HINTESTINE

GLOBAL HEALTHCARE PROJECTS





Cancer awareness in Black communities

It's widely understood that early detection of colorectal cancer makes a dramatic difference to the patient's chances of survival. 90% of patients make a full and rapid recovery if bowel cancer is detected in its earlier stages. Only 14% of patients with a late, stage 4 diagnosis survive longer than 5 years.

Yet recent research shows that in the Black adults in the US and UK are statistically less likely to be aware of the key risk factors, of the warning signs and of the availability of CRC screening than white adults. Too many black patients are presenting late with symptoms of bowel cancer and that leads to a higher proportion of unnecessary deaths.

Addressing this significant injustice among Black residents in Europe is our priority at Global Healthcare Projects and is the focus of our first pilot – in Portugal, +Intestino. We intend to launch a second pilot, in Belgium, in 2024.



Taking screening and education into the community

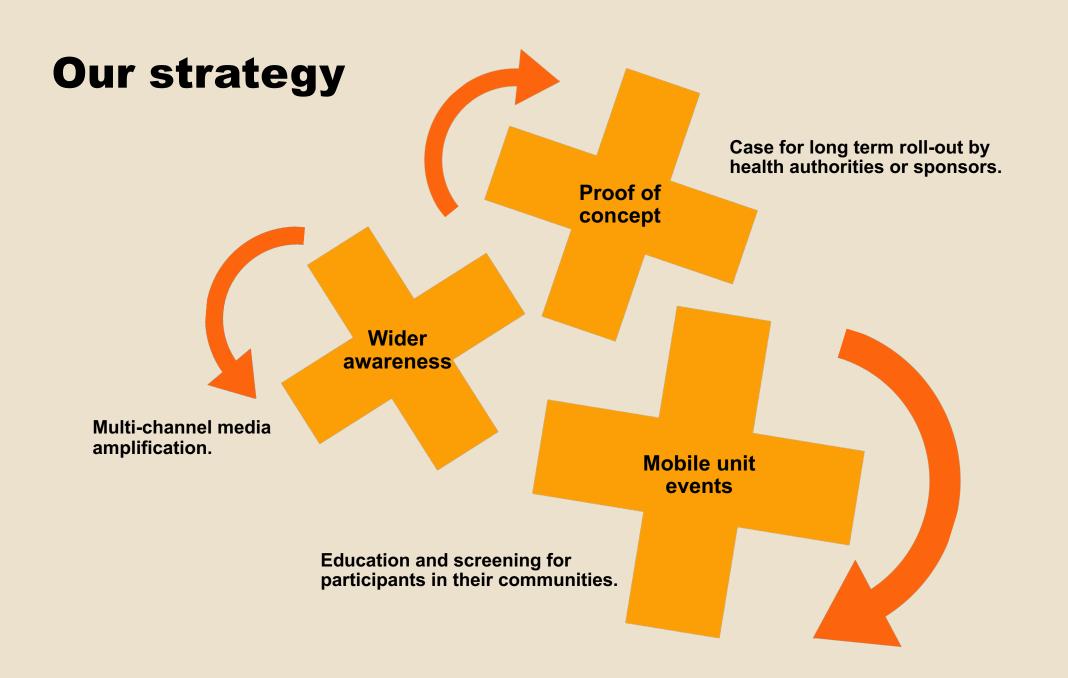
The pandemic has shown that when adults are unwilling to participate in screening, it makes sense to take the screening to them.

Our new ambition is to apply that principle to bowel cancer screening – taking specially equipped mobile units into communities to provide on the spot CRC prevention advice and screening services. When it comes to reaching Black communities, the approach has succeeded in improving bowel cancer screening uptake at scale in the US: we want to prove it can work in Europe too.

"Mobile health clinics make an unfamiliar healthcare environment more familiar by being located right in a patient's neighbourhood.

Qualitative research has found that patients value an MHC's informal setting, familiar environment, convenient location and staff who 'are easy to talk to'. Because MHCs make the effort to physically drive into communities, community members feel that the clinics are reaching out to care about them, inspiring them to take more charge of their own health".

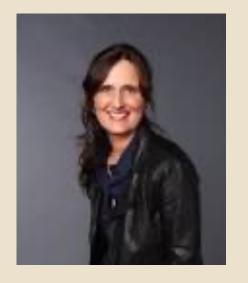
- International Journal for Equity in Health – literature review 2017



Central advisory group









Christian von Wagner

Senior Lecturer in Behavioural Research in Early Diagnosis of Cancer at University College London. Expert in Health Literacy, Colorectal Cancer Screening, Decision Making, Socioeconomic inequalities.

Cesare Hassan

Specialist in Gastroenterology and Digestive Endoscopy at 'Sapienza University' in Rome . Member of the ESGE Governing Board.

