Title

Beliefs About Cancer Risk Factors Among Mexican-Born and US-Born Hispanics of Mexican Descent

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43% were Latino and 41% African American or Blacks, 40% had breast cancer, 85% reported incomes below the national poverty level, and only 6% were born in the continental USA. Unemployment in this sample rose from 25% before to 69% after being diagnosed with cancer. Before diagnosis, 17% had no income, and after, 46% had no income. Before diagnosis 55% of patients were supported by their own earnings and 20% by their families. After diagnosis, 10% were supporting themselves and 53% depended economically on their families. After controlling for sociodemographics (age, gender, education, insurance status and time since diagnosis), gender, lower education, and currently receiving chemotherapy predicted higher current rates of unemployment. **CONCLUSIONS**: Our findings suggest that a large proportion of our ethnic minority cancer patients live in poverty due to a decrease in income and lost jobs due to being diagnosed with cancer. A diagnosis of cancer has a detrimental effect financially on low-income individuals, especially during the active phase of treatment. **RESEARCH IMPLICATIONS**: More research is necessary to establish the impact of specific indicators of poverty (income, employment, education, housing instability, food insecurity) on health outcomes. **CLINICAL IMPLICATIONS**: Interventions aiming to improve health equity and decrease cancer disparities should include culturally responsive comprehensive programs that address patients' socioeconomic needs. **FUNDING**: New York Community Trust; NCI Support: U54-13778804-S2 & T32CA00946.

P1-28

Prevalence of Food Insecurity Among Low-Income Latino Cancer Patients

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PURPOSE: For Latino households, rates of food insecurity (lack of access to enough food for an active, healthy life) are substantially higher than the national average. Lack of access to a nutritious diet can complicate patients' health status and response to treatment. The purpose of this study is to determine the prevalence of household food insecurity (FI) in a cohort of Latino cancer patients, to compare it to 2011 national rates, and to identify relevant demographic characteristics associated with food insecurity. **METHODS**: A nested cohort of 749 Latino cancer patients was recruited thorough the Portal Cancer Project, which addresses socioeconomic determinants of cancer treatment access and adherence in New York City. Participants completed a sociodemographic survey and the USDA Household Food Security Survey in their preferred language. **RESULTS**: Patients' mean age was 55, 62% were females, 40% had breast cancer, 85% reported income below the national poverty level, and only 6% were born in the continental USA. 66% of Latino patients reported FI, 48% of them without hunger, 14% with moderate hunger and 4% with severe hunger. This Latino sample had four times the US national rate of FI for 2011 (15% vs. 66%) and more than double the national rate in Latino households (26% vs 66%). Patients who reported FI were more likely to be younger, unemployed, uninsured, born in Latin America, a more recent immigrant, Spanish speaking, have no monthly income, and have Medicaid for emergency care. **CONCLUSIONS**: The prevalence of FI among Latino patients was extremely high. A high proportion of these cancer patients not only face the burden of their disease but also the burden of hunger. Latino patients who are most vulnerable to FI are the poor, uninsured or underinsured (Emergency Medicaid), and immigrants. **RESEARCH IMPLICATIONS**: More research in necessary to understand the impact of food insecurity on health outcomes of underserved cancer patients. **CLINICAL IMPLICATIONS**: Comprehensive programs that include assessment of patients' food security and case management are greatly needed. **FUNDING**: New York Community Trust; New York State Health Foundation; Laurie Tisch Illumination Fund; NCI Support: U54-13778804-S2 & T32CA00946.

P1-29

Beliefs About Cancer Risk Factors Among Mexican-Born and U.S.-Born Hispanics of Mexican Descent

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PURPOSE: Few studies have examined how beliefs regarding cancer-specific risk factors may differ for Hispanics born in the United States (US) and those who have immigrated. Additionally, Hispanics are often studied in aggregate, rather than as individual subgroups. The present study examined the association between country of birth and beliefs about cancer risk factors, accounting for education, among Hispanics of Mexican descent living in the US. **METHODS**: Self-identified Mexican American adults born in Mexico ($n = 142$) and the US ($n = 139$) answered 14 items from the NCI HINTS questionnaire about cancer-related behaviors and exposures. Questionnaires were administered in participants' preference of English or Spanish. Respondents rated the degree to which each item increases a person's chance of developing cancer as "not at all" (1), "a little" (2), or "a lot" (3). Country of birth and education were provided by self-report. **RESULTS**: Overall, smoking, eating a high-fat diet, exposure to pesticides/

