Assessing the utility of offering psychosocial support and services for Cancer survivors in the greater New Haven Connecticut region

RP175

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Introduction

According to American Cancer Society (ACS) statistics for 2008, there were 1,437,180 new cancer cases in the United States with 19, 190 new cancer cases in the state of Connecticut alone (**1**).

The NIH recognizes that cancer care often fails to meet individuals' psychosocial health needs. Growing evidence suggests that multidisciplinary supportive care can be most effective within the community context but that this supportive care for cancer patients is currently lacking (**2**).

The Wellness Community (TWC) is an international, non-profit organization whose mission is to provide support, education and hope to people with cancer and their loved ones at all stages of the cancer journey. TWC aims to bring individuals together based on a belief that survivors share a common understanding, and can help make a difference in each others lives.

Purpose

This project aims to assess current services for cancer survivors and their utilization within the greater New Haven area as well as determine the need for a TWC in Southern Connecticut.

It is well documented that psychosocial supportive services offer a host of benefits for cancer survivors including promoting improved physical well being, increased energy level, control and empowerment, (**2**). In 2007, the Institute of Medicine issued a report advocating the use of psychosocial support in combination with substantial medical cancer care and cited TWC as an example of an existing organization providing such services (**2**).

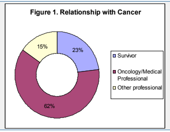
In the spirit of TWC as a whole, TWC– Southern Connecticut (TWC-SC) is dedicated to alleviating the burden of a cancer diagnosis on survivors and their families by helping individuals to engage in professional programs of support, education, and hope (**3**).

Hypothesis: The services available in this region provide optimal medical treatment and brief consultation for psychosocial support, without addressing the psychosocial needs of patients or offering free and accessible long-term psychological and physical health support services.

Methods

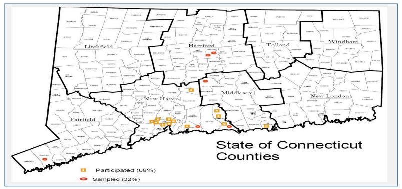
- ■ Three-phase methodology with the focus of this study on Stage 2:
  - 1) Preliminary needs assessment
  - **2) Key informant interviews**
  - 3) Focus group survey design
- ■ Thirteen key stakeholders in psychosocial oncology services were interviewed. Referral criteria included that the participant had a particular stake in psychosocial services provided in New Haven, New London, Fairfield, and Middlesex counties
- ■ The interview was a semi-structured, open-ended response format that included thirteen questions spanning four categories:
  - ■ Demographics and general information
  - ■ Perceived psychosocial needs
  - ■ Existing services for cancer survivors
  - ■ Ideal location for TWC-SC

Figure 1. Relationship with Cancer



Demographics and General Information

- 68% participation rate
- 85% female, 15% male
- 92% from New Haven County
- 62% medical professionals or oncology specialists



Sample Questions

Perceived psycho-social needs	What types of services do you feel are most important to the psychological and emotional recovery and wellness process of individuals who are diagnosed with cancer?
Existing services	Outside of medical care, do you know of any psychosocial or therapeutic support services that are offered to the cancer population in Southern Connecticut?
Location	Do you think that a Wellness Community in this area is a good idea?

Analysis Plan for Key Informant Interviews

■ The interview analysis was completed by pooling themes during three sessions

- ■ Collection of all responses to questions
- ■ Pool exact item responses
- ■ Further grouping into major themes (e.g., emotional support)

■ The primary goal was to then re-categorize these themes based on content, relevance, and prevalence

Limitations

The primary limitation of this project was the small sample size. In previous experience with this methodology, however, it was determined that key stakeholders should be interviewed until content saturation is achieved (**4**). Another limitation was the homogeneity of the sample across sex, ethnicity, and region. Though a more demographically diverse sample may have enriched the content of the data, we are confident that the findings speak to the needs of and existing services provided to a majority of cancer survivors and their families.

Results

Theme analysis from the key informant interviews provided information at three levels:
1) perception of most important/critical psychosocial needs
2) current or existing resources
3) areas for improvement/resources that are lacking

The results suggest that there are three primary areas where psychosocial services are lacking for the cancer population of Southern CT. These include navigation through existing services, support for patients, families, and caregivers and availability of alternative support services.

Recommendations

Based on the above results, the following recommendations are designed to help the center fill in existing gaps in service:

1) Collaborate with existing organizations targeting cancer survivors (including NGO's and the private sector).
2) Employ staff trained in patient navigation of existing psychosocial services.
3) Encourage multidisciplinary support in the community context.
4) Develop caregiver specific support groups and educational, or physical services.
5) Offer workshops for developing skills related to carrying out daily life activities.
6) Provide services specialized by cancer types, stages, and ages to increase individuals' comfort with one another and ability to form a shared experience.
7) Employ complementary and alternative services that allow the patients' to get the most out of the service without compromising their existing physical treatments.
8) Increase available information about the different nutritional options for patients based on their cancer site.
9) Provide sexuality, body and physical image counseling and support to both men and women.
10) Ensure that individuals at all stages of cancer have knowledge about and access to TWC resources by using a diverse array of networks.

Literature Cited

1) American Cancer Society (ACS), (2009). Cancer Facts and Figures 2008. http://www.cancer.org/downloads/STT/2008CAFFfinalsecured.pdf
2) Institute of Medicine of the National Academies, (2007) Cancer Care for the Whole Patient: Meeting Psychosocial Health Needs. http://www.iom.edu/CMS/3809/34252/47228.aspx
3) The Wellness Center-Southern Connecticut, 2008, Case for Support
4) The Wellness Community-Southern Connecticut (2008), Needs Assessment.

American Public Health Association Conference, 2009