

Peer-to-peer learning for equity in cancer prevention

-Lessons learned for compassionate communities

Lena Sharp, RN, PhD
Head of Department, Regional Cancer Centre, Stockholm-Gotland

Past President, European Oncology Nursing Society

Project lead
PrEvCan, Cancer Prevention Across Europe



Content

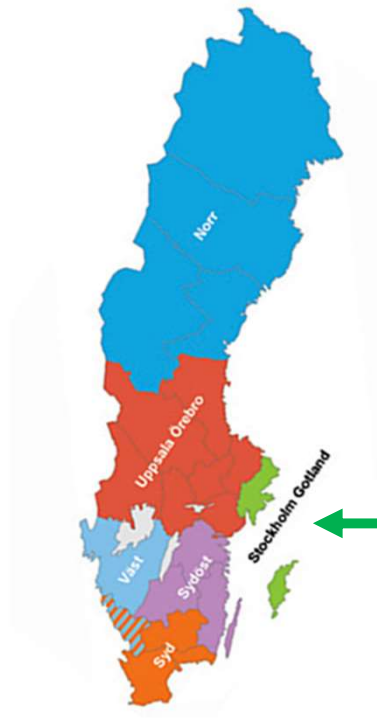
Our organisation and mission

Strategic work to improve equity

Research and developments in peer-to-peer learning in collaboration with communities

Successes and challenges

Our organisation and mission



- Largest and smallest region, 2.4 million citizens
- Urban city and rural communities
- Large population of immigrants
- One of six regional cancer centres (RCCs)
 - Implement Sweden's National Cancer Plan
 - Develop and evaluate cancer care from primary prevention to end of life care
 - Strong political support, well-funded
 - Host the cancer registries and screening programs
 - Collaboration with representatives from health care services, patients, carers, researchers, advocacy groups, general public, politicians and other stakeholders



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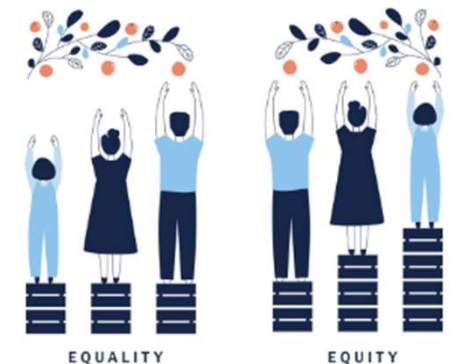
Let's strive for more!



- The cancer **incidence** is increasing rapidly
- 30-50 % could be prevented
- Cancer prevention has been proven to be **more effective than cure** and the most **cost-efficient**, long-term cancer control strategy
- Despite the increasing evidence on cancer risk-factors, cancer prevention is still receiving **little attention** in most European countries
- **Europe's Beating Cancer Plan** https://health.ec.europa.eu/system/files/2022-02/eu_cancer-plan_en_0.pdf
 - Improving access and understanding risk factors are described as vital for improving outcomes
 - Promises actions to give people the information and tools they need to make healthier choices
 - Cooperation between health and social services and the community is highlighted
 - Specific goal; raising awareness among the general public, so that at least 80% of EU citizens become aware of the European Code Against Cancer (ECAC)
<https://cancer-code-europe.iarc.fr/index.php/en/>

Inequalities and cancer

- Socioeconomic inequalities frequently reported (in survival and other outcomes)
- Cancer risk factors often impacted by socio-economic status, age and education
- Inequalities in access and resources adversely affecting vulnerable groups
- Differences in attending cancer screening programmes, consequences in both cancer stages at diagnosis and survival
- Vulnerable socioeconomic groups are often difficult to reach with health promotion
 - Health literacy has been described as an important factor influencing attendance of cancer screening and vaccination programs
 - Knowledge, insight on contextual factors, and the use of 'teachable moments' are key factors for success



Peer –to –peer learning

- Immigrants, refugees, asylum seekers
- Minority groups
- People with learning disabilities
- Homeless people
- Children and young people with/without own cancer experience
- Family carers

Some examples

Cancer prevention for children

- Level-up “Levla” to capture the idea of levelling up your own health and wellbeing
- Striving to reach the next level without prestige, performance or comparing yourself to others
- Physical activities, diet, HPV vaccination
- Aiming to reach children who might not identify themselves as sporty
- **Co-design approach**, collaboration with RCC and secondary school in a multi-cultural area of Stockholm
- **Part 1:** Feasibility study indicated school nurses as particularly important stakeholders, but with limited education on cancer prevention
- **Part 2:** An online, free of charge education programme on cancer prevention designed for school nurses was developed, tested and implemented.
 - Modules on supporting children, either affected themselves or being close to someone else with a cancer diagnosis
- PE- teachers



