

Comparing Provider and Survivor Perspectives on Navigating Family Dynamics While Caring for South Asian Breast Cancer Survivors



Akanksha Jain, BS^{1,2}; Nainwant Singh, MD^{1,2}; Veena Manja, MD^{3,4}; Shreya Desai, MS^{1,2,5}; Ambri Pukhraj, MS²; Rashmi Risbud, MA⁶; Lidia Schapira, MD⁷; Dolores Gallagher-Thompson, PhD²; Karl Lorenz, MD^{1,8}, MSHS; Ranak Trivedi, PhD^{1,2}

¹Center for Innovation to Implementation, VA Palo Alto Health Care System, Menlo Park, CA; ²Division of Public Mental Health & Population Sciences, Stanford University, Stanford, CA; ³VA Northern California Health Care System, Sacramento, CA; ⁴Department of Internal Medicine, UC Davis, Davis, CA; ⁵Tilman J. Fertitta Family College of Medicine, University of Houston; ⁶Department of Psychology, UC Davis, Davis, CA; ⁷Stanford Cancer Institute, Stanford University, Stanford, CA; ⁸Division of Primary Care & Population Sciences, Stanford University, Stanford, CA

BACKGROUND

- Breast cancer rates are increasing among individuals with a South Asian heritage (i.e: from India, Pakistan, Nepal, Bhutan, Sri Lanka, Maldives, Bangladesh).
- Delivering effective cancer care to this population needs to account for cultural factors inherent in cancer (e.g., stigma) and caregiving (e.g., gender roles)
- Research on how to accomplish culturally attuned care for South Asians is lacking**

COMMUNITY PARTNER

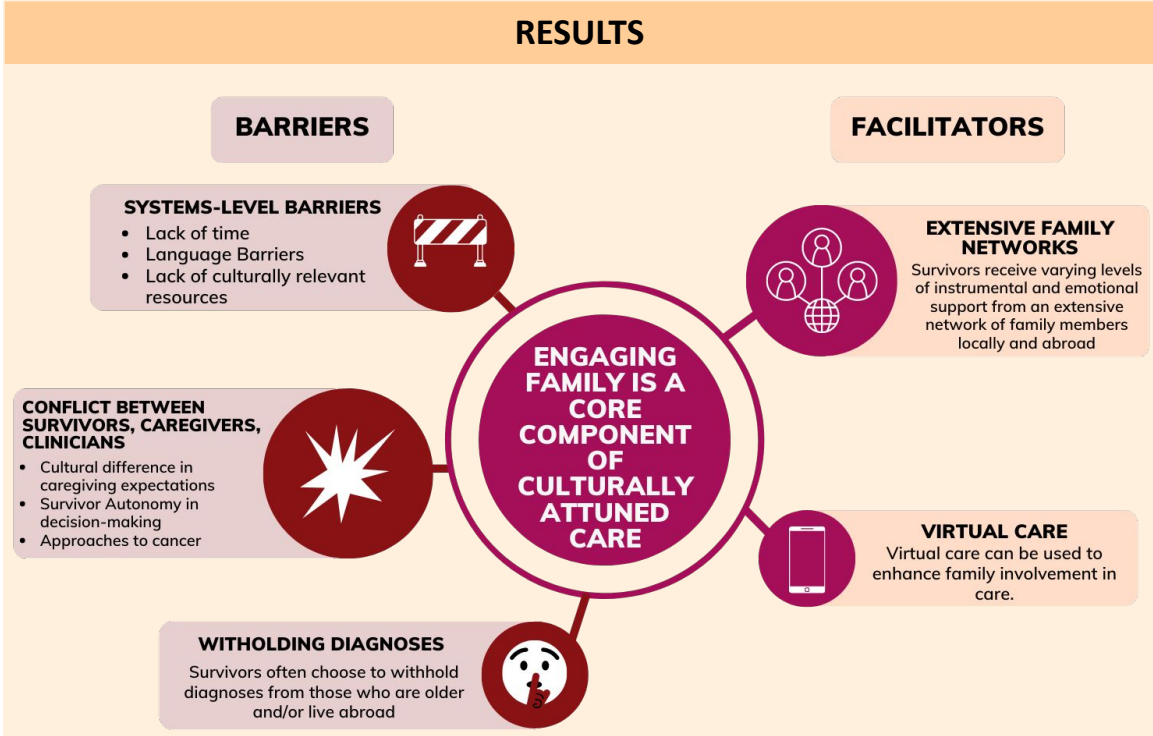
SUKHAM:

- The Sukham Mission** is to educate, empower & enable community members to follow the practice of living and aging well while preparing for life's transitions, and care for loved ones dealing with chronic or serious illness

METHODS

- PURPOSE:** To compare the perspectives of South Asian breast cancer survivors and clinical providers to better understand the role of family dynamics in South Asian cancer care
- Semi-structured interviews with 13 breast cancer survivors (1 hour) and 14 multidisciplinary clinicians (30 min)
- Survivor Demographics:** N=13 (47.9y ± 9.1; 100% Female)
- Provider Demographics:** Physicians (8); nurse practitioners (2); social workers (2); physician assistant (1); psycho-oncologist (1)
- Interviews were professionally transcribed
- Analytical Approach: Thematic analyses with deductive and inductive coding

RESULTS



KEY TAKEAWAY

Developing strategies to improve coordination among providers, survivors, and key family members will be crucial to ensure high quality, culturally attuned care

LESSONS LEARNED/CONCLUSIONS

- Both survivors and clinicians agree that supportive social networks facilitate culturally attuned care
- However, family involvement may also be a source of stress and guilt for survivors, and can hinder the providers' ability to provide high quality care
- Health care systems can enhance culturally attuned care by increasing the time of clinic visits, and providing appropriate training to providers

RECOMMENDATIONS

- More research is needed to better understand this understudied population:
 - Greater spectrum of socioeconomic backgrounds, education levels, and acculturation levels of survivors
- Future work focusing on caregivers will further elucidate the family dynamics in cancer care
- System level barriers need to be addressed

ACKNOWLEDGEMENTS:

This project was funded by the Sojourns Scholars Leadership Program of the Cambia Health Foundation and the Khuller Family Cancer Seed Grant through Stanford CARE, both awarded to Dr. Ranak Trivedi. We thank the participants for their generosity of time



SAFAD Study: <https://safadstudy.sites.stanford.edu>
Email: ranakt@stanford.edu; @ranakt