iPAAC
INNOVATIVE PARTNERSHIP
FOR ACTION AGAINST CANCER

Co-funded by
the Health Programme
of the European Union

Submitter's Guide.
Contest of Best Practices tackling Social Inequalities in Cancer Prevention.

Background

The iPAAC Joint Action, co-funded under the 3rd European Health Programme (DG Santé), brings together 24 European countries and 44 partners whose main objectives are to develop and implement innovative approaches to advances in cancer control.

The iPAAC Joint Action officially started on 1 April 2018 and it will last for three years. It is coordinated by the National Institute of Public Health Slovenia (NIJZ). More information about the iPAAC Joint Action can be obtained by visiting the official website (www.ipaac.eu).

In the field of cancer prevention and population-based screening programmes, the project aims to strengthen the principles of the European Code against Cancer (ECAC) as well as to optimise population screening programmes by integrating social equality as a crucial cross-cutting issue.

Many **cancer risk and protection factors** such as tobacco consumption, diet, alcohol, exercise radiation, screening, vaccination etc. are **socially conditioned**. In general, those who pertain to lower socioeconomic groups are more exposed to cancer risk factors and less to protector ones. As a result, socially disadvantaged groups in all EU countries are at higher risk for most of the common cancers. Successful cancer prevention practices with an equity perspective requires not only an individual outlook but also a public health approach, addressing actions to the whole population with additional emphasis on socially vulnerable groups.

In this light, FISABIO (the Foundation for the Promotion of Health and Biomedical Research in Valencia Region, Spain) launches through the present call the **Contest of Best Practices tackling social inequalities in cancer prevention**, including both health promotion and cancer screening programmes. The aims of this contest are:

- To **identify and compile** relevant European experiences,
- To **disseminate** them among European countries in order to promote and facilitate their implementation in different health systems and services,
- To contribute to the **exchange and replication** of best practices on equality in cancer prevention.

This initiative adds to the efforts undertaken by the European Commission in preventing and managing non-communicable diseases through a good-practice-sharing approach, focusing exclusively and specifically on cancer prevention and screening, from the perspective of social inequalities.

The European Commission 3rd Health Programme states that, in order to promote health, prevent diseases, and foster supportive environments for healthy lifestyles, good practices should be identified and disseminated, and their uptake promoted, addressing in particular the key lifestyle related risk factors with a focus on the EU added value[1].

Documenting and sharing "Best Practices" affords one the opportunity to acquire knowledge about **lessons learned** and to continue learning about how to **improve and adapt** strategies and activities through feedback, reflection and analysis in order to implement larger-scale, sustained, and more effective interventions[2].

Based on the review of the *Guide for documenting and sharing "best Practices" in Health Programmes* (WHO – Regional Office for Africa)[2], documents and manuals concerning good practices compilation procedures available at the *EC Health and Food Safety Best Practice Portal*[3] and at the Spanish Ministry of Health[4], the term "best practice" has been defined as follows:

A best practice is an **innovative and relevant** intervention or organisational/managerial model implemented in a real life setting which has been favourably **assessed** in terms of adequacy (**ethics** and evidence) and **equity**, as well as **effectiveness and efficiency**. Additional criteria are important in determining best practices: ability to be transferred to other settings, sustainability, inter-sectorial collaboration and public involvement.

Practices submitted to the present contest will be evaluated, according to the above definition and reviews, against the **criteria** set further in this document.

Best Practices selected within this framework will be **disseminated through iPAAC website** in order facilitate their transfer and scaling-up.

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[1] https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32014R0282&from=EN

[2] https://www.afro.who.int/sites/default/files/2017-06/Guide_for_documenting_and_Sharing_Best_Practice_-_english_0.pdf

[3] https://webgate.ec.europa.eu/dyna/bp-portal/

[4] https://www.mscbs.gob.es/organizacion/sns/planCalidadSNS/BBPP.htm

Practical information

Specific rules:

