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# Student Research Brown Bag Seminars

## "Risk Factors for Preterm Birth Among U.S. Hispanic Women in the U.S.-Mexico Border States"

Student Brown Bag Seminar with Xiaomei Ye, M.S.



Join us!  
Wednesday, August 23, 2017  
12:00pm - 1:00pm  
College of Health & Social Services  
Room 202  
Please register at [swihdr@nmsu.edu](mailto:swihdr@nmsu.edu)  
Walk-ins welcome

Xiaomei Ye, M.S., from the Economics, Applied Statistics & International Business Department will be sharing her research experience and how she worked across disciplines to advance in the health field.

Feel free to bring your lunch and lots of questions. We will provide drinks.



## "Measuring Intent to Provide Quality Recreation Services to Students with Disabilities"



**Thea Kavanaugh**  
Master of Public Health Student

October 4, 2017  
Wednesday  
12:00p.m. – 1:00p.m.  
Health and Social Services  
Room 202  
(Bring lunch – drinks provided)

*Thea will share her research design and data collection methods to measure attitudes, self-efficacy, motivation and preparedness in New Mexico Schools personnel.*

### Student Research Brown Bag

Sponsored by: Southwest Institute for Health Disparities Research

Seminar will be streamed online at: <https://zoom.us/j/576833720>. For more information or to let us know you'd like to attend, email us at [swihdr@nmsu.edu](mailto:swihdr@nmsu.edu).



## "Improving Binational Public Health Infrastructure in the Border Region"



**George Richards**  
Master of Public Health Student

December 6, 2017  
Wednesday  
12:00p.m. – 1:00p.m.  
Health and Social Services  
Room 202  
(Bring lunch – drinks provided)

*George will discuss how he applies his Masters of Public Health coursework to his work within the Office of Border Health, and how he turned a MPH internship into a Public Health Institute Fellowship opportunity.*

### Student Research Brown Bag

Sponsored by: Southwest Institute for Health Disparities Research

Seminar is available online. For more information or to let us know you'd like to attend, email us at [swihdr@nmsu.edu](mailto:swihdr@nmsu.edu).



## Getting started on my Master's thesis: "Seasonal Flu Vaccination among Pregnant Women in NM"



**Upasana Chalise**  
Master of Public Health Student

September 13, 2017  
Wednesday  
12:00p.m. – 1:00p.m.  
Health and Social Services  
Room 202  
(Bring lunch – drinks provided)

*Come learn about how Upasana decided on a research topic, identified her data source, formulated her research questions, and plans to conduct her analysis.*

### Student Research Brown Bag

Sponsored by: Southwest Institute for Health Disparities Research

Seminar is available online. For more information or to let us know you'd like to attend, email us at [swihdr@nmsu.edu](mailto:swihdr@nmsu.edu).



## "Behavior Change in Response to Zika among US-Mexico Border Women"



**Bridget Acquah-Baidoo**  
Master of Public Health Student

October 25, 2017  
Wednesday  
12:00p.m. – 1:00p.m.  
Health and Social Services  
Room 202  
(Bring lunch – drinks provided)

*Bridget will be presenting the methodology, analysis and findings from her Master's thesis.*

### Student Research Brown Bag

Sponsored by: Southwest Institute for Health Disparities Research

Seminar is available online: <https://zoom.us/j/86485877>. For more information or to let us know you'd like to attend, email us at [swihdr@nmsu.edu](mailto:swihdr@nmsu.edu).

