

Understanding Exercise Needs of Cancer Survivors Residing in Rural and Remote Settings

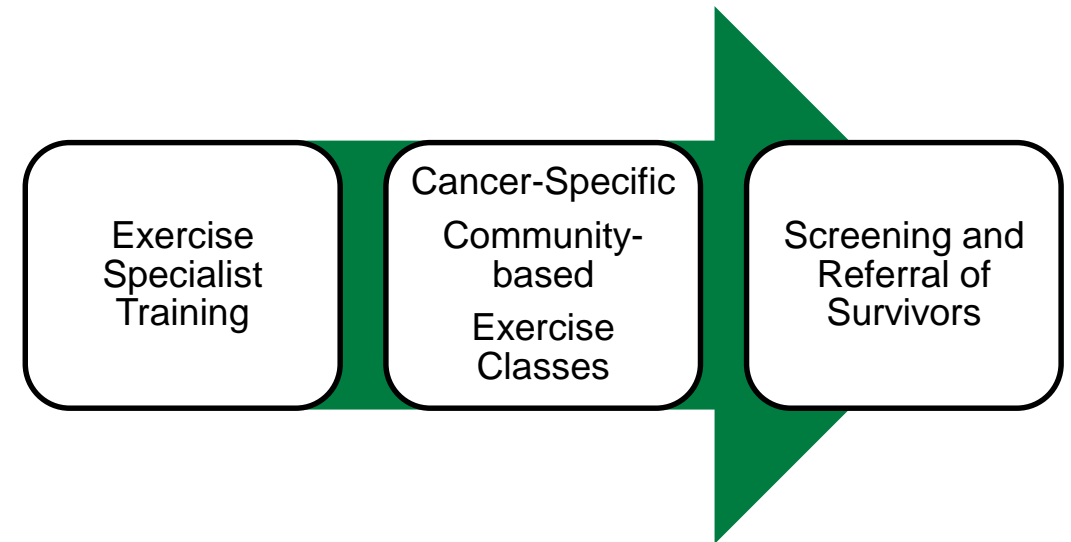
Joni Nedeljak, University of Alberta
Alyssa McComb, University of Alberta
Ryan Spychka, University of Alberta
Margaret McNeely, University of Alberta

