

Psychosocial Support Needs for Medically Underserved and Historically Under-Resourced Communities: A Landscape Analysis Study of Spanish-Speaking Hispanic and Latino, Rural, and Black People with Cancer

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BACKGROUND

Social support is crucial for improving cancer health outcomes, but communities of color are not receiving the necessary support services needed specifically for them. **As a result, programs have been created that only meet the needs of some populations, due in part to a lack of baseline data about what “support” means within communities of color and other diverse communities, such as people living in rural areas.**

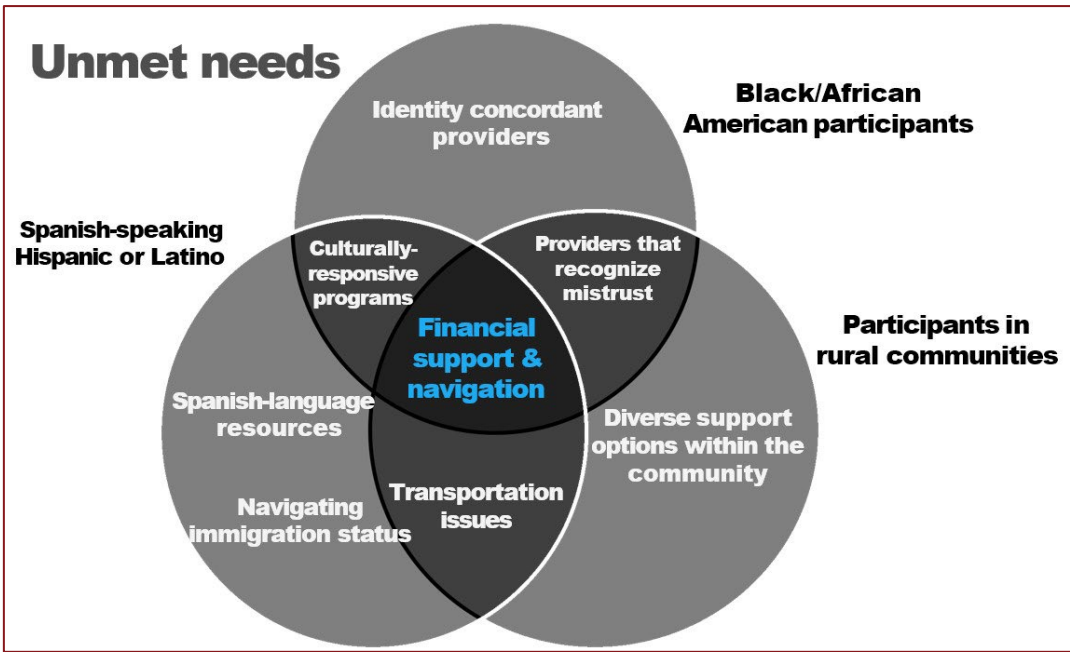
Through our qualitative landscape analysis of the psychosocial support needs of three distinct communities, we acknowledged barriers to cancer care that exist while exploring ways that psychosocial support needs indeed vary by community.

METHODS

CSC conducted a qualitative study, leveraging focus group methodology, in addition to an extensive literature review to assess unmet needs and barriers to care in psychosocial support among medically underserved patients. **CSC used a purposive sampling design to conduct three respective focus groups with three medically underserved and historically under-resourced patient populations: Black and African American, Latino and Hispanic Spanish-speaking, and those residing in rural communities.** Participants were recruited via CSC’s national partner network, Cancer Experience Registry, and advocacy partners. **Participants included 5 Black and African American patients, 6 Latino and Hispanic patients, and 7 patients residing in rural communities (n=18) across a diversity of diagnoses.** Focus groups were conducted by an identity-concordant facilitator via Zoom before being transcribed verbatim, coded, and analyzed using NVivo 14 software. **Codes were developed based on emergent themes from the data and research goals, including barriers to care, unmet needs, coping mechanisms, and mistrust.**

Patient & Survivor Group	Black or African American	Spanish-speaking Hispanic or Latino	Rural Community Members
Recruited	9	12	8
Participated	5	6	7
Diagnoses	Breast; colorectal	Breast; prostate; ovarian; multiple myeloma	Breast; ovarian; head and neck; multiple myeloma; pancreatic
Gender	5 women	5 women; 1 man	5 women; 2 men
Insurance status	4 private; 1 Medicare	6 uninsured	3 Medicaid; 3 private; 1 uninsured

