



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

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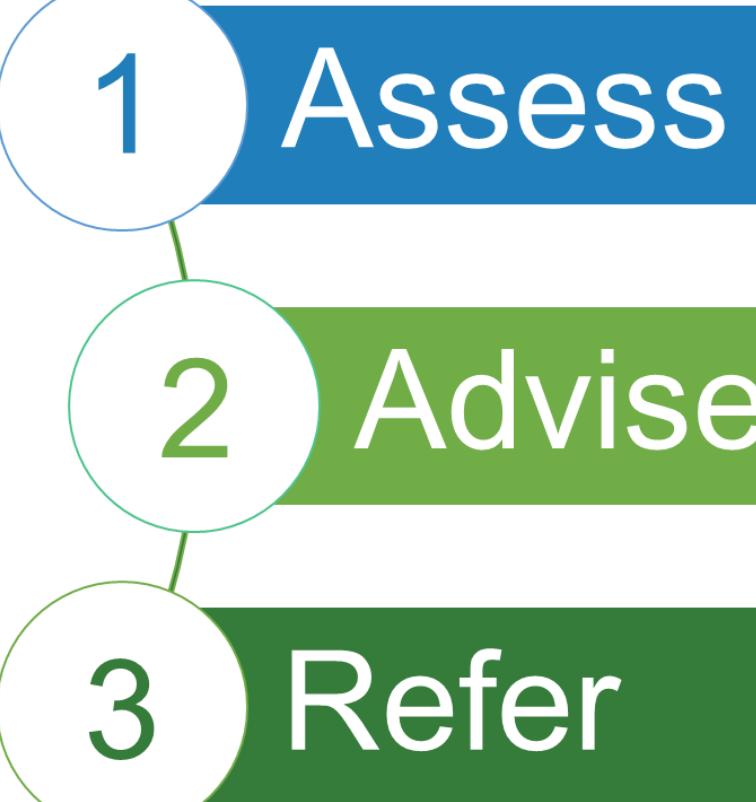
INTRODUCTION

Physical activity and a healthy diet offer many benefits to cancer patients:

- Reduced risk of cancer 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



Majority of survivors do not meet established physical activity guidelines

- Issues with the counselling framework and process
- Cancer introduces new and worsens existing barriers

HYPOTHESIS

Problem Statement

Inadequate nutrition and physical activity portends worse prognosis during cancer therapy and exacerbates treatment late effects into survivorship.

