

# Why Wait for Wellness?

## Enhancing early access to health education and support for oncology patients in the Grampians Region: a program improvement project.

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### 1 Background

Prehabilitation is effective in improving physical functioning, emotional wellbeing and quality of life for cancer patients.<sup>1</sup> Multimodal approaches to prehabilitation including exercise, nutrition and anxiety reducing techniques promotes positive outcomes for people newly diagnosed with cancer.<sup>2</sup> The “Why Wait for Wellness” (WWW) program at Grampians Health has been providing interactive evidence-based education to increasing numbers of newly diagnosed cancer patients since 2016. During the height of the COVID-19 pandemic, the program was adapted from a face-to-face group, to an online format. **This project aimed to** evaluate the acceptability and feasibility of online delivery and compare it with the face-to-face delivery of the WWW program to meet the needs of a Victorian regional and rural community.

### 2 The Program

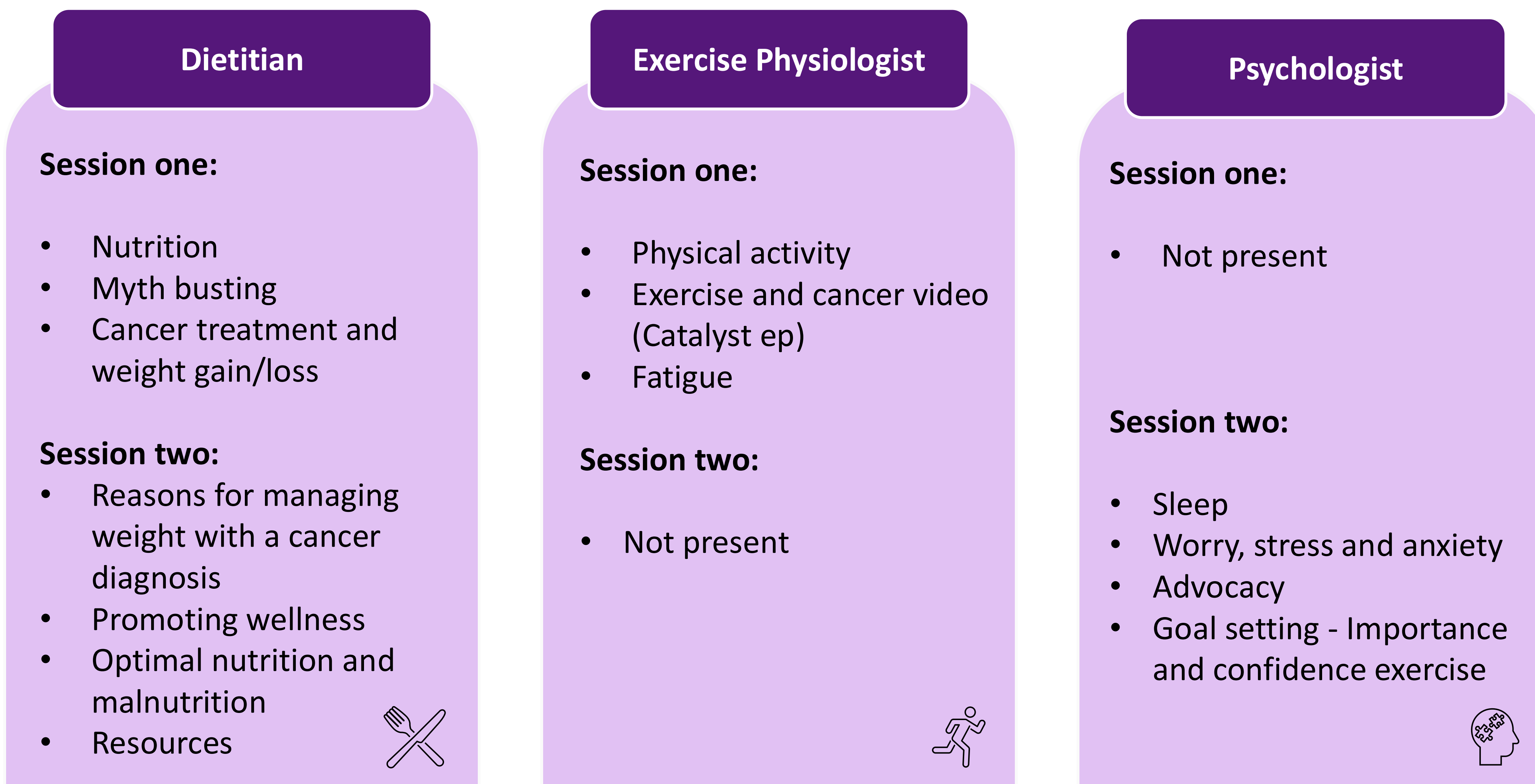
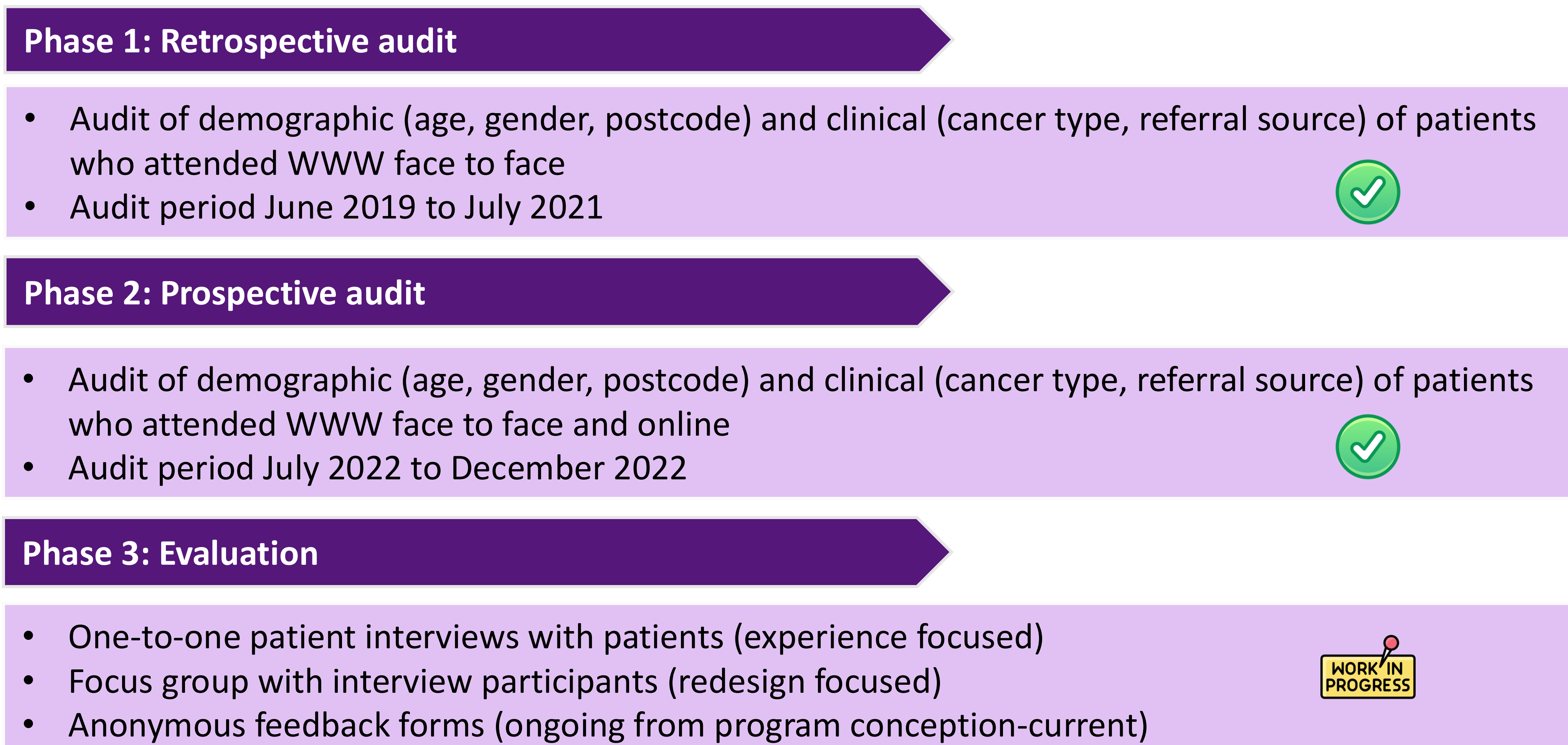


