

A Longitudinal Observational Study to Identify  
Multilevel Factors Influencing Survivorship Care  
Quality among Rural Cancer Survivors

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# Background

- 21% of US cancer survivors live in rural areas and are at increased risk for poor outcomes after cancer, including increased mortality and poor physical and psychological health status
- Known disparities in screening and guideline-based therapy, but less known about care during the survivorship period
- Individual sociodemographic characteristics do not fully account for disparities, suggesting need to examine provider, practice, and community-level factors

Objective: To examine the multilevel factors (survivor, provider, practice, and area-level) that influence patient-centered survivorship outcomes (quality of survivorship care and HRQOL) among rural cancer survivors after treatment

**Patient- 2 & 3  
years post-  
diagnosis  
(N=400)**

- Perceived Survivorship Care Quality
- Follow-up Care & Communication
- HRQOL & Symptoms

**Primary  
Oncology  
Provider**

- Survivorship Care Delivery & Communication
- Survivorship Care Confidence & Training

**Practice**

- Organizational Factors Impacting Chronic Illness Care
- Practice Structure
- Participation in Quality Initiatives

**Area-level**

- Rurality
- Social and Economic Conditions
- Accessibility of Medical Services

**Eligibility Criteria**

- Female breast, prostate, colorectal, bladder, melanoma, or non-Hodgkin's or Hodgkin's lymphoma (AJCC Stages 0, I, & II)
- Reside in a rural area at recruitment
- 2 years post-diagnosis; 12 months post-treatment
- Oncology provider at a CCOP site
- No recurrence or 2<sup>nd</sup> cancers

# Assessments (Patient & Provider)

- **Patient Survey**

- Survivorship Care Quality (APECC instrument & Patient Assessment of Chronic Illness Care)
- HRQOL & Symptom Burden (FACT-G, PROMIS instruments)
- Survivorship Care Experiences (Questions from NCI surveys)

- **Provider Survey**

- Survivorship care delivery, communication, and coordination (NCI SPARCCS survey)
- Survivorship care confidence & training (NCI SPARCCS survey)

# Assessments (Practice & Area-Level)

- **Practice**

- Assessment of Chronic Illness Care
- Participation in Quality Improvement Initiatives

- **Area-level**

- Rurality (large rural, small town rural, isolated)
- Social and Economic Conditions (census tract-level deprivation index, food & fitness center availability)
- Distance to primary care and oncology providers
- Number of specialists, primary care physicians, and mental health workers per population in county

# Status

- Concept is in development