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IN SCIENCE AND TECHNOLOGY



Exercise and Cancer

A Guide for Caregivers and People with Intellectual Disabilities

Evan Matthews, Frantisek Dolak

CUPID
Cancer: Understanding Prevention in Intellectual Disabilities

Training school,
Prague 17. - 19. 2024

Types of Beneficial Exercise



Aerobic Exercise: Walking, cycling, swimming. Improves cardiovascular health, boosts immune function.



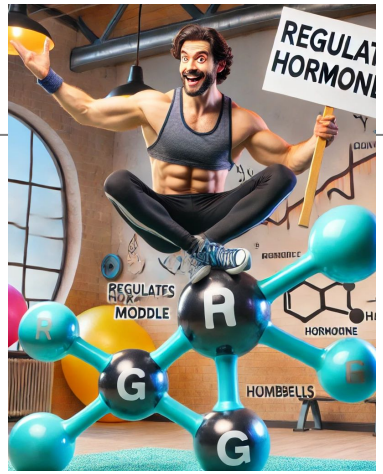
Strength Training: Light weight lifting, resistance band exercises. Increases muscle mass, improves health.



Flexibility and Balance: Chair yoga, tai chi. Reduces stress, improves overall well-being.

How Exercise Helps Prevent Cancer









- Reduces inflammation.
- Enhances immune function.
- Regulates hormones.
- Promotes healthy body weight.

Research and Evidence



Regular physical activity reduces breast cancer risk by 30%



Exercise lowers prostate cancer risk



Colon cancer risk reduced by 24% with consistent physical activity

Exercise Recommendations

- General Guidelines: At least 150 minutes of moderate aerobic activity per week
- Strength training exercises twice a week.
- Adapted Programs: For different abilities and needs. Involve activities that are enjoyable and safe.

Overcoming Barriers



Common Challenges: Lack of time, motivation, access to facilities.



Solutions: Home workouts, community groups, integrating exercise into daily routines.



Special Considerations for PWID: Use clear, simple instructions, provide consistent support and encouragement, adapt activities to individual capabilities.

Conclusion

Summary: Regular exercise is a powerful tool in cancer prevention.

Call to Action: Start or increase your physical activity today!

References

- American Cancer Society: https://www.cancer.org/latest-news/exercise-reduces-breast-cancer-risk.html
- National Cancer Institute: https://www.cancer.gov/about-cancer/causes-prevention/risk/exercise
- British Journal of Cancer: https://www.nature.com/articles/bjc2011482
- Journal of the National Cancer Institute: https://academic.oup.com/jnci/article/100/14/988/2606860
- Centers for Disease Control and Prevention: https://www.cdc.gov/physicalactivity/basics/adults/index.htm





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Acknowledgement

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CUPID supported by COST (European Cooperation in Science and Technology).

COST Description

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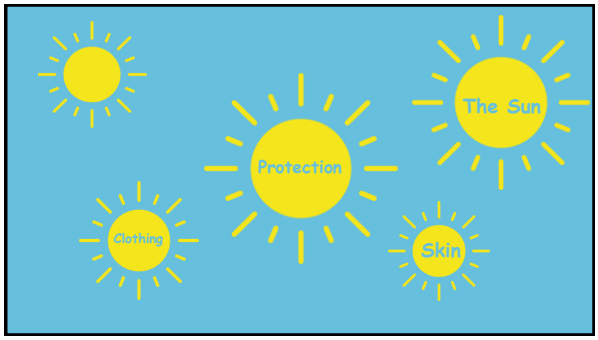
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Sun Protection & Cancer Prevention

Špela Golubović and Dragana Milutinović

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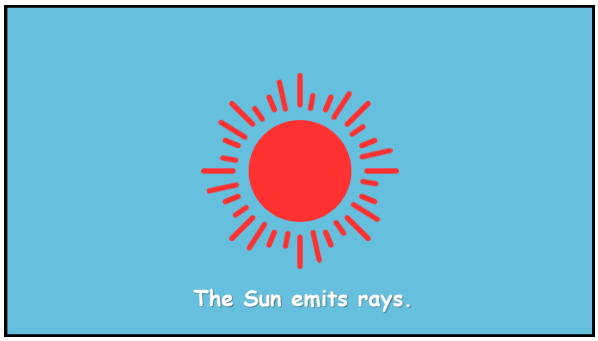
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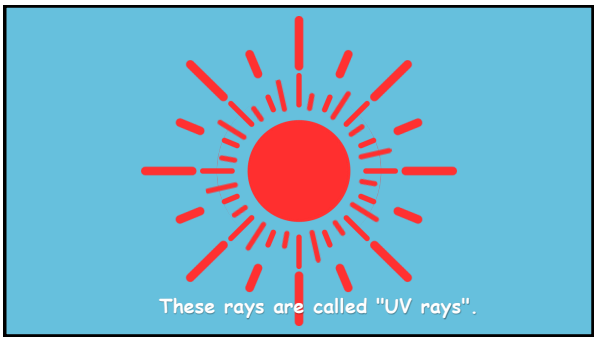
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Why is the Sun sometimes bad for us?

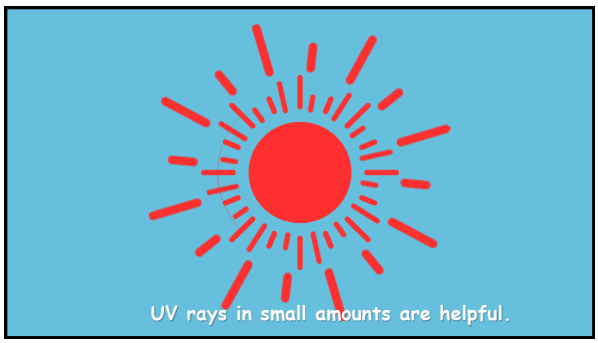
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The Sun emits rays.

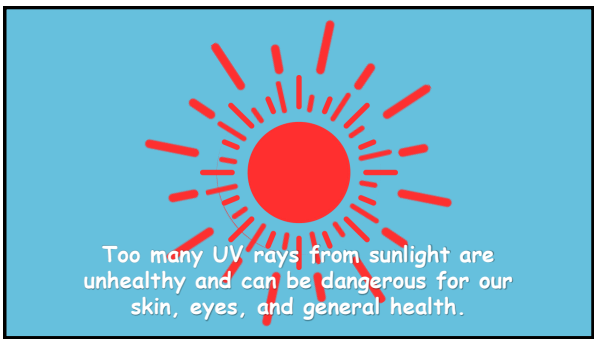
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These rays are called "UV rays".

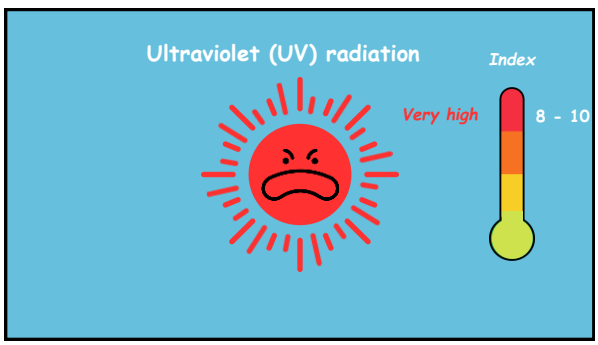
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UV rays in small amounts are helpful.

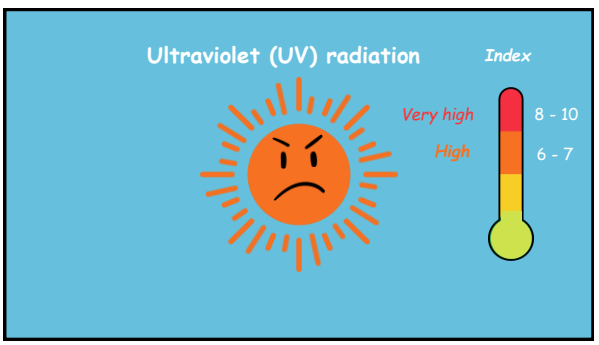
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Too many UV rays from sunlight are unhealthy and can be dangerous for our skin, eyes, and general health.

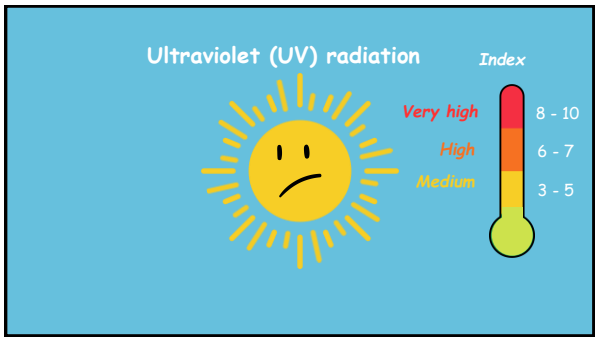
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Ultraviolet (UV) radiation
Index
Very high
8 - 10

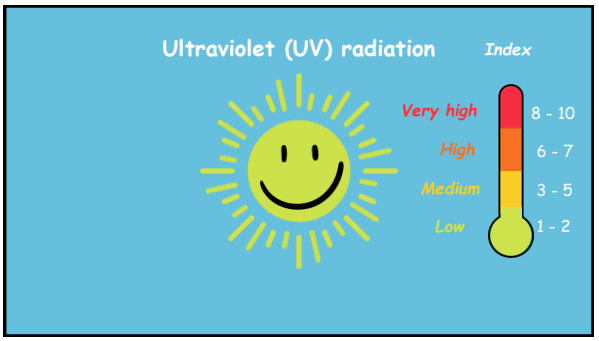
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Ultraviolet (UV) radiation
Index
Very high
8 - 10
High
6 - 7

