


# Partnering with Community to Improve Cancer Care: Learning from Discussions in Community.

## About the Project



Taking action  
together

People who  
come for care

People who  
provide care

**Who:** People who have had experiences in cancer care, including clients and caregivers, and staff who work at the Downtown Community Health Centre (DCHC) worked together on this project.

**What:** We shared ideas about improving cancer care. We built new partnerships to think of new ideas together.

**Where:** We are grateful to have partnered with DCHC in 2024.

**Why:** Partnerships are needed to think of how to work together to improve cancer care.

**5** Discussion circles

**13** Clients from DCHC with experience of cancer or supporting someone with cancer

**22** DCHC staff members

**50** Hours: BC Cancer nurses spent time at DCHC to learn about the care they provide to their clients



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# What We Have Learned Through Our Partnerships

## Connections in community are important for trust-building:

- Building trust requires working together in collaboration with the community.
- We heard “CLW's [Clinical Liaison Workers] at DCHC are indispensable,” they “fill in for the lack of a warm welcome” and help with “connecting the dots.” – DCHC staff
- Caregivers, as well as people in need of care, need support. Family in the Downtown East Side doesn't look just one way, it often includes “street friends” and community members who provide critical support. – DCHC client



## Substance use stigma continues to impacts peoples' access to care:

- We heard that substance use can be one of the key ways people manage the impacts and side effects of cancer treatment.
- Working with pharmacies will be important to support flexibility in delivering essential medications like methadone.
- “Withdrawal is suffering” and creates major barriers for people accessing cancer care. – DCHC staff
- “We're always doing advocacy” - advocacy is an everyday action at DCHC. –DCHC staff
- Addressing substance use stigma will help to make care safer.

## Honouring people's knowledge of their own health is central to meaningful care:

We heard from clients about why this is important:

- “Sometimes it feels like our most important concerns are dismissed.” – DCHC client
- “Stigma, poverty, racism, it all goes together – linked to different neighborhoods.” – DCHC client
- Validating people's experiences builds trust and improves care experiences.

## Stronger ties between cancer care and community services help everyone involved in care:

- Clear guidance is needed on who to call, for example, to discuss whether a pharmacy could deliver methadone or other medications to prevent withdrawal.
- Discussions highlighted the complexities of navigating cancer care and how these are often not well understood.
- Some participants shared that clients may miss appointments because of barriers like housing, transportation, or other health issues that need attention. When this happens, care is often put on hold, with the hope that clients will return when they're “ready.” This highlights the need for more flexible approaches that help people reconnect with care.
- Even brief “two-minute” phone call(s) can help support communication across teams, speed up care, and help patients feel supported – DCHC Staff

