Seminar 18: Health and Homelessness (Room: 00.08)
Chair: **Masa Filipovic-Hrast, SI**

Tobias Schiffler, Alejandro Gil-Salmerón, Ascensión Doñate-Martínez, Tamara Alhambra-Borrás, Miguel Rico Varadé, Jaime Barrio Cortes, Matina Kouvari, Pania Karnaki, Maria Moudatsou, Ioanna Tabaki, Igor Grabovac, ES/AT/GR/UK: Improving Cancer Prevention and Early Detection among People Experiencing Homelessness in Europe: Co-designing the Health Navigator Model

Tobias Schiffler is a nursing practitioner with several years of clinical experience in mental health, working with transitional age youth at a clinic in Vienna (Austria). In 2021 he joined the Medical University of Vienna as a PhD student in Public Health. Tobias' research focuses on the health and well-being of people experiencing homelessness and other underserved populations, with a particular interest in mental health aspects.

Introduction: Homelessness is associated with increased cancer-related morbidity and mortality. This can be attributed to difficulties in accessing cancer screening and prevention services. Patient Navigation and Patient Empowerment interventions have been shown to improve access to health care for vulnerable populations. This study utilised a co-design approach to develop the Health Navigator Model (HNM) for Europe, combining elements of both interventions in a person-centred approach to reduce inequalities by eliminating barriers to access and improving engagement with healthcare services.

Methods: A qualitative research approach was followed, with data collected through focus groups between December 2021 and January 2022 across four European countries (Austria, Greece, Spain, and the United Kingdom). Seven focus groups with an overall sample of 56 participants – comprising 41 professional stakeholders and 15 people experiencing homelessness (PEH) – were conducted. Focus groups were audio-recorded, transcribed verbatim, and then thematically analysed.

Results: The results showed that professionals with a background in health and social care who understand the local user population are best suited to be assigned the role of 'Health Navigators'. Health Navigators should be embedded in settings familiar and accessible to PEH. Their primary role should be (1) identifying users' health needs and barriers (e.g., seeking solutions regarding barriers to care), (2) promoting cancer awareness and self-management (e.g., encouraging user involvement in health-related decisions), (3) facilitating access to healthcare services and cancer screening (e.g., coordinating and supporting attendance of appointments), and (4) providing practical assistance (e.g., assisting with the completion of paperwork).

Conclusion: The HNM is embedded at points of entry to homelessness services offering integrated care to guide PEH on using healthcare resources, improve their access to care, and enhance their general and cancer-specific health outcomes. The HNM is currently being pilot- implemented and evaluated in four European countries under the EU Horizon 2020-funded project CANCERLESS (GA 965351).

Renate Karpenko, DE: The Medical Care of Homeless Women: What Factors Contribute to Longer Hospital Stays?

Renate Karpenko is a research associate and PhD student at the Institute of Medical Sociology and Rehabilitation Science of the Charité Universitätsmedizin Berlin. She have been working since 2020 on the project "GIG – Health of homeless people in Berlin", analysing a health centre in Berlin Mitte and since 2022 in the follow up project "GIG II", investigating another health centre in Berlin Lichtenberg. She is an associate of the research network on homelessness and health at the Charité. Her focus lies on somatic health, addictions and homeless women. Further, she works as a physician at a psychosomatic clinic.

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Background: Although the number of homeless people, including the proportion of women, in Germany is increasing, research on health and health care structures of this group is limited. Despite the fact that these people often face precarious living conditions and various barriers to health care, the data in this area, especially on women, is insufficient.

Objective: Describing the sociodemographic characteristics and medical situation of homeless women visiting an outpatient health centre in Berlin Mitte; Identifying risk factors for increased morbidity and extended length of stay.

Method: Retrospective secondary data analysis of patient files of the health centre for the homeless of the Jenny De la Torre Foundation in Berlin Mitte and the hospital discharge letters within the files. The analysis of hospitalisation durations will be performed descriptively and inductively according to sociodemographic and medical factors. Regression models will be used to calculate associations between patient characteristics and hospitalisation durations.

Results: As part of the study "GIG - Health of homeless people in Berlin" 3,338 patient files, 21.6% of which (n=716) were women, were digitised. The most frequent reasons for treatment among women were skin diseases (16.2%), respiratory diseases (15.7%) and injuries (14.6%). Analysing hospital discharge letters of women they showed an extended length of stay and were more likely to receive a recommendation for further treatment. Additional findings on patient characteristics associated with longer length of stay will be presented at the conference.

Conclusion: Homeless women remain severely underrepresented in health services research. They differ in their morbidity from men, and their care should address their specific care needs.

(Co-authors: Lech, S., Schenk, L. and Schindel, D.)