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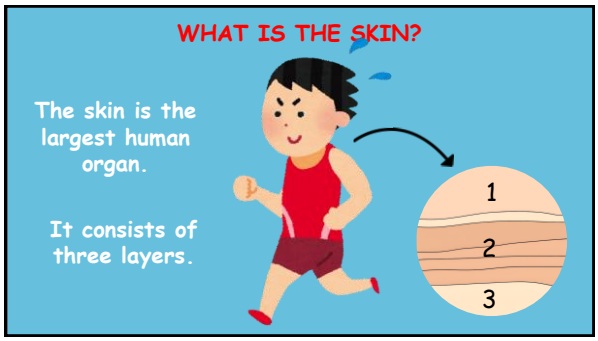
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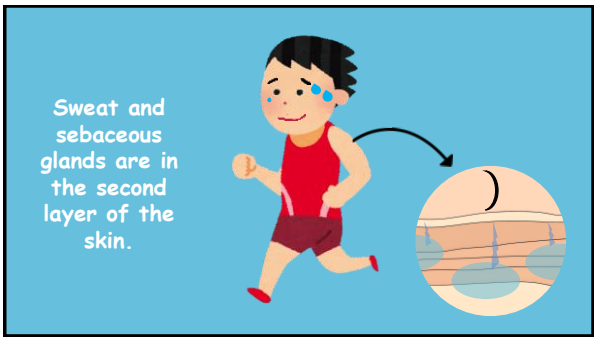
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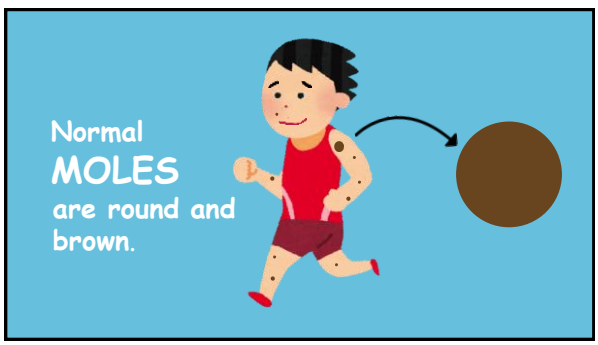
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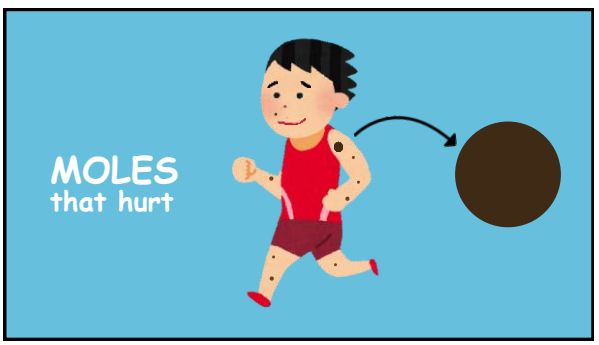
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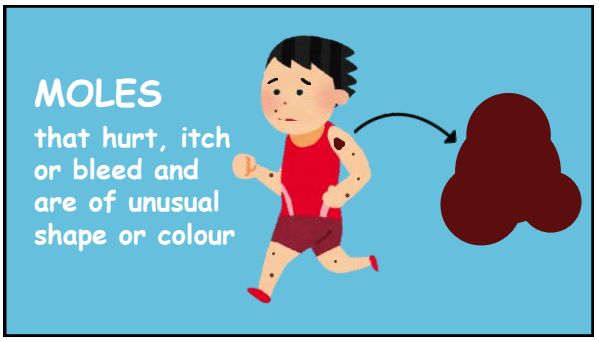
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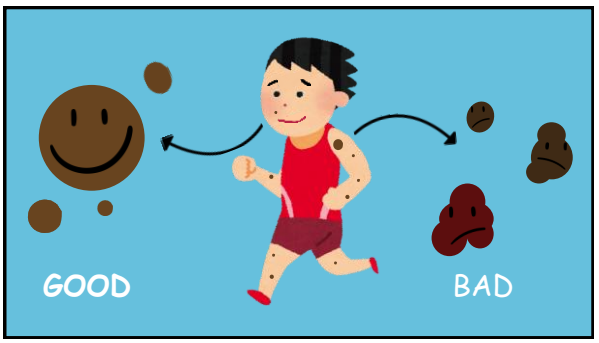
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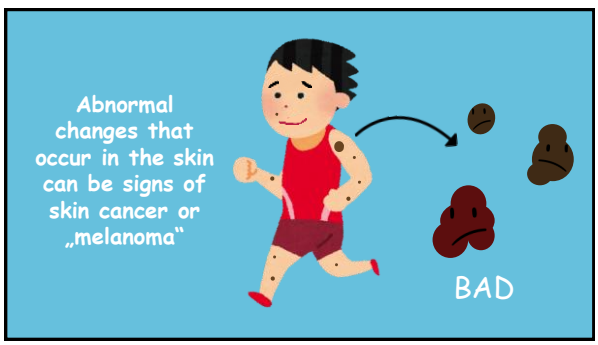
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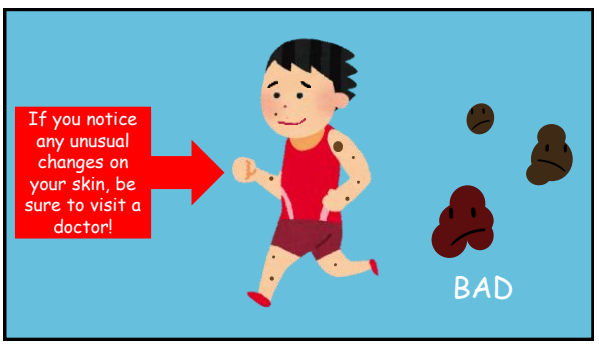
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IMPORTANT!

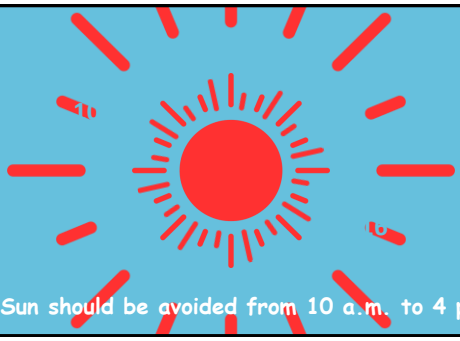
Check your skin regularly!



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How do we protect our skin from the Sun?

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The Sun should be avoided from 10 a.m. to 4 p.m

33



We protect our skin from the Sun by using sunscreen and dressing appropriately.

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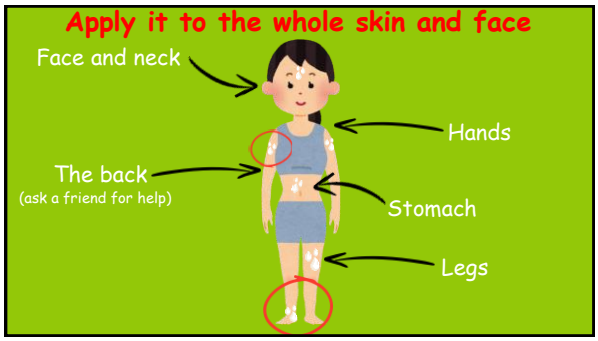
Sunscreen creams and lotions

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Where do we apply the cream?



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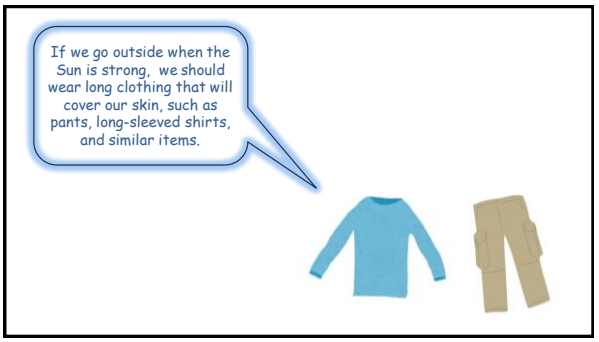
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How do we dress when the weather is sunny?

40



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WE MUST NOT FORGET!



During winter, when it is sunny, and especially when there is snow, before going out, you should:

1. Put sunscreen on your face to protect your skin.
2. Put on sunglasses to protect your eyes.

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IMPORTANT!
Check your skin regularly!

44

If you notice any unusual changes on your skin, be sure to visit a doctor!



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Thank you!

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COST Action CA21123
CANCER- UNDERSTANDING PREVENTION IN INTELLECTUAL DISABILITIES (CUPID)

Alcohol and tobacco

Presenter : Florian Scheibein

Introduction



Today, we will have a conversation about

- Alcohol
- Tobacco
- How they affect our health
- How to check our habits

What is alcohol

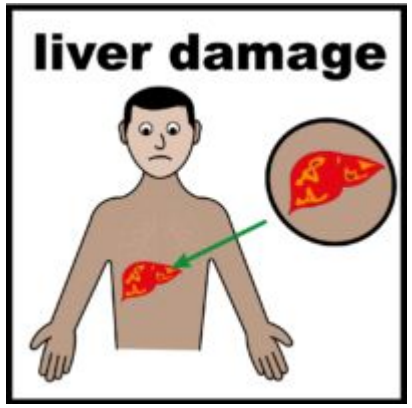


Alcohol is a drink

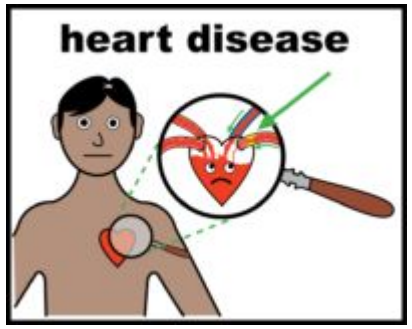
Some examples of alcohol include:

- beer,
- wine,
- vodka
- whiskey

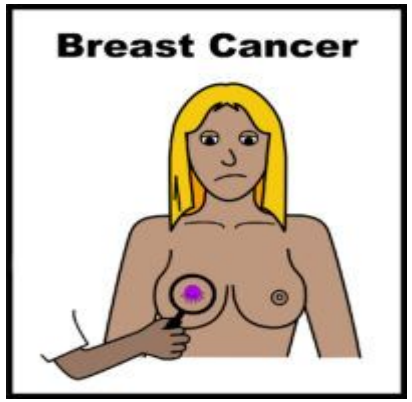
What are the effects of alcohol



- It can harm your liver

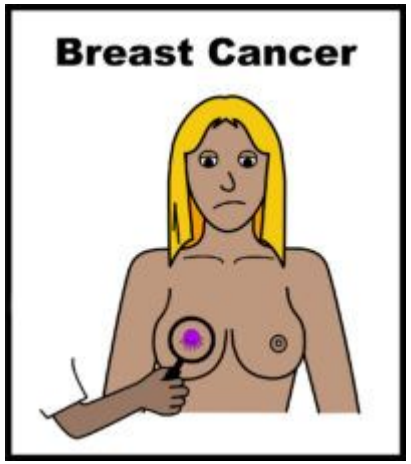


- It can lead to heart disease

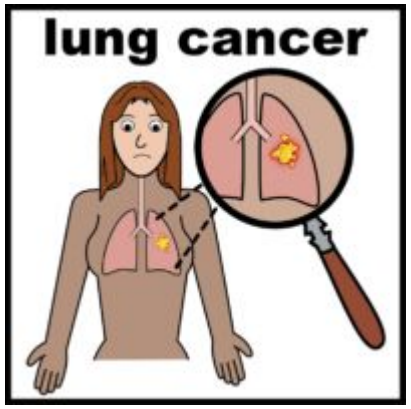


- It can lead to cancer

Alcohol and cancer



- Drinking too much alcohol can increase your risk of cancer



- Alcohol can increase your risk of many different types of cancer

What is too much alcohol? (activity)

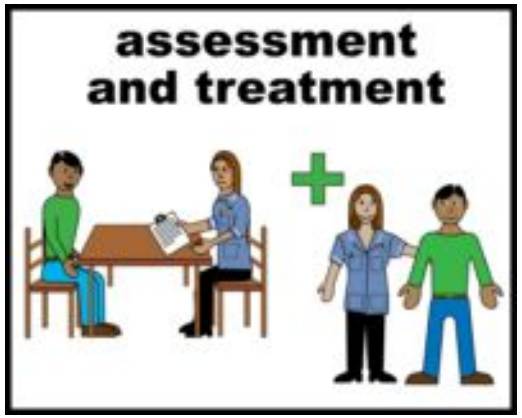


- Have you drank alcohol?
- How often do you have a drink alcohol?
- How many alcohol drinks do you drink when you drink?
- Have you ever drank more than 6 drinks?

How often have people spoken to you about your alcohol drinking? (activity)

Want to stop drinking?





- Group therapy like alcoholic anonymous or SMART recovery works for many people
- Other treatment are also possible. Ask your doctor, pharmacist or other healthcare professional!

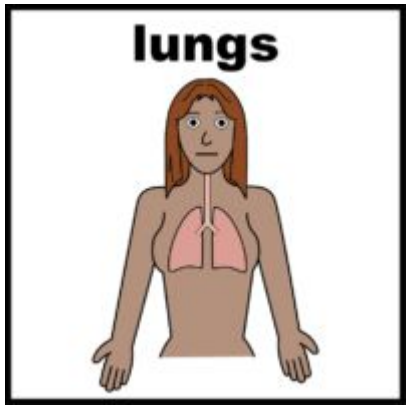
What is tobacco smoking?



