Active Living after Breast Cancer: Lessons Learned from the Delivery of a Physical Activity Program for Breast Cancer Survivors

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Objectives

• Explain the importance of physical activity for cancer survivors
• Discuss lessons learned in the implementation of the program
• Identify disparities in the delivery of physical activity program for minority cancer survivors
• List strategies to improve the delivery of the program in the community
Physical activity benefits for breast cancer survivors:

1) Reduce the risk of breast cancer recurrence and breast cancer-related mortality (1-7).

2) Improve quality of life in both physical and mental domains (9).

3) Reduce risk of chronic diseases such as cardiovascular disease, Type 2 diabetes, and secondary cancers (10-15).
Active Living after Breast Cancer

• A Cancer Prevention and Research Institute (CPRIT) funded program to improve the quality of life of sedentary breast cancer survivors through increasing physical activity and providing survivorship information.

• Eligibility criteria:
  ✓ Diagnosis of Breast Cancer
  ✓ Not receiving chemotherapy and radiation for cancer at the time of enrollment, and
  ✓ Be sedentary (less than 150 minutes of the recommended physical activity).

• At the first and last sessions, participants completed questionnaires (IPAQ, PROMIS Global health short form), performance tasks (6-minute walk, 30-second sit-stand), and anthropometric assessments.

<table>
<thead>
<tr>
<th>Week</th>
<th>Cognitive and Behavioral Skill (~45 min)</th>
<th>Activity (~10 min)</th>
<th>Survivorship Topic (~30 min)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Orientation, Identifying Moderate Intensity Exercises</td>
<td>Walking</td>
<td>None</td>
</tr>
<tr>
<td>2</td>
<td>Readiness to Change, Goal Setting</td>
<td>Walking</td>
<td>Nutrition</td>
</tr>
<tr>
<td>3</td>
<td>Benefits and Barriers</td>
<td>Resistance Bands</td>
<td>Lymphedema</td>
</tr>
<tr>
<td>4</td>
<td>Problem Solving Skills</td>
<td>Zumba</td>
<td>Talking to Your Doctor</td>
</tr>
<tr>
<td>5</td>
<td>Goal Setting</td>
<td>Walking</td>
<td>Spirituality</td>
</tr>
<tr>
<td>6</td>
<td>Rewarding Yourself</td>
<td>Zumba</td>
<td>Emotional Distress/Fear of Recurrence</td>
</tr>
<tr>
<td>7</td>
<td>Time Management</td>
<td>Resistance Bands</td>
<td>Fatigue</td>
</tr>
<tr>
<td>8</td>
<td>Getting Confident</td>
<td>Zumba</td>
<td>Cancer Screening</td>
</tr>
<tr>
<td>9</td>
<td>Finding Social Support</td>
<td>Resistance Bands</td>
<td>Relationships</td>
</tr>
<tr>
<td>10</td>
<td>Cognitive Restructuring</td>
<td>Balloon Volleyball</td>
<td>Body Image</td>
</tr>
<tr>
<td>11</td>
<td>Relapse Prevention</td>
<td>Walking, Resistance bands</td>
<td>Nutrition Revisited</td>
</tr>
<tr>
<td>12</td>
<td>Identifying Places to be physically active in your community</td>
<td>Zumba</td>
<td>Final Party</td>
</tr>
</tbody>
</table>
Program Dissemination

MD Anderson: Training and Evaluation Center
- Trains health educators & provides ongoing technical assistance
- Provides annual site orientation
- Promotes program to referral network
- Conducts program eval

Kelsey Research Foundation: Intervention Delivery
- Conducts intake and schedules sessions
- Conducts program sessions
- Records program implementation data

Referral Network
- Harris Health
- American Cancer Society
- The Rose
- Support groups

neighborhood Centers: Program sites
- Provides space for sessions
- Coordinates with Kelsey in scheduling
- Promotes program among clients
Program Results

- 489 cancer survivors were screened, 199 participants started the program and 132 completed the ALABC program.
- The mean age was 59.7 years (SD =10.6, range 34-84)
- 71% of participants met one of the following criteria: medically underserved, minority, uninsured or underinsured, or low health literacy.
- A diverse population based on race/ethnicity and insurance status
**Program Results**

- Participants reported increases in their weekly minutes of walking ($p < .000$) and moderate to vigorous physical activity ($p = .003$).

- Changes in six-minute walk and sit-stand tests improved ($p < .000$ for both), demonstrating that physical functioning objectively improved.

- Self-reported quality of life also improved in both the physical health ($p < .000$) and mental health ($p < .000$) domains.
Challenges of Implementing Program in the Community

- Recruitment of cancer survivors
- Recruitment of program sites
- Program time length (12 weekly sessions)
- Lost to follow up and drop outs
- Retention rate
Disparities among Underserved, Minority Participants

- Lower physical activity and quality of life measures at baseline
- Present more barriers to complete the program such as transportation, busy schedule, babysitting, and time of program
Strategies used to Maximize Recruitment of Cancer Survivors and Program Sites

- Participated in community events and conferences to spread the word about the program and recruited to refer and host our program

- Collaborated with MD Anderson Project Community to host programs at hospitals, African American cancer support groups and organizations

- Partnered with the YMCA to expand programs

- Recruited at the Survivorship Clinic at LBJ Hospital and use referral flyer at Smith Clinic
Strategies used to Optimize Program Delivery and Retention

- Provided evening classes and increased program locations
- Made reminder calls
- Offered re-enrollment for participants
- Provided metro passes and parking vouchers
- Provided incentives such as pedometer, resistance bands, water bottles, and snacks during sessions
- Created a Facebook group page with weekly healthy living tips and announcements plus fun reunions every two months
Program Adaptations Tailored to Working with Underserved, Minority Cancer Survivors

- Used a community health worker model to deliver a culturally appropriate program
- Offered program in other languages such as Spanish and Mandarin
- Provided resources and navigation services to underserved, minority cancer survivors
- Offered program sites close to their home such as churches and community health centers
- Invited their family members and caregiver to the sessions
Conclusion

• The program was effective in increasing physical functioning and improving quality of life.
• The need to include strategies to improve recruitment and retention.
• Especially include strategies to address disparities in the delivery and completion of a program.
• Our new grant will include
  ➢ recruit all cancer types,
  ➢ expand to other locations,
  ➢ increase implementation partners and referral network
  ➢ use the ECHO model for train and mentor community health workers.
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Questions?
References