iPAAC
INNOVATIVE PARTNERSHIP
FOR ACTION AGAINST CANCER

Co-funded by
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of the European Union

iPAAC Contest of Best Practices tackling social inequalities in cancer prevention
APPLICATION FORM

A. Checklist

Please check that your practice meets the compulsory criteria by answering the following questions.

1. Does the practice fall under any of the following recommendations? Please indicate all relevant:

✔ **European Code Against Cancer (please see Annex 1 to the Submitter's Guide)**

Please specify under which heading(s) – from 1 to 12:

"Heading 12: Cancer screening"

✔ **Council recommendation(s) on cancer screening (Annex 2 to the Submitter's Guide) for:**

✔ Pap smear screening for cervical cancer precursors

✔ Mammography screening for breast cancer

✔ Faecal occult blood screening for colorectal cancer

Please indicate which specific recommendation(s) your practice is in line with, e.g. 1(a), 2 (b):

1 (a untill h); 2 (a untill d); 3 (a untill c); 4; 5 (a+b); 7

☐ ~~**No (the practice is therefore excluded and cannot be accepted for evaluation)**~~

2. According to "CanCon Policy Paper on tackling social inequalities in cancer prevention and control for the European population" (refer to Annex 3 to the Submitter's Guide), does your practice aim to reduce social inequalities in cancer prevention?

✔ Yes (further information will be requested later in the form)

☐ No (the practice is therefore excluded and cannot be accepted for evaluation)

3. Has the practice shown to be effective in tackling social inequalities in cancer prevention?

✔ Yes (further information will be requested later in the form)

☐ No (the practice is therefore excluded and cannot be accepted for evaluation)

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B. General information

Please answer the following questions within the word limits and choose the relevant option(s) in each case.

1. Please summarise the type of practice you have been involved in (max. 200 words):
Please briefly describe the kind of practice and its main characteristics. Was it held within a health service setting, or independently from healthcare services? Was it an intervention on general population or a specific population group? Or was it about a novel change on organisational/managerial models?

Specific efforts to increase cancer screening in people with a disability are required. After all, the aim of the Flemish cancer screening programs is to reach persons with and without disabilities equally. All invitations and accompanying information leaflets, used in the three screening programs, are sent by mail. Detailed information can be found on the website www.bevolkingsonderzoek.be. Therefor the website plays a pivotal role in the communication, which supports informed decision making.
We aimed to improve informed decision making of persons with a disability by improving digital accessibility. Furthermore, we organized a "visual impairment awareness training day" for all staff members of the Centre for Cancer Detection was organized. The objective of the training was to place all members of the Centre for Cander Detection in the position of someone with a visual disability, and to encourage empathy and understanding of the experiences these persons face.

2. General details about the practice

Title of the practice:

Improving informing decision making in the Flemish cancer screening programs for persons with a disability

Institution(s) that promote(s) it:	Centre for Cancer Detection
City/municipal/locality:	Bruges
Department/province/state:	Flanders
Country:	Belgium

3. Person in charge

Full name:	Caroline Braeken
Institution:	Centre for Cancer Detection
Position:	Director
E-mail:	caroline.braeken@bevolkingsonderzoek.be
Telephone number:	0032/ 498 11 40 00

4. Contact person (if different from person in charge)

Full name: Eliane Kellen

Institution: Centre for Cancer Detection

Position: Researcher, MD

E-mail: eliane.kellen@uzleuven.be; eliane.kellen@bevolkingsonderzoek.be

Telephone number: 0032/ 477 94 58 21

5. Keywords (minimum 5)

Persons with disabilities; disparities in participation; digital accessibility; informed decision making; population-based screening programs.

6. Duration of the practice

Start date (MM/YYYY):	End date (MM/YYYY):	Expected end date if the practice is ongoing (MM/YYYY):
03/2018	3/2020	

7. What is the geographical scope of the practice?

- ☐ International (specify):
- ☐ European (specify):
- ☐ National (specify):
- ✔ Regional (specify): Flanders (Northern region of Belgium)
- ☐ Local (specify):

8. How was the practice funded?

- ✔ External resources – public (specify): Flemish government
- ✔ External resources – private (specify): Grant from the King Baudouin foundation
- ☐ Own resources
- ☐ Other (specify):
- ✔ I declare that the economic operator(s) of the practice has (have) no conflict of interest

9. Which population group(s) are prioritized in this practice?
Mark all that apply.

Gender:

- [x] Women
- [x] Men
- [ ] Transgender women
- [ ] Transgender men
- [ ] Other (specify):
- [ ] Not applicable