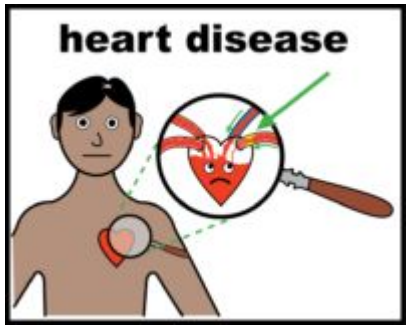
Tobacco smoking includes:

- Cigarette smoking
- Pipe smoking
- Other types of tobacco smoking

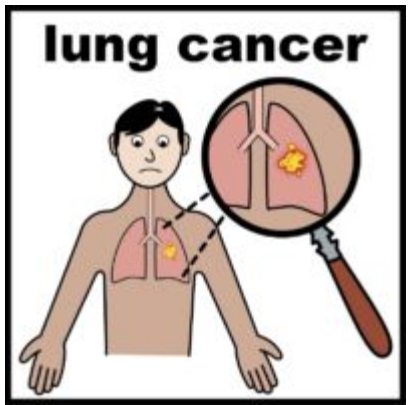
What are the effects of tobacco?



- It can harm your lungs

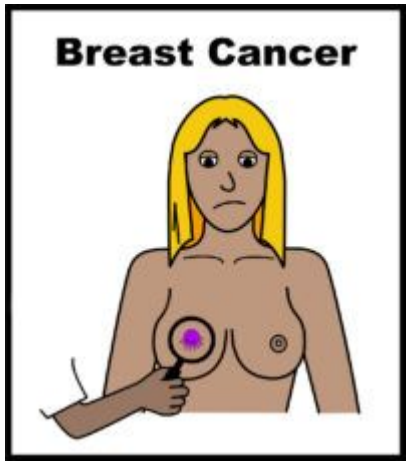


- It can lead to heart disease

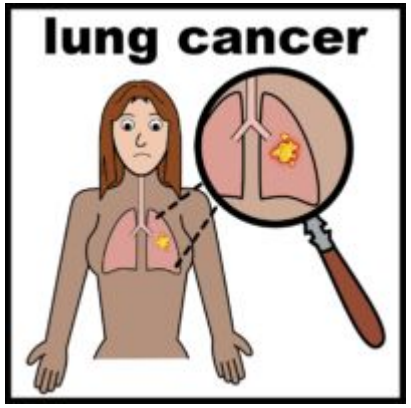


- It can cause cancer

Tobacco and cancer



- Tobacco smoking causes many different types of cancers



- Stopping smoking cigarettes has many benefits

How much is too much tobacco smoking? (activity)



- Have you ever smoked tobacco?
- How soon after you wake up do you smoke your first cigarette?
- How many cigarettes do you smoke everyday?

How often have people spoken to you about your tobacco smoking? (activity)

Want to stop?



+



or



2 to 3 months

What have we learned? (activity)





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Acknowledgement

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ITALIAN PERSPECTIVE IDD & CANCER

DR FABRIZIO FEA

CUPID TRAINING SCHOOL

PRAGUE (CZ) – September 17th – 19th, 2024

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CANCER - UNDERSTANDING PREVENTION IN INTELLECTUAL DISABILITIES

SCUOLA VIVA, ROME

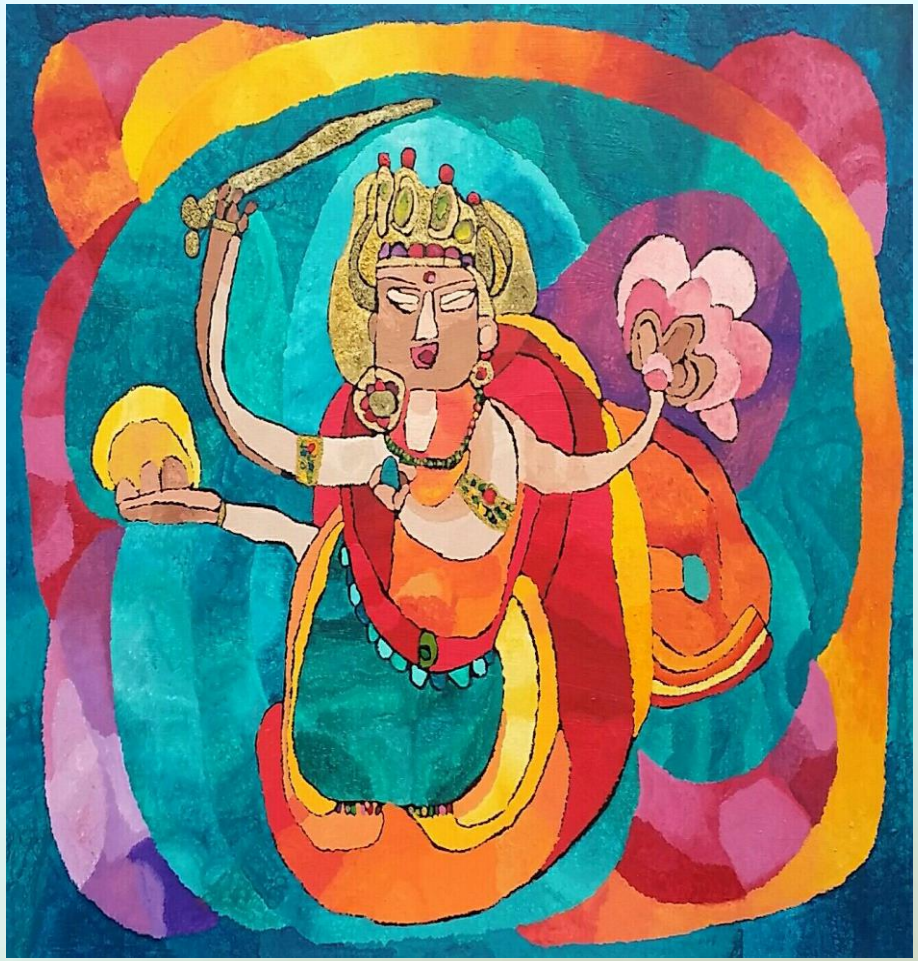
A REHABILITATION CENTRE FOR PERSONS WITH I.D.D. WHOSE S.R. CLIENTS ARE DISTRIBUTED INTO FOUR GROUPS:

A. **COGNITIVE HIGHER LEVEL**

B. **INTERMEDIATE AND WELCOMING GROUP**

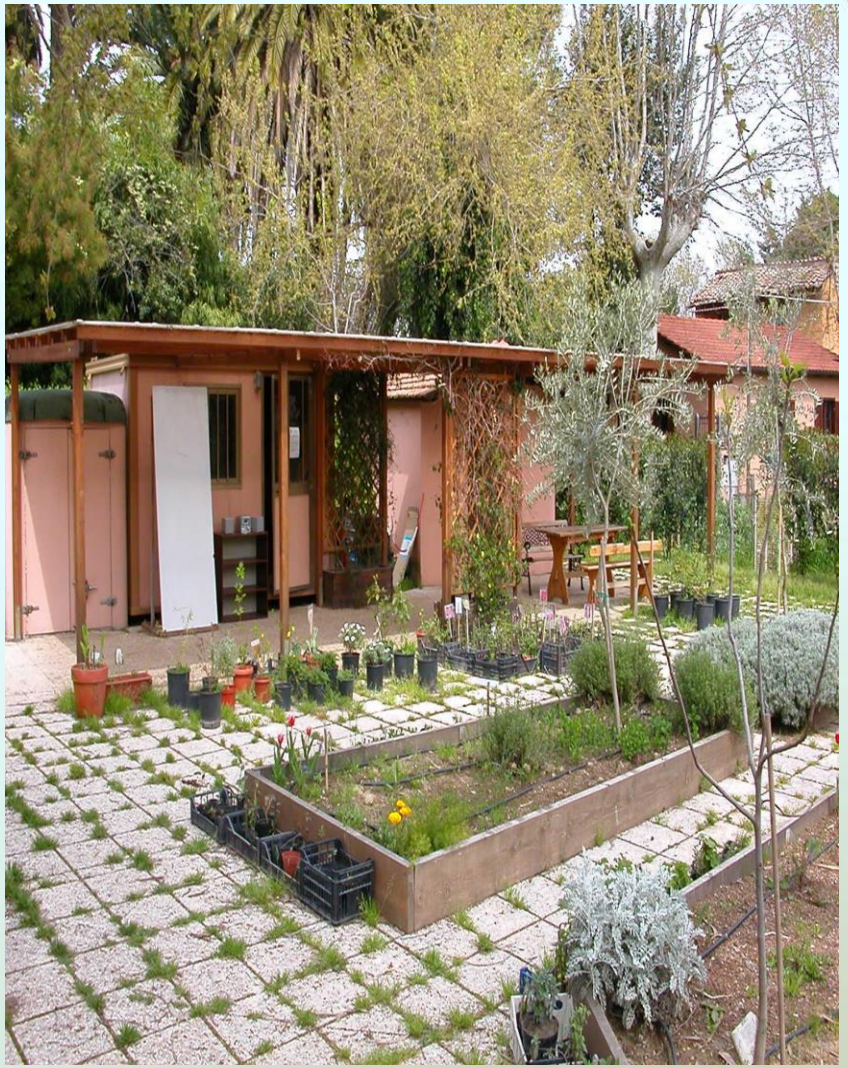
C. **USERS FROM MODERATE TO SEVERE COGNITIVE CONDITIONS HAVING COMPLETED THE REHABILITATION PROCESS AT MOST**

D. **UNDER CARE MAINTENANCE REGIME WITH SEVERE COGNITIVE CONDITIONS**



SCUOLA VIVA, ROME





SCUOLA VIVA, ROME





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Associazione Scuola Viva onlus
Questionnaire for Families

1) Are you aware of cancer prevention activities?
2) Do you know of national/regional cervical, breast, bowel cancer screening services?
3) Have you ever faced the issue of cancer in your family?
4) Do you know of health plans such as maintaining a healthy weight, healthy diets, against smoking, etc.?
5) Would you like to add your own comment on this topic?

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Associazione Scuola Viva onlus
Family questionnaire

1) Are you aware of cancer prevention activities?

40 yes – 7 no

2) Do you know of national/regional cervical, breast, bowel cancer screening services?

39 yes – 9 no

50/80 answers

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Associazione Scuola Viva onlus
Family questionnaire

3) Have you ever faced the issue of cancer in your family?

31 yes – 16 no

4) Are you aware of health plans such as maintaining a healthy weight, healthy diets, against smoking, etc.?

35 yes – 11 no

5) Would you like to add your own comment on this topic?

12 yes – 22 no

DISABILITY?

According to the Social Model, disability is the result of an interaction between an individual's level of physical or sensory or cognitive or mental limitation and the environment in which he or she lives.

Disability is therefore largely the result of social factors: if the environment is not accessible or inclusive, disability increases.

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PERSONS WITH DISABILITIES IN ITALY

- Law 104/1992 is the reference law on DISABILITY: it is aimed at individuals who have ‘a physical, psychic or sensory impairment, stabilized or progressive, which causes learning, relational or integration difficulties’.
- The United Nation Convention on the Rights of Persons with Disabilities 2006, December 13th
- Ratified by the Italian Parliament: Law 3 March 2009 n. 18
- Art. 25 UNCRPD: The right to HEALTH

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BRIEF MENTION ON DISABILITIES

- Each disability can be distinguished: mild, medium, severe, very severe.
- A distinction is made between transitory and permanent, irreversible, progressive or regressive disabilities.
- Types of disabilities: sensory, motor, intellectual and mental disabilities.

