

The REHPA Vulnerability Study

Community-based rehabilitation and palliative care for socially vulnerable people with advanced cancer

Marc Sampedro Pilegaard, Lene Jarlbæk, Henriette Knold Rossau, Jens-Jacob Kjer Møller, Helle Timm, Karen la Cour

REHPA, the Danish Knowledge Centre for Rehabilitation and Palliative Care, the Region of Southern Denmark, the University of Southern Denmark

REHPA

The Danish Knowledge Centre
for Rehabilitation and
Palliative Care



BACKGROUND

Little is known about how to include and best meet the needs of socially vulnerable people with advanced cancer in community-based rehabilitation and palliative care. The project aims to develop a generic model guiding community-based rehabilitation and palliative care services for this target group.

METHODS

The overall project is composed of two PhD projects combining descriptive and explorative methods that will inform a model for community-based rehabilitation and palliative care.

PERSPECTIVES

Knowledge of disease pathways for socially vulnerable patients with advanced cancer and experiences regarding opportunities and barriers in the health care system for rehabilitation and palliative care to these patients are prerequisites for being able to reach the target group and offer them the relevant services.

PHD 1 - THE REHPA VULNERABILITY MAPPING STUDY (REHPA VM STUDY)

Study 1: An electronic survey investigating how Danish municipalities meet and support vulnerable people with advanced cancer in their rehabilitation and palliative care services.

Study 2: A registry-linkage study analysing associations between advanced cancer and development of vulnerability.

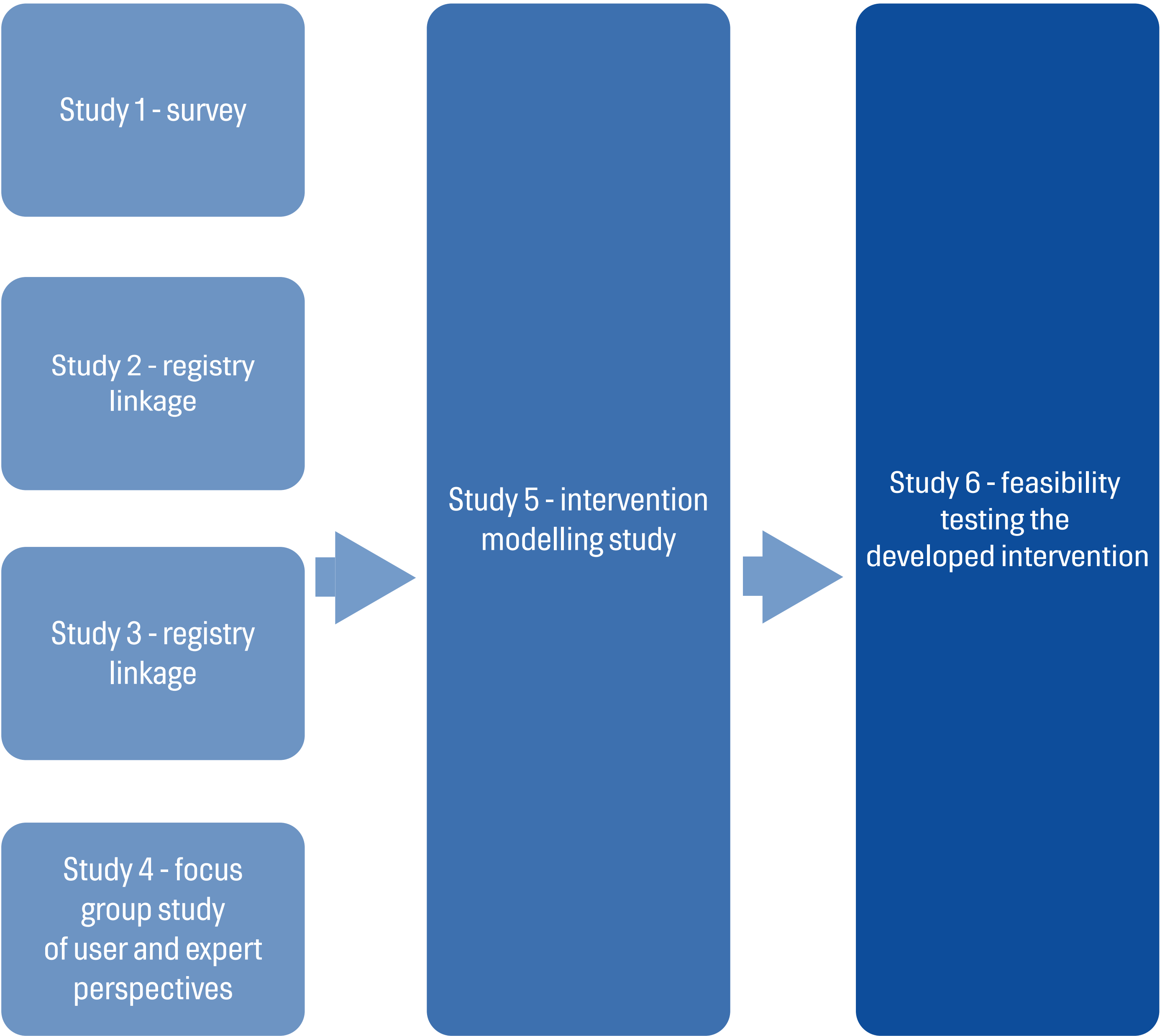
Study 3: A registry-linkage study mapping the use of rehabilitation and/or palliative care services during the trajectories of the vulnerable people identified in Study 2.

PHD 2 - THE REHPA VULNERABILITY INTERVENTION PROGRAM STUDY (REHPA VIP STUDY)

Study 4: A focus group study identifying needs and possible services in community-based rehabilitation and palliative care.

Study 5: A modelling study describing development and content of a rehabilitation and palliative care intervention.

Study 6: A feasibility study testing acceptability and relevance of the developed intervention in a community-based setting.



The results from study 1-4 will inform study 5 and 6. The developed generic model (study 5) will be tested in study 6, which later on will be evaluated for effectiveness in a community-based cluster-randomised study.

The authors have no conflicts of interests.