Pia Cox

Medical doctor with over 20 years of international experience working in different disease domains and healthcare settings.

Executive Director and previously co-Chair of All.Can Belgium and founder of All.Can Senegal.Long time advocate for patients and the underprivileged, and involved in different not for profit organizations, particularly in the domain of cancer.

Karen Emery-Downing

National Programme Manager – Bowel Cancer Screening, NHS England.

Joanna Traynor

Diversity and culture change consultant to public institutions. Trained nurse and senior psychotherapist.



Locations



Cova da Moura









VAMOS FAZER O RASTREIO?

A Pesquisa de Sangue Oculto nas Fezes é um teste, é fácil e não dói!

Esta análise permite identificar a presença de pequenas quantidades de sangue

Um resultado positivo tem, obrigatoriamente, de ser confirmado através da realização de uma colonoscopia.

3 PASSOS!

O DIAGNÓSTICO É ESSENCIAL!

Esta doença, se detetada a tempo, tem probabilidade de cura em 90% dos casos.



SALVA VIDAS!

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anf

+INTESTIN●

O DIAGNÓSTICO



A Europacolon Portugal organiza um rastreio gratuito ao cancro colorretal, uma doença que mata 12 portugueses por dia!

Junte-se a nós na luta contra o cancro do intestino! A sua participação pode salvar vidas.

O DIAGNÓSTICO SALVA A SUA VIDA.

16 A 27 OUTUBRO

Linha de Apoio 808 200 199











JUNTOS CONTRA

A PREVENÇÃO SALVA A SUA VIDA

DO INTESTINO!

O CANCRO

+INT=ST NO

O cancro do intestino surge a partir dos 50 anos de idade. Em Portugal, esta doença mata 12 pessoas por dia e todos

os anos são diagnosticados mais de 11 mil novos casos.

A evolução desta doença é silenciosa e muitas vezes sem sintomas. Por isso, é obrigatório fazer o rastreio a partir dos 50 anos, mesmo que se sinta bem.

Fale com o seu médico. Exija o rastreio ao cancro do intestino. JUNTE-SE A NÓS!



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SYNLAB











Funders and Partners

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Global Healthcare Projects and EuropaColon Portugal also wish to thank our many partners on the ground in Portugal, including:

- Cruz Vermelha Portuguesa
- Pingo Doce
- Igreja da Nazareno
- Associacao Nacional das Farmacias
- Associacao de Farmacias de Portugal
- Liga Angolana contra o cancro
- Liga Caboverdiana contra o cancro
- SYNLAB Portugal



Theory of change model: Mais Intestino

1 Situation

Black communities are less aware of the risks of CRC and reluctant to participate in screening. – which means they are less likely to benefit from early intervention and more at risk of dying from the disease.

2 Aims

Our goal is to verify the effectiveness of a proven US solution. - a mobile unit which takes CRC education and testing into Black communities. By piloting in Portugal, we will make the case for wider adoption across Europe.

7 Inputs

5 Inputs

6 Inputs

3 Inputs

4 Inputs

Process

A central project design, management and measurement (GHP)

A local management team to promote and implement in Portugal

Expert clinical, epidemiological and cultural advisers for pilot hypotheses

Community ownership

Funding of EUR 235,000

- Insight and data collection
- Identification and refinement of KPIs
- Partnership with community contracts and influencers
- · Brand development
- Comms planning and activation
- Mobile unit events in 2 community locations
- Clear testing and followup approach
- Continuous review and reporting

- Data on the barriers to CRC awareness and screening in Portuguese Black communities
- Detailed assessment of project processes and decisions
- Support and involvement of communities local to each event
- Communication of CRC and screening benefits through event publicity
- Participation in events and testing process
- Follow-up support for people testing positive

Impact

- Robust data to support improvements to the model and wider rollout
- Community recognition in chosen event locations of CRC and screening
- Wider awareness of CRC and screening (KPI: 500,000 impressions)
- Sufficient event attendance to enable measurement of attitude changes (KPI 400-700 per event)
- Case to pilot in further locations

Save lives in Black communities across Europe through increased understanding of CRC and the wider adoption of CRC screening

Embed the mobile unit approach as a key method for achieving this impact

Rationale and Assumptions

Rationale: by rigorously testing every aspect of the mobile unit model in a "live" setting, we can both increase insights about adoption of screening in Black communities and make a robust case for roll-out.

Assumptions: early detection of CRC through screening saves lives; European healthcare is committed to increasing access to screening.

Our next steps

October 2023

Events in three Portuguese locations

October/ November 2023

Evaluation and interim report

December 2023

Presentation of interim report to policy makers, European Parliament

Spring 2024

Belgium pilot – secure funding and launch