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CANCER CARE DELIVERY FOR AMERICAN INDIAN, RURAL AND FRONTIER POPULATIONS

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LAND ACKNOWLEDGMENT

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OBJECTIVES

1. Analyze the current state of cancer care in rural and frontier SD.
2. Evaluate strategies to overcome gaps in cancer care delivery in rural and frontier SD.

Social Determinants of Health



Social Determinants of Health

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 Healthy People 2030

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Cancer is leading cause of death, 50% at advanced stages¹⁻³

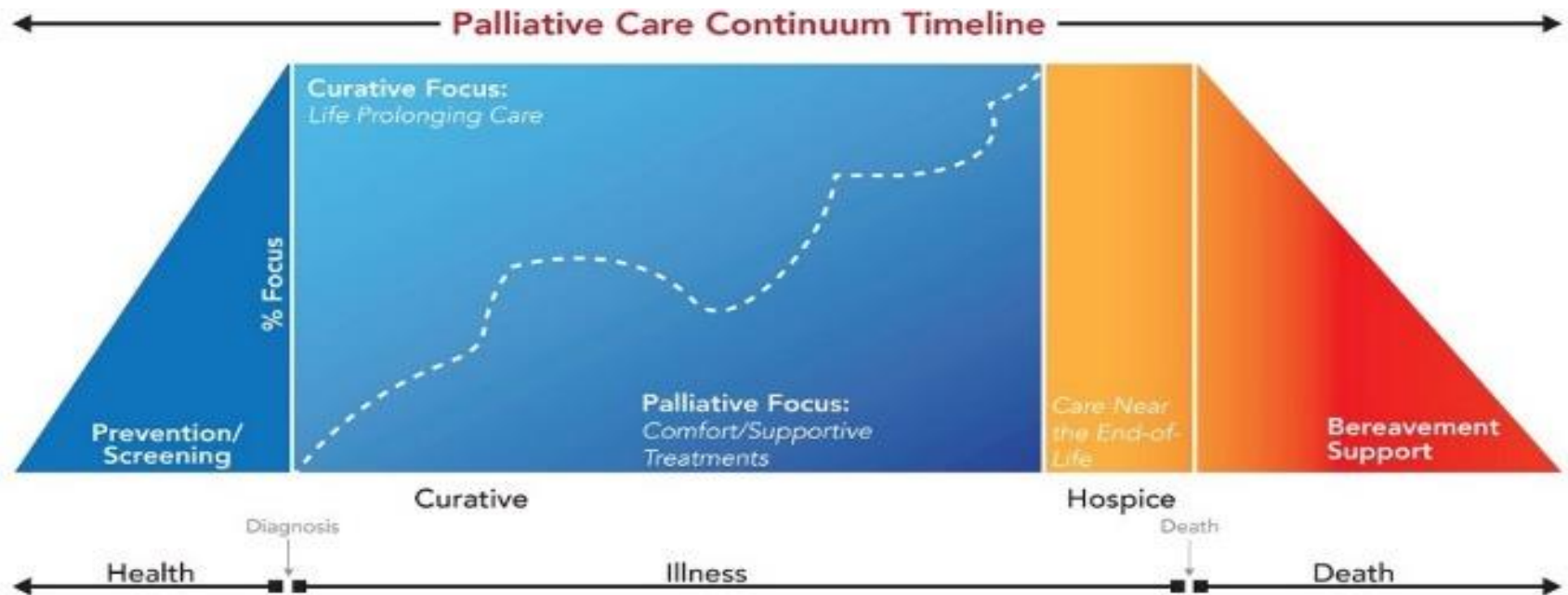
Disparities for American Indians³⁻⁵

➤ 50% live in rural or frontier areas⁶

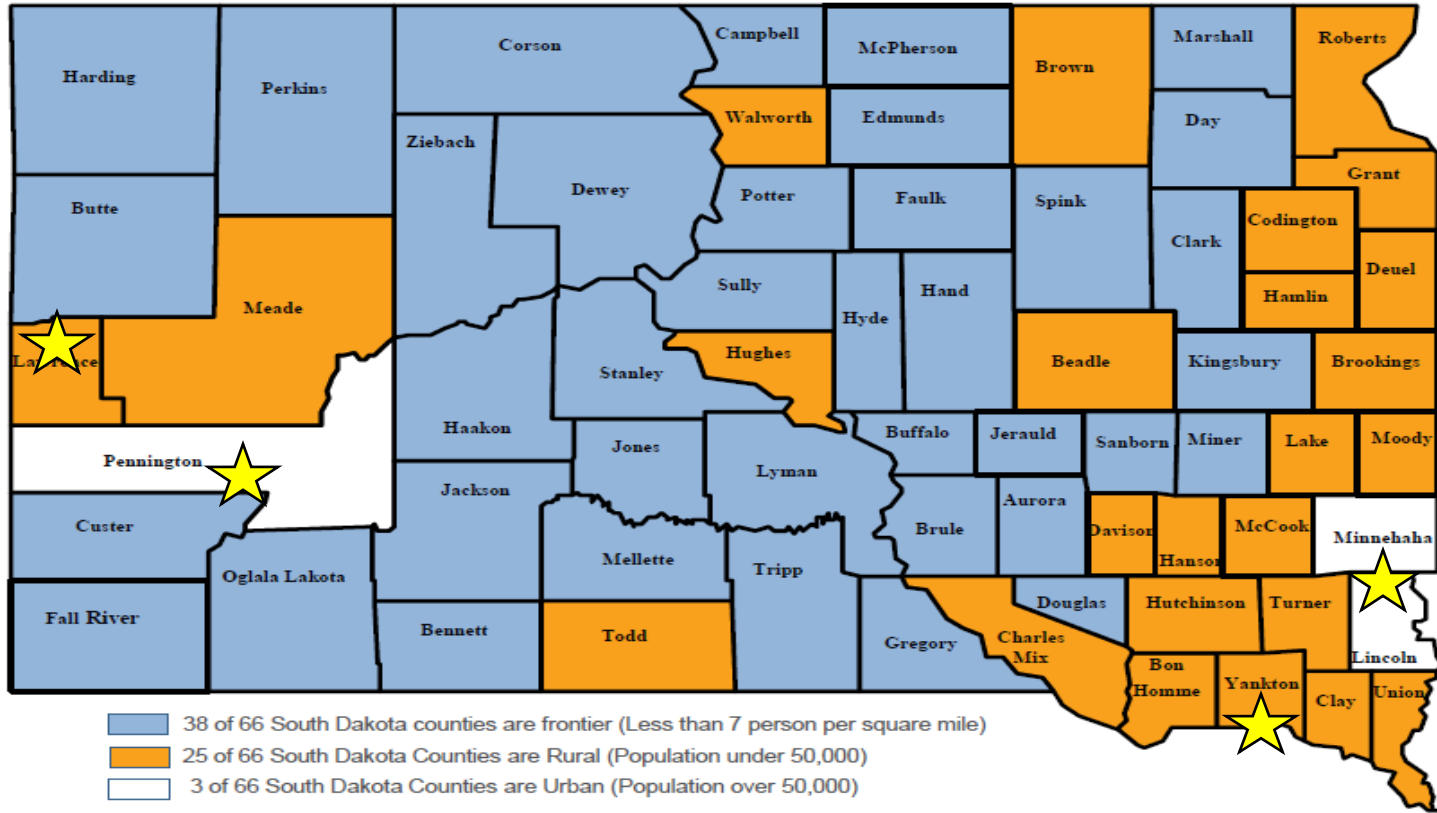


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PALLIATIVE CARE CONTINUUM⁷



SOUTH DAKOTA FRONTIER/RURAL/URBAN COUNTIES



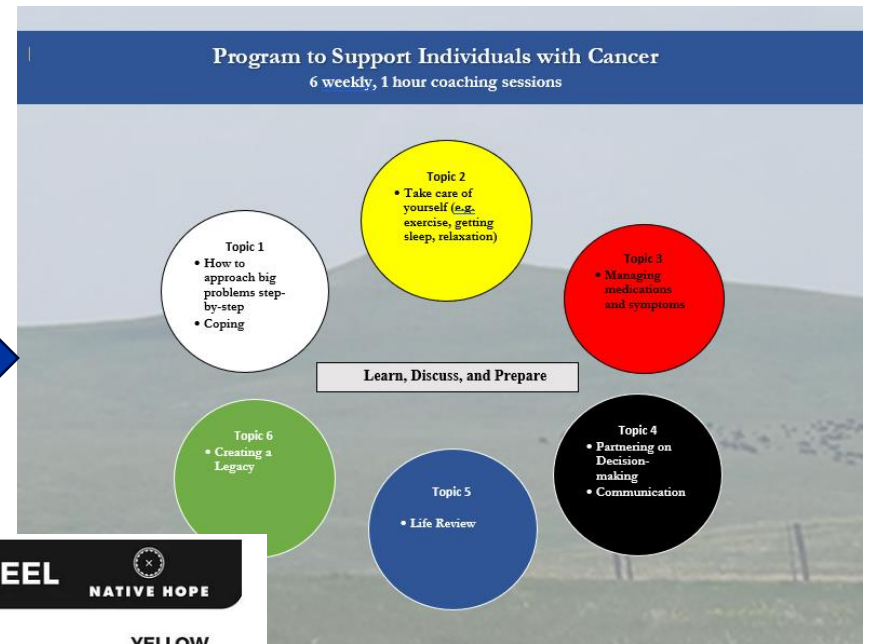
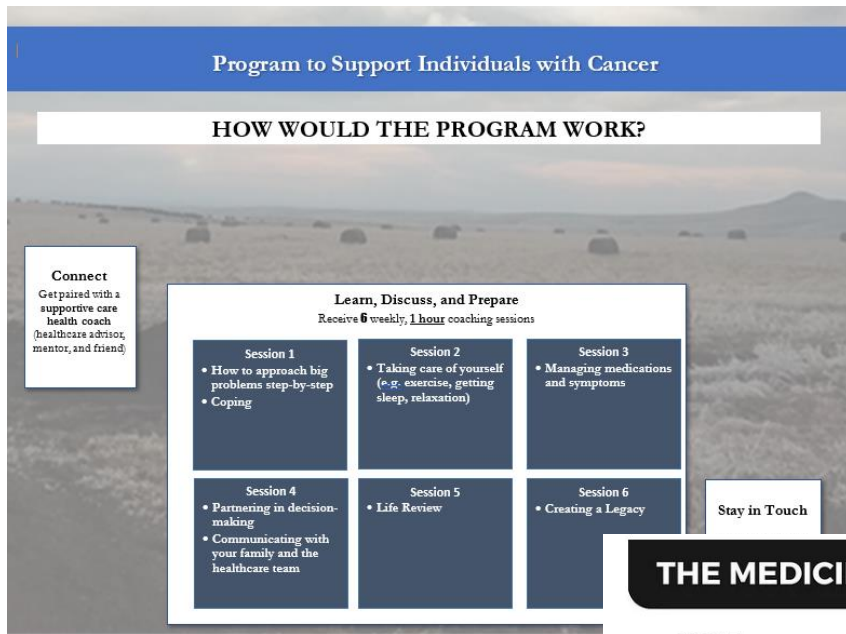
Source: United States Census Bureau, 2020 Population Estimates

