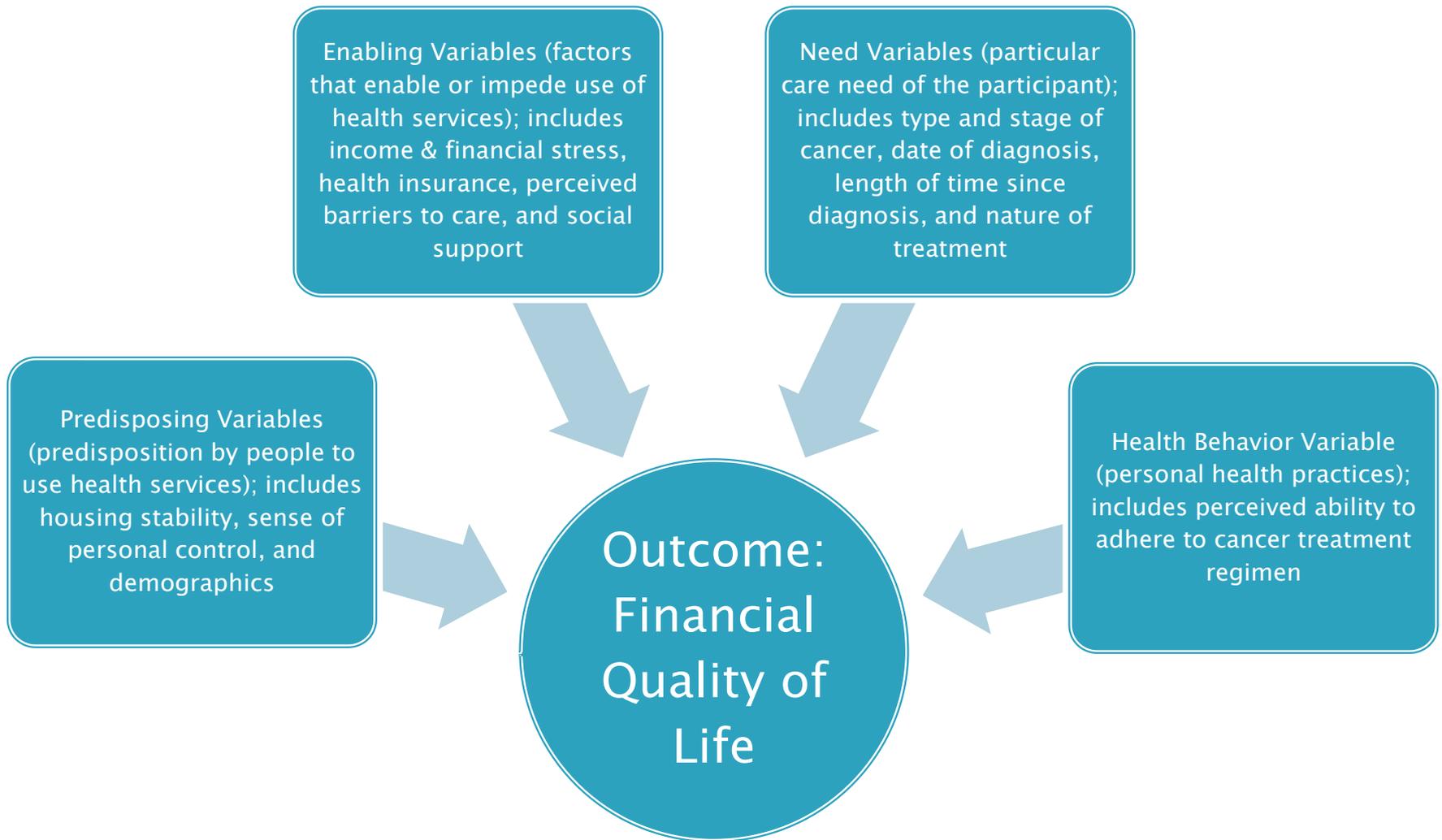


Cancer, Vulnerability, and Financial Quality of Life: A Mixed Methods Study

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Presentation of Dissertation
From The Catholic University of America/NCSSS

WHY STUDY THIS?