- Practice(s) must be submitted by organizations that have designed and/or implemented them.
- Institutions willing to submit their practice are invited to complete and send their Application Form to **ipaac-bp@gva.es**
- The application form is structured in four different sections:
  A. Checklist for compulsory criteria (it will allow applicants to check whether mandatory criteria are met)
  B. General information (summary, title, person in charge, keywords, duration…)
  C. Description of the practice.
  D. Self-evaluation chart.
- **Deadline** for submission is **10th August 2019.**
- All information must be submitted in English.
- Personal data will be collected, processed and published in accordance with Regulation (EU) 2016/679 of the European Parliament and of the Council.
- If needed, further information and details should be requested exclusively by email through the following address: ipaac-bp@gva.es

Evaluation

Submitted practices will be assessed against the following criteria:

Compulsory criteria	*Basic criteria*
Relevance *Equity* *Effectiveness*	*Gender perspective* *Efficiency* *Ethics* *Sustainability* *Intersectorial collaboration* *Transferability* *Innovation* *Evidence and/or theory based* *Public Engagement*

Compulsory criteria

Practices must meet each of the following three compulsory criteria in order to be accepted for evaluation:

1. *Relevance.*

This criterion refers to the strategic context the practice falls within. It must be under the scope of the following reference policies:

- European Code against Cancer (Annex 1).
- Council recommendation on cancer screening (Annex 2).

2. *Equity.*

Equity in health means equal opportunity to be healthy, for all population groups. Equity in health thus implies that resources are distributed and processes are designed in ways most likely to move toward equalising the health outcomes of disadvantaged social groups with the outcomes of their more advantaged counterparts. This refers to the distribution and design not only of health care resources and programmes, but of all resources, policies, and programmes that play an important part in shaping health, many of which are outside the immediate control of the health sector [5]

According to *"CanCon Policy Paper on tackling social inequalities in cancer prevention and control for the European population"*[6](Annex 3), the practice should address specific social inequalities and aim to reduce them.

- The practice is designed, and resources are allocated, considering individual as well as population needs.
- The relevant dimensions of equity are adequately and actively considered throughout the process of implementing the practice (e.g. age, gender,

[5] Bravemen, P, Gruskin, S. (2003). Defining equity in health. *Journal of Epidemiology and Community Health* 57: 254-258. https://jech.bmj.com/content/57/4/254

[6] Peiró R, Molina-Barceló A, De Lorenzo F, Spadea T, Missinne S, Florindi F, Zengarini N, Apostolidis K, Coleman M.P, Allemani C, Lawler M. Policy Paper on Tackling Social Inequalities in Cancer Prevention and Control for the European Population. En: Federichi A, Nicoletti G, Van den Bulcke M editores. Cancer Control Joint Action Policy Papers. National Institute of Public Health, Slovenia and Scientific Institute of Public Health, Belgium; Belgium, 2017. ISBN: 978-961-7002-27-0.

socioeconomic status, cultural background, geographic area, vulnerable groups).
- It reduces specific existing barriers and improves access to services for all population groups with special emphasis on socially vulnerable groups.
- The practice makes recommendations or guidelines to reduce identified health inequalities.
- The practice is built upon a bio-psychosocial model approach (considering e.g. family and personal history, support networks, socio-economic context, work and living conditions).

3. *Effectiveness.*

The practice has proven to be successful in achieving the objectives related to tackling social inequalities in cancer prevention.

- Addressed needs and problems are documented, allowing for a comparison between starting-point and endpoint.
- The indicators to measure the planned objectives are clearly described.
- The outcomes found are the most relevant given the objective, background and target population group.
- The evaluation outcomes demonstrate beneficial impact and they are linked to the stated objectives.
- Possible negative effects have been identified and stated.

Basic criteria

Practices will be assessed against the following criteria even though it is not mandatory to meet them all:

4. *Gender perspective.*

Gender refers to the socially constructed characteristics of women and men – such as norms, roles and relationships of and between groups of women and men[7]

The practice specifically addresses gender-related inequalities as a cross-cutting issue.

[7] https://www.who.int/gender-equity-rights/understanding/gender-definition/en/

- Gender-stratified data are considered for initial analysis and steers the practice approach.
- The analysis of results has been carried out taking into account the gender dimension.
- The experience promotes, through its actions or recommendations, the empowerment of women and men as self-care agents.

5. *Efficiency.*

It measures the extent to which the practice objectives have been successfully met under real conditions at the lowest possible cost.

