of many unfavourable health outcomes (infectious diseases, hypertension, hypercholesterolemia, diabetes, overweight, caries) may contribute to the reduction of health inequalities proportionally to the amount of health inequalities attributable to the outcome