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UPTAKE OF CANCER SCREENING SERVICES AMONG MIDDLE AND OLDER AGES IN IRELAND: THE ROLE OF HEALTHCARE ELIGIBILITY

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Uptake of cancer screening services among middle and older ages in Ireland: the role of healthcare eligibility ¹

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INTRODUCTION

Cancer screening aims to reduce morbidity and mortality in the population through the early detection and treatment of disease. However, for a number of different reasons, not everyone who is eligible for cancer screening avails of such services. This study examined the characteristics of middle and older-aged adults associated with the uptake of two cancer screening services in Ireland. In particular, given the complex system of eligibility for healthcare services in Ireland, the study looked at whether having a medical card and/or private health insurance was associated with the uptake of screening services.

DATA AND METHODS

Data for the analysis was derived from the Irish Longitudinal Study on Ageing (TILDA), which includes a nationally representative sample of community-dwelling individuals aged 50 years and older in Ireland. The TILDA dataset includes a large amount of information on the demographic, socio-economic, health and health service use of survey respondents, including the use of cancer screening services.

In this analysis, two cancer screening services were examined:

- (1) Breast cancer screening (Mammogram) – at the time of data collection, women aged 50-64 in Ireland were invited for a free breast mammogram under the national breast screening programme (currently women aged 50-67 are invited for a mammogram).
- (2) Prostate cancer screening (PSA test) – there is no national prostate screening programme in Ireland; however, a significant number of men every year have a PSA test, generally provided by a general practitioner (GP).

¹ This Bulletin summarizes the findings from: Connolly, S., and Whyte, R., "Uptake of cancer screening services among middle and older ages in Ireland: the role of healthcare eligibility", *Public Health*, Available online: <https://www.sciencedirect.com/science/article/pii/S0033350619301726>

FINDINGS

We found that in general the uptake of both breast and prostate cancer screening was higher in those with higher levels of education and income. Uptake of breast screening was higher in those living in Dublin relative to those in the rest of the country; conversely, uptake of prostate screening was higher in those living outside of Dublin relative to those living in Dublin.

Relative to those with a medical/GP visit card only, uptake of both breast and prostate screening was higher among those with private health insurance only and those with both private health insurance and medical/GP visit card. Those with neither private health insurance nor a medical/GP visit card were significantly less likely to have received a mammogram or prostate screening (for those aged less than 65) than those with a medical card only.

DISCUSSION

The analysis found a strong relationship between private health insurance and the uptake of cancer screening services; this is somewhat surprising given that, in general, private health insurance does not offer an advantage in accessing these services. More work is required to better understand the reasons for the higher uptake of screening services among the insured as they may have important implications for the design and reform of healthcare systems.

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