cancerless

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

Agreed Pilot Implementation Plans

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Prolepsis Institute

WP3: Pilot implementation of the Health Navigator Model in real-life settings

Date: 26/5/2022

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LIST OF ACRONYMS

- D – Deliverable
- EU – European Union
- MS – Member States
- UK – United Kingdom
- WP – Work Package

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EXECUTIVE SUMMARY

The main scope of WP3 is to pilot test the Health Navigator Model co-adapted in WP2, through the implementation of a pilot study with people experiencing homelessness in 3 EU MS (Austria, Greece & Spain; total n=1000) and UK (n=500). The **D3.2** has been created to support the **Task 3.2: Health Navigators Model Implementation.** The D3.2 comprises the pilot implementation plans of the four pilot sites. Each pilot implementation plan describes the pilot study methodology including primary and secondary objectives, sampling procedure, eligibility criteria, description of the target group and the care team members that will be involved, evaluation procedure and milestones as well as management/monitoring issues to achieve successful collaboration among partners and to evaluate progress. The **D3.2** is the core deliverable of WP3 that describes the methodology according to which the pilot study will be implemented per pilot site.

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INTRODUCTION

The SO.1.2. of the CANCERLESS project is "*to conduct a pilot implementation of the Health Navigator Model that includes 4 agencies working with more than 30 professionals and 1500 homeless people over 18 months*". CANCERLESS will implement the Health Navigator Model in large-scale pilot deployment, in 4 different health and social care systems in Europe. This objective is related with the WP3 of the project while the actual implementation phase corresponds to the Task 3.2. Pilot implementation. The Task 3.2. will contribute to the promotion of healthy behaviours in cancer prevention as well as it will enhance the screening rates of participants.

The current report presents the pilot implementation plan of the CANCERLESS project. The pilot implementation plan is the plan that pilot sites created to successfully move the Health Navigator Model into their real-life settings addressing the specificities of their local contexts. The pilot implementation plans agree on the following aspects:

- Pilot study methodology
    - Primary and secondary objectives;
    - Sampling procedure;
    - Eligibility criteria;
    - Description of the target group and the care team members that will be involved;
    - Evaluation procedure and milestones
- Management/monitoring issues to achieve successful collaboration among partners and to evaluate progress.

METHODOLOGY

All involved partners from each pilot site were provided with a "Pilot Implementation Plan Template" by the WP3 leader. In particular, the procedure that was followed is as illustrated in Figure 1.

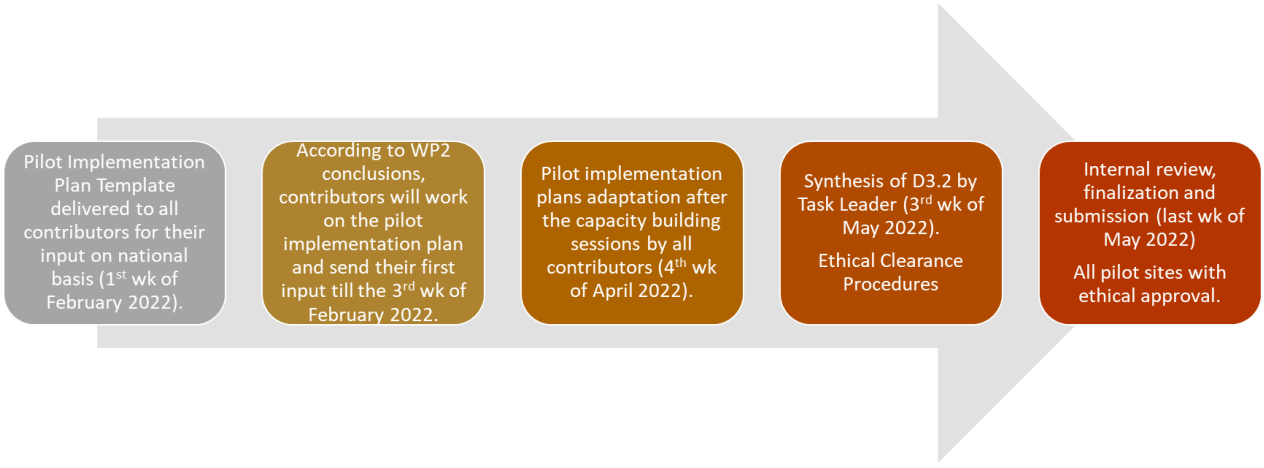

Figure 1 Diagram with the process of preparation of pilot implementation plans.

The "Pilot Implementation Plan Template" is presented in **ANNEX I**. All pilot implementation plans per pilot site are presented in **Annexes II-V**.

PILOT IMPLEMENTATION PLAN FOR THE CANCERLESS INTERVENTION

General Scope and Specific Objectives of the Pilot Study

CANCERLESS's vision is to prevent cancer and allow for early diagnosis in the homeless population by delivering patient-centered interventions to overcome health inequalities and facilitating timely access to quality cancer prevention and screening services for homeless people and leaving no one behind in Europe.

The general scope of the CANCERLESS pilot study is to deliver evidence-based patient-centered health care services to overcome health inequalities and facilitate timely access for the homeless to quality cancer prevention and screening services.

The specific objectives of the CANCERLESS pilot study are summarized as follows:

- Promotion of cancer awareness and self-management. This includes:

- Education on various types of cancer as well as risk and protective factors related with cancer;
- Promotion of healthy behaviors and preventative measures against cancer;
- Involvement of the patient in decision-making regarding his health.

- Identification of health needs and barriers. This includes:
  - Personalized approach to assessment of user needs;
  - Adapted solutions regard barriers to care.
- Coordination of access to care and provision of practical support. This includes:
  - Demonstration of trusting relations between local health and social care providers;
  - Enhanced understanding of needs of homeless people among local health and social care providers;
  - Referrals to healthcare services and cancer screening;
  - Cooperation with and referrals to services that offer accommodation, clothing and/or access to hygiene facilities, storage of medication, etc;

Sampling procedure and Participants

Study Sample

As described in the grant agreement, the agreed study sample is n=1,500 individuals that have experienced homelessness. The sample allocated per pilot site is summarized in Figure 2.

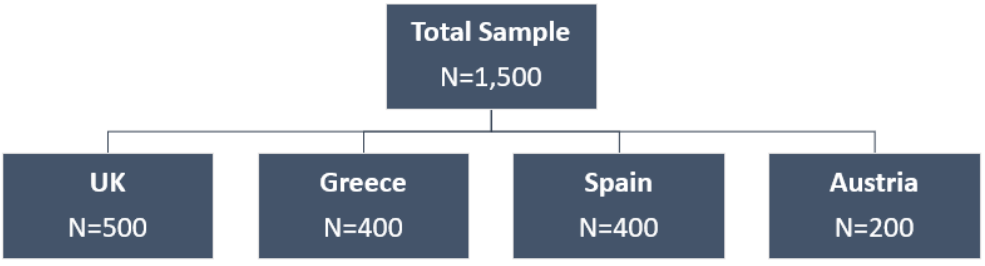

Figure 2 Allocation of sample per pilot site

Taking into account that a drop-out rate is foreseen, the involved partners in pilot study have agreed on over recruitment so as to achieve the target of n=1,500 participants, in total.

Recruitment rate and Eligibility Criteria

All partners agreed on a common timeline regarding the recruitment phase. Additionally, common eligibility criteria were set. This information are summarized in **Table 1**.

Table 1 Recruitment rate and Eligibility Criteria

Timeline of Recruitment	▪ **50%** recruitment rate within **the first 6 months** ▪ Assessments of recruitment **every 2 months** ▪ Constant enhancement of the recruiting process through communication and outreach strategies
Eligibility Criteria	**Inclusion criteria** ▪ ≥18 years old ▪ No diagnosed cancer ▪ Any category of ETHOS typology applies ▪ Knowledge of English or local language **Exclusion criteria** ▪ Cognitive disability ▪ Unable to give informed consent ▪ Known cancer diagnosis ▪ Cancer survivor

Study setting

The Table 2 summarizes the setting and locations where the recruitment will be implemented.

Table 2 Study settings for recruitment per pilot site

UK	Greece	Spain	Austria

Site 1 - The Purfleet Trust, Kings Lynn **Site 2** - Dibden Road Hostel (part of St Martins Housing Trust), Norwich	**Site 1** - Social Services of the Open Day Centers for the Homeless in Athens **Site 2** - Social Services of the Open Day Centers for the Homeless in Piraeus **Site 3** - Social Service of the Community Centre.	Shelters and teams of homeless people living in public spaces (*more specific details are provided in the pilot implementation plan from Spain.*	**Main hub: AmberMed** - outpatient clinic offering treatment, social counselling and medical aid to uninsured people

The CANCERLESS Intervention

Prevention Stage of Disease

All pilot sites will implement intervention on both primary and secondary prevention level according to the specific needs of the individuals that will be considered as eligible for the study.

Thematic areas of the Intervention

The intervention will consist in Health Navigator Model, providing primary cancer prevention services at the social care points and facilitating the access to the screening services. The core part of the intervention will be designed in a way to cover the following needs:

- Tailored cancer health education and counselling (face-to-face, phone, printed materials, lay language);
- Health navigators for cancer screening;
- Patient perception and personal risks assessment;
- Establishing trust between homeless people and the staff at shelters, drop-in centers, and screening facilities;
- Scheduling screening appointments, reminders, and follow-ups;

- Transportation assistance and accompanying patients to and from procedures if needed, and helping with reaching and navigating screening sites;
- Obtaining and documenting screening results;
- Facilitating follow-up appointments with providers after screening;
- Reinforcing support system and coordinating with an individual's caseworker, social worker, or substance-abuse counsellor when needed;
- Partnering with community organizations and screening facilities for flexibility in service processes

In all pilot sites, a personalized approach will be followed. Nevertheless, specific thematic areas which will be prioritized during the intervention have been agreed among the involved partners in all pilot sites. These thematic areas are summarized in Figure 3. In all cases, cultural competency and sensitivity to vulnerability through motivational interviewing, trauma-sensitive language and de-escalation techniques will be taken into account.

