Increasing Referral of LBJ Patients to Active Living After Cancer (ALAC) Program
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INTRODUCTION

Physical activity and a healthy diet offer many benefits to cancer patients:
• Reduced risk of recurrence
• Reduced fatigue
• Decreased risk of depression
• Higher overall quality of life

Patients' cancer care team is responsible for disseminating this information to patients

Figure 1: Recommended Framework for Counselling Cancer Survivors

1. Assess
   - survivor’s current physical activity and whether it is safe for the survivor to exercise independently
2. Advise
   - to increase their activity
3. Refer
   - to an appropriate program

Majority of survivors do not meet established physical activity guidelines
• Issues with the counselling framework and process
• Cancer introduces new and worsen existing barriers

BACKGROUND

The LBJ patient population does not have adequate access to nutritious food and infrastructure for physical activity.

The Active Living After Cancer program offers free physical activity classes to survivors
• In 2019, average of 0.5 referrals per month to ALAC from LBJ

RESULTS

Table 1: Interview Outreach Metrics

<table>
<thead>
<tr>
<th>Providers</th>
<th>Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td># Contacted</td>
<td>15</td>
</tr>
<tr>
<td># Interviewed</td>
<td>8</td>
</tr>
</tbody>
</table>

“Our clinic is… an oncology clinic, so our discussions with patients are more directed towards their cancer as opposed to maybe a primary care provider clinic.”

Physician #1

I think it would be easier if [referrals were] done at the beginning and emphasized at the same time as other treatments. I do think that exercise and diet become more of a focus of discussion after active therapy, but it could be made a focus before.”

Physician #2

“They did tell me something about some classes… I would like to have done them, but I couldn’t afford them getting chemo and not working. Everything they had, you had to pay for them.”

Patient #1

“I really haven’t had no one that explained [resources and programs] to me or tell me how to go about things like that.”

Interviewer: “If your doctor had told you about them, would you have participated.”

“Yeah I think I would”

Patient #2

METHODS

1. Qualitative interviews with cancer patients, survivors, and providers at LBJ
   • Food access
   • Nutrition
   • Physical Activity
   • Program and resource referral process
2. Coding data to understand common themes and barriers

CONCLUSIONS

1. Lack of healthy diet and inadequate physical activity are large issues among the LBJ cancer patient population
2. Exercise and diet are not seen as a cancer-specific issue
3. Data regarding food security and exercise are not routinely collected
   • Prevents us from identifying and rectifying the issue

FUTURE DIRECTIONS

Project Goals
• Increase referrals from LBJ to ALAC from 0.5/month to 5/month
• Prevent recurrent and new cancers in the cancer survivor population by helping them improve their health and learn healthy behaviors
• Understand how to better connect individuals with diet and physical activity resources

Table 1: Interview Outreach Metrics

1. Assess
   - survivor’s current physical activity
2. Advise
   - to increase their activity
3. Connect
   - to specific programs and resources
4. Follow Up
   - on established connections and progress

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*Responsible code of conduct: All interviewees were informed that participation was voluntary and compensated for their time. Participant responses were only shared with research team members, and participant identities was kept private.*