- The practice has been evaluated from an economic point of view.
- The practice includes an adequate estimation of the human resources, material and budget requirements in clear relation with committed tasks.

6. *Ethics.*

The practice guarantees ethical values.

- The practice must be respectful of the basic bioethical principles of Autonomy, Nonmaleficence, Beneficence and Justice.
- The practice includes measures aimed at protecting the rights of individuals, according to national and European legislation.
- Conflicts of interest (including potential ones) are clearly stated, including measures taken.
- Relevant information is adequately presented to patients/persons, ensuring conscious and informed decision making.

7. *Sustainability.*

The practice can be implemented over a long period of time with no (or minor) additional resources, adapting to social, economic and environmental context:

- The practice has institutional/financial support, an organizational and technological structure and stable human resources.
- The practice presents a financial report.
- The practice provides training of staff in terms of knowledge, techniques and approaches in order to sustain it,

- A sustainability strategy has been developed taking into account a range of contextual factors (e.g. health and social policies, innovation, cultural trends and general economy, epidemiological trends).
- A contingency plan has been drawn up.

8. *Intersectoral collaboration.*

Ability of the practice to foster collaboration among the different sectors involved:

- The practice has been jointly implemented by several sectors.
- A multidisciplinary approach is supported by the agents involved.
- A continuum-of-care approach is encouraged through collaboration between social, health and/or other services.
- The practice sets up coordination arrangements involving all different stakeholders (e.g. professional associations, public institutions, educational establishment, employers).

9. *Transferability.*

This criterion refers to the practice capacity to being transferred to other settings or scaled up to a broader target population/geographic context.

- The practice uses instruments that allow for replication (e.g. a manual with a detailed activity description).
- The description of the practice includes all organizational elements, identifies the limits and the necessary actions that were taken to overcome legal, managerial, financial or skill-related barriers.
- A communication strategy and a plan to disseminate the results has been developed and implemented.
- The practice has already been successfully transferred.
- The practice shows adaptability to difficulties encountered during its implementation.

10. *Innovation.*

Novel approach to health challenges.

- The practice widens scientific knowledge or offers new methodology or proceedings.

11. *Evidence and/or theory based.*

Scientific excellence or other evidence (e.g. grey literature) was used and analysed in a conscious, explicit and thoughtful manner:

- The intervention is built on a well-founded theory/principles and is evidence-based.
- The relevant concepts are stated and explained.

12. *Public Engagement.*

All societal actors work together during the whole process in order to align the practice to the needs of society.

- The structure, organization and content (also evaluation outcomes and monitoring) of the practice was defined and established together with the target population and social actors involved.
- Elements are included to promote empowerment of the target population (e.g. strengthen their health literacy, ensuring the right skills, knowledge and behaviour).
- Outcomes and results have been shared and disseminated among the target population.
- The practice encourages the creation and strengthening of community alliances and promotes social responsibility.

Annex 1: European Code Against Cancer.

EUROPEAN CODE AGAINST CANCER

12 ways to reduce your cancer risk

1. Do not smoke. Do not use any form of tobacco.
2. Make your home smoke free. Support smoke-free policies in your workplace.
3. Take action to be a healthy body weight.
4. Be physically active in everyday life. Limit the time you spend sitting.
5. Have a healthy diet:
   - Eat plenty of whole grains, pulses, vegetables and fruits.
   - Limit high-calorie foods (foods high in sugar or fat) and avoid sugary drinks.
   - Avoid processed meat; limit red meat and foods high in salt.
6. If you drink alcohol of any type, limit your intake. Not drinking alcohol is better for cancer prevention.
7. Avoid too much sun, especially for children. Use sun protection. Do not use sunbeds.
8. In the workplace, protect yourself against cancer-causing substances by following health and safety instructions.
9. Find out if you are exposed to radiation from naturally high radon levels in your home. Take action to reduce high radon levels.
10. For women:
    - Breastfeeding reduces cancer risk. If you can, breastfeed your baby.
    - Hormone replacement therapy (HRT) increases the risk of certain cancers. Limit use of HRT.
11. Ensure your children take part in vaccination programmes for:
    - Hepatitis B (for newborns)
    - Human papillomavirus (HPV) (for girls).
12. Take part in organized cancer screening programmes for:
    - Bowel cancer (men and women)
    - Breast cancer (women)
    - Cervical cancer (women).