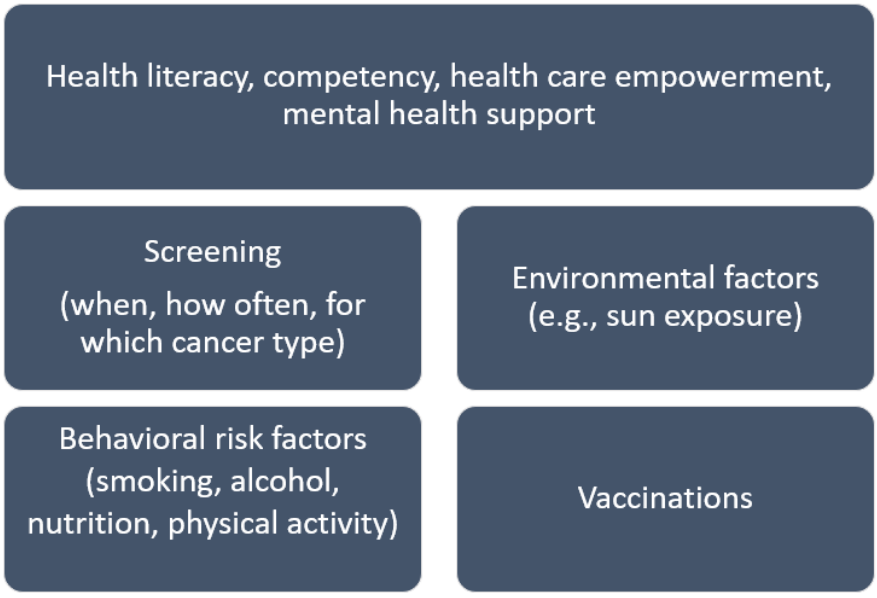

Figure 3 General thematic areas of the CANCERLESS intervention

Pilot-specific Intervention Content and Navigation Services

Pilot Study in UK

The actual content of the intervention at the UK sites will be as follows:

- Individual navigator-user appointments comprising the review of health needs/ concerns and goal setting.
- Assessment of user eligibility for cancer screening.
- Linkage of users to relevant health and social care providers, including for cancer screening where eligible.
- Group-based educational workshops covering cancer prevention, screening, and symptoms.
- Facilitated access to tailored fitness-based activities.

Pilot Study in Greece

The actual content of the intervention at the Greece sites will be as follows:

- Providing information on disease and related risk and protective factors. Among the different cancer types special focus will be given to breast, cervical and skin cancer. Among the behavioral factors special focus will be given to smoking;
- Psychosocial support;
- Medical and pharmaceutical support;
- Counselling;
- Linkage and referrals with relevant services;
- Accomodation.

Pilot Study in Spain

The actual content of the intervention at the Spain sites will be as follows:

- Health education (primary prevention);
- Screening systems (secondary prevention);
- Mental Health Care;
- Access to the health system;
- Accompaniment;
- Health Communication

Pilot Study in Austria

The actual content of the intervention at the Austria sites will be as follows

- Using existing networks and collaborations with AmberMed

- Establishing new collaborations with services geared towards specific study population;
    - Participating in network meetings;
    - Establishing check-ins and cooperation / contact routines with service providers / key persons;
- Giving to participants appointment cards for follow-up appointments and counseling;
- Generation of individual programs for participants based on individual risk profile, motivation and legal / social situation;
- Involvement of the End User i.e. homeless individual to his program:
    - Throughout, health navigator offers counseling and direct support navigating the system (e.g., establishing contact, accompaniment)
    - A plan for regular follow-ups will be established

Pilot-specific Means of Intervention

Pilot Study in UK

The resources and services that are expected to be required to support the successful implementation of the pilot are:

- A series of 'information sharing' sessions aimed at wider staff team/ professional stakeholders involving an overview of the Health Navigator service, and basic cancer education;
- A handbook of resources relating to health access and cancer prevention, to be used for reference on a day-to-day basis;
- Leaflets/pamphlets and other materials advertising the Health Navigator role and cancer prevention, as required;
- Facilitated meetings between pilot sites and Big C Cancer Charity, to arrange a series of tailored cancer education workshops for service users;
- Specific resources to facilitate service user involvement in physical exercise.
- Administrative oversight from the research team at Anglia Ruskin University for the duration of the project, including specific support with data collection and input as required;
- Clinical oversight and support from specialists at Big C Cancer Charity for the duration of the project;

- Access to monthly 'check-in' meetings with CANCERLESS consortium members, and other Health Navigators working in various European settings, to share practice, raise issues and concerns, and ask questions;
- The study team at Anglia Ruskin will also take steps to engage with wider stakeholders (including, for example, local health and social care providers) to promote and support the delivery of the programme locally.

Pilot Study in Greece

- Bilateral sessions and counseling according to the needs of each beneficiary will be provided;
- Group sessions to educate participants on cancer and relevant behaviors;
- Online meetings if needed.

Pilot Study in Spain

The resources and services that are expected to be required to support the successful implementation of the pilot are:

- Counselling;
- Registering;
- Educational activities;
- Navigation through the health system;
- Risk assessment;
- Care itineraries / Integrated care processes;
- Protocol of coordinated action between the social services of primary care and the network of the attention given to people without homes of the city of Madrid;
- Municipal strategy for the prevention and care of HOMELESSNESS.

Pilot Study in Austria

- Informational meetings with staff on-site, establishing cornerstones of the interventions and collaborating on within-organization routines (incl. data processing, handling of referrals and recruitment);
- Health Navigator have access to a tablet for intervention-specific data storage and processing; Health Navigator also have a designated phone & phone number and email address;
- Health Navigator are provided access to the within-organization data processing tool to allow for referrals from social workers and doctors;

- Networking efforts with other NGOs, social and healthcare services that cater to homeless people;
    - Recruitment procedures will be established at external services;
    - Referral procedures will be established at external services;
- Other services will be informed and reminded of the project on a regular basis and asked to inform people of the project;
    - We will be establishing a newsletter list with contacts;
    - Pre-existing networking meetings with social services in Vienna will be used to update collaborators and adapt routines;
- Advertisement materials (e.g., posters, leaflets) will be made available at various sites;
    - Appointment cards for participants;
    - Flyers with directions to be used by other services in particular;
    - Health Navigator will have business cards to hand out to collaborating services;
    - Posters will be used at critical (collaborating sites);
- Connecting with appropriate services ;
    - Establishing a network of possible service (mapping);
    - Contact persons, contact routines and access routines will be established with appropriate services to reduce access thresholds for participants;
    - If no specialized service is available or found: organization of health promotion and prevention activities where possible;
- Health Navigator log all collaborative and contact activities in a cloud-based service.

Pilot-specific Social Setting and Primary Actors

Pilot Study in UK

Site 1- The Purfleet Trust, Kings Lynn

Purfleet Trust is a charitable organisation that works to support predominantly single (non-statutory) homeless people. The main site of the Purfleet Trust is an open-access day centre; usual services available at this site include provision of food (breakfast and lunch), access to social and educational activities, access to fitness facilities, one-to-one support and advice services, access to an on-site nurse.

Purfleet Trust also run a series of accommodation projects including training houses and emergency 'pods', where a proportion of their service users. It is expected that the Health Navigators will primarily deliver services at the day centre service but may also visit service users in accommodation projects where appropriate.

The **primary actors** on site beyond those support workers taking on the role of Health Navigators include:

- Frontline support workers
- Managers/backline staff
- Volunteers
- Community nurses and other health professionals (periodic visits)

Site 2 - Dibden Road Hostel (part of St Martins Housing Trust), Norwich

Dibden Road Hostel is a 'second-stage' male- only accommodation project that is run by St Martins Housing Trust, a large homelessness charity. The hostel is staffed 24 hours a day, and residents receive tailored support aimed at supporting them to move towards independent accommodation. It is expected that the Health Navigator working at this site will deliver services in both communal and private office spaces at the hostel.

The **primary actors** on site beyond the Health Navigator include:

- Frontline support workers
- Managers/backline staff
- Volunteers

Pilot Study in Greece

The navigation services are going to be implemented at the Social Service of the Open Day Centers for the Homeless in Athens and Piraeus and in the Social Service of the Community Center. The operation will be via a multidisciplinary team whose main objective will be to address beneficiaries' problems related to health issues, linkage and access to health services and screening.

Pilot Study in Spain

Social Policies Services (DGSS)

Patient recruitment and health education.

Regional Cancer Office (SERMAS)

Breast and colon screening.

Primary Health Center (SERMAS)

Cervical screening , skin screening and health education.

The main actors will be social educators with public health knowledge

Pilot Study in Austria

AmberMed is an NGO, a cooperation between Diakonie Refugee Services and the Red Cross, offering outpatient health services, including general and specialist medical consultations, and social counselling – all in-person translator-supported. It is outfitted with / provides:

- 3 treatment rooms, fully equipped for general and specialist consultations – fully integrated into Austrian referral system for out-of-network referrals
- Socio-medical counselling available with social workers, incl. 1 counselling room
- 15 culturally competent translators
- 52 volunteer healthcare workers (incl. GPs, medical specialists, and psychologists)
- 20 staff (management, social workers, assistants, project workers)
- Integrated network of medical screening, social counselling, and governmental institutions
- On-demand counselling, crisis intervention, psychotherapy, physiotherapy, and coaching

There will be two Health Navigators primarily responsible for navigation activities:

- Social scientist & health researcher being responsible for coordinating implementation efforts, recruitment, navigation activities, networking
- Medical doctor being responsible for recruitment, navigation activities, networking.

A local external advisory board will be organized with 4 peer support workers from the *Neunerhaus* Peer Campus who can supply additional help and support the piloting efforts. The *Neunerhaus* Peer Campus is an exchange point for people facing homelessness, where they can get in close dialogue with peers with (former) experiences of homelessness. The *Neuenerhaus* Peer Campus offers training and further education, accompaniment on the job market as well as networking and exchange regarding peer support work. This local external advisory board will be consulted on a regular basis in order to ensure that all processes are operating properly and that persons enrolled in the program are supported optimally.

