

### OBJECTIVES AND TARGET GROUP

The main objective of the pilot is to develop an approach to empower communities affected by extensive and long-term industrial contamination to address determinants of Cancer and other NCDs. The approach will be focused on promoting environmental public health and environmental justice at the local level. <https://progettosalutecrotone.it/> (main deliverable: a guidance document)

### KEY ACTIVITIES

- **Activity 1:** Identification of overburdened communities at the national level
- **Activity 2:** selection of an exemplary case study
- **Activity 3:** development of the approach including aspects of toxicology and env. exposure, env. and social epidemiology, communication and engagement, NCDs prevention and related health promotion
- **Activity 4:** interaction with local institutional and social actors
- **Activity 5:** participatory workshops on Env. Justice (environmental health literacy)

### PROMISING RESULTS

Expected results for policy relevance and transferability:

- A methodological approach on technical aspects (see Activity 3) suitable for different countries and contexts
- A participatory procedure for involving institutional and social actors
- A methodological approach (mixed-method) for identifying inequalities and vulnerabilities (including env.) within communities

### STAKEHOLDERS

National and Local institutions, technical bodies and NGOs involved in environmental health issues with a focus on the community (local) level

### SYNERGIES WITHIN THE JA

WP6 – T6.1, T6.2, T6.6

Possible link with the cluster on health literacy (Activity 5 and participatory nature of the approach)

Countries involved: Italy – exemplary case study (the developing approach benefits from experience gained within the WHO CC for Environmental Health in Contaminated Sites)

Lead institution: Istituto Superiore di Sanità - [roberto.pasetto@iss.it](mailto:roberto.pasetto@iss.it)

Scope of the pilot: municipality (regional and national)

### OBJECTIVES AND TARGET GROUP

The main objective of the pilot is to improve adherence to cancer screening programs in socio-economically disadvantaged areas of Health District 9 in ASL Roma 2, where those conditions can contribute to low adherence to organized cancer screening programs. These prevention gaps increase the risk of late diagnoses for colorectal, breast, and cervical cancers. Community-based and proximity interventions will be used to reach and engage the eligible population.

### KEY ACTIVITIES

- **Activity 1:** Reviewing scientific evidence from literature
- **Activity 2:** Identifying deprived areas
- **Activity 3:** Calculating pre-intervention screening adherence
- **Activity 4:** Planning focus groups
- **Activity 5:** Planning screening promotion activities in the identified areas

### PROMISING RESULTS

In terms of transferability, research impact, and local relevance, the following promising results can be identified:

- Application of evidence-based interventions integrating social and health dimensions.
- Use of a transferable and adaptable methodology for specific contexts.
- Definition of replicable criteria and validated indicators to support wider implementation.

### STAKEHOLDERS

Local population; municipal associations; general practitioners; and schools located in the targeted areas. Possible involvement of further stakeholders.

### SYNERGIES WITHIN THE JA

Possible extension of the model beyond the results measurement phase, **enabling** transferability to similar socio-demographic and health system contexts.

Participation of LHU ASL Roma 2 in WP 8.3 can support data collection for pilot-related contextual analyses.

Countries involved: Italy

Lead institution: ASL Roma 2 [rosaria.gallo@aslroma2.it](mailto:rosaria.gallo@aslroma2.it); [daniela.marotta@aslroma2.it](mailto:daniela.marotta@aslroma2.it)

Scope of the pilot: municipality

### OBJECTIVES AND TARGET GROUP

1.Raising awareness about healthcare inequities among HCPs. 2.Improving equity on access to OH TB cessation programs for vulnerable and at-risk population groups. 3.Secondary objective, understanding HCPs perspectives on healthcare inequities.

Physicians who refer patients to OH and TB cessation programs. Vulnerable individuals (mental illness, NCDs, elderly, or those with risk factors for inequity gender, migration, socioeconomic and hábitat status) who are referred to these programs.

