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Perspective of older African-American and Non-Hispanic white breast cancer survivors from diverse socioeconomic backgrounds toward physical activity: A qualitative study☆

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ABSTRACT

Background: We sought to explore the perspective of older breast cancer survivors (BCS) from diverse racial and socioeconomic backgrounds toward physical activity (PA) to inform the design of a PA program that fosters acceptability.

Methods: Participants included sixty women, ≥65 years, within two years of treatment completion for stage I-III breast cancer. We purposely sampled ≥ten patients in each race [African-American (AA) and Non-Hispanic White (NHW)] and socioeconomic status (SES) [SES disadvantaged and SES non-disadvantaged] group. Participants completed in-person interviews (n = 60) and follow-up focus groups (n = 45). Thematic analyses were employed.

Results: The median age was 71.0 years (range: 65–87 years). Five themes emerged: 1) importance of PA; 2) current PA participants engaged in; 3) influence of race and culture on PA attitudes and beliefs; 4) barriers to PA and facilitators to PA; and 5) PA preferences. Barriers included health issues (43%), particularly cancer treatment side effects such as fatigue. Facilitators included religious faith (38%) and family (50%). Preferences included group exercise (97%) and strength training (80%) due to concerns participants had with diminished upper body strength after cancer treatment. Although AA (59%) and SES non-disadvantaged (78%) participants reported that race and culture influenced their attitudes toward PA, it did not translate to racial and SES differences in preferences.

Conclusion: Among older BCS, physical activity preferences were shaped by cancer experience, rather than by race and SES. Physical activity programs for older BCS should focus on addressing cancer treatment-related concerns and should include strength training to ensure PA programs are more acceptable to older BCS.

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1. Introduction

At 24%, breast cancer survivors (BCS) represent the highest proportion of all cancer survivors [1]. However, survival rates are significantly lower for older women compared to their younger counterparts [2], and in particular for older AA women compared to older NHW [3]. The disproportionate burden of diseases such as hypertension [4], functional disability [5], obesity [6] and physical inactivity [7] partly contribute to this racial disparity in breast cancer survival among older women.

☆ Condensed Abstract: We explored the attitudes, beliefs and preferences of older breast cancer survivors toward physical activity and found that preferences were shaped by their cancer experience, rather than by race and socio-economic status (SES).

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Older adults engaging in 150 min of moderate intensity aerobic exercise per week [8], can reduce the risk of functional limitations by up to 50% [9]. In addition, regular physical activity (PA) after breast cancer diagnosis is associated with reduced breast cancer mortality by 34% and all-cause mortality by 41% [10]. However only about 50% of all Americans engage in the recommended amount of PA [11]. Rates of physical inactivity are particularly high among AA BCS with only 32% likely to meet recommended PA levels [7].

While randomized clinical trials involving PA have been conducted among breast cancer survivors, the inclusion of older women in these trials has been limited [12]. Furthermore, PA studies involving older AA and SES-disadvantaged breast cancer survivors are lacking [13]. To be successful, behavioral interventions should be adapted to the social and cultural context of racial minorities and SES-disadvantaged individuals [13–15].

Therefore, prior to designing a randomized clinical trial involving PA in older BCS that includes a significant number of AA and SES-disadvantaged women, we explored the beliefs, attitudes and preferences of older BCS from diverse racial and socioeconomic backgrounds toward PA to inform the design of a PA program that fosters acceptability.

2. Patients and Methods

2.1. Study Design and Participants

Participants included 60 women, ≥65 years, who were within two years of treatment completion (surgery, chemotherapy and/or radiation therapy) for stage I-III breast cancer. We purposely sampled at least ten patients in each race [AA and NHW] and SES group [SES disadvantaged and SES non-disadvantaged]. SES-disadvantaged was defined as ≤high school education and/or median household income <$35,000 [16]. The study was approved by the Institutional Review Board of each institution.

2.2. Study Setting

Study procedures were completed at a community cancer support center, whose mission is to support individuals and families, affected by cancer, through programs and services provided free of charge.

2.3. Recruitment and Study Procedures

Between October 2015 and March 2016, participants were recruited from two local hospitals. Potentially eligible patients were identified from tumor registries, contacted by phone and informed about the study. Interested participants then came to the cancer support center to complete informed consent and study procedures.

2.4. Interviews

Participants were interviewed “one-on-one” by one of two interviewers using open-ended and semi-structured questions. Interviewers utilized a standardized interview guide adapted from prior work [17] and modified by study researchers to explore additional relevant themes on aging and cancer, and new themes uncovered as the study progressed. Participants also completed a self-administered questionnaire and the Minnesota Leisure Time Activity [18] to capture data on demographics and PA levels, respectively.

2.5. Focus Groups

Approximately two months after interviews, preliminary analyses were completed after which participants were invited to participate in one of two follow-up focus groups led by a facilitator who had not participated in conducting the initial interviews. The goals were to; i) validate themes and conclusions derived from interviews and; ii) garner input from participants to design a PA program. Participants were asked to review themes identified from interviews, and to concur whether conclusions captured their attitudes, beliefs and preferences. Through this process a set of preferences that was agreed upon by all participants, as most critical for enhancing PA participation, adherence, and retention were identified.

Interviews and focus groups were audio-taped and transcribed. Transcripts were prepared verbatim.

2.6. Analysis

Collected data was transformed into codable units for analysis. The process of data analysis commenced using Nvivo software (version 10) for storage, organization, and purposes of comparison. Thematic analysis of the data was employed using a constant comparative analysis method. Emergent themes were determined from the data through the use of codes [19]. The first step in the constant comparative method was to reduce excess data. The next step was coding the data. Themes were examined for the group as a whole, and then by race and SES.

3. Results

3.1. Participants' Baseline Characteristics

Participant recruitment into the study is depicted in Fig. 1. Of 679 patients screened, 348 were eligible of which 135 were approached for consent and 213 were not approached. Reasons for not approaching patients for study participation included medical reasons (17%), distance to study setting more than 30 min drive (28%), provider request not to contact patient (6%), research staff not able to reach patient after five attempted telephone calls (21%), patient's race and/or SES group being over-represented in study (23%), and miscellaneous (5%). Of the remaining 135 patients who were approached, 56 declined study participation due to: medical reasons (14%), not interested in study participation (25%), no time availability/too busy (30%), distance to study setting too far (20%), and miscellaneous (1%). Subsequently 79 patients agreed to study participation of which 60 consented and were actually enrolled. Of the sixty who consented, 100% completed one-on-one interviews and 75% participated in one of two follow-up focus groups. Baseline characteristics are displayed in Table 1.

3.2. Qualitative Results

Five prominent themes that described participants' attitudes, beliefs and preferences emerged: 1) importance of PA; 2) current PA participants engaged in; 3) influence of race and culture on PA attitudes and beliefs; 4) barriers and facilitators to PA; and 5) preferences for a PA program, see Table 2. Illustrative quotations supporting these themes can also be found in Appendix A.

3.2.1. Theme 1: Importance of Physical Activity

Four sub-themes emerged from this theme: 1) increasing energy (15%); 2) helping the body (28%); 3) reducing stress (5%); and 4) helping mentally and emotionally (18%).

3.2.1.1. Sub-theme 1: Increasing Energy. Participants who noted that PA increased energy focused on how exercise invigorated them. As stated by a participant (65 years, AA, low SES), “you have a little more energy when you exercise… I feel like I can get up and do what I need to do.”

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