Duration of Intervention and Post-Intervention Phase

As already mentioned, the CANCERLESS intervention will be specified according to participants' specific needs. The plan agreed among all pilot sites is presented in

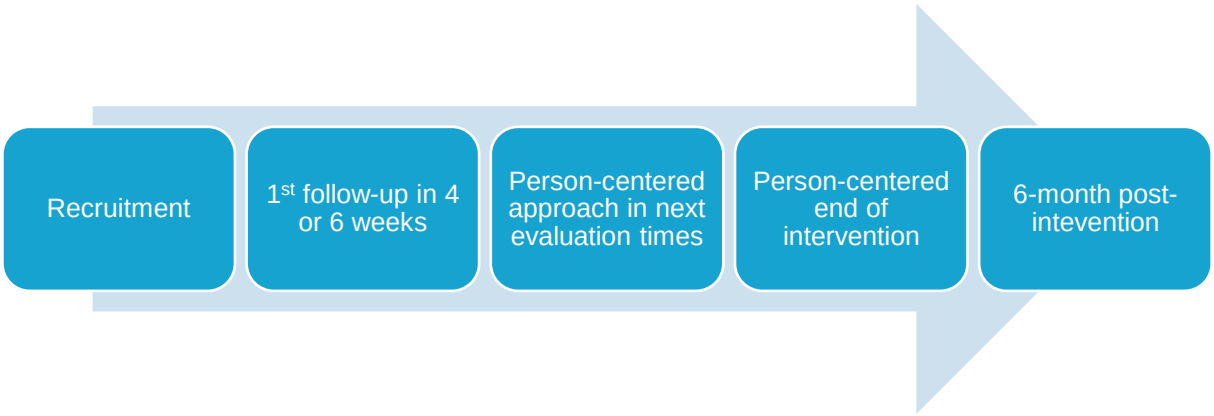

Figure 4 Intervention and post-intervention phase timeline in CANCERLASS pilot study

Evaluation of CANCERLESS Intervention

During CANCERLESS intervention, qualitative and quantitative data will be selected. Evaluation procedure is analytically presented in **D4.1**. In brief, the following plan has been agreed among all pilot sites:

Quantitative assessment

- Recipients:
  - Homeless participants
  - Health navigators
- Measurement time points:
  - T0: Baseline data
  - T1: 4-6 weeks after baseline
  - T2: Later evaluation point will be planned individually based on individual needs during the navigation process
  - T3: End of intervention depends on the needs at baseline and assessment by navigators
  - T4: 6 months after the end of the intervention

Qualitative assessment

- Recipients:
  - Subset comprising of 10% of total sample of homeless participants
  - Health Navigators
  - Health care professionals directly involved in the implementation of CANCERLESS intervention
- Measurement time points:
  - T0: Baseline data
  - T4: 6 months after the end of the intervention
  - Health care professionals directly involved in the implementation of CANCERLESS intervention will be interviewed only at the end of the intervention phase.

Pilot study management committee

Pilot Study in UK

Pilot study: London, UK / Responsible Organizations: Anglia Ruskin University

Pilot study team	Scientific background	Roles/Responsibilities	Name	Contact details (i.e., email)
Pilot study coordinator	Academic researcher	Administrative oversight of navigators; liaison with local providers	Dr Christina Carmichael	Christina.carmichael@aru.ac.uk
Pilot study manager	Academic researcher	Liaison with study co-ordinator	Prof. Lee Smith	Lee.smith@aru.ac.uk
Pilot study contributor 1	Chief Executive, Purfleet Trust		Paula Hall	Paula.hall@purfleettrust.org

Pilot Study in Greece

Pilot study: GREECE / Responsible Organization: PRAKSIS

Pilot study team	Scientific background	Roles/Responsibilities	Name	Contact details (i.e. email)

Pilot study coordinating team	Humanitarian studies (Doctor, Psychologist, Sociologist, Psychologist)	Coordinating team	Nicky Voudouri, Maria Moudatsou, IoannaTabaki, Marta Renkas	n.voudouri@praksis.gr; m.moudatsou@praksis.gr; i.tabaki@praksis.gr; m.renkas@praksis.gr

Pilot Study in Spain

Pilot study: Madrid, Spain / Responsible Organization(s): SERMAS

Pilot study team	Scientific background	Roles/Responsibilities	Name	Contact details (i.e. email)
Pilot study coordinator *(from the organizations described in the proposal)*	primary care doctor researcher	Planning, programming and monitoring of the health area of the pilot project	Jaime Barrio Cortes	jaime.barrio@salud.madrid.org
Pilot study manager *(if more than one please insert one more line)*	research social worker	Planning, programming and monitoring of the pilot project	Rosa Gómez Trenado	rgtrenado@salud.madrid.org
Pilot study contributor 1	sociologist	Advice on the pilot project	Miguel Rico Varadé	miguelricovarade@hotmail.com
Pilot study contributor 2	social educator-navigator	to implement the planned actions	Monica Moreno Moreno	monica.moreno.moreno@salud.madrid.org
.....				

Pilot Study in Austria

Pilot study: Austria, Vienna / Responsible Organization(s): MUW

Pilot study team	Scientific background	Roles/Responsibilities	Name	Contact details (i.e. email)
Pilot study coordinator	Social scientist, doctoral candidate	Overall organization of the on-site activities. Responsible for data safety and recruitment strategy on site. Will also act as navigator.	Lisa Lehner	lisa.lehner@meduniwien.ac.at
Pilot study manager	Translation specialist (master of	Responsible for facility management and organization of	Mariella Jordanova-Hudetz	mariella.hudetz@meduniwien.ac.at

	language education)	time and schedules for the navigators.		
Pilot study contributor 1	Medical doctor	Navigation and medical assessments. Doing any medical counseling needed within the primary prevention (vaccination, smoking cessation therapy etc)	Martina Knapp	martina.knapp@meduniwien.ac.at
Pilot study contributor 2	Nurse/Medical Technology Expert	Navigation assistance. Will provide assistance to navigators, be responsible for data control and management.	Tobias Schiffler	tobias.schiffler@meduniwien.ac.at

MANAGEMENT AND MONITORING OF NATIONAL PILOT STUDIES

The management and monitoring of the national pilot studies will be performed by the WP2 Leader in collaboration with all the involved actors per pilot site. With the initiation of the CANCERLESS pilot study, the following arrangements have been foreseen:

- Bimonthly meetings for the first 3 months organized by the WP3 Leader with the participation of all involved actors;
- Monthly meetings after the first 3 months of implementation phase organized by the WP3 Leader with the participation of all involved actors;
- Shared documents to follow the recruitment rate in collaboration with the WP4 Leader;
- Google forms answered prior to each meeting to provide information on implementation milestones.

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PILOT STUDY MILESTONES

- Recruitment rate agreed on pilot implementation plan;
- Representativeness of the target group agreed on pilot implementation plan;
- Compliance with the evaluation plan;
- Barriers/problem solving section.

ANNEXES

ANNEX I PILOT IMPLEMENTATION PLAN TEMPLATE

Pilot study: _____ / Responsible Organization(s):_____

Section/Topic item	Description	Input from pilot study actors	*Common or pilot-specific*
General scope and specific objectives of the pilot study	The mission of the pilot study should be clearly stated. The actors involved in each pilot site has to describe the primary and secondary objectives of the intervention accompanied by research hypotheses.		Common
Sampling procedure & Participants			
Study setting	Setting and locations were the recruitment will be implemented.		Pilot-specific
Timeline for recruitment	Setting recruitment rate according to the potentials of the pilot site.		Common

Eligibility criteria	Define all inclusion and exclusion criteria of target group.	Common
Intervention		
Prevention stage of disease	Define what to address within the cancer prevention (primary, secondary, or both)	Common
General intervention content	Define the general content of the intervention	Common
Specific intervention content/Navigation services	Define the actual content of the intervention and the navigation services that will be provided i.e. education on cancer risk factors, screening, mental health issues etc.	Pilot-specific
Means of intervention	This section will describe the tools, documents, activities, and services required to support successful pilot implementation. Identify the range of services offered (e.g., counselling, online training, educational activities).	Pilot-specific
Specifications of the intervention	Define any specifications according to the target group.	Pilot-specific

Social setting	Determine the social setting in which navigation services are going to be implemented	Pilot-specific
Main actors	Define who will act as health navigator. Clearly state and describe the qualifications and skills of main actors as well as his role and responsibilities.	Pilot-specific
Duration	Define the duration of the intervention according to the type of intervention as well as any specifications according to the target group.	Common
Adaptation strategies	Define methods to adapt an intervention on local/national basis.	Pilot-specific
Evaluation		
Baseline, intermediate, follow-up and post-intervention evaluation	Define when the actual metrics will take place from the recruitment to the post-intervention phase	Common

Acceptance/Feasibility Criteria	Describe how you suggest to evaluate the acceptability/feasibility of the intervention by the involved actors.	Common

Pilot study: _____ / Responsible Organization(s):_____

Pilot study team	**Scientific background**	**Roles/Responsibilities**	**Name**	**Contact details (i.e. email)**
Pilot study coordinator *(from the organizations described in the proposal)*				
Pilot study manager *(if more than one please insert one more line)*				
Pilot study contributor 1				
Pilot study contributor 2				

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ANNEX II PILOT IMPLEMENTATION PLAN IN UK

Pilot study: London, UK / Responsible Organization(s): Anglia Ruskin University

Section/Topic item	Description	Input from pilot study actors	*Common or pilot-specific*
General scope and specific objectives of the pilot study	The mission of the pilot study should be clearly stated. The actors involved in each pilot site has to describe the primary and secondary objectives of the intervention accompanied by research hypotheses.		Common
Sampling procedure & Participants			
Study setting	Setting and locations where the recruitment will be implemented.	**In the UK, there will be two sites in which the HNM is piloted.** • Site 1 - The Purfleet Trust, Kings Lynn • Site 2 - Dibden Road Hostel (part of St Martins Housing Trust), Norwich	Pilot-specific

Timeline for recruitment	Setting recruitment rate according to the potentials of the pilot site.		Common
Eligibility criteria	Define all inclusion and exclusion criteria of target group.		Common
Intervention			
Prevention stage of disease	Define what to address within the cancer prevention (primary, secondary, or both)		Common
General intervention content	Define the general content of the intervention		Common
Specific intervention content/Navigation services	Define the actual content of the intervention and the navigation services that will be provided i.e., education on cancer risk factors, screening, mental health issues etc.	The actual content of the intervention at the UK sites will be follows: • Individual navigator-user appointments comprising the review of health needs/ concerns and goal setting. • Assessment of user eligibility for cancer screening.	Pilot-specific