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How many Persons with Disabilities are hit by cancer in Italy?

Today, we do not know how many Persons with Disabilities is affected by cancer in Italy.

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How many Persons with Disabilities in Italy?

(5.2 % of the population):

3.500.000 with severe/complex situations

1.500.000 ageing of which 900.000 women

26% live by themselves

26% live with his/her spouse

20% live with his/her son/daughter

12% live with family members

HEALTH PERCEPTION IN ITALY

NORTH ITALY 14,8%... The best health perception

SARDINIA 34,9%

CALABRIA 33,5%

PUGLIA 31,4%

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PERSONS WITH DISABILITIES AT HIGHER RISK OF CANCER

Persons with disabilities can more easily fall ill with cancer and increase the discomfort due to unequal access to early diagnosis and treatment, compared to the rest of the population.

Particularly, two researches, published between 2020 and 2021, showed a higher risk to develop certain cancers (breast, cervix, colorectum, prostate and non-Hodgkin's lymphoma).

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MAIN RISK FACTORS

- There are various reasons for several risks:
  - an increased attitude to smoke cigarettes,
  - sedentary lifestyle,
  - the need in some cases to undergo X-ray examinations more frequently,
  - increased exposure to ionizing radiation,
  - and, in general, an earlier ageing process.

MAIN REASONS

- Such situation makes easier to growth and develop a number of more common chronic diseases in the second half of life, such as cancer, too.
- Consequently, the total number of cases involving these people is bound to increase.

URGENT MEASURES

- Increase awareness of the healthcare professionals about oncological issue of disability.
- Avoid barriers, both physical and cultural, that lead PwD to be unaware of the opportunities to turn less frequently to healthcare institutions (more information).
- If, therefore, there is also a risk of therapeutic abandonment, how can adequate treatment be offered?

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COMPLEX FRAMEWORKS

What makes the situation more difficult for a person with a disability is the complexity of the conditions and the ongoing therapies.

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COMPLEX WORSENING

In persons with an inflammatory neurological disease (such as multiple sclerosis or other demyelinating diseases) or degenerative (such as Alzheimer's and Parkinson's) many oncologic treatments such as immunotherapy, may worsen the course of these diseases.

MORE OBSTACLES

Persons with an intellectual disability are also more vulnerable during treatment for three main reasons:

1. **greater physical fragility that increases the risk of treatment side effects,**
2. **difficulties adhering to the treatment plan from start to finish,**
3. **limitations in managing the decision-making aspects to be shared with their oncologist during treatment.**

THE POSITIVE HOPE!

Some important national organizations (FAVO, INPS, AIOM) are fighting to have the "on-line oncology certificate" introduced in order to simplify, speed up and improve the correct assessment of civil invalidity. However, But the work to be done is still a lot.

As professionals of health, we have to keep in mind the possibility that a person with disability may become ill from cancer and, at that point, has the right to the best treatment possible in order to avoid physical and moral suffering and the evils of social stigma, supporting his/her Family as well.

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THANK YOU!

CUPID
CANCER - UNDERSTANDING PREVENTION IN INTELLECTUAL DISABILITIES

Funded by the Horizon 2020 Framework Programme of the European Union

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EUROPEAN COOPERATION IN SCIENCE AND TECHNOLOGY

Navigating Cancer Prevention for Vulnerable Communities

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CUPID
CANCER - UNDERSTANDING PREVENTION IN INTELLECTUAL DISABILITIES

“Medicine is a social science, and politics is nothing else but medicine on a large scale. Medicine, as a social science, as the science of human beings, has the obligation to point out problems and to attempt their theoretical solution: the politician, the practical anthropologist, must find the means for their actual solution... Science for its own sake usually means nothing more than science for the sake of the people who happen to be pursuing it. Knowledge which is unable to support action is not genuine – and how unsure is activity without understanding... If medicine is to fulfill her great task, then she must enter the political and social life... The physicians are the natural attorneys of the poor, and the social problems should largely be solved by them.”



Rudolf Virchow

Taylor & Rieger, 1985

“The first task of the doctor is therefore political: the struggle against disease must begin with a war against bad government.”

Foucault, 1963

“When chronic conditions are viewed as solely biologic or behavioural malfunction, the diagnosis misses the true causes, and often, misdiagnosis leads to ineffective treatments.”

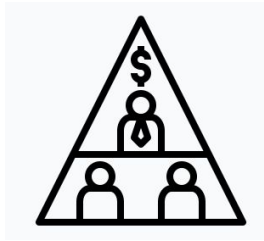
“…exclusive focus on molecular-level phenomena has contributed to the increasing ´desocialisation´ of scientific inquiry: a tendency to ask only biological questions about what are in fact biosocial phenomena.”

Holmes et al, 2020

Farmer, 2006

Health inequalities in Europe: a long history

- Louis-Rene Villerme
  - Shows that mortality in prisoners is directly linked to the conditions in the prison and shows that there is a direct link between poverty and mortality in Paris in the early 19th century
- This persists even today and is geographically independent – differences between the privileged and underprivileged populations continue to persist everywhere
- This suggests that the distribution of health and disease in society **<u>is a reflection of the distribution of advantages and disadvantages within that society.</u>**


Social Class


Social network


Gender


Race & Ethnicity


Discrimination


Income distribution

Various sociostructural factors

Honjo, 2004

Cancer inequalities in Europe: newest developments

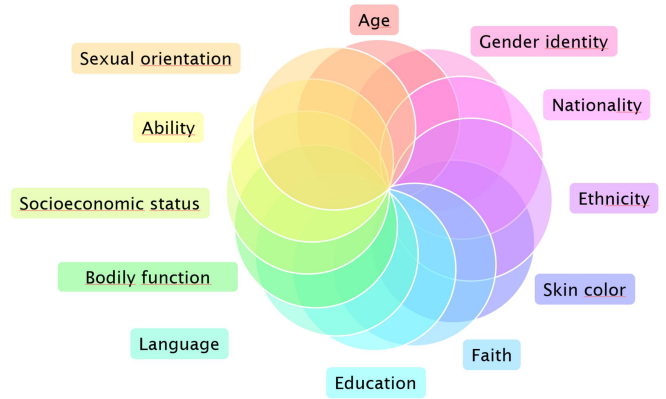
- European Cancer Inequalities Registry (2023)
  - Maps out the cancer inequalities based on several factors: *country, age, education, income, urbanisation, sex, disability and employment*
- *Beating Cancer Inequalities in the EU* (OECD, 2024):
  - Differences found between countries (mortality rates higher in Eastern European and Baltic Countries compared to Western Europe and Scandinavian Countries)
  - Up to 37% difference of mortality rates between different regions in Romania; but also 30% in regions in France, Germany, Poland and Spain
  - Men have 70% higher mortality rates compared to women
  - Large differences in educational attainment
  - Women with lower educational attainment are 15% less likely to have a mammogram
  - “Major risk factors” are consistently more prevalent in underprivileged groups

Cancer inequalities in Europe: where to start

- **Monitoring**
  - European Cancer Inequalities Registry should be expanded to include a wider range of underprivileged communities – *SOGI, housing, mental health, migration status and race/ethnicity to start*
  - Analyses should also account for intersectionality – an interaction of multiple dimensions and systems of inequality that create an overlapping and independent systems of disadvantage
  - Intersectionality is **not** a “blanket term for complicated issues”
  - "*a lens, a prism, for seeing the way in which various forms of inequality often operate together and exacerbate each other. We tend to talk about race inequality as separate from inequality based on gender, class, sexuality or immigration status. What's often missing is how some people are subject to all of these, and the experience is not just a sum of its parts.*"



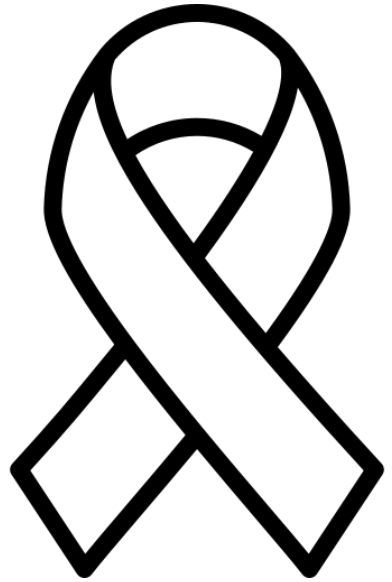
Kimberlé Crenshaw
https://www.law.columbia.edu/faculty/kimberle-w-crenshaw



Crenshaw, 1989; Crenshaw, 2020

Cancer inequalities in Europe: where to start II

- **Prevention**
  - Over 40% of overall cancer burden in Europe is attributed to preventable factors
  - Most of the risk factors associated with cancer (smoking, alcohol consumption, higher overweight and obesity rates, lower physical activity, lower consumption of fruits and vegetables) are more prevalent in underprivileged communities
  - Even as smoking prevalence and attributable mortality is decreasing in Europe – equity is not the focus of these initiatives – differences still persist in men but now rising among women with lower educational attainment



Cancer inequalities in Europe: where to start II

- However…
  - Prevention is **not** a political priority
    - Even following the SARS-CoV-2 pandemic, average spending of the total health budget in the EU is 5.1%
  - Focus needs to be shifted away from inequalities and towards **health inequity and health justice**
    - Vulnerable populations need more in order to „level the playing field“
  - European health and care systems are fragemented, overly bureaucratized and rigid
    - Vulnerable populations need more help in accessing services and maintaining contact with them

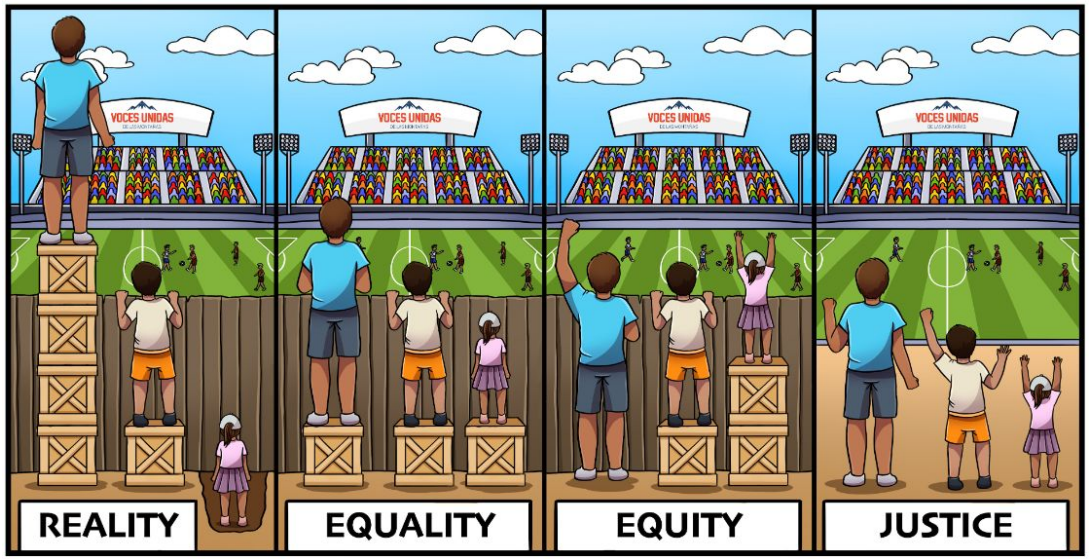
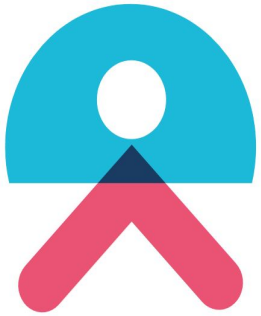


Photo credit: https://twitter.com/VocesUnidasOrg/status/1547279953229746183/photo/1

Our experience: CANCERLESS and CO-CAPTAIN

- **Horizon 2020 and Horizon Europe Projects**
  - *Scientific projects – Research and Innovation Action*
- Both are dedicated to <u>reducing the cancer burden in Europe by improving access to preventive services to vulnerable populations</u>
- Participatory co-design approach
  - Reducing paternalistic top-down approaches through meaningful participation of the communities
- Health Navigation Models
  - Combining patient navigation and patient empowerment to reduce barriers and promote facilitators to access to services



cancerless

Cancer prevention and early detection among the **homeless** population in Europe: Co-adapting and implementing the Health Navigator model



CO-CAPTAIN

Cancer prevention among individuals with mental ill-health: CO-adapting and implementing patient navigation for primary cancer prevention



Funded by the European Union



cancerless

Cancer prevention and early detection among the **homeless** population in Europe: Co-adapting and implementing the Health Navigator model

https://cancerless.eu/

Who is homeless?

