

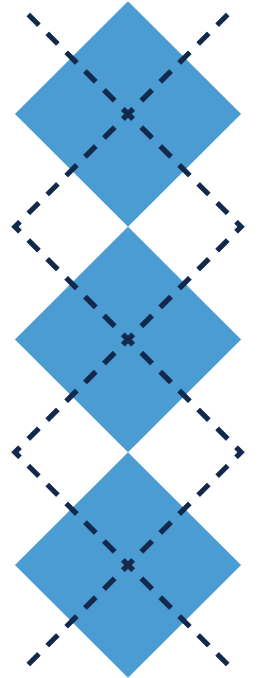
enCompass Carolina: a supportive care intervention for cancer caregivers

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**Gillings School
of Global
Public Health**

Caregiving in rural areas

- 40% of North Carolinians live in rural areas
- Most long-term care in rural areas is provided by caregivers
- Rural caregivers report accessing services as the most common unmet need
- Barriers: Major regional variation in infrastructure, fragmentation between specialty and primary care, and limited direct care/ home health
- Facilitators: Great resilience, strength, geographic communities, faith-based systems of support



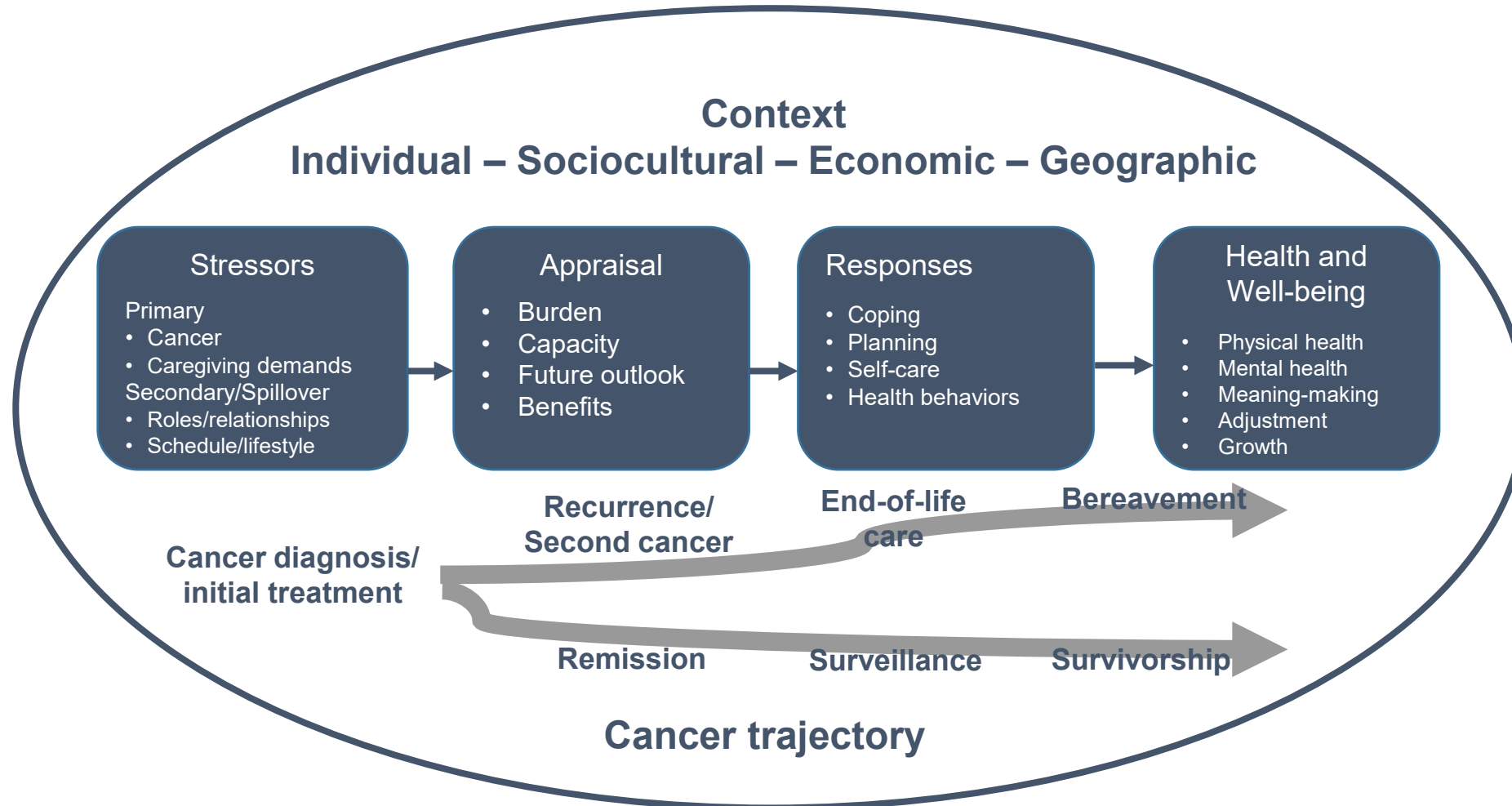
Unique aspects of cancer caregiving

- Rapid deterioration of health
- High levels of emotional stress
- Multi-modal therapies
- More and more outpatient/home care
- Recurrence, and fear of recurrence

