Social inequality in cancer rehabilitation
Where do we go from here?

1. Cancer in the socioeconomic context

2. Are there social inequalities in cancer rehabilitation?

3. Challenges in rehabilitation efforts
Risk for cancer in persons with low social position in Denmark

- Mouth
- Larynx
- Esophagus
- Stomach
- Lung
- Cervix
- Kidney
- Bladder
- Pancreas

- Colon
- Rectum
- Uterus
- Ovary
- Testicle
- Brain
- Lymphoma
- Leukemia

- Breast
- Prostate
- Melanoma
Social inequality in survival after cancer in Denmark
Social inequality in cancer rehabilitation

1. Social differences in who gets what cancer

2. Social differences in survival after cancer

3. Social differences in direction of disease trajectory?
   a) differences in stage at diagnosis – means differences in tx regimens and in tx-related late effects
   b) differences in health behaviour and in comorbid conditions

Social differences in need for rehabilitation
The social inequality increases over trajectory

Prevention → Risk factors
Treatment → Disease
Special. Rehab. → Functionality
Rehabilitation → Social consequences

Inequality
Social gradient in recruitment to clinical trials

- Eligibility criteria: Exclusion of patients with comorbid conditions – CAVE!

Ford, 2007

Social inequality in health in general

- Patient related barriers: knowledge, awareness, loss of control, mistrust of research

Ford, 2007

Health providers recruiting or reporting eligible patients:

- Barriers in relation to who might benefit or who won’t: perceptions of patient mistrust of research, adherence to protocol, patient costs

Howerton, 2007
Content of rehabilitation projects

We don’t know much about what works for whom in cancer rehabilitation by social groups

Review of low-income groups and behaviour change interventions:
• Effective interventions had fewer techniques
• Information and goal setting
• Few studies powered to evaluate what works for whom
• Few studies cited theory relative to intervention development

Mitchie, 2009

Differentiated heart rehabilitation in Aarhus – works for those who are enrolled
Including the social context in the development of cancer rehabilitation projects

• Recruitment & retention: barriers, promoters, stigma

• Content: motivation, meaningfullness, knowledge, culturally sensitive

• Format of intervention: setting, peer vs. prof, group vs. individual

• Data collection: screening, what to measure and how (literacy)
Including the social context in our development of cancer rehabilitation projects
3 presentations:

1. Are there social differences in who receives a breast reconstruction after breast cancer?

2. Work situation and sick leave in the initial period after surgery for breast cancer

3. Is there a social inequality in treatment related pain after breast cancer?