★ Specialty Palliative Care Sites in SD

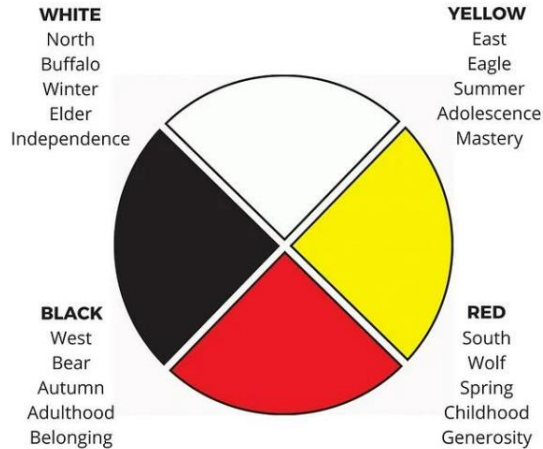
EARLY PALLIATIVE CARE INTERVENTION

- Nurse-created and driven
- Tested in NE and Deep South of the US
- Positive patient outcomes
 - Lower depression²⁷
 - Higher quality of life²⁷
 - Improved survival²⁹

REDESIGN OF PROGRAM OUTLINE



THE MEDICINE WHEEL  **NATIVE HOPE**



PURPOSE

- Understand barriers affecting cancer care delivery, and cancer symptom and caregiver burden in American Indian, rural, and frontier population.