„…not having a fixed place of residence, living in transition housing or in the open“

People without accomodation
People „between apartments“
People who live in their cars
People living in emergency and transition housing
…



More than 80% of homeless people in the world are men (70% in Austria)

https://epha.org/the-impact-of-the-covid-19-crisis-on-homelessness/









ETHOS Typology

- *European Typology of Homelessness and Housing Exclusion*
- FEANTSA – European Federation of National Organizations Working with the Homeless

Conceptual Category		OPERATIONAL CATEGORY		LIVING SITUATION		GENERIC DEFINITION
ROOFLESS	1	People Living Rough	1.1	Public space or external space		Living in the streets or public spaces, without a shelter that can be defined as living quarters
	2	People in emergency accommodation	2.1	Night shelter		People with no usual place of residence who make use of overnight shelter, low threshold shelter
HOUSELESS	3	People in accommodation for the homeless	3.1	Homeless hostel		
			3.2	Temporary accommodation		Where the period of stay is intended to be short term
			3.3	Transitional supported accommodation		
	4	People in Women's Shelter	4.1	Women's shelter accommodation		Women accommodated to experience of domestic violence and where the period of stay is intended to be short term
	5	People in accommodation for immigrants	5.1	Temporary accommodation/reception centres		Immigrants in reception or short term accommodation due to their immigrant status
			5.2	Migrant workers accommodation		
	6	People due to be released from institutions	6.1	Penal institutions		No housing available prior to release
			6.2	Medical institutions (*)		Stay longer than needed due to lack of housing
			6.3	Children's institutions/homes		No housing identified (e.g. by 18th birthday)
INSECURE	7	People receiving longer-term support (due to homelessness)	7.1	Residential care for older homeless people		Long stay accommodation with care for formerly homeless people (normally more than one year)
			7.2	Supported accommodation for formerly homeless people		
	8	People living in insecure accommodation	8.1	Temporarily with family/friends		Living in conventional housing but not the usual place of residence due to lack of housing
			8.2	No legal (sub)tenancy		Occupation of dwelling with no legal tenancy illegal occupation of a dwelling
			8.3	Illegal occupation of land		Occupation of land with no legal rights
	9	People living under threat of eviction	9.1	Legal orders enforced (rented)		Where orders for eviction are operative
			9.2	Re-possession orders (owned)		Where mortagee has legal order to re-possess
	10	People living under threat of violence	10.1	Police recorded incidents		Where police action is taken to ensure place of safety for victims of domestic violence
INADEQUATE	11	People living in temporary/ non-conventional structures	11.1	Mobile homes		Not intended as place of usual residence
			11.2	Non-conventional building		Makeshift shelter, shack or shanty
			11.3	Temporary structure		Semi-permanent structure hut or cabin
	12	People living in unfit housing	12.1	Occupied dwellings unfit for habitation		Defined as unfit for habitation by national legislation or building regulations
	13	People living in extreme over-crowding	13.1	Highest national norm of overcrowding		Defined as exceeding national density standard for floor-space or uesable rooms

Note: Short stay is defined as normally less than one year; Long stay in defined as more than one year.

(*) Includes drug rehabilitation institutions, psychiatric hospitals etc.

https://www.feantsa.org/en

Health and Wellbeing of Homeless People

- Health and housing:
  - People with health issues are at risk of homelessness
  - (Re-)Housing may contribute improvements to (mental) health
  - Low investments and decline in “public” housing stock led to their contribution of development of illness and disease

- Relationship between health and homelessness is complex:
  - Health issues that precede homelessness
  - Health issues that are consequences of homelessness or exacerbated by
  - Health issues that are complicated due to problematic access to healthcare services

Fazel et al, 2014; Power et al, 1999

Access to healthcare services

- High rates of acute and emergency department visits
- Homelessness:
  - Is a predictor of frequent emergency department use
    - Number of high users – 10% of homeless users account for 50% of visits of all homeless people in some settings
  - Is also an independent factor for hospital admission
  - Is associated with longer in hospital stay

Fazel et al, 2014; Gil-Salmeron et al, 2021

Mortality

- Mortality in homeless people is substantially increased
- Common causes of excess:
  - Infections, ischemic heart disease, cancer, substance misuse, injury, suicide
  - The standardised mortality ratios vary but are 2-5 times higher compared to age-standardised general population
- In general older homeless people die from similar causes however **20-30 years earlier**
- Bimodal effect: spikes among homeless youth and older adults seen in the USA but not in European based studies

Fazel et al, 2014

Homelessness and Cancer

- Aetiology:
  - High tobacco use, malnutrition, chronic stress, infectious diseases, environmental exposure…
- Structural issues:
  - Low participation in preventive and community health services
  - Low follow-up, adherence issues
- Cancer is the second most common cause of death in the homeless population and is twice as prevalent compared to the general population

CANCERLESS: Cancer prevention in people experiencing homelessness

- **Up to 1 million rough sleepers in Europe**
- „Europe‘s Beating Cancer Plan“ as one of the first serious public health policy works focusing beyond cancer treatment and tackling the whole cancer pathway from prevention and early detection
- As one of the main actions it outlined reducing cancer inequalities across the EU and ensuring accessibility to cancer care
- Within the „leave no one behind“ rethoric – who did we forget again?

Where does a homeless woman recieve her breast cancer screening invitation letter?

Alejandro Gil-Salmeron (International Fundation for Integrated Care)

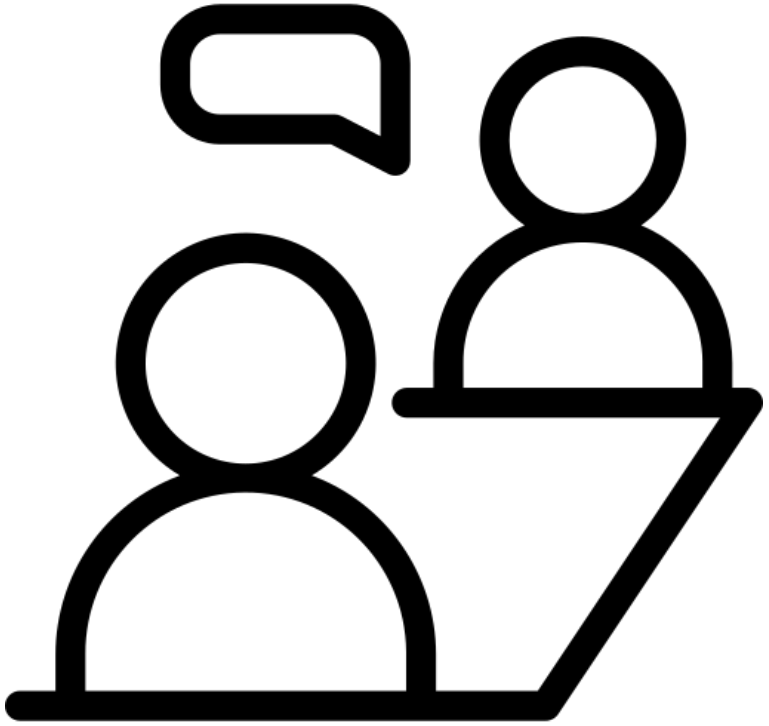
Is health a priority?

- **Homelessness and health**
  - Health is often not seen as a “priority” for political stakeholders when it comes to people experiencing homelessness often due to “competing interests”
  - Professionals working with people experiencing homelessness also often view health as secondary issue to shelter or food
  - CANCERLESS challenges these ideas – there are no competing interest between fiding shelter, food, security, job etc – all of these issues are DETERMINATNS OF HEALTH



CANCERLESS: Cancer prevention in people experiencing homelessness

- Q: *Do you have the feeling that homelessness has effects on your health?*
- A: *Yes, absolutely. Not only on the mental health but also on physical health. It is so that people move constantly. No matter if it's cold, warm or minus degrees, they are always outside and that has an effect on the body. Also with the age, people should go to check ups, you know…preventive at the doctor's. This is not possible for us, the check ups. If you have something, it is also better to have ti diagnosed earlier, to get treatment earlier. That is not an option for the homeless. The diagnosis comes often when its already too late.*



Man, 41, from Slovakia, 5+ years homeless

Health Navigator Model

- Community Based
- Service Delivery
- Access Promotion
- Barriers Elimination

Patient Navigation Model

+

- Control Over Actions
- Decision Making
- Health Literacy
- Increasing Engagement