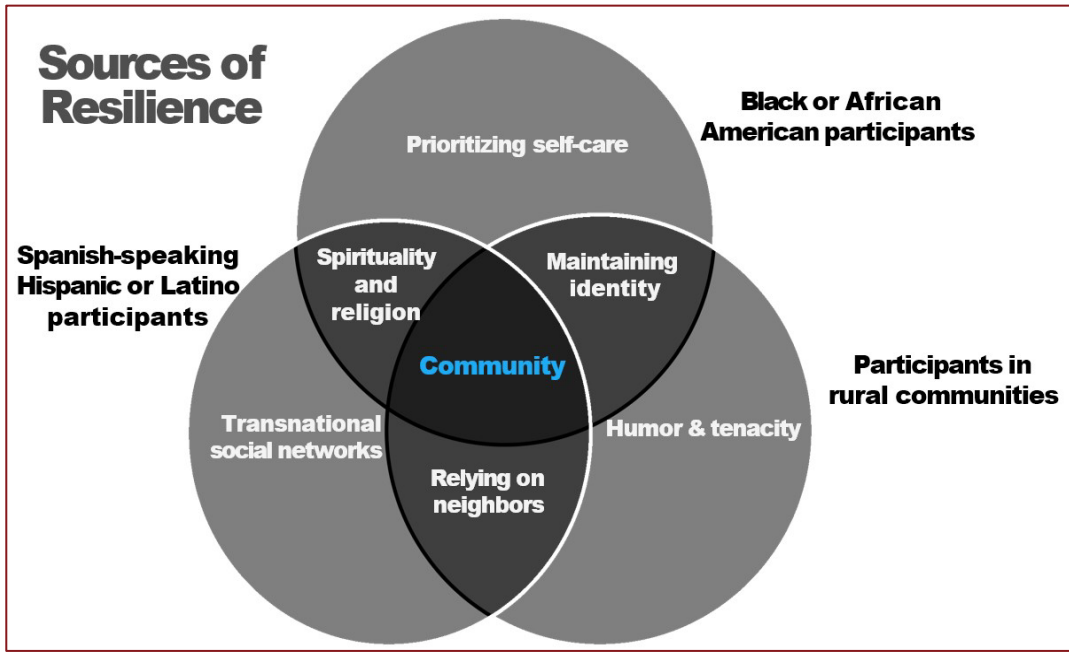
RESULTS



“I have a preference for [providers] of color because again, the disparity and the fact that oftentimes Black folks aren’t believed. Our symptoms aren’t believed. Our pain isn’t believed... So, we’re not seen as whole people---and so it is important to me---that my treaters look like me” – Tracey, a Black woman with breast cancer

“I was living in [rural municipality] at the time [of diagnosis], so I was referred to a surgeon in [urban center], which is about 200 miles from [rural municipality]...Every three weeks I went to her practice for chemo for treatment.” – Stephanie, a White woman with ovarian cancer living in a rural community

*“It is important that they 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, a Latina with breast cancer*



CONCLUSION

Findings underscore the importance of continued efforts to expand access to psychosocial support for medically underserved communities. Although these patients have unique support needs, financial navigation, social connection, and culturally- and linguistically-specific resources were shared unmet needs across groups. We continue to work alongside patients, survivors, and caregivers from medically underserved and historically under-resourced communities to create sustainable mechanisms for programs and resources such as the **cost-free proactive navigation offered on our Helpline.**

Our research has also informed the creation of our educational offerings, such as **our Frankly Speaking About Cancer (FSAC) series, which provides in-depth coverage of topics relevant to those affected by cancer** that are often not otherwise available in a comprehensive format. There are **culturally-adapted materials available for specific cancer types, as well as pan-cancer topics such as “Clinical Trials,” “The Cost of Care,” “CAR T,” and “What Do I Tell the Kids?”** in English, Spanish, Korean, Russian, Arabic, Chinese, and Vietnamese dialects.

We are also exploring additional feedback and data collection from our 196 network partner teams to develop a collaborative implementation plan. **We recognize that based on these findings, among our network partner workforce, preliminary investments should be made in the areas of financial navigation, workforce diversity and representation, needs navigation, and communication methods for varying communities.**