associated with the adoption of PEB. No difference in the strength of association between different eco-emotions and PEB were found (e.g., eco-depression and eco-anger showed a similar association with PEB [β = 0.1, 0.1-0.2]). Eco-anxiety levels were positively associated with all PEB subdimensions, but stronger associations were seen for two subdimensions: adoption of vicarious behaviors [β = 1.6, 1.4-1.8] and adoption of a more sustainable diet [β = 1.4, 1.1-1.6]. The same pattern was seen for the remaining eco-emotions.

Conclusions/Recommendations: Although the direction of the association is difficult to ascertain, the adoption of PEB seem to be, in part, motivated by eco-anxiety and other eco-emotions. Vicarious behaviors towards conservation and dietary modifications seem to be more influenced by eco-emotions than other PEB. Contrarily to our expectations, activating emotions, like anger, were not more strongly associated with PEB than deactivating emotions, like depression.

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751. INCLUDING HEALTH IN LOCAL URBAN CLIMATE CHANGE ADAPTATION: A CASE STUDY

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Background/Objectives: Climate change is a public health issue, especially in cities. Adaptation is crucial, but there is a deficit of adaptation concerning the inclusion of health concerns. The objective of this study is to analyse how public health concerns are integrated in local adaptation in an urban context, including the factors that may favour or hinder it.

Methods: We present a case study of Porto, Portugal. We analysed both the Municipal Climate Change Adaptation Strategy and the Metropolitan Local Climate Change Adaptation Plan using qualitative content analysis. We conducted six semi-structured interviews with diverse key stakeholders working in the topic. We did a qualitative content analysis of the transcripts.

Results: The geographical position of Porto (it is a riverine and coastal city), its sociodemographic profile (it has an ageing population and considerable levels of socioeconomic inequity), its built environment (the high level of urban consolidation and the general poor construction quality and thermal efficiency of buildings) interact to render the health of its inhabitants vulnerable to climate change. Health is simultaneously recognised as a resounding topic to push local adaptation and a concern that must be addressed by local adaptation efforts. It is therefore transversal to the planned adaptation options. Growing climate change awareness, a sense of urgency concerning climate action, social capital and institutional networks, access to resources and political commitment are important drivers of the process. Limitations of available data, resource constraints, low knowledge about climate change, communication and cooperation difficulties among stakeholders and with decision-makers, short political cycles and the complexity and uncertainty of climate change are obstacles to both local adaptation and the inclusion of health. Because of the negotiated nature of local adaptation processes, some measures may be abandoned. In many aspects, the reality of Porto locally translates certain structural features of the Portuguese society. The results may also be relevant to other Southern European cities.

Conclusions/Recommendations: Health is perceived as a powerful mobilising topic for local adaptation and as a concern that should be addressed by the latter. This requires mainstreaming and policy integration across different areas, involvement of multiple stakeholders in order to maximise resources and to avoid undesired trade-offs. Such an approach is vital, as even the most resourceful municipalities will have limited ability to deal with such a major challenge.

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ME 16. Epidemiología de las desigualdades en Cáncer: de la vigilancia al diagnóstico y la mortalidad

Coordinan: Beatriz Pérez-Gómez y Vitor Rodrigues

859. REGISTRO EUROPEO DE DESIGUALDADES EN CÁNCER: PROCESO DE CREACIÓN Y PRIMEROS RESULTADOS DE ESPAÑA Y PORTUGAL

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Antecedentes/Objetivos: El Registro Europeo de Desigualdades en Cáncer (REDC), iniciativa del Plan Europeo Contra el Cáncer, se pone en marcha en 2021 con el objetivo de identificar y visibilizar las desigualdades en prevención y control del cáncer en la Unión Europea (UE). El objetivo de esta presentación es describir el proceso de creación del REDC así como mostrar resultados de desigualdades en cáncer en España y Portugal.

Métodos: El REDC ha sido elaborado por personas expertas del Joint Research Centre (JRC), la International Agency for Research on Cancer (IARC), la Organization for Economic Cooperation and Development (OCDE) y representantes clave de los Estados Miembros. Se nutre de datos cuantitativos de fuentes oficiales (EUROSTAT, JRC, IARC) sobre prevención, detección precoz, diagnóstico, tratamiento y carga del cáncer (incidencia y mortalidad). A partir de estos datos y con apoyo de información cualitativa obtenida a través de entrevistas a informantes clave de los estados miembros, se han elaborado en 2023 Informes de Situación por país.

Resultados: Se ha creado una página web interactiva (https://cancer-inequalities.jrc.ec.europa.eu/) que permite comparar datos entre países y dimensiones de desigualdad (p. ej: sexo, edad, nivel educativo, ingresos) por tipo de tumor y año. Los Informes de Situación por país muestran que tanto España como Portugal tienen tasas de incidencia por debajo de la UE (datos 2020 España, Portugal y Europa: 541, 510 y 569 nuevos casos por 100.000 habitantes respectivamente). Lo mismo sucede en cuanto a la mortalidad, aunque los datos son más positivos para España que para Portugal (datos 2019 España, Portugal y Europa: 218, 245 y 247 muertes por 100.000 personas). Se han identificado desigualdades sociales en la exposición a factores de riesgo, así como en la participación en los programas de cribado. Por ejemplo, la proporción de fumadores/as adultos diarios fue más elevada en España que en Portugal (datos 2019 España, Portugal y Europa: 20%, 12% y 18%). En ambos países se han observado desigualdades por nivel educativo, con una mayor prevalencia de consumo en la población con menor nivel educativo frente a la de mayor nivel de estudios (datos 2019 España: 21-16%, Portugal: 12-8%, Europa: 19-13%).

Conclusiones/Recomendaciones: Esta iniciativa es una primera foto de las desigualdades en cáncer en Europa que apunta a una necesidad de reducir los comportamientos de riesgo, y atender las necesidades de los grupos vulnerables para reducir las desigualdades en la prevención y atención al cáncer.