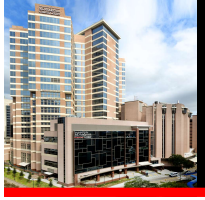

Qualitative Analysis of Focus Group Data for Liver Cancer Prevention Program Planning

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Introduction

Texas has the highest reported age-adjusted incidence rate of hepatocellular carcinoma (HCC) in the nation.[1] Minority communities tend to have a higher incidence rate of HCC.[2] Individuals with a past medical history of fibrosis, cirrhosis, and alcoholic and non-alcoholic fatty liver disease – all of which may be preventable – are known to be at greater risk for developing HCC.[1] Rates of screening for risk factors and timely detection are low.[3] Improved efforts are, therefore, required to educate minority communities on prevention of risk factors that may lead to development of HCC.

Objectives

Thematically analyze primary care patient focus group transcripts to find qualitive and quantitative relationships

Interpret thematic analysis to make recommendations for an effective, culturally adapted intervention program

Methods

- Patients were recruited from the community based 501(c)(3) HOPE Clinic in Houston, Texas
- Participants were mostly females with post-secondary education, ages 19-71 with
- Five focus groups were conducted: 1 English, 2 Spanish, 2 Vietnamese
- Questions focused on patient's knowledge of liver health, health behaviors, barriers to making lifestyle changes, and intervention program needs
- Qualitative Analysis via Atlas.ti 8 for Windows

Results

Themes:

- Barriers to Change
- Knowledge of Liver Health
- Lifestyle
- Motivating Factors
- Program Needs
- Suggested Protective Factors

Figure 1. Word Cloud of Knowledge of Liver Health Theme

Participants commonly identified nutrition, diet, and alcohol consumption as factors affecting liver health.

Codes	Eng. (n=6)	Span. (n=6)	Vie. (n=6)	Totals	
Health Literacy	7	5	3	15	**31%**
Self-Discipline	1	8	2	11	**22%**
Nutrition	5	3	2	10	**20%**
Physical Activity	0	2	0	2	**4%**
Societal Factors	2	2	0	4	**8%**
Time Constraint	3	3	1	7	**14%**
Totals	19	24	8	49	

Table 1. Frequencies of Codes in the Barriers to Change Theme

Health literacy codes occurred frequently. Spanish speaking participants mentioned lack of self-discipline more often.

Figure 2. Word Cloud of Barriers to Change Theme

While health literacy was the most referenced barrier, participants felt that time was the underlying barrier.

Codes	Eng. (n=6)	Span. (n=6)	Viet. (n=6)	Totals	
Age	3	0	1	4	**20%**
Health diagnosis	4	4	1	9	**45%**
Self Efficacy	1	1	1	3	**15%**
Social Groups	1	2	1	4	**20%**
Totals	9	7	4	20	

Table 2. Frequencies of Codes in the Motivating Factors Theme

Diagnosis with an illness or fear of diagnosis served as the greatest motivator for lifestyle changes.

Program Needs

"I think ideas for food that is easy to make…" **(Content: Cooking Recipes)**

"I think maybe if they have brochure could be shared in the communities..." **(Content)**

"It can be done in a group, but with a little more individual detail to the needs of each individual as a new person" **(Program Format)**

"…different languages or having a bilingual person that can translate the information…" **(Program Format: Delivery)**

Conclusions

- Participants emphasized nutrition and alcohol consumption as major factors affecting liver health with time constraints, health literacy, and culturally specific diets as barriers
- Programs should include tailored scheduling with options for virtual, in-person, and asynchronous participation and chances for both one-on-one and group settings
- Content should include cultural recipe adaptation, new recipe guidance, time management skills, and preventative measures

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The authors acknowledge the Cancer Prevention and Research Institute of Texas for its contribution to the Patient-Centered liver cancer prevention in the Houston Community (Grant ID: RP190513) via the Collaborative Action Program to Reduce Liver Cancer Mortality in Texas: Investigator-Initiated Research Award Mechanism.