Impact of a Bilingual Education Intervention on the Quality of Life of Latina Breast Cancer Survivors

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Breast cancer disproportionately affects Latinas living in the United States and is the primary cause of cancer-related deaths in that population (Siegel, Naishadham, & Jemal, 2012). Compared to Caucasians, Latinas are diagnosed at younger ages with less favorable prognoses and have a lower survival rate (Wu et al., 2012). The five-year survival rate is 83% for Latinas compared to 89% for Caucasians (DeSantis, Siegel, Bandi, & Jemal, 2011). The type of treatment Latinas and other ethnic minorities receive involves an increased risk for treatment delays, less access to care, and lower quality of care (Freedman, He, Winer, & Keating, 2009; Parise, Bauer, & Caggiano, 2012). The differences in treatment may have important negative effects on quality of life (QOL). Despite some preliminary studies in that area, intervention testing that addresses physical, psychological, spiritual, and social aspects of QOL in Latina breast cancer survivors (BCSs) has not occurred (Ashing-Giwa & Lim, 2009; Lopez-Class, Gomez-Duarte, Graves, & Ashing-Giwa, 2012). In 2011, more than 2.6 million BCSs were living in the United States (DeSantis et al., 2011). Improving the QOL of cancer survivors has been identified as a public health priority by the Institute of Medicine (IOM) and numerous other organizations. An IOM report by Hewitt, Greenfield, and Stovall (2006) also highlighted the need to evaluate QOL following the end of initial diagnosis and treatment. Latinos are the largest and fastest-growing ethnic minority group in the United States (Pew Hispanic Center, 2010); therefore, as the Latino population continues to grow, so will the cohort of Latina BCSs living with the effects of cancer and cancer-related treatment. Although a large body of research addresses breast cancer QOL, relatively few studies have focused on the post-treatment experience of Latina BCSs. The Latino population does not have access to the same quality of care as Caucasians (Bradley, Given, & Roberts, 2002). Access to care can be influenced by many factors, including insurance status, linguistic isolation, education, insufficient information, language barriers, immigration status, racism, acculturation, lack of understanding of the U.S. healthcare system, and scarcity of ethnically and culturally sensitive healthcare facilities (Bradley et al., 2002; Guidry, Torrence, & Herbelin, 2002).