Program Evaluations of Wellspring Alberta and Investigation of its Members' Perspectives about Program and Service Delivery Methods

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Abbreviations

AHS - Alberta Health Services
ANOVA – Analysis of Variance (statistical testing)
APERSU – Alberta PROMS (patient reported outcome measures) and EQ-5D Research and Support Unit
CPAC - Canadian Partnership Against Cancer
CIHI - Canadian Institute for Health Information
FGDs – Focus Group Discussion(s)
HQCA - Health Quality Council of Alberta
MPOCA - Measures of Processes for Care for Adults
OECD - Organization for Economic Co-operation and Development
QOL - Quality of Life
WCSF – Wellspring Cancer Support Foundation
VOI - Variables of Interest

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Executive Summary

Background: Wellspring Alberta is a community not for profit organization for those living with a cancer diagnosis, as well as those that care for them. Wellspring Alberta's suite of over 75 evidence-informed programs and services promote health and well-being in a safe, inclusive environment free of charge and without referral. Wellspring Alberta is seen by its members as essential to their well-being as they navigate the many challenges, physical, practical, mental, and social, that come with a cancer diagnosis. Programs at Wellspring Alberta are offered both online via Zoom, and in-person at two centre's in Calgary, a centre in Edmonton, as well as in community spaces in both Lethbridge and Red Deer. In offering programs both in-person and online, Wellspring Alberta supports people from across the province. The scopes and objectives of this study were determined based on the knowledge gaps including specific insight as to how Wellspring Alberta members experience and describe the impacts of these programs and services, what aspects of their psychosocial needs are being met and what needs remain unmet, how program delivery methods (in-person, online, or both) influence members' experiences and perceived impacts, and what barriers to accessing programs and services exist.

Objectives: This study sought to determine the impact of programs and services on Wellspring Alberta members and to better understand the impact of program delivery methods (online and in-person), including how experiences may differ between the two methods. We also sought to determine if any socio-demographic variables would account for differences in perceived program impacts and delivery methods. We hypothesized that program impacts would include reduced social isolation, increased self-confidence, and formation of a community. We hypothesized that these impacts would be felt regardless of program delivery method but that members would have unique benefits or impacts of each respective delivery method.

Research Methods and Data Analysis: The study utilized mixed methods—qualitative and quantitative methods—to address the research objectives of Wellspring Alberta's program impact evaluations and research study. Around 430 Wellspring Alberta members participated in this study through both qualitative (53 members) and quantitative methods (376 members). Analysis for qualitative methods was done to generate common themes and subthemes from data collection. Quantitative analysis was carried out to assess relationships and significance of socio-demographic variables across program delivery methods, as well as components of quality of life and standards of care.

Study Findings: Results of this study found that through participating in programs and services at Wellspring Alberta, regardless of program delivery method and socio-demographic characteristics, members found comfort and healing in sharing experiences, forming life-long relationships with others, and finding community. Members experienced increased confidence and self-esteem, reduced anxiety and depression and overall, positive impacts on quality of life. Members report that the Wellspring Alberta experience is created and fostered both online and in-person, and that both program delivery methods are essential to service delivery.

Participants revealed some benefits and barriers to each program delivery method. Online programs were noted to create increased accessibility to programs and services as they allow for more flexibility in reduced time commitment, convenience, control over one's agency in how much is shared as well as presence in programs (mic on/off, camera on/off), and connecting with others from across the province

from the comfort of home. However, reliance on technology and technological literacy were identified as barriers to online programs. Members reported that in-person programs created a multi-sensory experience in which strong inter-personal connections are formed, increased opportunities for connection before, after and during the program for a more collaborative experience that offers more direct/ hands-on guidance from the program instructor. However, travel to centre's/programs in communities are noted as a barrier for both rural and urban members due to the extra time required, logistics and cost of travel, as well as reduced capacity of in-person programs due to physical capacity restraints of the space.

Policy Recommendations: In order to increase access to programs and services at Wellspring Alberta, participants recommended:

- Increasing programs, including variety of programs, offered outside of business hours.
- Increasing opportunities for in-person programming in more rural areas.
- Improved advertising in clinical settings (including cancer centre's, primary care clinics).
- Increasing awareness among healthcare providers overall to raise awareness about the organization to reach more people.
- Increased engagement in community initiatives, social media presence, and awareness among diverse community groups, cultural associations, to increase demographic diversity among membership and extend support to new areas and communities.
- Expressed the need for ongoing support and resources post-treatment, including mental health support, including support for Young Adults as they navigate unique challenges (i.e. cancer with a young family).
- Continue to support caregivers in navigating the challenges of cancer and increase support for those bereaved within the Wellspring Alberta network.
- Increase online programming to offer programs to those unable to attend programs in-person.

Members note that Wellspring Alberta is a vital part of the healing process of a cancer diagnosis or caring for someone with cancer, and that life without Wellspring Alberta would result in high anxiety, mental distress, and isolation.

Introduction

Background and Rationale

Wellspring Alberta, a subsidiary of the Wellspring Cancer Support Foundation [WSCF], is a community-based charitable organization which was formed by the merging of Wellspring Calgary (operating since 2007) and Wellspring Edmonton (since 2017). The organization provides support through various individual and group-based programs and services to those living with and affected by cancer across the cancer care continuum (from diagnosis to survivorship), their caregivers, and family members, without referral or appointments, and with no direct costs to all individuals. Program attendance may occur online, which is more typical for educational sessions (some physical activities classes adopted on-line approach since pandemic), or in-person, which is through one of three Wellspring facilities (two in Calgary, one in Edmonton). Each centre is a donated facility, 'a house' situated in a community that hosts Wellspring Alberta's programs, services, and resources. Prior to the COVID-19 outbreak, programs were offered in person only. In response to public health restrictions due to the COVID-19 pandemic, Wellspring Alberta's in-person supportive programs were re-deployed via on-line communication platforms, such as Zoom. This unexpected pivot in program delivery increased the accessibility of Wellspring Alberta services for members across the province. In the post-COVID-19 pandemic period, starting from May 2022, Wellspring Alberta has been offering supportive programs and services in person at its three 'houses', via the phone, and online.

Supporting programs and services are designed to improve member's quality of life and maximize peer-to-peer interactions between cancer patients, survivors, and caregivers, and are offered under six pillars (expanded from four in March 2024)[1]: (1) Self-Developmental and Educational, (2) Exercise and Movement (3) Symptom Management, (4) Therapeutic Arts, (5) Finance and Workplace Strategies, and (6) Individual and Group Support (see Wellspring Alberta, n.d.-a, and Appendix A). Quality of life refers to a positive state or condition of an individual's health and well-being, including physical, emotional, mental, social, and spiritual well-being (Cohen et al., 2019; Felce & Perry, 1995; Theofilou 2013). The emphasis on promoting peer-to-peer interactions is important to ensure members feel empowered, supported, and connected in that they are not alone on their cancer journey (Wellspring Alberta, n.d.-b; Wellspring Cancer Support, n.d). Peer-to-peer interaction is noted as a critical element to the well-being and overall healing of those living with and affected by cancer, increasing feelings of empowerment, reduced isolation, coping, and control/management of their cancer (Bender et al., 2022; Park et al., 2019; Ziegler et al., 2022).

Previously, Wellspring Alberta has conducted limited evaluations of the programs and services of the organization and as a result, there were many knowledge gaps including specific insight as to how members experience and describe the impacts of these programs and services, what aspects of their psychosocial needs are being met and what needs remain unmet, how program delivery methods (in-person, online, or both) influence members' experiences and perceived impacts, and what barriers to accessing programs and services exist. Gaps also exist in how individual, socio-demographic, and structural factors can make a difference in how members perceive program impacts and barriers to access.

Wellspring Alberta, with its broad reach across a variety of sociodemographic factors, people impacted by cancer across the cancer continuum, and the population of people who signed up to receive support services

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[1] Note that the pillars/categories of programming were reclassified and expanded from four to six categories during the final reporting of this stage. Introduction, Conclusion, and Appendices reflect the six categories, however data collection and analysis including tables/figures display and discuss results/findings from the four-category perspective as they were written in the survey protocols prior to the reclassification of pillars.

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but did not go on to participate, is uniquely positioned to address many of these knowledge gaps (please see "Literature Review" section below for more details). Considering the limitations of organization data on routine program evaluations, the annual mission survey, and other sources of program impact data including Wellspring Alberta's members' stories, this study was designed to fill the knowledge gaps utilizing both qualitative and quantitative research methods.

This study findings reveal that Wellspring Alberta programs and services have significant positive impacts on its members' personal, family, and community life in multifaceted ways. Research participants shared positive experiences with Wellspring Alberta programs, praising the emotional and mental support offered to those affected by cancer, caregivers, and families. The programs, including support-based, arts, music, and meditation, helped in coping with cancer challenges and enhancing quality of life. They highlighted the community, normalization, and distraction from cancer provided by Wellspring Alberta, expressing gratitude for the emotional support during their cancer journey. The programs positively impact mental well-being, relationships, and overall quality of life for participants, emphasizing emotional support and holistic healing for those affected by cancer.

Participants appreciated the diverse program offerings, support, and sense of community provided by Wellspring Alberta, especially for those dealing with chronic pain or cancer. They found comfort, belonging, and emotional support in the inclusive environment. Engagement in various programs led to improved quality of life, personal growth, and well-being while helping individuals cope with their cancer journey. Participants found support, empowerment, and belonging through shared experiences and connections at Wellspring Alberta, recognizing the organization's impact in their lives.

Participants shared their perspectives on the benefits and challenges of engaging in online versus in-person programs, emphasizing factors such as personal connections, convenience, and engagement. Overall, the study highlighted the positive impact of Wellspring Alberta in providing emotional support, personal growth opportunities, and a supportive community for individuals impacted by cancer.

Suggestions were made for program enhancements, addressing challenges, and expanding community outreach to improve accessibility and support for individuals affected by cancer. Participants thus highlighted the importance of tailored support, diversity in programs, and a sense of community at Wellspring Alberta, with suggestions for program enhancements, outreach, community engagement strategies, and opportunities for further improvement to meet diverse needs. Study outcomes are thus expected to enhance Wellspring Alberta and other organizations who support those impacted by cancer. This includes improving their reach and impact, informing future program design and implementation, and better understanding the differential needs and challenges those affected by cancer with diverse backgrounds face. Furthermore, the dissemination of research findings should help members of Wellspring Alberta and non-member cancer patients and caregivers to make informed decisions about their non-clinical cancer care. The Government of Alberta will benefit from this study as results pertaining to the effectiveness of different program delivery modes, as well as people's preferences and challenges may inform future health policy decisions. Finally, the study will serve the interest of scholars in the field of psychosocial oncology across the globe to find new perspectives of how those affected by cancer regard quality of life, increased awareness pertaining to benefits and potential challenges of program delivery methods, and how non-clinical psychosocial programs and services contribute to their overall psychosocial health and wellbeing.

Literature Review and Knowledge Gaps

Wellspring Alberta was previously the subject of an external study conducted by a group of students at the University of Calgary in 2013. This study sought to better understand members' experiences with Wellspring Alberta including their interactions with the organization to determine how a community-based organization encouraged a patient's engagement with their overall health and wellness (Cornought et al., 2013). Wellspring Alberta routinely solicits participants' feedback at the conclusion of series-based programs (such as Healing Journey), and periodically for drop-in style programs. As part of the organization's quality assurance process, Wellspring Cancer Support Foundation [WCSF] conducts an annual mission survey, (the last one was administered in May 2023) to obtain members' feedback on Wellspring and its subsidiaries (i.e., Wellspring Alberta). This survey is administered via an email blast to any member who has participated in a program within the previous 12-month period. The other source of member feedback drawn is the stories of members' experiences on the Wellspring Alberta website (see https://wellspring.ca/alberta/news-stories/).

All these sources of data, including program feedback, mission surveys, and members' stories, imply that members have had positive experiences as they participated in various programs offered by Wellspring Alberta. Overall, members reported greater feelings of self-control, regained confidence, better management and coping skills for distressing symptoms such as anxiety and fatigue, as well as better management of fears and uncertainties associated with cancer through their participation in programs and services offered by the organization. Members also reported that the increased interaction among peers led to reduced feelings of isolation, anxiety, depression and reduced mental stresses. This further contributes to an increased sense of self-confidence, empowerment, and engagement with their cancer care and the broader cancer community. In short, the WCSF Mission survey reports and regular program feedback suggest that programs and services offered by Wellspring Alberta have positive impacts on the improvement of quality of life of those who have participated.

However, these sources of data or survey reports have significant limitations in terms of critical understanding of the program impacts, challenges members face, how program delivery modality (in-person vs. online) makes a difference in how members interpret their experience of a program including their participation in the program, as well as methodological issues (i.e., questions about research ethics, internal and external validity of the data). These sources of data do not provide sufficient information about the sociodemographic characteristics of members who have taken programs and members who have not taken programs, and hence little is known about how program impacts can be different for individuals with diverse sociodemographic backgrounds. Routine polls or program feedback surveys, conducted at the end of a program do not reach those members who have not participated in programs. Internal Wellspring Alberta data shows about thirty percent of new members never participate in a program, suggesting potential gaps in programming and/or barriers to accessing programs. In the WSCF mission survey, questions are focused on more broad-based components (i.e., "how would you rate your experience with Wellspring?"), while long-text response questions could benefit from further analysis (see appendix B). It is noted that the response rate to this survey is on average between 30-40%, with a number of respondents not answering all questions (average item non-response rate of 22%). WCSF does not sample members who have signed up for membership but have not gone on to take any programs or utilize any services. While the information in the survey is presented as overall findings, with respective findings available for the sample of each subsidiary (such as Wellspring Alberta), it was not possible to draw strong conclusions due to the limitations of the survey methodology, its sampling, analysis, and reporting.

Cancer remains a leading cause of death among Canadians, including Albertans (Alberta, 2013a; Alberta Health Services [AHS], 2022; Canada, 2018; Statistics Canada, 2020). With improved cancer survival rates, increased early screenings, and detections, the mortality risk of cancer is declining (Canada, 2018). Historically, cancer is seen as a clinical issue, in which cancer treatment comprises surgery, radiation, and chemotherapy in a mainstream healthcare setting such as a hospital. However, over the past decade and a half, some measures have been taken federally and provincially to address the non-clinical aspects of cancer (Alberta, 2013b; AHS, 2022; Canada, 2018; Statistics Canada, 2020). Despite this, many Albertans continue to face significant challenges at various stages throughout their cancer journeys and remain in need of greater support and resources. Such challenges include; practical challenges (such as transportation needs to appointments, challenges completing tasks of daily living and household duties), informational challenges (desiring more education about cancer), financial challenges, physical challenges (such as persistent fatigue, pain, and reduced balance), and mental distress (such as anxiety and depression) (Fernandes et al., 2019; Hunt et al., 2017; Kugeby et al., 2021; Liddington et al., 2021; Mosher et al., 2012; Nemati et al., 2018).

Sociodemographic factors, such as gender, ethnic/racial identities, language etc., can pose significant challenges for cancer patients, survivors, and caregivers to utilize various services. Studies also show that many people affected by cancer who are societally marginalized under a racial, ethnic, and/or cultural context, experience higher incidences of mental stress or psychosocial stress (Ahmed & Shahid, 2012; Essex & Miller, 2022; Sanchez-Diaz et al., 2020). Increased barriers as the result of systematic structures that are not inclusive of cultural practices and medicinal traditions are structurally exclusive of diversity, creating significant challenges for those affected by cancer. This includes decreased quality of life, significant challenges to accessing health care, and further challenges to accessing and obtaining support across the health infrastructure (Ahmed & Shahid, 2012; Canadian Institute for Health Information [CIHI], 2016; Essex & Miller, 2022; Sánchez-Díaz et al., 2020). Further, many cancer patients, survivors, and caregivers of individuals with cancer report significant psychosocial challenges and feelings of social isolation (Adler et al., 2008; Choi et al., 2013; Canadian Partnership Against Cancer, [CPAC], 2018a; CPAC, 2018b; Howell et al., 2009). Survivors of cancer have been reported to face unique challenges during their transition to survivorship, as once they are declared to be in remission by their medical community and professionals, they are left with no tools or access to support for symptoms and distresses that continue post-active treatment (CPAC, 2018b; CPAC, 2019b; Link et al., 2022; Fitch et al., 2019; Fitch et al., 2021).

In conducting the literature review related to psychosocial needs of those affected by cancer we found that studies done globally assessing the impact of support programs were primarily based on art/music and exercise. Most of these studies primarily were conducted in a clinical context (programs run by health providers/in clinical settings), specific to one type of cancer (typically breast, lung). In terms of gender and patient type, these studies' participants primarily were women and active patients.

A careful review of the literature (across Canada and globally) and analysis of sources of organizational data of Wellspring Alberta suggests that there exist knowledge gaps in terms of:
- How psychosocial programs operated in a community setting impact those affected by cancer including active patients, survivors, caregivers, and those bereaved.
- How program delivery method (online, in-person, both) impacted participants differently and how participants evaluated the usefulness of programs/services offered by delivery method.
- Understanding what factors shape member's preferences for program delivery methods (in-person, online).

- How individual, socio-demographic, and structural factors can make a difference in how members perceive program impacts and what unique barriers exist in accessing Wellspring Alberta programs and services.
- What prevents members or individuals from participating in programs or receiving services despite having signed up with the organization seeking psychosocial support.

This study assumed that individuals would express an improved sense of quality of life by participating in Wellspring Alberta's programs and services, regardless of program delivery mode. The study also hypothesized that the improvement in quality of life will result from reducing social isolation and increased community connection. There would be unique benefits and challenges related to each program delivery mode, in-person or online.

Research Objectives and Research Questions

The research team considered several factors, including current knowledge gaps and organizational needs, and perspectives of program leaders and instructors, community connectors, outreach staff, and volunteers of Wellspring Alberta, to identify the central research objectives and research questions for this research project. Central to this research study was to contribute to create an enhanced organizational capacity to identify potential unmet psychosocial needs of Wellspring Alberta's members (including members who have not taken any programs and services), and reach more Albertans affected by cancer across a greater diversity of sociodemographic backgrounds to improve their quality of life and reduce the isolating experience of cancer. Thus, the objectives of this research were:

1) Conduct impact evaluations of the programs and supportive services offered by Wellspring Alberta on cancer patients, survivors, caregivers, and those bereaved.
2) Investigate perspectives of Wellspring Alberta members about the organization's program delivery methods, particularly in terms of the modality (i.e., in-person vs online), to identify factors that are deemed to improve the experience of support through program participation and barriers to access.

Based on the introduced context, rationale, literature review, knowledge gaps, and research objectives, this research project identified the following four research questions:

1) What experiences do Wellspring Alberta members have with their participation in various programs and services offered in-person and online?
2) What program and service delivery method, online or in-person, or both, do Wellspring Alberta members think beneficial, and how in comparison to each other?
3) How do program impacts differ among members by variables or factors across participation in program delivery methods (online or in-person)?
4) What challenges do Wellspring Alberta members face, including members who have signed up with the organization but have not taken any programs, to get access to relevant and supportive psychosocial programs and services and how can these challenges be overcome?

Research Methods

Study Design

The study utilized mixed methods—qualitative and quantitative methods—to address the research objectives of Wellspring Alberta's program impact evaluations and research study. In accordance with the quantitative study methodology and research objective 1, the impact of Wellspring Alberta programs was evaluated using a cross-sectional anonymous survey incorporating relevant subscales of the McGill Quality of Life Questionnaire (MQOL-E, psychological, existential, social domains, total of 9 items), and selected non-clinical questions from the Measures of Processes of Care for Adults (MPOC-A, 11 of 34 items of patient experience). Additional questions were asked to identify barriers to participating in Wellspring Alberta programs. The measurements were compared by modality of program delivery (online vs. in-person) and by socio-demographic variables. EQ5D-5L, an alternative way of measuring quality of life was included to measure health state to characterize participants' state of health and serve as a form of validating our analysis of composite scores for quality of life we derived. A random sampling procedure was utilized to administer the online survey using QuestionPro Research Suite software, and a total of 376 individuals completed the survey.

As part of the qualitative study and research objective 2, the research team used purposive sampling to recruit 53 Wellspring Alberta members to conduct 27 one-on-one semi-structured interviews and 6 focus group discussions [FGDs]. These interviews and FGDs were conducted both in-person and online. Of members who expressed interest in participating in the qualitative section of this study, participants were purposively selected from different sociodemographic categories following eligibility criteria, including gender, those who took programs, those who did not take programs and geographical zones. Purposive sampling was utilized to ensure representation from each of the geographic zones, age ranges, and gender, participation in a variety of programs and the modality of program delivery (in-person vs online), as well as members who have signed up with Wellspring Alberta but did not go on to participate in programs.

Recruitment of Research Participants

Wellspring Alberta members were made aware of the study through various means. Initially, a speaker series session was held online, open to all members to hear about the study and how they could participate. An email advertisement was included in Wellspring Alberta ongoing email alerts to members (about new programs, organization news, etc.). This email included a link to the participation form in which members could choose how they preferred to participate in the study (through interview, focus group, or survey). This form also contained information about the study's objectives, eligibility for the study and Frequently Asked Questions about what type of information would be collected, how it would be stored, and confidentiality protected. Poster advertisements were displayed throughout all three Wellspring Alberta centre's that contained a QR code that would redirect to the participation form once scanned by members. Staff outside of the research team also played a role in recruitment by advertising and encouraging participation through promotion of the study within programs and in day-to-day conversations with members.

Data Collection

In accordance with the study design and research objective 1, the online anonymous survey was conducted through QuestionPro Research Suite. This online research software allowed participants to complete the survey on any device such as phone, tablet, or personal computer, taking approximately 15-20 minutes to complete. The survey was conducted from May 2023 to December 2023 and a total of 376 unique Wellspring Alberta members completed this survey.

QuestionPro Research Suite software was selected for its range of available question type options, and customization potential. Only the members of the research team had access to the QuestionPro account. Data stored by QuestionPro was collected and stored on a Canadian server and protected under Canadian privacy laws, data protection and encryption. The quantitative portion of the study was kept anonymous with no direct identifiable information (e.g., names, addresses) collected from participants. Should any physical copies of the survey have been requested, the research team members would have entered data into the QuestionPro software from those surveys completed manually by the research participants with any hard copy being destroyed after data entry. By the conclusion of data collection, no hard copies of the survey were requested. At the completion of the research study (March 2024) all data stored in the QuestionPro database were deleted from the QuestionPro server. At the end of the data collection period, data was downloaded off QuestionPro for cleaning using Microsoft Excel. Data was then analyzed using Microsoft Excel and IBM SPSS.

Digital voice recorders and Zoom audio recorders were used to record interviews and FGD sessions. Prior to recording of the interviews and FGDs, a written informed consent was obtained directly from each research participant wishing to participate in the qualitative component of this study. During these interview sessions, researchers took notes and wrote memos of their impressions of important discussions and issues, contextual factors, ideas, and observations relevant to this study. This accumulated information was used to analyze later with the generated data from the transcriptions of individual and group discussions. All identifying information was removed from the data and transcripts. All questionnaires and data forms were labelled and identified using coded names, and all digitalized data were encrypted to ensure privacy. Upon completion of the final reporting of this project (March 2024), all information and transcription were deleted off the qualitative software, Atlas.ti. 23.

Data Analysis

For research objective 1, an exploratory data analysis approach was used to assess data quality, frequency distribution and central tendencies. QOL and MPOCA experience subscales were analyzed (as outcomes) in pre-specified regression/analysis of variance [ANOVA] models to evaluate whether modality of program delivery (online vs in-person) has an independent effect, adjusting for covariates including age, sex (or gender), health state (EQ-5D-5L), responder type (i.e. patient vs. family/caregiver), program pillar, and geographical zone.

For research objective 2, the research team utilized ATLAS.ti.23 (a qualitative data analysis software) to conduct a thematic analysis. The following 5 steps outline the procedure for qualitative data analysis (including open text comments from the survey): (1) **Organizing and transcribing data**: Prior to analysis, a digital audio-recorder and/or Zoom audio recording platform was used to record individual interviews and focus group discussions (with consent of each participant). During interviews researchers took notes and wrote memos of impressions of important discussions, issues, contextual factors, ideas, and

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observations relevant to the study. All the collated data were organized and transcribed for coding and analysis. Transcription of interviews and focus group discussions were done utilizing Otter ai transcription software. (2) **Generating initial codes and defining codes:** each set of interviews transcribed via otter ai transcription software was reviewed by the research team. Then each set of interview data based on type of research participants (i.e., program takers and non-program takers) was put on Atlas.ti to code and analyze. The data were explored to create and define codes during an initial line-by-line coding process using different types of coding (e.g., open and Ai coding) and then these inductive codes were categorized into themes and subthemes. (3) **Searching themes and subthemes:** after reviewing and redefining initial codes, the coded data set was sorted, and relevant codes were categorized into potential themes and subthemes. (4) **Reviewing, defining, and naming themes**: Each theme/subtheme were reviewed, checked, and named in relation to the coded extracts/narratives and the entire data set to generate a thematic map of the inductive analysis. After grouping codes into different themes and subthemes network analyses were conducted to produce figures to visualize qualitative data. (5) **Producing the final report**: A report of the analysis of qualitative dataset produced after completing major tasks, including selection of compelling extracts, final analysis of selected extracts, and comparing findings to research questions and literature.

Ethical Considerations

This study received ethics approval through the Health Research Ethics Board of Alberta (HREBA) via the University of Calgary. A complete research ethics application and associated materials, including interview protocols, survey questionnaires, advertisement materials such as posters, were submitted to HREBA for review. After ethics approval, the research team began collecting data in May 2023. All team members of this study, (the principal investigator, research assistant and Wellspring Alberta's Data and Strategy Manager) adhered to the guidelines of the Tri-Council Policy Statement-Ethical Conduct for Research Involving Humans for the protection of human research participants and abide by all the standards and policies of the HREBA.

Research Findings

Part A: Quantitative Results

Survey Demographics

Overall, 376 unique individuals completed the survey portion that ran from May 5, 2023, to December 31, 2023. Of main interest to this study to address one of its objectives was to identify any socio-demographic patterns or relationships to program participation and program delivery methods, which will be explored in later sections of the quantitative results. Such socio-demographic characteristics or as we refer to them in our analysis 'Variables of Interest' [VOI], include gender, age, zone, primary language, Wellspring Alberta member type[2], and diverse demographic group.

The following graphs breakdown survey respondents by VOI categories, and further the VOI broken down by those who participated in programs by delivery methods (online, in-person, or both) and those who did not participate in programs. Overall, the breakdown of demographics of participants in this

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[2] Classified as patients, survivors, caregivers, and those bereaved.

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survey is very reflective of the current demographic profile of the membership base at Wellspring Alberta, which was anticipated by the research team.

Gender

The majority of respondents to this survey identified as women. However, we note the response of men in this survey is significant for Wellspring Alberta, and for existing literature on psychosocial cancer support programs. In the literature review process of this study, we noted that much of the literature around gender and participation in support programs for those affected by cancer include samples dominated by (or entirely comprised of) women[3]. Studies that contained men were quite limited to studies focused on program impacts on men with cancers of the male sex organs (prostate, testicular). Studies with samples of both men and women have been conducted largely in which the context is specific to program impacts on either lung and/or colorectal cancers, but where the sample is predominantly of women. We also note the engagement of those who identify as non-binary, is also significant to the organization, and further, an under-studied population in literature on psychosocial cancer support.
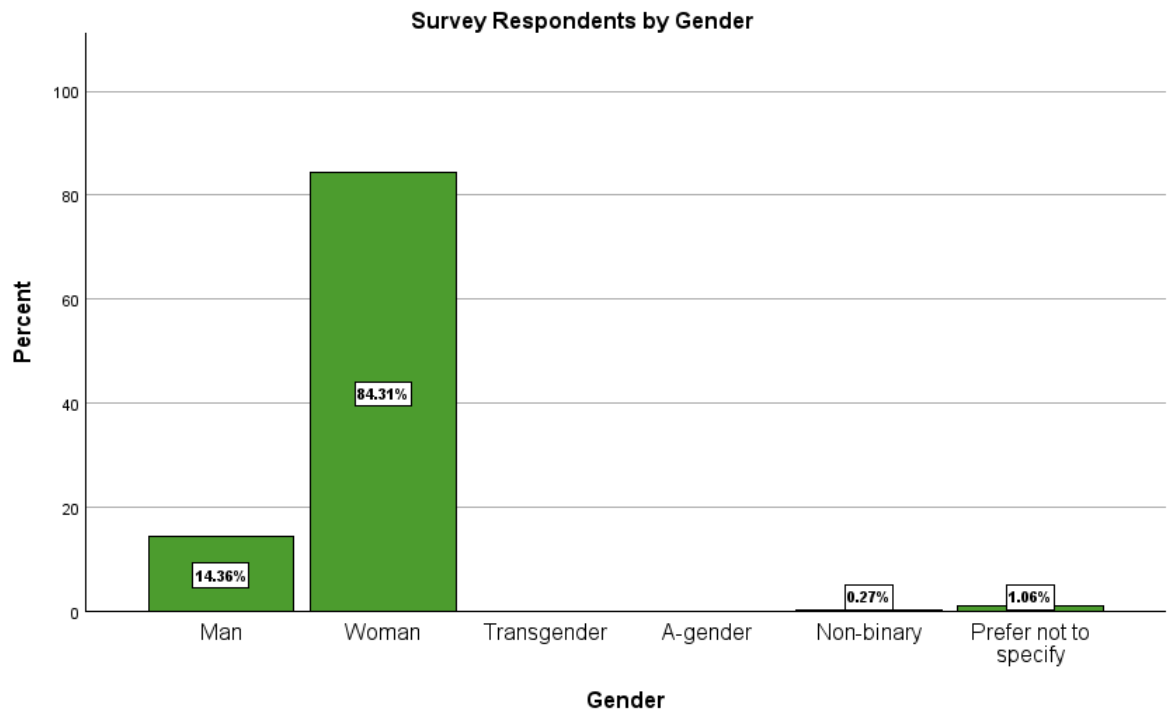
Figure 1 Survey Respondents by Gender

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[3] While much literature focuses on the impact of psychosocial support programs on women with breast cancer, many other cancers' studies also have samples primarily with women.
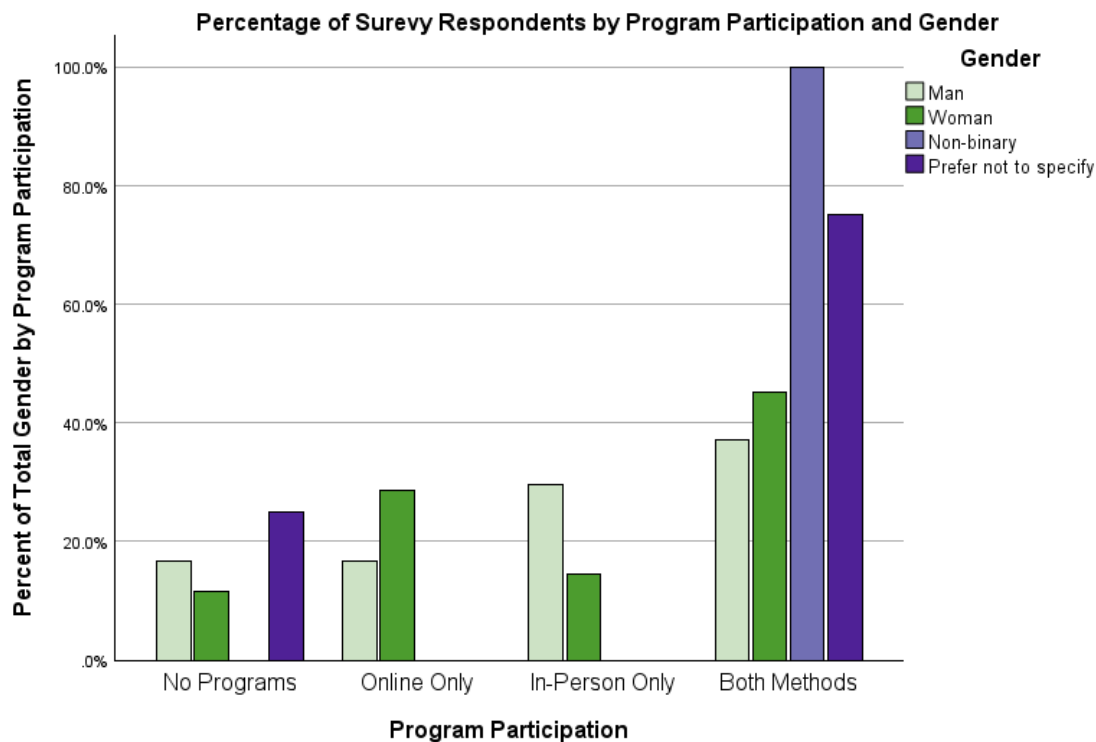
Figure 2 Survey Respondents by Gender and Program Participation

Among our sample, men participated in programs highest through both methods of delivery, as well as in-person only, whereas for women, more had participated online only (as well as in both methods).