		• Linkage of users to relevant health and social care providers, including for cancer screening where eligible. • Group based educational workshops covering cancer prevention, screening, and symptoms. • Facilitated access to tailored fitness-based activities.	
Means of intervention	This section will describe the tools, documents, activities, and services required to support successful pilot implementation. Identify the range of services offered (e.g., counselling, online training, educational activities).	The resources and services that are expected to be required to support the successful implementation of the pilot are: • A series of 'information sharing' sessions aimed at wider staff team/ professional stakeholders involving an overview of the Health Navigator service, and basic cancer education. • A handbook of resources relating to health access and cancer prevention, to be used for reference on a day-to-day basis. • Leaflets/pamphlets and other materials advertising the Health Navigator role and cancer prevention, as required.	Pilot-specific

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- Facilitated meetings between pilot sites and Big C Cancer Charity, to arrange a series of tailored cancer education workshops for service users.
- Specific resources to facilitate service user involvement in physical exercise.
- Administrative oversight from the research team at Anglia Ruskin University for the duration of the project, including specific support with data collection and input as required.
- Clinical oversight and support from specialists at Big C Cancer Charity for the duration of the project.
- Access to monthly 'check-in' meetings with CANCERLESS consortium members, and other Health Navigators working in various European settings, to share practice, raise issues and concerns, and ask questions.
- The study team at Anglia Ruskin will also take steps to engage with wider stakeholders (including, for example, local health and social

		care providers) to promote and support the delivery of the programme locally.	
Specifications of the intervention	Define any specifications according to the target group.	There are no further specifications regarding target population beyond eligibility criteria.	Pilot-specific
Social setting	Determine the social setting in which navigation services are going to be implemented	**Site 1- The Purfleet Trust, Kings Lynn** Purfleet Trust is a charitable organisation that works to support predominantly single (non-statutory) homeless people. The main site of the Purfleet Trust is an open-access day centre; usual services available at this site include provision of food (breakfast and lunch), access to social and educational activities, access to fitness facilities, one-to-one support and advice services, access to an on-site nurse. Purfleet Trust also run a series of accommodation projects including training houses and emergency 'pods', where a proportion of their service users. It	Pilot-specific

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is expected that the Health Navigators will primarily deliver services at the day centre service but may also visit service users in accommodation projects where appropriate.

The primary actors on site beyond those support workers taking on the role of Health Navigators include:

- Frontline support workers
- Managers/backline staff
- Volunteers
- Community nurses and other health professionals (periodic visits)

Site 2 - Dibden Road Hostel (part of St Martins Housing Trust), Norwich

Dibden Road Hostel is a 'second-stage' male- only accommodation project that is run by St Martins Housing Trust, a large homelessness charity. The hostel is staffed 24 hours a day, and residents receive tailored support aimed at supporting them to move towards independent accommodation. It is

		expected that the Health Navigator working at this site will deliver services in both communal and private office spaces at the hostel. The primary actors on site beyond the Health Navigator include: • Frontline support workers • Managers/backline staff • Volunteers	
Main actors	Define who will act as health navigator. Clearly state and describe the qualifications and skills of main actors as well as their role and responsibilities.	At Site 1 (Purfleet Trust), the role of Health Navigator will be assumed by multiple support staff already working within the organisation, each of whom already have established relationships with a specific caseload of service users. It is therefore expected that the various Health Navigator tasks will be embedded alongside the staff team's usual daily activities. At Site 2 (Dibden Road Hostel), the role of Health Navigator will be assumed by one individual whose is already working for St Martins Housing Trust as	Pilot-specific

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a health-focused support worker and will extend her role to include the delivery of Health Navigator activities at the Dibden Road Hostel site.

At both sites, the main responsibilities of the Health Navigators will be as follows:

- Obtaining informed consent from all service users who wish to participate.
- Collecting data from service users at specific intervals through the period of study and uploading anonymised data into a centralised data storage system.
- Arranging meetings with service users to identify their health needs and taking steps to overcome any barriers to healthcare.
- Assessing eligibility for cancer screening and, where appropriate, making links to available screening programmes.
- Facilitating access to a tailored physical activity programme.
- Liaising with Big C Cancer Charity and ARU to facilitate the delivery of group education

		workshops covering cancer symptoms, primary prevention strategies, nutrition, and screening. • Building relationships with local health and social care providers in order to (a) improve access to cancer prevention for people experiencing homelessness, and (b) promote the health needs of people experiencing homelessness.	
Duration	Define the duration of the intervention according to the type of intervention as well as any specifications according to the target group.		Common
Adaptation strategies	Define methods to adapt an intervention on local/national basis.	In the UK context, we will be working collaboratively with a local cancer charity (Big C) who will support the delivery of cancer education workshops and provide clinical oversight.	Pilot-specific
Evaluation			
Baseline, intermediate, follow-up and post-intervention evaluation	Define when the actual metrics will take place from the recruitment to the post-intervention phase		Common

Acceptance/Feasibility Criteria	Describe how you suggest to evaluate the acceptability/feasibility of the intervention by the involved actors.	Common

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ANNEX III PILOT IMPLEMENTATION PLAN IN GREECE

Pilot study: Athens, Greece/ Responsible Organization(s): PRAKSIS, Prolepsis

Section/Topic item	Description	Input from pilot study actors	*Common or pilot-specific*
General scope and specific objectives of the pilot study	The mission of the pilot study should be clearly stated. The actors involved in each pilot site has to describe the primary and secondary objectives of the intervention accompanied by research hypotheses.	The main objective of the intervention is to inform the target group about health protection issues/ prevention activities and also on cancer prevention in particular. This will be achieved via the health navigator support in each beneficiary via PRAKSIS services as well as via the use of network; following linkage with other services and referrals to relevant health structures for further support and support according to their needs.	Common
Sampling procedure & Participants			
Study setting	Setting and locations where the recruitment will be implemented.	PRAKSIS premises in Athens and Piraeus, specifically in the Social Services of the Open Day Centers for the Homeless in Athens and Piraeus aa	Pilot-specific

		well as in the Social Service of the Community Center.	
Timeline for recruitment	Setting recruitment rate according to the potentials of the pilot site.	Recruitment has started already.	Common
Eligibility criteria	Define all inclusion and exclusion criteria of target group.	There will be no exclusion criteria. However, difficulties may arise due to COVID-19 pandemic, in which case, it will be a matter of limiting or modifying the actions accordingly. The target group will be any person being homeless now or at the past (always according to ethos typology).	Common
Intervention			
Prevention stage of disease	Define what to address within the cancer prevention (primary, secondary, or both)	Our intervention will be at both primary and secondary care. The main objectives of increasing awareness, access and prevention of cancer and preventive medicine. Breast, cervical, skin cancer and smoking will be addressed via specific trainings.	Common
General intervention content	Define the general content of the intervention	Providing information, psychosocial support, medical and pharmaceutical support, linkage,	Common

		counselling, escorting, referrals, follow up. Breast cancer, cervical cancer, skin cancer and smoking will be addressed. *It should be noted that all support will be adjusted according to the needs of the target groups.*	
Specific intervention content/Navigation services	Define the actual content of the intervention and the navigation services that will be provided i.e., education on cancer risk factors, screening, mental health issues etc.	The main pillars of the intervention are as explained above. More specifically, psychosocial support and medical support. In addition, counselling on medical issues and information on issues related to cancer prevention or anything else the beneficiary needs will be provided. Also, depending on the case, escorts to institutions/ services and interpretation will be provided. Further support dedicated to safe accommodation will also be provided. The philosophy of the intervention will be to work on the problems/ requests of the beneficiaries via a holistic approach model.	Pilot-specific
Means of intervention	This section will describe the tools, documents, activities, and services required to support successful pilot implementation. Identify the	The intervention will take place at PRAKSIS premises; specifically, in the Social Service of the Open Day Centers for the Homeless in Athens and	Pilot-specific

	range of services offered (e.g., counselling, online training, educational activities).	Piraeus and in the Social Service of the Community Center. If there is a need (due to COVID-19 pandemic) there will also be online meetings. Bilateral sessions and counseling according to the needs of each beneficiary will be provided. The services are already described above.	
Specifications of the intervention	Define any specifications according to the target group.	The target group will consist of patients, former patients, homeless people, former homeless people. Our support will be to all people without any form of discrimination and having a diversity-equity-inclusion (DEI) policy. In the case of minors, a consent of their parents and/ or legal guardians (public prosecutor if needed) will be requested.	Pilot-specific
Social setting	Determine the social setting in which navigation services are going to be implemented	The navigation services are going to be implemented at the Social Service of the Open Day Centers for the Homeless in Athens and Piraeus and in the Social Service of the Community Center.	Pilot-specific
Main actors	Define who will act as health navigator. Clearly state and describe the qualifications	The operation will be via a multidisciplinary team whose main objective will be to address	Pilot-specific

	and skills of main actors as well as his role and responsibilities.	beneficiaries' problems related to health issues, linkage and access to health services and screening. The professionals who will act as health navigators are social scientists and medical staff.	
Duration	Define the duration of the intervention according to the type of intervention as well as any specifications according to the target group.	The intervention will be according to the description of action. However, we will continue the support even after the completion of the timetable where necessary, always according to the needs of the beneficiaries as well as the capacity that PRAKSIS have at each period.	Common
Adaptation strategies	Define methods to adapt an intervention on local/national basis.	Updated mapping, use of all existing services, holistic approach model, networking, use of proper referral pathways, involvement of local key stakeholders, monitoring and evaluation will be the key points of the piloting phase.. Cooperation with the public sector as well as the civil society organizations and relevant Ministries if there is a need will be an added value fir the piloting phase.	Pilot-specific
Evaluation			

