NIVERSITY IRGINIA SCHOOL of NURSING

Evaluating Access to Cancer Health Information for Central Virginia Residents

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BACKGROUND

CANCER IN RURAL POPULATIONS

- 2.8 million cancer survivors living in the rural U.S.
- U.S. rural populations have higher rates of mortality, including higher cancer death rates, even though they have lower rates of cancer diagnosis as compared to urban populations.

HEALTH PROMOTION IS CRITICAL TO CANCER PREVENTION

- Avoiding tobacco products, consuming low amounts of alcohol.
- Maintaining healthy weight, eating a plant-based diet.
- Maintaining physical activity.
- However, rural populations in the U.S. are more likely to be overweight or obese, to use tobacco products and to have alcohol-related disorders.

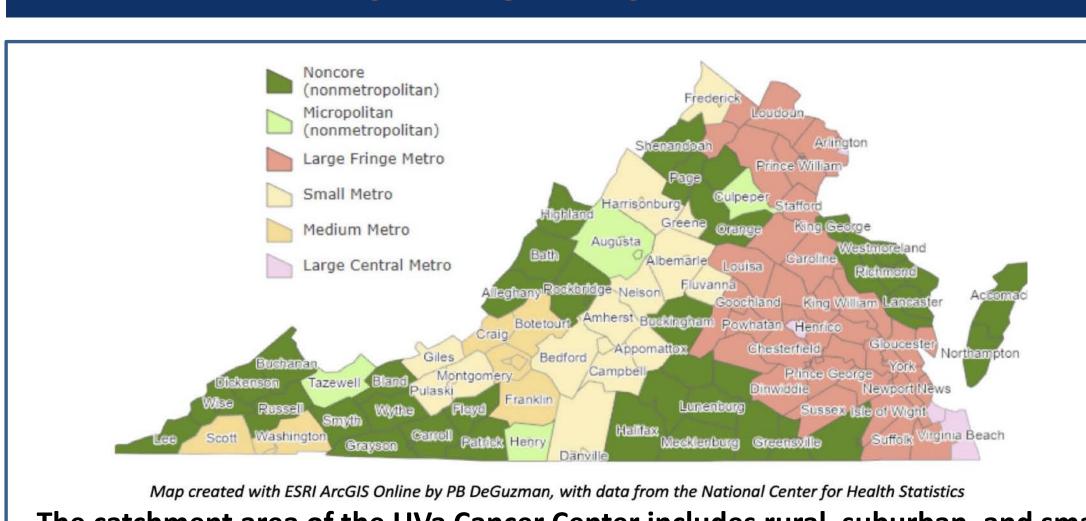
THE DIGITAL DIVIDE MAY CONTRIBUTE TO RURAL CANCER DISPARITIES

- People living in rural areas of the U.S. have limited access to the internet.
- 58% of rural residents in the U.S. believe that access to high speed internet is a "major problem" in their area.
- Rural residents have less access to online health information and are less frequent users of internet search engines and blogs.

Study Purpose: To understand access to health care and barriers to health information in Central Virginia and identify differences in access between rural and non-rural populations.

METHODS

- We used a qualitative descriptive design to accomplish the study aims.
- Data was extracted from interviews gathered as part of a larger community-based needs assessment by the University of Virginia Emily Couric Clinical Cancer Center (EC4) in Charlottesville, VA.
- Recruited participants from rural public libraries, from the EC4, rural health clinics, and the Charlottesville-Albemarle Senior Center.
- Researchers conducted one-on-one telephone and in-person interviews, and one focus group.
- Qualitative descriptive analysis with two-person validation was used to identify codes and themes.



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SETTING AND SAMPLE

The catchment area of the UVa Cancer Center includes rural, suburban, and small urban areas of Central Virginia

• 27 participants were residents of rural and non-rural counties in Central Virginia Interview participants (N=21)

- 10 cancer survivors \bullet
- Ages 21-79

• Focus group participants (N=6) were all cancer survivors recruited from the Charlottesville-Albemarle Senior Center

• Ages 62-88

IMPLICATIONS FOR RURAL POPULATIONS

• Both rural and non-rural populations face challenges in obtaining and understanding appropriate health information.

• Rural residents additionally access fewer internet-based resources.

- There is a need for cancer centers to collaborate with rural primary care
 - providers can ensure access to accurate cancer health promotion information.
- Rural providers should continue to utilize traditional "brick and mortar"
 - methods to disseminate health information to meet patient needs.
- Increased broadband throughout Virginia may improve rural populations' access to a broader range of health promotion information.

LIMITATIONS

• Most of the study participants who completed interviews were female. • The six focus group participants were all members of the Senior Center and therefore more likely to be affluent and from non-rural counties.

SELECTED REFERENCES

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THEM

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Rural Healt Direct Profes

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FINDINGS

MES	EXEMPLARS
Rural Residents Seek th Information from ronic Sources	"[Facebook] is always a great place to find some support."
	"[I get] information from Dr. Oz and the computer."
	"Well I use the internet quite a lotI get the Washington Post and health periodicals."
l Residents Seek th Care Information tly from Health Care essionals	"We haven't look up anything on the internet, cause you knowwe can ask [my doctor] when we come to [the UVa Hospital] if there is anything we need he's really good."
	"Where would I get information? I have to ask the doctors"
entral Virginia dents Struggle to in and Process ect Cancer Health Information	"Some people say that eating a lot of gluten causes cancer."
	"I didn't know there was a resource center until I saw it in the newsletter from the Senior Center. I didn't know there was support. I was never told there was support."
	"Well, it's 'you should definitely eat this' and then a month later, maybe not, you know or something like drinking coffee. It's helpful to have two cups of coffee today, but it's harmful two weeks late, type thing."