Geographic Zone
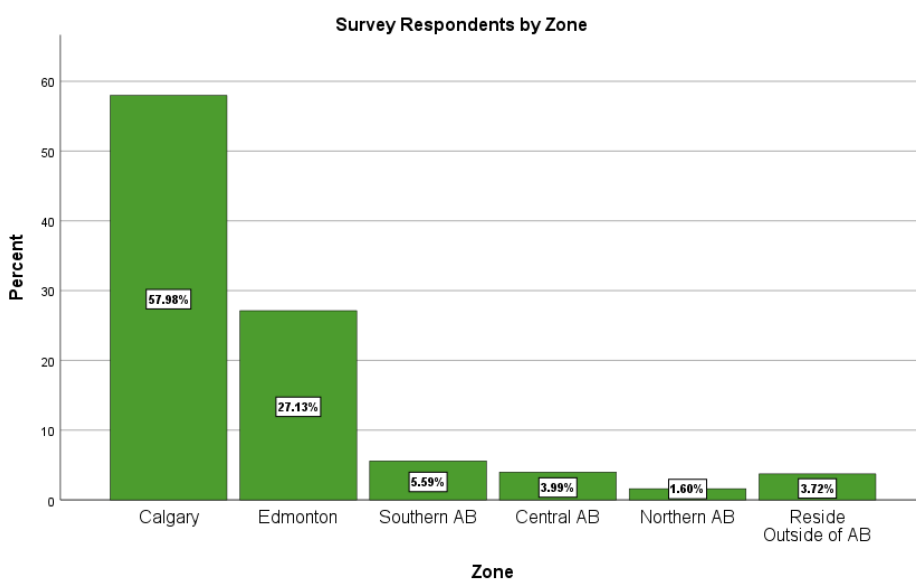
Figure 3 Survey Respondents by Zone
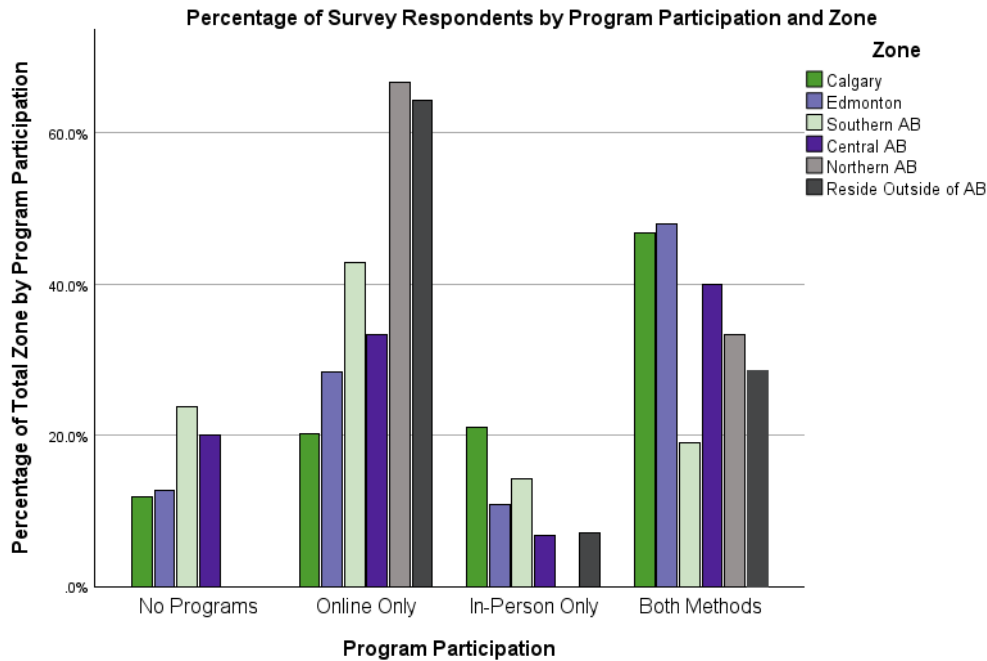
Figure 4 Survey Respondents by Zone and Program Participation

Response rates across the various established zones across Alberta are representative of the organization's membership base and spread across the province and are representative of the organization's history. For example, Wellspring Alberta emerged in Calgary about ten years before establishment in the City of Edmonton. Likewise, the Outreach operations of Wellspring Alberta were established first in the Southern part of the province and worked upwards through Central and Northern Alberta. Outreach efforts remain a priority to the organization with efforts ongoing across the province.

Age Range

The following graphs illustrate survey respondents by age range. The 18-39 age range was set to mimic the age grouping that Wellspring Alberta uses in organizational data to identify young adults as the organization offers a set of programs (Young Adult Programs) specifically for those in the 18-39 age group. Responses across the age range for this survey are very representative of the populace within each age range.
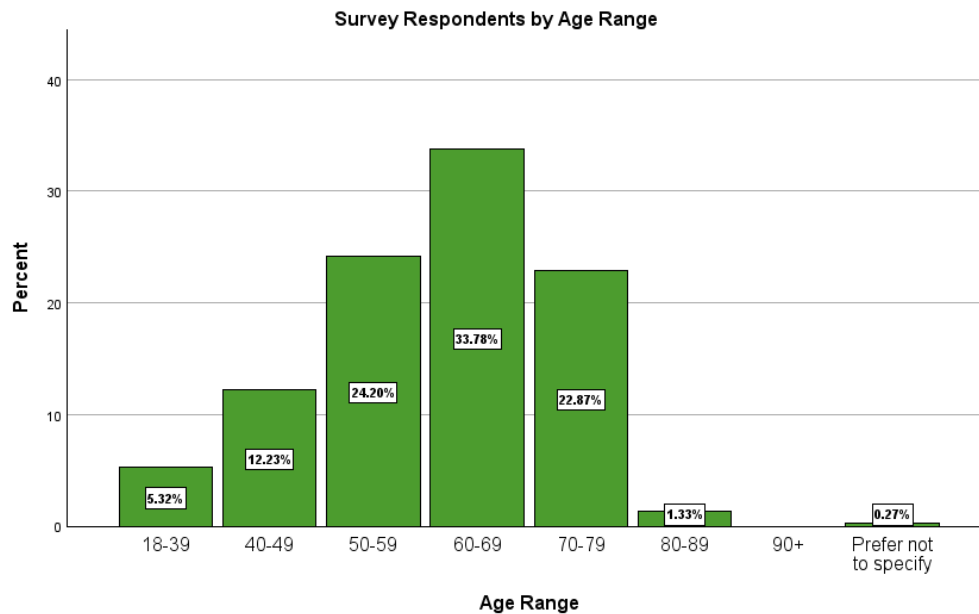
Figure 5 Survey Respondents by Age Range
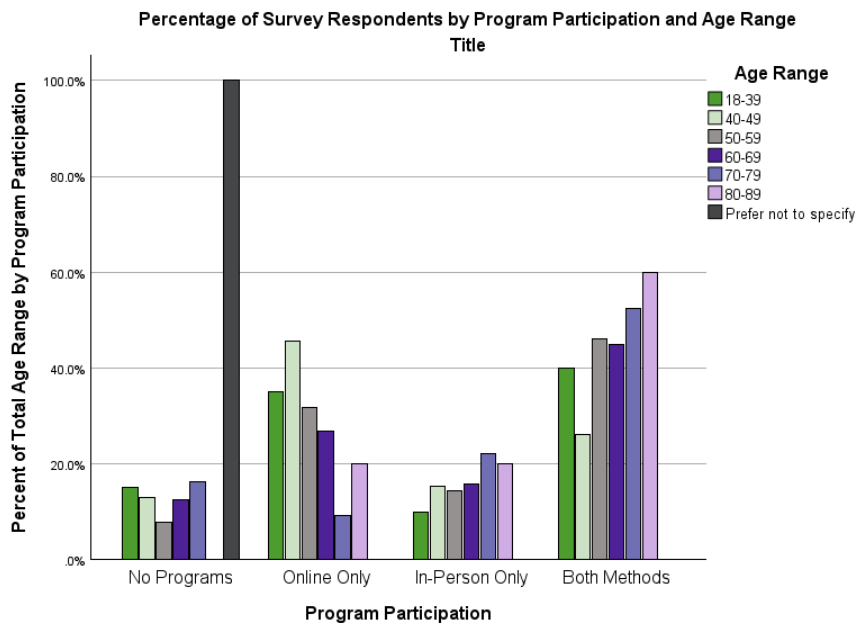
Figure 6 Survey Respondents by Age Range and Program Participation

Member Type

The following graphs display respondents by their self-identified category of membership with Wellspring Alberta. With this we note and respect the individual's right to identify within these categories regardless of where they are on the cancer journey and the connotation words such as patient' or 'survivor' can emote.
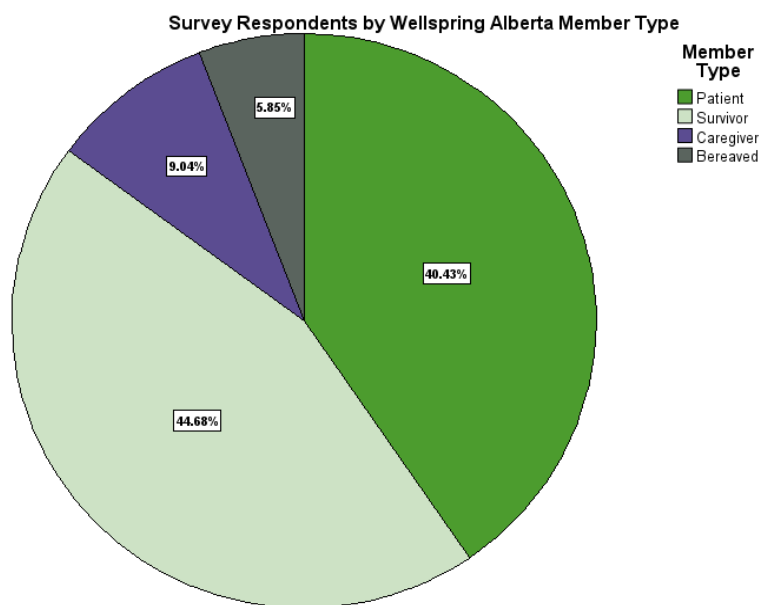
Figure 7 Survey Respondents by Wellspring Alberta Membership Type
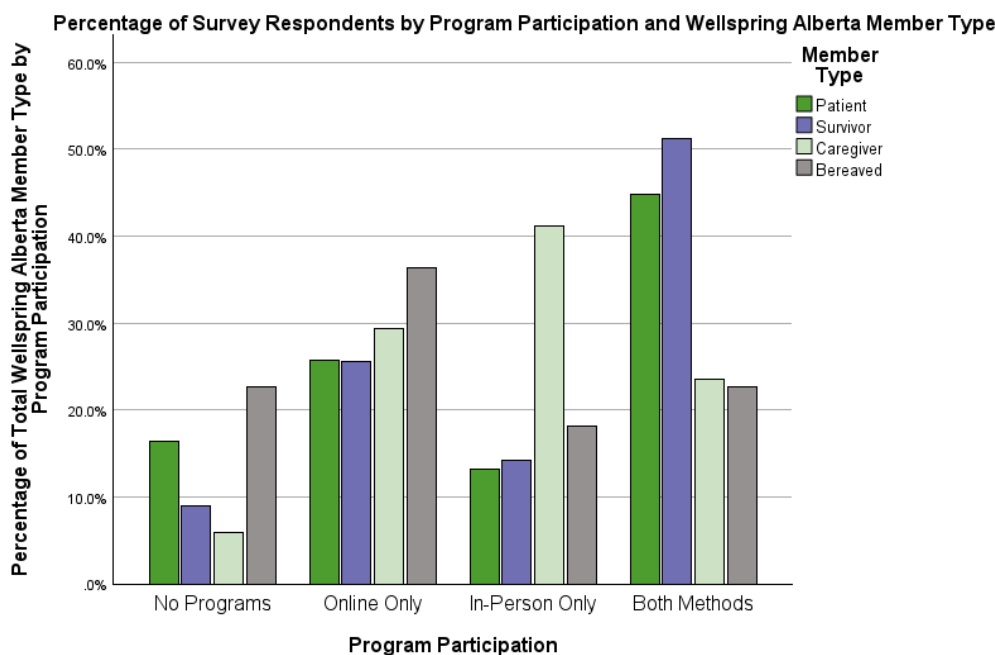
Figure 8 Survey Respondents by Wellspring Alberta Membership Type and Program Participation

Diverse Demographic Groups

The following graphs breakdown survey respondents by diverse demographic group. This demographic, in addition to the following demographic (primary language), was of particular interest in study design as we sought to identify if such factors held any significant relationship to barriers or challenges individuals faced in trying to access programs or services at Wellspring Alberta. Obtaining this data and analyzing these relationships is significant to the organization's ongoing Diversity, Equity, and Inclusion commitment to better reach those affected by cancer regardless of race, ethnicity, culture, beliefs, or language (Wellspring Alberta, 2023).
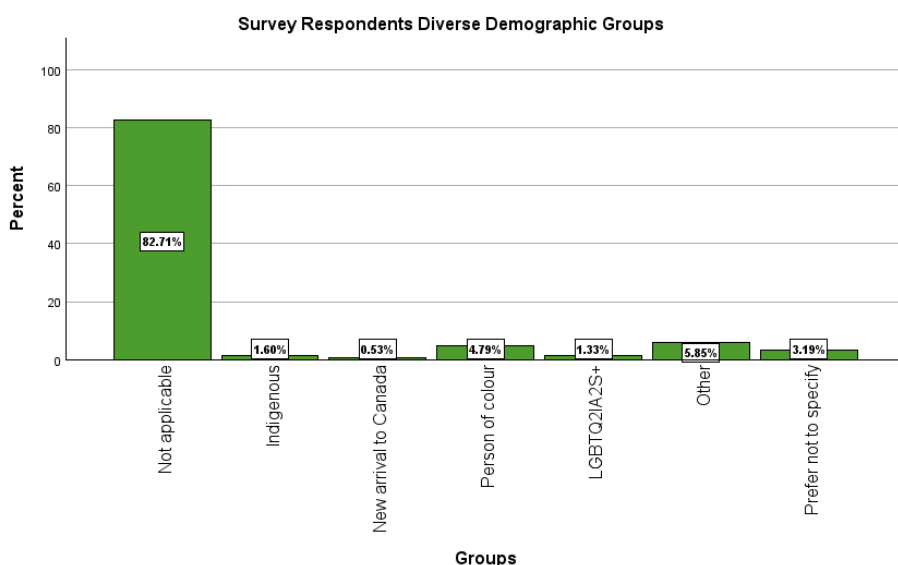
Figure 9 Survey Respondents by Diverse Demographic Groups
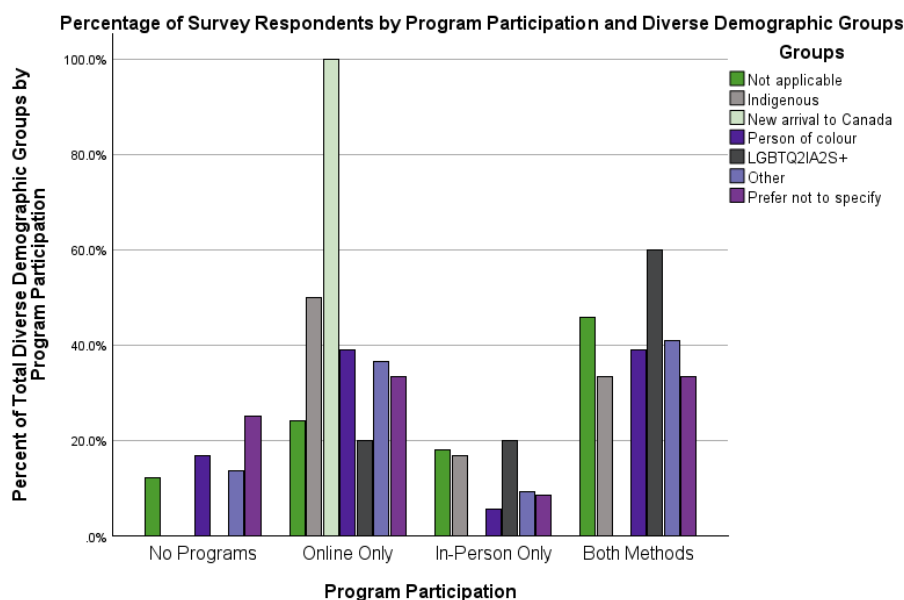
Figure 10 Survey Respondents by Diverse Demographic Group and Program Participation

Primary Language of Use at Home

Survey respondents were asked to indicate their primary use of language at home. We used findings from Statistics Canada to determine some of the most common spoken languages in Canada to include as response options, including a 'other' response option (Bush, 2024; Government of Canada S.C., 2022).
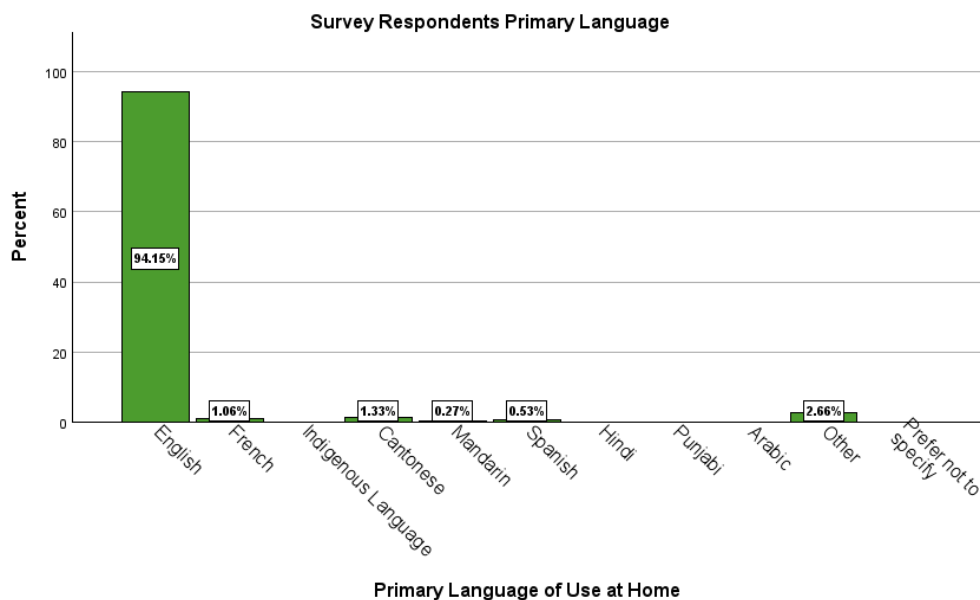
Figure 11 Survey Respondents by Primary Language
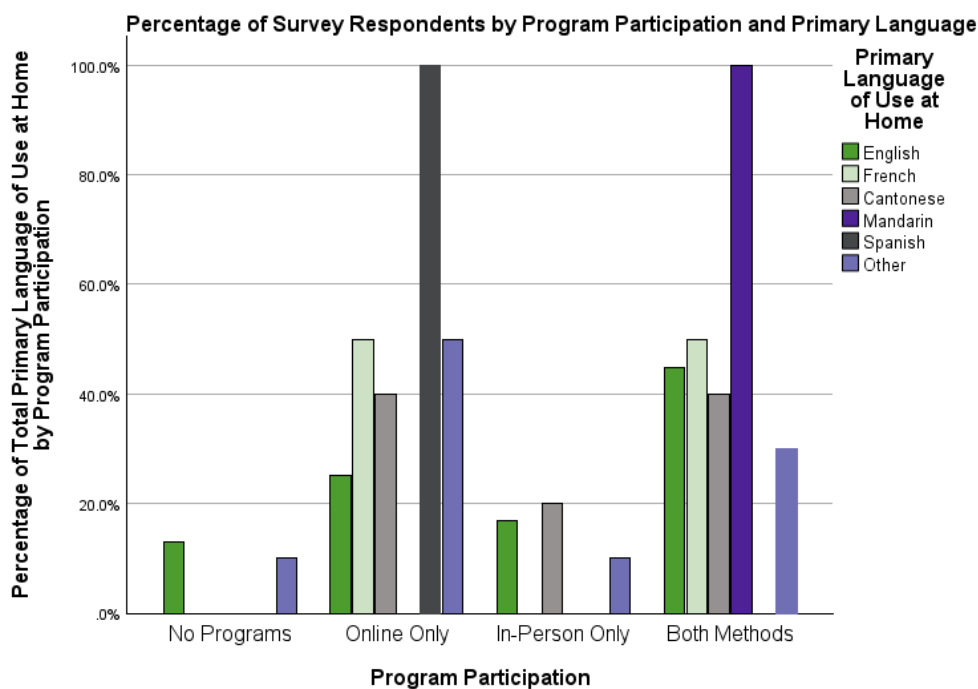
Figure 12 Survey Respondents by Primary Language and Program Participation

Patient's Time Since Initial Diagnosis

The following graph depicts the average time (measured in years) among respondents who identified as patients, between their diagnosis and the date in which they responded to the survey. Most patient respondents received their diagnosis within the past five years.
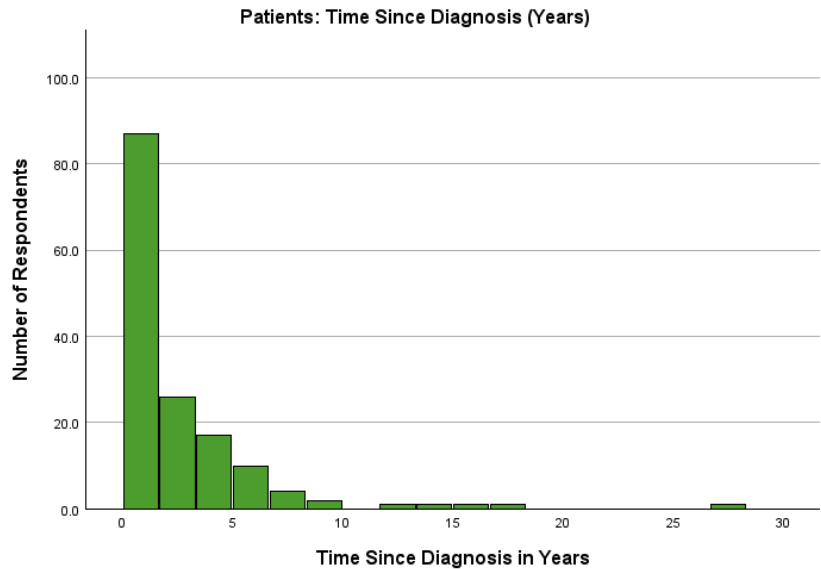
Figure 13 Survey Respondents - Patient's: Time in Years Since Initial Diagnosis

Survivors - Time Since Remission Declared

Like the above graph, this graph illustrates the average time (in years) among respondents who identified as survivors, between their diagnosis and the date in which they responded to the survey. Most survivors all in the less than five years' timeline as having been declared as remission, or cancer-free.[4]

Figure 14 Survey Respondents - Survivor's: Time in Years Since Remission Declared

[4] Or as noted above, however an individual might consider this timeline or point of the cancer journey.

Caregivers- Length of Time Caring for Individual
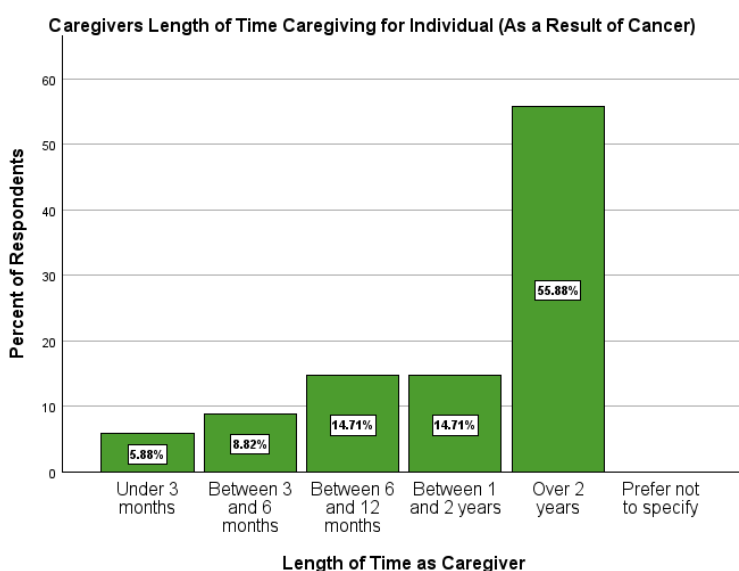
Figure 15 Survey Respondents - Caregiver's: Time Since Began Caring for Individual as a Result of Cancer

Respondents who identified as caregivers were asked to indicate how long the person has been providing care as a primary caregiver (as a result of cancer specifically) for an individual. The majority of respondents indicated they had been caring for an individual with cancer for over two years.

Bereaved – Time Since Loved One's Passing

Among those who identified as bereaved, 65% of participants had noted that their loved one had passed away within the last 24 months (2 years).

Is There a Relationship Between Program Participation and Variables of Interest?

This study was designed to gather feedback and obtain insights from members of the organization who have and who have not participated in the programs and services offered. With this, we sought to determine if there was a relationship between any sociodemographic characteristic, namely gender, age, zone, primary language, group one identifies with, as well as Wellspring Alberta member type and whether individuals took programs or not. With the categorical nature of all variables in this scenario, we utilized Chi-Square testing for analysis. The p-value obtained was compared against the $p < 0.05$ standard of significance. In cases which the p-value was deemed significant ($p<0.05$), the Cramer's V metric was run to determine the measure of association with values closer to 0 indicating a weak association, and those close to 1 indicating a strong association.

Due to small sample sizes in certain categories of the respective VOI's and the overall small sample size of individuals who did not take programs, chi-square expected values returned cells less than 5 and/or values less than 1 for most VOI, respectively violating assumptions of Chi-Square testing (less than 20% of cells have a value less than 5, or any cell with value less than 1) (McHugh, 2013), and thus invalidating the test and p-values. In the following table, we illustrate all observed p-values, Cramer's V (where applicable) and the Chi-Square test violation (if applicable). Results of this testing are displayed in Table 1 below.

Variable of Interest x Participation/No Participation in Programs	P-Value	Cramer-s V (if P significant, p < 0.05)	Expected Cells < 1 Violation	>20% of Expected cells < 5 Violation
Gender	0.538	NA	Yes	Yes
Age	0.100	NA	Yes	Yes
Zone	0.245	NA	Yes	Yes
Primary Language of Use at Home	0.884	NA	Yes	Yes
Diverse Demographic Group	0.707	NA	Yes	Yes
Wellspring Alberta Member Type	0.050	0.144	No	Yes

Table 1 Variables of Interest [VOI] and Program Participation Significance

To understand if a relationship existed among variables with sufficient sample size, we isolated the low sample groups that resulted in violations of Chi-Square processes across age, gender, and zone and re-ran analysis only for the subcategories of each respective VOI that had sufficient sample size and did not violate any assumptions of Chi-Square testing. These results are found in Table 2.

Variable of Interest x Participation/No Participation in Programs	P-Value
Gender: (Men and Women)	0.303
Age (18-39, 40-49, 50-59, 60-69, 70-79)	0.527
Zone (Calgary and Edmonton)	0.707

Table 2 Isolated Sub-Categories Significance VOI and Participation in Programs

After re-running analysis, it was found that by isolating subcategories with sufficient sample sizes across the three VOI, no significance was found between the respective variables and whether one participated in programs or not.

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Is There a Relationship Between Program Delivery Method and Variables of Interest?

Chi-square testing was repeated amongst each variable of interest for those who participated in programs. These 'program takers' were split and counted into three groups, those who took programs both in-person and online, those who only took programs online, and those who only took programs in-person, to obtain the p-value for the overall relationship between the respective variable of interest and its independence of program delivery methods.

- For tests indicating significance, Cramer's V was done to determine the strength of the relationship between 0 and 1.
- Due to small population size in some variables, Chi-square expected values sometimes resulted in a value <1, violating one of the major assumptions of the Chi-Square test (McHugh, 2013).

Results are presented in Table 3.

Variable of Interest x Program Delivery Methods	P-Value	Cramer-s V (If p significant, < 0.05)	Expected Cells < 1 Violation	>20% of Expected cells < 5 Violation
Gender	0.032	0.145	Yes	Yes
Age	0.05	0.196	Yes	Yes
Zone	0.002	0.204	No	Yes
Primary Language of Use at Home	0.430	NA	Yes	Yes
Diverse Demographic Group	0.421	NA	Yes	Yes
Wellspring Alberta Member Type	0.002	0.178 (weak association)	No	No

Table 3 Significance in VOI and Program Delivery Methods

In analysis of program delivery methods and VOI, the only variable that did not violate assumptions of Chi-square testing was Wellspring Alberta member type, which had a significant p-value, but returned a Cramer's V score of weak association.

To understand if a relationship existed among variables with sufficient sample size, we isolated the subcategories to re-run analysis on those with sufficient sample sizes. Analysis was re-run for gender, and age, across participation in program delivery methods and results are presented in Table 4 below.

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Variable x Program Delivery Methods	P-Value	Cramer's V (If p < 0.05)
Gender: (Men and Women)	0.007	0.009 (weak association)
Age (18-39, 40-49, 50-59, 60-69, 70-79)	0.001	0.019 (weak association)
Zone (Edmonton and Calgary)	0.004	0.149 (weak association)

Table 4 Isolated Sub-Categories Significance VOI and Participation in Program Delivery Methods

Following analysis, it was found that by isolating the sample populations in each respective variable across program delivery methods, each case was found to be significant (p < 0.05) for subcategories with sufficient sample sizes. To determine the association's strength, we conducted Cramer's V testing, which revealed that all cases had weak associations.

Quality of Life

In the study design process, we looked at various metrics as to how patients are often asked to rate their current state of well-being commonly using various Quality of Life metrics such as the McGill Quality of Life rating scale (utilized in this survey and discussed below). We noted another metric used, the EQ-5D-5L in which an element of this system of measurement, the EQ-5D Visual Analogue Scale [EQVAS], asks patients to rate their health-related quality of life on a scale of 1-100, where 1 is presented as "the worst health you could imagine" and 100 being "the best health you could imagine" ([EuroQol, n.d.](#)) (often used in both cross-sectional and longitudinal methods of measuring patient health). We hypothesized that this metric would be one which would serve as a validation of Quality-of-Life scores (see the 'What factors influence Quality of Life Ratings' section for more information).

McGill Quality of Life

Quality of life questions (see below) asked were inspired by questions from the McGill Quality of Life survey (Cohen et al., 1996; Cohen et al., 2019) to create a selection of statements that would pertain to components of quality of life in a matter that best suits the objectives of this study and organizational use of quality-of-life data. These questions were presented to those who participated in programs to understand any differences in ratings by the sample of participants across the different program delivery methods (online only, in-person only, both) at Wellspring Alberta. The first statement asked participants to rank their overall quality of life on a scale of 1-10, as a result of Wellspring Alberta. Ten statements were then asked pertaining to a specific component of Quality of Life (as a result of Wellspring Alberta).

As a result of Wellspring Alberta (Scale 1-10):

1. Considering all parts of my life (physical, emotional, spiritual, social) the quality of my life has been....

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As a result of Wellspring Alberta, I feel... (Scale 1-10):

1. I have control over my life.
2. Supported.
3. I have stronger relationships.
4. Communicating with those close to me is easier.
5. Life is purposeful and meaningful.
6. Good about myself as a person.
7. Less depressed.
8. Less nervous or worried.
9. Less fearful of the future.
10. Physically better.

The mean responses were captured and are presented in Tables 5 and 6 below by total mean across respondents, as well as means across respondents by method of program participation.