February 14, 2018  
Student Research Brown Bag Seminar

Clara Reyes  
NMSU

# Coping in Hispanic Mothers Living with Cancer in the US- Mexico border region

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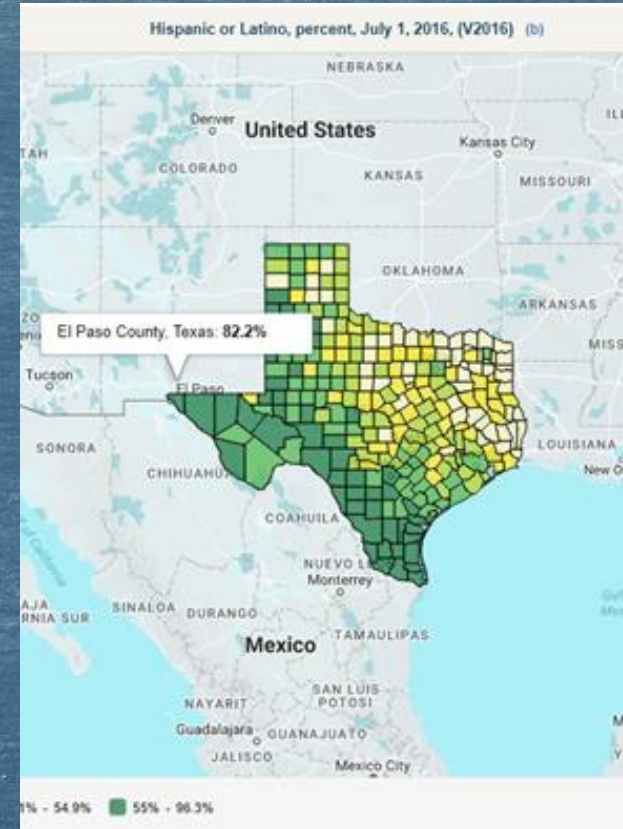
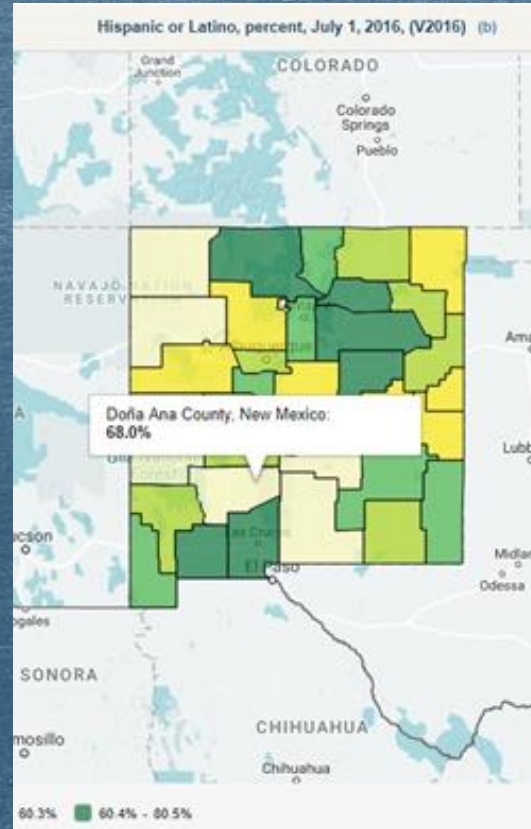
A Qualitative Study

# Overview

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- ▶ Cancer in Hispanics
- ▶ Coping with cancer
- ▶ Research Question
- ▶ Methods
  - Participants
  - Measures
  - Analysis
- ▶ Thesis Process & Next Steps
- ▶ Questions

# Hispanics in the U.S.-Mexico Border Region



U.S. Census Bureau. (2017). *Hispanic or Latino, percent, July 1, 2016, (V2-16) b*. Retrieved from: <https://www.census.gov/quickfacts/fact/map/US,elpasocountytexas,doaanacountynewmexico/RHI725216>

# Challenges to Cancer Diagnosis and Management

Cultural ethnic minority women	<ul style="list-style-type: none"><li>• later diagnosis</li><li>• poorer self-reported quality of life (QOL)</li><li>• lower 5-year survivor rates than NHW women</li></ul>
Hispanic women	<ul style="list-style-type: none"><li>• lower levels of acculturation</li><li>• language barriers</li><li>• immigration factors</li><li>• psychosocial influences (e.g. self-reliance, negative body image)</li><li>• cultural influences (e.g. spirituality, fatalism, familism)</li><li>• low socioeconomic status (SES)</li></ul>
Border region residents	<ul style="list-style-type: none"><li>• limited facilities and cancer experts</li></ul>

# Coping with cancer

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## Coping strategies:

- ▶ May determine survivors' adjustment to cancer as a stressor
- ▶ Can predict outcomes (e.g. psychological well-being, perceived quality of life)

# Available Research on Coping with Cancer

- ▶ Mostly been conducted with:
  - a. Middle to upper SES
  - b. Breast cancer survivors
  - c. Non-Hispanic Whites (NHW)
    - A few survivors from different racial/ethnic groups:
      - African American
      - Hispanic