Socioeconomic level:

- [ ] Low
- [ ] Medium
- [ ] High
- [ ] Other (specify):
- [x] Not applicable

Cultural/ethnic group:

- [ ] Ethnicity/Cultural background
- [ ] Migrants
- [ ] Country of origin
- [ ] Other (specify):
- [x] Not applicable

Geographical area:

- [ ] Rural setting
- [ ] Urban setting
- [ ] Particularly deprived areas
- [x] Other (specify):
  Flanders
- [ ] Not applicable

Age range:

- [x] Specify:
  25-74y
- [ ] Not applicable

Educational level:

- [ ] Primary education
- [ ] Secondary education
- [ ] University education
- [ ] Post-graduate education
- [ ] Other (specify):
- [x] Not applicable

Especially vulnerable groups

- [x] Disability (functional diversity)
- [ ] Incarcerated population
- [ ] Sexual diversity groups
- [ ] Other (specify):
- [ ] Not applicable

C. Description of the practice

When answering the following questions, please remind it is important to reflect the social equity perspective in all steps.

1. Why did we do it? (200 words)

Please outline the reasons for the development of the practice and describe social or gender inequalities concerning the situation, problem or need that motivated the practice. Please detail how the practice builds upon or is influenced by existing scientific evidence, conceptual frameworks and/or theoretical approaches.

A recent study concluded that disparities in the Flemish cancer screening programs between persons with and without disabilities do exist.
51.7% of the disabled women had a mammography taken the last two years, while the Flemish uptake is 61.8%. 45% of the women with a disability, had a PAP smear taken the last three years, while the Flemish uptake is 60.7 %. 40.7% of the men and women with a disability, had a FIT in the last two years, compared to the Flemish uptake of 51.5%. Thus, the participation of the breast and colorectal cancer screening program among persons with a disability was 10 percentage points less than the Flemish average during the same time period. For the cervical cancer screening program, the difference between the participation of disabled women and the Flemish average was 15 percentage points. Persons with any type of disability had a lower uptake of the cancer screening programs than the Flemish average, except for individuals with a hearing impairment.
Thus, specific efforts to increase cancer screening in people with a disability are required. After all, the aim of the Flemish cancer screening programs is to reach persons with and without disabilities equally.
Reference: Kellen E, Nuyens C, Molleman C, Hoeck S. Uptake of cancer screening among adults with disabilities in Flanders (Belgium). J Med Screen. 2019. In Press.

2. What did we look for? (100 words)

What did you want to change by developing the practice? Please describe the action general and specific objectives.

All invitations and accompanying information leaflets, used in the three screening programs, are sent by mail. Detailed information can be found on the website www.bevolkingsonderzoek.be. Therefor the website plays a pivotal role in the communication, which supports informed decision making.
Digital accessibility is providing equal access of the website to persons of ALL abilities and disabilities. This includes visual , hearing and physical impairments, and persons who are cognitively challenged.
The primary objective was to improve informed decision making of persons with a disability.
The specific objective was to improve digital accessibility by constructing a POUR website.

3. How did we do it? (300 words)

Please explain, in 300 words or less, the specific steps that were implemented, emphasizing particular actions deployed to tackle the identified inequalities.

1/ The principles of POUR website are:
* Perceivable: all persons have a similar experience, regardless of the disability, users can perceive all the information on your website. Visual disabled persons rely on screen readers, braille display, zoom functions and high contrast.
* Operable: all interactive instruments are usable. This covers the different ways in which the users browse the web.
* Understandable: all content is clear, mitigating confusing and ambiguity. People with cognitive disability require a thoughtful and organized lay out with a clear direction.
* Robust: the content can be accessed with a range of technologies. A robust website is one that third-party technology (like web browsers and screen readers) can rely on.
We use a screening tool for the website to allow us to improve the content and the functionality of the website. The tool makes sure that the content is optimized to all access. Working with Siteimprove allows us to get the necessary instghts on
the status of the quality, findability, readability and accessibility of the information.

3. How did we do it? (continuation)

2/ A “visual impairment awareness training day” for all staff members of the Centre for Cancer Detection was organized. The objective of the training was to place all members of the Centre for Cander Detection in the position of someone with a visual disability, and to encourage empathy and understanding of the experiences these persons face. The program was put together with specialized member-organisations for persons with a visual disability.The training was interactive, engaging, and allowed participants to take a hands-on approach. So from now on, all members of the Centre of Cancer Detection can understand all the inconveniences these persons are confronted with. It allows them to respond in the right way and help to find solutions.

