Healthcare Disparities in Mexican American Breast Cancer Survivors' Challenges with Healthcare Disparities: A Mixed Method Study

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Disclosure

At the end of this session the learner will:

1. Examine challenges survivors face years after treatment ends
2. Identify barriers for Mexican American women utilizing healthcare
3. Gather strategies to decrease barriers to optimal health

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Cancer Survivorship

1 in 100 USA women are living with breast cancer diagnosis

1.6 Million women will be alive 10 years after treatment

However….

Latinas are 20% more likely to die within 5 years after diagnosis

compared to white women even though they have a LOWER incidence of breast cancer (SEER, 2012)

Incidence rates: White – 128 per 100,000 Latina -92 per 100,000

Jemal A, Clegg LX, Ward E, et al. Annual report to the nation on the status of cancer, 1975-2001, with a special feature regarding survival. Cancer. Jul 1 2004; 101(1):3-27

Differences in access to care and treatment likely contribute to this disparity.

Ward E, Halpern M, Schrag N, et al. Association of insurance with cancer care utilization and outcomes. CA Cancer J Clin. JanFeb 2008; 58(1):9-31. 28. Freedman RA, He Y, Winer EP, Keating NL. Trends in racial and age disparities in definitive local therapy of early-stage breast cancer. J Clin Oncol. Feb 10 2009; 27(5):713-719.

Intervention programs that follow patients throughout treatment in order to enhance communication between the surgeon, oncologist, and patient have been shown to reduce disparities in breast cancer care.

Bickell NA, Shastri K, Fei K, et al. A tracking and feedback registry to reduce racial disparities in breast cancer care. J Natl Cancer Inst. Dec 3 2008; 100(23):1717-1723.

Latina Survival Rates

Annual report to the nation on the status of cancer found that Hispanic women are about 20% more likely to die of breast cancer than non-Hispanic white women diagnosed at a similar age and stage.

Of those that DO survive…

- Latina breast cancer 5 year survival rates
  - Mexican American -78%
  - Cuban American – 35 %
  - Puerto-Rican American -30%

(SEER, 2012)

Cancer survivors face challenges

- Mexican American breast cancer survivors face challenges maintaining their health after cancer treatment
- It is my hypothesis that lower survival rates may be tied to modifiable behaviors related to the utilization of healthcare
- Utilization of healthcare may be linked to culturally specific health care disparities

Purpose and Aim

- Examine challenges Mexican American women face years after treatment ends
- Identify barriers for Mexican American women utilizing healthcare
- Gather strategies to decrease barriers

What is known

- Breast cancer survivors are thought to be healed after treatment is over yet issues continue…
  - **Physical** - increased discrimination for treatment of physical symptoms in early stage breast cancer survivors(Campensino, 2009)
  - **Social** – feelings of unattractiveness, not belonging, pressure to return to work and resume household duties (Kagawa-Singer, ValdezDadia, Yu, & Surbone, 2010)
  - **Psychological** – increased anxiety, depression, stressful relationships, and fear of recurrence (Napoles et al., 2011)
  - **Spiritual**- increased self reflection, re-evaluating the role of spirituality in life, anger at God, or walking away from God , using spiritual resources to cope (Lindberg et al., 2015)

Is healthcare contributing to the problem?

- Within the framework of critical race theory, discrimination in healthcare delivery contributes to poor physical and mental outcomes.

- Critical race theory posits that race, ethnicity, and culture are socially constructed identities that operate with systems of power in the dominant society. The current US society is based on social markers such as gender, class, and language that may lead to discrimination.

(Campensino et al., 2012)

- Macro level discrimination
  - Social, economic and political forces impacting healthcare utilization
- Micro level discrimination
  - Social relations and the way we understand ourselves and interact with each other

Design

The team's research questions were

What are the challenges Mexican American women face years after treatment ends?
What barriers exist for Mexican American women utilizing healthcare?
Gather strategies from Mexican American perspectives to decrease barriers

- Mixed Method QUANTqual design in a team setting

- Challenges and Barriers
  - Perceptions of Breast Cancer Care Coordination Scale (Hawley et al., 2010)
    - Cancer care, coordination among the system and individual healthcare providers, and communication effectiveness
  - Cancer Behavior Inventory (Heitzmann, Merluzzi, Pierre, Roscoe, Kirsh & Passik, 2011)
    - Psychological, spiritual, social needs
- Acculturation
  - SASH acculturation tool (Marin et al., 1987)

- Interview Guide
  - Perceived discrimination may contribute to cancer related disparities on a system, organizational, or personal level.
  - Methods of coping that were the best strategies

Setting and sample

- Sample of convenience recruited from the Inland Empire, California area through flyers at churches, bus stops, grocery stores, oncology offices, and radiology centers.