# Approach Coping Strategies → Positive Outcomes

Coping Strategy	Outcome
<b>Benefit finding</b> (e.g. "Having had breast cancer has brought my family more closer together.")	<ul style="list-style-type: none"><li>• Positively related to perceived QOL</li><li>• Negatively related to emotional distress and depression.</li></ul>
<b>Planful Problem Solving</b> (e.g. "I made a plan of action and followed it")	<ul style="list-style-type: none"><li>• Positively associated with positive adjustment</li></ul>
<b>Positive reappraisal</b> (e.g. "I changed or grew as a person")	<ul style="list-style-type: none"><li>• Positively associated with positive adjustment</li></ul>



# Avoidant Coping Strategies → Negative Outcomes

Coping Strategy	Outcome
<b>Behavioral disengagement</b> (e.g. "I've been giving up trying to deal with it.")	<ul style="list-style-type: none"><li>• Predicted more distress; positively related to distress</li></ul>
<b>Denial</b> (e.g. "I've been saying to myself 'this isn't real'")	<ul style="list-style-type: none"><li>• Predicted more distress; positively related to distress</li></ul>
<b>Distancing</b> (e.g. "I went on as if nothing had happened")	<ul style="list-style-type: none"><li>• Negatively related to psychological well-being</li></ul>

# Comparison of racial/ethnic minority subgroups to NHWs: more alike than different

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- ▶ These relationships apply across racial ethnic groups:
  - a. approach coping strategies and positive outcomes
  - b. avoidant coping strategies and negative outcomes
- ▶ Despite a few predictable differences between ethnic groups, the assumption that these groups will differ in all aspects of their coping should be avoided.

# Unique cancer coping strategies in racial/ethnic minority subgroups

## Relational Coping

- Facing the cancer as “we”
- Significant concern for well-being of close relatives
- Outcomes: family can either help or hinder her survivorship experience
- Not included in coping measures

## Religious Coping

- e.g. “I’ve been trying to find comfort in my religion or spiritual beliefs”
- Outcomes:
  - reduced distress
  - associated with other approach coping strategies
- Typically included as coping measure



# Principal Findings in Hispanics: Coping Strategies

<b>Religious Coping</b>	<ul style="list-style-type: none"><li>• Essential source of strength</li><li>• Reduced stress and enabled them to cope with cancer</li><li>• Religious-oriented fatalistic coping: intertwining fatalism with religiosity</li></ul>
<b>Social Support</b>	<ul style="list-style-type: none"><li>• Support from family and friends</li><li>• Perceived sufficient social support: encouraged to fight the disease, optimistic about the future, and more likely to use approach coping strategies.</li><li>• Less use of emotional support and less perceived family/peer support were positively associated with increased risk for depression</li></ul>
<b>Positive Reframing</b>	<ul style="list-style-type: none"><li>• Find meaning and positive emotions</li><li>• Needed to positively reframe their cancer diagnosis</li><li>• Needed to have a positive attitude despite opposing beliefs and feelings of family members</li></ul>
<b>Self-distraction</b>	<ul style="list-style-type: none"><li>• e.g. "I've been turning to work or other activities to take my mind off things."</li><li>• Positively related to distress</li></ul>
<b>Behavioral Disengagement</b>	<ul style="list-style-type: none"><li>• e.g. "I've been giving up trying to deal with it."</li><li>• Predicted more distress</li></ul>
<b>Denial</b>	<ul style="list-style-type: none"><li>• e.g. "I've been saying to myself 'this isn't real'"</li><li>• Predicted more distress</li></ul>
<b>Venting</b>	<ul style="list-style-type: none"><li>• e.g. expressing negative feelings</li><li>• Associated with greater distress</li></ul>

# Principal Findings in Hispanics: Poor Outcomes

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- Experienced greater distress than African Americans or NHWs.
  - Higher risk of disease progression and poorer survival outcomes.
- 45.6% of Hispanic breast cancer survivors reported depressive symptoms (compared to 35%-45% of breast cancer survivors).
  - High risk of the negative impacts of depression.
- 1 in 5 of the Hispanic cervical cancer survivors experienced difficulties with depression.

# Literature Review Findings: Gaps in Coping with Cancer

- ▶ Few studies on Hispanics.
  - No studies in the U.S.-Mexico border region (cancer resource deprived area)
  - No studies in largely Mexican American populations
- ▶ Evidence of differences:
  - Coping between racial/ethnic groups.
  - Poor survivorship outcomes in Hispanics.
    - Why?
- ▶ Incomplete survivorship story.



