Brussels, February 11th, 2022

To: Cabinet of Commissioner for Health and Food Safety
   Directorate-General for Health and Food Safety (SANTE)

Attention of: European Commissioner for Health and Food Safety Stella Kyriakides
   Director-General DG SANTE, Ms Sandra Gallina

Dear Commissioner Stella Kyriakides, Dear Director-General Sandra Gallina,

We hereby address you as civil society organisations, public authorities and researchers who work to put an end to homelessness and to eliminate inequalities faced by people living in marginalisation, including homeless people, when they access public services, in this case, health and care services.

FEANTSA is the European Federation of National Organisations working with Homeless People. With over 120 members across the EU, we are the only European NGO focusing exclusively on homelessness. In our work to improve access to health and care services for people in homelessness, FEANTSA has joined the CANCERLESS project coordinated by the Medical University of Vienna (MUW) and financially supported by the European Union’s Horizon 2020 Programme. The CANCERLESS consortium is made up of 11 partners (among others, researchers, public authorities, NGOs, and Non-profit International Networks) from 6 different countries who have come together since 2021 and who work to gather the perspectives and experiences of different professionals to develop comprehensive research, novel approaches, and innovative protocols related to cancer prevention provision and policy making for this population.

In this regard, CANCERLESS’ vision is to prevent cancer and allow for early diagnoses in the homeless population by delivering the Health Navigator Model, a person-centred intervention to overcome health inequalities and facilitate timely access to quality cancer prevention and screening services for homeless people, leaving no one behind in Europe. Thusly, our project aims to overcome health inequalities and further close the gap in cancer related outcomes for homeless people, by implementing a “bottom-up” and “co-designing” approach. For more information and access to the publications produced during the first year of implementation, we invite you to consult the website of the CANCERLESS project. We will of course keep you informed about our progress and hope that you will be interested to join us in the upcoming activities.

FEANTSA and the CANCERLESS consortium would like to congratulate you on the work done for developing the EU Cancer Plan, and we take this opportunity to welcome the new initiatives launched by the Commission at the beginning of February to advance on the fight against cancer. We find that the Cancer Registry and the inequality dimensions that it introduces, namely, inequalities between countries, gender, educational attainment and income level, as well as disparities between urban and rural areas and age differences will contribute to successfully implementing the EU Cancer Plan. In this context, we think it is also important to raise awareness about the impact that living situations may have on individuals who experience poor health, in short on the importance of housing as a determinant of health.

People who live in marginalisation, including homeless people, are at high risk of experiencing poor health and they struggle to access health and support services (Nobody Left Outside Thematic Network, 2019). Furthermore, it is well known that being homeless has a significant impact on people’s health. Enormous barriers and obstacles to accessing healthcare result in an average age of death of 43 for women and 47 for men who live in homelessness. The major factors impacting on the health of homeless people are i) poor physical health, ii) poor mental health and iii) substance misuse. These tri-morbidity factors arise from the poor quality of life from living on the street or in shelters and the mental strain and anxiety resulting from rough sleeping.
Research shows that nearly one in three deaths of homeless people was due to causes amenable to timely and effective health care and found that cancer is the second most common cause of death among the homeless population (Aldridge, 2019). Cancer mortality is two times higher among homeless people, compared to the general adult population in high-income countries (Asgary, 2018). People experiencing homelessness are at high risk of suffering from cancer and often they are deprived of primary or secondary cancer prevention, combined with difficulties in navigating complex and often fragmented health care systems (Lawrie et al., 2020; Luchenski et al., 2018). To overcome these barriers and risks that homeless people experience, EU health policies should include the element of housing as an important determinant of health.

Based on the evidence presented above, we call for including ‘housing situation’ as one of the dimensions of the Cancer Registry. This will contribute to achieving objective number 1 of the European Commission in the fight against cancer, namely ‘Everyone in the European Union should get the cancer treatment they need. It will ensure that people experiencing homelessness are not excluded from the process of identifying inequalities in the cancer care pathway from prevention to end-of-life care. We believe this action is furthermore necessary given that the Registry uses data sources submitted by countries to Eurostat, which do not include comprehensive and updated information on housing difficulties and homelessness. FEANTSA has previously recommended that the optional questions in Eurostat’s 2018 ad-hoc module on housing difficulties and experiences of homelessness be made mandatory and be extended to all Member States by integrating them into the EU-SILC annual survey on income and living conditions.¹ Moreover, we hope to see an increase in the availability of funds for research with the focus on people living in marginalisation. Our consortium recently tried to expand the CANCERLESS model to the whole cancer care pathway to include therapy outcomes and early palliative care for homeless people. The new project proposal, envisioned as a succession to the CANCERLESS project, called NAVIGATE-IN CARE, not only expanded the topic of interest but also included several new participating countries and piloting sites, further contributing to the closing of the important gap in research and knowledge on the complex issues that homeless people experience. Unfortunately, even as the proposal showed that many homeless people are dying in unsupported, unacceptable situations and the idea was highly scored in the recent Horizon Europe call “HORIZON-HLTH-2021-DISEASE-04-01 — Improved supportive, palliative, survivorship, and end-of-life care of cancer patients”, it was evaluated that working with the homeless communities was “too risky”, even when navigators have been used to support integration in cancer care, transitional care, and care for many vulnerable groups, showing promising results. The proposal finished on the “reserve list” as it was not deemed to have high enough priority for funding in the first round. We regret this decision of not funding what, to our knowledge, would be the first large scale project focusing on palliative care for the homeless population and hope that this will change in the future.

It is our strong belief that there is an urgent need to develop mechanisms and models that will address the deep exclusion of homeless people and in turn increase their access to cancer care. By introducing the dimension of housing (including homelessness experience) in the new Cancer Registry, an important first step in this direction would be taken.

We extend our availability for collaboration and remain open to working together to ensure that no one is left behind in the European fight against cancer, especially those who already experience marginalisation in our societies.

Sincerely,

Freek Spinnewijn    Dr. Igor Grabovac
Director      Coordination of the
FEANTSA      CANCERLESS consortium