UNDERSTANDING CANCER FROM AN AFRICAN IMMIGRANT PERSPECTIVE: A PARTICIPATORY APPROACH

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ACKNOWLEDGEMENTS

Maine Center for Disease Control and Prevention

U.S. Center for Disease Control and Prevention (DP17-1701)

Maine Access Immigrant Network (MAIN)

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  Erica Swan
  Chad Mitchell
  Alireza Geshnizjani
APPROACH: COMMUNITY-LED EVALUATION

Ladder of Community Engagement

8. Community Owned
7. Community-Driven
6. Community & Evaluator Equality
5. Evaluation Team Member
4. Cultural & Linguistic Appropriate Methodologies
3. Tokenism
2. Decoration
1. Manipulation
CBPR: Finding the Right Fit

4. Culturally and Linguistically Appropriate

- Culturally sensitive
- Shorter time period
- Less resource intense
- Builds evaluator experience

- Community buy-in more challenging

5. Evaluation Team Member

- CLAS
- Less time required for capacity building
- CHW capacity building

- Inherent power dynamics

6. Community & Evaluator Equality

- Community buy-in
- CLAS
- Capacity building
- Findings can be written for the community

- Evaluation and community knowledge have equal value
- May be viewed as biased
- Resource intense
- Evaluation process will take longer

7. Community Driven and/or Owned

- Community buy-in
- Culturally and linguistically appropriate
- Community capacity building

- Viewed as internal and biased
- Evaluation knowledge and expertise lacking
- Findings written in language appropriate to community
**Study Design**

**Baseline (n=60)**
- Intervention Group (n = 30)
- Control Group (n = 30)

**Follow-Up (n=30)**
- Intervention Group (n = 13)
- Control Group (n = 17)
  - Peer Support Group (n=8)
    - n = 5
    - n = 3
## Evaluation

### Team
- Evaluators
- Community Health Workers (CHWs)
- Maine CDC (funder)

### Tools
- Surveys
- Consent form
- Recruitment script

### Unique Tools
- Consent teach-back script
- Recruitment script
- Incentives

### Resources

#### Tangible
- Human subjects training
- Translators
- A LOT of paper

#### Non-tangible
- Interest / motivation
- Relationships
- Time
- Patience
Impact of Gender on Beliefs

Significant Impact?
### IMPACT OF GENDER ON BELIEFS

Men more likely to assess their risk of getting cancer as high.

Women more likely to believe that cancer is caused by having too many children.

No significant relationships.

#### CANCER PREVENTION AND SCREENING BELIEFS

<table>
<thead>
<tr>
<th>Belief</th>
<th>Females</th>
<th>Males</th>
<th>X²</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am confident that I can tell whether I need to go to the doctor or whether I can take care of a health problem myself</td>
<td>72.7%</td>
<td>75.0%</td>
<td>0.03</td>
<td>0.87</td>
</tr>
<tr>
<td>I don’t want to know if I have cancer</td>
<td>12.2%</td>
<td>7.7%</td>
<td>0.20</td>
<td>0.65</td>
</tr>
<tr>
<td>There are no treatments for cancer</td>
<td>21.4%</td>
<td>18.2%</td>
<td>0.06</td>
<td>0.81</td>
</tr>
<tr>
<td>I have a high risk of getting cancer</td>
<td>17.9%</td>
<td>33.3%</td>
<td>1.28</td>
<td>0.26</td>
</tr>
<tr>
<td>I know where to go for a cancer screening test</td>
<td>88.1%</td>
<td>91.7%</td>
<td>0.12</td>
<td>0.73</td>
</tr>
<tr>
<td>Cancer is caused by having too many children</td>
<td>11.1%</td>
<td>0.0%</td>
<td>0.98</td>
<td>0.32</td>
</tr>
<tr>
<td>Cancer is God’s will / part of God’s plan</td>
<td>72.7%</td>
<td>66.7%</td>
<td>0.17</td>
<td>0.68</td>
</tr>
<tr>
<td>Cancer is a curse / punishment from God</td>
<td>13.3%</td>
<td>9.1%</td>
<td>0.15</td>
<td>0.70</td>
</tr>
<tr>
<td>God will protect me against cancer</td>
<td>87.2%</td>
<td>69.2%</td>
<td>2.20</td>
<td>0.14</td>
</tr>
</tbody>
</table>

* Statistically significant at p=0.05 level.
Impact of Education on Beliefs

Significant Impact?
Education does not impact perception of cancer risk or knowledge of where to go for cancer screening.