# Research question

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- ▶ How do Hispanic child-rearing women living with cancer on the U.S.-Mexico border describe how they cope with cancer?
- ▶ A secondary data analysis study



# Methods

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- ▶ Qualitative data collected:
  - a. For parent study assessing diagnosed Hispanic mothers' cancer-related communication and experiences with their children.
  - b. Via 2 semi-structured focus groups (n=3; n=3) and 3 individual interviews



# Participants

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▶ Eligibility criteria:

- Hispanic
- Less than 50 years old
- Diagnosed with cancer within the last 2 years
- Mother of child (5-13 years old)
- Resident of Doña Ana or El Paso County

# Participant Characteristics

Characteristic	Total (Percentage) n = 9
<b>County of Residence</b>	
Doña Ana, NM	5 (56%)
El Paso, TX	4 (44%)
<b>Age (years)</b>	
<30	1 (11%)
30-39	4 (44%)
40-49	4 (44%)
<b>Marital Status</b>	
Married	6 (67%)
Single	2 (22%)
Divorced	1 (11%)
<b>Current Employment</b>	
Yes	6 (67%)
No	3 (33%)
<b>Education</b>	
High school or less	2 (22%)
Some college, no degree	2 (22%)
Associate's degree	3 (33%)
Bachelor's degree	2 (22%)

Characteristic	Total (Percentage) n = 9
<b>Preferred Language</b>	
English	4 (44%)
Both English/Spanish	3 (33%)
Spanish	2 (22%)
<b>Cancer Diagnosis</b>	
Breast	5 (56%)
Thyroid	2 (22%)
Ovarian	2 (22%)
<b>Age at Diagnosis</b>	
<30	2 (22%)
30-39	6 (67%)
40-49	1 (11%)
<b>Age of Children</b>	
5-6 yrs.	3 (21%)
7-9 yrs.	4 (29%)
10-13 yrs.	7 (50%)

# Measures

## Selected Questions from Focus Groups and Individual Interviews

What, if anything, has been particularly difficult or challenging for you in coping with your cancer?

What are things that have helped your recovery or coping the most?

What type of family/friend support, if any, was available to you following your cancer diagnosis?

Who gave you the most support to help cope with your cancer?

With what did your friends/family help you following your diagnosis?

What support did you want that you did not get from family/friends?

In what ways, if any, did you rely on your school age/adolescent children for your support during the cancer treatment and early post-treatment period?

# Analysis

- Clean transcripts
- Grounded theory (Table)
- Trustworthiness protected by:
  1. 3 coders (consensus)
  2. peer debriefing
  3. audit trails

## Summary and Sequence of Data Analytic Steps

Step 1: Establish units of analysis of transcribed data

Peer debrief the units

Step 2: Inductively code units of analysis into non-overlapping categories

Peer debrief categories

Step 3: Refine and group similar categories, ensuring they are mutually exclusive

Peer review higher order groups of categories (i.e. domains)

Step 4: Group similar domains into key areas

Peer debrief key areas

Step 5: Identify a core construct

Peer debrief core construct

# Potential impact: contribute to closing the gap in the cancer survivorship literature



- ▶ Help us better understand how Hispanics cope with cancer
  - May reveal unique coping strategies
- ▶ Future directions:
  - Develop new coping assessments
  - Tailored interventions

