B4.2: Buffering Low Health Literacy: Health Care Provider Partnering With Mexican American Cancer Caregivers

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Abstract:
Introduction: Health care provider response to consumer lack of health care literacy becomes complex when consumers, including Mexican American (MA) female caregivers, have limited English proficiency (LEP) and cultural beliefs that differ from the American health care system. Thus, there is a significant need to explore ways providers utilize such factors for culturally sensitive interventions to improve caregiver and family health. The aim of this presentation is to present results of two studies illustrating partnering of LEP and low literacy MA cancer caregivers and health care providers in a public oncology clinic. This partnering supports caregiver understanding to provide quality care for a family member with cancer and provider responsiveness to that understanding.

Method(s): The first study, using a mixed-methods and grounded theory approach that met rigor criteria, identified initial responses of 34 caregivers during a family member's cancer trajectory. A second focus group study of 20 providers supported provider intervention themes responsive to caregiver themes.

Results: Caregivers identified “getting lost in the cancer, and feeling and thinking too much” early in diagnosis. Treatment themes included “moving forward motives me, needing to know about it, God helping us to keep trying, and ‘being with’ the loved one with cancer.” Recovery themes included “integrating back again, accepting life as it comes by, and experiencing valor with caregiving.” Provider themes included “controlling diagnosis disclosure via the ‘mother standard,’ giving caregiver time to culturally respond to the diagnosis, nurturing caregiver ability by provider modeling of care and referral, encouraging caregiver belief in doctor-God
connection, reinforcing caregiver hope and faith, and relying on caregiver as “knowing best” in care decisions. Few educational and clinic resources to teach caregivers prevented more attention to their cancer understanding and personal health needs.

**Discussion & Conclusions:** Recommendations include further work to develop and implement tailored educational approaches, consistent with provider psychosocial interventions, to meet MA caregiver learning needs to improve family member health. NINR 1R15 NR008510-11A1; Beta Alpha Chapter, Sigma Theta Tau

**Abstract History:**
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No, I (or a member of my immediate family) have not received something of value* from or own stock (or stock options) in a commercial company or institution related directly or indirectly to the subject of my presentation.

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