As a result of Wellspring Alberta:	Program Participation Total	Online Only	In-Person Only	Both Methods
Considering all parts of my life (physical, emotional, spiritual, social), the quality of my life has been...	7.64	7.38	7.67	7.76

Table 5 Members Ratings (Scale 1-10) of Overall Quality of Life [QOL] Across Program Delivery Method

As a result of Wellspring Alberta, I feel...	Program Participation Total	Online Only	In-Person Only	Both Methods
I have control over my life	7.47	7.23	7.52	7.55
I feel supported	8.27	7.93	8.17	8.49
I have stronger relationships	7.53	7.35	7.41	7.65
Communicating with those close to me is easier	7.24	7.12	7.16	7.31
Life is purposeful and meaningful	7.73	7.63	7.58	7.81

Good about myself as a person	7.84	7.64	7.67	8.00
Less depressed	7.23	7.10	7.21	7.30
Less nervous or worried	7.06	7.01	6.86	7.14
Less fearful of the future	6.94	6.98	6.83	6.95
Physically better	7.50	7.34	7.29	7.66

Table 6 Members Ratings (Scale 1-10) for Statements Attributing to QOL by Program Delivery Methods

From Tables 5 and 6 above, those who participated in both online and in-person have the highest means across each statement or element of quality of life. However, with a small range of means in each variation of program participation for the specific element, we suggest that the program delivery method is likely not a significant factor in quality-of-life outcomes. We sought to further explore this through visualization of each statement across program participation method in bell curves. Statements in which bell curves showed slight deviation are illustrated below in Figures 16 through 18 (bell curves for all statements can be found in Appendix D).
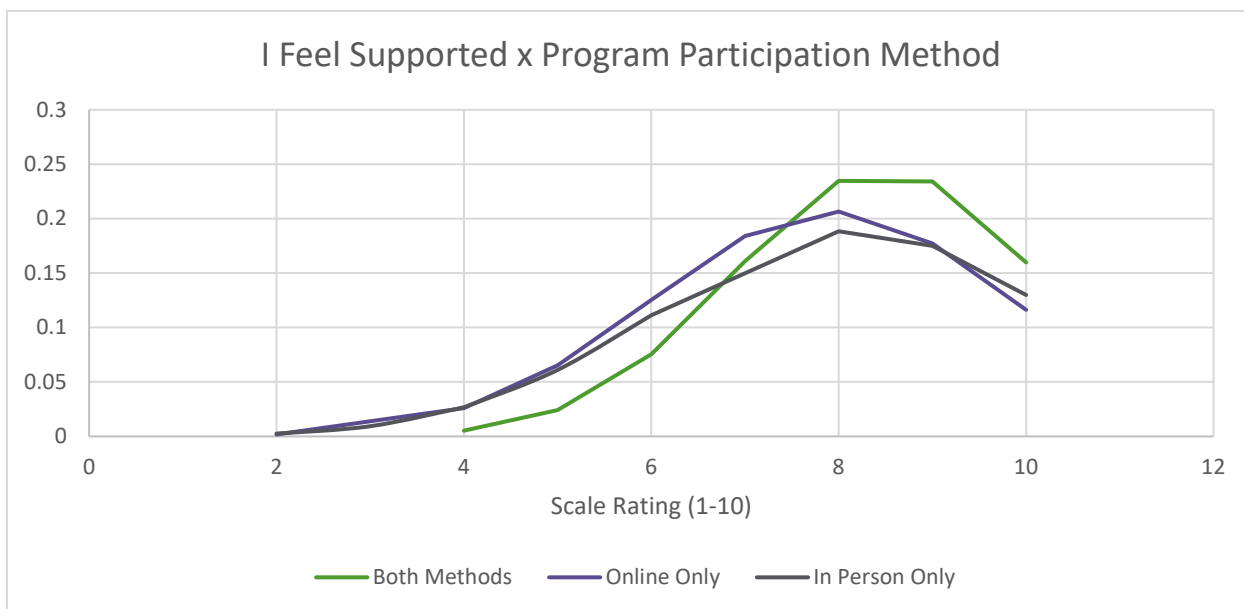
Figure 16 As a Result of Wellspring Alberta, I Feel Supported x Program Participation Method

I Have Stronger Relationships x Program Participation Method
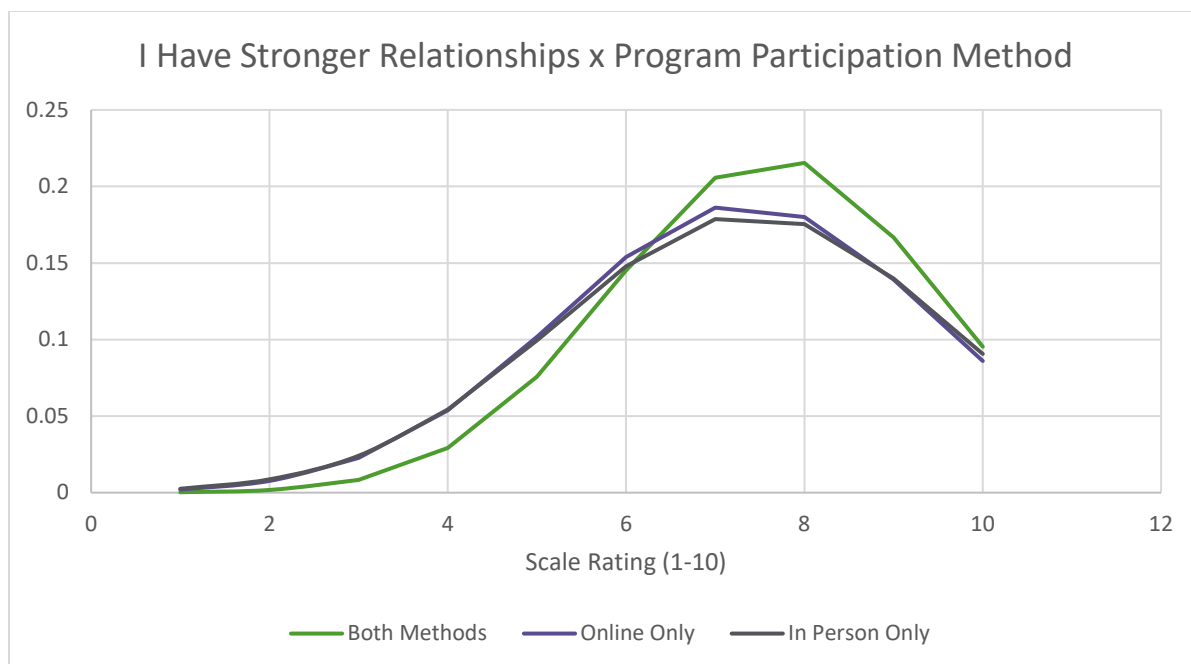
Figure 17 As a Result of Wellspring Alberta, I Feel I Have Stronger Relationships x Program Participation Method

Good About Myself as a Person x Program Participation Method
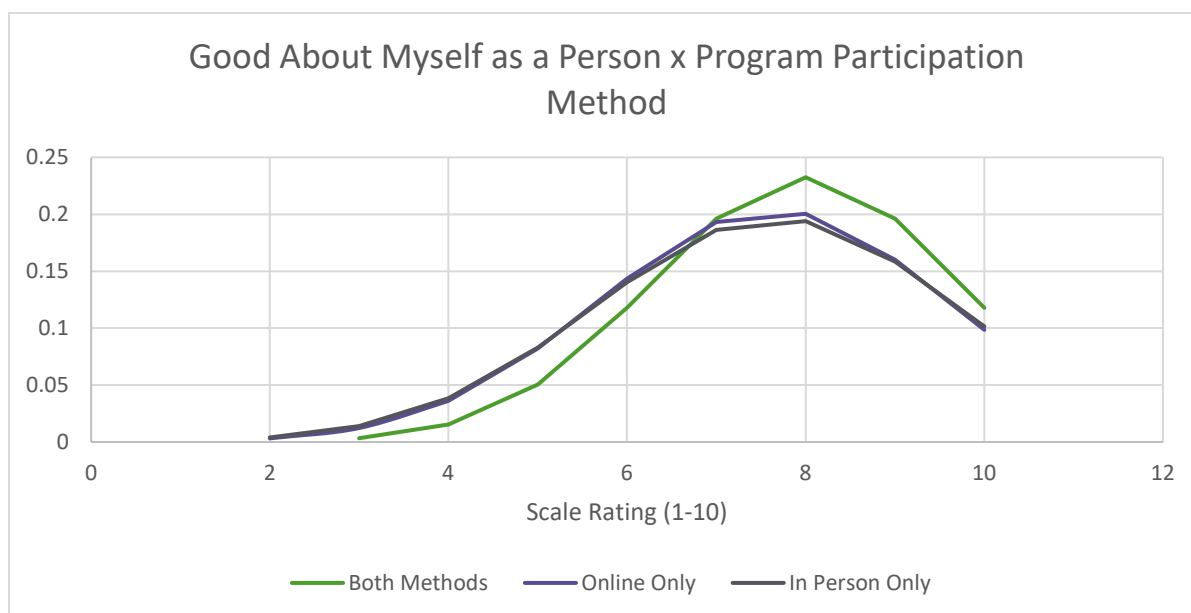
Figure 18 As a Result of Wellspring Alberta, I Feel Good About Myself as a Person x Program Participation Method

As shown in the figures above, members who participated in both program delivery methods reported the highest average rating of feeling supported, having stronger relationships, and feeling good about myself as a person that had the highest difference in the range across delivery methods for each of the ten statements as shown in table 6. Our analysis outlined above confirmed there were no statistically significant differences in these ratings and thus as noted above, we feel that program participation is not a likely factor in quality-of-life outcomes.

Do Any Variables of Interest Serve as a Predictor to Rating a Quality-of-Life Statement?

An analysis was run for each 'As a result of Wellspring Alberta,' statement to determine if any VOI had effect on the statement's rating. Results and findings are presented in Table 7 and the sections below.

Statement	Significance Found?
I have control over my life	Yes
I feel supported	No
I have stronger relationships	No
Communicating with those close to me is easier	No
Life is purposeful and meaningful	No
Good about myself as a person	Yes
Less depressed	No
Less nervous or worried	No
Less fearful of the future	No
Physically better	Yes

Table 7 Significance and Quality of Life Statements

For statements in which significance was returned, we further explored which VOI carried significance

I Have Control Over My Life

Across VOI, we tested gender, zone, and program delivery method in ANOVA tests for significance on how this statement was rated. Analysis showed no significance amongst these variables or any combinations of variables for the statement. We then conducted Kruskal-Wallis tests for age range and member type respectively[5] with the 'I have control over my life statement', in which Age Range returned no significance, but significance was found amongst member type ($p < 0.05$). Pairwise comparisons revealed significance between patients and survivors on ratings of control over life as presented in Figures 19 and 20 below.

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[5]Due to the variable's violations of homogeneity.
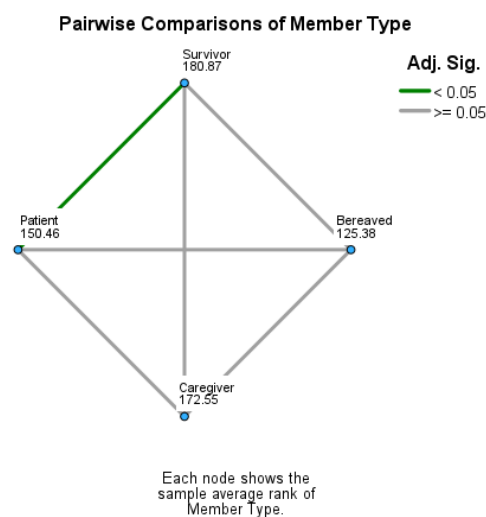
Figure 19 Significance in Member Type and Quality of Life Statement "I Have Control Over My Life."
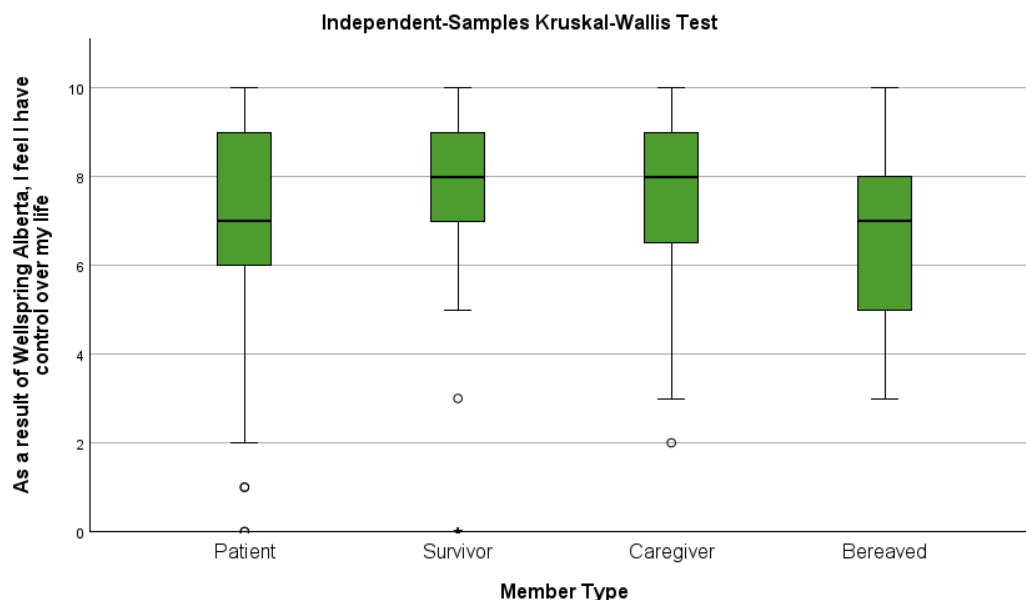
Figure 20 Box Plot - Significance in Member Type and Quality of Life Statement "I Have Control Over My Life."

I Feel Good About Myself as a Person

Across VOI, we tested gender, zone, and program delivery method in ANOVA tests for any significance on how this statement was rated. Analysis showed no significance amongst these variables and combinations in the statement. We then conducted Kruskal-Wallis tests for age range and member type respectively with the 'I have control over my life statement', in which age range returned no significance, but significance was found amongst member type ($p < 0.05$). Pairwise comparisons revealed significance

between caregivers and those bereaved, as well as those bereaved and survivors as illustrated in Figures 21 and 22 below.
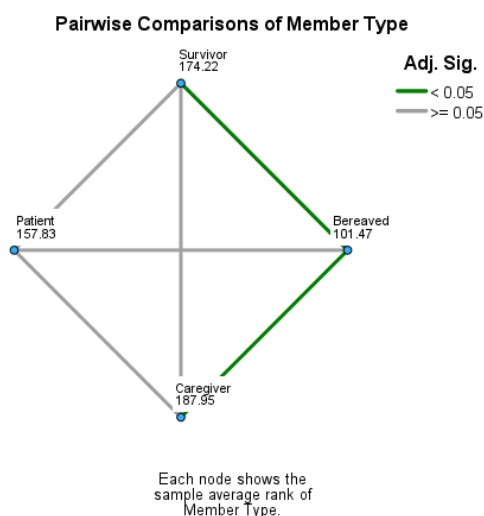
Figure 21 Significance in Member Type and Quality of Life Statement "I Feel Good About Myself as a Person."
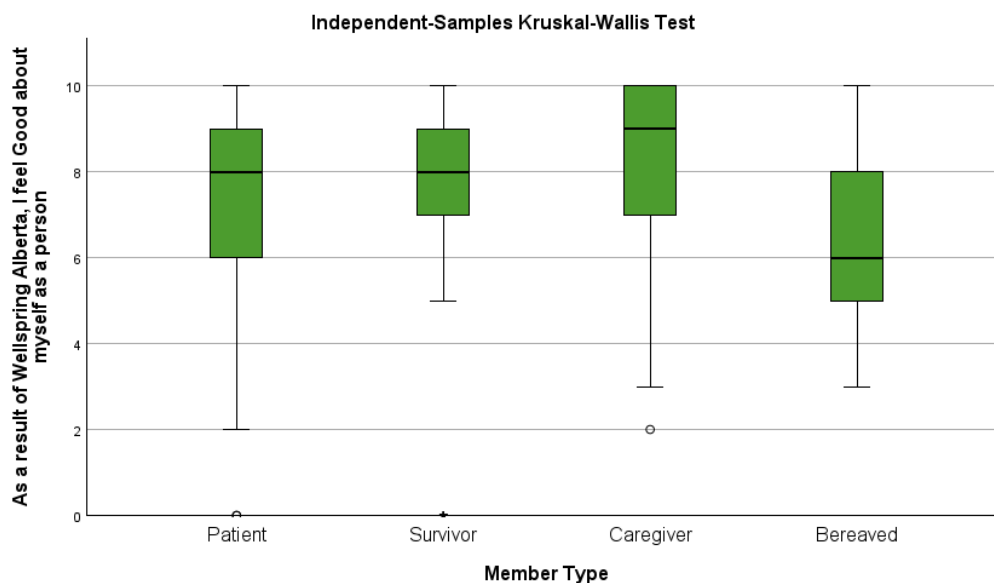
Figure 22 Box Plot: Significance in Member Type and Quality of Life Statement "I Feel Good About Myself as a Person."

I Feel Physically Better

With this statement, we sought to test whether participation in Movement and Meditation programs was a predictor of how participants rated this statement. Through ANOVA testing, there was violation of homogeneity of variance, and we thus used the Kruskal-Wallis test that returned significance ($p < 0.05$). Thus, participation in Movement and Meditation programs was a predictor of the rating to this specific statement (see Figure 23 below). The data is limited in that we cannot determine how participants

participated in programs specifically in the Movement and Meditation pillar of programs and if the delivery method is an additional predictor in this relationship.
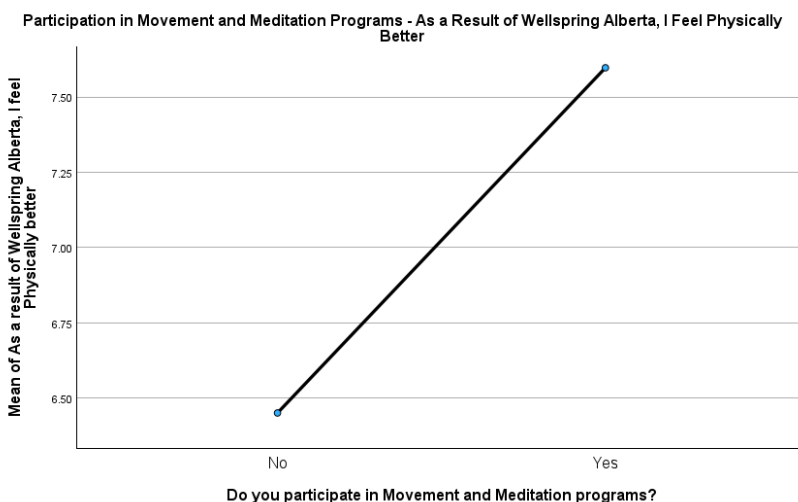
Figure 23 Participation in Movement and Meditation Programs Significance on Quality-of-Life Statement - "I Feel Physically Better."

We analyzed if any other variables or combinations of VOI influenced rating for feeling physically better. Significance was not found in univariate analysis in any combinations of variables (gender, zone, program delivery method participated in. Non-parametric testing of member type and age range to physically better also returned no significance.

Overall, upon testing for significance, the program delivery method was deemed insignificant as an influence on the rating for all ten statements.

Establishing a Quality-of-Life Value

In order to obtain a total estimated value of Quality of Life from the ten 'As a Result of Wellspring Alberta, I feel…' questions, we summed up the respondents ranking to each of the 10 questions for a total maximum quality of life value of 100. Some respondents did not answer each of the ten quality of life questions and thus this would invalidate summing their answers out of 100. To correct this we explored multiple options, including formulating assumed values based on the respondents' answers to the statements they did respond to, summing their score and noting the maximum value they could have and proportioning this to a score out of 100.

In our data, 16 respondents (5%) did not answer all ten of the quality-of-life-related questions. After conducting a literature of data handling for missing data and to avoid bias in assumptions of the presented correction calculations, we followed the common practice of removing the data from the analysis for the respective section to exclude those responses in the sample calculation for quality of life (see Cui et al., 2014; Kang, 2013). Thus, only those respondents who answered all ten questions, had their responses summed up to determine their quality of life score out of 100 and are reflected in analysis using that score we label as QOLSum. Table 8 below highlights QOLSum's total respondents by program delivery methods. For a breakdown of QOLSum's across all VOI and program delivery method, see Appendix E.

Total QOLSum x Participation in Programs	QOLSum Total	Online Only	In-Person Only	Both
Total Respondents	74.77	73.33	73.84	75.76

Table 8 Quality of Life Sum Value by Program Delivery Method

EQ-5D-5L

The EQ-5D-5L is commonly used as a health-related quality of life tool, measuring one's health across five dimensions (mobility, self-care, usual activities, pain/discomfort, anxiety/depression) and five levels of rating (level 1 indicating no problem, to level 5 indicating extreme problem) (Alberta Proms and EQ-5D Research and Support Unity [APERSU], 2023). EQ-5D-5L also includes a rating scale from 0-100 to rate one's current state of health (0 being the worst health imaginable, 100 being best health imaginable) known as the EQVAS (APERSU, 2023). We utilized EQ-5D-5L for both EQVAS and EQ-Descriptive Index (five dimensions of health). For analysis, APERSU provided the most current captured data across Alberta (APERSU, 2023). This population data captures population averages, as well as across chronic diseases including cancer. The following sections compare APERSU data for the general population, those with a cancer diagnosis (patients and survivors), and the data captured in this study of Wellspring Alberta members.

State of Health – EQVAS

In comparing one's state of health, the following tables (table 9 and 10) illustrate findings from this research study alongside population averages collected by APERSU. Important to note however are the limitations of this data. Both among the participants in this study and the knowledge available among the Alberta population from the publicly available data. We do not know factors such as the state of active cancer or those living post-active cancer among participants of either cohort. For example, someone recently diagnosed may rate their state of health much lower than someone who has recently finished treatment or been living cancer free for a given time. Other factors such as what stage of cancer diagnosis occurred, if cancer is metastatic, type of cancer, as well as treatment type, could all of which can significantly impact one's quality of life or perception of their state of health.

Total Population	Population: With Active Cancer		Population: Ever Had Cancer Diagnosis	
Alberta	Alberta	Wellspring Alberta	Alberta	Wellspring Alberta
77.4	66.8	64.8	75.3	69.1

Table 9 EQVAS Alberta Population and Wellspring Alberta Ratings

Further, Wellspring Alberta currently serves around 10% of the population living with cancer and the participants of this study are only a sample of members who have or have had a cancer diagnosis. Furthermore, not all affected by cancer need support beyond what is offered by the medical system, or find support in their own personal relationships, community groups, religious groups, cultural groups and so forth that may meet their needs in place of an entity such as Wellspring Alberta.

State of Health – EQ-Descriptive Index

The EQ-5D-5L descriptive index, reported by APERSU for Albertans was also utilized to compare responses to Wellspring Alberta members who participated in this study. This component measured Albertans with active cancer, as well as anyone who has or has ever had cancer, across five dimensions (mobility, self-care, usual activities, pain/discomfort, anxiety/depression) and a five-level scale (level 1- no problem, to level 5 - extreme problem) (Alberta PROMs and EQ-5D Research and Support Unity [APERSU], 2023). We utilized this data to compare rankings of participants in this research study. As mentioned above, among the cohort of participants in this study, there are many limitations with the data as there is much unknown about the participants both in the Alberta data collected as well as the Wellspring Alberta cohort in this specific study that could significantly factor into ratings. Of note, for both populations, issues with self-care had the least variation, with level 1 being the overwhelming majority selection, indicating that there were no issues with self-care, while a small percentage in each cohort indicated slight issues with self-care.

		Active Cancer		Ever Had Cancer	
		AB	WA	AB	WA
Mobility	Level 1	53.4%	49.0%	57.4%	55.8%
	Level 2	21.2%	34.0%	21.3%	28.4%
	Level 3	16.7%	14.0%	14.9%	13.6%
	Level 4	7.8%	3.0%	6.0%	1.9%
	Level 5	0.9%	1.0%	0.4%	0.3%
Self-Care	Level 1	87.9%	84.0%	93.9%	87.3%
	Level 2	7.8%	13.0%	6.3%	10.5%
	Level 3	3.9%	3.0%	2.4%	2.2%
	Level 4	0.2%	0.0%	0.2%	0.0%
	Level 5	0.2%	0.0%	0.1%	0.0%
Usual Activities	Level 1	52.4%	34.0%	61.8%	40.3%
	Level 2	22.4%	41.0%	22.2%	40.3%
	Level 3	20.6%	20.0%	12.8%	15.0%
	Level 4	2.7%	5.0%	2.2%	4.2%
	Level 5	1.8%	1.0%	1.0%	0.3%
Pain/ Discomfort	Level 1	22.4%	21.0%	23.5%	23.0%
	Level 2	37.1%	47.0%	41.4%	47.0%
	Level 3	29.7%	29.0%	26.3%	25.6%
	Level 4	9.0%	3.0%	7.4%	3.8%
	Level 5	1.9%	1.0%	1.5%	0.6%
Anxiety/ Depression	Level 1	58.9%	21.0%	61.4%	26.5%
	Level 2	27.7%	49.0%	25.0%	44.2%
	Level 3	14.0%	25.0%	11.7%	24.9%
	Level 4	1.9%	5.0%	1.7%	4.7%
	Level 5	0.6%	1.0%	0.3%	0.3%

Table 10 EQ-Descriptive Index Alberta Cancer Population & Wellspring Alberta

What factors influence Quality of Life Ratings?

State of Health Ratings (EQVAS) and Quality of Life Ratings

To understand the potential effect or relationship between the State of Health Scores (EQVAS) and the Quality-of-Life ranking (through QOLSum) among those who participated in programs, we utilized linear regression.

H_0: State of Health rating has no effect on QOLSum ratings.

The scatterplot of residuals initially revealed a potential problem of heteroscedasticity in the outcome between EQVAS and QOLSum. To confirm this, we utilized univariate analysis testing with the Breusch-Pagan test of heteroskedasticity, which ultimately proved heteroskedasticity. To correct for this violation of variance, we looked at Weighted Least Squares regression [WLS] for EQVAS and QOLSum.

The WLS regression indicated significance as (F ([1], [312] = [101.188], p = < 0.001)). The R^2 value [0.242] indicates that EQVAS ratings among those who participated in programs explained 24.2% of the variance in QOLSum ratings. The regression equation was:

QOLSum = [39.142] + [0.510] (EQVAS)

Therefore, for each one unit increase in EQVAS, the predicted QOLSum rating increased by approximately 0.510 units. The confidence intervals indicated that we can be 95% certain that the slope to predict QOLSum ratings from EQVAS ratings is between 0.411 and 0.610.

Do Individual Demographic Variables Affect Quality-of-Life Sum Ratings?

We sought to determine if any demographic variables included in this study would have a significant effect on the quality-of-life (QOLSum) rating. We tested this first by running ANOVA tests on each VOI, respectively, by QOLSum. This gave us an initial understanding of any effect between any of the VOI on their own to the QOLSum.

Utilizing the null hypothesis (H_0) that no variable would have effect on the QOLSum we found the following[6] (Table 11):

QOLSum x Variable	P-value Significant?	H_0 Status
Gender	No	Fail to reject the null hypothesis
Zone	No	Fail to reject the null hypothesis
Program Delivery Method	No	Fail to reject the null hypothesis
Identified Group	No	Fail to reject the null hypothesis
Primary Language	No	Fail to reject the null hypothesis

Table 11 Significance of Variables of Interest on Quality-of-Life Sums

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[6] In which all cases have homogenous variance which was determined through Levene's tests.

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The above variables illustrated in Table 11 were all shown to be insignificant in serving as predictors of the QOLSum value. We further ran testing for gender (men and women only) to see if any significance occurred among those larger samples (with exclusion of low samples of non-binary and prefer not to specify) and no significance was found.

In the case of age range and member type, Levene's test indicated a violation for each respective variable indicating unequal variance. To correct this, we first looked at the Shapiro-Wilk test statistic and Q-Q plotting to determine the normality of the distributions for each variable (age range, member type). This testing revealed that distributions for both variables did not follow normal distribution. Use of Welch's test confirmed no significance for age range, thus we failed to reject the null hypothesis. However, in the case of member type, Welch's test did return statistical significance. To better determine this significance, we looked at non-parametric testing.

Utilizing Kruskal-Wallis testing for member type x QOLSum, member type was shown to have a statistically significant difference ($p < 0.05$) between member types and the QOLSum ratings, confirming and validating findings of the Welch Test. To identify which categories of member type were significant we conducted post-hoc testing through the Kruskal-Wallis K-Independent Sample testing to conduct pairwise comparisons. This revealed a significant difference between the bereaved and survivors, which is illustrated in Figures 24 and 25 below.
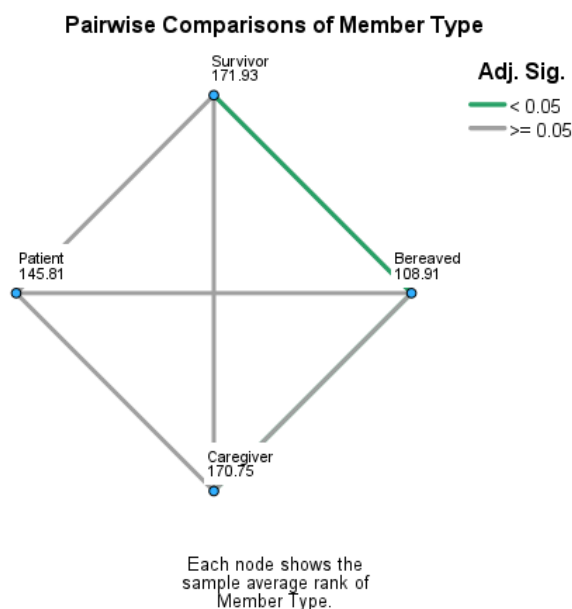
Figure 24 Significance in Member Type and Quality of Life Sum Values

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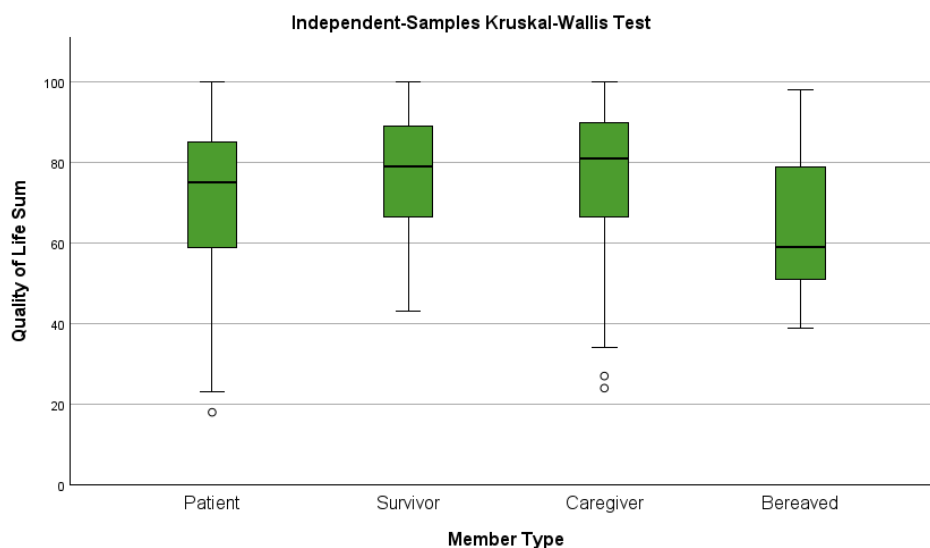
Figure 25 Box Plot: Significance in Member Type Quality of Life Sum Values

How Do Multiple Demographic Variables Affect Quality-of-Life Sum Ratings?

To determine if a relationship existed amongst any combination of the VOI and the QOLSum ratings, we utilized univariate analysis. Through testing, significance was only returned in the zone x program delivery method combinations. This is shown in Table 12 below.

Program Delivery Method	Significance
Online Only	No significance between any zone and online only program participation.
In-Person only	Significance returned between • Calgary and Edmonton Zone: Calgary-based respondents had higher QOLSum values than those in Edmonton. • Edmonton and Southern Alberta: Respondents from Southern Alberta reported higher QOLSum values than those in Edmonton.
Both Methods	Significance returned between • Edmonton and Central Alberta: Edmonton based respondents had higher QOLSum values than those in Central Alberta.

Table 12 Quality of Life Sum Values and Program Delivery Method - Zone Significance

It remains unclear as to what factors or reasons are behind the returned instances of significance. Wellspring Alberta members are navigating the many challenges of the cancer journey, and factors beyond Wellspring Alberta are very likely to carry large weight in how one rates their QOL, thus may explain for these significant findings.

This component of analysis excludes age range and member type, and that is noted as a limitation of understanding the potential impact of the respective variables with program delivery method on QOLSum. These variables were excluded, as noted above, due to the violation of normal distribution parameters. We found no appropriate tests to account for violation in distribution within the univariate analysis in the testing amongst combinations of variables that did not violate distribution parameters.

Concluding Remarks on Quality of Life

Among the quality-of-life statements, the program delivery method showed no significance for any statement. Only a few statements returned any significance across VOI, most commonly across member type. For the ranking of feeling physically better, significance was returned for the ranking from participation in Movement and Meditation based programs.

From our analysis, member type was the only individual socio-demographic variable that showed significance on the QOLSum. Regression analysis of program delivery methods and demographic variables (excluding age range and member type) returned significance through certain zones among in-person only participation in programs, and those who participated in both methods. Further studies could reveal increased insight into the potential influence of zone and program delivery method on QOLSum. Further studies should also include the potential length of time individuals have been participating in programs, and the potential effect on QOLSum whether as an individual variable or in combination with any other sociodemographic variables.

EQVAS was deemed a significant variable in the variance of QOLSum ratings. While EQVAS is not a predictor of QOLSum, it is a form of validating ratings of quality of life through having multiple scales or methods utilized. EQ-5D-5L can serve as an important tool in determining quality of life or state of health. Future studies in this field should utilize EQ-5D-5L as a metric, including variables or factors that can influence it for greater insight into the impact of an intervention, such as participation in supportive programs, treatments, etc, that will establish a framework to measure health-related quality of life across the cancer journey. Use of this tool in longitudinal studies could also help set a baseline among a sample, with regular follow-up determining the impact of a specific intervention.

In understanding the influence of factors that go into a Quality of Life composite rating, we recognize that the limitations of our sample size led to difficulty in drawing significant conclusions and suggest that future studies conducted will require sample sizes of equal distribution across VOI to draw further conclusions and significance in if and how any demographic variables may influence quality-of-life ratings among populations participating in community-level psychosocial cancer support programs.

Overall, analysis of quality of life in this study reveals that many other factors not accounted for or of scope in this study are likely to be attributed to how an individual perceives their quality of life. As our sample population are those living with or affected by cancer, we acknowledge that it is well-documented in literature the large impact on one's quality of life as the result of cancer, and the burden of illness that is felt and experienced regardless of socio-demographic factors.

Measures of Processes of Care

The Measures of Processes of Care (Adults) [MPOC-A] is a tool utilized in clinical and rehabilitation settings to understand patients' perception of their treatment or care across multi-dimensional domains

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of care (enabling and partnership; providing general information; providing specific information; coordinated and comprehensive care; respectful and supportive care) through questions specific to each domain (Bamm et al., 2015; Cunningham & Rosenbaum, 2013).

In this study, participants were asked to rate different experiences of program participation respective to online, and in-person delivery methods. Individuals were prompted to indicate if they had participated online, in-person, or both methods. If online or in-person only, they were only asked the MPOC-A questions for that specific delivery method. Those who indicated they had participated in both online and in-person programs were first asked to rate each question for online programs, and then were presented the questions again to rate from an in-person program experience.

Results in this section will compare findings on online program delivery for those who only participate online and those who participate in both program delivery methods, as well as for in-person program delivery among those who only participate in-person and for those who participate in both.

The following questions (on a scale of 1-10) were asked:

1. I feel that [online/in-person] programs provide a caring atmosphere, rather than just giving me information.
2. I feel that I am treated as an equal, rather than as a patient, while participating in [online/in-person] programs.
3. I feel that [online/in-person] programs look at the needs of the 'whole' self (e.g., mental, social and emotional) instead of just at physical needs.
4. I feel that [online/in-person] programs make sure that I have a chance to say what is important to me.
5. I feel that [online/in-person] programs provide enough time for me, so that I do not feel rushed.
6. I feel that [online/in-person] programs explain things in a way that I understand.
7. I feel that through [online/in-person] programs, the program leaders/volunteers/staff make themselves available to me as a resource (i.e. emotional support, information).

Average ratings are presented in Table 13:

| I feel that…. | Online Programs | | I feel that…. | In-Person Programs | |
	Online Only	Both		In-Person Only	Both
Online programs provide a caring atmosphere rather than just giving me information.	6.44	6.32	**In-person programs provide a caring atmosphere rather than just giving me information.**	6.56	6.54
I am treated as an equal, rather than as a patient, while participating in online programs.	6.47	6.51	**I am treated as an equal, rather than as a patient, while participating in in-person programs.**	6.69	6.58

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Online programs look at the needs of the 'whole' self (e.g., mental, social, and emotional) instead of just at physical needs	6.32	6.19	In-person programs look at the needs of the 'whole' self (e.g., mental, social, and emotional) instead of just at physical needs.	6.47	6.48
Online programs make sure I have a chance to say what is important to me.	6.26	6.00	In-person programs make sure I have a chance to say what is important to me.	6.36	6.36
Online programs provide enough time for me, so that I do not feel rushed.	6.27	6.15	In-person programs provide enough time for me, so that I do not feel rushed.	6.32	6.35
Online programs explain things in a way I understand.	6.48	6.31	In-person programs explain things in a way I understand.	6.47	6.55
Through online programs, the program leader's/volunteers/ staff make themselves available to me as a resource (i.e., emotional support, information).	6.26	6.16	Through in-person programs, the program leader's/volunteers/ staff make themselves available to me as a resource (i.e., emotional support, information).	6.37	6.48

Table 13 Measures of Processes of Care Statements and Program Delivery Methods

Overall, in comparing responses for online programs, in almost all circumstances those who participated in programs online only rated the statement higher than those who had taken both program delivery methods. The exception being how individuals felt treated as an equal being rated as slightly higher among those who had taken both methods. For in-person programs, four statements were rated slightly higher by those who participated in both delivery methods, two statements rated higher by those who participated in-person only, and one statement rated equally.

