

UNDERSTANDING CANCER FROM AN AFRICAN IMMIGRANT PERSPECTIVE: A PARTICIPATORY APPROACH

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AMERICAN EVALUATION ASSOCIATION
ANNUAL CONFERENCE

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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





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

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

5. Evaluation Team Member



CLAS

Less time required for capacity building

CHW capacity building



Inherent power dynamics

Inherent knowledge differential

7. Community Driven and/or Owned



Community buy-in

Culturally and linguistically appropriate

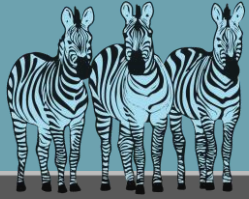
Community capacity building



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)

CONTROL GROUP (N=30)

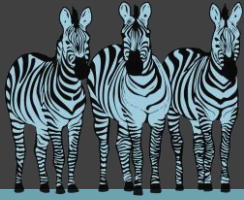
INTERVENTION GROUP (N = 13)

CONTROL GROUP (N = 17)

n = 5

PEER SUPPORT GROUP
(N=8)

n = 3



EVALUATION



Team

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



Tools

- Survey
- Consent form
- Recruitment script



Unique Tools

- Consent teach-back script
- Recruitment script
- Incentives



Resources

Tangible

- Human subjects training
- Translators
- A LOT of paper

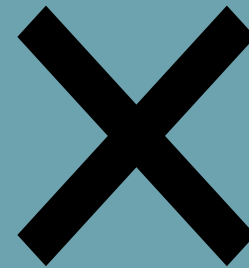
Non-tangible

- 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.

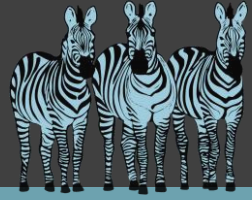
No significant relationships.



CANCER PREVENTION AND SCREENING BELIEFS

	(STRONGLY) AGREE			
	FEMALES	MALES	X ²	P VALUE
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	72.7%	75.0%	0.03	0.87
I don't want to know if I have cancer	12.2%	7.7%	0.20	0.65
There are no treatments for cancer	21.4%	18.2%	0.06	0.81
I have a high risk of getting cancer	17.9%	33.3%	1.28	0.26
I know where to go for a cancer screening test	88.1%	91.7%	0.12	0.73
Cancer is caused by having too many children	11.1%	0.0%	0.98	0.32
Cancer is God's will / part of God's plan	72.7%	66.7%	0.17	0.68
Cancer is a curse / punishment from God	13.3%	9.1%	0.15	0.70
God will protect me against cancer	87.2%	69.2%	2.20	0.14

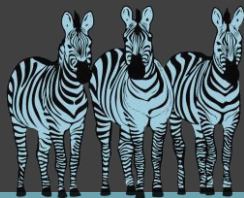
* Statistically significant at p=0.05 level.



IMPACT OF EDUCATION ON BELIEFS

SIGNIFICANT IMPACT ?





IMPACT OF EDUCATION ON BELIEFS

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.



CANCER PREVENTION AND SCREENING BELIEFS

	(STRONGLY) AGREE			X ²	P VALUE
	GRADE 8 OR LESS	HIGH SCHOOL	POST-HIGH SCHOOL		
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	68.2%	86.70%	68.4%	1.89	0.40
I don't want to know if I have cancer	13.6%	8.3%	10.0%	0.26	0.88
There are no treatments for cancer	20.0%	35.7%	10.5%	3.12	0.21
I have a high risk of getting cancer	9.1%	33.3%	29.4%	3.63	0.16
I know where to go for a cancer screening test	81.8%	100.0%	88.2%	3.00	0.224
Cancer is caused by having too many children	22.2%	6.7%	0.0%	5.66*	0.05
Cancer is God's will / part of God's plan	87.0%	78.6%	47.4%	8.45*	0.01
Cancer is a curse / punishment from God	17.4%	20.0%	0.0%	3.85	0.15
God will protect me against cancer	100.0%	76.9%	64.7%	8.75*	0.01

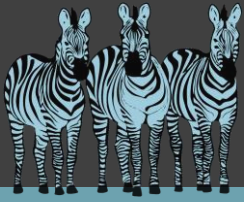
* Statistically significant at p=0.05 level.



IMPACT OF COUNTRY OF ORIGIN ON BELIEFS

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.

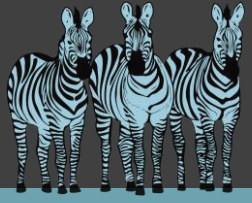
- Most likely to believe cancer is God's will or part of God's plan.



CANCER PREVENTION AND SCREENING BELIEFS

	(STRONGLY) AGREE				P VALUE
	DRC	SOMALIA	OTHER	X ²	
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	80.0%	74.3%	68.8%	0.30	0.86
I don't want to know if I have cancer	66.7%	6.1%	11.1%	21.50*	<0.01
There are no treatments for cancer	50.0%	12.5%	26.7%	4.76	0.09
I have a high risk of getting cancer	50.0%	6.5% %	42.9%	10.81*	0.005
I know where to go for a cancer screening test	100.0%	88.2%	86.7%	0.72	0.70
Cancer is caused by having too many children	16.7%	12.9%	0.00 %	2.47	0.29
Cancer is God's will / part of God's plan	0.0%	83.3%	71.4%	17.5*	<0.01
Cancer is a curse / punishment from God	16.7%	17.6%	0.0%	3.20	0.20
God will protect me against cancer	66.7%	87.1%	80.0%	1.57	0.46

* Statistically significant at p=0.05 level.