### KEY ACTIVITIES

Baseline & Gap Analysis (2024–2025.9): Audit of ECR data to identify inequities in the referral rates of patients with mental illness, NCDs (COPD and others), frail elderly individuals, and those affected by socioeconomic determinants.

Clinical Awareness (2025.10–2026.3): Intervention consisting of providing information on inequities within this JA\_NCD initiative to key physicians, aimed at eliminating diagnostic biases and stigmas that limit access to cessation programs for vulnerable groups, as well as gathering their opinions on these issues through a survey.

Impact Assessment & Scalability (2025.10–2026.12): Evaluation of post-intervention effectiveness to measure the reduction in the access gap, increase awareness among HCPs, and strengthen the empowerment of community coalitions, validating a replicable model for other European healthcare systems.

### PROMISING RESULTS

Baseline data. 245 ECRs. Some epidemiological data in Cantabria are estimated. TB (122): no gaps by sex, elderly, NCD, mental illness (DPS ANX PSY). Gaps exist in the rural population and among foreigners. OH (123): no gaps by sex, probably not by NCDs and foreign. Gaps by age, mental illness (DPS ANX PSY) and rural population. In both programs no gaps in estimated income by postal code. Also data missing in profession, social class, and marital status. Opinions of HCPs on health equity, collected through the survey, in the health inequity monitoring.

### STAKEHOLDERS

Sub-Directorate of Care of the Cantabrian Health Service (SCS)  
Cantabrian School of Health  
Medical and Nursing Directorates of Hospitals and Primary Care

### SYNERGIES WITHIN THE JA

WP6 task 6.4, 6.6  
We can do eventual links within WP7 pilots with 7, 8 (our survey about equity in HCPs) 14 and 16 (similar issue) pilots

Countries involved: SPAIN

Lead institution: IDIVAL. Carlos Fernandez-Viadero [cfdezviadero@gmail.com](mailto:cfdezviadero@gmail.com), [carlos.fdezviadero@scsalud.es](mailto:carlos.fdezviadero@scsalud.es).

Scope of the pilot: Regional (Cantabria)

## OBJECTIVES AND TARGET GROUP

To determine which health determinants consider most important, in terms of contributing to health inequity, Health Care Providers of SCS. Secondly, describe the characteristics of the HCPs that respond, and to ascertain the level of interest this topic generates among these HCPs, as measured by the response rate.

## KEY ACTIVITIES

### Survey design

As an awareness-raising effort, within pilot study 11, sending the survey to physicians involved in OH and TB cessation programs (144 HCPsOHTB)

Sending the same survey to all SCS HCPs (5834 HCPsSCS)

## PROMISING RESULTS

Little interest among 144 HCPsOHTB. **Response rate** (after two sendings): **18%**. Of them 70% women, 42% between 35 and 49 Y, 38% over 50 Y. 77% consider equity very important. The most important factor is **socioeconomic status (50%)**, followed by functional impairment (11%), age, NCDs, country, and accessibility all with 7.7%.

Even less interest among 5834 HCPsSCS with **Rr: 3.5%**. 75% women, 52% over 50 Y. Similar Rr between Primary Care and Hospitals (47%), and between MD-RN (41% vs. 42%). 83% consider equity very important. The most important factor is again **socioeconomic status (46%)**, followed by age 12%, accessibility 10%, sex and functional impairment 6%. Both: raw data

## STAKEHOLDERS

All health managers and officials at the regional, national, and European levels

## SYNERGIES WITHIN THE JA

All WP that work in health equity

Countries involved: SPAIN

Lead institution: Carlos Fernandez-Viadero [cfdezviadero@gmail.com](mailto:cfdezviadero@gmail.com), [carlos.fdezviadero@scsalud.es](mailto:carlos.fdezviadero@scsalud.es).

Scope of the pilot: regional (Cantabria)

### OBJECTIVES AND TARGET GROUP

**Primary Objective:** Evaluate the effectiveness of 3 interventions (I1, I2, I3) based on different invitation strategies using nudges to increase participation in the Colorectal Cancer Screening Program of the Valencia Region.

