

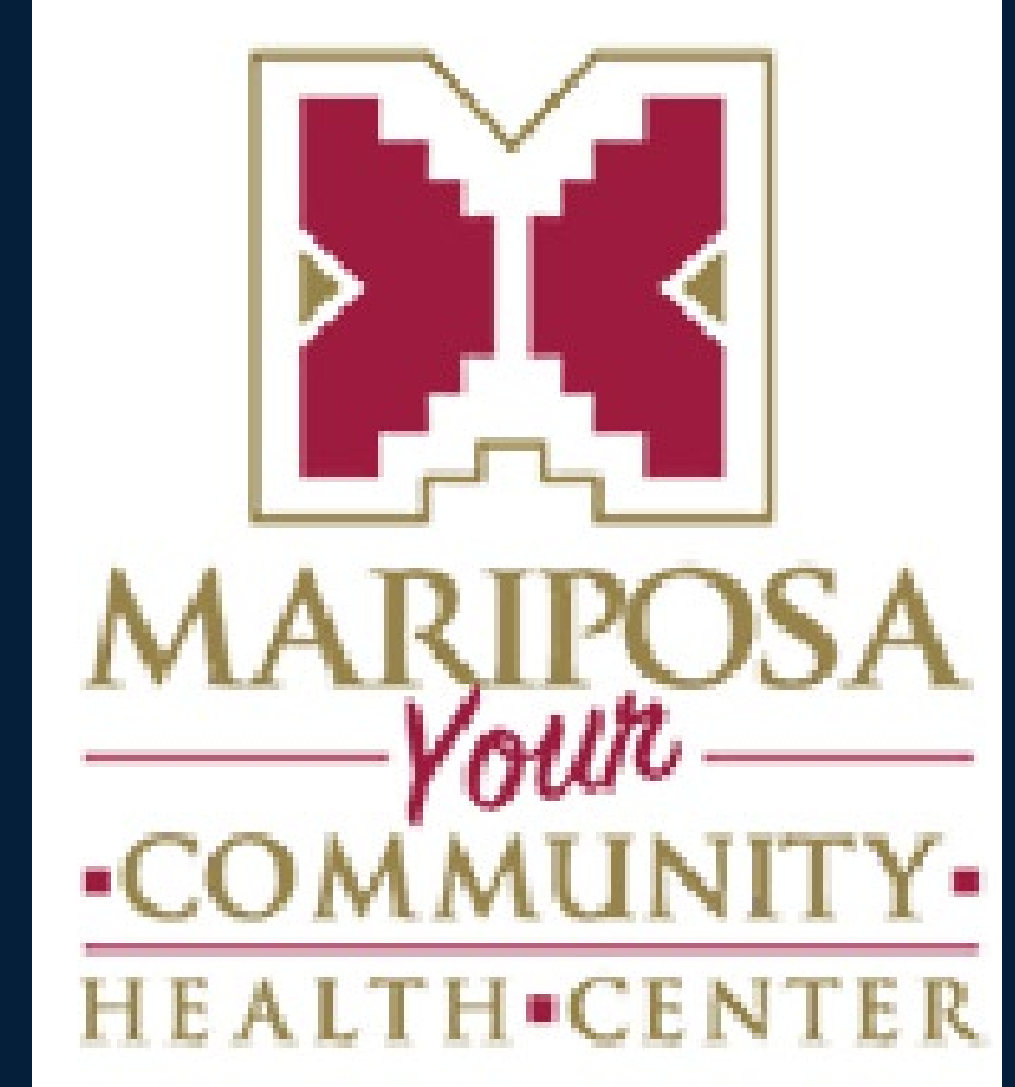
Photovoice to Explore Lifestyle Behaviors of Cancer Survivors at the United States/Mexico Border



Samantha Werts¹, Rosi Vogel¹, Tatiana Enriquez²,
Lizzie Garcia², Cynthia Thomson¹, Maia Ingram¹

¹Department of Health Promotion Sciences, University of Arizona, Tucson, Arizona

²Mariposa Community Health Center, Nogales, Arizona



Background

- Breast cancer is the most diagnosed cancer type and the leading cause of cancer death among Hispanic women¹.
- Hispanic breast cancer survivors are less likely to meet diet and physical activity recommendations than NHW breast cancer survivors^{2,3}.
- Health promotion interventions are poorly accessed by Hispanic populations^{4,5}, potentially because components of these interventions lack relevance^{6,7}.
- Adapting and implementing a lifestyle intervention that includes culturally-relevant components can increase acceptability of health promotion programs and more effectively promote cancer protective behaviors.