In our qualitative component of the study, members who have taken both online and in-person programs provided tremendous feedback about their experiences with both methods that indirectly touch on many of the MPOC-A questions we included in the quantitative component. Members felt that through participating in in-person programs, they received more direct support and guidance from program leaders and formed more personal relationships with program leaders. This could be similar reasoning for ratings for the last MPOC-A question, 'Through [online/in-person] programs, the program leaders/volunteers/staff make themselves available to me as a resource (i.e., emotional support, information). This may also speak to the statement '[online/in-person] programs provide enough time for me so that I do not feel rushed', and "[online/in-person] programs explain things in a way I understand, in which participants in the qualitative component of the study noted that they felt in-person programs allowed for more opportunity to ask the program leader for instruction and support

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with the activity, as well as the ability to engage with the program leader before and after class time. Qualitative participants also relayed that in their in-person experience, they often felt that the environment was more collaborative and engaging among participants and program leader(s), potentially similar was recollection for the MPOC-A question "[online/in-person] programs provide a caring atmosphere rather than just giving me information." However, with this we cannot concretely say that one method of program delivery is better or provides a better experience. We will further emphasize this from the findings discussed in the next section.

MPOC-A Sum Values

Similar to our methods for the quality-of-life component of this study, we summed all individual rating values for each MPOC-A question with a max score of 7 per question, 49 in total, for online programs, and repeated for in-person programs. However, we recognize that deriving a composite score is not typical for MPOC-A uses in its various forms (Bamm et al., 2015). However, we argue for our purposes it is of value, to better understand differences across each delivery method and how program delivery method could be a predictor of members overall perception of the service they receive at Wellspring Alberta. This allowed for a comparison of total values between those who participated online only, to the ratings of online for those who had taken both methods, and between those who participated in in-person programs only, to the ratings of those who had taken both methods. These MPOC-A sums [MPOCASum] are presented in Table 14 below. Note that as above with Quality of Life, only those respondents who answered all seven statements for the respective delivery method's questions, had their responses summed up to an MPOCASum score. [2]

	Method of Participation	Average MPOCASum
Online Programs	**Online Only**	44.47
	Online (Took Both)	43.80
In-Person Programs	**In Person Only**	45.60
	In Person (Took Both)	45.37

Table 14 Measures of Processes of Care Sum Scores and Program Delivery Methods

Participation in both online and in-person programs was found to be significant in both MPOC-A online sums as well as for MPOC-A in-person sums (p< 0.05) as shown below in Figures 26 and 27.

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Mean Measures of Processes of Care [Adults] Sum and Online Programs Participation
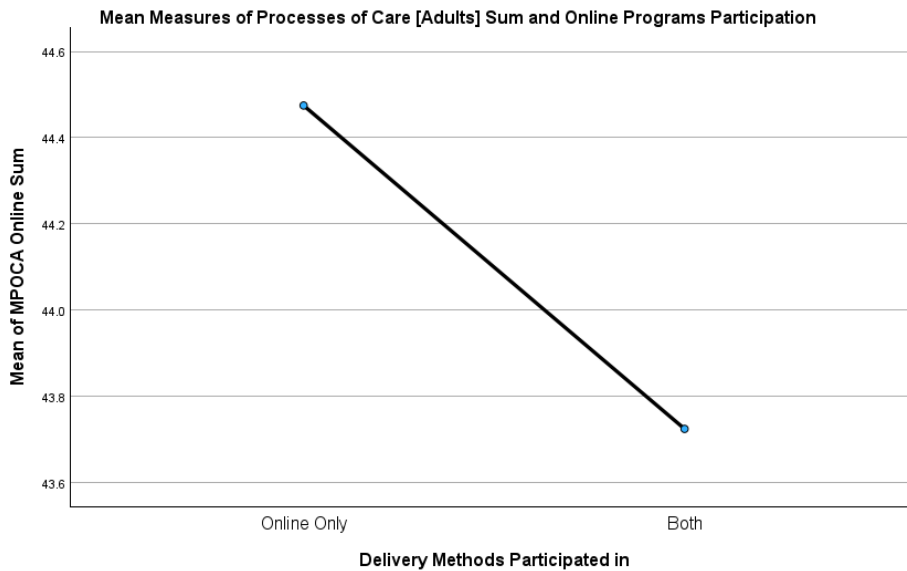
Figure 26 Measures of Processes of Care (Means) Across Online Program Participation

Mean Measures of Processes of Care [Adults] Sum and In-Person Programs Participation
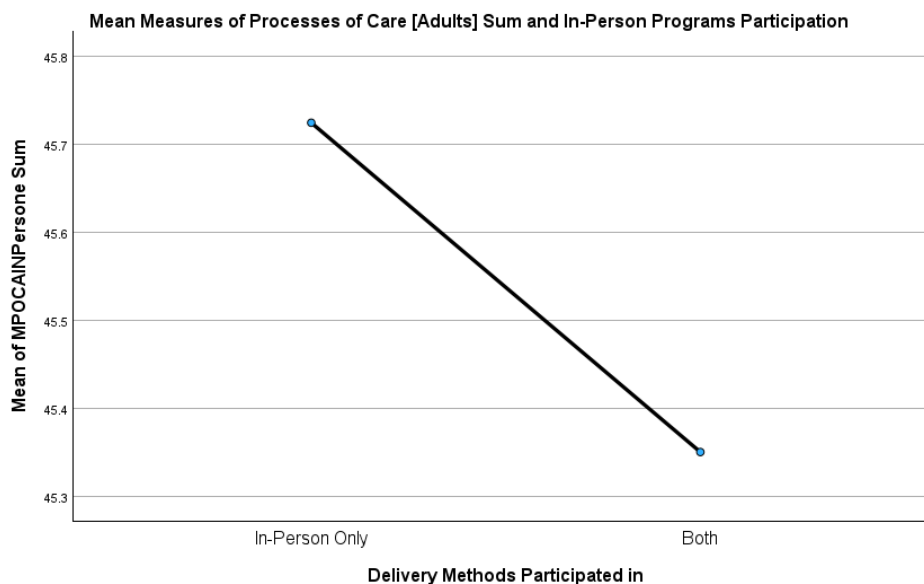
Figure 27 Measures of Processes of Care (Means) Across In-Person Program Participation

MPOC-A Conclusions

Through this section, participants were able to rate their experiences across the method of program delivery they participated in. In the selected MPOC-A statements we noted that while there were slight differences in ratings for online among those who participate online only and those who participate in both methods, and likewise for in-person, these differences were very small. In concluding our MPOC-A analysis we also captured the mode across each statement for program delivery methods. This is presented in Table 15 below.

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Statement and Mode	Online Programs		In-Person Programs	
	Online Only	Both Methods	In-Person Only	Both Methods
[Online/In-Person programs] provide a caring atmosphere rather than just giving me information	7	7	7	7
I am treated as an equal, rather than as a patient, while participating in [online/in-person programs]	7	7	7	7
[Online/In-Person programs] look at the needs of the 'whole' self (e.g., mental, social, and emotional) instead of just at physical needs	7	7	7	7
[Online/In-Person programs] programs make sure I have a chance to say what is important to me	7	7	7	7
[Online/In-Person programs] programs provide enough time for me, so that I do not feel rushed	7	7	7	7
[Online/In-Person programs] programs explain things in a way I understand	7	7	7	7
Through [online/in-person programs] programs, the program leaders/volunteers/staff make themselves available to me as a resource (i.e., emotional support, information)	7	7	7	7

Table 15 Measures of Processes of Care Statement Modes Across Program Delivery Methods

From the above table, in which all the modes are the same, it served as validation in our observations of the small differences in the means of the statements as we observed that there were no significant differences amongst ratings. This outcome of modes also validated the analysis of the MPOCASum values in which program delivery method was found insignificant in the composite score. We thus conclude that in the different aspects of the service and care through programs provided by Wellspring Alberta, there is no significant difference in whether programs are being taken online or in-person.

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Preferences For Program Delivery Method Across Program Pillars

To better understand program delivery method preferences, we asked what method of delivery respondents preferred to take programs through across each pillar (Movement & Meditation, Expressive Arts, Self-Care, Education). For each pillar, respondents were asked to indicate if they preferred to take programs in that pillar online, in-person, if they had no preference, and listed an option for those who do not take programs in that pillar.

In analysis, to avoid bias of those who only take programs online overall, as well as those who only take programs in person, we looked solely at the responses of those who had taken both online and in-person programs, as determined prior in the survey.

Table 16 illustrates the overall response from those who take both online and in-person programs with those who do not take programs in that pillar included, demonstrated as a heat map.

How do you prefer to take programs?	Movement & Meditation	Expressive Arts	Self-Care	Education
I do not take this type of program	11%	31%	19%	9%
I prefer to take this type of program online	39%	12%	35%	45%
I prefer to take this type of program in-person	28%	44%	19%	14%
I have no preference in the delivery method of this program	22%	13%	27%	32%

Table 16 Preferences for Program Delivery Method Across Pillars

Table 16 shows the highest preference for Movement and Meditation, Self-Care, and Education as online, whereas Expressive Arts shows highest preference for in-person. To get a better understanding of delivery preferences across the pillars, we repeated this analysis but removed those individuals who indicated they did not take programs under that pillar. Thus, the following table (Table 17) shows the preferences of respondents who take both online and in-person programs and do take programs within the respective pillar.

How do you prefer to take programs? (Total)	Movement & Meditation	Expressive Arts	Self-Care	Education
I prefer to take this type of program online	44%	17%	44%	50%
I prefer to take this type of program in-person	31%	64%	24%	15%
I have no preference in the delivery method of this program	24%	19%	33%	35%

Table 17 Preferences for Program Delivery Method Across Pillars

In removing those who do not take programs in the pillar, the preference for program delivery method better represents the spread across options of delivery method as shown in Table 17 above. The largest variation exists amongst the spread for the Expressive Arts pillar. This strong preference was mirrored in

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findings from the qualitative component of this study in which discussion of Expressive Arts programming, participants revealed preference for in-person delivery. Reasons for this was the availability of supplies for art when attending in-person and increased guidance and feedback from the program leader.

Preference for Taking Programs by Variables of Interest

Of particular interest to Wellspring Alberta at the organizational level is increasing engagement and participation among certain demographics to increase support for those who are underserved, particularly, men, those in the 18-39 and 40-49 age ranges. Understanding the program delivery method preferences of these cohorts provides tremendous insight to the organization about future design of program scheduling to better meet the needs and preferences of members. The below heat maps (Tables 18 through 26) demonstrate the preferences amongst these respective demographic cohorts. We note that the outreach zones (Southern Alberta, Central Alberta, and Northern Alberta) are also of interest in understanding their program delivery method preferences. However, due to the circumstances of distance to centre's and newer (since March 2023) in-person programs running (in Lethbridge and Red Deer to date), very few respondents from the outreach zones have been able to participate in both online and in-person programs and thus we are unable to obtain insight from the outreach perspective.

How do you prefer to take programs? (Men)	Movement & Meditation	Expressive Arts	Self-Care	Education
I prefer to take this type of program online	40%	9%	15%	14%
I prefer to take this type of program in-person	33%	73%	38%	43%
I have no preference in the delivery method of this program	27%	18%	46%	50%

Table 18 Men's Preferences for Program Delivery Method Across Pillars

For men, the most significant preference is for in-person program delivery for programs in the Expressive Arts pillar.

How do you prefer to take programs? (Calgary)	Movement & Meditation	Expressive Arts	Self-Care	Education
I prefer to take this type of program online	37%	26%	37%	43%
I prefer to take this type of program in-person	39%	71%	24%	16%
I have no preference in the delivery method of this program	24%	16%	39%	41%

Table 19 Calgary Zone Respondents Preferences for Program Delivery Method Across Pillars

For those in the Calgary Zone, the main variation is seen in Expressive Arts, in which most participants prefer to take programs in this pillar online.

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How do you prefer to take programs? (Edmonton)	Movement & Meditation	Expressive Arts	Self-Care	Education
I prefer to take this type of program online	55%	18%	50%	63%
I prefer to take this type of program in-person	19%	53%	21%	5%
I have no preference in the delivery method of this program	26%	29%	29%	33%

Table 20 Edmonton Zone Respondents Preferences for Program Delivery Method Across Pillars

For those in the Edmonton zone, the majority prefer programs online across pillars except the Expressive Arts pillar, where in-person programming is preferred by the majority.

How do you prefer to take programs? (18-39)	Movement & Meditation	Expressive Arts	Self-Care	Education
I prefer to take this type of program online	57%	33%	57%	63%
I prefer to take this type of program in-person	14%	33%	14%	13%
I have no preference in the delivery method of this program	29%	33%	29%	25%

Table 21 Respondents Aged 18-39 Preferences for Program Delivery Method Across Pillars

For those 18-39, the majority prefer online programs across the pillars, except Expressive Arts which saw an even response rate across the three options.

How do you prefer to take programs? (40-49)	Movement & Meditation	Expressive Arts	Self-Care	Education
I prefer to take this type of program online	20%	38%	40%	58%
I prefer to take this type of program in-person	60%	50%	30%	0%
I have no preference in the delivery method of this program	20%	25%	30%	42%

Table 22 Respondents Aged 40-49 Preferences for Program Delivery Method Across Pillars

For those in the 40-49 age range, the majority prefer to take Movement and Meditation, as well as Expressive Arts programs in person, while preferring Self-Care and Education programs online.

How do you prefer to take programs? (50-59)	Movement & Meditation	Expressive Arts	Self-Care	Education
I prefer to take this type of program online	43%	17%	38%	41%
I prefer to take this type of program in-person	24%	63%	19%	18%

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I have no preference in the delivery method of this program	32%	20%	43%	41%

Table 23 Respondents Aged 50-59 Preferences for Program Delivery Method Across Pillars

For those in the 50-59 age range, the majority prefer to take Movement and Meditation online, Expressive Arts programs in person, while having no preference for self-care, and an even split between online and no preference for Education programs.

How do you prefer to take programs? (60-69)	Movement & Meditation	Expressive Arts	Self-Care	Education
I prefer to take this type of program online	47%	22%	47%	54%
I prefer to take this type of program in-person	34%	69%	33%	21%
I have no preference in the delivery method of this program	19%	8%	21%	25%

Table 24 Respondents Aged 60-69 Preferences for Program Delivery Method Across Pillars

Those 60-69 years of age, prefer to take programs online across pillars, except participating in Expressive Arts programs in-person.

How do you prefer to take programs? (70-79)	Movement & Meditation	Expressive Arts	Self-Care	Education
I prefer to take this type of program online	43%	0%	41%	45%
I prefer to take this type of program in-person	32%	72%	19%	11%
I have no preference in the delivery method of this program	24%	28%	41%	45%

Table 25 Respondents Aged 70-79 Preferences for Program Delivery Method Across Pillars

Those 70-79 years of age prefer online for Movement and Meditation programs, online for Expressive Arts, and split between online and no preference for Self-Care and Education programs, respectively.

How do you prefer to take programs? (80-89)	Movement & Meditation	Expressive Arts	Self-Care	Education
I prefer to take this type of program online	66%	50%	100%	100%
I prefer to take this type of program in-person	0%	50%	0%	0%
I have no preference in the delivery method of this program	33%	0%	0%	0%

Table 26 Respondents Aged 80-89 Preferences for Program Delivery Method Across Pillars

For those in the 80-89 age range (3 people), preference was for online programs across the pillars, except Expressive Arts, where preference for online and in-person is split.

Across the pillars, Expressive Arts is dominated by the preference for in-person programming, whereas there is strong preference for online (and sometimes a split between no preference and online) across the other variables for the pillars. An exception to this is among the 40-49 age range who prefer Movement and Meditation programs in-person.

What Factors Shape Program Participation Decisions?

A component of the study design was to understand or determine if any factors influenced the decision to take programs. We hypothesized that factors such as time of day, day of week, program delivery method, and the program leader could be important to members based on prior organizational data and knowledge of members' experiences.[7] Overall, respondents rated these factors as follows:

1. **Program Delivery Method**
2. **Time of Day**
3. **Day of Week**
4. **Program Leader**

Isolating across VOI the only difference in ranking occurred in the 60-69 age group, and among those who identified as patients in which both cohorts' rankings had tied program delivery method and time of day as first.

We then looked at rankings for only those respondents who had taken both methods of program delivery. Overall, this cohort had the same ranking order (1. Program delivery method 2. Time of Day 3. Day of Week 4. Program Leader). Analysis by VOI revealed that for those who took both program delivery methods in approximately 70% of the variable subcategories the ranking followed the same order, (1. Program delivery method 2. Time of Day 3. Day of Week 4. Program Leader). In the other 30% all had a ranked order in which program delivery method and time of day were tied for first, followed by day of week, and program leader.

Looking at the means to further understand the range across rankings, between program delivery method and time of day in every scenario the difference between the two means (time of day and program delivery method) were often tenths and in some cases hundredths of a decimal apart. From these findings we can conclude that the program delivery method and time of day are primary factors of importance that may shape a Wellspring Alberta member's choice to participate in a program, perhaps more so than day of week or who the program leader may be. However, we note that this is limited in that there are countless other factors and scenarios that can go into one's decision to register for programs or not.

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[7] For example, many members want programs at certain times of day or days of week that best align with their schedule. Members may consistently take programs with a specific program leader as they form bonds and feelings of comfort and familiarity.

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What Barriers Do Those Who Participate in Programs Face?

To determine barriers faced by those participating in programs, respondents were presented with a list of ten potential barriers as presented in Table 27 and asked to select which of those they had faced.

Barrier	Total n = 263
Language barriers	9%
Unable to visit the house/centre in-person	36%
Unable to access programs online	8%
Lack of program variety available online	18%
Lack of program variety available in-person	19%
Lack of programs offered outside of business hours (i.e. evenings and weekends)	17%
Emotional barriers (i.e. fear, anxiety, social anxiety)	8%
Programs and services were not offered in a way that was aligned with my cultural practices and norms	1%
I did not connect with the visible culture of Wellspring Alberta	8%
I do not recall	20%

Table 27 Barriers Identified Among Program Participants

Overall respondents identified that being unable to visit the house/centre in-person was the biggest barrier. Among other common barriers were the lack of program variety online, lack of program variety in-person, and the lack of programs offered outside of business hours. Findings resemble some of the common barriers that were identified in the qualitative component of the study in that members noted being unable to come to the house/centre was a big barrier, as well as the lack of programs outside of business hours as a large barrier.

What Barriers Exist Across Variables of Interest?

We further wanted to identify what barriers were faced among different VOI. Each variable and associated barriers are presented in the heat maps below (Table 28 through 33).

Barriers by Zone	Calgary n = 148	Edmonton n = 69	Southern AB n = 21	Central AB n = 11	Northern AB n = 6
Language barriers	9%	7%	8%	18%	0%
Unable to visit the house/centre in-person	27%	38%	67%	64%	83%
Unable to access programs online	7%	10%	17%	0%	0%
Lack of program variety available online	15%	26%	25%	17%	17%
Lack of program variety available in-person	25%	13%	25%	0%	0%

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Lack of programs offered outside of business hours (i.e. evenings and weekends)	15%	25%	17%	8%	33%
Emotional barriers (i.e. fear, anxiety, social anxiety)	5%	13%	17%	0%	0%
Programs and services were not offered in a way that was aligned with my cultural practices and norms	1%	1%	0%	8%	8%
I did not connect with the visible culture of Wellspring Alberta	10%	4%	17%	0%	17%
I do not recall	22%	20%	17%	17%	0%

Table 28 Barriers Identified Amongst Program Participants by Zone

By zone, the biggest barrier identified was the inability to visit the house/centre in-person. While we anticipate this as a large barrier, particularly in outreach zones, it is still a tremendous barrier within each city where Wellspring Alberta centre's are located. This presents as a barrier across the province and speaks to the significance of online programs to provide access to those unable to participate in-person.

Other common barriers included the lack of program variety in-person and online respectively, and the lack of programs outside of business hours. A handful of respondents, most notably from Southern AB, reported the inability to access programs online as a barrier.

Other barriers such as emotional barriers were highest in Southern AB, followed by Edmonton, as well, not connecting with the visible culture of Wellspring Alberta was reported by all zones except Central AB. Central AB reported facing language barriers, as well as the highest rates (along with Northern AB) of programs not being in line with cultural practices or beliefs.

Barriers by Gender	Men _n = 33_	Women _n = 227_	Non-Binary _n = 1_	Prefer not to Specify _n = 2_
Language barriers	3%	10%	0%	0%
Unable to visit the house/centre in-person	15%	39%	0%	50%
Unable to access programs online	3%	9%	0%	0%
Lack of program variety available online	15%	19%	0%	50%
Lack of program variety available in-person	18%	19%	0%	0%
Lack of programs offered outside of business hours (i.e. evenings and weekends)	9%	18%	100%	50%
Emotional barriers (i.e. fear, anxiety, social anxiety)	3%	8%	0%	50%

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Programs and services were not offered in a way that was aligned with my cultural practices and norms	0%	1%	0%	0%
I did not connect with the visible culture of Wellspring Alberta	12%	7%	0%	0%
I do not recall	39%	17%	0%	0%

Table 29 Barriers Identified Amongst Program Participants by Gender

By gender, the largest reported barrier amongst men was the lack of program variety in-person, and the inability to visit the house/centre in-person for women. Both men and women reported barriers of inability to visit the house/centre in-person, lack of program variety for online and in-person programs respectively, and a lack of programs outside of business hours (higher amongst women).

Among non-binary and those that preferred not to specify gender, the biggest barriers identified included the lack of programs outside of business hours, emotional barriers, the lack of program variety of online programs, and unable to visit the centre in-person.

Barriers by Age Range	18-39 n = 17	40-49 n = 36	50-59 n = 73	60-69 n = 83	70-79 n = 51	80-89 n = 3
Language barriers	6%	11%	7%	13%	2%	33%
Unable to visit the house/centre in-person	41%	56%	37%	30%	29%	0%
Unable to access programs online	0%	6%	8%	8%	12%	0%
Lack of program variety available online	18%	17%	18%	24%	12%	0%
Lack of program variety available in-person	24%	17%	21%	16%	22%	0%
Lack of programs offered outside of business hours (i.e. evenings and weekends)	41%	28%	25%	11%	4%	0%
Emotional barriers (i.e. fear, anxiety, social anxiety)	18%	14%	4%	8%	6%	0%
Programs and services were not offered in a way that was aligned with my cultural practices and norms	0%	3%	0%	1%	2%	0%
I did not connect with the visible culture of Wellspring Alberta	1%	6%	7%	7%	10%	33%
I do not recall	1%	19%	18%	19%	25%	33%

Table 30 Barriers Amongst Program Participants by Age Range

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By age range the most common reported barrier is being unable to visit the centre in-person, the lack of programs outside of business hours (highest among the 18-39 age range), the lack of program variety in-person, and lack of program variety online.

The lack of programs available outside of business hours is highest reported among the young adult age range and decreases as age range increases. Feeling unable to connect to the visible culture of Wellspring Alberta increases as the age range increases, as does the inability to access programs online.

Barriers by Member Type	Patient n = 98	Survivor n = 125	Caregiver n = 26	Bereaved n = 14
Language barriers	8%	10%	4%	14%
Unable to visit the house/centre in-person	40%	38%	23%	14%
Unable to access programs online	6%	11%	0%	7%
Lack of program variety available online	21%	18%	4%	21%
Lack of program variety available in-person	19%	17%	19%	29%
Lack of programs offered outside of business hours (i.e. evenings and weekends)	16%	19%	15%	14%
Emotional barriers (i.e. fear, anxiety, social anxiety)	7%	8%	4%	14%
Programs and services were not offered in a way that was aligned with my cultural practices and norms	1%	1%	4%	0%
I did not connect with the visible culture of Wellspring Alberta	8%	7%	8%	14%
I do not recall	18%	19%	31%	14%

Table 31 Barriers Amongst Program Participants by Wellspring Alberta Member Type

Across patients, survivors, and caregivers the most noted barrier is the inability to visit the centre in-person. The most noted barrier amongst those bereaved was the lack of program variety in-person.

Lack of programs outside of business hours was reported across all member types. Survivors had the highest rate of inability to access programs online, whereas patients, survivors and bereaved noted the lack of program variety online as a barrier, which was much less reported amongst caregivers. Emotional barriers were reported highest amongst those bereaved.

Barries by Diverse Demographic Group	Total (Diverse Demographic Groups) n = 34	Persons of Colour n = 15	Indigenous n = 5	New Arrival to Canada n = 2	LGBTQ 2IA2S+ n = 5	Prefer not to Specify n = 7
Language barriers	18%	20%	20%	50%	20%	0%
Unable to visit the house/centre in-person	38%	27%	60%	100%	0%	57%
Unable to access programs online	12%	13%	40%	0%	0%	0%

Lack of program variety available online	29%	33%	40%	0%	20%	29%
Lack of program variety available in-person	12%	13%	20%	0%	0%	14%
Lack of programs offered outside of business hours (i.e. evenings and weekends)	18%	20%	40%	0%	20%	0%
Emotional barriers (i.e fear, anxiety, social anxiety)	3%	0%	20%	0%	0%	0%
Programs and services were not offered in a way that was aligned with my cultural practices and norms	3%	7%	0%	0%	0%	0%
I did not connect with the visible culture of Wellspring Alberta	3%	0%	20%	0%	0%	0%
I do not recall	18%	20%	0%	0%	40%	0%

Table 32 Barriers Identified Amongst Program Participants by Diverse Demographic Group

Across diverse demographic groups, the highest reported barriers included being unable to visit the house/centre in-person, lack of program variety available online, language barriers, and the lack of programs offered outside of business hours. Other barriers faced included inability to access programs online, the lack of program variety in-person, and a small portion of respondents identifying emotional barriers, programs not being offered in ways that align with cultural practices or norms, and not connecting with the visible culture of Wellspring Alberta.

Emotional barriers and not connecting with the visible culture of Wellspring Alberta was highest among Indigenous respondents. Language barriers were identified highest across new arrivals to Canada, and programs and services not aligning with cultural norms and values was identified among persons of colour.

Barrier by Primary Language (Other than English)	Total (non – English Languages) n = 19	French n = 4	Cantonese n = 5	Spanish n = 2	Other n = 8
Language barriers	21%	25%	20%	0%	25%
Unable to visit the house/centre in-person	32%	0%	20%	100%	38%
Unable to access programs online	0%	0%	0%	0%	0%

Lack of program variety available online	16%	25%	20%	0%	13%
Lack of program variety available in-person	5%	0%	0%	0%	13%
Lack of programs offered outside of business hours (i.e. evenings and weekends)	5%	0%	20%	0%	0%
Emotional barriers (i.e. fear, anxiety, social anxiety)	0%	0%	0%	0%	0%
Programs and services were not offered in a way that was aligned with my cultural practices and norms	5%	0%	20%	0%	0%
I did not connect with the visible culture of Wellspring Alberta	21%	25%	0%	0%	38%
I do not recall	16%	25%	40%	0%	0%

Table 33 Barriers Identified Amongst Program Participants by Primary Language Other Than English

Among those whose primary language of use was not English, the largest identified barrier was being unable to visit the house/centre in-person, followed by language barriers, and not connecting with the visible culture of Wellspring Alberta.

How Do Those Who Never Took Programs Recall Interacting with Wellspring Alberta?

Of interest to this study was to capture the experiences of Wellspring Alberta members who signed up with the organization but did not participate in any programs. We sought to better understand their experiences with new member processes, support received, and barriers faced to improve new member experiences for more seamless integration in the Wellspring Alberta community, and to ensure appropriate support for new members navigating the program processes and systems.

Initial Interactions at Registration

Figure 28 New Member Wellspring Alberta Support - Participants Who Did Not Take Programs

As illustrated in Figure 28, the majority of respondents indicated recollection of receiving a welcome call or welcome email, with just over 20% having participated in a tour of one of the houses/centres.

Do You Feel You Received Enough Information About Wellspring Alberta?

Figure 29 New Member Wellspring Alberta Evaluation of Support Received- Participants Who Did Not Take Programs
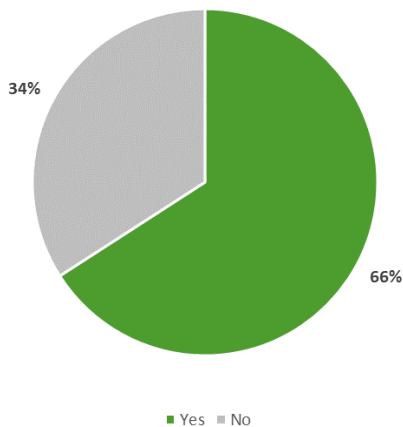
Overall, Figure 29 illustrates that respondents felt that they had received enough information upon becoming a new member to navigate the organization's programs and services.
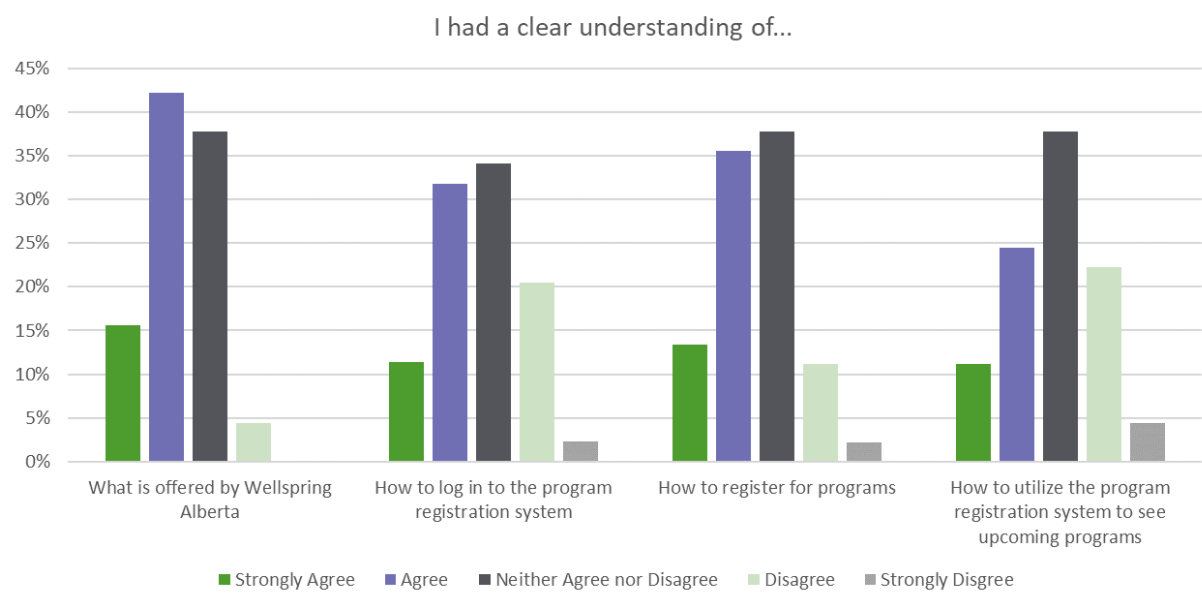
Figure 30 New Member Wellspring Alberta Understanding of Program Processes/Systems - Participants Who Did Not Take Programs

Overall, respondents primarily fell between agreement and neutrality on their understanding of different components of program knowledge, registration and navigation (see Figure 30 above).

Comparing the agreement/neutrality of these scale questions to the 'yes/no' of the question if members felt they had received enough information demonstrates potential uncertainty once thinking more about specific components of Wellspring Alberta/navigating programs. This is a potential opportunity for the organization going forward to increase support and information available to new members to be better equipped to navigate systems and processes.

What Barriers at Wellspring Alberta Did Those Who Never Took Programs Face?

Barriers	Total n = 45
Overwhelmed with information and forgot to connect	20%
Language Barriers	2%
Unable to visit the house/centre in-person	40%
Unable to access programs online	13%
Emotional barriers (i.e. fear, anxiety, social anxiety)	24%
Programs were not offered at a time that suited my schedule	31%

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I did not see myself having time to participate in programs	22%
I could not identify programs that fit my needs	36%
Programs and services were not offered in a way that was aligned with my cultural practices and norms	7%
I did not connect with the visible culture of Wellspring Alberta	2%
I did not feel that Wellspring Alberta was a culturally/emotionally safe space	2%
I do not recall	9%

Table 34 Barriers Identified by Respondents Who Did Not Participate in Programs

Overall, respondents who did not take programs recorded instances of barriers faced across all of the presented options as shown in Table 33. The highest reported barriers included being unable to visit the house/centre in-person, not being able to identify the programs that fit their needs, programs not offered at times convenient with their schedule, emotional barriers, feeling that they did not have time to participates in programs as well as being overwhelmed with information and forgetting to connect with Wellspring Alberta. Tables 35 through 40 below demonstrate barriers among those who did not take programs by VOI.

Barriers by Zone	**Calgary** n = 26	**Edmonton** n = 13	**Southern AB** n = 5	**Central AB** n = 3
Overwhelmed with information and forgot to connect	21%	18%	50%	0%
Language Barriers	0%	9%	0%	0%
Unable to visit the house/centre in-person	46%	27%	75%	33%
Unable to access programs online	13%	18%	0%	33%
Emotional barriers (i.e. fear, anxiety, social anxiety)	29%	27%	25%	0%
Programs were not offered at a time that suited my schedule	25%	64%	25%	0%
I did not see myself having time to participate in programs	33%	9%	0%	0%
I could not identify programs that fit my needs	42%	27%	25%	33%
Programs and services were not offered in a way that was aligned with my cultural practices and norms	8%	9%	0%	0%

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I did not connect with the visible culture of Wellspring Alberta	4%	0%	0%	0%
I did not feel that Wellspring Alberta was a culturally/emotionally safe space	0%	0%	0%	0%
I do not recall	8%	18%	0%	0%

Table 35 Barriers Identified by Respondents Who Did Not Participate in Programs by Zone

By zone (see Table 35 above), those who did not take programs identified the inability to visit the house/centre in-person as the biggest barrier with the exception of Edmonton. Edmonton based respondents identified programs not being offered at a convenient time for their schedule as the biggest barrier. In the Calgary zone, common barriers included not identifying programs that could meet needs (which was a common barrier across all zones). In Southern Alberta, a large barrier was feeling overwhelmed with information and forgetting to connect with the organization. In Central Alberta, barriers included being unable to visit the house/centre in-person, inability to access programs online, and not being able to identify programs that fit needs. For Northern Alberta, n = 0. There were no respondents to the survey who had not taken programs from the Northern Alberta zone.