Baseline, intermediate, follow-up and post-intervention evaluation	Define when the actual metrics will take place from the recruitment to the post-intervention phase	Following the timeline of the description of the action the follow-up in the post-intervention phase will be on average 6 months after the intervention. (Example: An individual recruited in M1 with a 4-month intervention will be assessed through the designed evaluation questionnaires in WP4 at the end of M2 (intermediate follow-up), at the end of M4 (follow-up at the end of the intervention) and at the end of M10 (6-month post intervention follow-up).	Common
Acceptance/Feasibility Criteria	Describe how you suggest to evaluate the acceptability/feasibility of the intervention by the involved actors.	Bilateral meetings and one focus group with key stakeholders. Use of evaluation form for all beneficiaries.	Common

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ANNEX IV PILOT IMPLEMENTATION PLAN IN SPAIN

Pilot study: Madrid, Spain / Responsible Organization(s): SERMAS

Section/Topic item	Description	Input from pilot study actors	*Common or pilot-specific*
General scope and specific objectives of the pilot study	The mission of the pilot study should be clearly stated. The actors involved in each pilot site has to describe the primary and secondary objectives of the intervention accompanied by research hypotheses.	**Social Policies Services (DGSS):** patient recruitment and health education. **Regional Cancer Office (SERMAS):** breast and colon screening. **Primary Health Center (SERMAS):** Cervical screening , skin screening and health education.	Common
Sampling procedure & Participants			
Study setting	Setting and locations were the recruitment will be implemented.	Shelters and teams of homeless people living in public spaces	Pilot-specific
Timeline for recruitment	Setting the recruitment rate according to the potential of the pilot site.	400 persons.	Common

Eligibility criteria	Define all inclusion and exclusion criteria of the target group.	People over 18 years old People who are currently experiencing some form of homelessness People belonging to vulnerable social groups Ethos typology maxims approach	Common
Intervention			
Prevention stage of disease	Define what to address within the cancer prevention (primary, secondary, or both)	Primary and secondary prevention	Common
General intervention content	Define the general content of the intervention	Health Navigator and Patient empowerment pilot Specific definition of the navigator's actions and activities.	Common
Specific Intervention content/Navigation services	Define the actual content of the intervention and the navigation services that will be provided i.e. education on cancer risk factors, screening, mental health issues etc.	Itineraries of action by phases. Specific action activities: Health education (primary prevention). Screening systems (secondary prevention) Mental health care and other specific variables Access to the health system Social accompaniment	Pilot-specific

		Interpersonal communication from a person-centred approach. Counselling Registration of actions for risk assessment Detection of barriers to health access Creation of: Care pathways / Integrated Care Processes/ Navigating the health care system Protocol for coordinated action between primary care social services and the network of care for the homeless in the city of Madrid	
Means of intervention	This section will describe the tools, documents, activities, and services required to support successful pilot implementation. Identify the range of services offered (e.g., counselling, online training, educational activities).	Phases of intervention Information Management and processing Social intervention on system access barriers	Pilot-specific

		Each phase carries a package of activities that have been described in the full development of deliverable 3.2.	
Specifications of the intervention	Define any specifications according to the target group.	1-Sample profile: Ignorance of screening or non-participation. Chronic health problems: physical, mental health and consumption. Passive and active self-neglect at health level. Wide range of access barriers. Chronic social exclusion variables. 2-ADHERENCE to the process: Difficulty of adherence to the intended process is affected by: 2.1- Complexity of the intervention: The accumulation of social exclusion variables, generate planning from a multidisciplinary approach, integral vision of the systems and management of relational variables.	Pilot-specific

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2.2-Adequate facilitation strategies: Defined competencies for system navigation and knowledge of access barriers to reduce the incidence of health care provision.

2.3-Quality in the implementation of social intervention: planned with individualised objectives within standardised processes.

2.4- The necessary planning from the approach of the humanisation of health, with ACP methodology.

2.5- Measurement of functional and cognitive capacity to generate viable action processes from the approach of autonomy and decision making.

3- INITIAL BARRIERS to integral intervention and probable responses to them.

3.1- The necessary activation and opening of new itineraries that facilitate access.

4- HN's BARRIERS in the implementation that affect the specific training required in the territory.

		4.1- Specific training in the figure of health navigation for the profiles detected and the adequacy of processes. 4.2- Specific supervision of resistant interventions.	
Social setting	Determine the social setting in which navigation services are going to be implemented	Health and social services centres completed.	Pilot-specific
Main actors	Define who will act as health navigator. Clearly state and describe the qualifications and skills of the main actors as well as their role and responsibilities.	Social educator with public health knowledge	Pilot-specific
Duration	Define the duration of the intervention according to the type of intervention as well as any specifications according to the target group.	They are set according to the evaluation criteria of package 4.1.	Common
Adaptation strategies	Define methods to adapt an intervention on local/national basis.	-PROGRAMMING. -HN model and architecture. -HN foundation in the Madrid network. -Implementation. -Intersystem model. -Training.	Pilot-specific

		-Work plan. -Activities and phases. -Activities by institutional framework -Data collection media -Methodology -Types of interviews -Individual care programme (PIA). -Sequence of work in centres. - Adaptation of the evaluation questionnaire and expected results.	
Evaluation			
Baseline, intermediate, follow-up and post-intervention evaluation	Define when the actual metrics will take place from the recruitment to the post-intervention phase	At the end of this quarter (month 9) the following data will be available: T0: n 200.T2: n 200. T3: n 100 At the end of the quarter (month 18) the following data will be available:	Common

		T0: n 400. T2: n 400. T3: n 200	
Acceptance/Feasibility Criteria	Describe how you suggest to evaluate the acceptability/feasibility of the intervention by the involved actors.	Designed process of social and health care intervention	Common

2- ANALYSIS OF NEEDS IN THE TERRITORY

2.1- IDENTIFICATION OF SERVICES

a) Social Services Centre - State Social Services (City Council)

1. San Isidro Homeless Shelter (CASI)
2. The Pinar Homeless Shelter (low requirements).
3. Beatriz Galindo Shelter for homeless women .
4. Samur Social Team homeless people living in public space -.

b) Homeless Services Centre of the private network

5. San Juan de Dios Homeless Shelter.

c) Health Centres by area of assignment of the social services centres:

Social Services Centre	Care directorate	Reference Health Centre	Hospital
CASI	Noroeste	Casa de Campo	FJD
Beatriz Galindo	Este	Benita Águila	Ramón y Cajal
El Pinar	Centro	Águilas	FJD -Clínico
SJD	Centro	Segre	La Princesa, Clínico
Samur	Noroeste	Justicia, Cortes y Segovia	FJD Clínico

For the implementation of the pilot, from a maximum approach, 5 types of SOCIAL centres and/or services of the local network of the City of Madrid have been selected. The selection criteria of the SOCIAL centres have been divided on the following axes for the coverage of the WP3 objectives.

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Eligibility criteria:

First criterion

Profiles of homeless people and types of cancer screening

ETHOS : Maximum typology of categories of HOMELESS PERSONS
CANCER SCREENING: Maximum typology by risk factors by population profile.

Second criterion

Type of funding; public or private and mission and vision of social care

Type of FUNDING: PUBLIC-PRIVATE

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MISSIN and VISIONOF SOCIAL CARE :

. RIGHTS-BASED APPROACH (WELFARE STATE)
. THEOLOGICAL APPROACH (PRIVATE)

Third criterion

Community intervention and the gender perspective

INTEGRAL nature of care: Multidisciplinary teams and networking

GENDER-BASED VIOLENCE and HOMELESS WOMAN.

The centres provide us with the following population for obtaining the sample

(n 400).

1) Number of places by public-private NETWORK centres (table1).

CENTRES	PLACES
Centre 1-public CASI	309
Centre 2-públic Galindo	35
Centre 3-públic El Pinar	130
Servicie 4-públic Samur	50
Centre 4-private San Juan de Dios (SJD)	142
TOTAL POTENTIAL persons SAMPLE	**666**

The following centres are established as RESERVE with the following places (table 2)

Social Devices of the Public Network:	*Nº de Places*
Homeless shelter 1	132
homeless shelter 2	30
Programme 1	75
Programme 2	100
Programme 3	135
Programme 4	53
Total potential population reserve:	**525**

2.2-. KEY ASPECTS OF THE PILOT DETECTED IN CENTRES AND SERVICES

The eligibility criteria provide us with the following information on the target groups of the project.

2.2.1- Situational diagnosis of homeless people by centres in Madrid:

The information obtained in the centres allows us to identify general variables of the sample population and common barriers to accessing health care.

The following variables have been identified for the achievement of the pilot objectives:

1) Number of places by gender and age (Table 3)

CENTRES	MEN	WOMEN	AGE M	AGE W
Centre 1- CASI (309)	153	96	50-65	50-65
Centre 2- B.Galindo (35)		35		24-64
Centre 3- El Pinar (130)	99	31	45-50	45-50
Service 4- Samur (50)	46	4	18-65 +66-2p	45-64
Centre 5: SJD	140	2	18-65	18-24
Total:	438	168		

The variables gender and age allow us a priori to estimate the type of cancer screening and the potential quantification for each health centre.

2) Type of screening by numerical approximation (table 4).

Type of Screening	N (sample)
Breast cancer	168
Cervical cancer	
Colon cancer	439
Skin cancer	Total sample, special incidence street team (50)
Liver cancer	The number of people with consumption has not been quantified by the centres.
Lung cancer	The number of people with consumption has not been quantified by the centres.

3) Type of place by residential exclusion, time, and type of centre (table 5).

EXCLUSION RESIDENTIAL

CENTRES	Ethos typology	LENGTH OF STAY	Type of centre

			(type of intervention)
Centre 1: CASI	B.3, B7	Long stay	Integral care
Centre 2.BEATRIZ GALINDO	B.3,B.4,B.7	Long stay	Low requirements
Centre 3.EL PINAR	A.2,B.3	Long stay	Low requirements
Service 4.samur	A.1	People Living Rough 3-6 años	Integral care (“street action”)
Centre 5: San Juan de Dios	A.2	126 Days *(the SJD centre's criteria)*	Temporary housing coverage
Total Population	666		

The Ethos category forecasts two types of performances:

1- On the one hand, from an early detection perspective, it adds another cancer screening insofar as the A classification (1 and 2) favours homeless people. This typology (homelessness) increases the risk factors for skin cancer, along with the other types of primary prevention screening.

