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Impact of Household Income on Physical Activity, Depression Symptoms, Fatigue, Pain and Sleep Quality among Latina/Hispanic Breast Cancer Survivors

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Purpose-Latina/Hispanic breast cancer survivors (LHBCS) often experience worse outcomes due to late diagnosis, poor treatment adherence, and limited healthcare access. LHBCS also show insufficient physical activity levels, which may contribute to poorer treatment outcomes. Low income, limited education, and restricted healthcare access strongly influence cancer screening and survival. However, whether household income (HHI) affects physical activity of LHBCS remain unclear. The objective was to investigate the impact of HHI on moderate-vigorous physical activity (MVPA), depression symptoms, fatigue, pain and sleep quality in LHBCS. **Methods**-LHBCS residing in Massachusetts, US, and enrolled in a 16-week virtually supervised exercise intervention targeting metabolic dysregulation (NCT01140282) were eligible. Analyses used only baseline data. Participants were stratified above or below the state median HHI of \$100,000. MVPA was assessed using ActiGraph (ModelwGT3X-BT®). Socioeconomic status data were self-reported, and validated questionnaires for depression symptoms (CES-D), fatigue (BFI), pain (BPI), and sleep quality (PSQI) were used. Differences in means were assessed using t-tests or Mann-Whitney; Chi-square assessed categorical associations; logistic regression evaluated the relationship of the HHI with other variables, with statistical significance set at $p < 0.05$. **Results**-Participants with lower-HHI ($n=23$) were 45.78 ± 10.0 years old with a BMI of 30.3 ± 4.8 kg/m², while those with higher-HHI ($n=14$) were 43.07 ± 8.9 years old with a BMI of 30.2 ± 5.7 kg/m². Groups were similar in age and BMI ($p > 0.05$). Higher-HHI women were more likely to meet MVPA recommendations of ≥ 150 minutes/week (OR=5.833; $p < 0.05$; 95% CI: 1.298–26.223). Lower-HHI participants showed worse depressive symptoms ($p=0.001$), greater fatigue ($p=0.0405$), higher pain interference scores ($p=0.0215$), and poorer sleep quality ($p=0.0286$). **Conclusion**- LHBCS with higher-HHI met MVPA recommendations, while LHBCS with lower-HHI experienced poorer fatigue, depression, pain and sleep outcomes. Said findings underscore the need for lifestyle interventions that reduce socioeconomic inequalities, promote equitable care, and improve treatment outcomes for LHBCS.

Keywords

Lifestyles; Hispanic; MVPA; inequalities.

Conflict of Interest & Ethical Approval

yes

Abstract submitters declaration

yes

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