Barriers by Gender	Men n = 9	Women n = 35	Prefer not to specify n = 1
Overwhelmed with information and forgot to connect	0%	26%	0%
Language Barriers	0%	3%	0%
Unable to visit the house/centre in-person	44%	40%	0%
Unable to access programs online	22%	11%	0%
Emotional barriers (i.e. fear, anxiety, social anxiety)	22%	26%	0%
Programs were not offered at a time that suited my schedule	11%	37%	0%
I did not see myself having time to participate in programs	33%	20%	0%
I could not identify programs that fit my needs	56%	31%	0%
Programs and services were not offered in a way that was aligned with my cultural practices and norms	11%	6%	0%
I did not connect with the visible culture of Wellspring Alberta	0%	3%	0%
I did not feel that Wellspring Alberta was a culturally/emotionally safe space	0%	3%	0%
I do not recall	0%	9%	100%

Table 36 Barriers Identified by Respondents Who Did Not Participate in Programs by Gender

The biggest barriers identified by men (see Table 36 above) included not identifying programs to best fit needs, being unable to visit the house/centre in-person, and not seeing oneself as having time to participate in programs. For women, the biggest barriers identified included not being able to visit the

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house/centre in-person, programs not offered at a time that suited one's schedule, and not identifying programs that would fit needs.

Barriers by Age Range	18-39 n = 3	40-49 n = 4	50-59 n = 7	60-69 n = 15	70-79 n = 13	Prefer not to specify n = 1
Overwhelmed with information and forgot to connect	67%	75%	43%	7%	0%	0%
Language Barriers	33%	0%	0%	0%	0%	0%
Unable to visit the house/centre in-person	67%	25%	43%	47%	31%	0%
Unable to access programs online	33%	0%	0%	0%	31%	0%
Emotional barriers (i.e. fear, anxiety, social anxiety)	33%	0%	29%	20%	31%	0%
Programs were not offered at a time that suited my schedule	67%	50%	29%	27%	23%	0%
I did not see myself having time to participate in programs	33%	25%	29%	20%	23%	0%
I could not identify programs that fit my needs	0%	25%	71%	33%	38%	0%
Programs and services were not offered in a way that was aligned with my cultural practices and norms	33%	0%	0%	7%	8%	0%
I did not connect with the visible culture of Wellspring Alberta	0%	0%	0%	7%	0%	0%
I did not feel that Wellspring Alberta was a culturally/emotionally safe space	0%	0%	14%	0%	0%	0%
I do not recall	0%	0%	0%	7%	15%	100%

Table 37 Barriers Identified by Respondents Who Did Not Participate in Programs by Age Range

Across the 18-39 age ranges (see Table 37), the biggest barriers identified included being overwhelmed with information and forgetting to connect, inability to visit the house/centre in-person, and programs not being offered at a time that suited the individual's schedule. Major barriers identified by those in the 40-49 age range included being overwhelmed with information, and programs not being offered at a time that would suit their schedule. Those in the 50-59 age range reported that a big barrier was being unable to identify programs that would best suit their needs. Inability to visit the house/centre in-person was noted as a large barrier among those in the 60-69 age range, and not being able to identify a program that would suit their needs was noted as the largest barrier among the 70-79 age range.

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Barriers by Member Type	Patient n = 24	Survivor n = 14	Caregiver n = 2	Bereaved n = 5
Overwhelmed with information and forgot to connect	25%	7%	50%	20%
Language Barriers	0%	0%	0%	20%
Unable to visit the house/centre in-person	29%	57%	0%	60%
Unable to access programs online	13%	7%	0%	40%
Emotional barriers (i.e. fear, anxiety, social anxiety)	29%	21%	0%	20%
Programs were not offered at a time that suited my schedule	21%	43%	0%	60%
I did not see myself having time to participate in programs	29%	21%	0%	0%
I could not identify programs that fit my needs	38%	43%	0%	20%
Programs and services were not offered in a way that was aligned with my cultural practices and norms	4%	7%	0%	20%
I did not connect with the visible culture of Wellspring Alberta	0%	7%	0%	0%
I did not feel that Wellspring Alberta was a culturally/emotionally safe space	4%	0%	0%	0%
I do not recall	4%	7%	50%	20%

Table 38 Barriers Identified by Respondents Who Did Not Participate in Programs by Wellspring Alberta Member Type

Across member types (Table 38), patients' biggest barriers included not identifying programs that would fit their needs as the most common barrier, followed by not seeing oneself as having time to participate, emotional barriers, and being unable to visit the house/centre in-person. For survivors, the most common reported barriers included inability to visit the house/centre in-person, not being able to identify programs that would fit their needs, and emotional barriers. Other common barriers included being overwhelmed with information, programs not offered at a time that suited schedule and inability to access programs online. Among caregivers, the largest identified barrier was being overwhelmed with information and forgetting to connect. Among those bereaved, the most significant barriers were the inability to visit the house/centre in-person and programs not offered at a time that suited the individual's schedule. Other common barriers faced by those bereaved included emotional barriers, programs not in line with cultural practices and norms, overwhelmed with information and forgetting to connect, language and emotional barriers, and not identifying programs that best fit needs.

Barries by Diverse Demographic Group	Total n = 8	Person of Colour n = 2	Other n = 3	Prefer not to specify n = 3
Overwhelmed with information and forgot to connect	25%	0%	0%	67%
Language Barriers	13%	50%	0%	0%

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Unable to visit the house/centre in-person	13%	50%	0%	0%
Unable to access programs online	13%	50%	0%	0%
Emotional barriers (i.e fear, anxiety, social anxiety)	25%	0%	33%	33%
Programs were not offered at a time that suited my schedule	13%	50%	0%	0%
I did not see myself having time to participate in programs	13%	0%	33%	0%
I could not identify programs that fit my needs	25%	50%	33%	0%
Programs and services were not offered in a way that was aligned with my cultural practices and norms	25%	50%	33%	0%
I did not connect with the visible culture of Wellspring Alberta	0%	0%	0%	0%
I did not feel that Wellspring Alberta was a culturally/emotionally safe space	0%	0%	0%	0%
I do not recall	38%	0%	67%	33%

Table 39 Barriers Identified by Respondents Who Did Not Participate in Programs by Diverse Demographic Group

Among diverse demographic groups (Table 39), respondents reported facing barriers including feeling overwhelmed with information and forgetting to connect, emotional barriers, not identifying programs that would fit needs, and programs and services not being aligned with cultural practices and norms as the biggest barriers. Other barriers included language barriers, the inability to visit the house/centre in-person, inability to access programs online, as well as programs not offered at times convenient to individuals scheduling, and individuals reporting they felt they did not see themselves having time to participate in programs.

Barriers by Language (other than English)	Other n = 1
Overwhelmed with information and forgot to connect	0%
Language Barriers	100%
Unable to visit the house/centre in-person	100%
Unable to access programs online	100%
Emotional barriers (i.e. fear, anxiety, social anxiety)	0%
Programs were not offered at a time that suited my schedule	100%
I did not see myself having time to participate in programs	0%
I could not identify programs that fit my needs	0%

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Programs and services were not offered in a way that was aligned with my cultural practices and norms	100%
I did not connect with the visible culture of Wellspring Alberta	0%
I did not feel that Wellspring Alberta was a culturally/emotionally safe space	0%
I do not recall	0%

Table 40 Barriers Identified by Respondents Who Did Not Participate in Programs by Primary Language (Other than English)

Only one individual who had not taken programs did not identify English as their primary language. The individual faced barriers including language barriers, being unable to visit the house/centre in-person, inability to access programs online, as well as programs not offered at a time that suited their schedule and programs not aligning with cultural practices/norms as illustrated in Table 40 above.

Comparing Barriers Between Those Who Take Programs and Those Who Do Not

Understanding the barriers faced by members allows Wellspring Alberta to find ways to improve processes, to ensure that barriers to accessing programs and services are reduced. Analysis showed that the most common barrier faced among members at Wellspring Alberta, regardless of whether they had participated in programs or not, was the inability to visit a house/centre in-person. This is quite consistent between the two groups regardless of VOI as the highest reported barrier. This is also consistent with our qualitative findings where members expressed the inability to come to a house/centre was a barrier to accessing Wellspring Alberta.

Part B: Qualitative Study Findings

Overview

Qualitative study findings were categorized into five major groups in accordance with the progression of the data collection processes, completion of the online survey and putting comments from the quantitative section (the survey) into the qualitative data analysis software, Atlas.ti., for coding and data analysis purposes. These five categories of the qualitative dataset include: (1) program takers part one, (2) program takers part two, (3) Outreach program takers, (4) non-program takers, and finally, (5) Survey comments from online anonymous survey (descriptive section of data). Thematic analysis of all these sets of data has been completed using Atlas.ti generated codes and quotations. Major themes on grounded qualitative data have been visualized through network analyses and code-co-occurrence Sankey diagrams. Analysis of these data helps the research team compare these different datasets and provide an overarching statement or conclusion on the overall study findings.

This part of the research report has been divided into several major sections and subsections to provide details on the key findings of the qualitative data collected for this research study using both semi-structured interviews and focus group discussions as well as survey comments exerted from the online anonymous survey.

First, this section will provide the readers an overarching overview of findings based on the analysis of each of these five qualitative datasets. Then, a more detailed analysis of different major findings with examples (i.e., representative quotations) and figures will be presented.

Program Takers Part One

Program taker's part one encompasses a total of 24 members of Wellspring Alberta in three focus group discussions and 11 semi-structured interviews. In terms of gender, among these 25 participants were 17 women, 6 men, and 1 other category (non-binary gender identification). Racially and ethnically, majority of these participants are white, some are with Southeast Asian backgrounds. Geographically, most of these people live in urban and suburban areas of Calgary and Edmonton (as classified by Zones in Appendix C).

In general, participants feel grateful for the support and resources provided by Wellspring Alberta, as well as the sense of belonging and community they found through the organization. They appreciate the range of programs available, including art, music, exercise, meditation, and support groups, which have positively impacted various aspects of their lives. Participants also emphasize the importance of accessibility, both in terms of physical space and accommodating individuals with disabilities or language barriers. Overall, participants believe that Wellspring Alberta plays a vital role in the well-being and quality of life for individuals affected by cancer and hope that the organization can reach and support an even broader audience with continued improvements in accessibility and visibility.

Program Takers Part Two

Program takers' part two entails a total of 15 members of Wellspring Alberta in one focus group discussion and 8 semi-structured interviews. In terms of gender, among these 15 participants, were 12 women and 3 men.

In summary, participants in program taker's part two found Wellspring Alberta to be a valuable source of support and connection during their cancer journey. They appreciated the online programs and virtual support groups, especially for those unable to attend in-person. Participants discussed their experiences, challenges, and suggestions for improvement at Wellspring. They expressed gratitude for the positive impact of the programs and praised the organization for its inclusive and welcoming environment. Preferences for online or in-person programs varied based on individual needs. Some barriers to joining in-person programs were mentioned, such as distance and COVID-19 concerns. Family and friends often struggled to understand their experience, leading to feelings of disconnection. Overall, Wellspring Alberta is highly regarded as a vital and valuable resource for cancer patients and their families.

Outreach Program Takers

This cohort includes a total of 9 participants. Among them, 7 participants were women, and 2 participants were men. They were from outside of urban centers, from remote parts of Alberta (classified as Southern, Central, or Northern Alberta). Participants in this part of the study praised the Wellspring Alberta outreach program for its equal opportunities and efforts to address accessibility barriers. They emphasized the importance of equal participation, more resources and funding, and the integration of online and in-person activities. Participants shared their positive experiences with various programs such as art workshops, creative writing, yoga, meditation, and learning sessions. They appreciated the diverse programs, intellectual stimulation, and support from peers. Caregivers also benefitted from Wellspring Alberta, with programs available to support them. Participants found Wellspring Alberta to be a valuable resource in their cancer journey, providing support, community, and opportunities for personal growth.

However, participants faced challenges and limitations with technology, such as limited Wi-Fi access and outdated devices. Personal assistance and support from Wellspring Alberta members and admins were sometimes necessary. In-person programs had the benefit of direct contact but came with costs and physical limitations. Outreach members recommended group sessions to help with technological barriers. Other challenges included limited program options, high travel costs, and limited resources for supplies. There was also concern about reducing online programs. Cancer Connect programs were seen as valuable in rural areas, filling a need for support.

Recommendations to improve the outreach experience included increasing contact with members, expansion to other rural areas, and engaging with Indigenous communities. Advertising and connecting with healthcare providers were also seen as opportunities to increase Wellspring Alberta's presence in outreach areas.

To enhance visibility and connect with other organizations, Wellspring Alberta should advertise more and make connections in the cancer community. Continuation of courses is important, and a mix of in-person and online programs should be offered. Pamphlets should be distributed at cancer clinics and events, and personal invitations should be utilized.

More outreach programs should be run in Northern Alberta and other communities to increase access to support and resources. Addressing language barriers and increasing awareness and diversity in programming are crucial. Additional workshops and advertising in medical and educational communities are suggested for growth and recruitment. Feedback from program leaders should be considered to improve and expand Wellspring Alberta. In five years, Wellspring Alberta should have increased support and options in Northern Alberta and be recognized by health authorities. Its uniqueness lies in the shared understanding among participants and the immediate support it provides. Wellspring Alberta enriches lives, builds confidence, and provides validation for individuals going through cancer journeys.

Non-Program Takers

A total of five members— those who have not taken any programs with Wellspring Alberta—participated in a semi-structured focus group discussion or an interview, 4 women and 1 man participated in the FGD and expressed gratitude for the support they received from Wellspring Alberta and emphasized the positive impact of the programs. They discussed the importance of community and social connections during their cancer journey. Some participants faced challenges accessing online programs, deterring participation, while others appreciated the flexibility that online programs could offer. There was a request for more support and education for family members. Participants suggested various ways to increase awareness and visibility of Wellspring Alberta, including partnerships with other organizations and targeted advertising in healthcare offices and community centers. There was also a call for continued funding and expansion of Wellspring Alberta's services. The importance of reliable information and protection against exploitation[8] was highlighted. Overall, the participants found Wellspring Alberta to be a valuable resource and expressed their willingness to refer others to the organization and engage with the organization in the future. Reasons for not participating, which are explored further in this report below, included feeling overwhelmed with information and forgetting to connect with Wellspring after hearing about it, trouble identifying or understanding the extent of programming and how this could

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[8] Such as internet advertisements, unreliable and misleading information about medical treatments, assistance devices (i.e prosthetics).

meet needs. Participants also noted feeling supported in other avenues (family, friends, community groups) and felt they did not need the support of Wellspring.

Survey Comments

Those who participated in the online anonymous survey had an opportunity to respond briefly to several open-ended questions. For those who participated in programs, central to these questions was to know about members' experiences and perspectives about the benefits and limitations of in-person vs. online program delivery methods, as well as the feedback of both those who did and did not participate in programs in how Wellspring Alberta can reach more communities, and what else the organization can do to improve its programs or services. On average, for those who took programs, about 210 members responded to these questions, above 85% respondents are women and majority of these respondents were from the Calgary/Edmonton zones. About 30 members who have signed up with Wellspring Alberta but did not take any programs also responded to some open-ended questions and most of the respondents were women and were from Calgary/Edmonton zones. All responses to open-ended questions collected through QuestionPro were coded and analyzed using Atlas.ti 23 to produce major themes and quotations.

Participants appreciate the convenience and accessibility of online programs, but some prefer the social interaction and personal connection of in-person programs. Key suggestions for improvement include increasing program availability outside of regular business hours, targeting medical clinics and hospitals for advertising, and offering more diverse program options. Participants express gratitude for the support and impact of Wellspring Alberta, but also suggest improvements in the program registration process and visibility. Overall, there is a strong appreciation for the services provided by Wellspring Alberta and a desire to continue benefiting from their programs.

Data Presentations and Discussions: Thematic Analysis

How and Why Did Members Join Wellspring Alberta?

Qualitative data extracted from five categories outlined earlier show that participants in Wellspring Alberta programs joined the organization for various reasons, such as personal experience with cancer, recommendations from friends or healthcare professionals, seeking emotional support and resources, exercise programs after surgery, finding information online, and wanting to connect with a community of people going through similar experiences. Many participants are caregivers or have family members who have gone through treatment at Wellspring Alberta (see Figure 28 below).

> "My husband was diagnosed with cancer. A friend of mine who had already gone through treatment and knew about Wellspring Alberta told me about your organization." – Melinda (Interview)

Figure 311 Reasons for Joining Wellspring Alberta

Participants appreciate the accessibility and availability of Wellspring Alberta's programs, both in-person and online. They first heard about Wellspring Alberta through doctors, oncologists, posters in hospitals, and recommendations from friends and family. COVID-19 has also played a role in participants seeking support from Wellspring Alberta. Nurses and healthcare professionals recommending Wellspring Alberta are seen as crucial in increasing awareness and participation. Participants value the ease of access to programs, the affordability, and the ability to register conveniently. Technology proficiency is important for participating in online programs, and participants appreciate recordings of sessions. Word of mouth from friends and family who have benefited from Wellspring Alberta is a common way that participants learn about the program (see Figure 32).

> "I come from a medical background where I was on the side of treating people. And so, I always knew what psychosocial support was about. My father was in Switzerland, in a similar organization to Wellspring there, so I grew up into that. And so, when I heard about Wellspring Alberta, I said I am going to go there and ask about volunteering." - Harry (Interview)

> "Wellspring Alberta is providing a great service to the community, offering a number of excellent programs for members to choose from."- Survey Respondent

Figure 32 How Members Connected with Wellspring Alberta

Participants appreciate the variety of programs offered, both in-person and online, and find them beneficial in providing support and structure during their cancer journey. They also express gratitude for the inclusive and accessible nature of Wellspring Alberta's programs, with options for different interests and abilities. Some participants mention challenges with program registration and communication, but overall, they value the connections and resources provided by Wellspring Alberta (see Figure 33). There is a desire for more cooking and nutrition programs for cancer patients with dysphagia and language/cultural-specific groups for support.

Figure 33 Access to Wellspring Alberta Programs and Services

What Types of Programs Have Members Taken at Wellspring Alberta and Why?

Participants in the study have found various programs offered by Wellspring Alberta to be helpful in improving their well-being and quality of life during their cancer journey. They have taken programs in areas such as physical exercise or fitness, health and wellness, Tai Chi, Drumming, Return to Work, mindfulness, art programs, music, and nutrition among others (see Figure 34 below). Participants appreciated the tailored and cancer-specific nature of the programs at Wellspring Alberta and felt that they helped make them whole again. Overall, the participants felt blessed to have access to Wellspring Alberta and its programs.

"A bunch of art programs, as well as a bunch of young adult programs, but I did also take some meditation programs and attended some of the social events. I appreciated getting to participate with young adults, but then also with the general group of people in a program to hear different perspectives." – Katie (Interview)

"I took meditation programs for a long time. And many of the art programs and some of the music programs. I think I've taken a little bit of most things." – Teresa (Interview)

Figure 34 Types of Programs Taken with Wellspring Alberta

What Challenges Do Members Encounter to Get Access to Programs and Services?

Research participants were asked if they encountered any challenges getting access to Wellspring Alberta programs and services. Research participants from all categories except Non-Program Takers responded to this question and challenges include organizational (i.e., access to programs, program delivery methods, online or in-person, scheduling), personal and health related challenges, access to computer technology, and geographical or travel related challenges (see Figure 35 below).

For example, some participants mentioned challenges in accessing Wellspring Alberta programs due to transportation issues, especially for those who don't drive or have mobility limitations. Parking availability was generally not an issue, except in one location with construction vehicles. Online programs were preferred by some participants, particularly for those who couldn't drive or had limited mobility due to treatments. Young adult participants expressed that they didn't enjoy programs designed for older age groups. Some participants felt that certain skills, like preparing for work, were not adequately addressed in the program. Some participants had negative experiences with instructors or peer support programs. Limited computer literacy or technology frustrations were noted by some participants. Difficulty keeping up with instruction in online programs was also mentioned. Physical limitations, such as difficulty with walking or getting up and down from the floor, affected program accessibility. Some

participants expressed vulnerability and concerns about physical readiness when attending in-person programs. Scheduling and finding programs that fit with work schedules or other commitments was a challenge for some participants. Overall, participants appreciated the support provided by Wellspring Alberta programs but identified several challenges that could affect their access and participation.

"One challenge in Calgary is the distance to get to a centre. The Randy O'Dell House is far from where I live. Carma House is reasonably close. But for those not living close to either centre. It would be quite far." – Taylor (Interview)

"I think with certain activities in the young adult programs, it is such a wide age range of people. Not every activity that appeals to a 35-year old will appeal to an 18-year old. General activities like the Global Fest Fireworks program we did, there is no age limit, that would likely appeal to people of all ages." – Mitch (Interview)
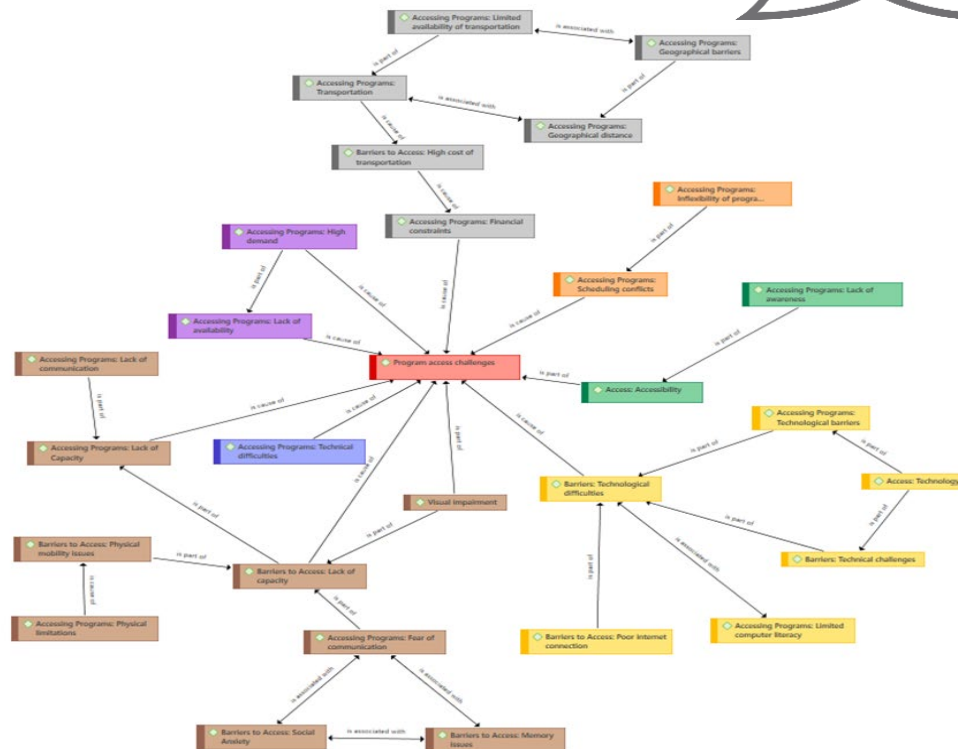
Figure 35 Challenges in Accessing Programs at Wellspring Alberta

Post-Diagnosis Mental Health Challenges of Cancer Patients

The mental health of cancer patients can be affected by various factors such as depression, lack of satisfaction with medical professionals, burnout, vulnerability, and difficulty accessing information and support programs. The COVID-19 pandemic has exacerbated these challenges. Comprehensive and

accessible mental health support is needed for cancer patients. Cancer patients face challenges such as rigorous treatment schedules, social anxiety, fear of missing out, forgetfulness, and lack of social support (see Figure 36 below). Support programs like Wellspring Alberta provide relief for some patients. Personal stories from Arman and Idalia highlight the importance of finding support outside of the medical system and reaching out to isolated individuals. Researching dietary needs and coping mechanisms after a cancer diagnosis is crucial. Group therapy and tailored programs for young adults with cancer are recommended.

Some patients find support through programs like Wellspring Alberta, while others struggle to find the right support. Participants in the conversation discussed various psychological distresses they faced and the benefits of Wellspring Alberta programs in addressing them. Non-program takers shared their own strategies for managing life after a cancer diagnosis. Challenges mentioned include technological difficulties and the need for support at home. Participants emphasized the importance of continued support and outreach for cancer patients.

"Your first thought goes to the physical pain associated with cancer, because that can make things like mobility really challenging, and even daily living such as eating, becomes difficult. But then you also experience mental and emotional pain, which is very significant."
– Vicki (Focus Group)

"Cancer is such a lonely experience. All of a sudden, you don't have these activities of your daily life, and a lot of people in your life are gone. It's a very lonely period of time." - Teresa (Interview)
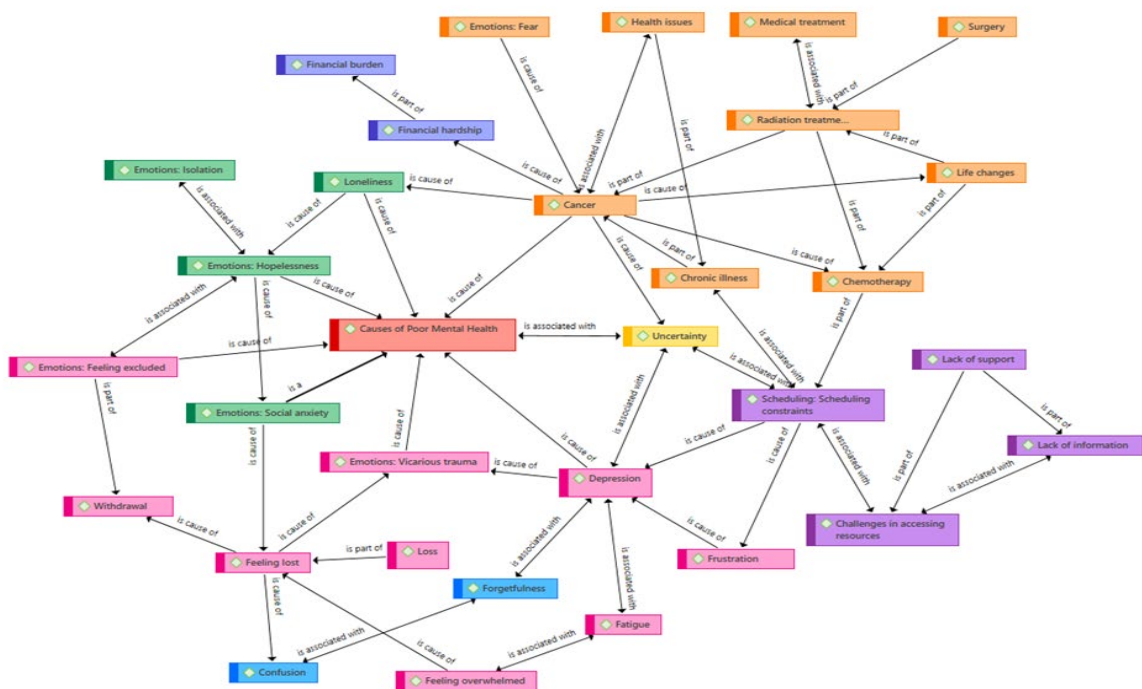
Figure 36 Cancer and Mental Health

Reasons for Changing Program Preferences and Discontinuing Programs

Some participants reported that they changed their program preferences and some left programs. Reasons for changing program preferences and discontinuing are mostly personal, social connection, program instruction quality, emotional readiness, lack of interest in the programs, inadequate level of instruction, lack of experience of instructors, or they felt that the programs they were taking had a lack of purpose. Some members found the program change created an opportunity to meet new people and develop friendships (see Figure 37). For example, one participant mentioned that after attending an in-person bingo social event and unexpectedly meeting another member who became a close friend.
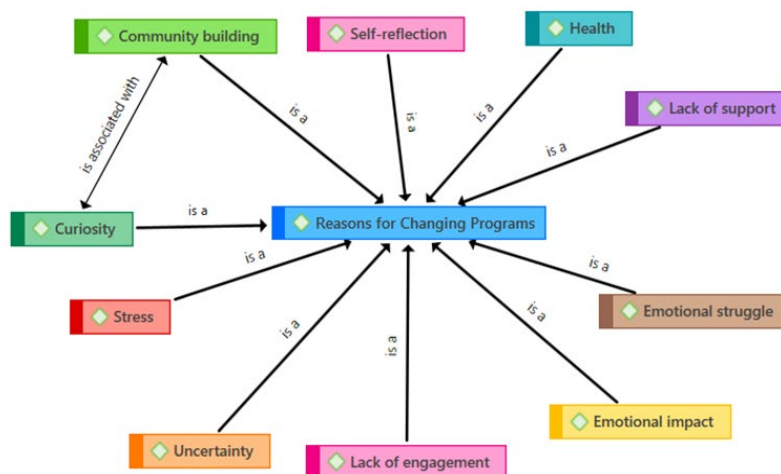
Figure 37 Reasons Why Preferences for Programs Change

Causes for dropping out from programs include not in the right headspace, difficulty relating to other's experience, lack of emotional readiness, disinterest, or lack of engagement with the activity, among others. One participant dropped out of a program about returning to work because she felt emotionally unready to engage with the materials. Another participant dropped out of a grief program because they were not emotionally prepared at the time but later found more success with a different program leader. Another participant dropped out of an indigenous sharing program because they felt that the stories being shared did not reflect their own terminal illness experience. A participant dropped out of a program where others were coping differently with terminal illness and found it emotionally challenging. Some participants dropped out of programs due to lack of interest or enjoyment in the activity, such as a drawing class. Lack of enjoyment or engagement with the activity: Participants mentioned dropping out of programs because they did not enjoy the activities, such as drawing or needling classes (see Figure 38 below).

Figure 38 Reasons for Dropping Out of a Program at Wellspring Alberta

> "I attended this one program, but it was to much of a trigger for me. So there was a lot of feelings generated in that one and that was a realization to maybe take a more 'softer' program. So then I tried an art program, Creative Writing, and was able to process emotions in a softer way for me."
> – Sandra (Focus Group)

> "I had to drop Returning to Work because I had read ahead in the work book, and realized that I just wasn't in the right headspace to be at that point to return to work."
> - Rosa (Focus Group)

Participants noted feeling out of place in certain programs where others had more experience, suggesting a need for beginner, intermediate, and advanced level classes. Participants also mentioned the importance of instructors establishing a sense of community and purpose within the class, such as through introductions and interactions with other participants. Some participants expressed a desire for an orientation to familiarize themselves with the facilities and available resources.

> "I was in the Indigenous Cancer Sharing Program, it was a lot of people doing really well and recovering, but I am terminal. So it got to a point where it was the same people talking and it was about how they are now doing this and that, which is absolutely wonderful that they're doing it. However, the people that have terminal cancer, they're not able to do this stuff. And the life that they're living is totally different. These people are working; they have the ability to work, which is wonderful for them. But when you're at a stage where you're terminal, and you can't work anymore, that makes it very hard. And after hearing it for so many times, it's the same story that you hear over and over. That's why, I dropped out of there. I just was not interested in it anymore. I found it to be too hard." – Isabelle (Interview)

Program Impacts on Wellspring Alberta Members

Participants in Wellspring Alberta programs found enjoyment and benefit in a variety of activities and classes. The support of program instructors was crucial in creating a supportive environment. Peer support was helpful, but more specific connections with others who had the same type of cancer were desired. Animal therapy was seen as a healing aspect that could be incorporated into programs. Wellspring Alberta programs helped participants develop coping strategies, improve physical well-being, gain confidence, and feel validated and hopeful. Participants appreciated the variety of programs offered

and the personal connections made with staff and instructors. Wellspring Alberta programs provided emotional support, education, and a sense of community. They helped participants manage emotional distress and improve mental health. Wellspring Alberta also improved quality of life, provided a sense of purpose, and promoted a healthy lifestyle. The arts and crafts programs at Wellspring Alberta were found to be beneficial for managing stress and improving well-being. Participants enjoyed the therapeutic arts programs and connecting with others who understood their experiences. Peer support played a significant role in Wellspring Alberta programs, providing connection, understanding, and support among members. Research participants described that trying new activities boosted confidence and personal growth. Wellspring Alberta provided a safe space, community, education, and tools for managing cancer journeys and improving well-being. Participants found peer support valuable in feeling understood and supported. Engaging in arts and creative activities helped participants feel relaxed and confident. The programs provided structure, personal development opportunities, and a break from being identified solely as cancer patients. Scheduled peer support calls are helpful for busy individuals. The support of a spouse or caregiver who recognizes the benefits of Wellspring Alberta programs is impactful.