Education significantly impacts on beliefs on the causes of cancer.

Participants with lower education tended to believe cancer is caused by having too many children, that it is part of God’s plan, or that God will protect them against cancer.

<table>
<thead>
<tr>
<th>Cancer Prevention and Screening Beliefs</th>
<th>Grade 8 or Less</th>
<th>High School</th>
<th>Post-High School</th>
<th>X²</th>
<th>P Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am confident that I can tell whether I need to go to the doctor or whether I can take care of a health problem myself</td>
<td>68.2%</td>
<td>86.70%</td>
<td>68.4%</td>
<td>1.89</td>
<td>0.40</td>
</tr>
<tr>
<td>I don’t want to know if I have cancer</td>
<td>13.6%</td>
<td>8.3%</td>
<td>10.0%</td>
<td>0.26</td>
<td>0.88</td>
</tr>
<tr>
<td>There are no treatments for cancer</td>
<td>20.0%</td>
<td>35.7%</td>
<td>10.5%</td>
<td>3.12</td>
<td>0.21</td>
</tr>
<tr>
<td>I have a high risk of getting cancer</td>
<td>9.1%</td>
<td>33.3%</td>
<td>29.4%</td>
<td>3.63</td>
<td>0.16</td>
</tr>
<tr>
<td>I know where to go for a cancer screening test</td>
<td>81.8%</td>
<td>100.0%</td>
<td>88.2%</td>
<td>3.00</td>
<td>0.224</td>
</tr>
<tr>
<td>Cancer is caused by having too many children</td>
<td>22.2%</td>
<td>6.7%</td>
<td>0.0%</td>
<td>5.66*</td>
<td>0.05</td>
</tr>
<tr>
<td>Cancer is God’s will / part of God’s plan</td>
<td>87.0%</td>
<td>78.6%</td>
<td>47.4%</td>
<td>8.45*</td>
<td>0.01</td>
</tr>
<tr>
<td>Cancer is a curse / punishment from God</td>
<td>17.4%</td>
<td>20.0%</td>
<td>0.0%</td>
<td>3.85</td>
<td>0.15</td>
</tr>
<tr>
<td>God will protect me against cancer</td>
<td>100.0%</td>
<td>76.9%</td>
<td>64.7%</td>
<td>8.75*</td>
<td>0.01</td>
</tr>
</tbody>
</table>

* Statistically significant at p=0.05 level.
SIGNIFICANT IMPACT?
## Impact of Country of Origin on Beliefs

Country of origin influences perception of cancer risk as well as motivation to undergo cancer screening.

### DRC
Participants were more likely to believe they have a high risk of getting cancer but did not want to go for screening.
- Least likely to believe cancer is God’s will or part of God’s plan.

### Somalia
On average, participants did not believe they had a high risk of getting cancer.
- Most likely to believe cancer is God’s will or part of God’s plan.

