The Masonic Cancer Center is a Comprehensive Cancer Center

The Cancer Continuum

etiology prevention screening therapy disparities survivorship palliative care

NCI Designated Comprehensive Cancer Center
Cancer in Minnesota

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Disclosure

- I have no actual or potential conflict of interest in relation to this program/presentation.
Objectives

1. The impact of cancer disparities on the Somali immigrant community in Minnesota

2. How do we address these serious disparities in preventative health?

3. Examples of the use of community partnered research to address disparities
My Background

- Community Psychologist and Medical Sociologist
- Originally from New Zealand
- Interested in health disparities research and opportunities for improving prevention
- Assistant Professor in the Department of Family Medicine and Community Health and the Program in Health Disparities Research
1. The impact of cancer disparities on the Somali immigrant community in Minnesota
Background

- Minnesota is home to one of the largest Somali communities outside of Somalia
- A history of civil war and displacement
- Refugee and immigrant migration to the US and within the US to Minnesota
- The Somali community is large, vibrant and diverse
- High value placed on faith and family
Background

- Somali patients have less knowledge of preventative health care
- Higher rates of vaccination hesitancy
- A background of trauma associated with experiencing civil war and displacement
- Mental health challenges
- Chronic conditions, e.g. heart disease and diabetes
- Challenges in health literacy
“Most participants described a belief among Somali men that getting cancer is God’s will, and one has no control over God’s will.”
So, this makes me think I shouldn’t even bother suggesting cancer screening when a Somali patient comes into my office…
Background

- Providers have less knowledge of preventative health care barriers
- Vaccination and screening request fatigue
- Challenges in health literacy awareness, eg the words depression, HPV
- A lack of systematic data collection on ethnicity
- A lack of examining data for disparities
Cancer Screening

- Mammography as low as 8%
  - USA average around 65%
- HPV vaccination rates of 10%
  - USA average 44% for boys, 53% for girls
- Colorectal cancer screening 16%
  - USA average around 67%
- Cervical cancer screening 25%
  - USA average around 69%
2. How do we address these serious disparities in preventative health?
Community Partnered Research

- Community driven research, not investigator driven research
- Communities have assets, knowledge and resilience that can be drawn upon to address disparities
- Communities as partners in, and not subjects of research
- Community perspectives are needed to identify solutions that work for them
- A variety of approaches to this type of research
Help us to Stop Measles Outbreak in Our Community

20 Kids are hospitalized so far

1. Partnerships
2. Faith
3. Relationships and Trust
4. Family
5. Cultural Safety
When people ask what can we do today, the answer is the same as it was yesterday, last year and the year before that: we must never, ever let hatred and racism go unchallenged when we see it in our communities – on a bus, on Facebook, on the street.

Dame Susan Devoy,
Race Relations Commissioner, NZ
Values Based Approach

- **Partnerships** with communities, with providers, with patients, with researchers, are key.
- **Faith** when understood, is an asset to support health.
- **Relationships and trust** need to be built.
- **Family** is important, consider the value of family wide engagement in health.
- **Cultural safety** means becoming a safe provider, not just an aware one.
3. Examples of the use of community partnered research to address disparities
Example 1: Faith-based Workshops for Breast and Cervical Cancer Screening

- Faith is commonly seen as a barrier to breast and cervical cancer screening
- We partnered with Imam Sharif Mohamed at the Dar Al Hijrah Mosque in Cedar Riverside
- Conducted focus groups with Somali women to identify the faith-related concerns about screening
- Developed religiously-tailored messages to promote screening and preventive health care
Islam teaches a person to see their **mind, body, and soul** in a holistic manner, to keep in balance, and in interaction with the world. This would include care of the person through actions such as screening for breast and cervical cancer.

A belief in **predestination** does not prevent one from striving to ward off harm. Cancer screening can promote a balanced and careful life that respects the will of Allah.

**Central Importance of Islamic Values in Health and Wellbeing**

Islam promotes **modesty** in both intention and action. Talking about your body and receiving care is not being immodest in the right context, such as with a trusted and respectful medical provider addressing breast or cervical cancer screening.

**Prescreening** for diseases such as breast and cervical cancer, can be an important part of living a healthy balanced lifestyle, and is consistent with Islamic principles.
Example 1: Faith-based Workshops for Breast and Cervical Cancer Screening

- Created video messages
- Tested the messages with Somali women and men in focus groups
- Tested the messages with Somali women in workshops to increase screening
Example 1: Faith-based Workshops for Breast and Cervical Cancer Screening

- Increased disagreement that screening would be immodest
- All women felt it was best to find out about cancer as soon as possible
- Increased positive attitude toward screening
- All enjoyed and valued the workshop
Example 1: Implications for Patient Care

- Avoid assumptions or interpretations about faith
- Avoid using the word ‘faith’ as a shorthand for challenges
- Consider the health promoting values of Islam as an asset
- Mind, body and soul in balance
- Community partners were key to the development of this work
Example 2: HPV vaccination in a community clinic

- HPV vaccination rates are low, and cervical cancer is high, for Somali women
- Focus groups with Somali young adults helped to further our understanding
  - Feeling stigmatized
  - Confusion with HPV
  - Resistance to vaccination
Example 2: HPV vaccination in a community clinic

- Worked collaboratively with MA’s to identify opportunities
- Filmed interactions between MA’s and Somali and non-Somali patients
- Research team analyzed clips and selected clips to view
- Reflection on own practice
- Developed a joint analysis of the interactions
- Standard work vs equitable work
- Developed culturally tailored information
- What did it take to get a yes to vaccination?
- How could we use that information in the clinic?
- How could we culturally tailor information?
Example 2: Implications for Patient Care

- Clinics can look within to address some of the health disparities issues facing Somali patients
- Community based focus groups can help guide that process
- A supportive collaborative process can help identify new ways to work
- We can bridge the clinic and community through research
Example 3: Reading for Health

- Health literacy can be a challenge in engaging with health care
- We adapted early readers from a UK health center
- All materials addressed cancer prevention
- We ran groups for 36 community members
Example 3: Reading for Health

- Delivering cancer focused health literacy classes is feasible and acceptable
- Positive impact on health literacy
- Positive response to the increased likelihood of participating in screening
- Provided a supportive and positive space for discussions about cancer in the community
Final Reflections

- Cancer screening and HPV vaccination rates are now improving
- We have approached these challenges with partnership and collaboration with the community, including with clinics
- The community offers many assets for addressing challenges
- Researchers have an opportunity to engage assets and not just focus on deficits
Final Reflections

- Focus on building partnerships with Somali patients and their families
- Somali patients highly interested in learning as equal partners
- Ask questions and seek understanding
- Leverage community leaders and brokers
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