Research Goal

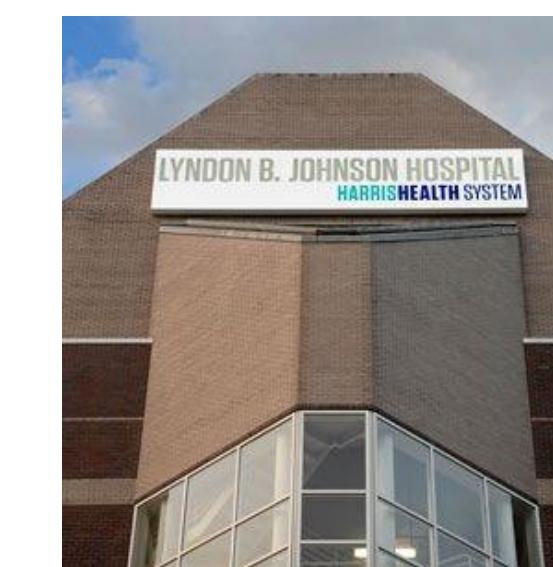
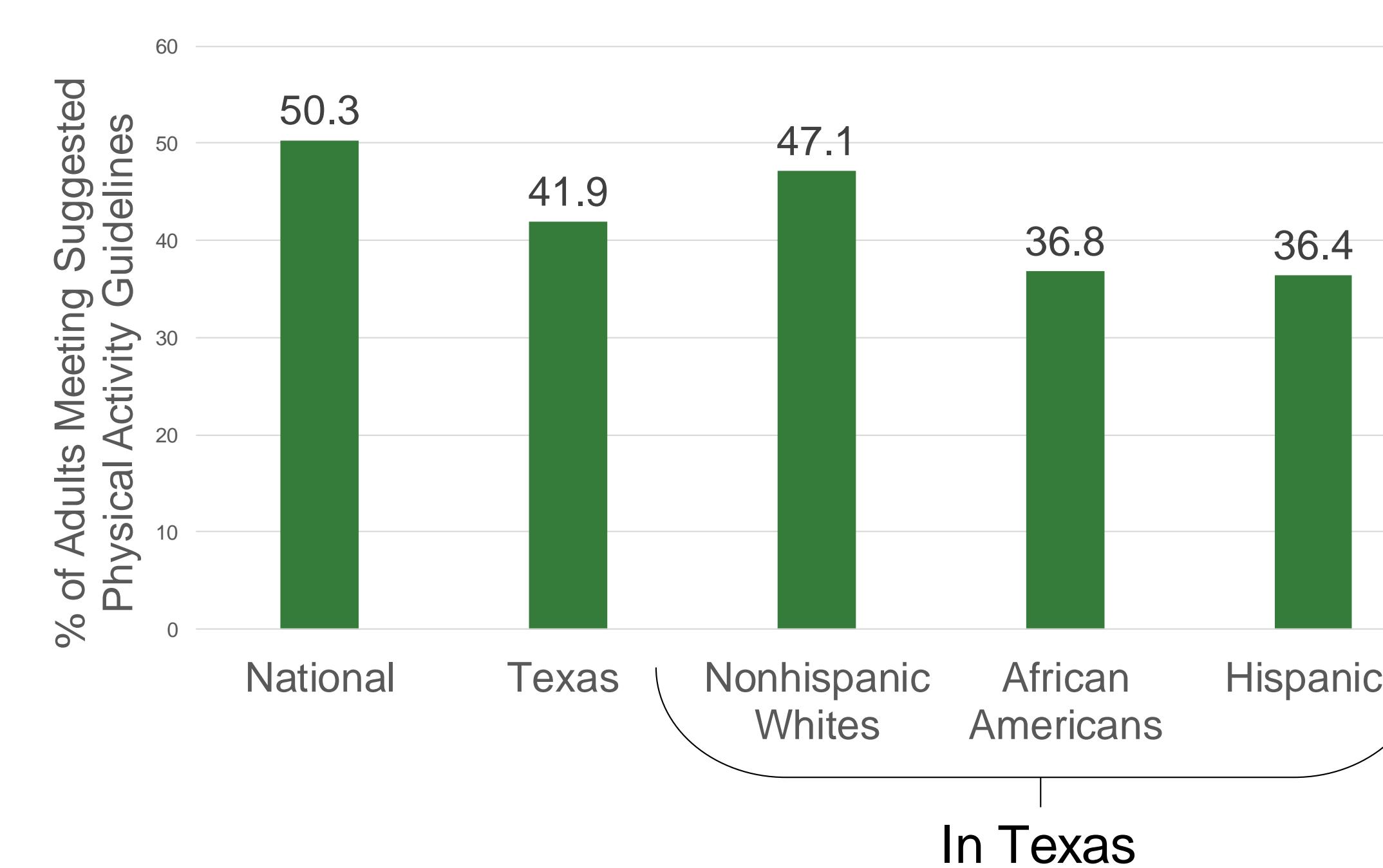
1. Conduct a needs assessment of cancer survivors and healthcare providers at LBJ hospital relating to nutrition and physical activity
2. Increase provider referral of cancer survivors to evidence-based physical activity programs

Research Question

What is the optimal referral process to connect patients with physical activity and nutrition programs?

BACKGROUND

Figure 3: Disparities in Physical Activity



LBJ Hospital serves many low income, Black, and Hispanic patients in the Acres Homes Community.

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

RESULTS

Table 1: Interview Outreach Metrics

	Providers	Patients
# Contacted	15	25
# Interviewed	8	9

"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

Framework Gaps Identified in Interviews

- There is no workflow to refer patients to community programs
- Food and PA are not top priorities during treatment
- Conversations are not continuous
- Resources are often expensive
- Referrals occur during patients' treatments when they are not ready to participate
- No follow up regarding program participation