Administrative support and assistance from fellow members help overcome technological challenges in online programs. Participants have experienced improved self-confidence, emotional well-being, and coping skills from Wellspring Alberta programs. The sense of community is valuable for building relationships and friendships. Learning new habits and incorporating program teachings into daily life has a positive impact. Participants appreciate the emotional and informational support provided by Wellspring Alberta, especially during the pandemic. Overall, participants find Wellspring Alberta programs essential for their well-being and express gratitude for the dedicated staff (see Figure 39 below). Below are some of the representative comments of research participants on the impacts of the Wellspring Alberta programs:

"I was diagnosed and treated for cancer during the COVID-19 pandemic. Wellspring Alberta was the only emotional and informational support service available to me. Everything else was closed, I couldn't even bring a support person with me for treatment. Wellspring Alberta was a real lifesaver because while the physical treatment team at the hospital was excellent, there was no other social/emotional support available and it's the fear and uncertainty that were the hardest part of the experience to deal with. Cancer treatment does not deal with the social/emotional impacts of the disease and offered no suggestions for post cancer recovery (e.g. rebuilding health, strength, etc.). Those were all the things I had to explore on my own. I'm so glad I found Wellspring Alberta and its programs. It's an essential service for true wellbeing and long healing." – Survey Respondent

"Although I was in one of the drawing classes, they encourage you to bring your memories, for the arts part. I was drawing a mountain that I was about to climb just a week after my surgery. So it's all like that subconscious stuff that helps you to heal, and a different way from expressing yourself."
– Michelle (Interview)

> "Because of Wellspring Alberta, I am able to function and do more and more things. And in the outside world, even just physical things at home like cleaning or working in my garden, it strengthened me to do just my normal routines. After the treatment I couldn't do anything. And you don't realize those things, how it is taken for granted. And physically the exercise programs I took, it made me stronger so that I was able to function better at home."
> – Nina (Interview)

> "The programs basically taught me how to live with cancer. No one felt sorry for me or tried to give me unsolicited advice like I get outside of Wellspring Alberta. At Wellspring Alberta, you are normal, and all the programs, and feeling like you belong to a group is so amazing. I normally never join stuff, but with Wellspring Alberta I have no problem joining things, putting myself out there, trying different things. You get to join strangers who then become your friends."
> – Heather (Focus Group)
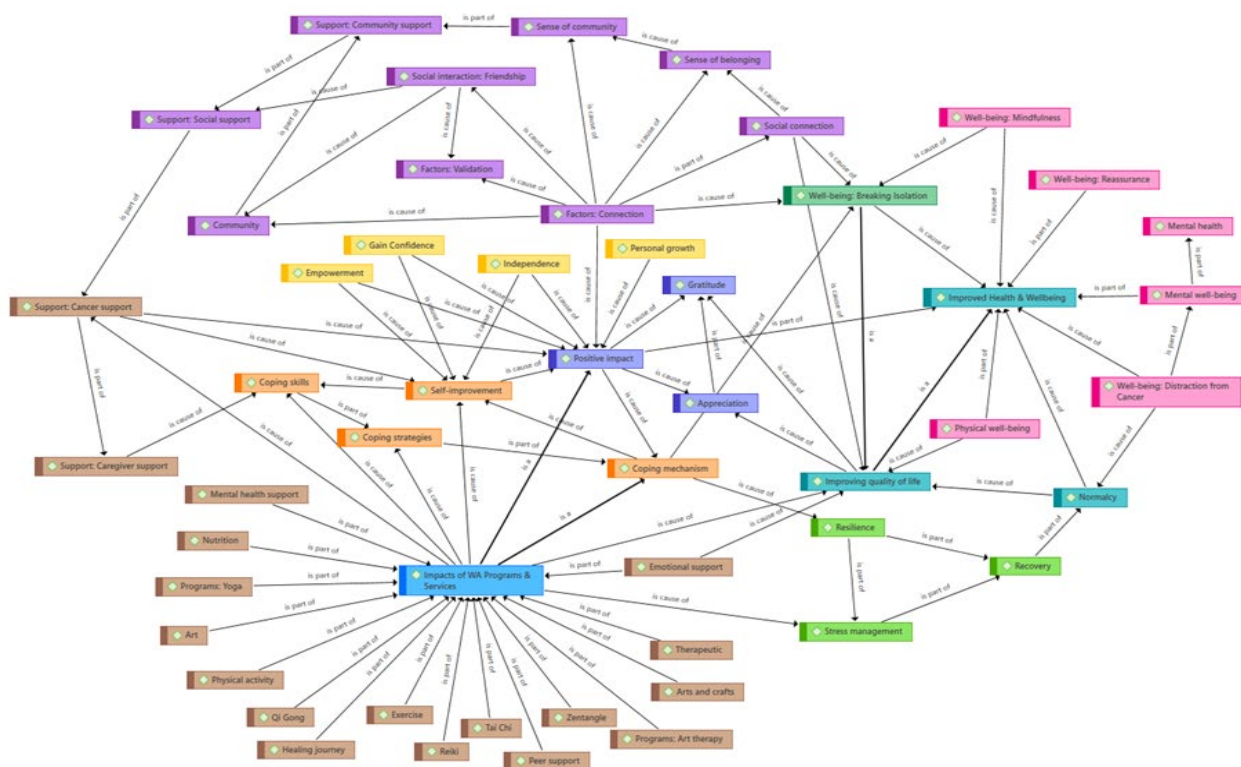
Figure 39 Impacts of Wellspring Alberta Programs on Members' Quality of Life

Program Impacts on Members' Personal Growth and a Sense of Purpose

Participants in Wellspring Alberta programs found them to be motivating and inspiring, helping them find a sense of purpose, personal growth, and healing. The programs offered a variety of activities, focusing on mindfulness, personal interests, religion/spirituality, yoga, art, and visualization techniques. Participants valued the community and friendship they found at Wellspring Alberta and appreciated the

support and understanding they received. The programs helped individuals navigate the emotional distress of their cancer journey and provided tools for resilience and coping. Despite the challenges of the COVID-19 pandemic, participants still found value in the programs. They expressed gratitude for the support and connections they had found at Wellspring Alberta. However, participants mentioned a desire for more social engagement and opportunities for personal growth and connection with others.

Below are some of the representative comments of the research participants on the impacts of Wellspring Alberta programs on their personal growth and sense of purpose.

"Wellspring Alberta kept me feeling strong, feeling empowered in my body, taking agency over my body when everyone else was doing things to it for treatments, this was something I could do."
– Katie (Interview)

"It is very important for me to be able to come here, and even though English is not my first language, I feel comfortable here. I can fill my days with activities."
– Sandra (Focus Group)

"My family can see how beneficial it has been to me. Yeah, like my husband, he realized I need this time for myself. So, I started learning new things and to be able to do things, keep myself busy, and to keep learning has been amazing."
– Shanti (Interview)

Program Impacts on Members' Quality of Life

As a program itself, Wellspring Alberta has had a positive impact on members' quality of life by empowering them, improving their self-esteem, and promoting personal growth. It provides a sense of community and breaks down social isolation. Through its suite of programs, physical based programs positively contribute to members' physical health. Participants feel supported, connected, and part of a community through Wellspring Alberta. The programs help them navigate the challenges of post-treatment life and make necessary adjustments. Wellspring Alberta has a positive impact on participants' mental health, emotional well-being, and overall quality of life by providing tools to manage thoughts and emotions and offering support and validation. Accessing Wellspring Alberta through Zoom has eliminated travel stress and inconvenience. The program meets participants' needs for financial stability and provides support and guidance. Wellspring Alberta helps individuals become more understanding,

empathetic, and engaged, and contributes to their happiness and sociability. It helps them live fulfilling lives and provides opportunities for personal growth and enjoyment.

> "Wellspring Alberta has been an absolute lifesaver for me. It was a place I thought would be sad and depressing because of people in cancer diagnoses or hopeless situations, but it was the most uplifting, positive, loving, hopeful environment I have ever encountered. I love to go to Wellspring Alberta and recommend it to everyone that has been affected by cancer in some way. Wellspring Alberta is a healing centre for the whole person."
> – Survey Respondent

> "So, I think for me, and the fact that it's the whole person, it's how you're feeling mentally, physically, spiritually, they have something that kind of covers all of it. And you kind of need to deal with all of that not just the medicine and the treatment."
> – Kara (Focus Group)

> "I think Wellspring Alberta definitely improves the quality of life and in lots of different ways, particularly, you know, as a caregiver, you're helping someone who might not be able to do as much because they don't have energy and aren't as well. But here, you have a group of people that you can go and do things with. So, it gives you a new community to join and you're not as isolated. The programs also are interesting, and you get to be around other people in similar situations, I think that just makes you feel better and improves your quality of life."
> – Francis (Focus Group)

Making Social Connections

Participants in the Wellspring Alberta program have benefited greatly from the social connections and sense of community they have gained. They have reconnected with old friends, made new ones, and found support from others who understand their experiences. This has helped reduce anxiety and improve their quality of life. Participants appreciate the variety of programs offered and the opportunity to meet in both in-person and online settings. The social connections formed through Wellspring Alberta have had a positive impact on participants' emotional well-being and provided a source of strength and support. Programs have also helped participants maintain their independence and feel a sense of normalcy in their lives. Overall, participants feel a strong sense of belonging and community through Wellspring Alberta and highly value the social connections and sup

> "Wellspring Alberta gave me my self-confidence back, talking with others gave me strength, that even though I went through this and that, it just made me feel like I could go and join back into the regular world and be okay."
> – Nina (Interview)

> "Wellspring Alberta gave me a place to meet other people, share our cancer stories, share experiences and learn from eachother."
> - Survey Respondent

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Learning New Skills and Developing Coping Strategies

Program participants have reported various impacts and benefits from participating in programs and services offered by Wellspring Alberta. These include:

- Finding comfort and support in talking to other people through Wellspring Alberta avenues and getting better answers to their questions.
- Taking part in classes and programs to take their minds off cancer and find interest in new activities, such as art or music.
- Using visualization techniques to cope with the stress and fears related to cancer treatment. Feeling a reduced sense of stress and an improvement in physical functionality and self-empowerment.
- Developing skills and learning how to live with cancer, including adapting to daily routines and finding ways to enjoy life while dealing with the illness.
- Trying new things, such as learning to play musical instruments or taking part in activities like fly fishing, which bring joy and new experiences.
- Re-engaging with prior passions and hobbies, such as art or playing instruments, as a way to remember or discover oneself.
- Developing transferable skills, such as mindfulness and stress reduction techniques, that can be applied in their personal lives outside of the program.
- Learning to adapt to cancer experiences and developing strategies to cope with cancer-related stress.
- Learning to establish mind-body connections and using exercise and mindfulness techniques to manage pain and improve overall well-being.

Overall, the program participants have found these coping strategies and wellness programs beneficial in improving their quality of life and providing support during their cancer journey.

The Roles of Physical Space and Culture at Wellspring Alberta

Participants in the Wellspring Alberta program reported a high level of well-being and satisfaction with their experience. They found programs to be a warm and safe place without judgment and appreciated the choices and support they received. The activities offered were meaningful and purposeful, providing a sense of accomplishment and motivation. The program also offered stress relief and emotional recovery, along with physical exercise and health benefits. Participants expressed satisfaction with the physical spaces at Wellspring Alberta, finding them modern, comfortable, and visually appealing. They felt a sense of ownership and a safe atmosphere. The culture at Wellspring Alberta was described as compassionate, nurturing, and supportive. Participants found the physical spaces to be welcoming, comfortable, and non-threatening, with some suggestions for improvements. They felt that Wellspring Alberta provided a sense of safety and support during their cancer journey. Overall, participants praised Wellspring Alberta for its impact on their physical, emotional, and social well-being, and appreciated the sense of community and belonging provided by the organization. Below are some of the examples of participants' quotations on how Wellspring Alberta helped to improve members' overall wellbeing.

> "And so, everyone understands and empathizes and there's no, there's no judgment as well. Like you walk in, you have no hair. I know people will come in and they don't wear their wig. They don't wear their hat. They don't wear those things here that they do when they're out and about in society because it's a safe space." – Fatima (Interview)

> "It's inclusivity. I don't know how to explain it. Like it's just so inclusive. Wellspring Alberta is reaching out to be inclusive to everybody. Because you're focused on everything that's going on and the kindness and just even with unspoken words of what they may or may not be going through, or if they want to talk or not and that's okay. Like it doesn't matter what it is. You're fully accepted here. So it's the culture, is absolutely amazing." – Nina (Interview)

> "I was blown away. Wellspring Alberta centre's are far, far superior to what I expected. The artwork, and just the feeling when you walk in the front door, all the literature, all the resources that were there available for people to read if you were learning about cancer, and just the staff had been fabulous. And the rooms that I've been in overall, worked fine for the programs in what we've been. I've been very impressed." – Melinda (Interview)

Members' Experience with Program Instructors

Program instructors play a crucial role in engaging members in program activities and creating a supportive and inclusive environment. Members appreciate instructors who listen to their feedback, create connections among participants, and provide a safe space for sharing experiences. Instructors who demonstrate expertise in their field and create a welcoming environment are highly valued by program participants. However, there are also areas for improvement, such as the need for instructors to be trained for the purpose of the class and the importance of fostering group connections before starting an activity. Some participants have also expressed discomfort with instructors being present during evaluations. Overall, programs have had a positive impact on participants' personal development, self-improvement, and social connections. Participants' feedback has been considered, resulting in changes and new courses for beginners. Sally, for example, suggested that Wellspring offer introductory courses for people with no experience in art programs, which the organization implemented and found to be successful. Leah emphasized the importance of skilled facilitators in a support group setting, as they help bring people together. Michelle suggested having diverse instructors and getting feedback from them on how Wellspring Alberta can grow. Shanti mentioned that the physical environment and setup for the programs are good, but there could be issues with background noise and participants not muting their microphones in online settings. Overall, participants expressed satisfaction with the instructors and the convenience of online programs, but also acknowledged the benefits of in-person interaction.

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> "I think there needs to be more initial connection fostered, and then you go into the activity. But to introduce, we are all working together, we are all here for a couple classes. So sometimes I felt there wasn't that preparation and I think that you must build that in a class initially. In some cases, I felt like maybe the instructors needed to have a little bit more pre-training in that aspect of, please remember there's a lot of people here that are not feeling their best, or feeling very insecure about how they physically look with no hair so let's try and bring them together a little bit before we do the activity." – Fatima (Interview)

Program Delivery Methods: Online vs. In-Person

Preferences for Online Program Delivery

In response to a research question regarding program delivery format, many participants in the study expressed a preference for online program delivery because it offers ease and convenience, accessibility, flexibility, helps overcome isolation, provides privacy, grants access to resources, allows for diverse participation, and ensures safety during COVID-19. They appreciate the ability to connect with others, the convenience of participating from home, and the accessibility of resources (see Figure 40). Online programs remove barriers of travel to centre for both those who live in Calgary or Edmonton where travel to centre is not possible, as well as those who live in rural regions where travel can become a large factor in attending and removes the cost of gas or transit. Online programs create opportunities to attend from anywhere, participate when feeling unwell or are immunocompromised. Overall, online programs have increased accessibility, flexibility and provide a valuable support system for individuals affected by cancer across the province. Below are some examples of participants' comments.

> "The online programs allow me to access programming without having to travel to and from a centre. It is easier to take part when you do not have to leave the house. Even though I have not met other participants in person, I feel connected to them. Instructors have all been great for the online programs I have been involved in."– Survey Respondent

> "Zoom is a wonderful program. You can accommodate any number of people, up to hundreds of people on zoom. I've been in groups of 60 where there was an interaction." – Jagpreet (Interview)

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> "Because I'm in Stettler, it would take a long time for me to get to these programs. So, I find more of the online ones beneficial. And I did my cancer treatments in Calgary and Red Deer. I mean even to get to Red Deer, that's still an hour situation for me. So, I really do need the Zoom programs."
> – Marina (Focus Group)

" "I'm very happy with online programs because there are many people that do not live in Calgary or Edmonton and would never be able to do these programs. So, I really am thankful for that process. For example, in the men's group online, we have some from Edmonton, some from Lethbridge, some from Calgary and then in Open Art Studio online there is a lady from Medicine Hat, there is a lady that moved from Calgary to Toronto who can still attend every week. So, without online programs, they would not be able to attend programs." – Nick (Interview)
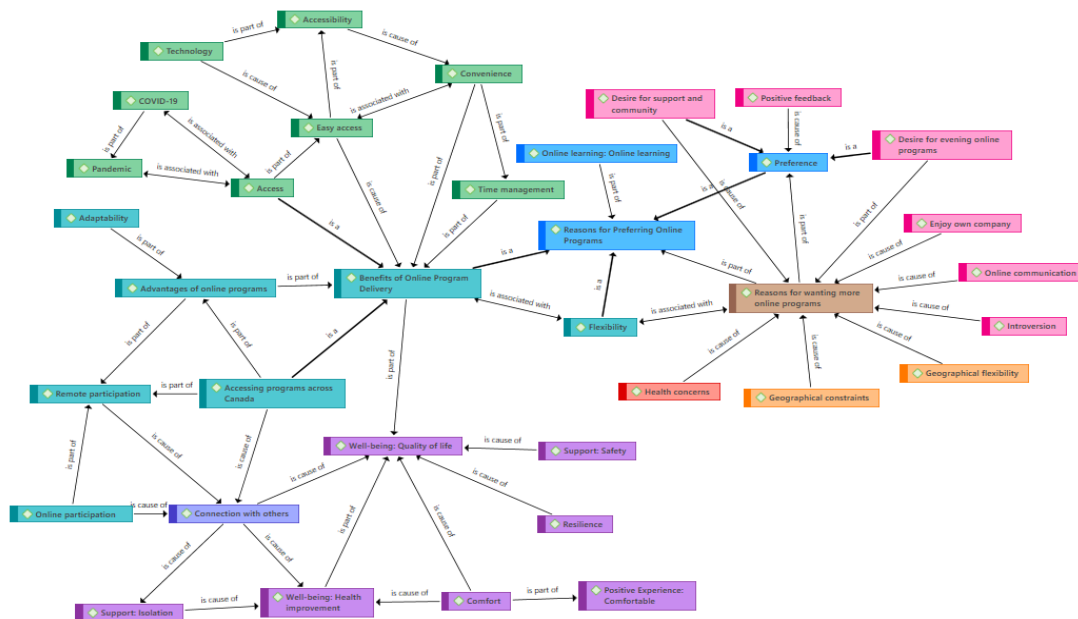
Figure 40 Member's Preferences for Online Program Delivery

Limitations of Online Program Delivery

Participants in online fitness classes may find them disinteresting or ineffective for their needs. Concerns about online lag and the inability to interact with others in the same way as in-person classes may contribute to disliking online courses. The perceived limitations of online programs include less

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opportunity to engage with members before/after the program, the potential for background noises/distractions, and reliance on technology. Privacy concerns and confidentiality issues may also arise (see Figure 41 below). Remembering to attend online programs and managing distractions and interruptions while participating can be challenging. Some individuals prefer in-person programs for the social interactions and side conversations they offer. Overall, individual preferences and circumstances may influence one's interest and engagement in online programs.

> "Because here's the situation because I know they like to know who is in the room. So, barriers, I mean I've met people that have the technology barriers, they literally can't participate because they don't have up to date computers. Or either they don't have the hardware, or they don't have the know-how, or their elderly, who, they just don't know how to access a computer. So maybe that is something that Wellspring Alberta could have for peer support." – Sally (Interview)

> "I think the challenge would be managing distractions with the online programs. It's like, when you're on your computers, you see the little notification come up with an email and oh, I'll just check that. So that would be the main challenge with the online programs for me, is that I found myself getting distracted sometimes with other stuff going on my computer."
> – Taylor (Interview)

> "And the only thing that bothers me is how everyone is on and sometimes people leave their mics on, and just the feedback, or the background noise, gets picked up, and there's sudden noises, that have caused pain in my face due to my condition." – Shanti (Interview)
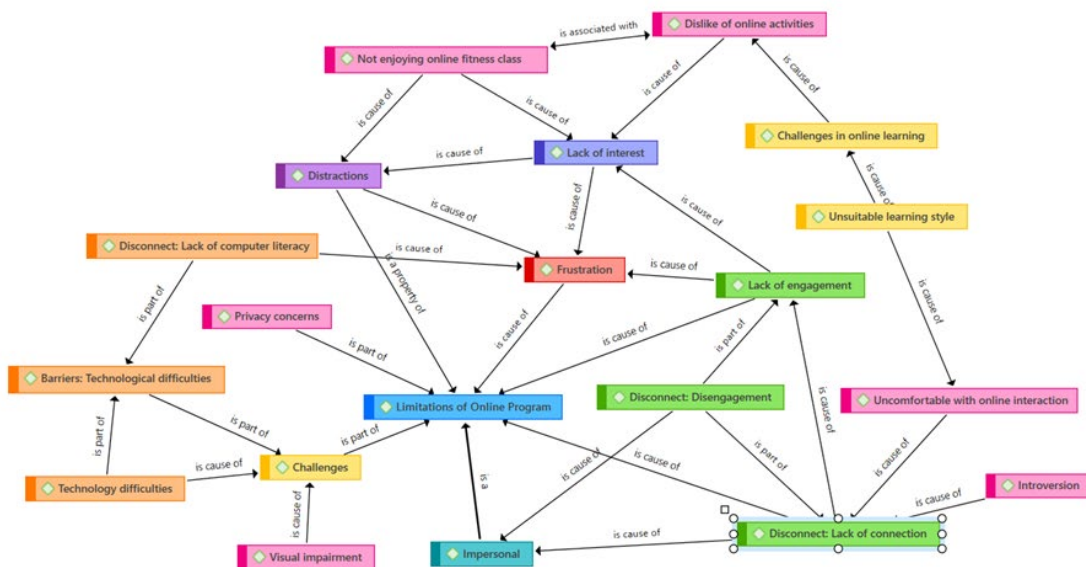

Figure 41 Member Identified Limitations of Online Programs

Preferences for In-Person Program Delivery

In-person programs offer members the opportunity to connect in-person through a multi-sensory experience. Through physical presence, hands-on activities, and opportunities to build relationships and connections with others, in-person programs create a collaborative environment through interpersonal interactions. Below are some examples of perceived understanding of the importance of in-person program delivery method over online program delivery method. In-person programs offer a sense of camaraderie, social interaction, and increased guidance or direct feedback from instructors.

They also highlight the benefits of having access to tools, supplies, and spaces that may not be available at home (see Figure 42 below). In-person programs foster space for group collaboration, as participants believe that being physically present fosters a sense of belonging and being part of a community. However, they acknowledge the necessity of virtual programs during the COVID-19 pandemic and the need for the flexibility and convenience of online programming. Overall, participants value the personal connections and face-to-face communication that in-person programs provide.

"In-person programs offer immediate contact with the instructor so that you can get your answers quickly and efficiently. You also have the benefit of face-to-face contact with other people in the room. Because what also happens is when you're doing an activity, what we do is we talk right, you know, I say to Susie. So, you have that side chat. It's just organic, a room of people doing the content, and you get that social interaction." – Fatima (Interview)

"When I come to class in-person, I can get here a little early, and you get to talk to the others in the program, beside you, without everyone else listening. You're just having a little side conversation, you get to know someone, or you have something in common. And at the end when you're in person, people can choose like if you need to leave right away you can or if you want to stay and are looking for a connection, or to reach out to somebody else there is that opportunity." – Aya (Interview)

"In person programs, I would say it's a group thing more than whatever activity you're doing. Because like, even in the art classes, you're doing art, but you're not. You are not judged on the art you do. And then the positive thing is that with the instructor right there, you can ask while you're doing it to say, how do you do this? Or what would you suggest I do there?" – Nick (Interview)

"I think in person, there's much more senses being brought into the experience and much more presence. Like, if I'm in person I'm engaged with my full senses. Like there's food, and I'm eating food and smelling food." - Taylor (Interview)

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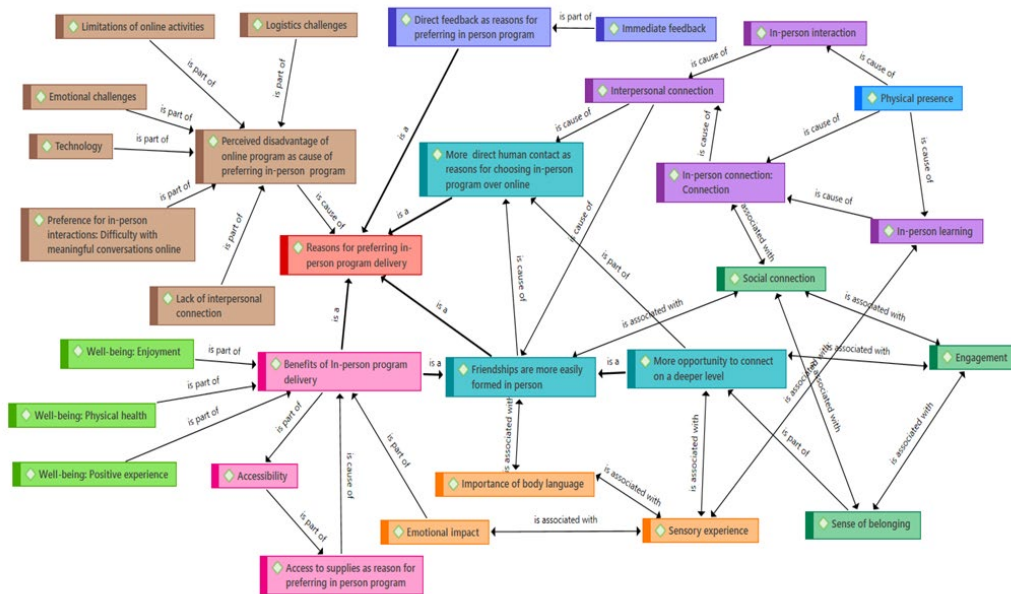
Figure 42 Member's Preferences for In-Person Program Delivery

Limitations of In-Person Program Delivery

The challenges associated with in-person program delivery include physical challenges, such as long travel times and fatigue, especially for individuals living in rural areas. There are logistical difficulties for individuals undergoing treatment or experiencing physical limitations. Time management and uncertainty about how one will feel on a particular day are also challenges. Mobility and transportation issues can make it difficult for some people to attend in person. The cost of travel and accommodation may also be a barrier for those living far from the program location (Please see Figure 43 below). Suggestions for addressing these challenges include having alternative satellite locations, offering more online options, and implementing a fair selection process for limited in-person spots. Many participants mentioned the challenges of in-person programs, including the high cost of transportation and lack of accessible transportation options.

- Some participants expressed difficulty in finding accommodations when traveling for in-person programs.
- The competition for resources and funding was acknowledged as a challenge for organizations like Wellspring Alberta.
- The time required for travel to in-person programs was mentioned as a barrier (for both those who live in the urban zones and rural zones).
- The physical limitations of individuals, such as health issues, can make attending in-person programs difficult.
- Some participants mentioned the stress and strain of deciding whether to attend in-person programs, particularly during the winter months.
- The limited capacity of in-person programs, both in terms of classroom size and availability, was mentioned as a hindrance.

- Distance from home was a common barrier mentioned for attending in-person programs.
- Some participants mentioned difficulty registering for in-person programs, as they were not allowed to register for a second time.
- Online programs were seen as a more accessible alternative for those unable to attend in-person.

" "Simply put I could not have accessed programming in person being immuno-compromised." - Survey Respondent "

" "I'd love to get in the exercise ones in-person again. But they had to make room for new people, because of lack of capacity. There's not enough capacity for some in-person programs." – Tyler (Interview) "

"There are costs of getting to in-person programs. Gas for one thing, food if you need to travel from far outside of Calgary or Edmonton and then accommodation to stay somewhere if needed. Plus if the weather turns, safety on the roads becomes a factor."
- Leah (Interview)

" "The logistics for someone going through treatment, make it very difficult to come in person. Like it's hard, sometimes even just emotionally to come when you were like losing your hair and all that sort of thing. But it's also difficult because many people aren't driving or doing their treatment and are tired, or they don't know, we wake up in the morning, how am I going to feel. So, should I plan to go to that Thursday course or not? Because you don't necessarily know how you're going to feel each day."
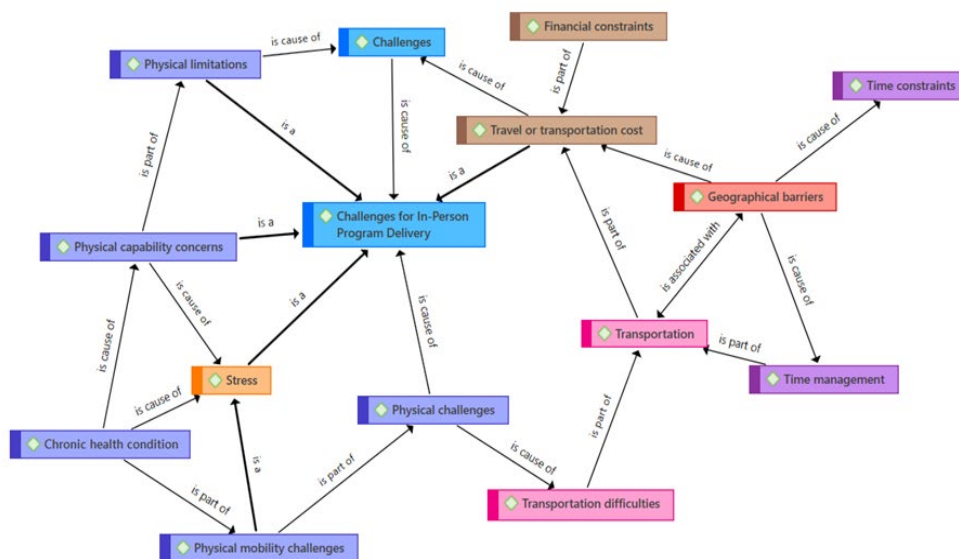– Eva (Interview)

Figure 43 Member Identified Limitations of In-Person Program Delivery

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Preferences for Both Online and In-Person Program Delivery Methods

Members expressed a preference for both online and in-person programs for various reasons. Online programs were praised for their availability and flexibility in terms of time management. They provided easier access to a wider range of programs. However, participants acknowledged that in-person programs had the advantage of being more social, interactive, and conducive to forming friendships. Online programs were seen as less personal and lacked the same level of connection. Some participants noted that certain activities, like yoga, required in-person instruction for proper guidance. Overall, participants preferred a blend of online and in-person programs (see figures below). Online programs were seen as convenient, especially for those with physical limitations and offer a way to participate for both those who live urban or rurally who cannot attend in-person. In-person programs were valued for the greater social interaction they offered and the ability to receive closer attention from leaders. Participants emphasized the importance of balancing the benefits of both methods. Some survey respondents appreciated the flexibility that online programs offered, allowing them to focus on the program without the need for travel. They also expressed gratitude for Wellspring Alberta's inclusive and non-judgmental environment created in both online and in-person classes. Participants commended the variety of program times and days offered by Wellspring Alberta, both online and in-person, but do suggest the need for increasing programs outside of business hours in terms of offerings and variety.

> "I think in this day and age, you pretty much need to offer both online and in-person programs. The reality is people are dealing with cancer. With that, there are a lot of physical and mental strains. Not everybody has the energy to go out the door. I think COVID has shown people the opportunity that things can be done in an easier, or faster way online. I feel like you cannot really go back to doing things exclusively in person, because it is the way our world is now, and I think that is a good thing. If Zoom reaches more people, if there is somebody that is really struggling, and is isolated, and can get on their computer, press a button, and connect to Zoom to get personal connection or get a service? I think you definitely need to offer both. Yeah, absolutely." – Christina (Interview)
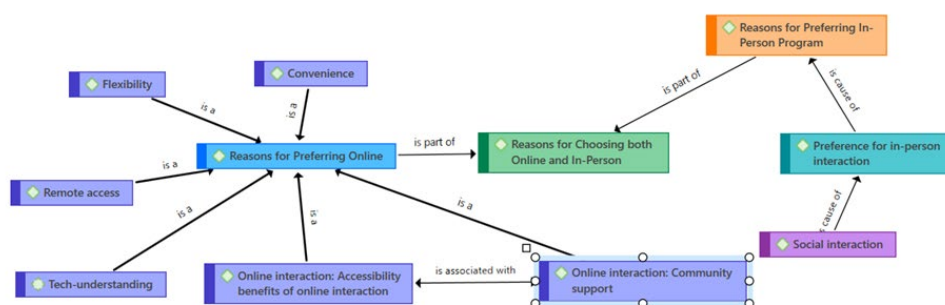

Figure 44 The Need for Both Online and In-Person Program Delivery

Why is Wellspring Alberta Important to its Members?

Overall, Wellspring Alberta is important because it provides support and resources for cancer patients, caregivers, and their families. It offers a sense of community and belonging, peer support, and fills the

gaps in support for those who may not have strong personal networks or resources. Participants value the welcoming and supportive environment, holistic approach to health, and the non-judgmental and safe space provided by Wellspring Alberta (see Figure 45 below). The organization is seen as a valuable resource during the transitional period of a cancer diagnosis, providing social support and reducing anxiety. Wellspring Alberta plays a vital role in supporting individuals and their families throughout their cancer journeys and promotes healthier communities by building connections and experiences.

"I think the biggest thing is to just know that you're not alone. It's nice to just feel like there are people out there, even if you can't drive here to a building to be with people, it still is nice to know that you can just sign up and everybody's there. And everybody's very welcoming. And everybody's very supportive. So that part was quite nice. Yeah, like even if, you're too sick to put your camera on or whatever, they're there."

– Eva (Interview)

"When you have cancer, you think you're alone. But once you're are part of Wellspring Alberta, you realize you're not alone. And in some cases, family members, once they find out you have cancer, run away. But Wellspring Alberta is always there. It taught me about self-compassion, that life is short, I got to do what I got to do. And it's okay because it's my life and the time is now to do stuff and do what I enjoy." – Heather (Focus Group)

"Wellspring Alberta has been a real-life changing experience. It's changed a lot of my relationships with people, family, friends, caregivers. And I've had family members, my sister tells me, "you know, since you've started going to Wellspring Alberta, you're a changed person." And I said, in what way, because I was always so career driven, and maybe not so people focused, or relationship focused. She said, "I really find that you're just connecting with everybody more. And talking more, talking more about feelings, that kind of thing, sharing more." And she's noticed a huge difference in me." – Sally (Interview)

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Figure 45 Why Wellspring Alberta is Important to Members

How and Why Do Members Feel Wellspring Alberta is Unique?

According to research participants, Wellspring Alberta is unique in compared to other non-profit or healthcare providers because it provides immediate access to psychosocial support programs for all affected by cancer, unlike clinical healthcare services with long waitlists. They offer holistic support for mental, physical, and spiritual well-being, with relatable staff who have personal experiences with cancer. Wellspring Alberta's suite of programs are comprehensive in having programs for various components of well-being, with programs specifically focused on cancer treatment/symptom management and associated tools/skills/strategies (I.e. Living Well with Cancer, Brain Fog), and other programs with focused activities that indirectly promote healing, self-discovery, and resiliency (I.e. Healing Colours, Music Is My Therapy) and are free of charge. Members appreciate the quality of programs and the support they receive. Participants highlighted feeling supported, welcomed, and part of a non-judgmental community. They valued the connections formed with others who have similar experiences. Participants also emphasized the importance of relatability, inclusivity, and acceptance at Wellspring Alberta. The organization offers various programs, information accessibility, and a holistic approach to support. Participants spoke highly of Wellspring Alberta and its impact on their lives (see Figure 46 below). Overall, Wellspring Alberta is unique in its specialized support for cancer patients, survivors, caregivers and those bereaved, its variety of programs, and its holistic approach to well-being. Participants value the content, facilitators, and supportive community that Wellspring Alberta provides. They see it as a lifeline and valuable source of support for those affected by cancer. For example:

"Your old friends sometimes pull away after a cancer diagnosis and Wellspring Alberta replaces, for some people it replaces supports that they've lost. Or it acts as the source of support that maybe they never had in their lives or don't have currently. The reality with our healthcare system is we can only expect medical interventions, and the wait times can be high with high caseloads. So even the psychosocial programs that the medical system offers, and I know they offer lovely programs don't get me wrong, but the reality is the programs are few and far between, they're difficult to access. They bent during COVID. These are all wonderful things, but very few people can access them. But Wellspring Alberta is there, anyone can access them. Wellspring Alberta is immediate."

– Sally (Interview)

"Wellspring Alberta, is a holistic place. I actually don't even think of the word Cancer when I sign on to these programs, except some of the programs specifically that have the word cancer in it. Some of them, I don't even realize I'm attending this because I have cancer. It's like meaningful photography. It has nothing to do with cancer." – Nathan (Focus Group)

"Wellspring Alberta is a safe place. It is a non-judgmental, safe place that I can go to. And that has helped me immensely on my cancer journey. And as for my husband, and my daughter, my family, Wellspring Alberta has brought normalcy back to our household." – Nina (Interview)

No other organizations have this range of supports. I know that it isn't just about emotional support here, there are exercise programs and lectures on different kinds of cancer or cancer treatments and dietary teaching and that kind of thing. So just the fact that there's a broad range of programming, I think is a signal. I think the fact that it is a bit of a one stop place for people to get non-medical support is unique. The fact that it is free of charge to anybody who needs the services is a key feature. Here at Wellspring Alberta, I have never really felt quite the level of unquestioning support in any other organization or capacity."