METHODS

Rural facility with cancer care

Quantitative Survey:
demographics

18 persons living with
advanced cancer: symptom
burden

12 family caregivers: caregiving
burden

Qualitative: One-on-one semi-
structured interviews

18 healthcare professionals
representing 9 disciplines

11 persons living with
advanced cancer

8 family caregivers (100%
spouse)

SAMPLE CHARACTERISTICS

- 100% Rural
- 1/3 lived in the highest level of frontier (FAR Code 4)
- Average distance to cancer care: 34.2 miles (2-107)
- Average # persons in household: 3.25 (2-14)
- 50% households earned \$50,000-\$99,999
- No reliable internet access at home: 16.7%

BURDEN

- Symptom – Patients
 - Mild - Moderate levels 17.7 (1.6 – 37.4)
 - Lung - highest average 26.1
 - Symptoms reported
 - Lack of energy 83.3%
 - Feeling drowsy 77.8%
 - Pain 72.2%
 - Difficulty sleeping 66.7%
 - Worrying 61.1%
- Caregiver – family
 - Very high levels 49.25 (37-59)
 - Family caregivers of person with GI cancer had highest average (52.3)
 - Individuals reported max score in objective and relationship burden



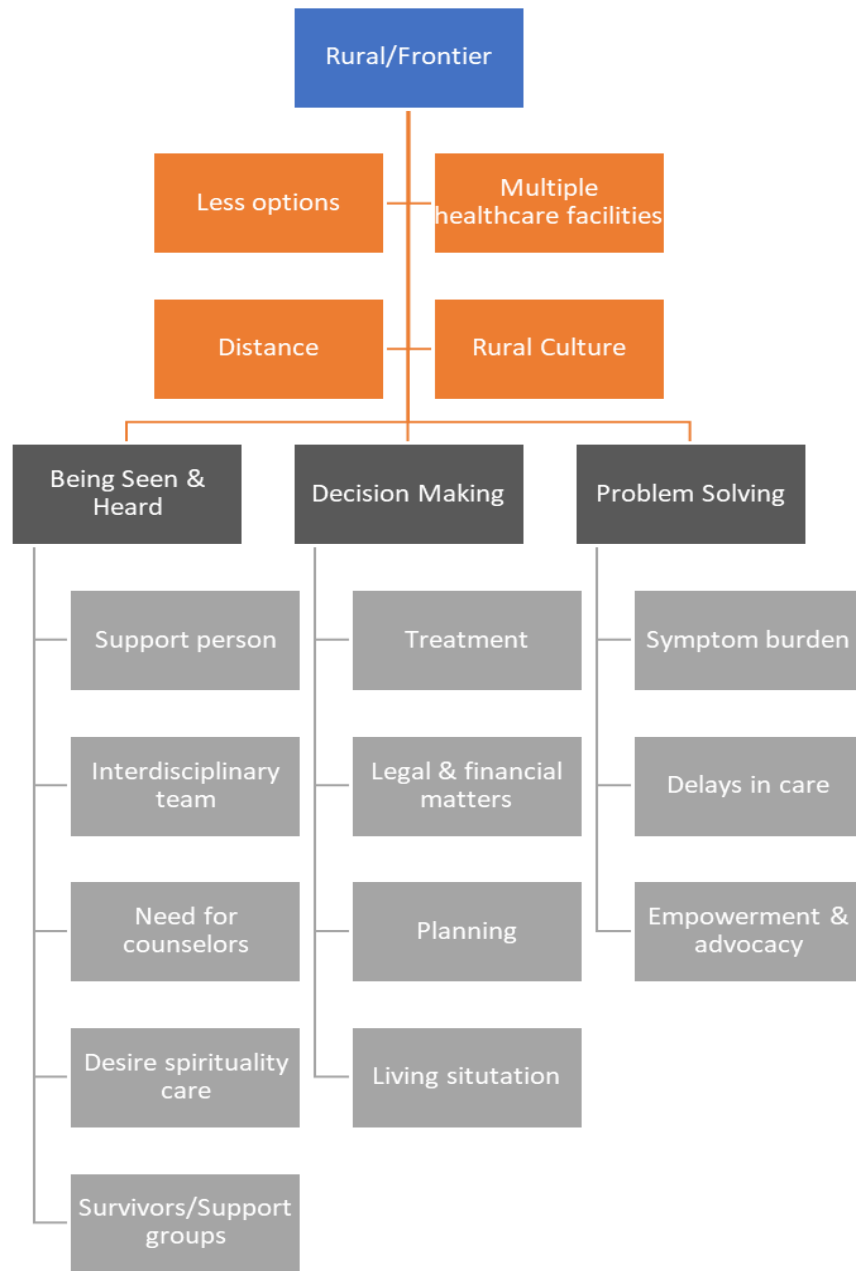
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ANALYSIS

