The Current State of Cancer Diagnosis in Canada

DESIRED OUTCOMES:

- Swiftness of the diagnosis process
- Validation of concerns by primary care providers
- Excellent patient-provider communication
- Effective provider-provider communication
- Right information for diagnostic phase
- Integrated psychosocial support
- Coordinated and managed care

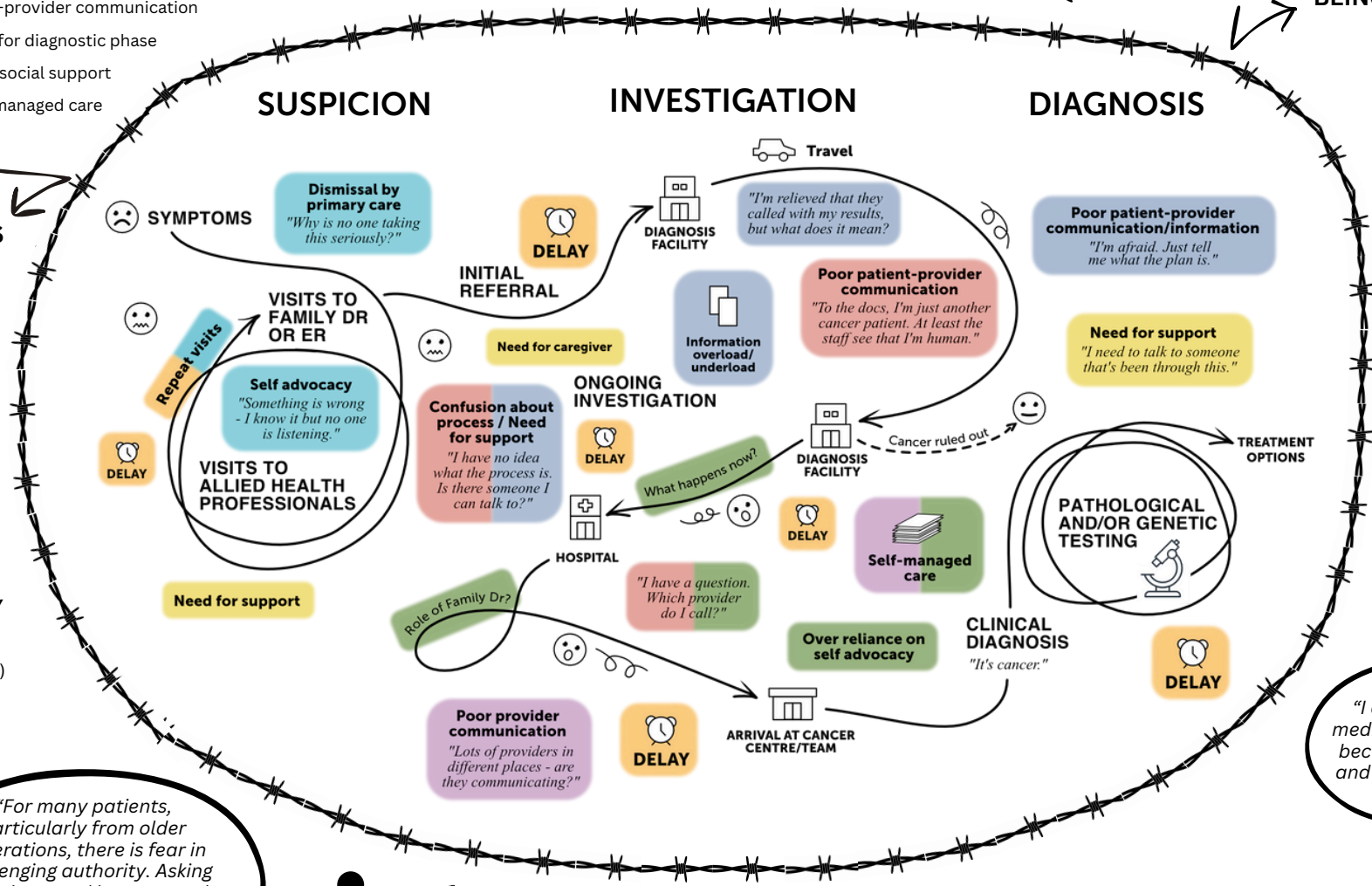
DETERMINANTS OF HEALTH:

- **LACK OF FIXED ADDRESS** (ie. refugees, those in housing precarity)
- **BARRIERS TO HEALTH LITERACY** (ie. elderly, persons with lower education, language barriers)
- **DIGITAL INEQUITY** (ie. elderly, those in rural areas, unhoused peoples)
- **LACK OF MONEY**
- **RURAL/REMOTE**

"You don't leave your other issues behind when cancer comes to town."

IDENTITIES NOT BEING RECOGNIZED:

- **RACISM** including stereotyping
- **AGEISM** (ie. being perceived as "too young" for cancer, "too old" to test/treat)
- **ABLEISM** (ie. sensory and communication needs of neurodivergent people)
- **HOMOPHOBIA & TRANSPHOBIA**



STRUCTURAL EXPECTATION OF SELF ADVOCACY

"I don't believe in the medical system any more because of the suffering and trauma that I had to go through."

"For many patients, particularly from older generations, there is fear in challenging authority. Asking questions, seeking a second opinion, any degree of 'self-advocacy' are not possible for many older adults."

CULTURAL, GENERATIONAL AND OTHER FACTORS:

- **GENERATIONAL FACTORS** (ie. discomfort asking questions of healthcare practitioners)
- **TRAUMA** (ie. adverse childhood events, intergenerational trauma, lack of trauma-informed care
- **LANGUAGE BARRIERS** (ie. newcomers, older immigrants, refugees, linguistic minorities)
- **DIFFERENCE IN WORLDVIEW** (ie. FNIM communities)
- **CULTURAL FACTORS,** (ie. cultural stigma, cultural differences)

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