– Maria (Interview)

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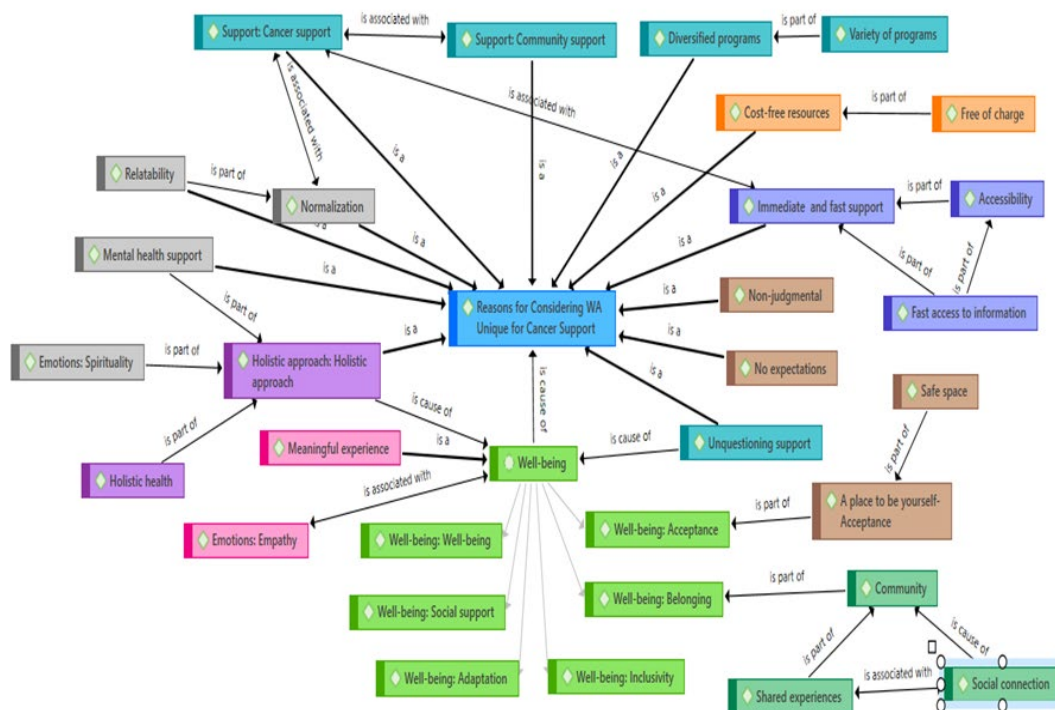
Figure 46 Why Wellspring Alberta is Unique

Managing Life and Cancer Without Wellspring Alberta

Without Wellspring Alberta, participants expressed that their access to resources, support, and programs would be limited. They would have difficulty addressing the psychosocial aspects of their cancer journey and managing the challenges that come with it. They would have to rely on other options for therapy and support, potentially spending more money on these services. Without Wellspring Alberta, participants believe they would experience more stress, depression, and lack of confidence. They would feel more isolated and lonelier, with a more stressful family life. They would have to find other ways to cope with their realities and would have a harder time finding the same level of support and understanding that Wellspring Alberta provides. Overall, their quality of life would be diminished, and they would struggle to navigate their cancer journey without the assistance and resources provided by Wellspring Alberta. Without Wellspring Alberta, individuals expressed that they would feel isolated and have limited support in managing their life and cancer-related stress (see Figure 47 below). They would struggle to find alternative programs and services that address their psychosocial needs. Some individuals mentioned feeling frustrated, angry, and experiencing a loss of purpose without Wellspring Alberta. They also mentioned the struggle of finding support and meaningful activities in their community. Overall, Wellspring Alberta provides a sense of community, support, and access to programs that individuals may not find elsewhere. For example, some research participants reflect their perspectives on their life without Wellspring Alberta:

"Thinking about life without Wellspring Alberta, that would make me cry. That's hard. I do have a loving large church family. And I guess I would probably have figured out a way to lean more on them. But my extended family is all in Ontario. And yeah, I think I would be lonely, because cancer is very, very isolating. I imagine there are people who since they received a cancer diagnosis or became a caregiver and came to Wellspring Alberta, that they have never been so social in their lives." – Jasmine (Focus Group)

"I would be coping less well. I think I have a lot more coping skills, and am in a better place because of Wellspring Alberta. Like mentally, without Wellspring Alberta, I think I would have a lot more anxiety."
– Vicki (Focus Group)

"I would still be looking for support. I was fortunate that I ran into the Lethbridge volunteers, I might have stumbled on them eventually. But I would have had to turn to professional help. I would have gone back to the oncologist. I was consulting with my family doctor for more information, because I just wasn't getting any information or support at all. So once again, it would have been thrown on the family physician to help out in a situation that is not his specialty."
– Rosa (Focus Group)

Figure 47 The Challenges of a Life Without Wellspring Alberta

Part C: A Discussion on Combined Findings

Overall

Analysis of both qualitative and quantitative methods reveal similar themes and patterns. Members find that Wellspring Alberta is a tremendous resource of support, community, and positive impact, as they navigate the cancer journey. Wellspring Alberta is a place where members find opportunity to meet and connect with others navigating similar circumstances, from across the province of Alberta. In doing so, members reduce feelings of social isolation by forming connections and finding a community, developing skills and strategies, finding ways of expression, self/personal discovery, and opportunity to try new activities or engage with past hobbies. Wellspring Alberta offers a network of programs that promote holistic well-being while fostering an environment of both direct and indirect healing. Overall, Wellspring Alberta has significant positive impacts on the improvement of quality of life.

Programs

The various programs at Wellspring Alberta offer the opportunity for members to find programs that would best meet their needs, time, and interests. Programs offer both opportunity for direct topics related to cancer/managing symptoms and other challenges of the cancer journey, while also offering programs that are grounded in an activity (such as art or exercise based) that also promote indirect healing. Regardless, the peer-to-peer interactions that are fostered in Wellspring Alberta programs (regardless of program delivery method) form a community that creates space for everyone.

Programs create avenues for members to try new things, express themselves, and find connections. Our findings show that members feel that programs such as mindfulness and meditation help improve mental/emotional distress by allowing them to feel more in control over life, feel less nervous or depressed, and reduce fears of the future/unknown[9]. Programs create opportunities for members to engage in activities that contribute to improvements in various forms of well-being. For example, the many forms of yoga, tai chi, and exercise programs offered allow members to engage in physical activity and in many cases redefine what physical activity means to them.[10] Through education-based programming such as Food & Nutrition, members learn new ways of cooking, new ingredients, and new recipes that inspire healthy eating. Through education programs such as Brain-Fog members are equipped with cognitive strategies for managing effects of cancer/treatments, and through Return to Work, members gain support in navigating the practicalities and transition of going back to work. Through art, music and energy programs, members can be creative and at the same time have space for self-reflection and personal growth.

Further, skills and things learned from programs are transferred beyond Wellspring Alberta. Members take their learnings and experiences, tools and strategies and utilize them to navigate stressful times or experiences (such as meditation during diagnostic imaging) and share what they have learned with others in their community/family/friends/etc. Programs help members to learn new things, develop coping strategies, increase self-confidence, reduce social isolation, and improve quality of life.

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[9] Often noted as impacts across programs and not just those that are meditation-based.

[10] Members note that through participating in the various Movement based programs at Wellspring Alberta, it has redefined their perception of what it means to be active and go beyond the traditional forms of defining physical activity (i.e. running, heavy lifting, etc.).

Program Delivery Method

Findings show that members find both in-house programs and online programs to foster a safe space, in which all are treated equally. Members feel they are respected, and given time to share, communicate, and discover. Regardless of program delivery method, members obtain positive impact of the programs in which they participate that work in improving their quality of life. In-person programs give a multi-sensory experience as members form connections and communicate with verbal and non-verbal cues (body language, eye contact) being together in a collaborative environment, and have access to supplies. At the same time, in-person programs are in itself a barrier as travel to/from a centre is often not convenient or accessible, both for those who live close to centre's and those who live rurally. Participating in in-person programs incurs other factors such as travel time, potential need for child-care, financial aspects (gas or costs of transit). Online programs provide more convenience, accessibility, and flexibility, while giving members access to the Wellspring Alberta community from home. Online programs do, however, create barriers due to technological reliance, lack of availability of art supplies, and a more 'individualized environment' where opportunities for engagement with others beyond the program's duration are not easily accessible. While pros and cons exist to both methods, having options gives members the agency to find what best suits their needs and lifestyle. Members tremendously appreciate Wellspring Alberta's commitment to both methods and commitment to ensuring the physical space that is created for in-person programs is mimicked and fostered for online programs. Regardless of program delivery methods, members find connection, growth, opportunity, and positive impact. Through offering both online and in-person programs, Wellspring Alberta has expanded its reach and presence across the province, giving access to more and more Albertans affected by cancer.

Regarding online programs, members appreciate the quick adaptability in moving programs online when centre's were closed due to the COVID-19 pandemic. Members expressed their gratitude for how quickly services were brought online to ensure minimal disruption to members. As centre's re-opened and programs resumed in-person, findings show that members be afraid of the reduction of online programs. Members fear that this would create barriers to access and minimize their ability to participate and utilize Wellspring Alberta programs. This speaks to a potential need for increased communication and reassurance as to program planning and the future of managing both online and in-person program delivery.

In terms of program delivery method preferences, members consistently noted preference to participate in Arts programs in-person as it creates a collaborative environment when working on the activity/technique, opportunity for sharing experiences at a deep-interpersonal level while being creative and having supplies provided for the program by Wellspring Alberta. For the other pillars, there was less of a strong desire for one method over another. The survey results showed that many members preferred Movement and Meditation programs online, while this was mixed of in-person, online, or indifferent amongst qualitative participants. For the Self-Care and Education pillars, both had the preference for online, mixed with overall indifference to program delivery method across respondents.

Barriers

Our analysis of barriers across participants (and regardless of VOI) reveals that a large barrier is the inability to visit the house/centre in-person. Members are unable to visit the centre for various reasons including distance to centre (whether in the same zone as centre(s) or not, cost of coming to centre (gas,

transit, childcare), and time commitment required with travel adding additional time to the program duration. This barrier is also consistent for those who take programs and those participants who did not.

Other common barriers across all respondents included insufficient programs outside of business hours. Members felt that programs offered during the day were restrictive for those who work during the day or have other obligations such as for treatment/appointment schedule times. Members noted that the programs that do run during the evenings/weekends (both online/in-person) lack variety. Members note that without increased programs running outside of business hours, and variety of such programs, they feel increased isolation and far removed from the Wellspring Alberta community.

Among those who did not participate in programs, barriers in addition to inability to visit the house/centre in-person included feeling overwhelmed with information, and not identifying programs that would best meet or fit their needs. Members expressed being overwhelmed with information outside of Wellspring Alberta in relation to their cancer journey, that it felt like another element being added to their plate. Others noted that they felt overwhelmed with the information and processes of Wellspring Alberta itself. Respondents found that with such an expansive program list and not having a clear way to identify programs that would be of interest to them, this was a hindrance to participating, further complicated by the registration software/process.

Participants Who Did Not Participate in Programs
A unique component of this study was to capture feedback about the organization from members who signed up at Wellspring Alberta but did not go on to participate in programs. Survey respondents who classified as such members felt they had a good understanding of the programs and services at Wellspring Alberta but there is room for improvement in supporting members in registration and navigating software's and processes used in accessing programs. This was echoed by participants in the qualitative component of the study, who expressed a need for increased support in navigating the program registration system.

Participants in the qualitative component of the study also mentioned reasons they had not participated in programs after registration including feeling like they had support outside of Wellspring Alberta or finding support through other avenues such as Church groups, cultural groups, or extracurricular activity related groups, as well as feeling support of family and friends. Others mentioned having participated in programs outside of Wellspring Alberta (such as ACE prior to its offering at Wellspring Alberta, programs through Alberta Health Services, and other community centre run programs). Participants noted that overall; in taking these programs and having the support they felt their needs were met.

> "The programs that I took outside of Wellspring Alberta were through the Tom Baker Cancer Centre, which included a counselling, exercise and a nutrition program. All three met my needs at the time." - Survey Respondent

Part D: Impact Evaluations

In order to evaluate the findings of the study against frameworks of service delivery we looked at common frameworks for program evaluation. We found that in 2019, the Organization for Economic Co-operation and Development [OECD] refined criteria for evaluations to "determine the worth or significance of an intervention, or activity being evaluated" (OECD, 2019, p.1). These criterions include (OECD, 2019):

1. Effectiveness – Is the intervention achieving its objectives?
2. Coherence – How well does the intervention fit?
3. Sustainability – Will the benefits last?
4. Efficiency – How well are resources used?
5. Relevance – Is the intervention doing the right things?
6. Impact – What difference is the intervention making?

Further, in the Alberta context we found that in 2005, the Health Quality Council of Alberta [HQCA] introduced a matrix for health[11] aligning health care to better meet the needs of Albertans across the life span (HQCA, 2005). This matrix includes six dimensions:

1. Acceptability – Services are respectful, patient-centered, and responsive to needs and preferences.
2. Accessibility – Services are obtainable, consideration of barriers to service access.
3. Appropriateness – Services are relevant to patient needs and are evidence-based.
4. Effectiveness – Efficacy of the service to reach best possible outcomes.
5. Efficiency – Use of resources adds value to the patient, waste of resources is minimized.
6. Safety – Service delivery is designed to prevent or minimize harm to patients.

With these frameworks in mind (see Appendix F and G for the full frameworks), we then looked at how the perspectives and feedback obtained in this study fits across the six dimensions evaluating programs and service delivery of Wellspring Alberta.

Coherence and Acceptability

Analysis showed that Wellspring Alberta members found the programs and services to be respectful, focused on their needs, preferences, and interests. Members appreciate the vast array of programs available to them and feel that Wellspring Alberta offers something for everyone.

Accessibility

Overall, members find that programs and services are readily accessible during the day, however, suggest that there might be opportunity for more variety of programs, and increased programs outside of business hours to increase access. This is noted as a large barrier among members regardless of demographics, including geographic zone. Members appreciate the offering of online programs which reduces the large barrier many face as they are unable to visit the centre in-person/participate in in-person programs. Members feel that with supplies readily available for in-person programs, they can attend without worry about having the right tools or equipment for the program. For online programs,

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[11] As noted by the HQCA (2005), this was built off the work of the Institute of Medicine.

particularly for art, members feel that they could be more accessible if supplies needed for the program were mailed out to participants by the organization to reduce the time, energy, and cost of supplies for a particular program to participate online.

Relevance and Appropriateness

Members report that the large variety of programs offered at Wellspring Alberta give the opportunity for everyone to find programs of personal interest and that would meet their respective needs. Programs and services offered by Wellspring Alberta are evidence-informed and are consistently reviewed with latest scholarly literature on the impact of supportive programs such as art-therapy, yoga, etc. on those affected by cancer.

Impact and Effectiveness

All programs at Wellspring Alberta are evidence informed. Program research is extensive, with literature reviews for the benefits and impacts of different activities (i.e. art, music, yoga, exercise, etc.). Based off our findings in this study, members feel that the programs have tremendous positive impact on their overall well-being and/or quality of life, as programs foster community, reduce social isolation and further address specific needs (i.e. movement programs for physical well-being) that address well-being holistically.

Sustainability

In this study, members expressed the benefits of Wellspring Alberta programs beyond the programs themselves. This included drawing on the tools, skills, and strategies learned from programs. Members recalled utilizing skills and tools from meditation to navigate other stressful times or activities of daily life. Members note that programs have helped them to incorporate healthy lifestyle habits such as nutrition and learning to cook with various ingredients, and various forms of physical activity into their daily life that have carried on beyond the duration of the respective program. Members also shared ways in which they carried their learnings beyond Wellspring Alberta by sharing tools, skills and strategies with family members and friends. In brief, members developed many transferrable skills and knowledge that they can deploy in their everyday lives as needed. Participants who took the Money Matters program with Wellspring Alberta noted that it helped them manage their everyday financial matters in practical and sustainable ways, including claiming expenses, taxes, as well as work and disability related benefits.

Efficiency

Our findings show that members feel programs are offered efficiently that maximizes the program's duration, with no wasted time. Members report that program leaders are available for guidance and feedback and maintain the program's flow and conversations. Members enjoy that the provision of supplies in in-person programs reduces the worry and/or barrier of having to obtain supplies ahead of time for the program. Participants who took programs online appreciated the competencies and efficiencies of the instructors and organizations in how the programs have been delivered, time managed and created an effective learning environment.

Safety

Members report that they feel welcome at Wellspring Alberta centre's and online. Members feel that Wellspring Alberta is a safe space, a place for everyone, and that everyone is treated equally and with respect. Programs offer space to share one's stories and experiences with no judgement, and no

expectation. Members reported feeling like they could come as they are, be who they are, and find solace as Wellspring Alberta accepts you as you are.

Part E: Challenges and Policy Recommendations – Wellspring Alberta Moving Forward

Recommendations for Wellspring Alberta

How Can Wellspring Alberta Make Itself More Accessible to the Cancer Community?

Participants in this study, included members who participated in the survey and qualitative interviews, provided several suggestions for improving the visibility of Wellspring Alberta and increasing program uptake. These include improving marketing efforts, targeting rural communities through online focus groups or interviews, promoting Wellspring Alberta in hospitals and healthcare settings, enhancing online accessibility for remote areas, using TV commercials or posters, building partnerships with community organizations, hosting events in different spaces, making technology more accessible for elderly individuals, increasing digital presence, connecting with professional groups, reaching out to wider communities, collaborating with schools, and utilizing social media platforms. Additionally, participants emphasized the importance of making information easily accessible and connecting with other resources and organizations (see Figure 48 below).

> "I can only speak for Calgary but there's a center for newcomers, where they help them to come find a location for housing, find money, help find lawyers how the system works, and maybe Wellspring Alberta should have a foot in there because they have different languages or translators. For women, for men for children, how to go to school and maybe seeing you know, if one day you're sick or with cancer, Wellspring Alberta exists." – Harry (Interview)

> "It would be nice if the cancer team would provide information abouton Wellspring Alberta when you get diagnosed and start treatment. Unless you know about the service or hear about it from friends you would miss out because it's not that well-advertised and I don't think the average person is familiar with this service or how essential it is to supporting cancer recovery." – Survey Respondent
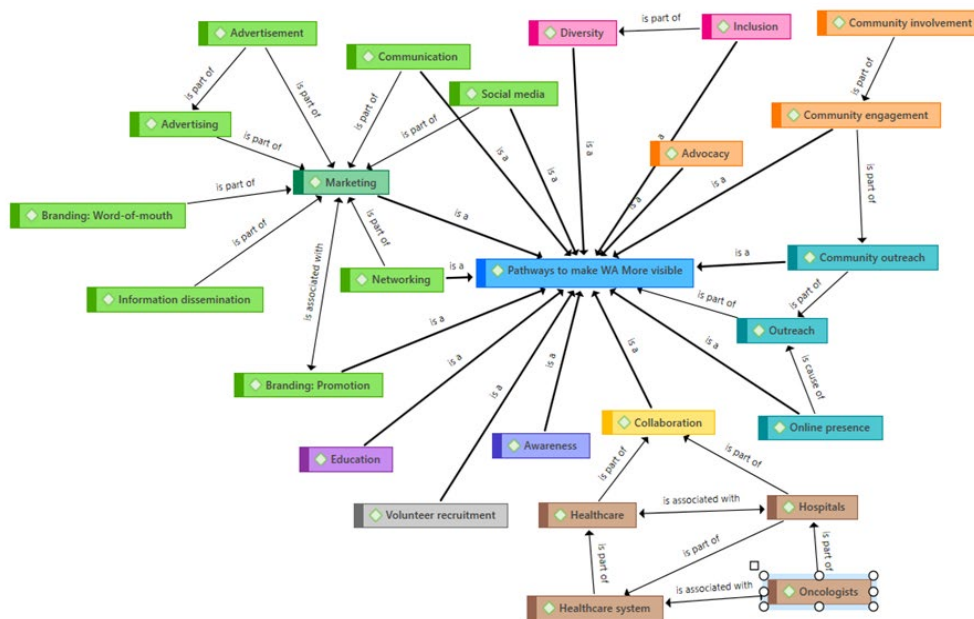
Figure 48 Increasing the Visibility and Awareness of Wellspring Alberta

Future Programs Preferences or Programs Members would like to see at Wellspring Alberta

Participants provided feedback for Wellspring Alberta expressing their preferences for future programs. These include addressing medical and trauma-related issues, offering therapeutic interventions with a psychoeducational approach, and tailoring programs to young adults and those with advanced diseases or chronic illnesses. Participants also suggested incorporating community projects or volunteering, providing separate group-based programs for different age groups, and offering more program spaces and enrollment options. There was a desire for breast cancer support programs at Wellspring Alberta and a preference for small group discussions. Participants mentioned the importance of timing, live engagement, program variety, and different instructors. They also expressed their commitment to continue participating in Wellspring Alberta programs and engage in activities such as gardening, art, and sports. Some participants expressed interest in volunteering at Wellspring Alberta and giving back to the community (see Figure 49 below).

> "Healing journey would definitely be really interesting with young adults only. I think there would be a very different tone of the conversations, yeah that would shift a little bit, and then it would be different kinds of discussions more applicable to young adults. And then recently, I took a program that was about Wills. And, again, it was a lot of older adults attending thinking about their own Wills. And I was thinking it would be interesting to have this program with more of a young adult lens. And I was thinking of that in the context of maybe just young adults with advanced diseases or chronic illnesses, young adults with metastatic or advanced cancer, but yeah, what does end of life look like, as a young adult and what things do I want to be thinking about."
> – Taylor (Interview)

> "Well, I think some of the programming, especially during the nicer months, could be a little bit more outdoors. Yeah. And, that just opens up a whole new door of potential programs to offer." – Leah (Interview)
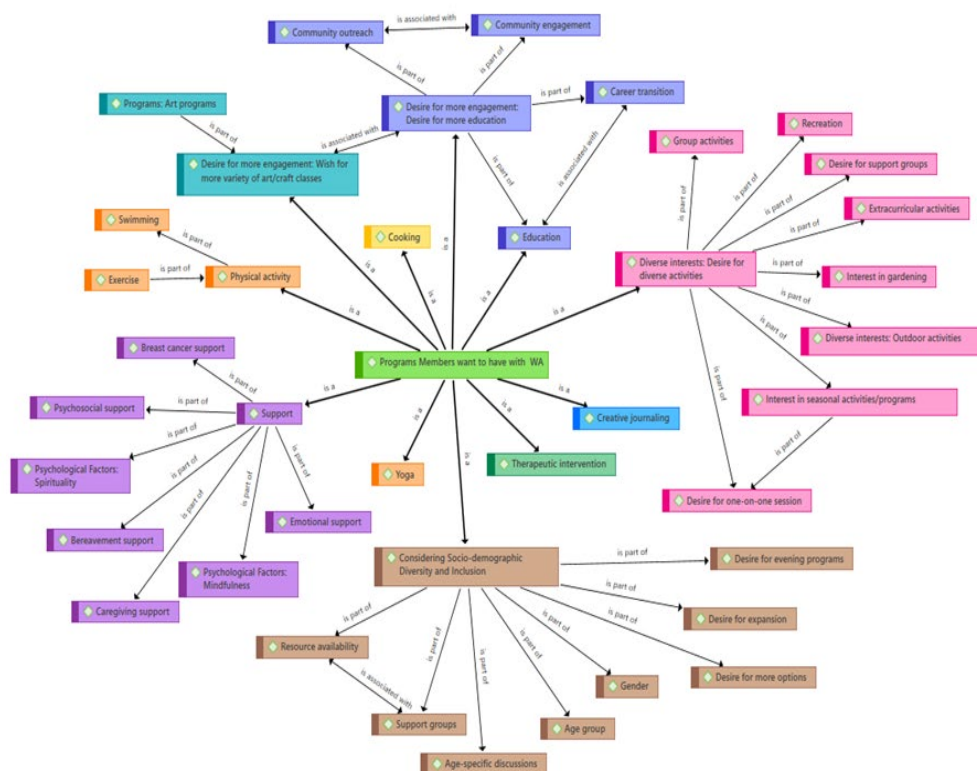
Figure 49 Suggestions for Future Programs at Wellspring Alberta

Desire for Programs Outside Business Hours

Program participants expressed a desire for more programs to be available outside of regular business hours, as many are unable to attend programs during the day due to work or other commitments. The limited availability of evening and weekend programs was mentioned as a challenge, with participants requesting a wider range of programs and scheduling options. Some participants highlighted specific scheduling conflicts, such as working during program hours or having treatment appointments that coincide with program times. Lack of flexibility in program scheduling was identified as a barrier to participation, and participants suggested offering programs online outside of regular business hours as a more accessible option. Additionally, participants expressed a desire for more variety in the programs offered outside of business hours and events, suggesting ideas such as increased art options (i.e. Macramé), exercise/physical activity such as dance, and music programs such as choir. Overall, participants hoped for increased accessibility and flexibility in program scheduling to accommodate their diverse needs and ensure that they can participate in desired programs. Participants are expressing their challenges with program scheduling, particularly during business hours. They also mention difficulties in attending consistently due to treatment or caregiving responsibilities. Some participants express a desire for more variety in program times and days, especially in the evenings or weekends. Others mention the need for online options or programs closer to their location. Overall, participants feel that offering programs outside of business hours would greatly improve program delivery.

> "There are very few good programs that are available after work hours. Most of the programs are all available in the morning or afternoon. As you know, not every employer is very accommodating to take that time to attend a program during the day. It is very difficult."
> – Kara (Focus Group)

> "I work full time, so it is hard for me to participate in a lot of the programs as they aren't available outside regular business hours or on weekends. Plus, I live two hours from Edmonton and two hours from Calgary, so it is very difficult to participate in any in person programs and currently the only program available near me is Cancer Connect (which I do enjoy)."
> - Survey Respondent

Figure 50 The Need for Programs Outside of Business Hours

Research participants were asked what else Wellspring Alberta can do to improve their experience regarding program delivery or programs it offered to them (see Figure 51 below). Overall, participants provided the following recommendations or suggestions:

Recommendations for Program Offerings/Content
- Increase capacity for in-person art programs or increase offerings of art-programs in-person so more members can participate.
- Recommended increasing the variety of program offerings or capacity of high-interest Yoga and Tai Chi classes.

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- Suggested providing increased variety of programs specifically tailored to caregivers and family members of cancer patients.
- Increase supportive programs/services for those bereaved.
- Recommended exploring more opportunities for outdoor activities and nature-based programs.
- Stressed the importance of regularly evaluating and improving programs based on participant feedback and changing needs.
- Suggested offering increased programs and resources specifically for young adults with cancer and navigating the unique challenges young adults face on the cancer journey (i.e., cancer and a young family, returning to school).

> "There was alot of emotional trauma around my loved one's passing and being bereaved. For one thing, I had to start fresh because of the lack of programs and to find a new community and the realities of COVID-19 made that worse. And I had to establish a connection with a psychologist. And then you know, you have your eight sessions, and then you're done. And then they recommended online tutorials for more support, but I don't want that. I want to be talking to somebody that's been through it. I wanted my Wellspring Alberta community."
> – Vicki (Focus Group)

Recommendations for Increasing Support

- Increase advertisement of Peer Support program to new members so more members can partake in this mentorship style program with someone who has experienced a similar experience in the past.
- Increase support upon registration as a new member in navigating program schedule, registration systems.
- Recommended providing more information and resources for financial support and navigating the healthcare system.
- Expressed the need for more education and awareness around cancer prevention and early detection.
- Expressed need for ongoing support and resources post-treatment, including mental health support.
- Emphasized the importance of promoting self-care and stress reduction techniques for those affected by cancer.
- Continuous acceptance of people as they are, with no expectation of abilities or technical skills for programs.

Program Delivery Recommendations

- Highlighted the importance of continuing to create a welcoming and inclusive environment for participants of all backgrounds and abilities both online and in-person.
- Suggested offering increased online or virtual programs for those who cannot attend in-person sessions.
- Increase in presence or satellite space in the Northern side of Edmonton.

> "People here are suffering, and sometimes I have heard that there may be expectations in classes, so just because it says you should do this, not everybody is ready to or able to do this. Oh, it might be something they might not do for another six months or another year. So, you kind of have to just respect where they are." – Rani (Interview)

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Awareness Recommendations

- Continue to promote Wellspring Alberta as a resource among health care providers/provider networks (such as Primary Care Networks) across the province.
- Suggested establishing partnerships with other community organizations to expand the reach and impact of Wellspring Albertas programs.
- Increase awareness amongst diverse demographic groups.
- Increasing awareness and offerings in rural Alberta.
- Increase advertisement of volunteer opportunities at Wellspring Alberta both internally among the membership base and externally in the community.

"I think that's what a few people I've talked to have said is that after a while Wellspring Alberta, you almost feel self-indulgent, like I'm seven years past cancer treatment now. And I don't really need, you know, the intimate support that Wellspring Alberta can provide. But my friends from here, we are all super close still, we'd love to keep doing things, but maybe turn the focus away from us and our cancer journey into something in the community. We just don't know how, or what opportunities there may be." – Katie (Interview)

"Diverse communities, there's a lot more here in Canada and it's growing every year. People are moving here from other parts of the world, but everybody gets sick, cancer affects everyone. So, I think that it is important that we show people who are coming from other cultures, that there is more help for cancer than just the health care system. There is a lot more support like Wellspring Alberta. So, it would be great to have posters or whatnot in different languages that are posted at different cultural events that describe what Wellspring Alberta does and what it is there for." – Jae (Interview)
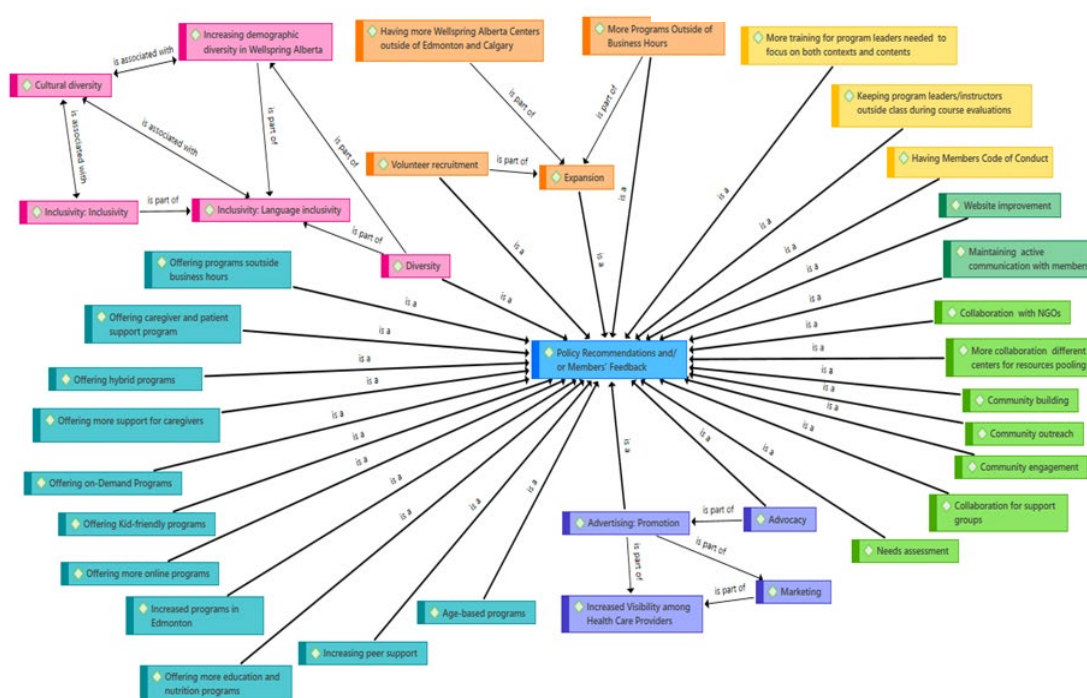

Figure 51 Recommendations for Wellspring Alberta Programming and Offerings

Academic Recommendations

The Importance of Methodology

This study revealed the impact of interventions to meet the many psychosocial needs that come with a cancer diagnosis. Further studies should utilize longitudinal methods to determine impact over time, and to evaluate the intervention. Studies should look to utilizing samples with no prior engagement with an intervention such as the programs offered by Wellspring Alberta to establish a baseline amongst participants prior to introduction of the intervention (participation in programs). Ongoing follow-up with participants at regular intervals through data collection periods would create opportunities to determine the value added of an intervention, controlling for engagement with interventions over time. Such information would be vital to the literature in this field, highlighting the resources and impact over time of a program or set of programs.

Due to the limitations in the distribution of sample sizes in the quantitative portion of this study, relationships and significance of socio-demographics in some cases were unable to be determined. Due to the sample size when isolating for a particular variable, the small sample size would often violate assumptions of the statistical testing for a given measure. Future studies should look to purposive sampling to have equal variances to ensure that criteria for common statistical testing is met. This would create opportunities for more concrete findings pertaining to relationships between an outcome or intervention with a specific variable or grouping of variables.

Unique to this study was the community run nature of Wellspring Alberta. Much existing research in the field pertaining to support programs has been administered and conducted in clinical settings, or by a clinical provider in non-clinical settings. This study highlights the value of a community run and community driven organization that complements existing health services/infrastructure. It signifies the importance of creating an environment separate from clinical settings to foster safety, comfort and trust, highlighting the unique value of community-driven programs, as well as community-driven research. It underscores the importance of creating environments separate from the clinical setting to enhance participant's sense of safety and comfort. By conducting research in community settings, it signifies and ensures that findings are more relevant and applicable to real-world community programming.

Health System Recommendations

Improving Patient Flow and Fostering Comprehensive Care

This research demonstrates the impact of Wellspring Alberta, as a community resource that complements existing health services by providing non-clinical support to individuals, caregivers and families affected by cancer across Alberta. This helps alleviate the burden on the healthcare system by offering resources and programs that address the unmet mental, emotional, and social needs, which are often beyond the scope or capacity of clinical treatment and the health infrastructure. Increasing awareness about resources available in the community can work to ease strain on the healthcare system, providing access to those in a timely manner. There is a strong need to improve awareness of resources across the health care system that includes community resources to fill in gaps in care, and to provide a more seamless, comprehensive provision of care. Additionally, resources for those affected by cancer must be available across the cancer cycle for both patients, caregivers and families to address and meet the changing needs at different points along the cancer journey.

