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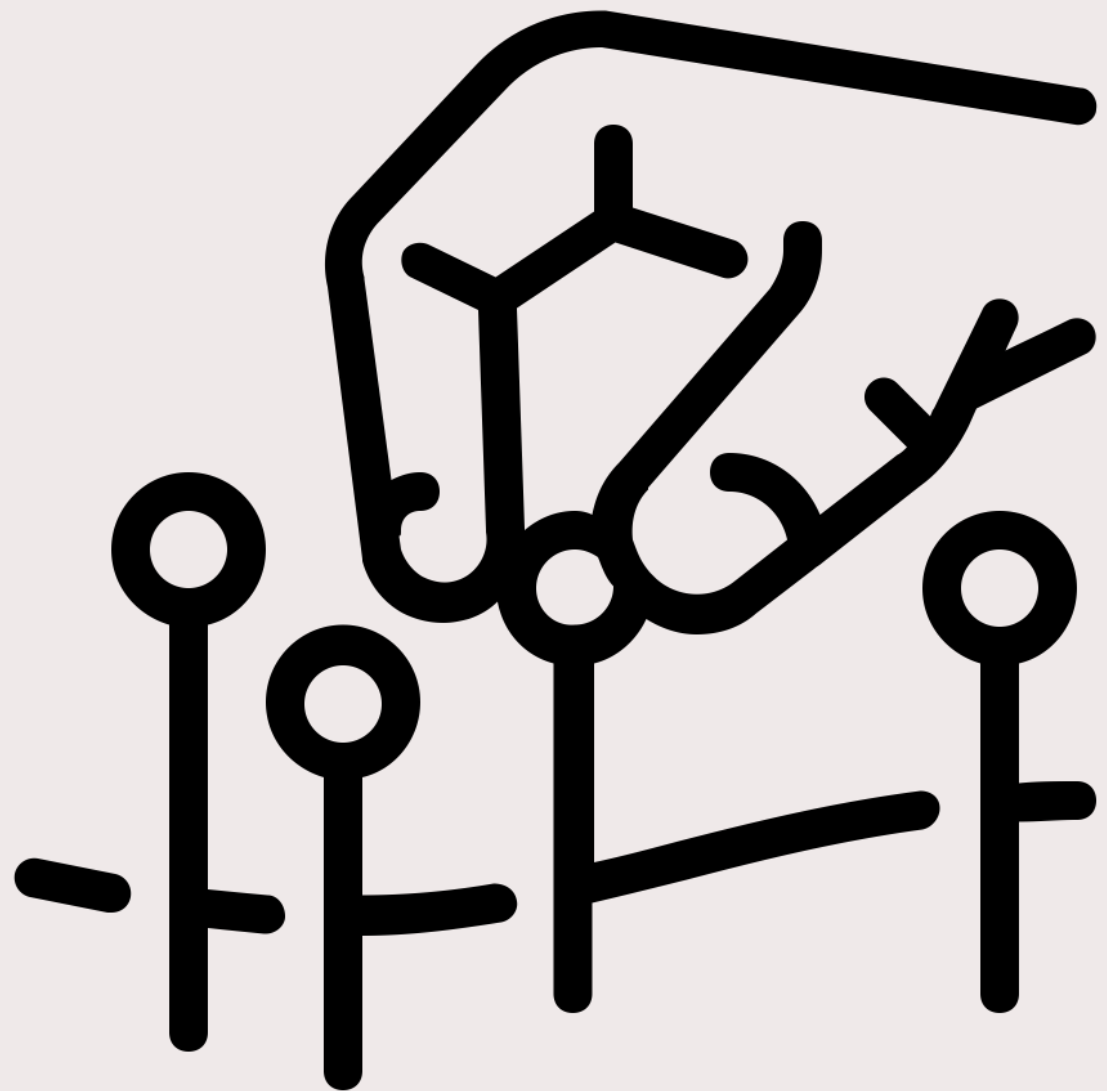
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EMPOWERING LOW-INCOME WOMEN WITH BREAST CANCER: PROMOTING ACUPUNCTURE AT COMMUNITY HEALTH FAIRS

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INTRODUCTION

- Breast cancer (BC) affects around 240,000 women annually in the United States, causing physical and emotional stress
- Common BC treatments, like chemotherapy, have adverse effects affecting daily life
- Complementary and alternative medicine (CAM), particularly acupuncture, offers relief from cancer and treatment-related symptoms
- Low-income individuals face barriers to acupuncture, including limited availability, cost, and provider knowledge
- This research explores how community health fairs can enhance awareness and acceptance of acupuncture among low-income women with BC, bridging the gap to accessible acupuncture services

HYPOTHESIS

Attendance at community health fairs featuring exhibits and demonstrations on acupuncture for symptom management in individuals receiving BC treatment will lead to increased acupuncture acceptance and utilization rates among low-income women within one year.