- ▶ Important to study financial impact of cancer diagnosis and treatment
 - ▶ Important to include financial QoL in QoL literature
 - ▶ Important to understand micro and macro stressors that contribute to financial realities
 - ▶ Important to appreciate the disparities in cancer care due to lack of resources and poverty
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Selected variables from the behavioral model for vulnerable population (Gelberg, Andersen, & Leake, 2000)

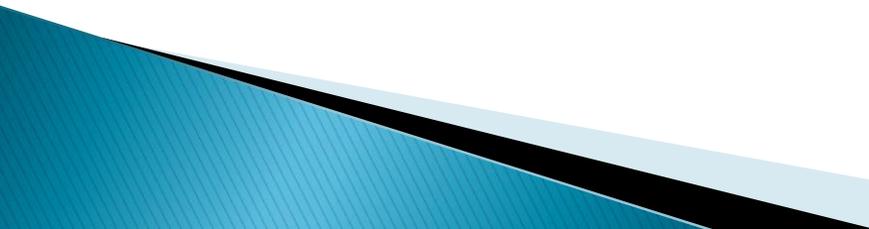
WHAT IS FINANCIAL QUALITY OF LIFE IN THIS STUDY (DV)?

- ▶ DV: Conceptualized as the ability to manage all current and future (including unexpected) obligations related to cancer care, *within the context of sound health-care decision-making*
 - ▶ DV is operationalized here by the Socioeconomic-Well-Being Scale (Head & Faul, 2008)
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PURPOSE OF STUDY

- ▶ Primary purpose is to examine quantitatively how vulnerabilities in psychological and social situations affect financial quality of life
 - ▶ Secondary purpose is to explore qualitatively the relationship between personal control and financial quality of life within the larger context of health locus of control
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RESEARCH QUESTIONS

- ▶ Quantitative research question: What factors from the adapted behavioral model most significantly impact financial quality of life?
 - ▶ Qualitative research questions: Does a person's financial quality of life influence his or her sense of personal control with respect to treatment adherence? How does financial quality of life influence one's sense of personal control and expectation of treatment outcomes?
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HYPOTHESES

- ▶ 1) The greater the vulnerabilities and deficiencies in predisposing factors and enabling factors, the greater the need factors with respect to cancer diagnosis and treatment, and the lower the perceived ability to adhere to treatment, the poorer will be the financial quality of life.
 - ▶ 2) Lower income and greater financial stress are correlated with a lower sense of personal control.
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HYPOTHESES (continued)

- ▶ 3) Lower income and greater financial stress are correlated with lower financial quality of life, although a higher sense of personal control is a mediating variable.

METHODOLOGY

- ▶ Mixed methods study with the quantitative portion being a cross-sectional study in which data are collected from an availability sample of cancer patients from 2 hospitals (Washington Cancer Institute/Washington Hospital Center and the NIH Clinical Center) via a structured questionnaire
 - ▶ Qualitative portion is an in-depth inquiry in a small subset of patients randomly selected
 - ▶ Patients are compensated
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Institutional Review Boards

- ▶ CUA IRB
 - ▶ Medstar Research Institute's IRB for the Washington Cancer Institute
 - ▶ NCI (intramural research program) IRB for the NIH Clinical Center (including a review first by a scientific review committee from the CC's Nursing Department)
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SCALES

- ▶ Socioeconomic Well-Being Scale (Head & Faul, 2008)
- ▶ Multidimensional Health Locus of Control Scale (Wallston et al., 1978)
- ▶ Basic Need Satisfaction and Social Support subscales from the Quality of Life Questionnaire (Bigelow et al., 1991)
- ▶ Income Management subscale from PAL-M (BrintzenhofeSzoc et al., 2007)
- ▶ Adherence Determinants Questionnaire (DiMatteo, 1993)

SCALES (continued)

- ▶ Housing Composite Index (researcher)
 - ▶ Cancer Composite Index (researcher)
 - ▶ Health Insurance Adequacy Index (researcher)
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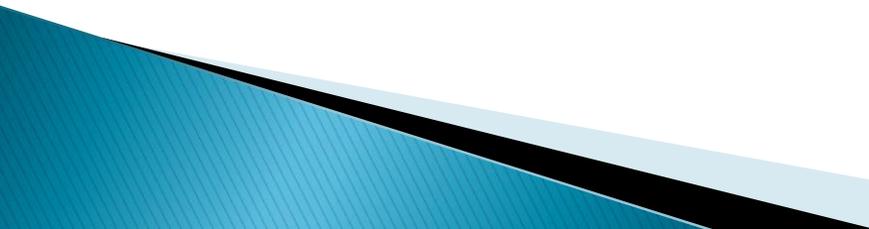
DESCRIPTION OF SAMPLE (n=90)

- ▶ Average age: 53 (range of 20–81)
- ▶ 60% women; 40% men
- ▶ 34.5% African–American; 53% Caucasian; 12.6% multi–racial or other ethnicity
- ▶ 55% married or living with partner; 31% single; 12% separated, divorced, or widowed
- ▶ 15% earn \leq \$10K; 40% earn between \$10K–\$75K; 34.4% earn \geq \$75K
- ▶ 31% post–grad; 28% college grads; 38% high school grads and some college; 3% no HS diploma