2- On the other hand, the variable of the length stays in centres, and the type of centres, crossed with Ethos typology, indicates that there is a high incidence of resistance due to social exclusion factors and therefore disaffiliation from the systems. This implies the development of a specific methodology at a relational level, which must be developed by the HEALTH NAVEGATOR to achieve the establishment of a meaningful relationship that favours the reduction of resistance and access barriers to be to achieve their health objectives.

4) Previous socio-health problem in centres in the homelessness-addiction and mental health trinomial (table 6).

Health

CENTRES	Additions International Classification of Primary Care 2nd edition (ICPC-2) (P-19 a 29)	CIPA	Dual pathology
Centre 1	Alcohol/Cannabis/Cocaine/Heroin/Benzodiazepines	yes/no	yes
Centre 2	Alcohol/Cannabis/Cocaine/Heroin/Benzodiazepines	yes/no	yes
Centre 3	Alcohol/ Methadone	yes/no	yes
Service 4	Alcohol/cocaine/heroin/cannabis	yes/no	yes
Centre 5	The centre does not provide the data	yes/no	yes

The variables listed in table 6 specify:

1- The possible administrative access barriers to the health system for early detection and care at a specialised level is due to lack of the health coverage (CIPA) predicting the following setting:

Setting 1: Not having access to systems due to administrative criteria.

Setting 2: Not having access to systems due to inadequate coverage/claudication of their needs for health or health care.

Setting 3: Resistance/opposition to health care. Entry into the system for hospital emergencies due to a health crisis. Tertiary level of prevention.

2- The type of consumption increases risk indicators for the early detection of other types of cancers at the secondary level.

3- Design of specific intervention methodologies at a socio-sanitary level due to the incidence of dual pathology. In clinical populations or populations with substance use disorders, numerous studies have been carried out that show high rates of rejection and/or abandonment of therapeutic processes. In homeless situations, achieving adherence to treatment is even more complicated; HHPs often have particular difficulties in accessing mental health services and resources, or they make occasional use of them (generally focused on basic needs: food, hygiene, etc.), remaining on the street, without treatment on most occasions. And when they do manage to start a psychosocial rehabilitation process (e.g. addiction treatment), they drop out of the process, which prevents them from achieving their therapeutic objectives.

The variables detected will allow us to make a preliminary approach to the definition of the population of the PSH of the City of Madrid and a more realistic approach to the most relevant aspects for the action of the HN, in terms of intervention strategy, for a more operative design of navigation, taking into account the following:

1- **ADHERENCE to the process:**

Complexity of the intervention

Appropriate facilitation strategies

Quality in the implementation of social intervention

Approach from the ACP model

Decision making process

Autonomy

2- **INITIAL BARRIERS** to integral intervention and likely responses to them.

3- **HN BARRIERS in the implementation that affect the specific training needed in the territory.**

3- PILOT PLANNING on TERRITORIAL NEEDS ANALYSIS.

3.1-Planning.

The coverage of the project objectives, pre-designs a type of actions sequences to enable the incorporation of navigation in the systems that follows the following sequence:

Planning (pre):

The pre-planning phase involves the following critical factors, without which pilot implementation in the City of Madrid is not possible.

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CRITICAL FACTORS	COMPETENCE
1. CEIM HOSPITAL	Approval to start piloting.
2. CEIM GAAP	Approval to start piloting in PA.
3. SOCIAL SERVICES CENTRES	Pilot population
4. PC HEALTH CENTRES	Primary and secondary prevention actions for cancer.
5. UNITS PROCESSING OF HEALTH INSURANCE	Simplification of administrative procedures AND TIMES.
6. APPOINTMENT SERVICE	Simplification of administrative procedures AND TIMES.
7. HEALTH NAVIEGATOR	Process coverage and process monitoring

Critical factors (1-6) are part of the necessary alliance of systems and management of the PROGRAMMING (B) phase in terms of systems navigation and target coverage.

The flowchart of the PLANNING (A) process is presented below

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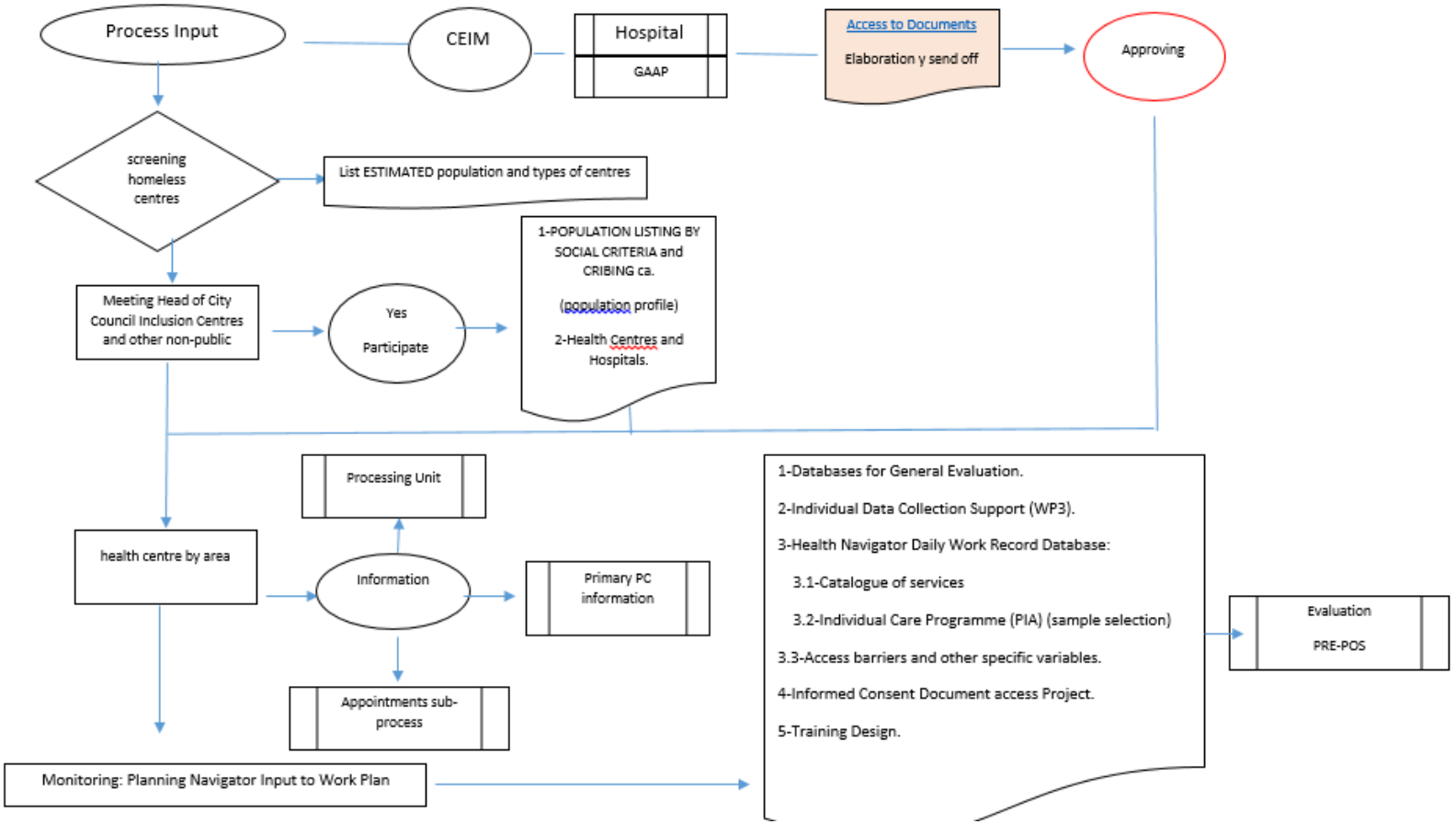
(A) PRE-PLANNING NAVIGATION SYSTEMS: ACTORS INVOLVED IN THE TERRITORY



3.2- Programming

The pilot project is made operational by:

1- The definition of time-bound **OBJECTIVES**:

The monthly work sequence is established, with quantified objectives of the scope of the actions needed to achieve the social and clinical objectives.

2- The definition of **FUNCTIONS** of the HN:

The delimitation of actions guarantees the effectiveness and efficiency of navigation, clearly delimiting the specific actions required to achieve the general objectives of the project, without generating a diversion of actions.

3- The definition of working **SETTINGS:**

The type of service and centre determines the places of work, the frequentation and the professional team with the determined actions. Duplicity of actions is avoided, favouring time delivery to those who have less access to the system.

4- **STAGES** of the performance work process:

The stages of the process delimit the package of activities to be carried out in each phase, clearly showing the input-intervention and output process of the project, as well as the evaluation periods determined in Wp4.1.

5- **SOCIAL INTERVENTION** modality for integral care of HHPs:

It will mark the need for continuous training and case supervision for access and adherence barriers. The project pursues the achievement of clinical and social objectives in terms of navigation of health systems with social methodology.

6- **MONITORING** criteria. Development of field data collection according to general (WP4.1) and pilot specific (WP 3.1) criteria.

The flowchart of the PROGRAMMING (B), OPERATIONAL ACTIONS process is presented below.