food additives, sun exposure, and family history of cancer were the most strongly endorsed causes of cancer. Multivariate analysis of covariance (MANCOVA) demonstrated that, controlling for education, the combined 14 dependent variables resulted in a significant main effect for country of birth (F[14, 265] = 3.14, $p < .001$, partial eta squared = .142). Follow-up univariate ANCOVAs, using an adjusted alpha (.004), demonstrated few differences across groups. Mexican-born participants demonstrated statistically significantly stronger beliefs that smoking and pesticides/food additives increase the chances of developing cancer than participants born in the US (Mexico: Msmoking = 2.94, Mpesticides/food additives = 2.73; US: Msmoking = 2.82, Mpesticides/food additives = 2.51). **CONCLUSIONS**: These results demonstrate that overall, after controlling for education, Mexico-born and US-born Mexican Americans hold similar beliefs about causes of cancer. Where there were discrepancies, Mexico-born Mexican Americans expressed stronger concerns than US-born Mexican Americans about smoking and pesticides/food additives. Further research is needed to determine the sources of these different beliefs about cancer risk. **RESEARCH IMPLICATIONS**: These results suggest that it may be important to consider migration status and country of birth when developing and testing interventions targeting cancer risk beliefs among Hispanics of Mexican descent living in the US. **CLINICAL IMPLICATIONS**: Clinicians may also benefit from considering country of birth when discussing cancer risk with Hispanics of Mexican descent, as this may impact pre-existing beliefs. **FUNDING**: NIH #1R25CA130869-01A2; NIH R25CA65745; NIH P30CA023100; NIH U56CA92079/U56CA92081; NIH U54CA132379/U54CA132384; NIH-NCMHD CRCHD (P60 MD000220); NIH-NCRR UL1 RR031980; NIH CURE Supplement #P30CA23100; UCSD San Diego Fellowship.

P1-30

Is it Age or Race? Examining Differences in Patient-Provider Trust Among Older Cancer Patients

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PURPOSE: The purpose of this investigation was to examine age and race differences in patient-provider trust among older adults receiving outpatient treatment at a comprehensive cancer center. **METHODS**: Data were collected through structured interviews assessing social (discrimination, trust, communication), behavioral (self-efficacy), health (pain severity, comorbidities, pain interference), and demographic characteristics. **RESULTS**: The sample consisted of 149 non-Hispanic Black and White patients, with a mean age of 65.4 ± 7.6 years. The majority of the sample were female (57%) and non-Hispanic White (82%). Data were examined for the total sample, and by age (young-old; 55–65 years and old-old; 66+ years) and race groups. Results showed an average trust score of 9.93 ±2.62 (range 0–28, high scores indicating less trust) for the total sample. Analyses showed no differences by age or race group on the trust scale. However, when single-item (trust) questions were assessed, more young-old patients reported believing their doctor would tell them the truth about their health ($t = 2.17$, $p < .05$) compared to the old-old patients. In assessing race differences, Blacks were less likely to trust in their doctors' judgments ($t = -2.05$, $p < .05$) and believe that their doctors cared more about holding down cost than about doing what is needed for their health ($t = -2.63$, $p < .05$) than Whites. **CONCLUSIONS**: Few studies have examined the implications perceptions of trust have on patient-provider relationships among older cancer patients. Our results are consistent with the current literature suggesting the influence identified trust characteristics have on patient symptom disclosure and treatment adherence. **RESEARCH IMPLICATIONS**: Further research is needed to identify specific trust factors that may serve as facilitators and/or barriers to effective treatment among diverse populations (age, race). These data may begin to augment our knowledge in designing intervention programs that addresses the needs of patients across a continuum of medical care. **CLINICAL IMPLICATIONS**: These results endorse the importance social factors have in health maintenance among older adults in general and those from diverse race populations in particular. **FUNDING**: National Cancer Institute.

P1-31

African American Cancer Patients' Social Network and Support

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PURPOSE: This study examines the scope and dynamics of the support network of African American cancer patients. The goal was to identify factors that may affect social support for African American cancer patients, particularly those suffering from depression. **METHODS**: 57 African American breast and prostate cancer survivors (34 were depressed and 23 were not depressed) were interviewed. The interviews were audiotaped and transcribed. Qualitative data analysis was conducted; themes were identified and coded. The codes were entered into SPSS software. The Fisher's exact test was performed to examine group differences in the identified themes. **RESULTS**: African American cancer patients reported that their social network involves family, friends, colleague, church members, and professional encounters with therapists (e.g., social workers, psychologists) or support group peers. They also discussed both supportive and not supportive relations with family, friends, colleague, and support