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

CO-DESIGNING THE HEALTH NAVIGATOR MODEL FOR CANCER PREVENTION AMONG PEOPLE EXPERIENCING HOMELESSNESS – THE CANCERLESS PROJECT

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BACKGROUND

Cancer-related mortality among people experiencing homelessness (PEH) is twice as high as that of the housed adult population in high-income countries (1). This stark disparity is further exacerbated by **limited access to timely and quality healthcare services**, including cancer prevention and early detection (2). To address this pressing issue, this study aimed to develop an **integrated care model**, called the **Health Navigator Model**, based on the principles of patient navigation and patient empowerment in a collaborative manner (3) in order to **facilitate access to primary and secondary cancer prevention among PEH**.

RESULTS

The collaborative discussions yielded a consensus on the **Health Navigator Model**, emphasizing its adaptability to local contexts. This comprehensive, long-term, community-based intervention aims **to address primary and secondary cancer prevention and broader healthcare barriers**. Key to this model are the "Health Navigators" with backgrounds in health and social care and deep insights into the needs of PEH. They will be strategically placed in accessible locations to identify PEH's health needs, raise cancer awareness, and facilitate healthcare access, supported by comprehensive training in population-specific knowledge, interpersonal skills, cancer education, and local resources. Collaboration with various stakeholders, including healthcare professionals, is integral to their roles, and they will receive supervision. This approach ensures the model's effectiveness in reducing cancer mortality among PEH while considering the unique challenges of each local context.
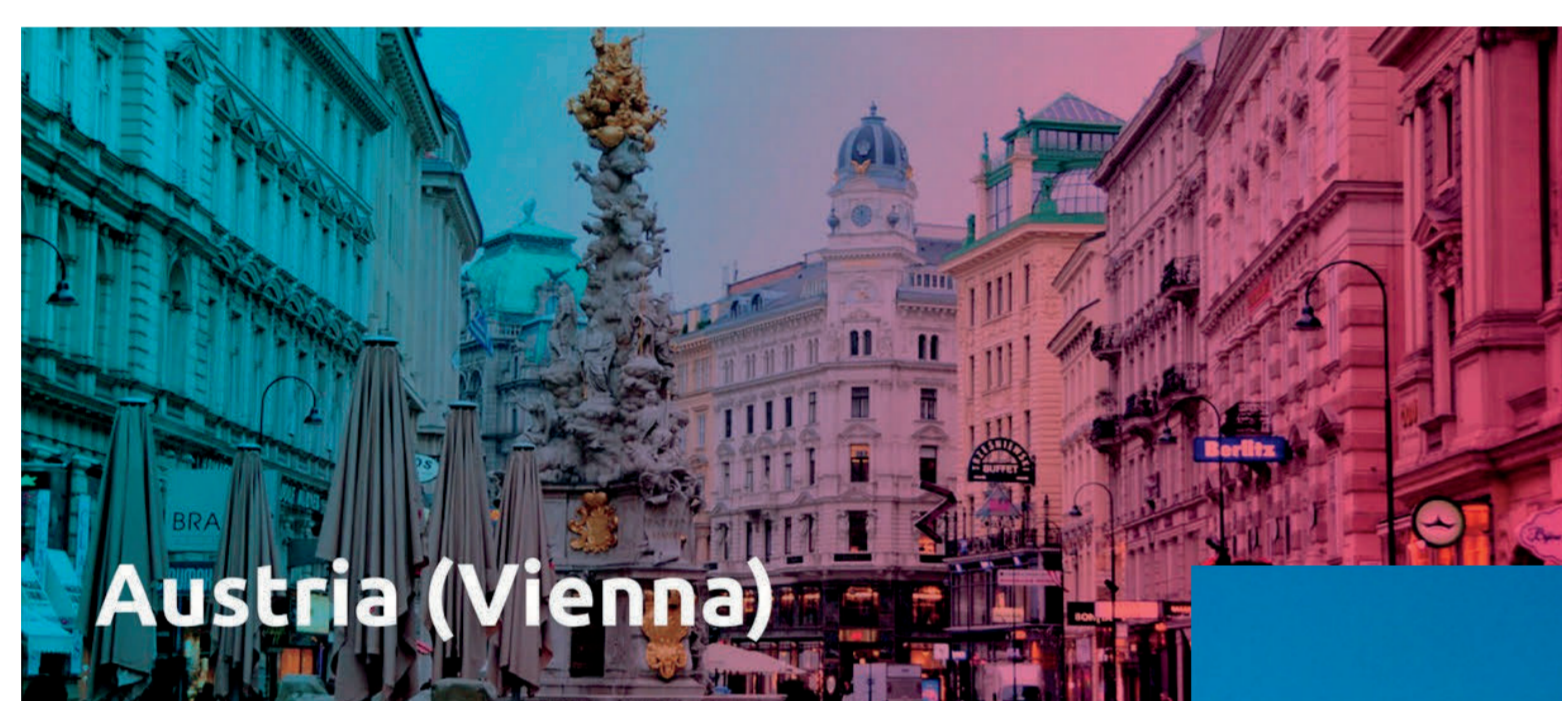
PILOT

Austria (Vienna)

Spain (Madrid)

Greece (Athens)

SITES

The United Kingdom (London)

METHODS

Adopting a participatory approach, this study involved **seven focus group discussions**, expertly facilitated by a multidisciplinary research team. Participants included **15 PEH** and **41 professionals**, comprising managers, front-line health and social care staff, and representatives from the civil society sector across **Austria, Greece, Spain**, and the **United Kingdom**. These discussions followed a structured topic schedule to ensure consistency in data collection and analysis.
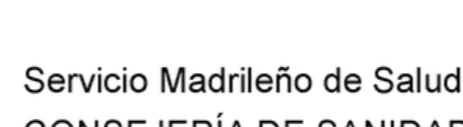
CONCLUSIONS

The study's findings underscore the urgent need to address the disproportionately high cancer-related burden among PEH. Through a participatory approach that actively engaged both PEH, healthcare and psychosocial professionals, the **Health Navigator Model** was co-designed and achieved strong cross-national consensus. This adaptable, community-based intervention, supported by knowledgeable Health Navigators, holds the potential to **effectively identify and mitigate healthcare barriers**, **enhance cancer awareness**, and **enable timely access to healthcare services**, ultimately working toward reducing cancer mortality among PEH.

References
- (1) Asgary R. Cancer screening in the homeless population. Lancet Oncol. 2018;19(7): e344-e350.
- (2) Schiffler T, Carmichael C, Smith L, Doñate-Martínez A, Alhambra-Borrás T, Varadé MR et al. Access to cancer preventive care and program considerations for people experiencing homelessness across four European countries: an exploratory qualitative study. EClinicalMed. 2023;62.
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