Two phases –
thematic analysis

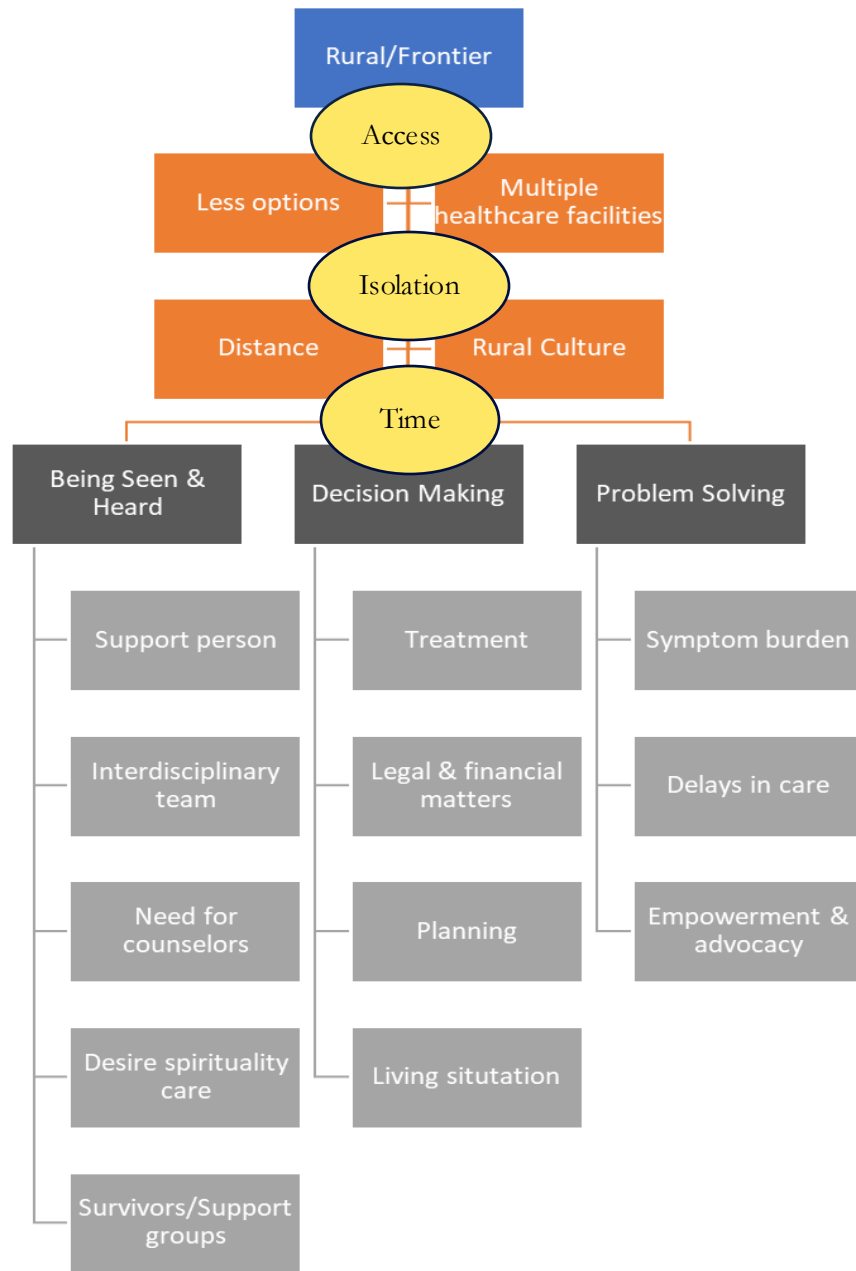


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PERSONS WITH ADVANCED CANCER & FAMILY CAREGIVERS





HEALTHCARE PROFESSIONALS

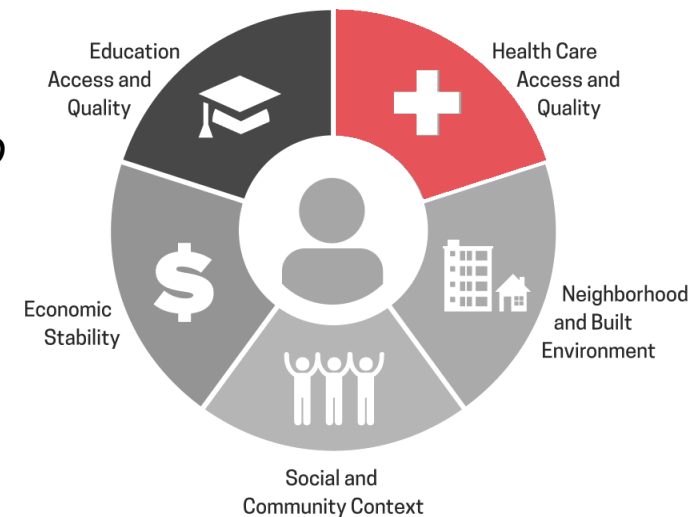


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RURAL/FRONTIER ACCESS

- *"Yes, that's pretty much the biggest influence. It's just either being at the best or being home." (PwAC 16)*
- *...if you want a second opinion, you have to travel farther to go get one of those and I didn't get one of those. I should have but I didn't. (PwAC 12)*
- *"...when we try to get people their stuff, they just sometimes say, "Enough is enough. I just want to stay in my community," and tends to do more symptomatic comfort care measures versus maybe getting them the things that could help them." (HCP)*

Social Determinants of Health



RURAL/FRONTIER ISOLATION

- *"For some of those people that would be out in the country [living in an isolated area] or even just not get out of their house..."(PwAC 9)*
- *"Being expected to be a tough, rural woman sometimes which is not. [Laughter] Sometimes we need tender loving care, too. Not everybody is a tough farm wife." (PwAC 13)*