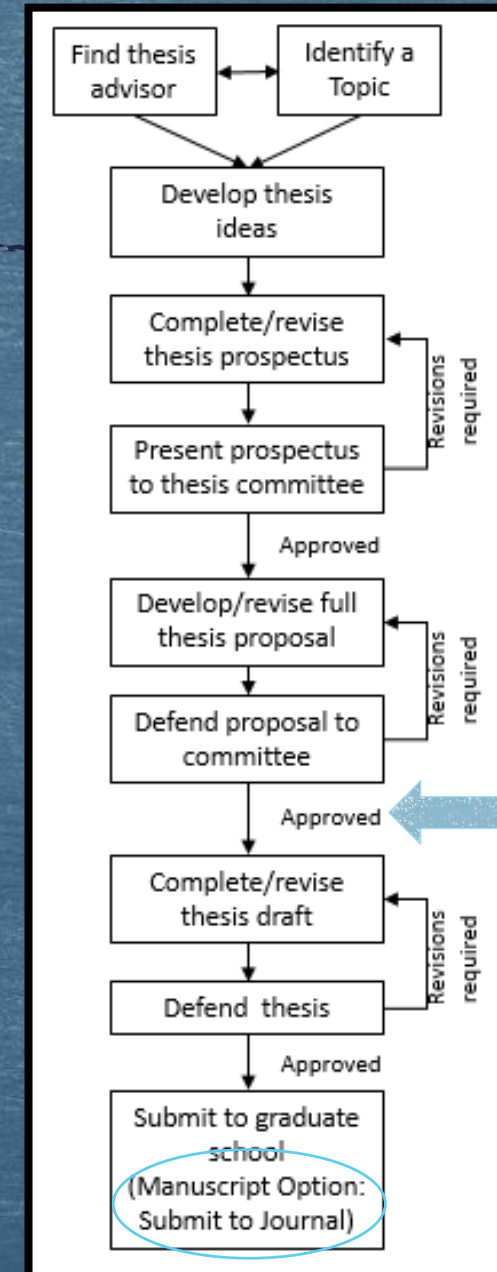
# Limitations

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- ▶ Sample size
- ▶ Different cancer sites and stages

# Thesis Process

- ▶ Research Assistant
- ▶ Identify topic & select manuscript option
- ▶ Committee Selection
- ▶ Prospectus
- ▶ Proposal
- ▶ Next steps:
  - Analysis (learning new software)
  - Thesis defense
  - Complete/submit manuscript



# Thank you



- Women who participated in the study
- Thesis Committee: Dr. Palacios, Dr. Lewis, Dr. Morales, Dr. Harper
- Southwest Institute for Health Disparities Research



Questions

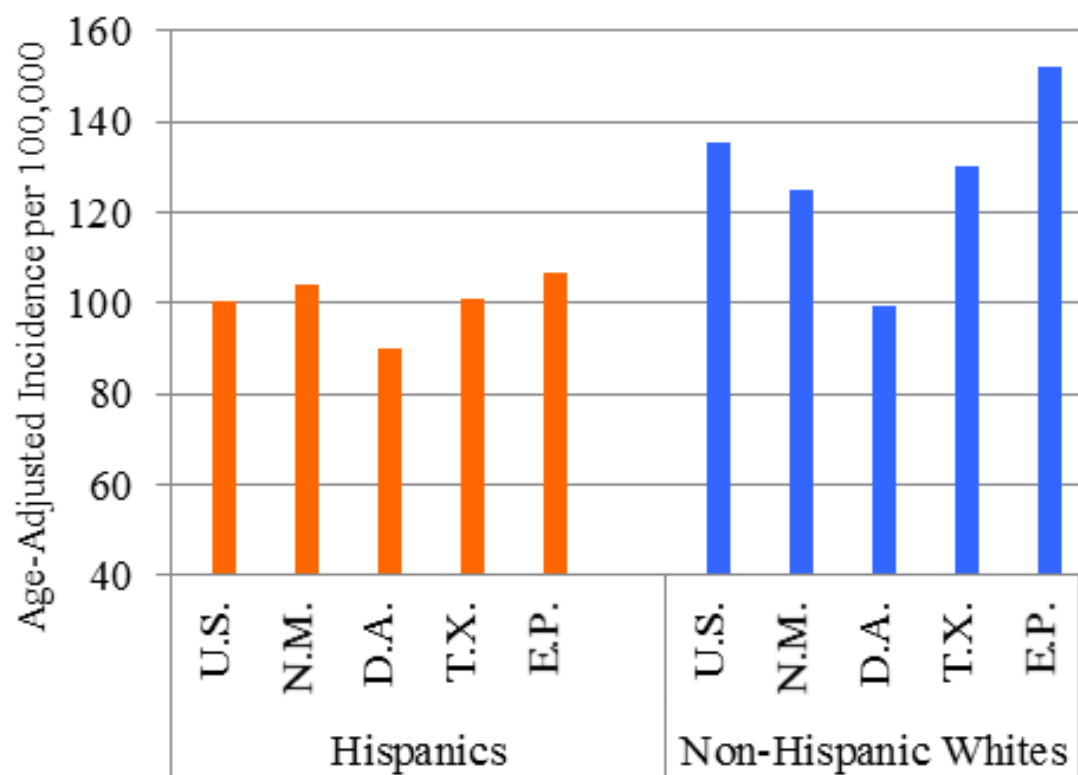
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Extra Slides

