Background

• Latino cancer patients report higher levels of emotional distress than non-Hispanic White (NHW) counterparts.
• Evidence shows cancer patients' quality of life (QOL) improves after engaging with psychosocial programs.
• However, few psychosocial interventions are targeted towards Latinos.

The aim of this research is to identify cultural constructs that will be instrumental to the initial phases of adapting an existing mindfulness intervention to help decrease emotional distress among Latino cancer patients with advanced stage disease and their family caregivers.

Methods

Mindfulness Intervention (MPT)

• The Mindful Purpose Training (MPT) was first used among metastatic non-small cell lung cancer patients and their partners.
• MPT included four weekly sessions on meditation and emotional sharing activities to prevent worsening mental health.
• We plan to culturally adapt MPT for Latino cancer patients.

The pilot RCT

• Phase 1: Formative interviews
  - Participants (n=40; 20 dyads) will be screened using bilingual REDCap system to participate in formative interviews.
  - Opinions on feasibility and acceptability from the target population will be used in future adaptation steps.
  - Literature was reviewed to gather information on common cultural patterns among Latino groups and then incorporated into a program SWOT analysis and TOWS matrix.

• Phase 2: RCT Pilot Study
  - Patients and caregivers (n=60; 30 dyads) will be randomized to receive the adapted MPT program or be placed in a waitlist control group.
  - The 12-week assessment, the control group will be offered the program.

Cultural Constructs

• Culture = complex interplay of personal and shared historical experiences.
• Familiarity = the importance of family closeness.
• Personalismo = the emphasis on personal relationships.
• Simpatía = the pressure to avoid conflict and keep up appearances of emotional positivity.
• Fatalism = the idea that health outcomes are predetermined.
• Spirituality = the belief in a higher power that can provide resilience against adverse life events.

Methods (continued)

Responsible Conduct of Research

For this research project, the MD Anderson PI submitted a research protocol. No IRB approval was required for this literature review.

SWOT Analysis

• SWOT analysis assesses strengths, weaknesses, opportunities, and threats of health programs.
• Strengths & weaknesses = internal factors of the research team.
• Opportunities & threats = external factors of the program environment.
• All four affect a program's potential success.

TOWS Matrix

• Factors from the SWOT analysis were transferred to a TOWS matrix, which compares each internal to each external factor.

Results (continued)

As cultural constructs are a part of the larger Latino community, they are external factors to this program and serve as opportunities or threats to program success (Table 1).

Strengths:
- Novel program
- Formative interviews
- Program focus aligns with familismo and personalismo
- May increase mindfulness and family communication
- Another study investigating efficacy of ZOOM for health programming has been planned.

Weaknesses:
- Limited sample size
- Limited context for forthcoming formative interviews.

Opportunities:
- Novel program
- Increase participation with LBJ Hospital
- Designed to address connection and communication
- Strong need for this program established by literature

SO Strategy:
- One of the largest strengths is the partnership with LBJ Hospital.
- Working there, this program will fill a large gap in need for a low-income, underinsured population, and formalive interviews will provide strong sense of feasibility.

WO Strategy:
- As a dyad will participate together, familismo and family engagement might make ZOOM feel less isolating.
- Forthcoming interviews with target population about ZOOM ability and satisfaction will provide better picture of how research team should approach virtual format.

Threats:
- Barriers to retention/ participation
- Potential for worsening COVID pandemic
- Fatality and simpatía as potential barriers to engagement
- Expansion of program to other areas might be less feasible

ST Strategy:
- Established relationship with LBJ hospital will help move research team closer to trust and mitigate issues with retention/ participation.
- Program focus on communication may alleviate some of the barriers caused by fatalism and simpatía.

WT Strategy:
- Pilot RCT will present weak sample size and will make ZOOM feel less isolating.
- Novel program provides important perspectives from the target population.

Conclusions

All cultural constructs highlighted in this project are vital context for forthcoming formative interviews with Latino cancer patients/caregivers. Within the TOWS matrix, familismo and personalismo were highlighted as opportunities because the program centers around family connections. Conversely, simpatía and fatalism were threats to improving QOL and continued participant engagement.

Strategies for success moving forward should include efforts to better understand how the target population feels about ZOOM and their ability to use it comfortably. Capitalizing on partnerships with LBJ hospital to reach the target population and retain their participation is vital.

Formative interviews conducted at LBJ will provide important perspectives from the target population that will guide implementation of a randomized controlled trial of the intervention in the future. As each phase is implemented, the research team should revisit this TOWS and adjust strategies as necessary. This will provide clarity to the team and increase the program’s potential to investigate the feasibility, acceptability, and efficacy of mindfulness interventions in Latino populations with cancer.

Results

Cultural Constructs

Table 1. Condensed Program TOWS Matrix

<table>
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</tr>
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References