Objectives

Using a community-based participatory approach, we engaged in qualitative exploration of the lifestyle behaviors of Mexican origin cancer survivors to:

- Characterize knowledge and attitudes towards healthy diet and physical activity behaviors
- Determine programming preferences for cancer survivors living on the US/Mexico border

Methods

- This 9-week photovoice project was conducted in Nogales, Sonora via partnership between Arizona Cancer Prevention and Control Research Network and Mariposa Community Health Center.
- Eligibility included cancer diagnosis in the previous 15 years and Hispanic origin.
- Photovoice explored viewpoints on lifestyle behaviors and facilitators/barriers to health after cancer through photographs.
- Meeting themes centered on food, activity, and social support and were chosen based on preliminary qualitative interviews.
- Sessions began with presentations of participant photographs/narratives and concluded with group discussion of common themes.

Results

- 6 Mexican origin breast cancer survivors participated in photovoice.
- Average age of the participants was 50.3 ± 11.4 years.
- 83% were born in Mexico and still live in Mexico. One participant commuted from Arizona to Sonora to participate in the project.

Food

- Participants perceived that cancer survivors need not follow a restrictive diet after treatment. They believe all foods can be eaten in moderation.
- Emphasized the connection between food and culture and the importance of enjoying meals with others.

Foto 1. Carne en su jugo
"Comida Favorita de mi familia, sus aromas evocan recuerdos muy gratos."
– Luz del Carmen

Photo 1. Meat in its juice
"Favorite food of my family, the aromas of it evoke very fond memories."
– Luz Del Carmen



Foto 2. Escuchando Música

"Me quita el estrés y la ansiedad escuchando música. Actividad física al bailar." - Ivonne

Photo 2. Listening to Music

"It takes away my stress and anxiety by listening to music. It is physical activity when I'm dancing." - Ivonne



Activity

- While less concerned with regimented exercise routines to support health, photos revealed that activity was broadly defined to include physical activity as well as other wellness activities.
- Common activities included walking, biking, dancing, and time with friends/family.

Social Support

- Participants noted the importance of both giving and receiving social support.
- Emphasized altruism to support positive mood and self-confidence during survivorship.

