

Psychosocial Health Disparities Among Cancer Patients

Understanding the Influence of Race, Ethnicity and SES on Mental Health Outcomes

Socioeconomic Status Related Cancer Disparities program (SESRCD)
American Psychological Association

A Professional Development Webinar





Presentation Objectives

- This webinar will address:
 - The importance of integrating psychosocial health care into the overall treatment of ethnically and socioeconomically diverse cancer patients
 - The psychological consequences of having cancer and the challenges to maximizing the highest quality of life for these individuals
 - Strategies for improving care will be discussed



Introduction

- Over 10 ½ million people in the U.S. have or have had a diagnosis of cancer, with one in 10 households being affected.

(Reis et al., 2007)

- In addition to the physical challenges of coping with cancer, individuals face multifaceted, life-altering concerns. Cancer affects the whole person.





Introduction

- Potential concerns include:
 - Stress and worry about the diagnosis
 - Concerns about disability and mortality
 - Anxiety regarding family members
 - Identity/Body image issues
- The psychosocial ramifications should not be ignored because psychological distress may interfere with the physical healing process.



Cancer and Psychosocial Stress: Rates of Co-occurrence

- One comprehensive cancer study of 4,500 U.S. patients over age 19 found that 19-23% experienced significant psychological stress. (Zabora et al., 2001)
- Several studies have found that a number of adult and child cancer patients, as well as parents of children with cancer, showed symptoms meeting the criteria for PTSD. (Cancer Care for the Whole Patient, IOM, 2007)

Cancer and Psychosocial Stress: Rates of Co-occurrence

Even without a diagnosed psychological disorder, it remains important to address the worry and fear associated with having cancer to enhance the quality of life.

Cancer and Psychosocial Stress: Rates of Co-occurrence

- Napoles-Springer (2007) cites an IOM (2004) article reporting that 30-50% of breast cancer patients may experience a wide range of concerns including:
 - Treatment Anxiety
 - Pain, fatigue, sleep problems
 - Partner communication concerns
 - Body Image Issues
 - Sexual Dysfunction
 - Persistent, intrusive thoughts
 - Fear of recurrence
 - Vulnerability
 - Concerns about mortality

Cancer and Psychosocial Stress Risk Factors for Emotional Problems

- Napoles-Springer (2008) also discusses **four categories of vulnerability** associated with greater risk for emotional distress:
 - Biological/physiological limitations
 - Poorer psychological coping
 - Social Deficits (communication, support)
 - Resource limitations (information, knowledge, education, financial)

Quality of Life as a Function of Socioeconomic and Cultural Factors

- The *Journal of Clinical Oncology* (2008) reports that low income and underserved patients with cancer have less access to mental health services.
- Brach and Fraserirector (2000) state that there exist significant racial and ethnic disparities in health care service and outcomes, whereby, minorities receive less care and endure more suffering.

Quality of Life as a Function of Socioeconomic and Cultural Factors

- Additionally, minorities are disproportionately represented among the poor, unemployed, and undereducated this lower SES status is correlated with less access to health care services.
- Furthermore, even those minorities not economically disadvantaged have disparate health care system experiences.

Quality of Life as a Function of Socioeconomic and Cultural Factors

- In cross cultural studies, findings suggest that different cultures may experience different types and degree of distress.
 - Latina breast cancer survivors report greater concerns over recurrence, pain, death, complications of adjuvant treatment, body image, sexual functioning, job disruptions, financial hardships, weight gain, and being rejected by their husbands as compared to whites. (Napoles-Springer, 2008; Burgess et al. 2005)

Quality of Life as a Function of Socioeconomic and Cultural Factors

- *Mental Health: Culture, Race, and Ethnicity, A Supplement to Mental Health: A Report of the Surgeon General (2001)* defines mental illness as an interaction among biological, psychological, social, and cultural factors.
- The report states that ethnic and racial minorities experience social and economic inequality including discrimination and racism; violence and poverty and this stress affects mental health. Living in poverty increases the likelihood of having a mental disorder 2-3x.

African Americans

- Carry a disproportionate burden of health problems and higher mortality rates from disease, with less access to health services.
- 25% are uninsured
- More likely to seek mental health services from primary care vs. mental health specialists and are overrepresented in emergency rooms and psychiatric hospitals when receiving care.

Quality of Life as a Function of Socioeconomic and Cultural Factors

American Indians/Alaska Natives

- Are less researched in terms of mental health care.
- 25% live in poverty and 20% lack insurance.
- While less likely to die from cancer and heart disease than whites, population is 5-6x more likely to die from alcohol related causes.
- Suicide rate is 50% higher than national average.

Quality of Life as a Function of Socioeconomic and Cultural Factors

Asian Americans

- Make up at least 43 separate ethnic groups.
- Income is similar to Whites, but great variance across groups.
- Twenty-one percent lack insurance.
- Nearly 50% have problems with access to mental health services because of limited English proficiency.

Quality of Life as a Function of Socioeconomic and Cultural Factors

Hispanic Americans

- Encompass many diverse cultures.
- 27% live in poverty.
- 40% of Hispanics report being unable to speak English well, thus limiting access to mental health services.

Cultural Values and Beliefs Influencing Psychosocial Health Care

What is culture?

- Culture can be defined as a set of socially transmitted values, beliefs, traditions and behaviors shared by a group.
- Cultural and linguistic factors may influence utilization of psychosocial health care.

Cultural Values and Beliefs Influencing Psychosocial Health Care

- Utilization of services may be influenced by:
 - Attitudes towards mental health and care
 - Stigma
 - Privacy
 - Mistrust
 - Perceived understanding of cause of illness
 - Cultural Values
 - Spirituality/Religion
 - Fatalism
 - Traditional Roles/Familism

How to Practice Cultural Competence

- Understand the ethnic and cultural demographics of patients
- Translate Information
- Hire bilingual staff/use interpreters/recruit and retain minority staff
- Integrate cultural training into general training



- Coordinating with traditional healers
- Use of community health workers
- Culturally congruent health promotion
- Understanding family-centered model
- Cultural immersion
- Organizational Accommodations: hours of operation, location, outreach efforts

(EBP ; Brach and Fraser)



Questions?

- Please provide your questions in the “chat” box located on your webinar screen.
- For questions not addressed during this webinar, please send an email to:
sesrcd@apa.org.



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