- *"Many of them do not have a good support system. They may have lost their spouse; their children don't live here; we see that quite a bit. So, I would think the isolation both of the area; they may live a long way from some town or city. Also, probably the lack of support from family or friends." (HCP)*
- *"Some people, especially in the Midwest, they'd like to go in alone and not bother anybody..." (HCP)*

Social Determinants of Health

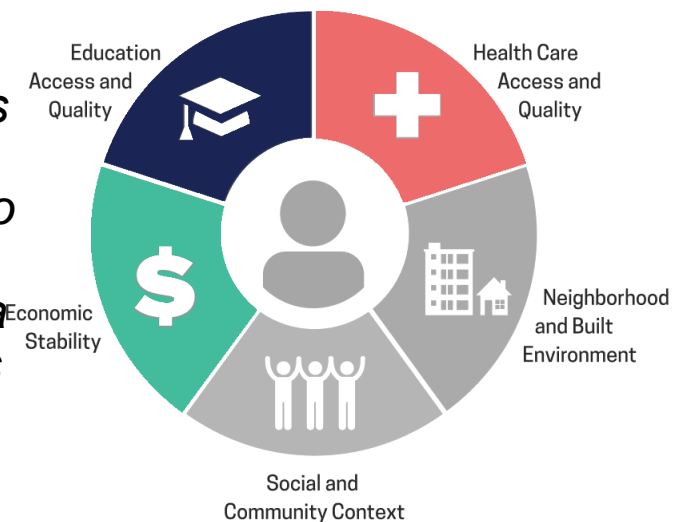


RURAL/FRONTIER

TIME

- *"Then, I had an interim doctor and then another interim doctor, and he moved. Then, I had another interim doctor for, I think, two telemeds, and that's about it. They always had a sort of start from scratch to start treating, and at what had been done, what had worked, what had not, and then try to fit it into a plan for me." (PwAC 17)*
- *"...I think you need to have multiple conversations so that people have time to think and ask questions and to get those questions answered so that they understand this, and so I think a lot of it is just multiple visits. Sometimes, everybody's in a hurry just to move on with treatments. Sometimes I think we need to take a little more time at the beginning to make sure everything is understood by all parties." (HCP)*