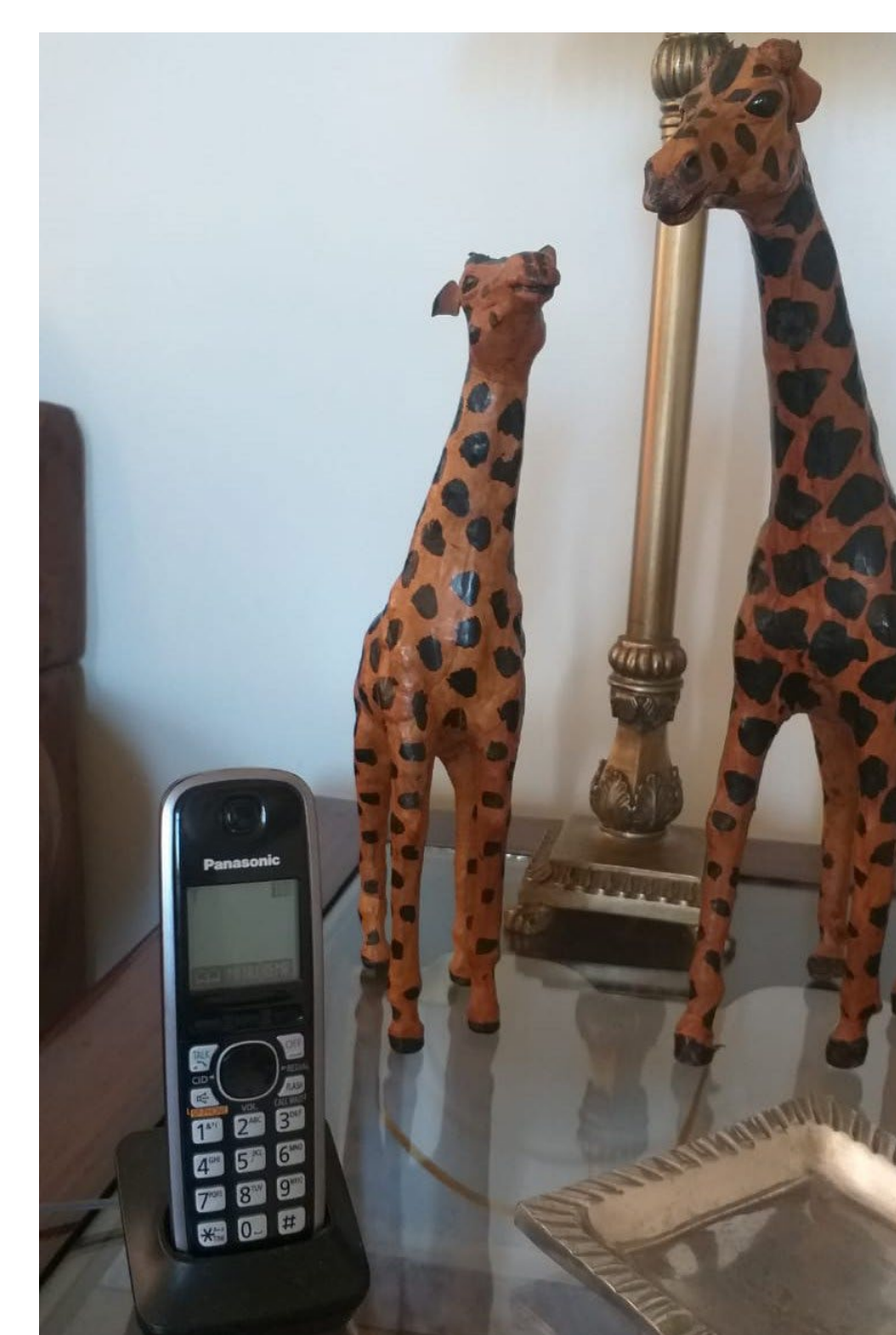


Foto 3. Confidencias
"He acompañando a varias personas cuando las diagnostican." - Fanny

Photo 3. Confidences
"I have accompanied several people when they are diagnosed." - Fanny

Discussion

- Strong academic-community partnership facilitated engagement of cancer survivors in photovoice.
- Photovoice methodology supported participant engagement with the research process and was well-received.
- Key factors to consider when adapting and implementing a lifestyle behavior change intervention for cancer survivors living along the US/Mexico border include:
 - Incorporation of foods from the traditional Mexican diet
 - Perception of physical activity
 - Consideration of activity as a tool to relieve stress and anxiety
 - Inclusion of peer and family support/activities

Future Directions

Our qualitative findings highlight specific strategies that can be implemented in health promotion programming aimed at encouraging cancer protective behaviors to reduce the burden of cancer and comorbidities in Mexican-origin cancer survivors living in border communities.

Acknowledgments

- We acknowledge the 6 cancer survivors who volunteered to share their survivorship experience.
- Thank you to Mariposa leadership and Liliana and Ceci for their help in implementing this project.
- This research was supported by the Centers for Disease Control and Prevention Cancer Prevention and Research Control Network, grant #6 U48DP006413-01-01.

Literature Cited

1. Society, A.C., *Cancer Facts & Figures for Hispanics/Latinos 2018-2020*. 2020.
2. White, A., et al., *Racial and ethnic differences in health status and health behavior among breast cancer survivors— Behavioral Risk Factor Surveillance System, 2009*. *J Cancer Surviv*. 2013. 7(1): p. 93-103
3. Nayak, P., et al., *Racial and ethnic differences in health behaviors among cancer survivors*. *Am J Prev Med*. 2015. 48(6): p. 729-36.
4. Oster, N.V., et al., *Differences in self-management behaviors and use of preventive services among diabetes management enrollees by race and ethnicity*. *Dis Manag*. 2006. 9(3): p. 167-75.
5. Orzech, K.M., et al., *Diet and exercise adherence and practices among medically underserved patients with chronic disease: variation across four ethnic groups*. *Health Education & Behavior*. 2013. 40(1): p. 56-66.
6. Onwudiwe, N.C., et al., *Barriers to self-management of diabetes: a qualitative study among low-income minority diabetics*. *Ethn Dis*. 2011. 21(1): p. 27-32.
7. Zeh, P., et al., *Cultural barriers impeding ethnic minority groups from accessing effective diabetes care services: a systematic review of observational studies*. *Divers Equal Health Care*. 2014. 11(1): p. 9-33.