Find out more at: https://cancer-code-europe.iarc.fr/index.php/en/

Annex 2: Council recommendation on cancer screening.

Screening tests which fulfil the requirements of the recommendation are:

- Pap smear screening for cervical cancer precursors.
- Mammography screening for breast cancer in women.
- Faecal occult blood screening for colorectal in men and women.

The Council of the European Union recommends that Member States:

1. Implementation of cancer screening programmes
(a) offer evidence-based cancer screening through a systematic population-based approach with quality assurance at all appropriate levels.
(b) implement screening programmes in accordance with European guidelines on best practice where they exist and facilitate the further development of best practice for high quality cancer screening programmes on a national and, where appropriate, regional level;
(c) ensure that the people participating in a screening programme are fully informed about the benefits and risks;
(d) ensure that adequate complementary diagnostic procedures, treatment, psychological support and after-care following evidence-based guidelines of those with a positive screening test are provided for;
(e) make available human and financial resources in order to assure appropriate organisation and quality control;
(f) assess and take decisions on the implementation of a cancer screening programme nationally or regionally depending on the disease burden and the healthcare resources available, the side effects and cost effects of cancer screening, and experience from scientific trials and pilot projects;
(g) set up a systematic call/recall system and quality assurance at all appropriate levels, together with an effective and appropriate diagnostic and treatment and after-care service following evidence-based guidelines;
(h) ensure that due regard is paid to data protection legislation, particularly as it applies to personal health data, prior to implementing cancer screening programmes.
2. Registration and management of screening data
(a) make available centralised data systems needed to run organised screening programmes;
(b) ensure by appropriate means that all persons targeted by the screening programme are invited, by means of a call/recall system, to take part in the programme;

(c) collect, manage and evaluate data on all screening tests, assessment and final diagnoses;
(d) collect, manage and evaluate the data in full accordance with relevant legislation on personal data protection.
3. Monitoring
(a) regularly monitor the process and outcome of organised screening and report these results quickly to the public and the personnel providing the screening;
(b) adhere to the standards defined by the European Network of Cancer Registries in establishing and maintaining the screening databases in full accordance with relevant legislation on personal data protection;
(c) monitor the screening programmes at adequate intervals.
4. Training
Adequately train personnel at all levels to ensure that they are able to deliver high quality screening.
5. Compliance
(a) seek a high level of compliance, based on fully informed consent, when organised screening is offered;
(b) take action to ensure equal access to screening taking due account of the possible need to target particular socioeconomic groups.
6. Introduction of novel screening tests taking into account international research results
(a) implement new cancer screening tests in routine healthcare only after they have been evaluated in randomised controlled trials;
(b) run trials, in addition to those on screening-specific parameters and mortality, on subsequent treatment procedures, clinical outcome, side effects, morbidity and quality of life;

(c) assess level of evidence concerning effects of new methods by pooling of trial results from representative settings;
(d) onsider the introduction into routine healthcare of potentially promising new screening tests, which are currently being evaluated in randomised controlled trials, once the evidence is conclusive and other relevant aspects, such as cost-effectiveness in the different healthcare systems, have been taken into account;
(e) consider the introduction into routine healthcare of potentially promising new modifications of established screening tests, once the effectiveness of the modification has been successfully evaluated, possibly using other epidemiologically validated surrogate endpoints.
7. Implementation report and follow-up
Report to the Commission on the implementation of this Recommendation within three years of its adoption and subsequently at the request of the Commission with a view to contributing to the follow-up of this Recommendation at Community level.

More information on:

https://ec.europa.eu/jrc/sites/jrcsh/files/2_December_2003%20cancer%20screening.pdf

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Annex 3: CanCon Policy Paper on tackling social inequalities in cancer prevention and control for the European population.

Recommendation 7: Implement proportionate universalism policies to develop and maintain living environments favouring compliance with the European Code Against Cancer.
Recommendation 8: Improve equitable access and compliance with cancer screening programmes.

Find out more at:

https://cancercontrol.eu/archived/uploads/PolicyPapers27032017/CanCon_Policy_Papers_FINAL_Web.pdf