- Fear of complications
- Managing complicated, even hazardous medications
- Monitoring and error detection
- Coping with information overload
- Navigating a complex, fragmented healthcare system



Adapted conceptual model for the impact of cancer caregiver stressors on well-being



**Can a supportive care
intervention improve coping
and reduce distress among rural
cancer caregivers?**

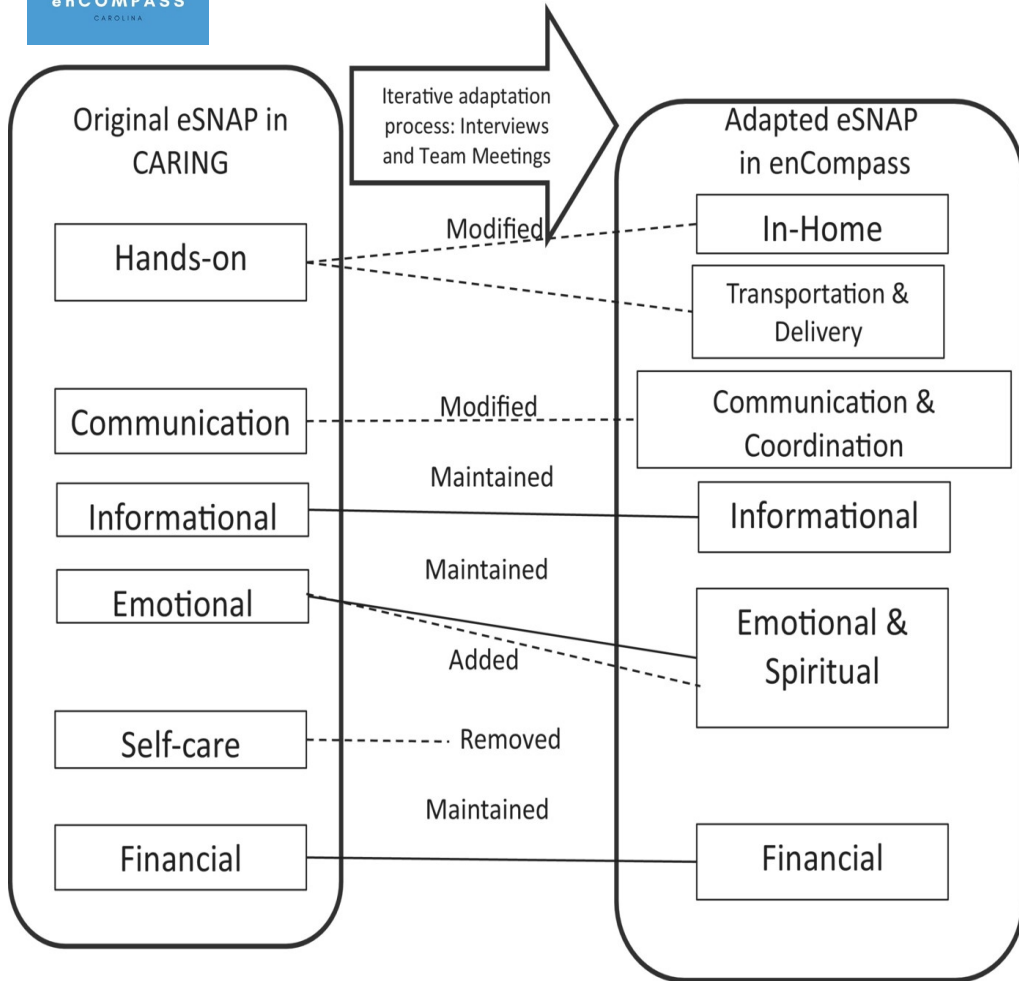
Supportive care intervention: enCompass



- Supportive care (coaching and psycho-educational) program designed to help identify social support needs and connect caregivers to people and resources.
- Adapted for caregivers living in rural areas and supporting loved ones undergoing cancer treatment
- Adapted from CARING a lay navigator-delivered social support mapping intervention designed by Maija Reblin.
- Funding from the UNC UCRF, The Duke Endowment, and the Humana Foundation