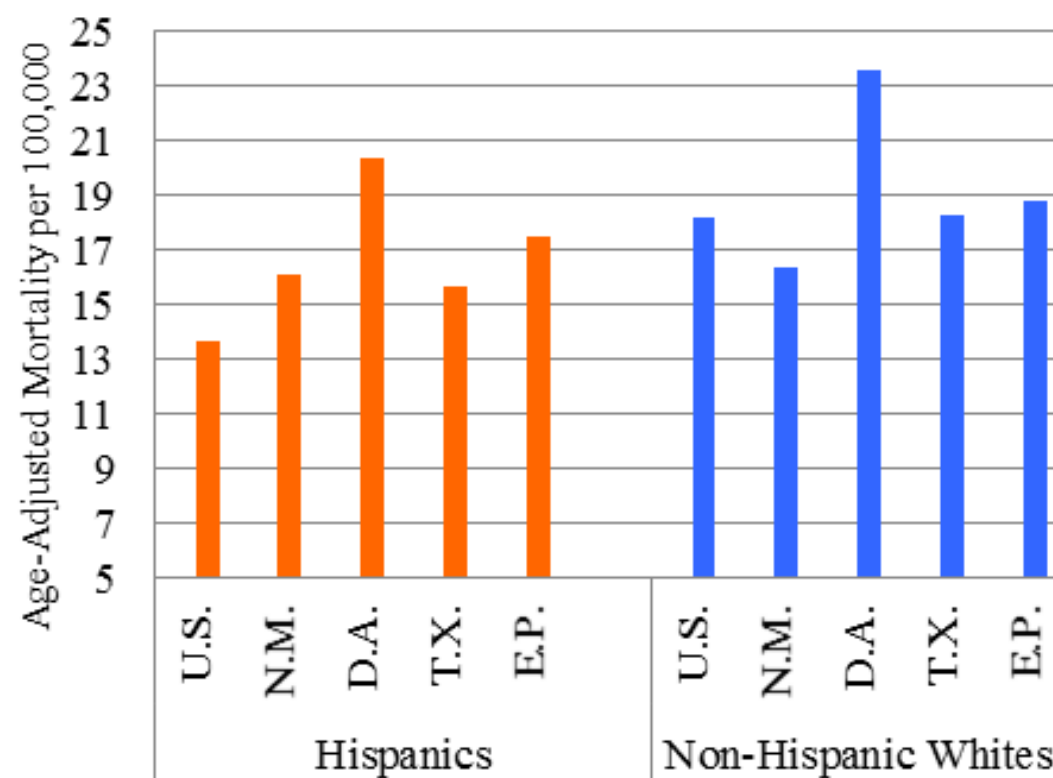
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# Cancer rates in Hispanic Women

**Figure 1.** Incidence Rates for All Cancer Sites in Females Ages <50 (2009-2013)



**Figure 2.** Mortality Rates for All Cancer Sites in Females Ages <50 (2009-2013)



# Measures

## Focus Group and Individual Interview Survey Questions.

What is your age?

Marital Status

How many years of school have you completed?

What is your race/ethnicity?

How many children do you have? Please list gender and age for each.

In general, what language(s) do you read and speak?

What language(s) do you usually speak at home?

In which language(s) do you usually think?

What language(s) do you usually speak with your friends?

Have you ever been diagnosed with cancer?

a. If yes, please specify the type of cancer you were diagnosed with?

b. When were you diagnosed with this cancer?

# Procedure

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▶ Sampling:

- Non-probability sampling (volunteer, homogenous, and snowball sampling)
- Study sites: Doña Ana County, NM and El Paso County, TX

▶ Focus groups, interviews, and forms were delivered in English or Spanish based on participant preference

▶ Audiotaped and transcribed in original language

▶ \$25 gift card, meal, and community resource list provided to all participants.

▶ No further recruitment will be conducted for this study.

# Timeline

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- ▶ Preparing the data (cleaning, Atlas.ti, lens debriefs, unitizing) (January)
- ▶ Analyzing the data (February)
- ▶ Finalize thesis manuscript (March)
- ▶ March 26, 2018: Deadline to turn in Final Exam Form (date of exam)
- ▶ April 6, 2018: Deadline to hold Thesis Exam
- ▶ April 11, 2018: Deadline to submit thesis to graduate school for format review.
- ▶ Finalize manuscript for journal submission (April)
- ▶ May 11, 2018: Deadline to submit required binding copies of thesis