**Secondary Objectives:** analyze the possible differences in the effects of the Is and analyze potential social inequalities in the effects of the Is.

**Target:**

**Men:** 60-69 years

**Sample Size:** 6000 individuals

**Selection Criteria:** Subsequent invitation for previous never-responders

### KEY ACTIVITIES

Ethics Committee (20241220/03/E)

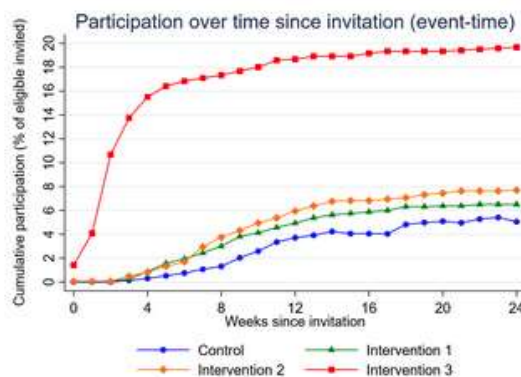
Randomised Control Trial Registry:  
<https://doi.org/10.1186/ISRCTN52248153>

- **Control Group (n=1600):**  
Letter + prepaid response card to accept participation (standard process)
- **I1 (n=1600): nudge 1**  
Modified invitation letter + prepaid response card to accept screening participation
- **I2 (n=1600): nudge 1 + 2**  
Modified letter + SMS with a personalized link to accept screening participation.
- **I3 (n=1200): nudge 1 + 2 + 3**  
Modified letter + SMS notification + Direct mailing of the Screening test

### PROMISING RESULTS

Participation Rate:

Control: 5.4%, I1: 6.5%, I2: 7.7%, I3: 19.7%



SES index	Control	I3	p_valor
Q1 (best SES)	4.2%	19.1%	< 0.001
Q2	6.3%	22.0%	< 0.001
Q3	1.7%	16.1%	0.004
Q4 (worst SES)	8.9%	20.8%	0.015

### STAKEHOLDERS

- Public Health Managers
- Regional, national and international Public Health Authorities (Policy makers)
- European Cancer Screening Networks
- Cancer leagues
- Best practices portals

### SYNERGIES WITHIN THE JA

- WP6. T6.6 (Interactive platform for capacity-building)
- WP6. T6.7 (Building infrastructures for health promotion at supersettings level)
- WP9. T9.6 (Wellbeing economy)
- Health inequalities monitoring (pilot 4), Vulnerable groups (pilot 10)

Countries involved: Spain

Lead institution: Fisabio ([meredes.vanaclocha@fisabio.es](mailto:meredes.vanaclocha@fisabio.es))

Scope of the pilot: Regional

**OBJECTIVES AND TARGET GROUP**

Longitudinal survey study aimed to evaluation of the impact of disseminating the recommendations of the European Code Against Cancer (ECAC) in favour to increasing knowledge about cancer prevention in men and women between 50-69 years of age.

- Specific objective 1: To describe the cancer prevention literacy level before and after the ECAC ´s promotion
- Specific objective 2: To analyze potential social inequalities before and after the ECAC ´s promotion

**KEY ACTIVITIES**

- Target population: men and women aged 50-69 invited to participate in the CRC screening programme of the Valencia Region (CRCSP-VR) for the first time in 2024.
- Intervention: Dissemination of ECAC leaflet in the standard screening invitation letter of the CRCSP-VR followed by pre- and post- quantitative surveys.
- Output: Measured levels of Cancer Prevention Literacy conducted at baseline and 6 months later after the intervention.
- Equity: ECAC is sent to all participants of the CRCSP-VR in a clear and accessible format suitable for all educational levels

**PROMISING RESULTS**

Main hypothesis: Sending a European Code Against Cancer (ECAC) brochure in the invitation letter of the CRCSP-VR will increase cancer prevention literacy level of men and women between 50-69 years of age.