Adaptation Process



CARING ecomap

Hands On Support	Informational Support	Communication Support
Financial Support	Emotional Support	Self Care Support



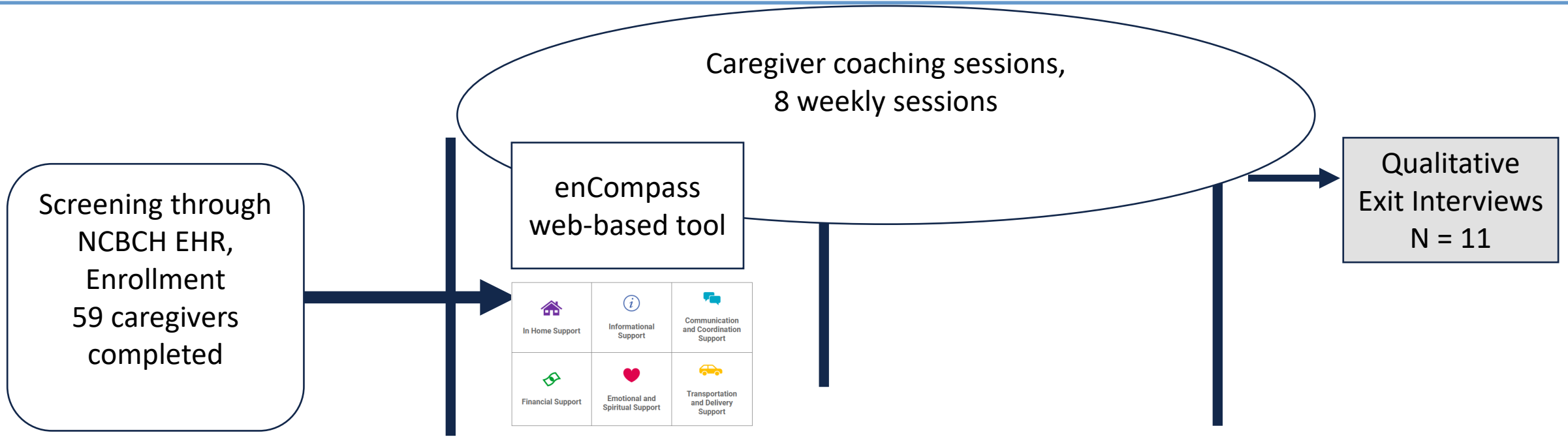
enCompass ecomap

In Home Support	Informational Support	Communication and Coordination Support
Financial Support	Emotional and Spiritual Support	Transportation and Delivery Support

TABLE OF CONTENTS

Overview	pg.5
1: Getting Social Support	pg.9
2: Dealing with Challenges	pg.15
3: Growing your Social Support Network	pg.23
4: Ways to Ask for Help	pg.26
5. Taking Care of Yourself	pg.30
6. Setting Limits	pg.33
7. Strength & Gratitude in Caregiving	pg.38
8. Review	pg.40
Extra Finding Solutions Worksheets	pg.43
More Resources: Important Numbers, Medications, Understanding Labels	pg.51