### Cancer Prevention and Screening Beliefs

<table>
<thead>
<tr>
<th>Belief</th>
<th>DRC (%)</th>
<th>Somalia (%)</th>
<th>Other (%)</th>
<th>X²</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am confident that I can tell whether I need to go to the doctor</td>
<td>80.0</td>
<td>74.3</td>
<td>68.8</td>
<td>0.30</td>
<td>0.86</td>
</tr>
<tr>
<td>or whether I can take care of a health problem myself</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I don’t want to know if I have cancer</td>
<td>66.7</td>
<td>6.1</td>
<td>11.1</td>
<td>21.50</td>
<td>&lt;0.01</td>
</tr>
<tr>
<td>There are no treatments for cancer</td>
<td>50.0</td>
<td>12.5</td>
<td>26.7</td>
<td>4.76</td>
<td>0.09</td>
</tr>
<tr>
<td>I have a high risk of getting cancer</td>
<td>50.0</td>
<td>6.5%</td>
<td>42.9%</td>
<td>10.81</td>
<td>0.005</td>
</tr>
<tr>
<td>I know where to go for a cancer screening test</td>
<td>100.0</td>
<td>88.2</td>
<td>86.7</td>
<td>0.72</td>
<td>0.70</td>
</tr>
<tr>
<td>Cancer is caused by having too many children</td>
<td>16.7</td>
<td>12.9</td>
<td>0.0%</td>
<td>2.47</td>
<td>0.29</td>
</tr>
<tr>
<td>Cancer is God’s will / part of God’s plan</td>
<td>0.0%</td>
<td>83.3%</td>
<td>71.4%</td>
<td>17.5</td>
<td>&lt;0.01</td>
</tr>
<tr>
<td>Cancer is a curse / punishment from God</td>
<td>16.7%</td>
<td>17.6%</td>
<td>0.0%</td>
<td>3.20</td>
<td>0.20</td>
</tr>
<tr>
<td>God will protect me against cancer</td>
<td>66.7%</td>
<td>87.1%</td>
<td>80.0%</td>
<td>1.57</td>
<td>0.46</td>
</tr>
</tbody>
</table>

* Statistically significant at p=0.05 level.
Impact of Time in the USA on Beliefs

Significant Impact?
Prevention and screening beliefs are not influenced by the length of time a participant has lived in the USA.

### Cancer Prevention and Screening Beliefs

<table>
<thead>
<tr>
<th>Belief</th>
<th>5 Years or Less</th>
<th>6–15 Years</th>
<th>16+ Years</th>
<th>X²</th>
<th>P Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am confident that I can tell whether I need to go to the doctor or whether I can take care of a health problem myself</td>
<td>66.7%</td>
<td>92.9%</td>
<td>64.7%</td>
<td>3.86</td>
<td>0.15</td>
</tr>
<tr>
<td>I don’t want to know if I have cancer</td>
<td>16.0%</td>
<td>7.7%</td>
<td>6.7%</td>
<td>1.04</td>
<td>0.60</td>
</tr>
<tr>
<td>There are no treatments for cancer</td>
<td>24.0%</td>
<td>16.7%</td>
<td>20.0%</td>
<td>0.278</td>
<td>0.87</td>
</tr>
<tr>
<td>I have a high risk of getting cancer</td>
<td>25.0%</td>
<td>21.4%</td>
<td>8.3%</td>
<td>1.41</td>
<td>0.49</td>
</tr>
<tr>
<td>I know where to go for a cancer screening test</td>
<td>87.5%</td>
<td>92.3%</td>
<td>93.8%</td>
<td>0.50</td>
<td>0.779</td>
</tr>
<tr>
<td>Cancer is caused by having too many children</td>
<td>12.5%</td>
<td>7.7%</td>
<td>6.7%</td>
<td>0.44</td>
<td>0.80</td>
</tr>
<tr>
<td>Cancer is God’s will / part of God’s plan</td>
<td>16.0%</td>
<td>7.7%</td>
<td>6.7%</td>
<td>1.04</td>
<td>0.60</td>
</tr>
<tr>
<td>Cancer is a curse / punishment from God</td>
<td>11.5%</td>
<td>28.6%</td>
<td>0.0%</td>
<td>5.36</td>
<td>0.07</td>
</tr>
<tr>
<td>God will protect me against cancer</td>
<td>88.0%</td>
<td>92.3%</td>
<td>69.2%</td>
<td>3.12</td>
<td>0.21</td>
</tr>
</tbody>
</table>

*Statistically significant at p=0.05 level.*
REFLECTIONS

❖ Benefits
❖ Disadvantages
❖ Lessons
QUESTIONS?

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