

Information and Support Needs of Mothers At-Risk for and Surviving with Breast/Ovarian Cancer: The Role of Patient Navigation in Health Outcomes

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Talia Zamir, Muriel Statman, BA, & Kenneth P. Tercyak, PhD

Lombardi Comprehensive Cancer Center, Washington, DC,



GEORGETOWN UNIVERSITY
Center for Research & Fellowships

Lombardi Comprehensive
Cancer Center



Community-based organizations support the QoL of mothers surviving breast/ovarian cancer.

INTRODUCTION

Mothers surviving breast cancer (BC) or ovarian cancer (OC) face unique challenges, as they must balance childrearing responsibilities with their own health needs. Community-based organizations (CBOs) and their patient navigation (PN) resources may provide crucial psychosocial support for these mothers. There is limited research on the efficacy of CBOs in supporting mothers with BC and OC. Understanding how motherhood intersects with a woman's experience with CBOs and their services through this secondary analysis can help optimize CBO services to better meet the needs of mothers.

METHODS

Secondary data analyses consisted of dividing mothers into three groups based on the age of their child: mothers of young children (Group A), mothers of adult children (Group B), and mothers of both adult and young children (Group C). Descriptive statistics were generated to describe and compare the characteristics and prevalence of mothers from groups A, B, and C within the CBO using χ^2 tests. Next, program utilization was compared between mothers with minor children only (Group A) and mothers with at least one adult child (Groups B and C). Mothers' in Group A (N=377, M age=42, 82% White, 16% non-White; see Table 1) were compared to those in Group B on dimensions of PN quality, CBO care satisfaction, empowerment, and quality of life (QoL) using Student's t-test. Next, within-group analysis was conducted to further investigate the PN experiences and outcomes of Group A. In this sub-analysis, we assessed Group A mothers' PN experiences as well as their QoL and its associations with mothers' sociodemographic and clinical characteristics.

Table 1. Characteristics of mothers with young children (N =377)

Age, years (M [SD])	41.5 [6.1]
Race	
White	309 (82%)
Marital Status	
Partnered	297 (78.8%)
Employment	
Employed	262 (49.9%)
Highest level of education	
Less than a bachelor's degree	218 (57.8%)
At-risk (BRCA mutation cancer predisposition)	
Yes predisposition / No cancer diagnosis	29 (7.7%)
Yes predisposition / Yes cancer diagnosis	76 (20.2%)
Health-related QoL	
General health	
Fair/poor	174 (46.5%)
Frequent mental distress	
Yes	74 (19.6%)

Table 2. Study measures

Patient navigation quality - The effectiveness of services aimed at helping patients navigate resources and options.

CBO care satisfaction - The degree of approval mothers feel with the services and support provided by the CBOs.

Health-related QoL - How mothers perceive their physical, mental, and social well-being, particularly as it relates to their health status as women at risk for or surviving breast cancer.

Empowerment - The sense of control and confidence mothers feel in managing their health, making informed decisions, and advocating for their needs.

Program utilization - The extent to which mothers participate in and use the services and resources offered by the CBO.

RESULTS

All three groups of mothers (Groups A, B, and C) were significantly different from each other ($\chi^2=341.46$, $p<0.001$; $p<0.001$ for all three group comparisons). No significant differences were found between mothers of young children (Group A) and mothers of adults (Group B) for most study measures, but mothers of adults had lower QoL, with more physically unhealthy days ($t = -2.7$, $p < 0.05$). Participation in a CBO-led psychoeducation program for children and families (Busy Box) was reported by 54% of mothers of young children, compared to 8.3% of other mothers (Figure 1). In our within-group analysis of mothers of young children (Group A), we found that these mothers rated an overall positive CBO experience, high PN quality, and demonstrated a strong sense of psychosocial empowerment. Within-group bivariate tests indicated mothers of young children who reported greater QoL (represented by fewer total unhealthy days in a month) were employed mothers with less cancer risk, who reported a positive PN experience and high CBO care satisfaction and exhibited a stronger sense of empowerment (Table 3).