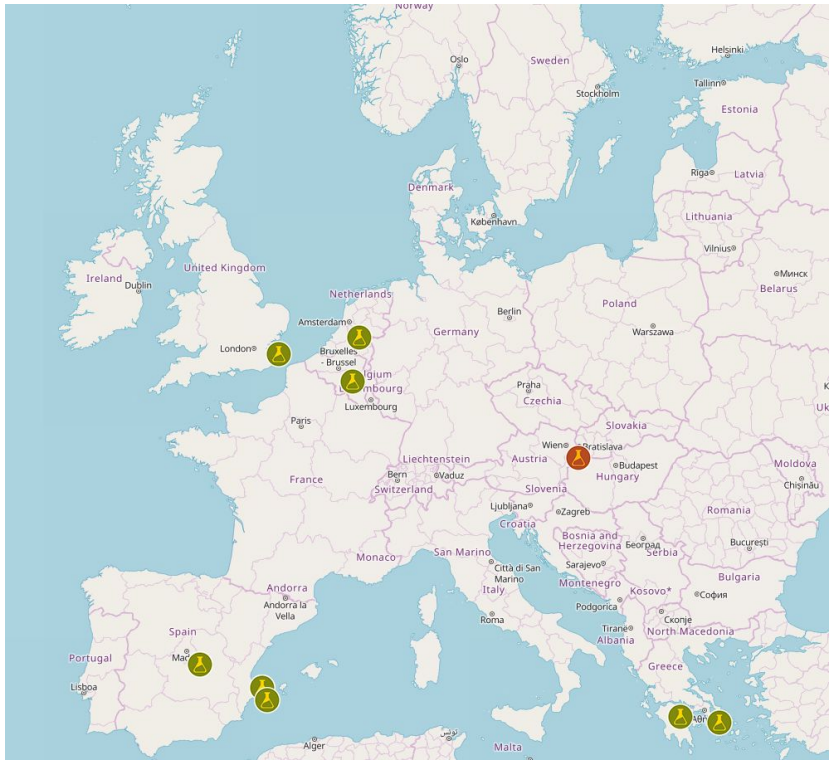
Patient Empowerment Model

HEALTH NAVIGATOR MODEL

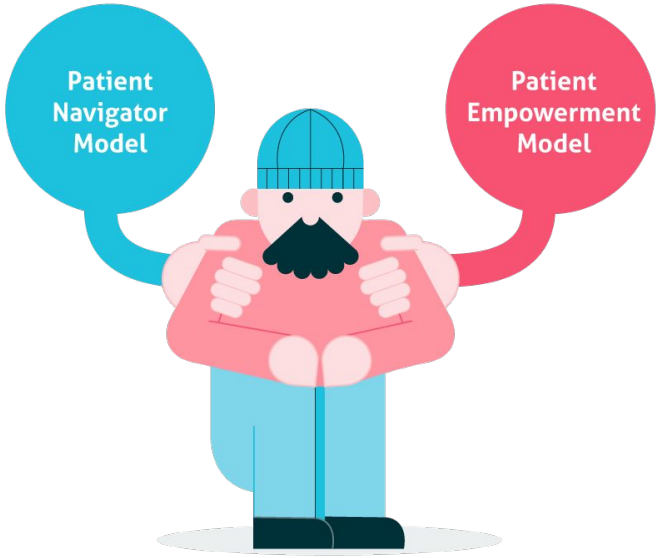
CANCERLESS Consortium







Health Navigator Model



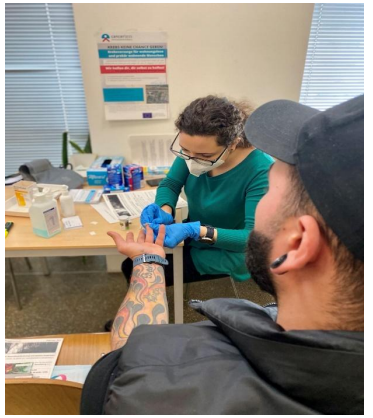
HEALTH NAVIGATOR MODEL

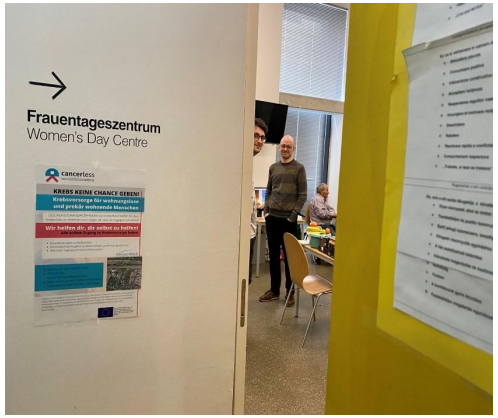


Comprehensive health needs assessment in the field

- Individual sessions our navigators make a comprehensive assessment of health needs and status of people experiencing homelessness
- Individually tailored plans aimed primarly at cancer prevention is created together with participants
- Scheduled appointments are done to assess the success of the plan and adjust when needed













Fotos: Maren Jeleff/Igor Grabovac

CANCERLESS: Cancer prevention in people experiencing homelessness

- *Total of **652 people** have received the intervention*
- *Health Navigators took on a variety of roles:*
  - *Psycho-social support*
  - *Organized workshops on health promotion, cancer prevention, hygiene*
  - *Provided healthy meals*
  - *Organized access to cancer screening and accompanied people to the appointments*
  - *Helped with paperwork*
  - *Organized referrals to a number of different healthcare specialities*
  - *Created support networks with other NGOs and health and social care structures*
  - *Outreach work, lobbying, media*


Carmichael et al. International Journal for Equity in Health (2023) 22:206
https://doi.org/10.1186/s12939-023-02011-4

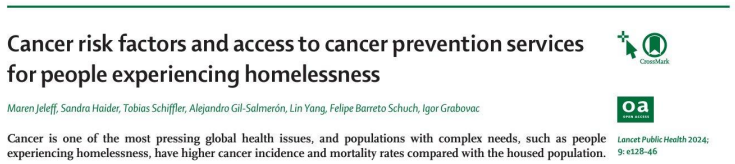
International Journal for Equity in Health

RESEARCH Open Access

Barriers and facilitators to health care access for people experiencing homelessness in four European countries: an exploratory qualitative study

Christina Carmichael[1,2], Tobias Schiffler[3*], Lee Smith[1], Maria Moudatsou[4], Ioanna Tabaki[4], Ascensión Doñate-Martínez[5], Tamara Alhambra-Borrás[5], Matina Kouvari[6], Pania Karnaki[6], Alejandro Gil-Salmeron[7,8] and Igor Grabovac[3]

Access to cancer preventive care and program considerations for people experiencing homelessness across four European countries: an exploratory qualitative study


Cancer risk factors and access to cancer prevention services for people experiencing homelessness

Maren Jeleff, Sandra Haider, Tobias Schiffler, Alejandro Gil-Salmerón, Lin Yang, Felipe Barreto Schuch, Igor Grabovac

Cancer is one of the most pressing global health issues, and populations with complex needs, such as people experiencing homelessness, have higher cancer incidence and mortality rates compared with the housed population.

Lancet Public Health 2024; 9: e128–46


The Lancet Public Health in conversation with

Maren Jeleff on cancer and homelessness

FEBRUARY 08, 2024 THE LANCET GROUP

https://www.buzzsprout.com/1793453/14463548


eClinicalMedicine in conversation with

Tobias Schiffler on access to cancer care for people experiencing homelessness

AUGUST 25, 2023 THE LANCET GROUP

https://eclinicalmedicine.buzzsprout.com/1845316/13468864-tobias-schiffler-on-access-to-cancer-care-for-people-experiencing-homelessness

CANCERLESS: Cancer prevention in people experiencing homelessness

Quality of life

		T0 (n= 655)	T2 (n= 277)	
Total EQ-5D-5L score, □ (SD)	AT	0.87 (0.18)	0.92 (0.13)	z= -4.861; ***p*= .000**
	GR	0.81 (0.18)	0.79 (0.22)	z= -.287; *p*= .774
	ES	0.78 (0.25)	0.77 (0.21)	z= -.866; *p*= .386
	UK	0.67 (0.29)	0.74 (0.25)	z= -3.740; ***p*= .000**
		H= 49.17; ***p*= .000**	H= 34.41; ***p*= .000**	

Empowerment

		T0 (n= 655)	T2 (n= 277)	
Total HCEQ, □ (SD)	AT	27.49 (12.72)	76.65 (27.61)	z= -7.057; ***p*= .000**
	GR	17.25 (12.81)	32.93 (19.76)	z= -7.027; ***p*= .000**
	ES	22.94 (15.31)	70.74 (26.96)	z= -5.136; ***p*= .000**
	UK	35.70 (29.70)	83.28 (63.32)	z= -5.707; ***p*= .000**
		H= 56.24; ***p*= .000**	H= 87.72; ***p*= .000**	

CANCERLESS: Key to success

- **Participation and active community engagement**
  - The first 6 months of the project have been devoted to developing the Health Navigator Model and to describe what the model is and how it should be applied in all piloting sites
  - Ensuring that living context of PEH has the highest priority when it comes to designing the model
  - Next to an External Advisory Board of the project, each pilot site was encouraged to form a Local Advisory Board of people with lived experience



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NEWS ARTICLE | 2 February 2024 | European Health and Digital Executive Agency

Discover CANCERLESS, an EU-funded project aimed at serving people experiencing homelessness

PROJECT PROFILES

CANCERLESS

Cancer is the second leading cause of death in Europe and cancer-related mortality is twice as high among the homeless population.

On World Cancer Day, we spoke with Dr. Igor Grabovac, a specialist physician in public health and associate professor at the Department of Social and Preventive Medicine at the Medical University of Vienna, in Austria. Dr. Grabovac is the coordinator of the CANCERLESS project, which aims to prevent cancer among underserved homeless populations by delivering person-centred interventions and facilitating their timely access to quality prevention and screening services. The project works with homeless populations in Austria, Greece, Spain and the United Kingdom.

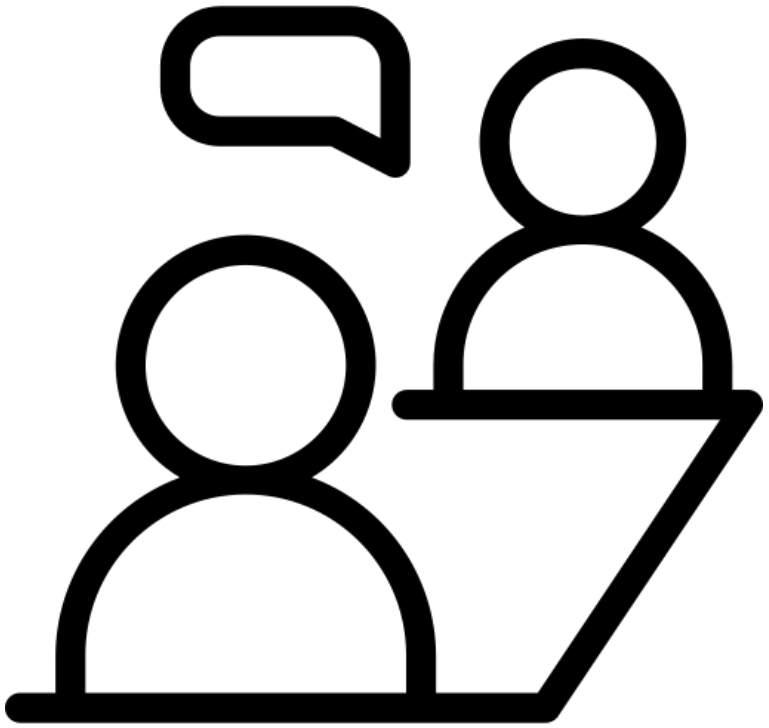
A unique project

According to Dr. Grabovac, the project plays a crucial role in the field of cancer research and cancer prevention, given its particular focus on highly vulnerable and underserved population. People experiencing homelessness have a life expectancy approximately 30 years shorter than the housed population and have higher prevalence of cancer and mortality. CANCERLESS is the first project

HADEA highlights CANCERLESS for World Cancer Day

CANCERLESS: Cancer prevention in people experiencing homelessness

And the health navigator is a really big help, also, because she offered this program. (...) And through this program you keep to maintain the focus on your health. Focus more on your health because if there's no one to ask you this type of questions we have right now then it's like "you don't think". And you don't think about your health. You only focus on one thing. And if you have this kind of sickness you only focus on this thing and you don't focus on the other things also. Maybe you have other diseases also that you don't know. So it's a big help for me that the health navigator introduced this program to me. (…) Because, of course, you don't know what's gonna happen in the future, so it's better to know and prevent things.