Cancer prevention for children

- **Part 3:** Tool-kit for schools to use in focusing on health promotion
- Example of activities
 - **Exercise challenges** (small every day activities, dancing, taking the stairs, walk when talking to your friend on the phone...)
 - **Food spying** (how to read content declarations and reflect in group)
- Evaluated by external research team
- Difficult to measure effect
- Collaboration between health care providers and the school community can be important strategies to reduce health inequalities



Peer to peer health promotion to reduce cancer disparities in socioeconomically marginalized communities

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- Pilot started in 2016, later implemented across the region
 - Initiated by a cancer survivor with immigrant background
 - Collaboration btw RCC and a multicultural and multilingual community (suburb of Stockholm)
 - >100 countries, 160 different languages, the lowest mean income and educational level in the region
 - Volunteers from the community were recruited, educated and supported by RCC to act as *Peer Advisors*





Peer to peer health promotion to reduce cancer disparities in socioeconomically marginalised communities

- Raise awareness among their peers about cancer and cancer prevention on a voluntary basis a few hours a week
- Educated on how to reach out with information about ways to diminish the risk of cancer through a healthy lifestyle
- Interact with individuals and groups in their own communities
- Schools, metro stations, marketplaces, families, workplaces, places of worship, and during events arranged by different multicultural organisations and/or the county

Peer to peer health promotion to reduce cancer disparities in socioeconomically marginalized communities

What have we learned so far?

- Peer Advisors reach communities, groups and individuals who are often difficult to reach through more traditional health campaigns
- Informal pre-post surveys from many of the local initiatives shown increased cancer awareness and behaviour changes
- Uptake on cancer screening programs have also increased, potentially related to Peer Advisors initiatives.
- Providing information about Covid-19 throughout the pandemic
- Long-term effects on cancer incidence and general increase uptake on cancer screening remains to be seen
- Peer Advisors work is currently being scientifically evaluated in a research project in a collaboration with RCC and researchers from Karolinska Institutet. The aim is to learn more about the strategies Peer Advisors use to reach out to marginalised groups
- **Next steps:** Expand the concept to reach other marginalised groups, such as sexual and gender-minority groups. Test the concept when discussing severe illness, dying, death, and loss

Peer advisors

*Everyone doesn't understand
what an invite from the health
care system means*

*I know the language and also the culture,
people trust me in the community*

There are so many misunderstandings





Rap-music master-class on cancer prevention with Rap-artist Dogge Dogelito



Cultural events combined with health promotion

Dans session combined with dialogue on Gynecological self-tests and catch-up HPV vaccination to eliminate cervical cancer

I really enjoyed the dance and have since exercised more. Great to get information on cancer screening and tests. I weren't aware before...

People with learning disabilities (LD)

- Lower attendance in cancer screening programs and survival from cancer treatment
- Collaboration btw RCC and LD advocacy group
- Education to health care professionals
- Tailored information materials on mammography and cancer treatment





The PrEvCan initiative

- **Cancer prevention campaign, Research, Education**
- **Reach a wider proportion of the European population** with evidence-based, reliable information on how to reduce the cancer risk
- **Reach disadvantage subgroups**
- **Raise awareness and knowledge**
 - General public
 - Vulnerable groups
 - Patients
 - Health care professionals
 - Political stakeholders
- > 50 organisations involved

On-going study on how cancer prevention messages are perceived and how to better reach out



- Focus Group Interviews (FGI)
 - Young people with/without own cancer experience
 - Immigrants
 - People with learning disabilities
- European Code Against Cancer (ECAC)
How is it perceived? Challenges, How to reach out?
- The results will impact the campaign and planned education activities, to better meet context-specific needs

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PrEvCan FGI study, some preliminary results

- **FGI with people with learning disabilities**
- We know we are at risk and we are trying to live healthy but we are reliant on others
- Supporting staff not always so supporting
- A more positive approach is needed
- **FGI with young people**
- Don't even try to reach us via "old media"
- Influencers yes, but they need to be knowledgeable and trustworthy
- Give us a break, don't just tell us what we can't do. A more positive approach needed.
- **FDI with Immigrants**
- People need better information from trusted sources (teachers, school nurses)
- Talk about the benefits with lifestyle changes but don't sugar-coat it! Be more specific!
- **FGI with young cancer survivors**
- Loneliness when with friends
- Guilt and shame, cultural differences, small-step approaches, positive messages needed



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We are proud of the work so far but still have a long way to go!



Simon
Peer Advisor-Medical Student-European
Youth Ambassador - Researcher



RCC receiving 1st regional Award for improving equality in health care



Certified by UNESCO for reducing health-related inequalities

Challenges

- Reaching out with information to overloaded societies/communities
- Communication experts often aim at the already preached
- Avoid exposing already vulnerable groups
- Evaluating the long-term impact and sustainability
- Lifestyle changes are difficult
- Funding!

Thank you!

If you have any questions or suggestions, contact
[lena.sharp@regionsstockholm.se](mailto:lana.sharp@regionsstockholm.se)



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