

Wednesday 09 April 16:00-17:30 CEST
Online Webinar (Global Public Health Week 2025)

Event Report

Combating Ethnic Disparities in Healthcare – A Case Study of Prostate and Breast Cancer

1. Background

Despite substantial progress in human health over recent decades, deep-rooted disparities persist. These disparities are shaped not only by medical factors but also by social determinants of health such as education, employment, and living conditions. The impact of these structural inequities becomes particularly evident when examining health outcomes at the community and individual level. Research shows that both social and fundamental determinants affect every phase of healthcare—including access, prevention, diagnosis, and treatment—ultimately contributing to disparities in disease outcomes.

The webinar, co-hosted by the European Public Health Alliance (EPHA) and the European Cancer Organisation (ECO), explored the persistent ethnic disparities in healthcare, using cancer care as a case study. With a focus on prostate and breast cancer, it brought together researchers, practitioners, advocates, and policymakers to identify structural barriers in care and access — and discuss evidence-based actions that promote equity in prevention, research, and care. The event forms part of ongoing efforts by EPHA and ECO to drive intersectional and anti-discriminatory health policies across Europe.

2. Opening

The session was opened by **Norbert Couespel (European Cancer Organisation)**, who highlighted ECO's mission to reduce the cancer burden and improve outcomes through a multidisciplinary and policy-driven response via its Inequalities Network. He also emphasised the need to address ethnic disparities throughout the cancer care pathway.

The event was moderated by **Robert Greene (HungerNdThirst Foundation)**, who welcomed participants and speakers, framed the session within Global Public Health Week, and called for actionable solutions beyond awareness-building.

3. Expert Presentations

3.1 Prostate Cancer and Ethnic Disparities

Dr. Eva McGrowder and **Dr. Rose Hall** (Institute of Cancer Research, UK) presented findings from the *PROFILE* study, a screening initiative targeting high-risk groups.

Key points included:

- Significant underrepresentation of Black men in research.
- Cultural stigma and privacy concerns around prostate health in Black communities.
- The need for GP-level engagement and ethics approvals that allow flexible, community-based recruitment.
- Effective community engagement through culturally relevant materials, co-produced videos, targeted outreach via barbershops, churches, and using trusted community channels.

3.2 Breast Cancer Incidence and Ethnic Variations

Dr. Toral Gathani (University of Oxford) presented epidemiological data comparing incidence rates between ethnic groups in the UK.

The data showed:

- Lower incidence rates of breast cancer in ethnic minority women compared to white women.
- Notable variations within subgroups (e.g., Black Caribbean vs. Black African).
- Gaps in diagnosis and healthcare access likely contributing to these trends.
- A call for disaggregated data and large-scale studies to explore contextual risk factors.

4. Panel Discussion: Translating Knowledge into Action

Moderated by **Robert Greene**, the panel featured:

- **Dr. Raman Bedi** (World Federation of Public Health Associations)
- **Christina Guerrero Paez** (Borstkankervereniging Nederland & Europa Donna)
- **Dr. Leigh Kamore Haynes** (Simmons University)
- **Michaela Moua** (European Commission, Anti-Racism Coordinator)
- **Dr. Erik Briers** (Europa Uomo)

Discussion Highlights

- **Shared Responsibility:** Governments must take the lead, but healthcare institutions, researchers, educators, and communities must all play their part.
- **Mistrust:** Acknowledging historical injustices and ongoing discrimination is key but requires transparency, sustained community engagement, co-creation, and culturally competent care.
- **Representation:** Diverse health professionals and patient organisations are crucial, but they must be trained and empowered — representation alone is not enough.
- **Data and Definitions:** The lack of disaggregated data hinders progress. Migration status is an insufficient proxy for ethnicity.
- **Culturally Competent Communication:** Information must be clear, respectful, and culturally accessible (e.g., using visuals, translations and privacy-sensitive approaches)

- **Mandating Outreach:** Ethics approvals and funding frameworks should require inclusive recruitment and outreach plans.

5. Closing Remarks and Key Takeaways

Milka Sokolović (EPHA) wrapped up the session by summarizing key learnings:

- The value of viewing cancer disparities through an intersectional and global lens.
- The importance of building trust, culturally sensitive outreach, and co-created solutions are essential.
- The urgency of acting on what we already know — the issue is not knowledge, but implementation.

6. Conclusion

This webinar provided a timely platform to reflect on the persistent ethnic disparities in cancer care as a result of systemic exclusion and policy gaps. As speakers and panellists affirmed, the solutions are neither unknown nor unattainable. From inclusive research design and improved data practices to culturally tailored outreach and trust-building, the knowledge and tools to address them already exist. The challenge is ensuring they are implemented widely, equitably, and sustainably.

The insights shared during the session will contribute to the ongoing work of EPHA's Health Equity Cluster and ECO's Inequalities Network to shape equitable cancer policies and practice. They will also contribute to broader advocacy effort and recommendations for the EU Anti-Racism Strategy, Europe's Beating Cancer Plan, and related policy frameworks.

Call to Action:

- Secure dedicated funding for inclusive, equity-driven research
- Ensure systematic collection and use of disaggregated ethnicity data
- Strengthen community engagement through co-designed initiatives
- Integrate equity as a core principle in cancer care and health policy