Rural Living as Context: A Study of Disparities in Long-Term Cancer Survivors

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Twenty-one percent of the U.S. population lives in rural areas, defined as sparsely populated counties a long distance from comprehensive healthcare centers (U.S. Census Bureau, 2010). Defining rural elements are the vast distance between individuals and a low population density with limited face-to-face contact, both of which influence human networking (Giles, Glonek, Luszcz, & Andrews, 2005) and affect health outcomes (Fassio, Rollero, & De Piccoli, 2012; Strasser, 2003).

Rural Americans suffer disproportionately from chronic illnesses such as cancer (Gamm, Hutchison, Dabney, & Dorsey, 2003). Not only are they at risk for poor health outcomes, such as increased mortality and morbidity, but they also report poor health-related quality of life (HRQOL) (Gamm et al., 2003; Weaver, Geiger, Lu, & Case, 2013). HRQOL is a multidimensional, subjective, evaluative construct that describes how individuals judge their lives based on current health status (King et al., 1997). For cancer survivors, that includes an individual’s perceived quality of survival. Persistent, long-term, distressing late effects from diagnosis and treatment of cancer can diminish HRQOL (Mah, Bezjak, Loblaw, Gotowiec, & Devins, 2011; Weeks, Wallace, Wang, Lee, & Kazis, 2006). Those effects contribute to the vulnerability of rural long-term (at least five years postdiagnosis or treatment) cancer survivors. Weaver et al. (2013) reported that, from 2006–2010, about 21% of cancer survivors resided in rural areas. The effects of diseases such as cancer on rural dwellers’ HRQOL are poorly understood. Rurality (i.e., the degree or extent to which an area can be considered rural), however, has been a key metric in determining access to cancer treatment and a predictor of mortality and cost of care (Bettencourt, Schlegel, Talley, & Molix, 2007; Eberhardt & Pamuk, 2004; Gamm et al., 2003). Therefore, an examination of the impact of rurality on HRQOL can provide relevant information in evaluating rural dwellers’ HRQOL outcomes following cancer treatments.