Woman, 50, from Romania, 15+ years homeless



https://cocaptain.eu/

CO-CAPTAIN: Cancer Prevention in People with Mental Ill-Health

- A total of **84 million individuals** live with an ongoing metal ill-health condition in the EU
- Cancer is the **second leading cause of death** in people with mental ill-health
  - As incidence is slightly higher, **mortality is twice as high**
- Risk factors are more prevalent:
  - Individual level (smoking, alcohol consumption, obesity rates)
  - Provider level (**diagnostic overshadowing**)
  - System level (lack of care continuity)



Chierzi et al, 2022; Hjorthoj et al, 2017

CO-CAPTAIN: Cancer Prevention in People with Mental Ill-Health

- **Diagnostic overshadowing:**

"(…) negative bias impacting a clinician's judgment regarding co-occurring disorders in individuals who have intellectual disabilities or other mental illness"

- It includes a variety of bias, such as anchoring bias (reliance upon initial impressions even after receiving additional, deviating information), premature closure bias (entails ceasing investigation after the formulation of an initial diagnosis), or implicit bias (preconceptions of race, ethnicity, gender, diagnoses, etc. and their effects on patient interaction and care)

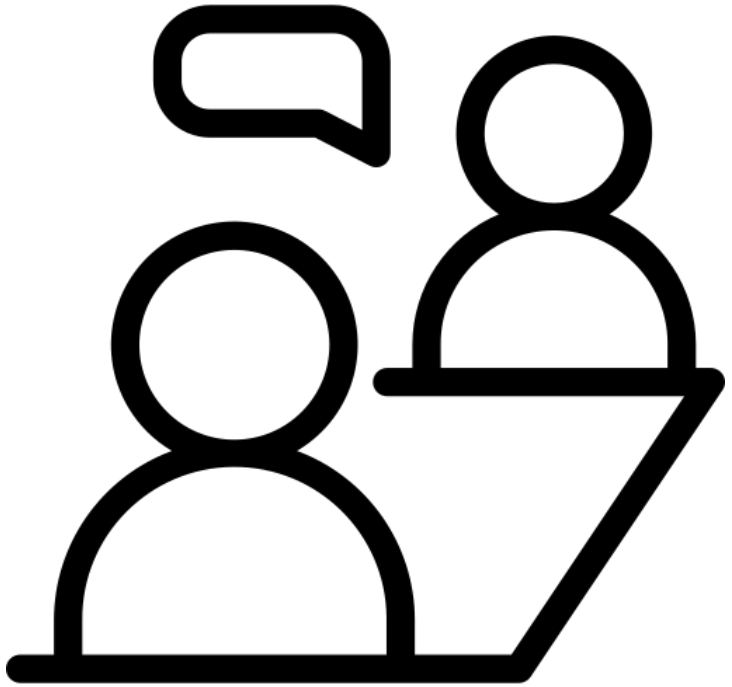


Kanne, 2013; Hallyburtonl, 2022

CO-CAPTAIN: Cancer Prevention in People with Mental Ill-Health

“And on the other hand, because then, yes, there is certainly also negative behaviour from the healthcare staff who don't have to deal with mental health on a daily basis and perhaps haven't been trained in it and say: that's not my business or something. First to the psychiatric ward and then we'll look at it when she's stable again or something.”

“And the trauma surgeon went to the psychiatric ward. Yes, she [a patient] wasn't in the casualty ward at all. She was in the psychiatric ward with her completely fractured leg, where there's no trauma nursing or anything, they're all psychiatric nurses.”



GP, 30, Austria

CO-CAPTAIN: Cancer Prevention in People with Mental Ill-Health

- Focusing only on primary prevention:
  - Smoking cessation
  - Nutrition optimization
  - Vaccinations
  - Physical activity





- Co-Designing participatory approach:
  - First 9 months dedicated to mapping barriers and facilitators and iterative workshops to define the model and its implementation based on the context of the piloting site

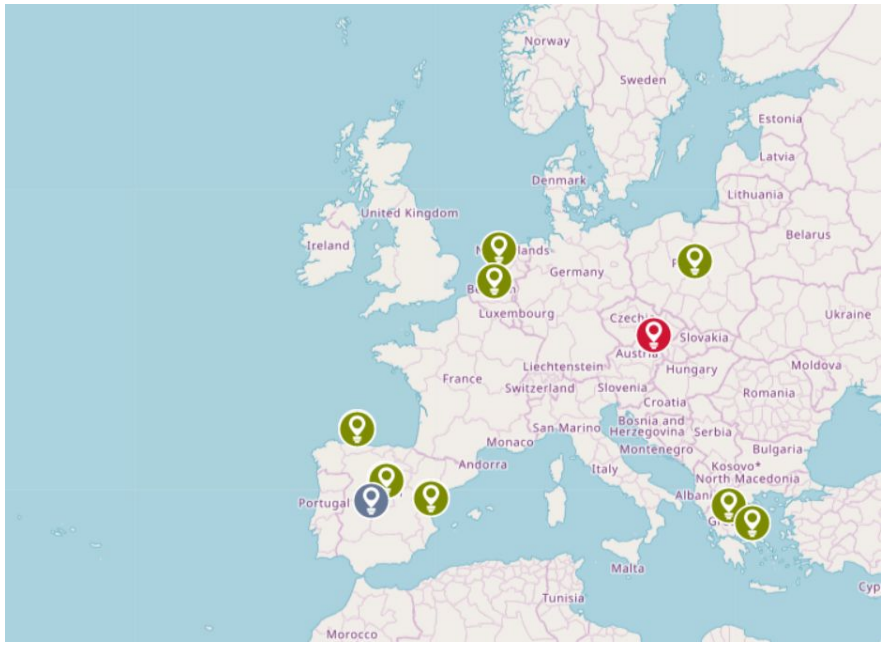




Chierzi et al, 2022; Hjorthoj et al, 2017

CO-CAPTAIN: Cancer Prevention in People with Mental Ill-Health





CO-CAPTAIN: Cancer Prevention in People with Mental Ill-Health

“And I mean, they're not separate things, that you (...) somehow say, (...) 'I know what's happening in your head sucks, but it's not completely independent of how you're doing physically. And (...) these are not necessarily two different goals. You can actually work on your physical stuff to support the goal that I know you actually have, and what's actually most important to you. Namely that what's going on in your head is no longer so stressful for you.”

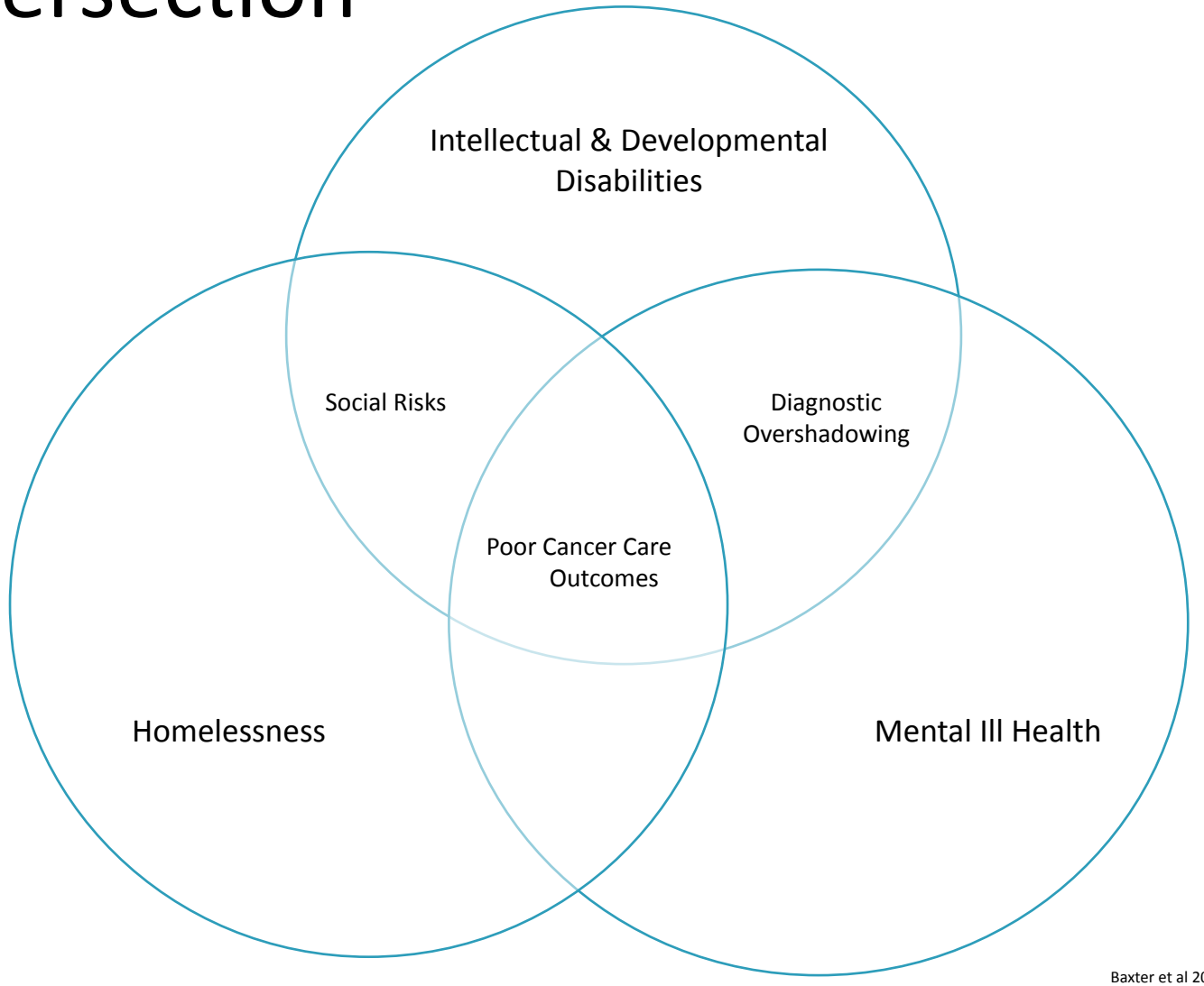
Male person with lived experience, 30 years old

People with intellectual/developmental disabilities at the intersection

- PWIDD have increased risks for poor health outcomes – complex needs
- Compelling evidence from regarding mental health outcomes:
  - Trauma and abuse
  - Communication issues complicate the ability to obtain a proper diagnosis
  - Diagnostic overshadowing
  - Active exclusion from research prevent creating appropriate services
- PWIDD also experience disproportionately poor social outcomes
  - Unemployment
  - Lower education attainment
  - Lack of supportive housing
  - Higher risk of exploitation

Baxter et al 2006; Booker at al, 2015 Koslowski et al 2016; Thurman et al 2023

People with intellectual/developmental disabilities at the intersection



Baxter et al 2006; Booker at al, 2015 Koslowski et al 2016; Thurman et al 2023

Going into the discussion rounds…
Again…the key is….