IMPACT OF TIME IN THE USA ON BELIEFS

SIGNIFICANT IMPACT ?





IMPACT OF TIME IN THE USA ON BELIEFS

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



CANCER PREVENTION AND SCREENING BELIEFS

	(STRONGLY) AGREE			χ^2	P VALUE
	5 YEARS OR LESS	6 – 15 YEARS	16+ YEARS		
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	66.7%	92.9%	64.7%	3.86	0.15
I don't want to know if I have cancer	16.0%	7.7%	6.7%	1.04	0.60
There are no treatments for cancer	24.0%	16.7%	20.0%	0.278	0.87
I have a high risk of getting cancer	25.0%	21.4%	8.3%	1.41	0.49
I know where to go for a cancer screening test	87.5%	92.3%	93.8%	0.50	0.779
Cancer is caused by having too many children	12.5%	7.7%	6.7%	0.44	0.80
Cancer is God's will / part of God's plan	16.0%	7.7%	6.7%	1.04	0.60
Cancer is a curse / punishment from God	11.5%	28.6%	0.0%	5.36	0.07
God will protect me against cancer	88.0%	92.3%	69.2%	3.12	0.21

* Statistically significant at p=0.05 level.

REFLECTIONS

- ❖ Benefits
- ❖ Disadvantages
- ❖ Lessons



QUESTIONS?



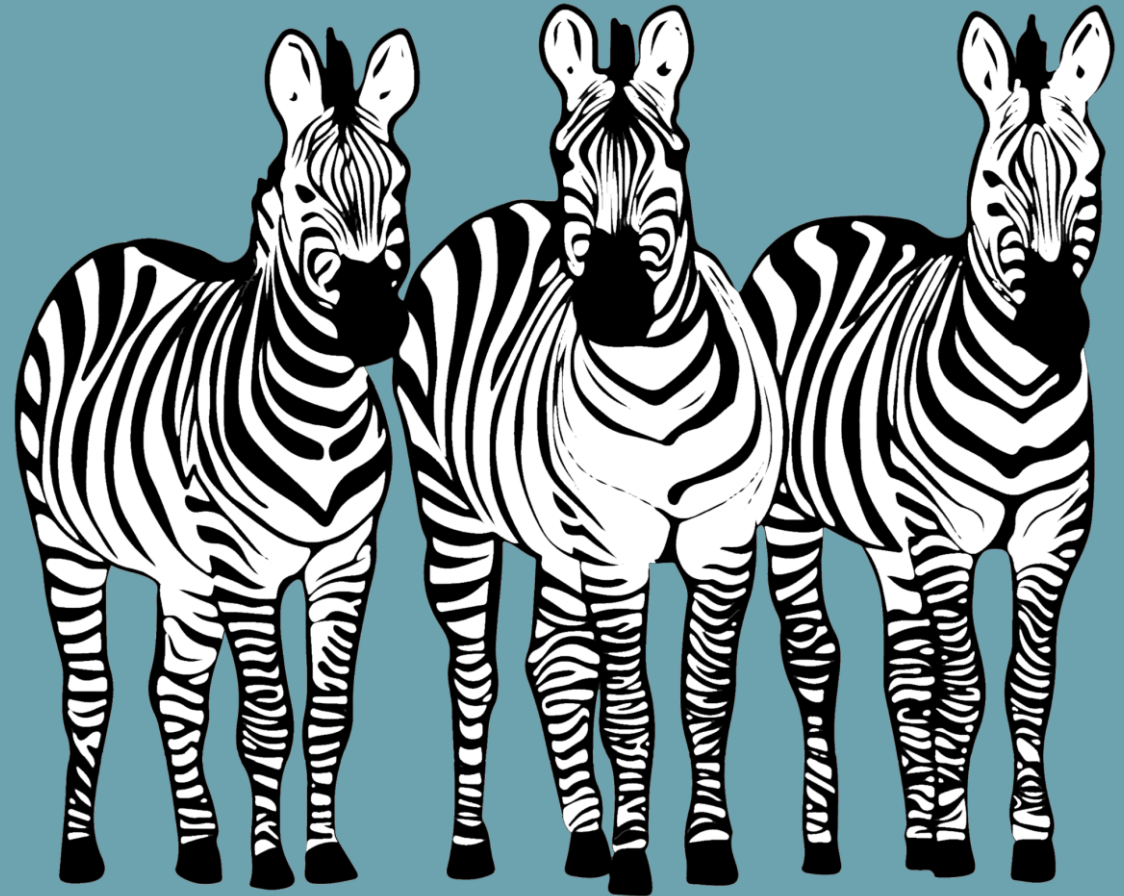
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