CONCLUSIONS

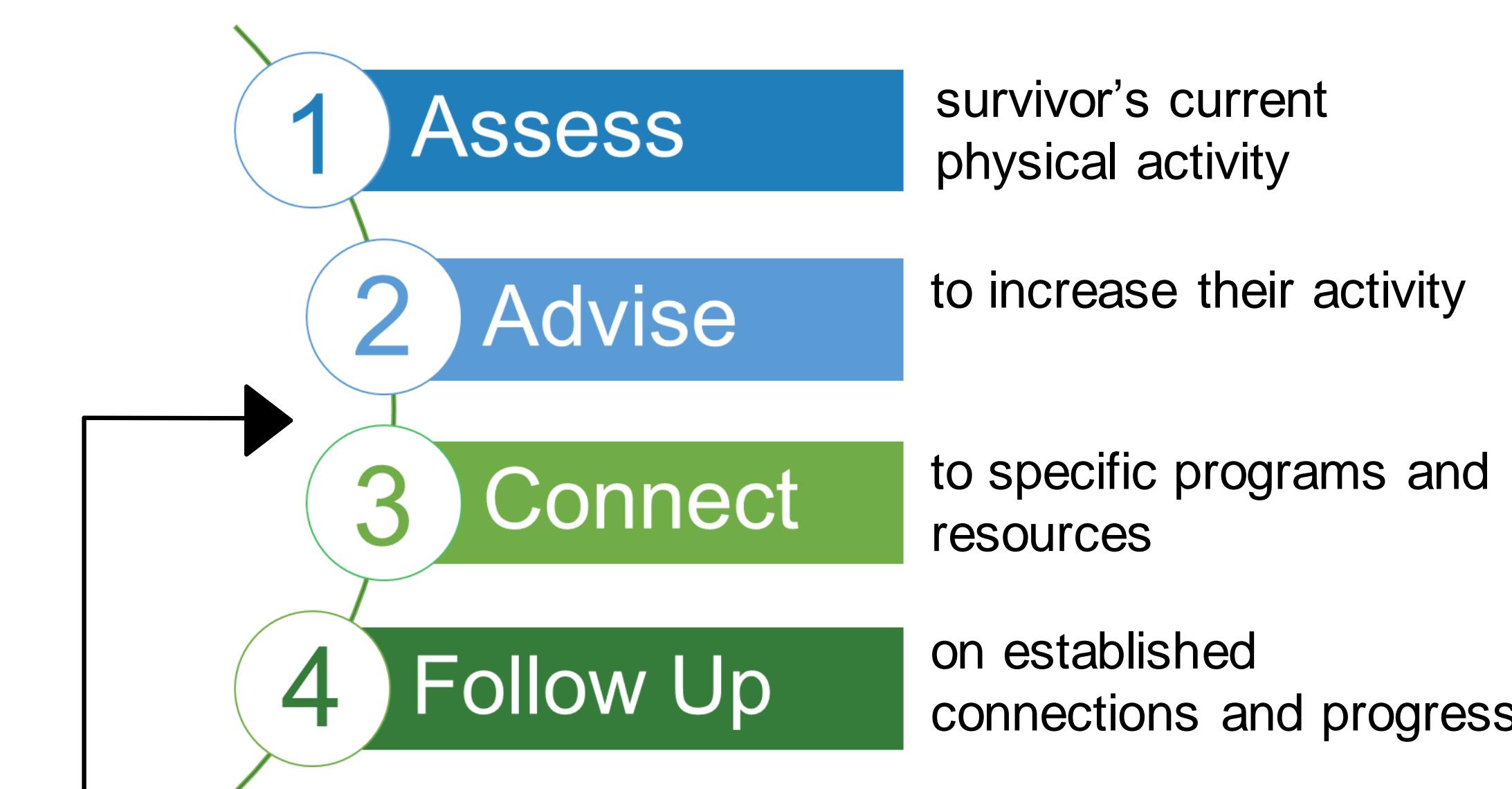
1. Lack of healthy diet and inadequate physical activity are large issues among the LBJ cancer patient population
2. Exercise and diet are not seen as a cancer-specific issue
3. Data regarding food security and exercise are not routinely collected
 - Prevents us from identifying and rectifying the issue

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

Figure 5: Improved Framework for Counselling Cancer Survivors



Referrals will be automated and determined based on EHR data routinely collected during a patient's visit

- Will identify measurable outcomes relating to food insecurity, nutrition, and physical activity useful for program evaluations and referrals

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