4. What was the target population? (100 words)

The target population were persons with a disability belonging to the target population of the three cancer screening programs (breast/cervical/colorectal) .

5. With whom did we do it? (300 words)

Key actor(s) involved and their contributions to the action development. Please highlight participation mechanisms involving individuals/stakeholders concerned.

SiteImprove is a company that provides the tools to improve digital accessibility.
The specialized organisations for the people with a visual disability are Inter, Blindenzorg LIcht en Liefde and Blindenplatform Vlaanderen (cfr 2/ visual impairment awareness training day”).

6. Has the practice been assessed or evaluated?

✔ Yes, by an external partner (specify):

SiteImprove

☐ Yes, the evaluation was carried out internally.

☐ No

7. Please briefly describe the evaluation methodology (200 words)
Please describe the indicators (quantitative and/or qualitative) developed to monitor the practice and explain how the evaluation was carried out. ***It is strongly recommended to attach to this form a document describing the evaluation process*** *in more detail.*

Siteimprove provides automated testing that strictly adheres to WCAG standards, so issues and errors across all conformance levels a re continuously spotted. At the start of the project, the site scored an accessibility score of 65%.This has already improved to 90%.

8. What have we achieved? (300 words)
The most important ***quantitative and/or qualitative*** *obtained results. Please clearly and precisely summarize the main outcomes regarding achieved improvements, impact and/or eventual negative effects.* ***It is mandatory to attach a document describing the main outcomes*** *in order to prove the practice effectiveness.*

Siteimprove provides automated testing that strictly adheres to the Web Content Accessibility Guidelines (WCAG), therefor we were able to spot issues and errors across all conformance levels. Automated testing allowed to simultaneously audit several pages across our website. We prioritized issues based on responsibility, conformance level, and severity.
Our various websites scored well on quality, 80% on SEO, and 65.1% on accessibility. Hence, in terms of accessibility, we were committed to improve accessibility to a score of 95%.
Some of the issues we tackled:
The selection menu for selecting another language was ‘readable’ for screen readers, used by persons with a visual impairment.
The readability score was improved by adjusting a number of difficult words and long sentences.

9. How did we sustain it? (200 words)

*Please describe how sustainability was achieved in **economic terms**, in **capacity building and leadership**, and please outline institutional mechanisms that contribute to achieving gender equality and/or social equity.*

The “visual impairment awareness training day “ was aimed to convey at individual behaviour change.
Adapting the website to increase digital accessibility has led to change to an organizational change. Checking and the digital accessibility score will be routinized.
Standardized routines will be achieved through the mind shift of all staff members that the target population does also includes people with a disability.

10. Has the practice been applied in another context? (200 words)

☐ Yes

✔ No

If yes, please indicate new settings and implementation strategies, barriers found and facilitators:

N.A.

11. What are the ethical principles underpinning the practice? (100 words)

The United Nations Convention on the Rights of Persons with Disabilities and its Optional Protocol was ratified by Belgium. The convention declares that ‘states Parties shall provide persons with disabilities with the same range, quality and standard of free or affordable healthcare and programmes as provided to other persons, including population-based public health programmes’.
Informed decision making in cancer screening should be facilitated for all persons, with or without a disability.
However, using written invitation letters and flyers may hamper uptake by persons with a visual impairment or a learning disability.

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D. Self-assessment

Please complete the following self-evaluation chart:

		Please rate from 0 to 10.
Basic criteria	Gender perspective	10
	Efficiency	8
	Ethics	10
	Sustainability	10
	Inter-sectorial collaboration	7
	Transferability	8
	Innovation	6
	Evidence and/or theory based	8
	Public engagement	8

By accepting the following statement, you give your consent to the processing of your personal data:

✔ *I consent to the processing (collection and further processing, including publishing) of my personal data (name, surname, job position, e-mail address, institution, country, telephone number, website of the project/practice) for the purposes of managing the submission and subsequent evaluation of my submitted best practice (s). Submission of the data is made on a voluntary basis and consent can be withdrawn at any time, without any consequences. Data are collected according to the Regulation (EC) No 45/2001 of the European Parliament and of the Council of 18 December 2000.*

✔ ***I certify, understand and agree that the provided information is correct and may be published on iPAAC website.***

Deadline for submission: **10 August 2019**

Please send this registration form to ipaac-bp@gva.es.

For further information please refer to www.ipaac.eu or email ipaac-bp@gva.es.