Joni Nedeljak
jnedelja@ualberta.ca

Background/Rationale

Alberta Cancer Exercise (ACE) Hybrid Effectiveness-Implementation Study

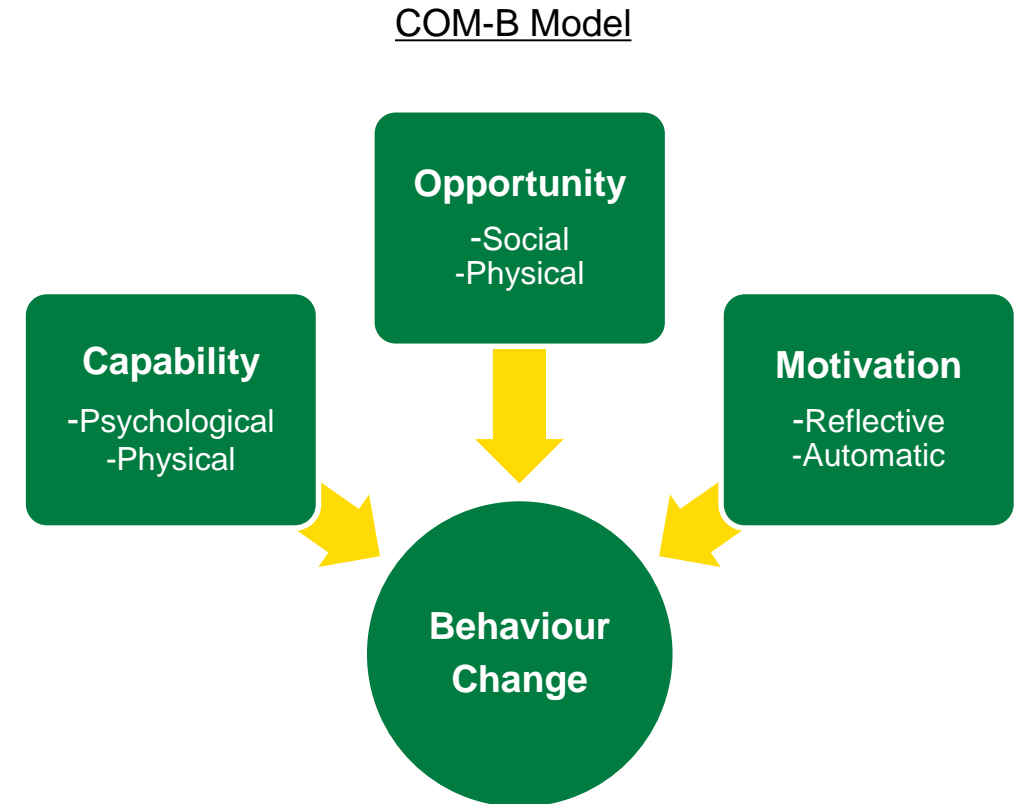
- ACE: study examining the benefits of implementing an Alberta wide clinic-to-community based cancer and exercise model of care.
- The current survey is a ACE Integrated Knowledge Translation Sub-study to explore rural and remote cancer survivor preferences, facilitators and barriers to exercise programming because data is lacking on how best to implement exercise programming in rural and remote locations.¹
- AIM: identify strategies to support implementation of the ACE program in rural and remote locations in Alberta.



Alberta Cancer Exercise. (2017). Exercise program for cancer survivors. [Photograph]. Retrieved from <https://www.albertacancerecercise.com/>

Methods

- Cross-sectional survey based design: Survivors residing in rural and remote communities who were receiving treatment at the Cross Cancer Institute (CCI) were invited to participate.
- Eligibility Criteria:
 1. Survivor on treatment, post cancer treatment or on active surveillance or follow-up for cancer at the Cross Cancer Institute
 2. Resides in a rural or remote location in Alberta
 3. Adults 18 years or older
 4. Able to read and understand English
- Sample size: 30 survivors living in rural and remote settings
- Questionnaire: developed based on the Theoretical Domains Framework (TDF).
- Each domain of the TDF was then mapped to a component of the Capability, Opportunity, Motivation - Behavior Change (COM-B) Model



Questionnaire responses mapped to COM-B Model

Results

Capability	Opportunity	Motivation
<ul style="list-style-type: none">• 93% felt confident exercising before their cancer diagnosis (perceived skills/abilities are high)• Participants reported high daily physical activity but only 17% reported participating in regular structured exercise• Exercise PREFERENCES included: "close to home" and "minimal travel time"• 60% reported that a flexible structure for an exercise program would best meet their needs	<ul style="list-style-type: none">• Support from health care providers and families was reported as high.• BARRIERS:<ul style="list-style-type: none">• driving issues (distance, weather)• accessibility of exercise locations• symptoms of fatigue• Participants felt that having a cancer-specific ACE program available to them would make exercising easier	<ul style="list-style-type: none">• BENEFITS of exercise: "energy levels, weight control, feeling good, recovery from treatment, and social interaction"• ~50% reported they did not feel they could exercise during treatment• Confident they could incorporate exercise into their everyday life after treatment• Many reported that regular exercise was only "somewhat" of a priority

Discussion/Conclusion

- Rural survivors understand that exercise is beneficial, although it is not a high priority for them. Many believe they already have active lifestyles (ex: farming).
- Objective assessment of physical activity and physical fitness may inform the need for the addition of structured exercise.
- Accessibility and distance to an exercise facility are barriers for rural survivors.
- Further research is needed to determine the need for exercise and the best method for implementing exercise programs in rural communities.



[Photograph of two older adults jogging] (2018). Retrieved from <https://food.unl.edu/physical-activity-older-adults>

Thank you!