Social Determinants of Health





Social Determinants of Health



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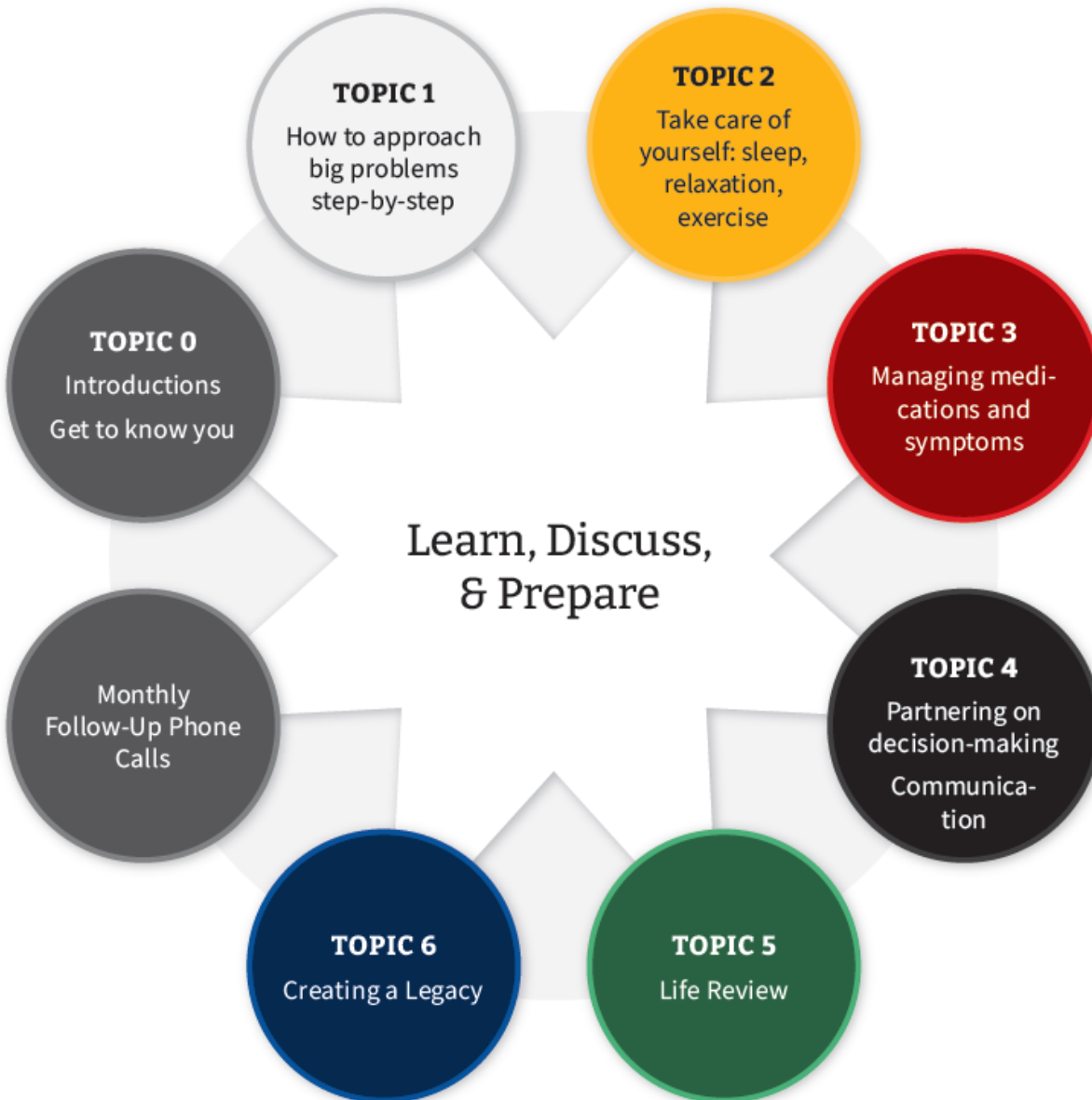
 Healthy People 2030

THEMES RELATE TO HEALTHCARE PROFESSIONALS AS WELL

Access

Isolation

Time



NEXT STEPS

Further feedback on
adapted
intervention



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CONCLUSIONS

Preliminary evidence for an early palliative care intervention in rural and frontier SD which will be the first of its kind in the state.

This innovative nurse-driven intervention could support the needs of the patients and family caregivers as well as healthcare professionals.

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QUESTIONS



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