**STAKEHOLDERS**

- Public Health Managers
- Regional, national and international Public Health Authorities (Policy makers)
- Best practices portals
- Cancer leagues

**SYNERGIES WITHIN THE JA**

T6.6 - Interactive platform for capacity-building

T6.7 - Building infrastructures for health promotion at super-settings level

Countries involved: Spain

Lead institution: Mercedes Vanaclocha-Espí (Fisabio): [mercedes.vanaclocha@fisabio.es](mailto:mercedes.vanaclocha@fisabio.es)

Scope of the pilot: Regional

### OBJECTIVES AND TARGET GROUP

The ICOPE program of WHO enables the seniors of 60 years and older, living at home, to benefit from a regular, long-term follow-up by health professionals. The main objective of the pilot is to propose a deployment strategy of WHO ICOPE program to other European countries. The first European country is Greece.

### KEY ACTIVITIES

- **Activity 1** (France and Greece): Communication and dissemination of ICOPE program
- **Activity 2** (France): To develop training program in English
- **Activity 3** (France): To develop our digital tools in other languages
- **Activity 4** (Greece): To train healthcare professional
- **Activity 5** (Greece): To implement ICOPE program in the country's territories

### PROMISING RESULTS

- Creation of ICOPE website in English
- Translation of training program in English in the framework of an e-learning platform.
- 75 healthcare professionals trained in Greece and 330 seniors included in ICOPE program in Greece

### STAKEHOLDERS

Ministry of Health of European countries  
Regional health agencies  
Medical and paramedical universities  
Regional orders and unions of health professionals

### SYNERGIES WITHIN THE JA

WP6: T6.7  
WP10: T10.1

Countries involved: FRANCE and GREECE

Lead institution : CHU Toulouse, Neda TAVASSOLI, [tavassoli.n@chu-toulouse.fr](mailto:tavassoli.n@chu-toulouse.fr)

Scope of the pilot: All (municipality/regional/national/EU)

### OBJECTIVES AND TARGET GROUP

The **general objective** is to improve cancer prognosis and care by increasing access to the services offered by the National Health System.

The **specific objective (outcome)** is to increase the number of patients for whom the clinic provide help in the diagnostic-therapeutic process.

**Target population** Vulnerable Chinese immigrants, with difficult access to health services due to linguistic and socio-economic barriers.

### KEY ACTIVITIES

- Operational help-line/WeChat service, including weekend hours.
- Help desk open every Wednesday morning to welcome cancer patients in need of support.
- Independent evaluation of patient satisfaction with the mediation services.
- Pre- vs. post-opening comparison of the number of patients born in China accessing care at the clinic.
- (Pre- and post-opening comparison of disease stage at first visit among patients born in China (to be discussed with DS))

### PROMISING RESULTS

- More than 50 patients in need called the helpline, which was also open on Saturdays. Fewer than half came in person and agreed to sign the consent.
- A strong collaboration developed among the different professionals within the clinic. We were often asked to help translate guidelines and other useful documents for the clinical departments.
- Other immigrant communities have expressed interest in a similar service, and the INT management is evaluating the feasibility of continuing the service.

### STAKEHOLDERS

- Charity offering migrant health services (Community of Sant'Egidio);
- Chinese Women's Association.
- Guild representing the 19 Chinese Associations operating in Lombardy
- Confucio Institute (Prof. Giunipero)

### SYNERGIES WITHIN THE JA

WP9 T9.6: Cost-benefit analysis of initiatives promoting early cancer detection

WP6 T6.6: evidence based intervention best with wechat or helpline, not much with helpdesk.

Countries involved: Italy

Lead institution: INT Italian National Cancer Institute, Milan, [valeria.pala@istitutotumori.mi.it](mailto:valeria.pala@istitutotumori.mi.it)

Scope of the pilot: municipality/regional

### OBJECTIVES AND TARGET GROUP

The main objective of the pilot is to assess whether an integrated community-based intervention in a socio-economically disadvantaged urban area improves health empowerment and reduces inequalities in access to primary and secondary cancer prevention. The pilot targets adults (18–69 years) living in the Piagge district (Municipality of Florence), with particular focus on migrant and socially vulnerable groups facing linguistic, cultural, and socio-economic barriers to healthcare access.

