

Community Assets Supporting Cancer Diagnosis

The Issue

When it comes to accessing health services, rural/remote communities have specific challenges because of their smaller size, more widely dispersed populations, and limited health care resources (Cloutier et al., 2016). In Alberta, these access challenges manifest in several ways, including a higher cancer incidence and later stage diagnoses (Bosma et al., 2020). Given these challenges and lack of access, rural communities often rely on family, neighbours, as well as volunteers, and informal support systems to access and navigate care (Kobayashi, 2020).

Similarly, newcomers sometimes have a later stage at cancer diagnosis compared to regional averages (Canadian Partnership against Cancer, 2014; Zahnd et al., 2018). Researchers have found that newcomers may find it challenging to access appropriate health services due to language barriers, reliance on public transportation, lack of familiarity with the health system, and digital literacy (Aryna et al., 2021). This can lead to poorer health outcomes, including cancer related outcomes.

Our Opportunity

With support from Alberta Health, the Cancer Strategic Clinical Network (CSCN) seeks to describe which assets and/or strengths support early cancer diagnosis for newcomer and those living in rural/remote communities.

Our Approach

In partnership with Physician Learning Program, the Cancer SCN will engage with newcomers and also engage with five rural/remote communities: Boyle, Mayerthorpe, High Level, Taber and Pincher Creek.

Through this engagement, we will carry out qualitative research, Cognitive Task Analysis (Potworowski & Green, 2016) and use co-design principles to achieve three high-level goals:

1. Understand and document community assets that impact access of people living in rural/remote communities and newcomers to timely cancer diagnosis and positive patient experience during the diagnostic process.
2. Explore the mental models of cancer diagnosis process held by primary care providers working with people living in rural/remote communities and primary care providers working with newcomers.
3. Co-develop and evaluate educational materials and/or clinical decision support tools for these Primary Care providers and their patients to support cancer diagnosis.

The study has been reviewed and approved by the Health Research Ethics Board of Alberta- Community Health Committee.



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