

Assessment on the Current State of Survivor-Focused Cancer Care in Southwestern Indiana

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Background/objective: In 2019, the Commission on Cancer (CoC) released updated standards for 2020. The 2020 standards deliberately focused on improving long-term outcomes and quality of life for survivors. The new standards went one step further and introduced requirements for staffing and programming to meet these goals. This study aims to qualitatively assess the current state of survivorship-focused care through direct interviews with survivors, community leaders and healthcare providers in Evansville, Indiana.

Methods: This is a qualitative study to understand survivorship care in southwestern Indiana. We conducted qualitative interviews with healthcare providers, community leaders, as well as survivors with an overall goal of learning what the needs and barriers are in providing or receiving long-term care. Our team worked to analyze qualitative data from the interviews to identify common themes within this community, as well as to compare the viewpoints and experiences of survivors with healthcare providers and community leaders. This study design is based on the Tri-Ethnic Center for Prevention Research model for implementing a community readiness assessment, and is the first step in a long-term appraisal of survivorship-focused care in the southwestern Indiana region.

Results: From this early assessment, it is determined that although awareness and efforts exist to address long-term survivorship care, there is room for improvement. Survivors and providers alike recognize gaps that exist in the transition of care, in patient education, and in awareness of and access to available resources.

Conclusion and potential impact: This study provides key information that will be utilized to further assess the readiness of the community of survivors and care providers. The themes drawn from this assessment will be utilized to determine high-impact areas for improvement in care, analyze availability of relevant resources, and to address barriers to care and resources.