### KEY ACTIVITIES

- Activity 1: Pre-post survey to assess changes in knowledge, behaviours, and access to healthcare services
- Activity 2: Establishment of a physical helpdesk
- Activity 3: Development and dissemination of a dedicated website specifically designed to promote healthy lifestyles, alongside the distribution of printed informational materials
- Activity 4: Community meetings and outreach initiatives involving local stakeholders

### PROMISING RESULTS

- Strong interest and engagement have been observed among local stakeholders and involved professional groups, supporting sustainability and transferability of the intervention. The tools and actions implemented will remain available to local professionals beyond the pilot's duration.
- We identified points of contact with the JACARDI Joint Action in themes such as prevention strategies, addressing health inequalities, and community outreach, enabling mutual learning and exchange of good practices across related initiatives.

### STAKEHOLDERS

- Local health authorities
- Municipal authorities (City of Florence)
- Primary care physicians
- Community organizations and migrant associations
- Regional cancer screening programmes

### SYNERGIES WITHIN THE JA

- WP10 – Shared website and informative materials
- WP6 – T6.6 (Interactive platform for capacity-building): Inclusion of our pilot as an evidence-based example to reduce inequalities in cancer prevention

Countries involved: Italy

Lead institution: Istituto per lo Studio la Prevenzione e la Rete Oncologica (ISPRO), Florence

Scope of the pilot: Municipality (urban deprived area – Florence)

### OBJECTIVES AND TARGET GROUP

**The main objective:** reducing smoking behaviour in the target population.

**The target group:** vulnerable groups (i.e. Chinese blue-collar immigrants), with high rates of active smokers, unable to attend smoking cessation programs due to linguistic/cultural and socio-economic barriers.

### KEY ACTIVITIES

- **Training course and educational sessions** on smoking cessation, as well as on Chinese cultural background and health beliefs, for all staff involved in the project.
- **On-site medical visits and Chinese smokers recruitment**, including cytisine administration and motivational counseling, conducted in community and workplace settings.
- **Psychological counseling provided for three months** following initiation of cytisine treatment.
- **Follow-up assessments at 6 and 12 months** after initiation of cytisine treatment.

### PROMISING RESULTS

- The **smoking cessation rate** appears comparable to that observed in the hospital outpatient clinic serving the general population (preliminary data, pending confirmation at the six-month follow-up).
- Participant **retention** appears to be associated with an increased understanding of the study's objectives following initial skepticism.
- The **availability** of cultural mediators and psychologist to provide active listening and address participants' questions is a critical component of the intervention. An open-ended format for assessing needs and requests appears to yield more informative data than a structured, **predefined questionnaire**.

### STAKEHOLDERS

- **Charity** offering migrant health services (Community of Sant'Egidio).
- **Chinese Women's Association**.
- Guild representing the **19 Chinese Associations** operating in Lombardy.
- **Confucio Institute** (Prof. Giunipero).

### SYNERGIES WITHIN THE JA

**WP6 T6.4: Promoting environments free of unhealthy products.** Smoking cessation in Chinese population.

**WP6 T6.6: Interactive platform for capacity building.** Evidence-based smoking cessation intervention with WeChat.

**WP9 T9.6: Wellbeing economy.** Cost-benefit analysis of initiatives promoting smoking cessation.

**WP10 T10.4: Implementing personalized risk stratification.** Psychological counselling with trained Chinese mediators.

Countries involved: Italy

Lead institution: National Cancer Institute (INT), Milan ([claudia.vener@istitutotumori.mi.it](mailto:claudia.vener@istitutotumori.mi.it))

Scope of the pilot: municipality/national