enCompass: Phase 2, 2023-2024 single arm feasibility study



Assessment 1, BL

Caregiver:
Coping Self-Efficacy,
Distress, Burden, Social support

Patient:
Distress, Healthcare utilization

Assessment 2, T= 4w

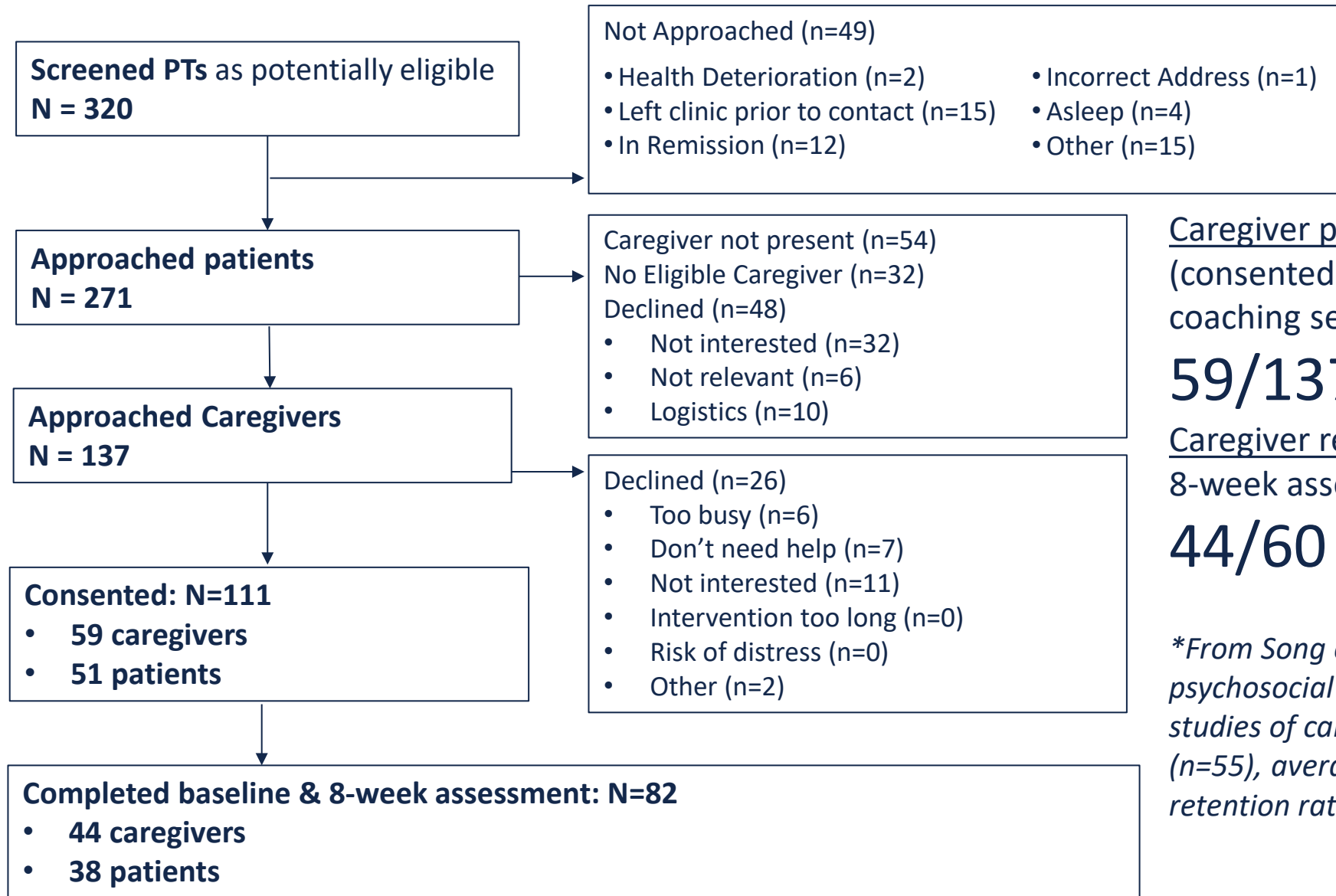
Caregiver:
Coping Self-Efficacy,
Distress, Burden, Social support

Assessment 3, T=8w

Caregiver:
Coping Self-Efficacy, Distress,
Burden, Social support
**Feasibility, acceptability, usability
appropriateness**

Patient:
Distress, Healthcare utilization

Accrual – enCompass Carolina single arm pilot (Nov 2023- May 2024)



Caregiver participation rate
(consented & participated in 1+ coaching session / approached):

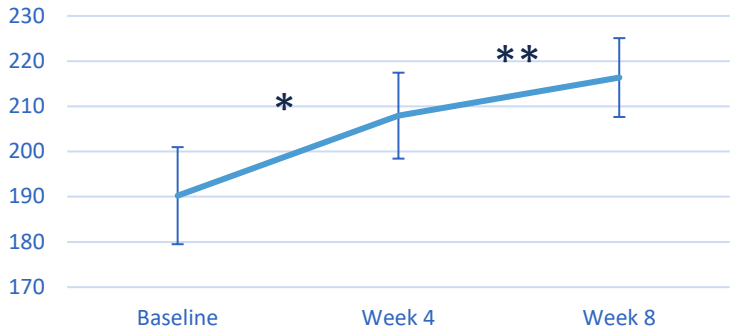
$$59/137 = 43\%$$

Caregiver retention rate (completed 8-week assessment/ participated):