- 112 women were recruited over 3 months
  - 16 - Unable to contact
  - 18 - Not eligible due to ethnicity
  - N = 78

Ethnic Identity Using SASH acculturation tool (Marin)

- Range of scores is 1-4
  (2.99 = biculturalism)
- This sample had a score of 1.03
- Majority were born in Mexico (89%)
- Shows a low level of acculturation into United States norms

Sample	Not elig n = 18 $\bar{x}$	Part n = 78 $\bar{x}$	p
Age (years)	62.2	64.6	.79
Length of treatment (years)	1.3	1.6	.89
Time since treatment (years)	6.6	7.9	.64
Children live at home (#)	1.3	1.7	.43
Children live nearby (#)	3.7	4.0	.67

Sample	Not elig n = 18		Part n = 78		p
	Freq	%	Freq	%	
Education					.26
Elementary	7	40	45	58	
High School	8	45	30	38	
College	3	15	3	4	
Marital Status Married, living w/ spouse	18	100	75	96	.34
Medical Insurance					
Yes	17	95	75	96	
No	1	5	3	4	.54

Sample	Not elig n = 18		Part n = 78	
	Freq	%	Freq	%
Breast cancer type				
Ductal carcinoma in situ	5	28	31	40
Invasive ductal	8	45	30	39
Invasive lobular	2	11	8	10
Other/Mixed	3	16	7	9
Unknown			2	2
Breast cancer stage				
Not known/ or Tis	0	0	0	0
Stage 1	0	0	1	1
Stage2a	3	17	28	36
Stage 2b	6	33	23	29
Stage 3a	7	39	15	19
Stage 3b	2	11	11	14
Stage 3c/4	0	0	1	1

Odds of reporting **discrimination** perceived in healthcare among Mexican American Breast Cancer Survivors

Clinical	OR	95% CI	AOR	95% CI
Mastectomy (vs. lumpectomy)	3.2	(1.14, 7.31)	2.77	(1.05,5.77)
Five years or less since diagnosis (vs. > 5 years)	0.74	(.049, 1.34)	0.54	(0.39, 1.58)
Comorbid chronic condition (vs. none)	5.32	(2.1, 9.2)	3.09	(1.79, 8.78)
Challenges /Barriers				
Physical	0.36	(.023, 0.4)	0.5	(.019, .8)
Social	0.94	(0.34, 0.87)	1.32	(.091, .1.02)
Healthcare system	0.40	(0.43, 0.98)	0.63	(0.29, 1.38)
Primary Provider	0.57	(.066, 0.87)	0.59	(0.22, 0.99)
Spiritual	0.92	(0.8, 0.97)	0.84	(0.88, 0.89)

Interviews

Most people in the USA receive the same healthcare regardless of their background or language spoken.	54% agreed 46% disagreed
Healthcare workers are not biased against any ethnic group including Mexican Americans.	23% agreed 77% disagreed

Qualitative analysis

- Content analysis was performed using NVIVO 10
- Credibility and consistency
  - Weekly meetings among the team
  - Iterative ongoing data entry and coding as interviewing
- Emergence of 3 categories of challenges

  and 3 levels of discrimination

Challenges	Discrimination
Economic	Perceived discrimination
Healthcare Personnel	Equivocal
Healthcare System	No discrimination

Qualitative analysis

- Consistency and dependability
  - Two nurse researchers coded random interviews and compared discrepancies
  - Qualitative research expert outside the team reviewed the NVIVO process and categories

Qualitative Analysis

Perceived Discrimination	Equivocal	No perceived Discrimination
"As soon as they see me, see what I look like, I can tell, they turn away and don't want to take care of me".	"People tell me that at other clinics they don't have to wait as long. You know, places where there are more Whites. But I don't know. I can't really tell."	I'm always seen by a doctor, so I think healthcare in America is great!"

Economic

- “Every thing is here. For taking care of someone, everything is here and we can have it. But no one can afford it. I can’t afford to go to the doctor. So I just live with what God gives me “.

Healthcare Personnel

- “They try to help at the clinic, but no one speaks Spanish. The interpreter is not always there and when they are… they don’t understand me. They don’t say everything I say. The nurses and doctors, they don’t understand.”

Healthcare System

- “If we could have the clinics closer to where we live, I would go more often. I have to go to this clinic because it is the only one that takes my insurance. But I don’t have a car and my daughter works, so I don’t always go.”

Matrix analyses

Discrimination	Social Challenges n = 56	Spiritual Challenges n = 61
Perceived	47	45
Equivocal	6	10
Not perceived	3	6

Implications

- Ethnic Identity influences perception of discrimination
- Discrimination was related to social and spiritual challenges

- Unequal social power impacts micro and macro levels of care
  - Social and economic forces impacting healthcare utilization on a macro level
  - Social relations and the way we understand ourselves and interact with each other on a micro level

Strategies discovered from Interviews

- Spanish speaking providers
- Utilize Promotoras
- Sharing family resources
- Community groups for support
- Culturally appropriate interprofessional plans of care

- Limitations – small sample size, Pomona area

- Next steps – test interventions to see if they decrease challenges and barriers to care

Comments?