

1. Introduction and Institutional Greetings

The final conference of the UCanAct project took the form of a strategic dissemination event, aimed at presenting the results, challenges and future prospects to a composite audience, including participating citizens, the physiotherapists involved, associations and institutions of the Bologna territory. The opening session immediately highlighted the solid network of stakeholders that supported the initiative. Speakers included the presidents of the Order of Physiotherapists (OFI) of Bologna-Ferrara and of the Italian Physiotherapy Association (AIFI) at national level, representatives of Federfarma and of citizens' and patients' associations (Cittadinanzattiva, Onconauti). This participation underlined a broad convergence of interests towards health promotion and prevention, positioning the project not as an isolated action, but as a pilot experience supported by key players of the local health and social system. The adhesion, albeit with physical absence, of the Welfare Department of the Municipality of Bologna was also communicated, confirming its patronage and political interest.

2. Strategic Context and Rationale of the Project

The rationale of the UCanAct project, funded by the European Erasmus+ programme, is rooted in a well-defined epidemiological and political context at the European level. The presentation highlighted alarming data: every minute, five people in the European Union are diagnosed with cancer. In response, the EU launched 'Europe's Beating Cancer Plan', a strategic action plan with four key pillars: prevention, early detection, diagnosis and treatment, and improving the quality of life of patients and survivors.

The UCanAct project fits coherently into this framework, acting primarily on the pillars of **prevention** and **quality of life**. The scientific basis for the intervention lies in the robust evidence correlating physical activity with risk reduction for at least seven types of cancer (including breast and colorectal, among the most frequent). The conference also highlighted a critical finding for the Italian context, which emerged from the EU 2025 reports: a significant gap in the reduction of inequalities in access to care. UCanAct, by offering a free and accessible programme in public spaces, also aimed to intervene on this specific critical issue.

3. Consortium Structure and Local Network

The architecture of the project is that of a complex international consortium, guaranteeing a multidisciplinary and transnational approach. Partners include prestigious academic institutions (University of Madrid, Trinity College Dublin, University of Bologna, University of Seville), professional associations (Irish Society of Physiotherapy), public bodies (County Kilkenny) and patient organisations (the German OAC). The intervention was piloted in three cities with heterogeneous demographic and structural characteristics - **Bologna (Italy), Munich (Germany) and Kilkenny (Ireland)** - a methodological choice to test the adaptability, scalability and replicability of the model. At the local level, the successful implementation in Bologna was attributed to the creation of a dense network of stakeholders, which actively included Onconauti, Cittadinanzattiva, Loto, the Order of Physiotherapists, the Order of Pharmacists and the Municipality of Bologna.

4. Methodology and Implementation Phases

The project followed a rigorous methodological path developed over 3.5 years. The main phases, described as implicit work packages, were:

- **Research and Evidence Analysis:** An in-depth review of scientific literature to define the best physical activity strategies, health benefits of green spaces and barriers/facilitators to engagement.
- **Co-design and Citizen Engagement:** In line with the project's Citizen Engagement Strategy (CES), initial focus groups were conducted with citizens to map needs, motivations (awareness of benefits, socialisation) and barriers (pain, fatigue, mood). This participatory approach informed the design of the intervention.
- **Development of Tools:** A standardised but flexible intervention protocol, a data analysis protocol and a mobile application containing over 100 exercises, instructions and 'red flags' (safety alerts) were created.
- **Training:** The recruited physiotherapists underwent specific training to align their skills with the project objectives and the management of heterogeneous groups in non-clinical settings.
- **Pilot Implementation:** The intervention took place in Bologna in two phases (spring and autumn 2024), involving a total of 4 parks, 15 physiotherapists and about 100 active participants (out of a total of 232 citizens intercepted in the three countries), for a total of about 65 local sessions.

5. Preliminary Results and Stakeholder Feedback

Although the scientific quantitative data is still under final analysis by the University of Madrid, the conference presented a detailed qualitative analysis based on interviews and focus groups with participants.

- **Challenges and Areas for Improvement**
 - **Technology:** The mobile app, although a central output, presented critical issues in terms of accessibility and linearity of the download process, sometimes acting as a barrier.
 - **Data Collection:** Evaluation questionnaires were perceived as excessively long and burdensome, highlighting the classic trade-off between scientific rigour and burden on participants.
 - **Logistics:** Bad weather during the autumn session forced activities to be moved indoors, reducing the perceived benefit of contact with nature. This was a consequence of project delays related to the COVID-19 pandemic.
 - **Infrastructure:** Not all parks were equally suitable in terms of safety, maintenance and services (e.g. benches, accessibility).
- **Success and Impact Factors:**
 - **Well-being and Awareness:** Participants reported a high level of enjoyment for the activity in the green area and an increased awareness of their own bodies, their limits and their potential.

- **Socialisation:** The relational and sharing aspect emerged as a very powerful motivation and adherence factor.
- **Role of the Physiotherapist:** The figure of the physiotherapist has been unanimously recognised as crucial, not only for technical competence, but for leadership skills, continuous supervision, management of heterogeneous groups and individual attention.
- **Impact (Behavioural Change):** The most significant outcome is the impact on participants' lives. Many reported that they had overcome sedentariness and had joined gym classes post-project. Crucially, self-organised groups continued to be in parks even between the two phases of the intervention, demonstrating ownership of the model and a high likelihood of sustainability of change.

6. Future Perspectives, Dissemination and Sustainability

The project looks to the future in two directions.

- **European level (Dissemination & Policy Impact):** The final results will be presented on 11 June in Brussels to members of the European Parliament from the MEPs Against Cancer group. The strategic objective is to integrate the UCanAct evidence into the working tables of organisations such as the European Cancer Organisation and World Physiotherapy, to promote the role of the physiotherapist along the entire cancer *continuum* of care: from primary prevention to survivorship management and palliative care.
- **Local level (Sustainability and Legacy):** UCanAct leaves the Bologna area with a tangible 'legacy': a tested intervention model, an activated stakeholder network and a group of trained and aware citizens and professionals. The challenge now is to capitalise on this legacy, transforming the pilot project into a structured and sustainable service, integrated into local public health policies.