
CONFERENCE ABSTRACT

How co-production can help cancer prevention among people experiencing homelessness: The CANCERLESS experience.

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Introduction: People experiencing homelessness (PEH) face many barriers accessing to public services, but patient Navigation (PN) is associated with improvements in a range of health outcomes, including timely access to healthcare for them (Carmichael et al., 2022).

Target Population: Health and social care professionals and individuals with lived experience of homelessness from Austria, Greece, Spain, and the United Kingdom.

Population involvement: A series of co-adaptation focus group discussions were conducted with health and social care professionals and individuals with lived experience of homelessness aiming at co-adapting and informing the PN for cancer prevention in Europe.

Methodology: Focus group discussions were held in field settings and/or online via videoconferencing platforms in four countries (Austria, Greece, Spain, and the U.K.) during December 2021 and January 2022, and were facilitated by a multidisciplinary team of researchers. A total of seven focus group discussions were conducted, with an overall sample size of 56 participants comprising 41 professional key informants and 15 persons currently experiencing homelessness. A structured topic schedule was used to guide the discussion, and to ensure consistency in the cross-national data collection. Focus group discussions were audio-recorded and transcribed verbatim in their respective languages, either manually or using appropriate software. In the first stage of analysis, researchers adopted an inductive thematic approach. Informed by this analytical process, each of the four partner countries then produced a summary of their focus group discussion(s) with the key decisions, outcomes, and themes organised according to this framework.

Results: The core components of PN programmes for cancer prevention among PEH agreed cross-nationally with all the relevant key participants are (1) Promote cancer awareness and self-management (Facilitate the delivery of cancer education; Promote healthy behaviours and preventative measures; Encourage user involvement in health-related decisions), (2) Identify health needs and barriers (Develop a personalised approach to assessing user need; Seek solutions regarding barriers to care), (3) Co-ordinate access to care (Develop trusting relationships with and facilitate communication between local health and social care providers; Enhance understanding of the needs of PEH among local health and social care providers; Arrange referrals to healthcare services and cancer screening; Co-ordinate and support attendance of appointments), (4) Offer

practical assistance (Arrange transportation, mobile phones, clothing, access to hygiene facilities, and storage of medication; Assist with completion of paperwork).

Lessons learned: Results from the discussions indicate a high level of consistency and cross-national agreement about what the core components of the intervention should be, and how this should be designed and implemented.

Next Steps: This intervention will be adapted to reflect the country-specifics, to ensure that the PN is appropriate to the four local contexts in which it is piloted.

Bibliography

Carmichael, C., Smith, L., Aldasoro, E., Gil-Salmerón, A., Alhambra-Borrás, T., Doñate-Martínez, A., Seiler-Ramadas, R. & Grabovac, I. (2022) Exploring the application of the navigation model with people experiencing homelessness: a scoping review, *Journal of Social Distress and Homelessness*. DOI:

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