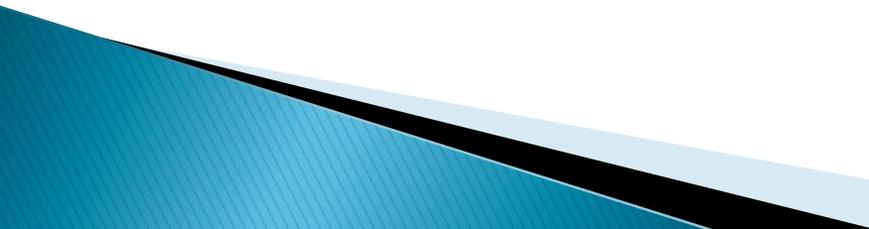
DESCRIPTION (continued)

- ▶ 40% currently employed
 - ▶ 27% rely on income from spouse, relative, or friend
 - ▶ 25% SSI/SSDI or other public funds
 - ▶ 18% other (long-term disability, investments)
 - ▶ 84% have health insurance
 - ▶ Range of cancer diagnoses
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NOTABLE BIVARIATE CORRELATIONS WITH FINANCIAL QOL

- ▶ Housing instability
 - ▶ Under \$10,000
 - ▶ Health insurance adequacy
 - ▶ Income management/financial stress
 - ▶ Barriers
 - ▶ Selected aspects of treatment adherence
(perceived utility of treatment, subjective, &
support/barriers aspects)
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FINDINGS/PREDISPOSING DOMAIN

- ▶ Age
 - ▶ **GENDER (p < .05)**
 - ▶ Marital/Partnership Status
 - ▶ Race
 - ▶ Education
 - ▶ **HOUSING INSTABILITY (p < .05)**
 - ▶ Internal Control
 - ▶ Chance
 - ▶ Doctors
 - ▶ Powerful Others
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ENABLING DOMAIN

- ▶ Under \$10K
- ▶ \$10K–\$30K
- ▶ \$30K–\$50K
- ▶ \$50–\$75K
- ▶ Above \$75K
- ▶ **FINANCIAL STRESS/INCOME MANAGEMENT (p < .05)**
- ▶ **HEALTH INSURANCE ADEQUACY (p < .05)**
- ▶ **BARRIERS (p < .05)**
- ▶ Support

NEED (Cancer Diagnosis, Stage, Length of Time since Dx, Tx)

- ▶ **FINANCIAL STRESS/INCOME MANAGEMENT (p < .05)**
 - ▶ **HEALTH INSURANCE ADEQUACY (p < .05)**
 - ▶ **BARRIERS**
 - ▶ **Cancer Need**
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HEALTH BEHAVIOR DOMAIN

- ▶ **FINANCIAL STRESS/INCOME MANAGEMENT (p < .05)**
- ▶ **HEALTH INSURANCE ADEQUACY (p < .05)**
- ▶ Interpersonal
- ▶ Perceived Utility
- ▶ Perceived Severity
- ▶ Perceived Susceptibility
- ▶ Subjective
- ▶ **INTENTIONS (p < .05)**
- ▶ **SUPPORT/BARRIERS (p < .05)**

PARSIMONIOUS MODEL

- ▶ **Financial stress/income management ($p < .05$)**
 - ▶ **Health insurance adequacy ($p < .05$)**
 - ▶ **Barriers ($p < .05$)**
 - ▶ **Support/barriers ($p < .05$)**
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FINDINGS

- ▶ Support for hypothesis 1—adapted behavioral model for vulnerable populations
- ▶ Hypotheses 2 and 3 not supported (correlations of low income, personal control, and financial quality of life)

CONTENT ANALYSIS THEMES

- ▶ Social support
 - ▶ Positive future expectations
 - ▶ Thriftiness and frugality
 - ▶ Willing participation in and dedication to treatment
 - ▶ Strong sense of personal control and self-efficacy
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LIMITATIONS

- ▶ Small sample size
 - ▶ Availability sample (not generalizable)
 - ▶ English-speaking only
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CONTRIBUTIONS/IMPLICATIONS

- ▶ Addressing barriers
 - ▶ Health insurance
 - ▶ Strengthening intent
 - ▶ Fostering positive working relationships between patients and all staff providing care
 - ▶ Multi-disciplinary collaboration
 - ▶ Encouraging more social support and involvement in cancer care
 - ▶ Increasing financial capability, if possible, to enhance decision-making
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