METHODS

- Community health fair with a focus on resources for people with cancer
- Longitudinal study examining rates one year after fair
- Target population is low-income women undergoing chemotherapy, n = 100
- Booth for information on acupuncture for BC and chemotherapy treatment symptoms, counseling on non-profit acupuncture sites near participants
- Collecting demographic data from each participant
- Acupuncture Beliefs Scale (ABS) used to measure beliefs and perceived barriers to acupuncture
- Collecting data on acceptance and utilization of acupuncture, as well as quality of life (QoL) assessments
- EORTC Core Quality of Life questionnaire (EORTC QLQ-C30) and Functional Assessment of Cancer Therapy-General (FACT-G) used to measure QoL scores
- Record semi-structured interviews with the participants for a future qualitative study

ANALYSIS

- Primary outcome measure will be the rates of acceptance and usage rates of acupuncture
- A paired t-test will be used to compare before and after scores of the participants
- P-value threshold < 0.05 will be used to support or reject the null hypothesis
- Regression analysis will be used to examine the relationship between the demographic data of the participants and their numeric scores from the questionnaires

CONCLUSION

If the hypothesis is correct, the implementation of community health fairs would have increased the acceptance and utilization rates of acupuncture as a complementary treatment for low-income women with breast cancer undergoing chemotherapy. Results from this study can be used to determine how these health fairs provide health education and increase health literacy among other underserved populations. A recommendation for future inquiry would be to include a thematic analysis of the content captured in the semi-structured interviews.

REFERENCES

- Centers for Disease Control and Prevention. (2023). *Basic information about breast cancer*. Centers for Disease Control and Prevention. https://www.cdc.gov/cancer/breast/basic_info/index.htm#:~:text=Each%20year%20in%20the%20United,each%20year%20from%20breast%20cancer.
- Kaasa, S., Bjordal, K., Aaronson, N., Moum, T., Wist, E., Hagen, S., & Kvikstad, A. (1995). The EORTC core quality of life questionnaire (QLQ-C30): validity and reliability when analysed with patients treated with palliative radiotherapy. *European journal of cancer (Oxford, England : 1990)*, 31A(13-14), 2260–2263. [https://doi.org/10.1016/0959-8049\(95\)00296-0](https://doi.org/10.1016/0959-8049(95)00296-0)
- Yost, K. J., Thompson, C. A., Eton, D. T., Allmer, C., Ehlers, S. L., Habermann, T. M., Shanafelt, T. D., Maurer, M. J., Slager, S. L., Link, B. K., & Cerhan, J. R. (2013). The Functional Assessment of Cancer Therapy - General (FACT-G) is valid for monitoring quality of life in patients with non-Hodgkin lymphoma. *Leukemia & lymphoma*, 54(2), 290–297. <https://doi.org/10.3109/10428194.2012.711830>

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EORTC QLQ-C30 & FACT-G

Domains/summary scores	EORTC QLQ-C30, four multi-item functioning scales ^a plus one global health/QOL scales ^b	FACT-G, four multi-item well-being scales ^c plus total score
Physical	Physical functioning (five-item scale) Do you have any trouble doing strenuous activities like carrying a heavy shopping bag or a suitcase Do you have any trouble taking a <i>long</i> walk Do you have any trouble taking a <i>short</i> walk outside of the house Do you need to stay in bed or a chair during the day Do you need help with eating, dressing, washing yourself or using the toilet	Physical well-being (seven-item scale) I am forced to spend time in bed Because of my physical condition I have trouble meeting the needs of my family I feel ill I am bothered by side effects of treatment I have lack of energy I have pain I have nausea
Role/functional	Role functioning (two-item scale) Were you limited in doing either your work or other daily activities Were you limited in pursuing your hobbies or other leisure time activities	Functional well-being (seven-item scale) I am able to do work (include work at home) My work (include work at home) is fulfilling I am enjoying the things I usually do for fun I am able to enjoy life I have accepted my illness I am sleeping well I am content with my quality of life right now
Social	Social functioning (two-item scale) Has your physical condition or medical treatment interfered with your family life Has your physical condition or medical treatment interfered with your social activities	Social well-being (six- or seven-item scale [one optional item]) I feel close to my friends I get emotional support from my family I get support from my friends My family has accepted my illness I am satisfied with family communication about my illness I feel close to my partner (or person who is my main support) I am satisfied with my sex life (optional)
Emotional	Emotional functioning (four-item scale) Did you feel tense Did you feel irritable Did you worry Did you feel depressed	Emotional well-being (six-item scale) I feel nervous I worry that my condition will get worse I worry about dying I felt sad I am satisfied with how I am coping with my illness I am losing hope in the fight against my illness
Global	Global health/QOL (two-item scale) How would you rate your overall quality of life during the past week How would you rate your overall health during the past week	Total score (27 items)