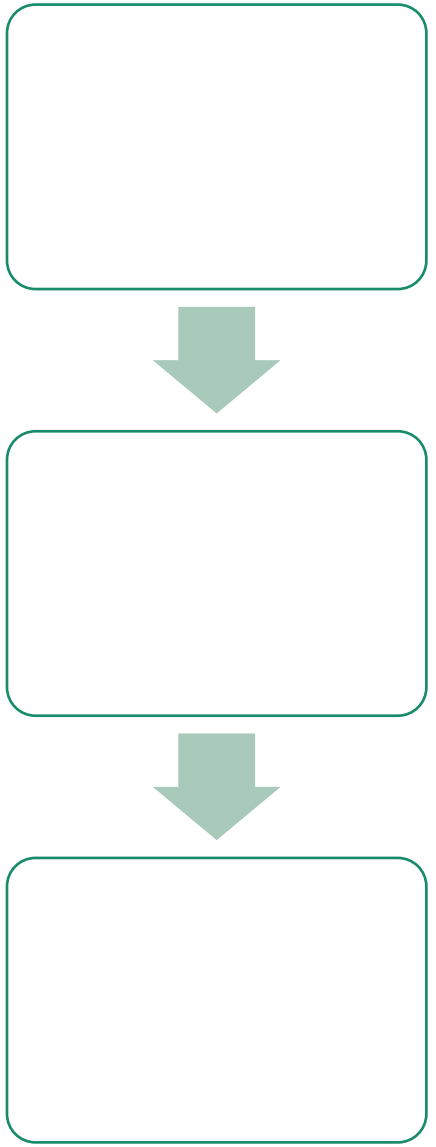
- Involving people from the communities, people with lived experience, their caregivers and family members as well as professionals
- Providing an open platform to voice opinions and emphasizing that they will be taken seriously
- However,…
  - This is extremely difficult
  - Combating years of oppression and mistrust
  - Historical „use“ of communities for scientific research with no clear benefit

Meaningful participation

- Needs to go much further than „*tokenism*“
- People with lived experience **are experts in their own right**
- Those with more privilege (academics and other professionals) need to create equal footing in discussions
- **Data and scientific analyses mean nothing without context**
- Participation does not stop with identification of an issue or a co-design of an interventions but has to include:
  - Constant monitoring of the progress
  - Input at analysis or performing analyses together
  - Needs to take into consideration what the community will gain and how best they can use the data gathered

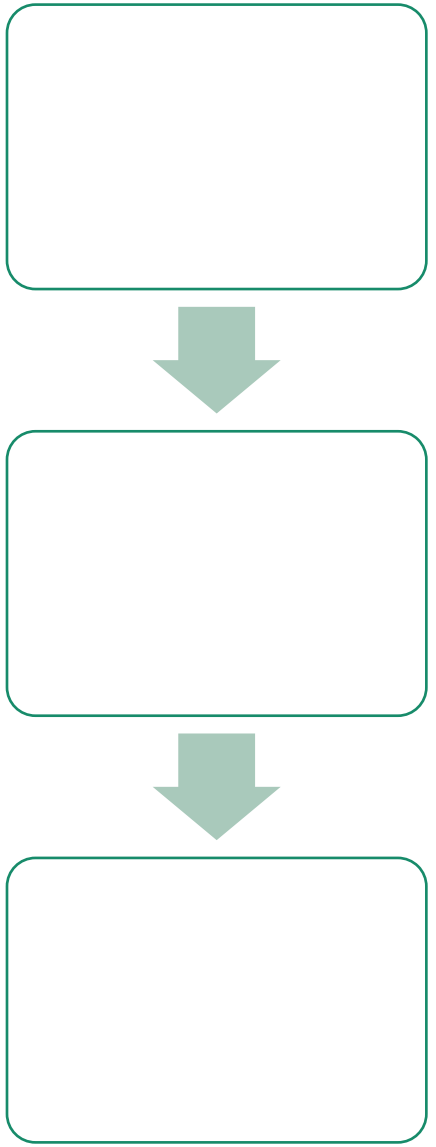
Proposed strategies for policy change

- **Reducing resource inequalities**:
  - As people use their socioeconomic status (money, status, networks, etc.) to improve their health (for instance by having access to services) they deepen health inequalities
  - **<u>If there is a reduction in resource inequalities then we should also a reduction in health inequalities</u>**
  - This would mean creating policy change within the social system: minimum wage, affordable housing, housing for the homeless, parental leave, taxation changes…



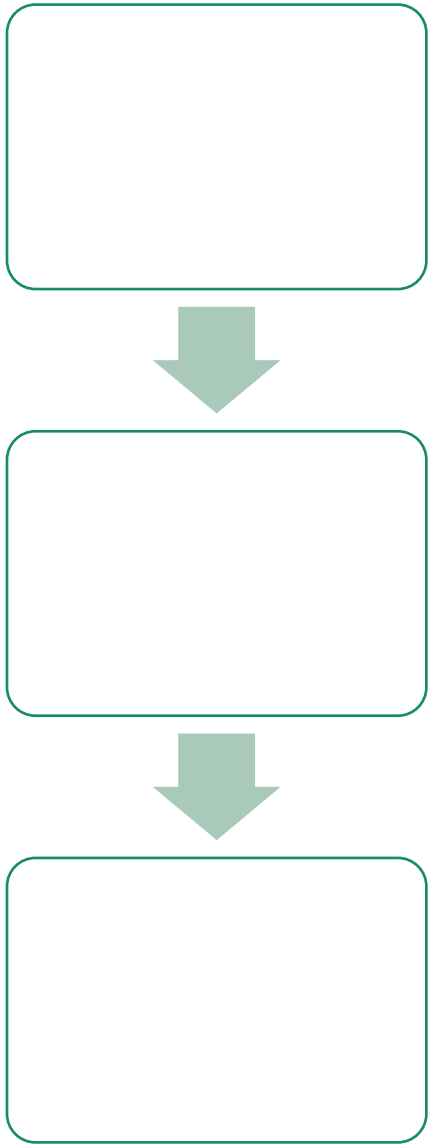
Proposed strategies for policy change II

- **Contextualisation of risk factors:**
  - Any interventions aiming to changing individual risk factors need to be **aware of context that puts people at risk in the first place**
  - Improving physical activity in neighbourhoods with no green spaces
  - Access to healthy food
  - Crime rates



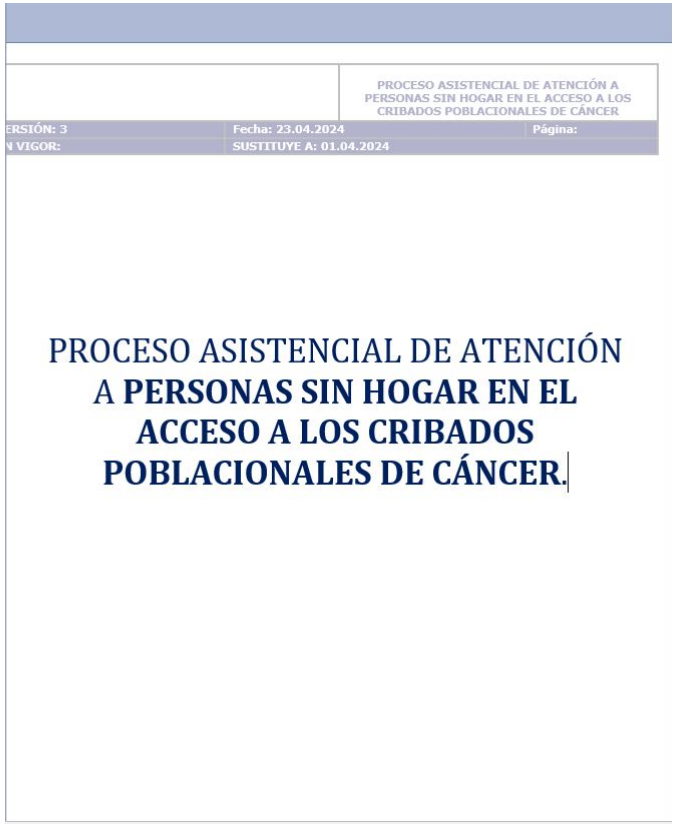
Proposed strategies for policy change III

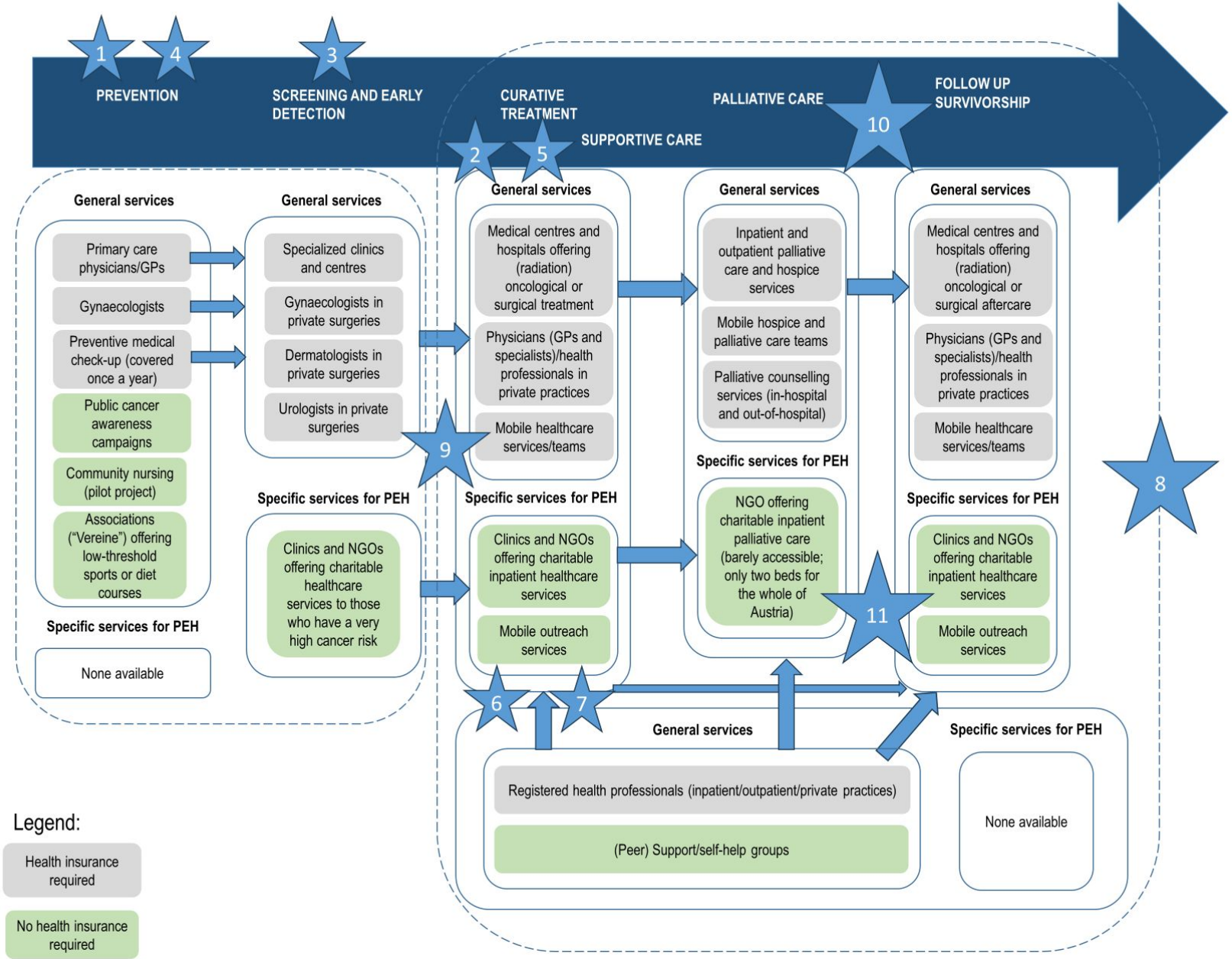
- **Prioritize development of interventions that do not rely on resource use:**
  - When an intervention is designed – does it benefit all or does it just benefit people that have access to it
  - Interventions that **do not rely on use of resources do not increase health inequalities** – *How do we implement a solution within the parameters of the existing structures?*



Beyond CANCERLESS: Policy Recommendations & Sustainability

- Developments underway with NHS England to develop mobile cancer screening units
- These should drive to the shelters and day centres for people experiencing homelessness and support screening
- Developments within the local governments of the community of Madrid and under the leadership of the Public Health and Social Services **resulted in changes in local policy**
- A new process for establishing cancer care pathways and access to cancer preventive services was established





AUSTRIAN INTEGRATED CANCER CARE PATHWAY

The Community Health Lab



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