

Introduction

Cancer is the leading cause of death among Latinos in the U.S. (Miller et al., 2018). Compared to non-Hispanic Whites, Hispanic cancer patients are at greater risk for poor mental, physical, and social outcomes in the five years following treatment, including lower levels of perceived social support and higher levels of depression (Yanez et al., 2016).

Latino patients and survivors face disproportionate barriers to health care, including financial toxicity, lack of insurance coverage, and discrimination (Nápoles et al., 2014). Research demonstrates how these barriers compound the distress associated with diagnosis and survivorship (Costas-Muñiz et al., 2017). However, fewer studies have examined the barriers to and unmet needs regarding psychosocial support following diagnosis for Latino patients.

This study assessed the experiences and perspectives of Latinos living with cancer when accessing psychosocial support among a sample of Mexican-born, Spanish-speaking patients and survivors residing in the U.S.

Abstract

To assess the unmet needs and barriers to psychosocial support among Latino patients and survivors in the U.S., the study team conducted a focus group with six patients and survivors, all of whom were Mexican immigrants. The focus group explored their perspectives towards psychosocial support and their experiences seeking support.

Participants encountered significant barriers to psychosocial support, especially financial toxicity. Although participants benefitted from and valued psychosocial support, they experienced shame when seeking help. The perception of illness as a weakness, coupled with the stigma around mental health in the Latino community, made it difficult to seek psychosocial support. Participants expressed two primary unmet needs: 1) Spanish-speaking providers and 2) culturally-specific resources in Spanish.

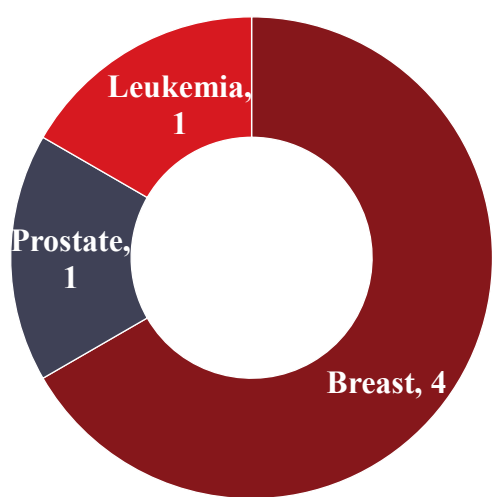
Data and Methods

Data was gathered from a virtual focus group with six Mexican-born cancer patients and survivors in the U.S.

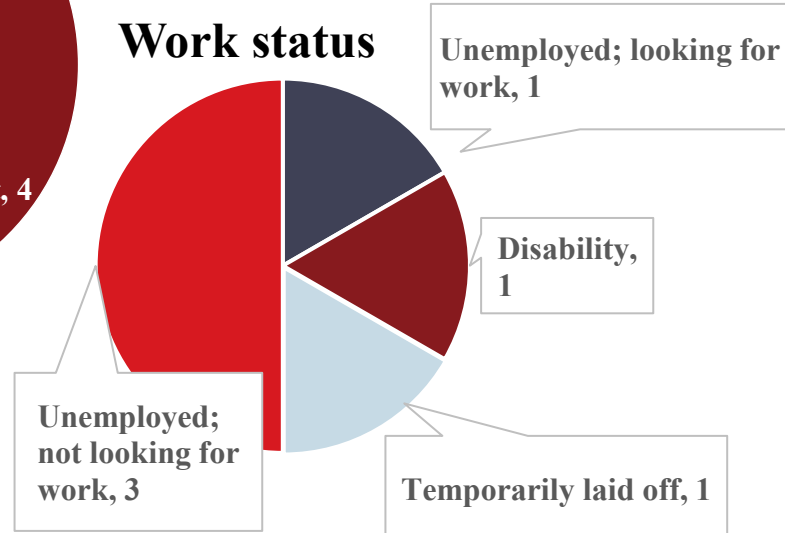
Participants were recruited from partner locations who serve predominantly Spanish-speaking, Latino communities. Latino or Hispanic-identifying participants were invited to complete a screener survey to assess their clinical characteristics and sociodemographic background prior to completing the focus group. Focus group participants were all first-generation immigrants from Mexico and were currently uninsured. The focus group was conducted in Spanish and recordings were transcribed, coded, and analyzed in Spanish and English. The coding scheme used an iterative deductive-inductive approach based on study goals and emergent themes in the data.