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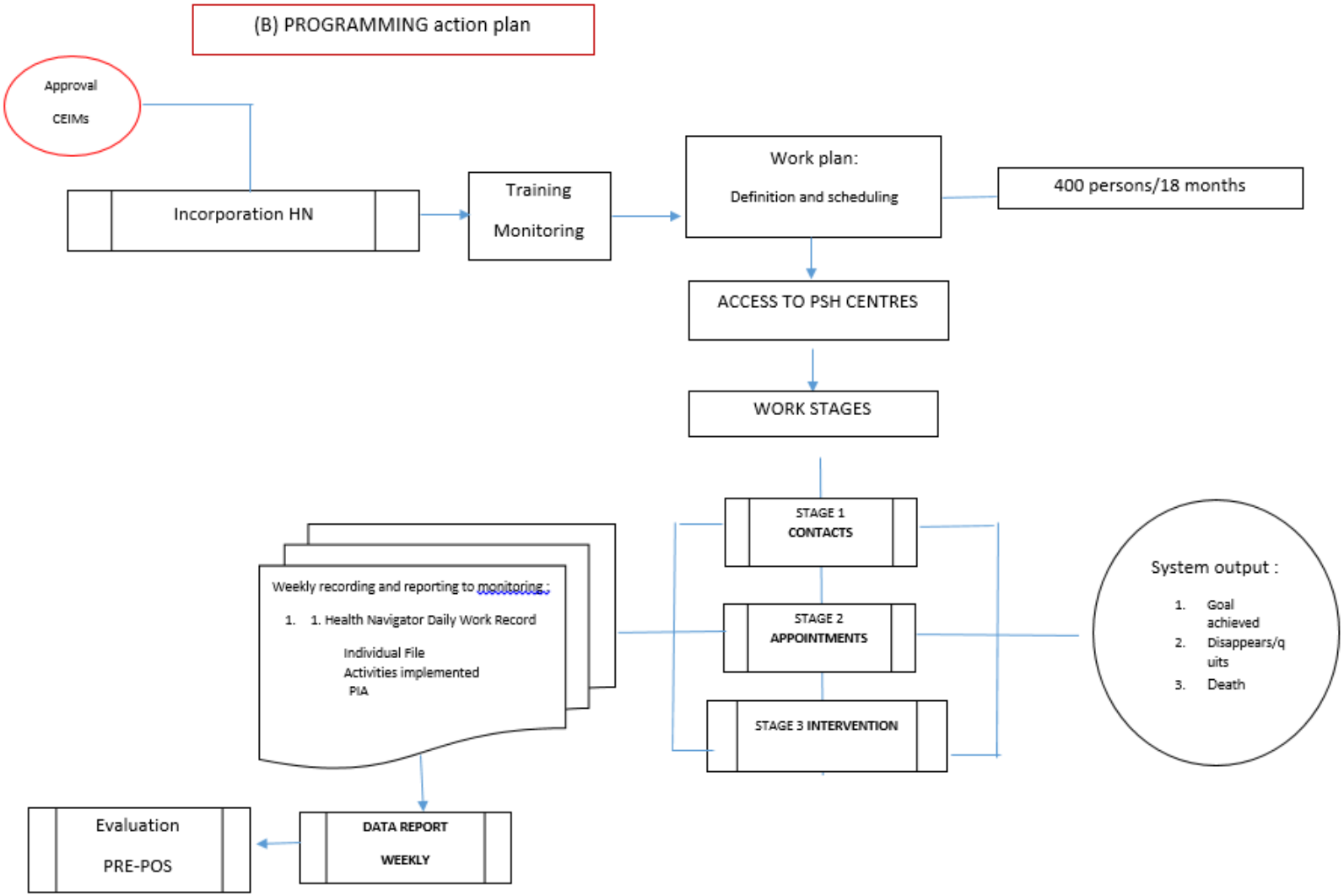

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4- PROCESS STATUS INDICATORS

Specific objectives WP3-1:	Operational Objectives-Achievements	KIPs (*key performance indicator*)		Outcomes	Date	Manager
(1.1) Generate spaces for primary and secondary cancer prevention in the everyday environments of the people targeted by the project.	(1.1.1) Screen and activate homeless centres according to ETHOS category and Cancer Screening.	Generate partnerships with the social services system as a HN workspace for the piloting of N400/666.	Sample 400 Population 666	**166,5%**		
	(1.1.2) Determine the Health Centres and Hospitals of reference linked to the health care of the person by area and administrative systems of access.	Delimit centres by health zone of the population.	Number of centres 7/7	**100%**		
		Request CEIm Hospital and GAAP approval	Number of procedures 2/2 Approval number 0/2	**50%**	**May-June**	**SERMAS CEIm**
		Generate partnerships for cancer screening with PAs and EAs in the health system. (11)	Partnerships in health 0/11	**In progress**	**May**	**SERMAS**

		Generate Alliance Processing Unit (4)	Partnerships 0/4	In progress	**May**	**SERMAS-GAAP**
		Generate Alliances appointments(7)	Partnerships 0/7	In progress	**May**	**SERMAS-GAAP**
	(1.1.3) Inform all the agents involved in the community environment about the Cancerless project and generate alliances.	Social Services Centres in alliances (4)	Reported 4/4	**100%**		
		HSP programme (1)	Reported 1/1	**100%**		
		Primary CT (7)	Reported 0/7	In progress	**May**	**SERMAS-GAAP**
		Hospital Care (4)	Reported 0/4	In progress	**May**	**SERMAS**
		Appointment unit (7)	Reported 0/7	In progress	**May**	**SERMAS**
		Health insurance centre (3)	Reported 0/3	In progress	**May**	**SERMAS**
(1.2) Adapt social and health methodologies and	(1.2.1) Delineate specific intersectional variables of	Designing a social intervention model (1)	Designed 1/1	**100%**		

procedures to the profiles of HHPs.	homeless people associated with each SHP centre.	Defining the formation of the HN	Defined 1/1	**100%**		
		Defining (1) work plan and (2) timetable	Defined 1/2	**50%**	**May**	**SERMAS**
		Adapting the data collection model (WP4.1)	Adapted 0/1	**In progress**	**May**	**SERMAS**
		Defining (1) health navigation processes and (2) health activities.	Defined 2/2	**100%**		
	(1.2.2) To Know the systems established for the provision of health care to people in the centres and teams.	Defining typology of data by methodology (3) of collection: exploitation/ observation/ interview.	Defined 1/3	**25%**	**May**	**SERMAS**

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

Health Navigation Model (HN) in Madrid for Homeless People (HSP)

Phases of Work

Process

- Phase 1: INFORMATION
- Phase 2: ACCESS SYSTEM-CITATIONS
- Phase 3: SOCIO-HEALTH INTERVENTION

HN Services and Benefits

- Information - codes (01)
- Technical Services - codes (02)
- Socio-sanitary intervention- codes (03)

Methodology

Approach

- Person-centred care.
- Autonomy.
- Equity.
- Decision-making.

Actors involved

Rights

- Social Services PA.
- PC Health Services.
- Hospital Health Services.
- Benefits and Assurance.
- Appointments Unit

Evaluation

The evaluation questionnaire foreseen in WP4.1, as a data recording and evaluation system, has a direct impact on the Health Navigator action phases and activities. Although it is a recording tool for further analysis, it cannot be the end of the project, as it would not allow the achievement of the objectives.

In order for the evaluation to fulfil its function and allow the development of the project, on phases, HN functions and access barriers, as well as the establishment of the relational monitoring that foresees changes, the following work sequence is established during the 18 months of piloting, which varies due to the high incidence of the expected evaluation times.

T0: baseline data collection, prior to the start of the HNM intervention. This will be carried out mainly through quantitative methods, although some retrospective data will also be collected (in terms of previous use of health and care resources by homeless people).

T1 will be conducted 4 weeks after the start of the intervention. This time point will be mainly based on a qualitative approach and will serve as a short-term follow-up to check if the HNM components are working well or if the navigator faces any barriers that prevent the correct implementation of the intervention. This will ensure early reaction to risks.

The T1 assessment will be carried out using SWOT and P.R.E.C.E.E.D.E.

- SWOT: A tool to study the situation by analysing its internal characteristics (Strengths and Weaknesses) and its external situation (Threats and Opportunities). It is a tool to know the real situation in which the pilot is, and to plan a strategy for the future.

- PRECEDE: The PRECEDE model allows individual and group behavioural diagnoses through the analysis of three types of factors: predisposing (information and motivation), facilitating (skills and resources) and reinforcing (consequences of the behaviour).

T2 will be carried out once the HNM intervention is considered completed - it is estimated that the programming period of the actions included in PHASE 1 and PHASE 2 will be three months - according to the itinerary and recommendations designed by the navigator. This time will differ from one person to another and will be based on the guidelines established in the Implementation Plans of each clinical centre. The same tools will be used as in T0.

T3 follow-up after 6 months from the conclusion of the intervention. This evaluation point will be used to check whether users have strengthened their health skills and empowerment. Both quantitative and qualitative methods will be used. In the case of qualitative methods, purposive sampling techniques will be used to select a sub-sample of users who will be invited to participate in a personal interview.

An estimated 50% of the sample (n 200) is estimated for T3.

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ANNEX V PILOT IMPLEMENTATION PLAN IN AUSTRIA

Pilot study: Austria, Vienna / Responsible Organization: MUW

Section/Topic item	Description	Input from pilot study actors	*Common or pilot-specific*

General scope and specific objectives of the pilot study	The mission of the pilot study should be clearly stated. The actors involved in each pilot site have to describe the primary and secondary objectives of the intervention accompanied by research hypotheses.	Primary and secondary objectives as defined in WP2:
		• Promote cancer awareness and self-management
		  ○ Cancer education
		  ○ Promotion of healthy behaviours and preventative measures
		  ○ User involvement in health-related decisions
		• Identify health needs and barriers
		  ○ Personalized approach to assessment of user needs
		  ○ Adapted solutions regard barriers to care
		• Coordinate access to care
		  ○ Trusting relationships and facilitated communication between local health and social care providers (initial cooperation meetings to be finished by June 2022)
		  ○ Enhanced understanding of needs of homeless people among local health and social care providers
		  ○ Taking referrals from selected healthcare services for counselling
		  ○ Referrals to healthcare services and cancer screening
		  ○ Attendance of appointments
			Common

		• Offer practical assistance
		  ○ Accompaniment of participants to respective services
		  ○ Cooperation with and referrals to services that offer clothing and/or access to hygiene facilities, storage of medication, etc.
		  ○ Choosing competent and suitable physicians and specialists together with participant / referring to AmberMed services (uninsured)
		  ○ Completion of paperwork via the online app
		  ○ Support in accessing, collating, and completing official paperwork	

Sampling procedure & Participants			
Study setting	Setting and locations where the recruitment will be implemented.	**Main hub: AmberMed -** outpatient clinic offering treatment, social counselling and medical aid to uninsured people	Pilot-specific
Timeline for recruitment	Setting recruitment rate according to the potentials of the pilot site.	Goal: 50% recruitment rate within the first 6 months (125 people) Assessments of recruitment every 2 months and constant enhancement of the recruiting process through communication and outreach strategies	Common
Eligibility criteria	Define all inclusion and exclusion criteria of target group.	Inclusion criteria: • 18 years or older • No diagnosed cancer • Any category of ETHOS typology applies • Knowledge of German or English Exclusion criteria: • Cognitive disability • Unable to give informed consent • Known cancer diagnosis	Common

