

Bringing cancer prevention closer to the most vulnerable population



TYPE
STATUS

Fully implemented program

LAST
UPDATE

September 2021

SPAIN • LOCAL HEALTHCARE SETTINGS
Health promotion & Cancer screening

PROBLEM & OBJECTIVE

PROBLEM In Spain, participation in screening programs is lower among women with low levels of education and income, alone and/or migrants, living in rural settings or belonging to Roma communities. Inequalities are related to unequal access to information about screening and poor health literacy.

OBJECTIVE The aim was to promote favourable attitudes from people in highly vulnerable areas, facilitating cancer preventive behaviours.

KEY COMPONENTS / STEPS

- Meetings were held with leaders in local authorities and public health centre representatives to enable collaboration of technical staff, placing health and equity at the forefront of their agenda.
- Public health professionals, together with community health workers from different cultural backgrounds (Spanish, Spanish Roma and North African), made up the “promoter group” in charge of designing, conducting and evaluating activities.
- Community health workers received training to update their knowledge on cancer primary prevention and screening programs, including a visit to cancer early detection centres (where mammography is performed).
- “Promoter group” designed and planned five workshops (each one consisting of two-hour sessions). First session focused on beliefs and attitudes, risk and prevention factors; second session dealt with screening programs, ways of participation, barriers to access and proposals for overcoming them.
- Participatory techniques were employed in the workshops along with a focus on gender and cultural diversity.
- Community health workers translated materials into Arabic, including the European Code Against Cancer. Workshops were carried out simultaneously by two facilitators in Spanish and/or Arabic. A snack and babysitting service were provided to participants.
- Local health assets were considered for intervention design and dissemination. Posters in Spanish and Arabic were prepared.
- Intervention and results were presented in participating local town halls as well as local radio stations.

KEY CONTEXTUAL FACTORS

- Intervention addressed women and men from deprived areas (Spanish, Roma and immigrant, without resources and low-level of education), all potential participants in breast, bowel, and cervical cancer screening programs (according age).
- Professionals from public health centres led the initiative and promoted participation of representatives from different sectors, with the support of local government and regional government public health – Directorate General.
- Community health workers (women from deprived areas) of RIU project were trained and acted as peer educators. Citizen associations (social inclusion, religious, neighbours, elder), social services, education and public health centres participated in disseminating of the intervention.

MAIN IMPACTS / ADDED VALUE

- Partnerships were generated between 59 professionals and social agents from politics, health, social welfare, environment, sports, education, the media and social fabric (neighbours', local public festival, social inclusion, religious associations and citizens' platforms).
- 132 people participated (124 women) in nine workshops. Work was done on information about risk factors and prevention via the European Code Against Cancer, the screening programs, barriers against participation and how to overcome them. 14% participants improved their knowledge on cancer risk factors and prevention, as well as cancer screening programs; 11% increased willingness to participate in screening.

LESSONS LEARNED

- Dissemination by North African community health workers, workshops with pre-established groups, doing the workshop in Arabic and offer babysitting service proved to be effective.
- The connections between assets enabled more horizontal relation in the vulnerable districts thereby contributing to breaking the isolation in this areas.
- Terms that might generate unpleasant emotions, such as “vulnerability” should be not used, or their meaning should be explained with some tact.
- The focus of positive health, skills development, the processes of community participation and empowerment along with coordination and horizontality between all agents involved are fundamental in gaining good health and reducing inequalities.

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REFERENCES & DOCUMENTATION

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