Figure 1. Why Wait for Wellness session content.

### 3 Methods

This is a mixed methods retrospective and prospective cohort study consisting of three phases:



### Conclusions

There is a strong preference for face-to-face attendance at the Grampians Health cancer prehabilitation program. Participant feedback indicates that the program topics are valuable and that a hybrid model may be useful to optimize access.

Qualitative feedback will provide information on program acceptability and shape the ongoing development and delivery of the program.

The WWW program is conducted as two 2-hour sessions over consecutive weeks in an interactive lecture-based format, offered as online or face to face. The online format was conducted via Zoom, with live presenter. The original program content is outlined in Figure 1.

### 4 Results

Preliminary results showed that 100 people accessed the program in the retrospective audit period, whilst 81 people accessed it during the prospective period. Only two programs were online during the prospective phase. Low online attendance limited analytical comparison.

Feedback forms also indicated a strong preference for a face-to-face format, additional topics and a change of name to “Coping with Cancer Education”.

Analysis of phase three qualitative data is ongoing and will further inform the delivery and development of the current program.

### References

- Cited Prehabilitation evidence and insight review, Macmillan Cancer Support, 2017. Cancer Rehabilitation. Making excellent cancer care possible. National Cancer Action Team. 2013.
- Joubert, L., and Naccarella, L. (2017). Optimising the Capability of the Allied Health Workforce within Cancer Prehabilitation: A Feasibility Study. Final Report.