		• Cancer survivorship	
Intervention			

Prevention stage of disease	Define what to address within the cancer prevention (primary, secondary, or both)	**Primary prevention** (examples):
		• Vaccination programmes (depending on insurance; different providers in the city offer e.g. HPV, HepA, HepB vaccinations at different price points)
		• Smoking cessation (*Rauchertelefon* – 10-week phone service program with psychologists)
		• Physical activity (WIG/*Tu-Was-Pass*, *LOGINsLEBEN* – free or low-cost group sport activities)
		• Nutrition (*LOGINsLEBEN* – free or low-cost cooking workshops)
		• Exposure assessment (*Sonne ohne Reue* – potential outreach work and workshops, sun screen donations)
		• Increasing overall health competency and literacy (relationship building)
		• Increasing patient empowerment for better health decision-making (motivational interviewing)
		Secondary prevention: no general/federal screening programs available in Austria (apart from mammographies)
		• Accessible cancer prevention services (uninsured)
		  ○ Partially accessible (confirmation of residence needed): mammography for women over 50
		  ○ Partially accessible (confirmation of residence needed): "Gesundheitscheck" / general health checkup possible for everyone (including PSA marker) and hemoccult test (over 50 years)
		• Accessible cancer prevention services (insured)
		  ○ Mammography
			Common

		○ General health check ○ PAP smear tests ○ Coloscopy screening	
General intervention content	Define the general content of the intervention	**Relationship building**, achieved through: • Cultural competency • Sensitivity to vulnerability ○ Motivational interviewing ○ Trauma-sensitive language ○ De-escalation techniques **Networking activities** within Viennese social and healthcare landscape • Using existing networks and collaborations with AmberMed • Establishing new collaborations with services geared towards specific study population ○ Participating in network meetings ○ Establishing check-ins and cooperation / contact routines with service providers / key persons	Common
Specific intervention content/Navigation services	Define the actual content of the intervention and the navigation services that will be provided i.e. education on cancer risk factors, screening, mental health issues etc.	Participants will be recruited on-site during general admissions when AmberMed is open to the public / for GP consultations (opening hours: Mo 1:30 PM – 6 PM, Tue 8:30 – 6 PM, Wed 1:30 – 6 PM, Thu 8:30 – 6 PM). Within-organization referrals may happen on the side of doctors, social workers or other staff – either directly or using special appointment cards. Participants may also be referred to AmberMed during those hours for recruitment (using flyers and informational material). Recruitment will take place in a designated room at AmberMed or on selected days at collaborating social and healthcare services, and will proceed as follows and • **T0:** Initial check for study inclusion criteria	Pilot-specific

		• Establishment of informed consent (all IC will be stored in a locked cabinet and saved digitally; participant will be assigned code for data processing)
		• Participants will be put into the clinic-wide, cloud-based data processing application (CARE-O1) to allow for further processing within AmberMed services (e.g., review of medical results with AmberMed GPs)
		• Risk assessment (using app/tablet) will proceed using motivational interviewing and conversational techniques
		• Participants will be given appointment cards for follow-up appointments and counseling (may take place outside of general admissions opening hours)
		• HN then generates individual programs for participants based on individual risk profile, motivation and legal / social situation
		• HN and participants together decide on individual program together
		  ○ Throughout, HN offers counseling and direct support navigating the system (e.g., establishing contact, accompaniment)
		  ○ A plan for regular follow-ups will be established	

Means of intervention	This section will describe the tools, documents, activities, and services required to support successful pilot implementation. Identify the range of services offered (e.g., counselling, online training, educational activities).	• Informational meetings with staff on-site, establishing cornerstones of the interventions and collaborating on within-organization routines (incl. data processing, handling of referrals and recruitment) • HN have access to a tablet for intervention-specific data storage and processing; HN also have a designated phone & phone number and email address • HN are provided access to the within-organization data processing tool to allow for referrals from social workers and doctors	Pilot-specific

- Networking efforts with other NGOs, social and healthcare services that cater to homeless people
  - Recruitment procedures will be established at external services
  - Referral procedures will be established at external services
- Other services will be informed and reminded of the project on a regular basis and asked to inform people of the project
  - We will be establishing a newsletter list with contacts
  - Pre-existing networking meetings with social services in Vienna will be used to update collaborators and adapt routines
- Advertisement materials (e.g., posters, leaflets) will be made available at various sites
  - Appointment cards for participants
  - Flyers with directions to be used by other services in particular
  - HN will have business cards to hand out to collaborating services
  - Posters will be used at critical (collaborating sites)
- Connecting with appropriate services
  - Establishing a network of possible service (mapping)
  - Contact persons, contact routines and access routines will be established with appropriate services to reduce access thresholds for participants

		○ If no specialized service is available or found: organization of health promotion and prevention activities where possible • HN log all collaborative and contact activities in a cloud-based service	
Specifications of the intervention	Define any specifications according to the target group.	All interventions will be individually tailored based on overall risk assessment. Special attention will however be brought to these issues: • Gender and gender identity (e.g., by paying particular attention to services providing specialized services to women or trans*/inter* persons) • Age (e.g., by focusing on differentiation between youth, young adult, older adult services) • Risk-specific • Insurance status (access opportunities differ between insurance/non-insurance) • Migration status / ethnic background	Pilot-specific
Social setting	Determine the social setting in which navigation services are going to be implemented	**AmberMed** is an NGO, a cooperation between Diakonie Refugee Services and the Red Cross, offering outpatient health services, including general and specialist medical consultations, and social counselling – all in-person translator-supported. It is outfitted with / provides: • 3 treatment rooms, fully equipped for general and specialist consultations – fully integrated into Austrian referral system for out-of-network referrals • Socio-medical counselling available with social workers, incl. 1 counselling room • 15 culturally competent translators • 52 volunteer healthcare workers (incl. GPs, medical specialists, and psychologists)	Pilot-specific

		• 20 staff (management, social workers, assistants, project workers) • Integrated network of medical screening, social counselling, and governmental institutions • On-demand counselling, crisis intervention, psychotherapy, physiotherapy, and coaching	

Main actors	Define who will act as health navigator. Clearly state and describe the qualifications and skills of main actors as well as role and responsibilities.	There will be two HN primarily responsible for navigation activities:
		• Social scientist & health researcher
		  ○ 10 years of experience researching and working in public health and health promotion in Vienna/Austria – point person for establishing network contacts and routines
		  ○ Has been working at AmberMed for a year, first on a project for "social prescribing" – experience and training as link worker
		  ○ Experienced in community-embedded, ethnographic research
		  ○ Experienced interviewer, trained in trauma-sensitive language and motivational interviewing
		  ○ Responsible for: coordinating implementation efforts, recruitment, navigation activities, networking
		• Medical doctor
		  ○ Working at the service almost a year
		  ○ As a medical doctor experienced in elaborating risk factors and using adequate and sensitive language
		  ○ Knowledge of the Austrian Health System and preventative methods
			Pilot-specific

		○ Responsible for: recruitment, navigation activities, networking A local external advisory board will be organized with 4 peer support workers from the *Neunerhaus* Peer Campus who can supply additional help and support the piloting efforts. The *Neunerhaus* Peer Campus is an exchange point for people facing homelessness, where they can get in close dialogue with peers with (former) experiences of homelessness. The *Neuenerhaus* Peer Campus offers training and further education, accompaniment on the job market as well as networking and exchange regarding peer support work. This local external advisory board will be consulted on a regular basis in order to ensure that all processes are operating properly and that persons enrolled in the program are supported optimally.	
Duration	Define the duration of the intervention according to the type of intervention as well as any specifications according to the target group.	**Overall intervention period:** June 2022 – November 2023 Individual duration of the intervention will be planned during the baseline measurement/individual risk assessment (T0) and can be adapted at the subsequent evaluation point (T1). The resulting individual navigation pathway will determine when a participant's intervention period will end, and when the second evaluation point (T2) will be, respectively. The third evaluation point (T3) happens at the same point in time for all participants and will be carried out six months after completion of the health navigation process.	Common
Adaptation strategies	Define methods to adapt an intervention on local/national basis.	Regular meetings with various stakeholders to provide project updates. Meetings with Health Ministry for regular updates to promote and disseminate the idea but also to allow for the project to operate according to any changes that happen in the health system. We will also establish a newsletter for all contact persons, define regular check-in and check-up meetings depending on services (to	Pilot-specific

		allow for adaptations, intermediate evaluation), and continually offer formal and informal meetings with network partners.	
Evaluation			

Baseline, intermediate, follow-up and post-intervention evaluation	Define when the actual metrics will take place from the recruitment to the post-intervention phase	Qualitative and quantitative data will be gathered.
		Quantitative part:
		• Conducted with
		  ○ Sample comprising of 200 homeless participants
		  ○ Health navigators
		• Measurement time points:
		  ○ T0: Baseline data
		  ○ T1: 4 weeks after baseline
		  ○ Later evaluation point T2 will be planned individually → based on individual needs during the navigation process
		  ○ T3: 6 months after phasing out from the intervention
		  ○ End of intervention depends on the needs at baseline and assessment by navigators
		Qualitative part:
		• Longitudinal qualitative approach
		• Conducted with
		  ○ Subset comprising of 10% of total sample, i.e. 20 participants
		  ○ Health Navigators
		  ○ Health care professionals directly involved in the HNM implementation
		• Measurement time points:
		  ○ T0: Baseline data
			Common

		○ T3: 6 months after withdrawal from the intervention • Health care professionals directly involved in the HNM implementation will be interviewed only at the end of the intervention phase	
Acceptance/Feasibility Criteria	Describe how you suggest to evaluate the acceptability/feasibility of the intervention by the involved actors.	Qualitative study with navigators, staff and involved stakeholders (HN uphold a running list of stakeholders and contact persons who might be interviewed)	Common

Picture by Carola68 Die Welt ist bunt / Pixabay

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