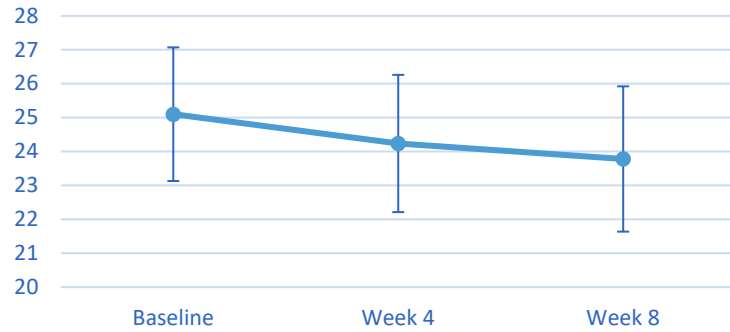
$$44/60 = 73\%$$

**From Song et al., 2023 review of psychosocial behavioral intervention studies of cancer patients and caregivers, (n=55), average enrollment rate = 33%; retention rate = 69%*

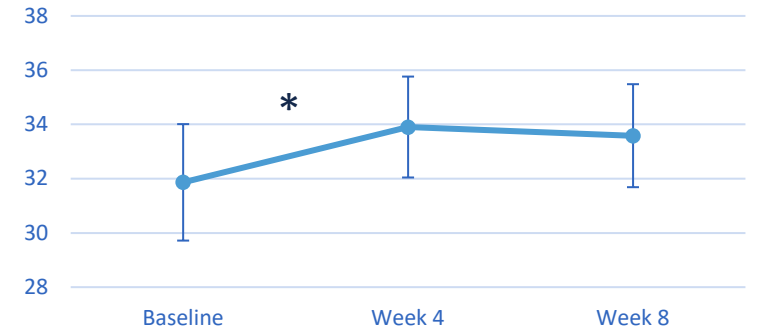
Coping Self Efficacy (CSES)



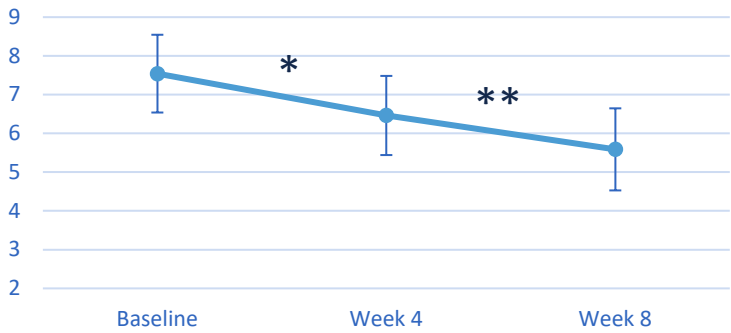
Caregiver Burden (Zarit)



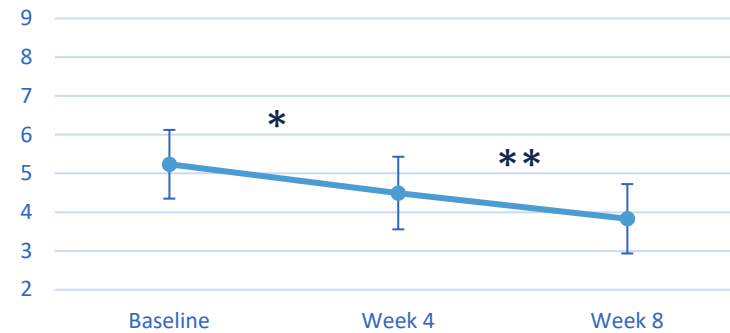
Social Support (FSSQ)



Anxiety (HADS)



Depression (HADS)



*Significant change from baseline- 4 weeks
 **Significant change from baseline- 8 weeks

- Acceptability: 4.55 out of 5
- Significant improvements from baseline to mid-point (4 weeks) & end-point (8-weeks) in **coping self-efficacy, anxiety, and depression.**
- **Social support improved from baseline to through midpoint then stayed steady through endpoint**
- No significant changes in caregiver burden.



Next Steps



- 2025-2026
- Testing enCompass for caregivers of patients with cancer and diabetes
- Randomized feasibility study, enCompass vs. enhanced usual care, 3 sites: UNC, U of Vermont, Moffitt Cancer Center



Thank you



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LinkedIn



<https://tarheels.live/caregivingcollaboratory>

