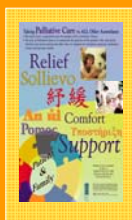


Palliative Care in a Cross-Cultural Context: A New and Emerging Team (NET) funded by CIHR for equitable and quality cancer care for culturally diverse populations – Year 1 Progress



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Culture is a complex interplay of meanings that represent and shape the individual and collective lives of people.

Purpose

To address patient and family needs beyond physical to encompass the psychological, social, cultural, and spiritual domains of illness, suffering, and dying

To nurture the growth of new researchers and support their training in a multi-disciplinary environment

To integrate a knowledge translation (KT) process into the research cycle

To develop a cross-cultural program of research with a focus on three streams access, caregivers, and complementary and alternative medicine

Methods

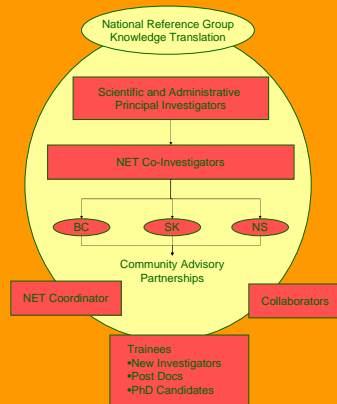
• Multi-provincial, multi-disciplinary collaboration using a cross-cultural lens

• Advisory committees – regional and local

• Mixed Method Approach – incorporating population-based quantitative studies complemented by qualitative studies

• Partnerships – building partnerships with clinicians, service providers, consumers and policy makers

• Linkages – continued work in linking provincial databases, collaborative studies, and building on existing work in other provinces



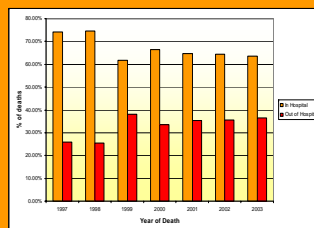
NET Organizational Chart

Research Streams

Access

• Pilot Projects including:

- Analysis of health databases to determine predictors in place of death for cancer patients in both BC and Nova Scotia and to assess access to EOL care for Nova Scotians dying of cancer
- The application of data mining techniques to determine best models, as well as to identify demographic, socioeconomic, and cultural predictors of dying out of hospital in BC
- Using cancer registries as a base for analysis of health service provision at end-of-life in Nova Scotia and BC



Percentage of Deaths from 1997 to 2003 In or Out of B.C. Hospitals

Caregivers – Professional

• a literature review to understand stress and vicarious trauma in the palliative health workforce provided new insight for the preparation of a grant proposal. The proposed study will comprise of a national survey of the palliative, end-of-life workforce to examine sociodemographic, and structural characteristics of services they provide and to measure levels of compassion satisfaction and compassion fatigue

• Use of Patient Outcomes Scale (POS) – a new quality of life (QOL) database that will form a substrate to look at PC interventions for culturally diverse populations. A grant proposal was submitted to apply POS in four BC Cancer Centers and a tertiary care unit

Complementary and Alternative Medicines

• Piloting and comparing use of CAM among BC Chinese cancer patients with the minority groups in a national study

• Initiating a pilot study in the African Nova Scotian community (rural and urban) examining end-of-life care and the use of complementary and alternative medicine

• Use of CAM among Chinese cancer patients in BC

Building Research Capacity

• Strengthening intra and inter-institutional linkages to facilitate new investigator training

• Developing new tools that inform with a cross-cultural perspective

• Building partnerships between academics, policy-makers and community representatives

• Trainees conduct innovative research, use mixed methods, receive mentoring, collaborate cross-provincially, and apply Knowledge Translation (KT)

Knowledge Translation (KT)

• Developed a reference group (decision and policy makers, KT expertise and PC/EOL expertise) providing guidance and mentoring regarding KT activities

• Facilitated Knowledge Translation workshop and post-symposium dialogue for ten PC/EOL NETs jointly funded by IHSPP, ICR, Health Canada (KT Branch)

- Discussed KT resource sharing, strategic planning/areas of need and NETs collaboration

• Integrating KT Interaction Model into current grant applications and NET PC/EOL pilot projects

• Development of a KT Steering Committee with multi-disciplinary NET representatives to consider future collaboration in PC/EOL research

• Development of local/regional KT research partnerships and advisory groups comprised of knowledge users (clinicians, health professionals, consumers, policy/decision makers) linked to specific projects

Deliverables

• Three grant submissions related to caregiver, quality of life and complementary and alternative medicine. One grant submission related to KT and community partnership development.

• One international conference presentation on the use of cancer registries as the base for analysis of service provision at the end-of-life

• Two national conference presentations on access to EOL care using OPIS and PCP data, and palliative care in a cross-cultural context (NET)



2005-2006 Trainees: Michael Regier, Usha Nannapaneni, Harvey Bosma (PhD Candidates); Victor Maddalena (Post Doc); Vienna Ng (MD research), Naoko Metz (Master's Candidate) and Kathleen O'Connor (Research Assistant)

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