Figure 1. Participation in programs by mothers of young children compared to mothers with at least one adult child

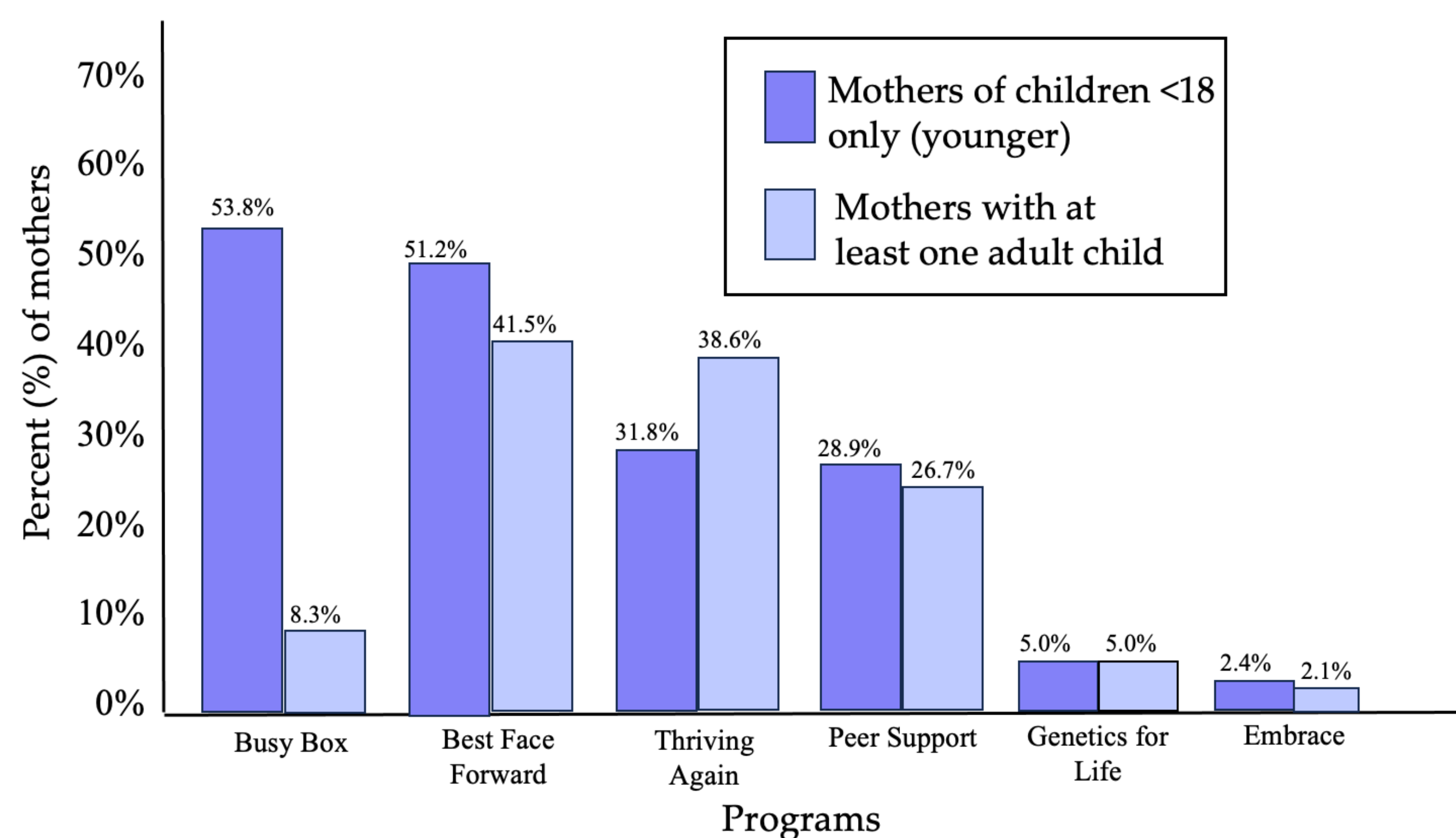


Table 3. Bivariate associations with general health and QoL

Variables	General Health	QoL
	<i>r</i> , <i>p</i>	<i>r</i> , <i>p</i>
Clinical characteristics		
Risk for cancer	-0.11, 0.019	0.123, 0.008
Level of education	0.087, 0.05	-0.059, n.s.
Employment status	0.22, < 0.001	-0.18, < 0.001
Age of child(ren)	0.02, 0.28	0.07, 0.11
Outcomes		
Patient navigation quality	0.08, 0.056	-0.13, 0.006
CBO care satisfaction	0.06, 0.11	-0.17, <0.001
Empowerment	0.1, 0.03*	-0.156, 0.001

CONCLUSIONS

Community-based cancer control programs play a crucial role in supporting mothers surviving BC/OC through patient navigation and tailored programming. Continued investment in CBOs can enhance the QoL for these mothers, addressing their dual roles as patients and caregivers. Significant participation of mothers in CBO services, especially those with minor children, highlights the need for resources that help mothers communicate about cancer with their children. This research informs ongoing efforts to address health disparities, especially to populations at unique biological risk, through targeted community interventions and PN. CBOs are well-positioned to address systemic healthcare challenges, providing comprehensive and quality care to mothers and a broader spectrum of cancer survivors.



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