Conclusions

Wellspring Alberta is a tremendous resource for those affected by cancer. This study has shown the impact of the organization, its programs, and services, and how members have choice in how to participate in what is best for their needs, time, and interests, and as this may change along the cancer journey. Members feel Wellspring Alberta offers something for everyone and is a safe place for all. Through participation in programs, members foster relationships, form community, experience self-discovery and personal growth, that all serve to reduce the burden and challenges that come with cancer and improve quality of life. These findings have confirmed our hypothesis in which we proposed that regardless of program delivery method, Wellspring Alberta members would find reduced social isolation, increased self-confidence, and formation of community.

This research broadens much of the existing literature on psychosocial cancer support programs. Much of the pre-existing literature has been specific to a type of cancer, or a type of program (i.e. the impact of a yoga class on women with breast cancer). This research did not isolate the sample to individuals with a specific type of cancer, but rather was open to all members at Wellspring Alberta, where patients and survivors all have various cancer diagnoses, as well as caregivers and those bereaved. This research also was unique in being open to all regardless of gender, age-range, geographical zone, primary language, or diverse demo-graphic group. Much of the existing literature is specific to one sub-category of a demographic variable. Whereas this research took a broader approach to provide a comprehensive understanding of the impact of psychosocial cancer support on those affected by cancer as well as how program delivery methods can shape impact. Program delivery method of support programs in existing literature is understudied, and this research fills in some of those gaps. Finally, this research is also unique in that the programs are run by a community organization and occur in the community. Much research to date is of programs run in healthcare settings, and/or by healthcare providers.

This research not only served to fill in the gaps of existing literature, but to provide tremendous insight at the organizational level. This research provides Wellspring Alberta with much information about member's experiences, the impact of the services the organization provides, and the limitations or barriers members face within the organization. This research documents important feedback from members about how Wellspring Alberta can reach more communities and diverse populations affected by cancer in Alberta. All this information serves to aid the organization in future strategic planning, program development, and organizational initiatives to increase awareness, improve service delivery and reduce barriers. This information is also applicable to other organizations that provide similar programs and services to individuals affected by cancer. Beyond the organizational level, this research serves a role in government advocacy as to the significance of support programs at the community level that serve to supplement government infrastructure such as health systems, to better improve the well-being and lives of those it serves.

Future research in this field should continue to explore how socio-demographic factors can influence an individual's engagement with community psychosocial cancer support and the impact of such programs. Future studies with larger samples would strengthen findings across the literature of the impact of psychosocial cancer support programs.

Appendices

Appendix A- Six Program Pillars of Wellspring Alberta

Supporting programs and services include physical activity-based programs, psychosocial, emotional, spiritual, educational, and all other different types of supportive services including peer support services are provided to cancer patients and their caregivers, as needed. Wellspring Alberta's programs and services are offered under six pillars: (1) Self- Development and Educational, (2) Exercise and Movement, (3) Symptom Management, (4) Therapeutic Arts, (5) Finance and Workplace Strategies, and (6) Individual and Group Support (see Wellspring Alberta, n.d.-a). Programs are currently offered online, and in-person, with some programs being drop-in / single session programs, others are sequential and of multiple sessions, the majority are group based however one-on-one programs are also available. The programs and services offer an avenue for individuals affected by cancer to connect with others and obtain support. In doing so, through peer-to-peer interaction, members feel empowered, supported, and connected in that they are not alone on their cancer journey (Wellspring Alberta, n.d-b; Wellspring Cancer Support, n.d). Peer-to-peer interaction is noted as a critical element to the wellbeing and overall healing of those living with and affected by cancer, increasing feelings of empowerment, coping, and control/management of their cancer (Bender et al., 2022; Park et al., 2018; Ziegler et al., 2022). At current, many of the drop-in/ individual session programs are being offered both online and in-person, while the sequential programs are primarily being offered online. The six program pillars are:

Self-Development and Educational

These programs are generally more structured, often operating over multiple sessions where information is progressively introduced and built upon to equip individuals with the knowledge, strategies, and tools to live well with cancer. Due to the higher cognitive demands of these programs, members are encouraged to enrol only if they can commit to attending all sessions in the program. This pillar offers an array of programs such as Healing Journey, Nourish, Kids in the Kitchen, Speaker Series, Living Well With Cancer, that provide resources, tools, and strategies to live well with cancer.

Exercise and Movement

Individuals participate in programs featuring physical activities designed to increase strength, build resilience, and aid in recovery from the physical impacts of cancer/treatments. These programs are offered regularly throughout the week with no ongoing commitment required from members when they register, rather they can 'drop in' and participate based on their needs, interest, time, and energy. Among the programs offered are: Exercise and Educate, Tai Chi, Yoga, Dancing for Wellness, as well as seasonal indoor and outdoor activities.

Symptom Management

Cancer and its treatments can bring an array of symptoms. These programs are generally centered around specific symptoms, providing tools, skills, and strategies in managing symptoms to help individuals live better with cancer. Programs include: Brain Fog, Food and Nutrition, Energy Sessions, Meditative Breathwork, and Visualization, Relaxation and Mindfulness.

Therapeutic Arts

Programs under this pillar empower individuals to express themselves, discover a new passion or escape cancer for a few hours through visual arts, writing, music, and other artistic forms. These programs are offered regularly throughout the week with no ongoing commitment required from members when they

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register, rather they can 'drop in' and participate based on their needs, interest, time, and energy. Among the programs offered are: Gardening, Adventures in Art, Open Art Studio, Ukulele, Watercolour, Creative Journaling, and Harp Circle.

Finance & Workplace Strategies

Programs in this pillar provide support in navigating the practical challenges that cancer brings including financial challenges as well as work-related challenges. Programs provide tools, strategies, resources, and assistance with overcoming these challenges. Such programs include: Money Matters , Returning to Work, Resumes and Interviews, and Legal and Employment Matters.

Individual and Group Support

Programs in this pillar offer space for individuals to obtain either individual or group support to share personal feelings or concerns specific to one's needs. Programs include: COMPASS for the Caregiver, Indigenous Cancer Sharing Circle, Peer Support, Transitions Support Coach, among others.

Appendix B - Example report of analysis on open-ended questions from the annual Mission Survey

As part of the 2022 Mission Survey conducted by the Wellspring Cancer Support Foundation [WCSF], the following open-ended questions were asked of participants, however the image below was the only reporting provided on the results from these questions.

- What words would you use to describe your experience at Wellspring?
- Could you provide us with an example of something you learned that was helpful?
- Do you believe your quality of life has been improved by attending Wellspring? If so, in what ways? If not, why do you believe Wellspring programs were unable to improve your quality of life?
- Wellspring is always looking to grow and evolve our programming. Was there something you were looking for that you didn't find?
- Is there anything else about your experiences with Wellspring that you would like to share?

What words would you use to describe your experience at Wellspring?

"Calming, inspirational, motivational, encouraging, reassuring, optimism, hopeful"
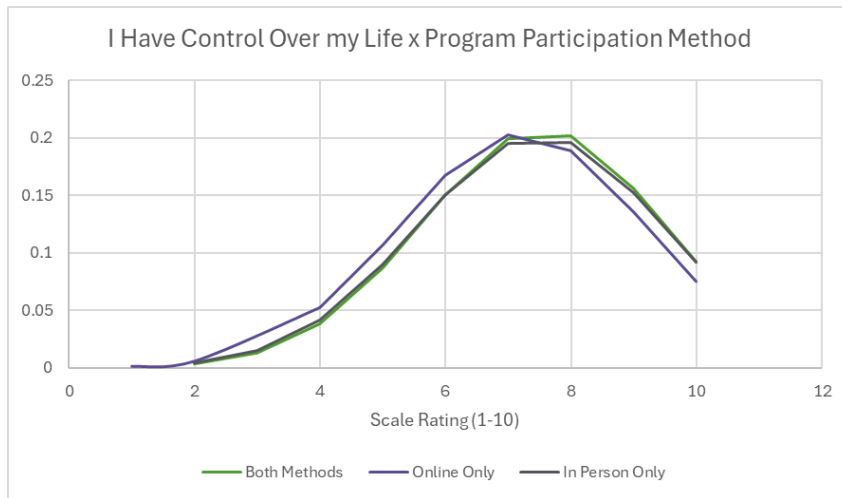
Appendix C- Geographical Zones

The research team established five geographic zones for this study. The five zones have been modified from the five Alberta Health Zones to reflect accessibility to the three Wellspring Alberta houses. The table below shows the communities which sit within each zone.

Northern Alberta Zone	Edmonton Zone	Central Alberta Zone	Calgary Zone	Southern Alberta Zone
Andrew	Beaumont	Alliance	Airdrie	Acme
Anzac	Calmar	Bashaw	Balzac	Banff
Athabasca	Devon	Bittern Lake	Black Diamond	Barnwell
Barrhead	Edmonton	Blackfalds	Blackie	Bassano
Beaverlodge	Fort Saskatchewan	Bowden	Bragg Creek	Beiseker
Blue Ridge	Leduc	Camrose	Calgary	Bellevue
Bon Accord	Millet	Caroline	Carseland	Bow Island
Bonnyville	Sherwood Park	Castor	Cayley	Brooks
Boyle	Spruce Grove	Consort	Chestermere	Buffalo
Buffalo Lake	St. Albert	Coronation	Cochrane	Calgary
Busby	Stony Plain	Daysland	Conrich	Canmore
Cadotte Lake		Eckville	Crossfield	Cardston
Calling Lake		Elnora	De Winton	Carstairs
Chauvin		Forestburg	High River	Castor
Cold Lake		Hardisty	Kananaskis Country	Cayley
Conklin		Hanna	Langdon	Champion
Desmarais		Hillsdown	Madden	Claresholm
Drayton Valley		Innisfail	Millarville	Coalhurst
Edson		Killam	Okotoks	Cochrane
Elk Point		Kirriemuir	Priddis	Coutts
Elizabeth		Lacombe	Turner Valley	Cremona
Evansburg		Maskwacis		Crowsnest Pass
Fairview		Morrin		Drumheller
Fishing Lake		Olds		Didsbury
Fort Chipewyan		Penhold		Exshaw
Fort McKay		Provost		Foremost
Fort McMurray		Red Deer		Fort Macleod
Fort Vermillion		Rimbey		Fort McLeod
Fox Creek		Rocky Mountain		Glenwood
Gift Lake		House		Hays
Gibbons		Sedgewick		High River
Glendon		Stettler		Hussar
Grande Cache		Sundre		Kananaskis Country
Grande Prairie		Sylvan Lake		Lethbridge
Grimshaw		Three Hills		Longview
Grovedale		Trochu		Magrath
Grouard		Westerose		Milk River
Hines Creek		Wetaskiwin		Morley
High Level		Winfield		Nanton
High Prairie				Okotoks
Hinton				Oyen
Hythe				Pincher Creek
Jasper				Picture Butte

Jarvie				Ralston
Kikino				Raymond
Kinuso				Redcliff
Kitscoty				Redwood Meadows
La Crete				Stavely
Lac La Biche				Stirling
Lafond				Strathmore
Lamont				Taber
Lloydminster				Tilley
Manning				Turner Valley
Mayerthorpe				Vauxhall
McLennan				Vulcan
Morinville				Water Valley
Musidora				
Onoway				
Paddle Prairie				
Peace River				
Peavine				
Peerless Lake				
Radway				
Rainbow Lake				
Red Earth Creek				
Redwater				
Rycroft				
Saddle Lake				
Seba Beach				
Sexsmith				
Slave Lake				
Smoky Lake				
Spirit River				
St. Paul				
Swan Hills				
Thorsby				
Thorhild				
Tofield				
Totfield				
Trout Lake				
Two Hills				
Valleyview				
Vegreville				
Vermilion				
Viking				
Vilna				
Wabasca				
Wainwright				
Westlock				
Whitecourt				
Wildwood				
Worsley				
Zama City				

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Appendix D – McGill Quality of Life: "As a result of Wellspring Alberta, I feel..." by Program Participation Method Bell Curves

As a Result of Wellspring Alberta, I Feel I Have Control Over My Life

I Have Control Over my Life x Program Participation Method

As a Result of Wellspring Alberta, I Feel Supported

I Feel Supported x Program Participation Method
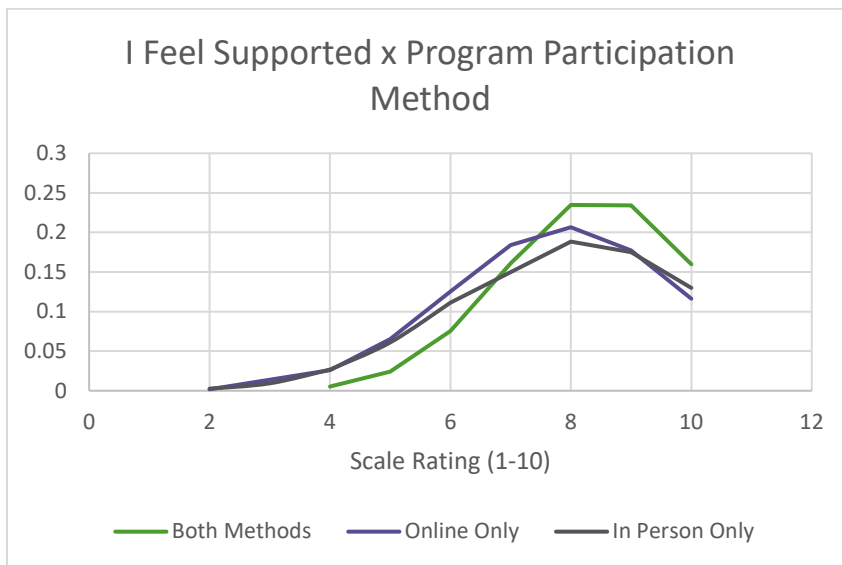
As a Result of Wellspring Alberta, I Feel I Have Stronger Relationships
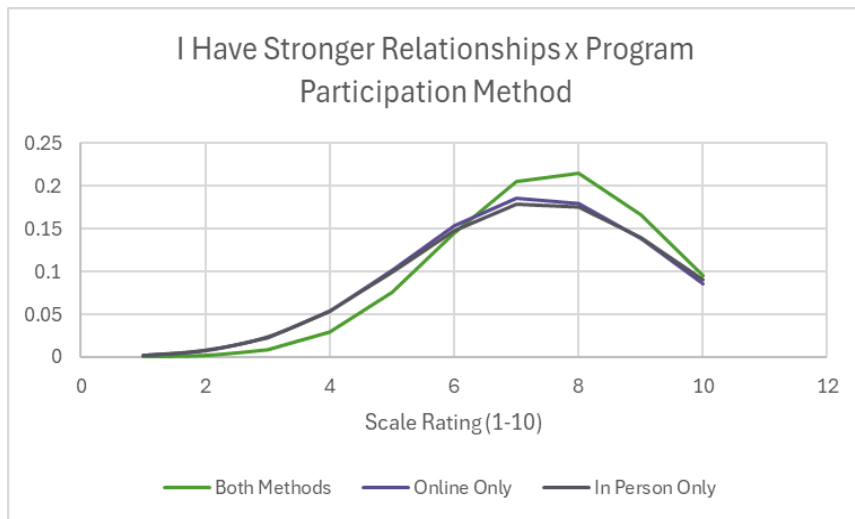
As a Result of Wellspring Alberta, Communicating with Those Close to Me Is Easier
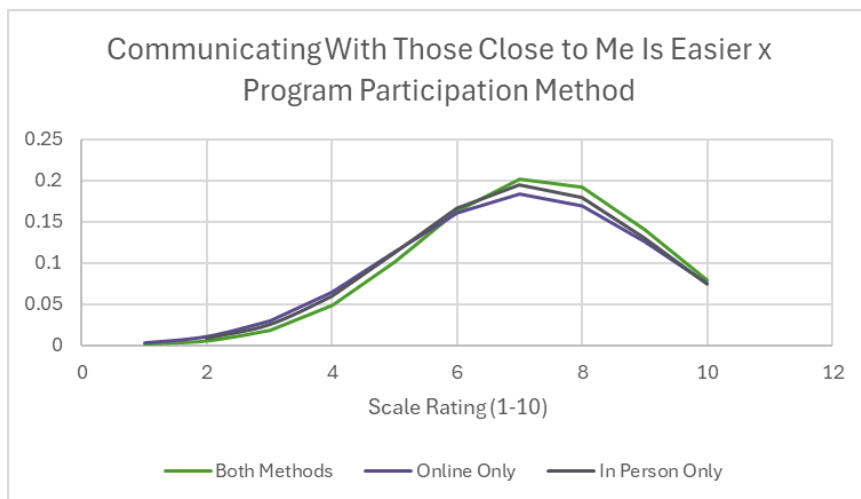
As a Result of Wellspring Alberta, Life is Purposeful and Meaningful

Life is Purposeful and Meaningful x Program Participation Method
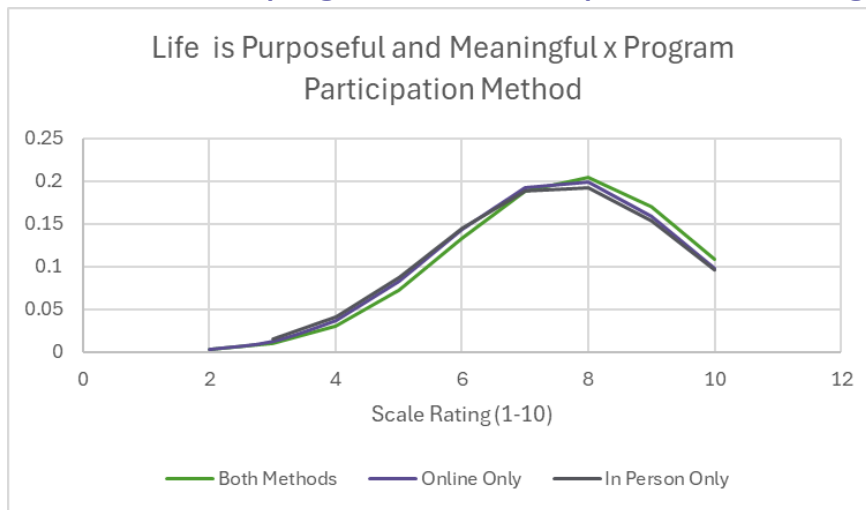
As a Result of Wellspring Alberta, I Feel Less Depressed

Less Depressed x Program Participation Method
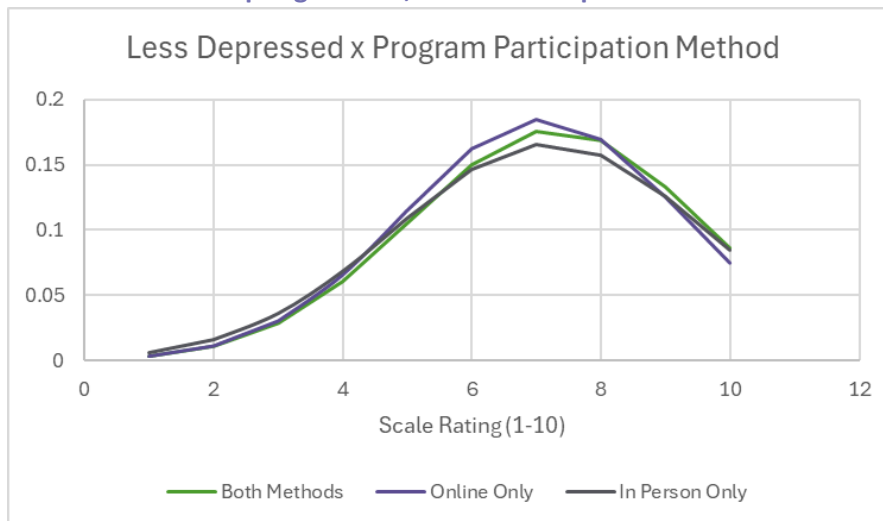
As a Result of Wellspring Alberta, I Feel Less Nervous or Worried

Less Nervous or Worried x Program Participation Method

Both Methods — Online Only — In Person
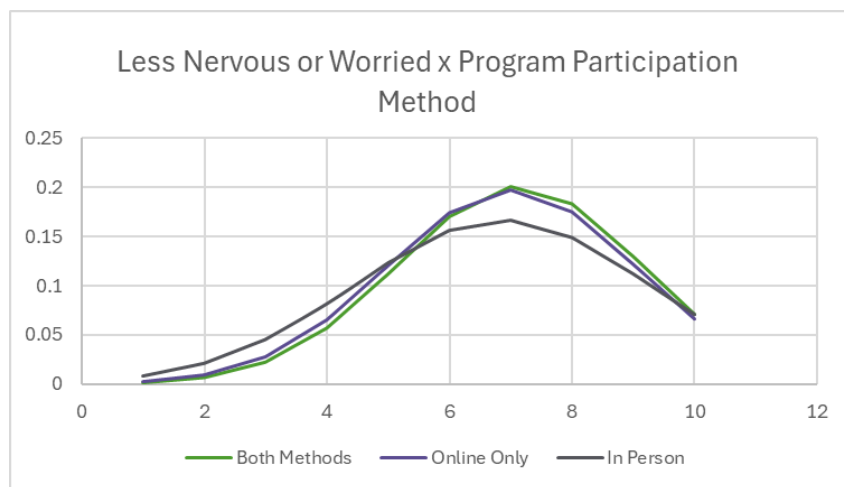
As a Result of Wellspring Alberta, I Feel Less Fearful of the Future

Less Fearful of the Future x Progam Participation Method

Scale Rating (1-10)

Both Methods — Online Only — In Person Only
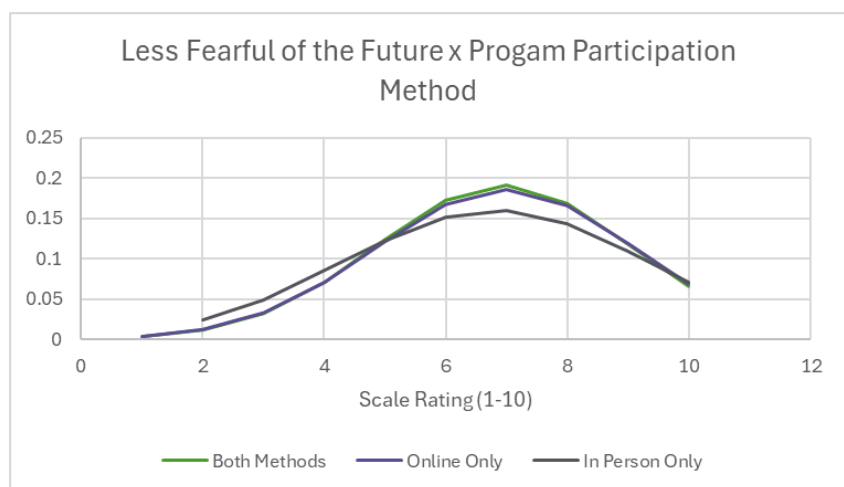
As a Result of Wellspring Alberta, I Feel Physically Better

Physically Better x Program Participation Method

— Both Methods   — Online Only   — In Person Only
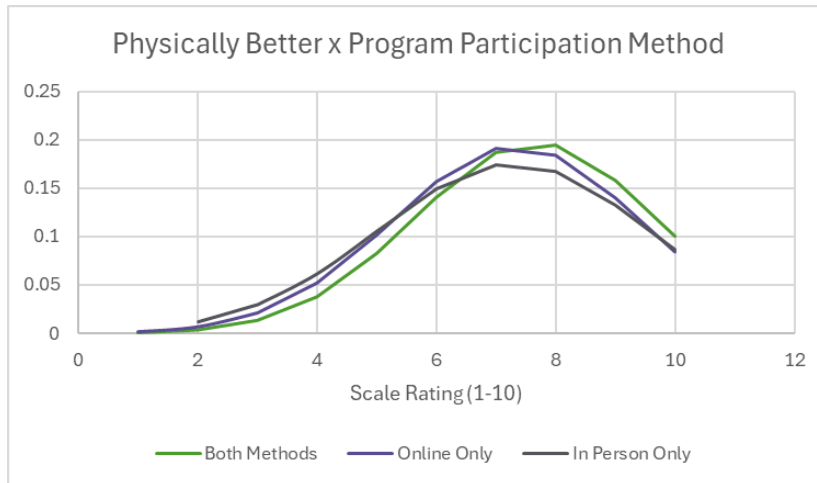
Appendix E- Quality of Life Sum Ratings by Variables of Interest and Program Delivery Methods

Gender QOLSUM

Gender QOL Sum x Participation in Programs	QOLSum Total	Online Only	In-Person Only	Both
Men	77.23	81.56	79.93	73.25
Women	74.48	72.52	71.61	76.40
Non-Binary	64.00	NA	NA	64.00
Prefer not to Specify	68.33	NA	NA	68.33

Zone QOLSUM

Zone QOL Sum x Participation in Programs	QOLSum Total	Online Only	In-Person Only	Both
Calgary	75.56	73.32	76.59	75.95
Edmonton	73.50	70.59	78.59	78.59
Southern AB	75.50	77.78	63.25	63.25
Central AB	67.17	72.60	61.83	61.83
Northern AB	77.17	75.50	80.50	80.50
Reside Outside of AB	76.71	77.22	71.25	71.25

Age Range QOLSUM

Age Range QOL Sum x Participation in Programs	QOLSum Total	Online Only	In-Person Only	Both
18-39	73.00	71.57	83.00	71.75
40-49	73.55	72.52	75.14	74.42
50-59	73.32	69.69	71.31	76.60
60-69	76.76	78.38	73.06	76.79
70-79	74.17	65.38	76.88	74.03

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80-89	79.8	100.00	44.00	85.00
Prefer not to Specify	NA	NA	NA	NA

Member Type QOLSUM

Member Type QOL Sum x Participation in Programs	QOLSum Total	Online Only	In-Person Only	Both
Patient	71.97	69.31	74.89	72.71
Survivor	78.04	77.26	75.14	79.09
Caregiver	75.34	78.10	71.38	75.88
Bereaved	65.24	65.88	70.25	60.20

Language QOLSUM

Language QOL Sum x Participation in Programs	QOLSum Total	Online Only	In-Person Only	Both
English	74.87	73.73	73.63	75.72
French	68.50	74.50	NA	62.50
Cantonese	72.60	53.50	100.00	78.00
Mandarin	94.00	NA	NA	94.00
Spanish	80.00	80.00	NA	NA
Other	72.33	71.00	59.00	79.00

Diverse Demographic Group QOLSUM

Diverse Demographic Group QOL Sum x Participation in Programs	QOLSum Total	Online Only	In-Person Only	Both
Not Applicable	74.25	72.99	73.10	75.27
Indigenous	64.60	64.67	90.00	39.00
New arrival to Canada	74.50	74.50	NA	NA

Person of colour	81.75	73.00	100.00	85.29
LGBTQ2IA2S+	75.60	90.00	52.00	78.67
Other	78.44	79.38	82.50	76.50
Prefer not to specify	75.50	70.00	NA	81.00

Appendix F- Health Quality Council of Alberta [HQCA] Matrix

DIMENSIONS OF QUALITY

The following provides a detailed description of each of Alberta's six dimensions of health service quality, as shown on the horizontal axis of the Matrix.

DIMENSIONS	DESCRIPTION
Acceptability Health services are respectful and responsive to user needs, preferences, and expectations.	*To what extent do patients have a positive experience using healthcare services?* Acceptability focuses on the degree to which healthcare services are patient-centred; that is, care is provided in a manner that respects the patient's needs, preferences, and expectations resulting in a positive patient experience. It also considers how patients are supported in participating in their own care.
Accessibility Health services are obtained in the most suitable setting in a reasonable time and distance.	*How easy is it for patients to obtain the health services they need?* Accessibility refers to how much effort patients have to expend to be able to access the services they need. It considers barriers to care such as ease of access to the service location, wait times, and co-ordination of care.
Appropriateness Health services are relevant to user needs and are based on accepted or evidence-based practice.	*What service or treatment balances patient needs and preferences with evidence-informed practice to produce the best possible outcome?* Appropriateness refers to the collaboration between the patient and the healthcare provider to determine the care that respects the needs and preferences of the patient and is supported by evidence-informed practice.
Effectiveness Health services are based on scientific knowledge to achieve desired outcomes.	*Is the treatment or intervention provided based on scientific knowledge and best practice to facilitate the optimal outcome for the patient?* Effectiveness refers to the efficacy of the treatment or intervention in providing the best outcome for the patient. The choice of treatment or intervention for the patient is based on current scientific knowledge and evidence-informed practice.
Efficiency Resources are optimally used in achieving desired outcomes.	*Are health system resources used prudently?* Efficiency focuses on the extent to which resources (e.g., people, facilities, and equipment) expended on health services add value (directly or indirectly) for the patient and minimize waste.
Safety Mitigate risks to avoid unintended or harmful results.	*What actions/mechanisms are in place to minimize or eliminate any opportunity for patients to be harmed by the care they receive?* Safety considers whether care processes are designed and implemented to prevent or mitigate risk of harm to patients.

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Appendix G- Organization for Economic Co-operation and Development [OECD]
Evaluation Criteria

Appendix H– Focus Group Discussion /Interview Protocols

Introduction to Wellspring

1. Why did you join Wellspring Alberta?
2. In one sentence, how would you describe quality of life?

Program Participation

3. What programs have you taken so far and why?
4. Has your preference for the type of programs changed over time? If so, why/how?
   a. Probe: Their stage of cancer journey.
   b. Probe: As their needs changed.
5. How do you describe the impact of the programs you have participated in?
   a. Probe: How do you feel they have improved your quality of life?
6. Were there any challenges you experienced while participating in any of the programs taken?
7. Are there any programs you would like to see us offer that we do not currently?
   a. Probe: Self-paced or 'On Demand' programming.

Program Delivery Methods

8. What program delivery method(s) have you utilized to participate in programs, in-person, online or both?
9. Why would you choose online programs? Why in-person?
   a. Probe: Do your preferences for delivery method change based on factors such as time of day, day of week, type of program, who the facilitator is, etc.?
   b. What are the benefits of online? In-person?
   c. What are challenges of online? In-person?
10. Do you feel there is a difference in the program's impact depending on if it is held online or in-person? (Probes: examples of differential impacts for each program delivery method).
    a. Probe: Do impacts they feel are greater in one mode exist in the other or not at all?

Wellspring Alberta Physical Space and Culture

11. How appropriate is the space for the program?
    a. How is the space suitable? Is there anything about the space that can be improved?
12. How would you describe the culture of Wellspring Alberta?
    a. Is there anything that needs to change? Is there anything that you want to see that could make you or others more comfortable, increase meeting your needs, improved accessibility, and diversity?

Organizational Presence

13. Where would you be without Wellspring Alberta?
14. Why is Wellspring Alberta unique?
15. How do you think Wellspring Alberta can make itself more visible in your community?
16. Where would you like to see Wellspring Alberta in five years?

Appendix I – HREBA Ethics Approval Certification

HREBA | Health Research Ethics
Board of Alberta
Community Health Committee

Health Research Ethics Board of Alberta
Community Health Committee
1500, 10104 - 103 Avenue NW
Edmonton, Alberta, T5J 0H8
Telephone: (780) 423-5727
Fax: (780) 429-3509
Email: communityhealth@hreba.ca

Certification of Ethics Approval

This is to acknowledge that the following research has been reviewed and on behalf of the Health Research Ethics Board of Alberta (HREBA) – Community Health Committee (CHC) I am granting approval for your site's participation in the research.

Ethics ID:	HREBA.CHC-23-0004
Principal Investigator:	H M Ashraf Ali
Co-Investigator(s):	
Student Co-Investigator(s):	
Study Title:	Program Evaluations of Wellspring Alberta and Investigation of Its Members Perspectives about Program Delivery Methods
Sponsor:	Alberta Health, Government of Alberta

Effective: 13-Apr-2023   **Expires:** 12-Apr-2024

This study was reviewed at the HREBA – Community Health Committee full board meeting of 24 February 2023

The following documents have been approved:

- WA Research Email Ad (Revised + Date Added), 3, April 12, 2023
- WA Poster Advertisement
- WA Research Letter of Initial Contact + FAQ (Date Added), 3, April 11, 2023
- WA Research Third Party Consent (Revised + Date Added)), 3, April 12, 2023
- WA Research Consent Form (Revised + Date Added), 3, April 11, 2023
- WA Research Interview Protocols (Date Added), 3, April 11, 2023
- WA Research Study Survey Protocols (Date Added), 3, April 11, 2023
- WA Research Protocols Glossary of Terms (Date Added), 2, April 11, 2023
- WA Research Study Proposal (Revised + Date Added), 3, April 12, 2023
- WA Research Study Participation Form (Date Added), 2, April 11, 2023

This Committee is constituted and operates in accordance with the Alberta Health Information Act (HIA) and the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (TCPS 2).

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Deliberations of the HREBA-CHC included elements described in Section 50 of the HIA. The Committee found the research to be in accordance with requirements of the Act.

As a requirement of the HIA, if your study uses health information a copy of this certification will be sent to the Office of the Information and Privacy Commissioner (OIPC).

Members of the HREBA-CHC who are named as principal investigators or co-investigators in this research do not participate in discussions related to, nor vote on, such studies when they are presented to the Committee. The membership of this Committee is listed at www.hreba.ca.

This approval is subject to the following conditions:

1. It is being granted only for the research described in this application.
2. Any modification to the approved research must be submitted to the Committee for approval prior to implementation.
3. Reportable events (SAE's, new safety information, protocol deviations, audit findings, privacy breaches, and participant complaints) are to be submitted in accordance with the Committee's reporting requirements.
4. A request to renew this ethics certification must be submitted and reviewed by the Committee in advance of the expiry date indicated above. Failure to submit a request will result in the file entering into an expired state, whereby all research must cease.
5. A closure request must be submitted to the Committee when the research is complete or has been terminated.

This approval does not guarantee that you will be able to access health records for research purposes. Other institutional or organizational requirements may be in place that you will be required to meet prior to initiating your research. These include approvals for the allocation of resources in support of your study. Inquiries regarding these additional approvals should be directed to the appropriate institutional or organizational body.

Please accept the Committee's best wishes for success in your research.

Approved on behalf of CHC by,   **Date:**

Cyne Johnston, HREBA-CHC   13-Apr-2023 1:28 PM

Note: This correspondence includes an electronic signature (validation and approval via an online system).

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