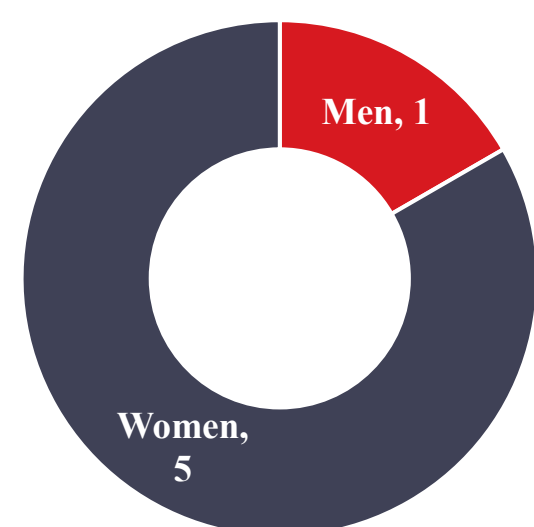
Diagnosis



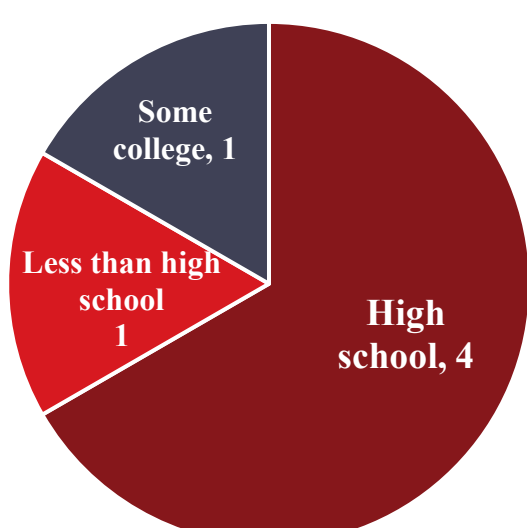
Work status



Gender



Education



Results

- Participants reported increased psychosocial distress following diagnosis, including anxiety, depression, and social isolation, but **struggled to access mental health care**.
- Financial toxicity** was the most prevalent barrier to care, including lack of **insurance** coverage, **loss of income** associated with time off from work or leave, and lack of reliable, affordable **transportation**.
- Participants experienced **guilt** and a **sense of isolation** when reaching out for support. Participants attributed this experience to the **stigma** around mental health and the perception that being diagnosed with a chronic illness like cancer was a sign of **weakness** or **deficiency** in the Latino community.
- When participants did engage in psychosocial support, they identified **culturally-specific, Spanish-language support** as lacking. Locating a provider who was fluent in Spanish was also challenging, and support options that acknowledged the **immigrant experience** were largely inaccessible.

Barriers to Care

Financial toxicity

• “I stopped paying my rent, utility bills like electricity, water, and gas, just to use that money to pay for COBRA... **I have to pay \$1,500 to have coverage for the month, and without a job, how can someone pay that amount of money?...**” – Fernanda

Linguistic barriers

• “It is important that they [providers] speak one's language... my daughter has accompanied me to certain appointments... She goes because she clarified to me herself that there are times when **the translator doesn't convey the information in the same way the doctor is saying it.**” – Gabriela

Logistics

• “It has been a difficult time... Since I started going to the doctor, I would take the bus, and the doctors would ask me, “Why are you coming alone?... Your knees are not well, and you could fall.” But... my husband used to work. My children also work and have their own families to take care of, so **I had to take the bus.**” – Carmen

Stigma around illness and mental health

Stigma around distress

“But now, when we need to ask for help, we may feel ashamed or have too much pride. Forget about pride; forget about shame. In these situations, when you need it, reach out and ask for help from anyone.” – Fernanda

“Sometimes they say that stress and sadness can make a person more susceptible to these types of diseases, right? I believe it's not 100% scientific, but I do think it's partly true because I lived a very difficult life, filled with a lot of stress.” - Sara

Shame seeking help

“When they see that you have an illness, they start to distance themselves... they would say, ‘Now, another illness?.. You were born rotten; that's why you're like this.’ And that hurt me a lot.” - Carmen

Illness as weakness

Conclusions

Findings illustrate the need to reduce financial barriers to care and diversify psychosocial support resources for Latino patients and survivors, especially Mexican immigrants. The paucity of legal protections for Mexican-born immigrants contributes to these barriers. Thus, financial navigation may be critical in mitigating the loss of income and underinsurance that first-generation immigrants experience.

Beyond providing support in Spanish, culturally-specific resources must acknowledge the distress that seeking help can provoke among Latino patients. Educational programming and identity-specific support groups should examine topics like the perceptions of illness and the stigma around mental healthcare.

Providing culturally-specific and Spanish-language distress screening, such as *CancerSupportSource-Spanish* (Fortune et al., *forthcoming*), support groups, resources, and programs are essential to mitigating patients' distress. Future psychosocial interventions should invest and expand upon diverse support options that meet the unique needs of Mexican immigrants and the broader Latino community.

References

- Miller, M.F., Zaleta, A., Allen, M., Nichols, H., & Robinson, D. (2022). Impact of distress screening and referral on health care utilization and cost among breast cancer patients: a retrospective cohort study. *Journal of Psychosocial Oncology Research and Practice*, 4(2), 1-8. doi: 10.1097/OR9.0000000000000070
- Yanez, B., McGinty, H. L., Buitrago, D., Ramirez, A. G., Penedo, F. J. (2016). Cancer outcomes in Hispanics/Latinos in the United States: An integrative review and conceptual model of determinants of health. *Journal of Latina/o Psychology*. 4(2), 114-129. doi: 10.1037/lat0000055
- Nápoles, A. M., Santoyo-Olsson, J., Ortiz, C., Gregorich, S., Lee, H. E., Duron, Y., Graves, K., Luce, J.A., et al. (2014). Randomized controlled trial of Nuevo Amanecer: a peer delivered stress management intervention for Spanish-speaking Latinas with breast cancer. *Clinical Trials*, 11(2): 230-238.
- Costas-Muñiz, R., Hunter-Hernandez, M., Garduno-Ortega, O., Morales-Cruz, J., Gany, F. (2017). Ethnic differences in psychosocial services use among Non-Latina White and Latina Breast Cancer Survivors. *Journal of Psychosocial Oncology*. 35(4): 424-437. doi: 10.1088/07347332.2017.1310167
- Fortune, E. E., Hendershot K. M., Zaleta, A. *In press*. CancerSupportSource™ Spanish: Development of a distress screening measure for Spanish-Speaking Hispanic and Latino individuals living with cancer. *Hispanic Health Care International*.