

Shared Care Equity Model of Care for the DTES: Strengthening Connections Between BC Cancer and the DTES

Patients living in Vancouver’s Downtown Eastside (DTES) face significant barriers to timely, coordinated cancer care. Many experience housing insecurity, chronic health conditions, mental health challenges, and stigma related to substance use. These factors often contribute to delayed diagnoses, incomplete treatment, and worsened outcomes.

This Shared Care–funded project, one of 14 projects selected through the Cancer Call for Proposals, is creating a coordinated, equity-oriented model of care. The project aligns with the Transitions in Care priority of the BC 10-Year Cancer Action Plan, aiming to improve care coordination, enhance patient experience, and ensure equitable access for structurally vulnerable populations.

What the Project Does:

The project brings together BC Cancer (PHSA), Vancouver Coastal Health (VCH), and DTES community health centres to:

- Streamline referral pathways between oncology and primary care
- Improve communication across care teams to reduce missed appointments and delays
- Provide flexible, patient-centered supports, including virtual consultations and navigation assistance
- Embed equity-oriented practices through BC Cancer’s Equity-Oriented Model of Care (EMOC)
- Support culturally safe care, particularly for Indigenous patients and other equity-deserving populations

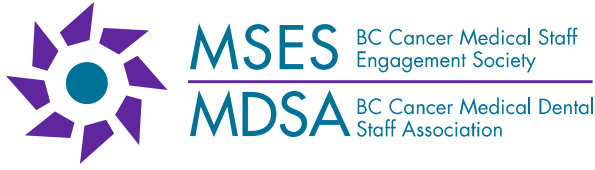
Along with these actions, the project is designing a care pathway that responds to the real-world needs of patients, while creating a system that is more coordinated, predictable, and accessible.

Cross-Authority Collaboration

A multi-disciplinary working group, including oncologists, family physicians, nurses, EMOC representatives, and operational leaders from PHSA and VCH, is co-designing and testing improvements. Leadership engagement from both health authorities helps to remove operational barriers and embed new workflows into routine practice.

Key activities include:

- Supporting appointments and flexible scheduling for DTES patients
- Streamlined information sharing between BC Cancer and community clinics
- Virtual consultations to reduce travel and improve patient engagement
- Clearer referral pathways for patients not yet attached to primary care



Centering Patients and Caregivers:

Patient and caregiver input guides every step. Through BC Cancer’s Patient and Family Partnerships & Experience, patient partners actively participate in the working group. DTES patients also share feedback through the Equity-oriented Health Care Scale (EHoCS), helping the team understand how care is experienced and where interventions will have the greatest impact. This ensures the pathway reflects both patient priorities and provider insights.

Meaningful Indigenous Engagement:

Recognizing that nearly 10% of DTES residents identify as Indigenous, the project is collaborating and consulting with BC Cancer Indigenous Patient Navigators, PHSA Indigenous Health and VCH Indigenous Health. This engagement supports culturally safe care and ensures that pathways are appropriately responsive to the needs of Indigenous patients, including those separated from their home Nations.

Addressing Access and Continuity Challenges

For patients who are not attached to primary care, the project leverages high-priority referral pathways to connect individuals with DTES community health centres. These centres provide essential support, including outreach, system navigation, and access to social services, helping patients stay engaged and complete their cancer treatment.

The initiative also strengthens relationships and communication across PHSA and VCH, ensuring that oncology and primary care teams are aligned and that care transitions are smoother and more predictable.

Sustainability and Next Steps

Embedding equity-focused practices into EMOC training and operational structures at BC Cancer ensures that improvements are sustainable. The team will continue engaging with leadership across PHSA and VCH to further strengthen the project and pave the way for scale and spread. By demonstrating a coordinated, patient-centred approach to transitions in care, this initiative provides a model for reducing inequities and improving outcomes for vulnerable populations.

Content credit to Gillian Reape, Alice Watson, and the Doctors of BC Communications team.