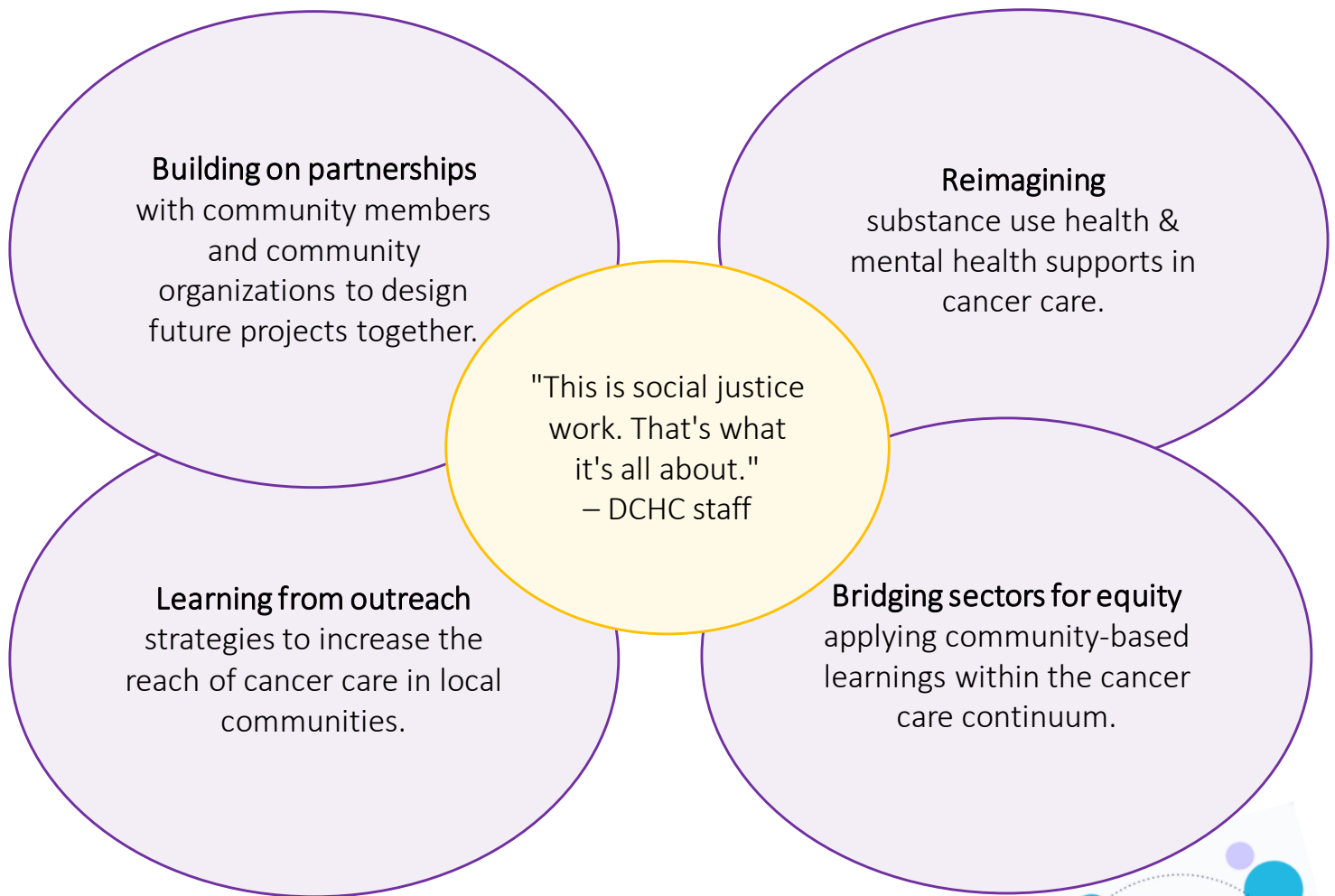
## Better Communication, Better Care: Practical Ideas

- Help people to know what's coming next in their care, so they don't get lost or give up trying to get the help they need. Share information in clear, easy-to-understand ways—and make space to revisit and talk through care plans.
- Consider how people prefer to receive information, and make sure translation or interpretation is built into the system. For example, include sign language support from the start and ensure it continues throughout, as well as supporting staff education on using virtual interpreter, and related services.
- Help close communication gaps between cancer care teams and community care providers, so people have a smoother, more connected experience. Even small steps—like naming a contact person for questions—can make a big difference.
- Build care coordination plans that include check-ins when someone misses an appointment or experiences a delay, instead of waiting for them to come back on their own.
- Support cancer and community care teams to have quick, direct conversations to stay aligned and adjust plans as needed.
- Design cancer care to include simple, built-in ways for care teams to stay in touch and share updates, so they can work together to support people receiving care.
- Recognize even small moments of connection between care providers – like sharing a quick update – can make a real difference in both patient and staff experiences.

Participants advocated for trauma- and violence-informed, non-stigmatizing approaches across cancer care.

# How Learnings Are Shaping Next Steps

## Guidance for the Future



## Thank You!

Thank you to the DCHC Team and all participants for sharing your experiences, and expertise to support change.



**Canadian  
Cancer  
Society**

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