

Cancer preventive care for people experiencing homelessness: Barriers and facilitators at system, provider, and individual levels in four European countries

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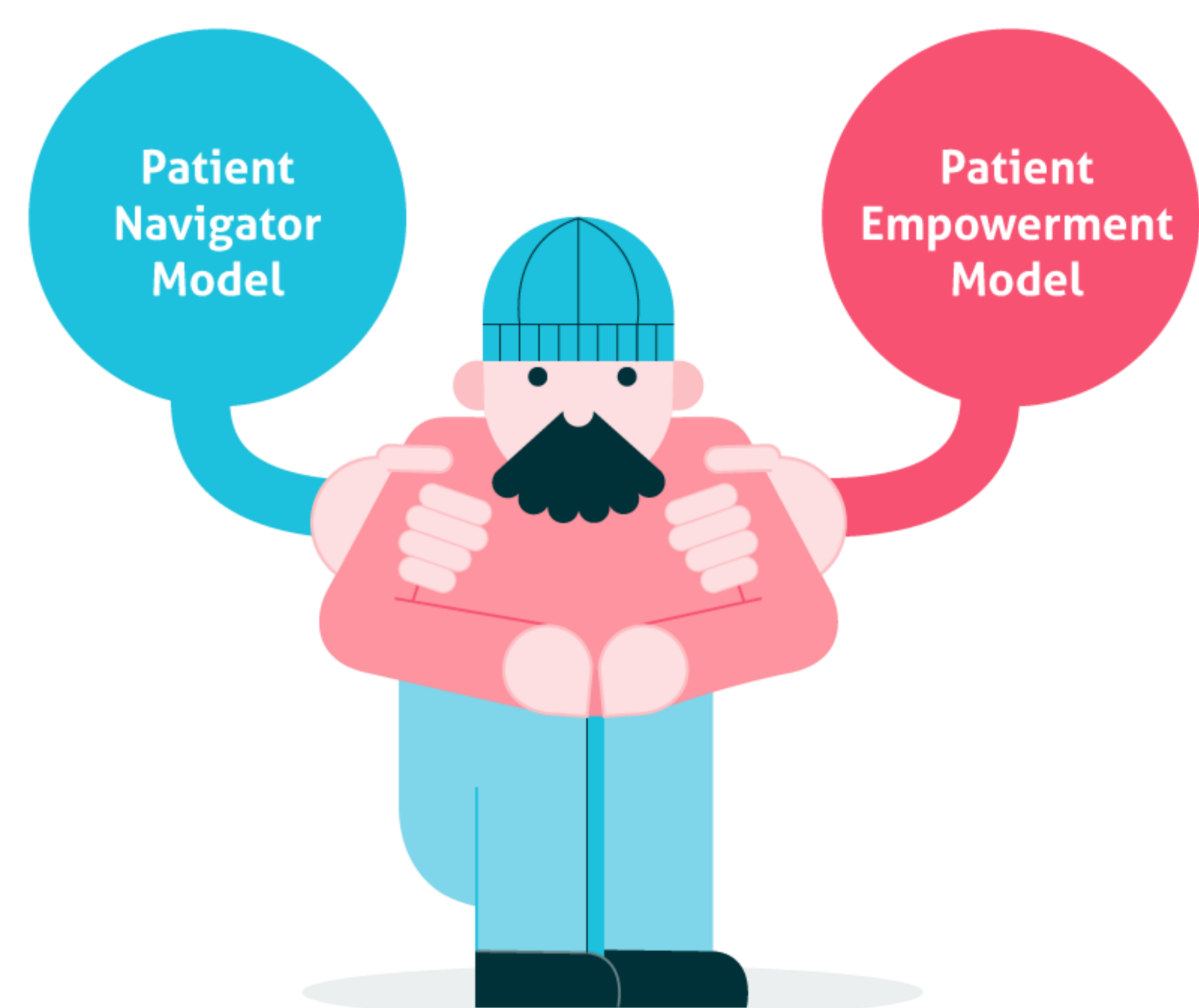
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Background

People experiencing homelessness (PEH) have a higher prevalence of adverse health outcomes and premature mortality compared to the general population, including a higher burden of cancer and cancer-specific mortality (Thomas, 2012). These outcomes are associated with several etiological factors and may lead to significant barriers to accessing primary and secondary prevention and community health services. The CANCERLESS project (EU Horizon 2020) aims to enable PEH in Europe to access cancer prevention measures at an early stage by developing a novel care model, the Health Navigator Model (HNM). Implementing this co-designed person-centered and community-based intervention may be a way to address the growing health and social disparities in PEH and promote their timely access to cancer prevention services.

Methods

To qualitatively adapt the HNM to structural conditions in four European healthcare systems, we collected data through 69 semi-structured interviews between August and October 2021 with PEH, both with and without direct experiences of cancer. We also included health and social care professionals. Interviews conducted by partners in Austria, Greece, Spain, and the United Kingdom were transcribed verbatim and thematically analyzed utilizing the approach set out by Saldaña (2021).



<https://cancerless.eu/>



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Results

We derived the two overarching themes (1) experiences and understanding of cancer prevention and treatment, and (2) considerations for program intervention. While cancer was a major source of worry, participants' responses indicated that PEH generally had very limited knowledge and understanding of cancer symptoms and cancer prevention. Across all settings, programs and activities for cancer prevention geared towards PEH were described as almost non-existent, and very few participants experiencing homelessness recalled being invited to a screening appointment. As a result, health and social care professionals in some settings indicated that cancer in people experiencing homelessness was often missed in the early stages, and instead only picked up when the severity of symptoms intensified.

Conclusion

As cancer-specific knowledge among PEH is limited, engagement on educational and awareness-building levels in this population is needed. To achieve this, communication around cancer should be multilingual, accessible, and simple, while medical staff should be trained to provide more inclusive health services (Hauff & Secor-Turner, 2014).

Caption

Illustration: Health Care Model (<https://cancerless.eu/>)

Photo 1: showing a person experiencing homelessness in Vienna; © Caritas Wien/Klaus Pichler

Photo 2: showing a person experiencing homelessness in the care facility "Zweite Gruft" in Vienna; © Caritas Wien/Klaus Pichler

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