A Community-Based Approach to Research Addressing Breast Cancer Disparities

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• Racial/ethnic disparities in breast cancer mortality

• Potential role of biological factors: metabolic dysregulation and breast cancer risk

• To address breast cancer disparities, need minority participation in research involving biospecimen collection to examine biological factors

• To address breast cancer disparities, need a collaborative approach to research
• Use a community-based participatory approach to engage community partners in translational research addressing breast cancer disparities

• Examine community perspectives on health behaviors relevant to breast cancer risk (healthy eating, physical activity, medical screening for metabolic dysregulation, research participation involving biospecimen collection)
• Arkansas Lower Mississippi Delta

• Project is a product of a 5-year collaboration with the Faith Task Force
Methods

• Series of 8 focus group with Black and White women (n=56) age 40+

• Questions about community perspectives on health behaviors relevant to breast cancer disparities

• Healthy eating, physical activity, medical screening for metabolic dysregulation, participation in research involving biospecimen collection
• Social Ecological Model as a framework for data collection and analysis
• Healthy eating and physical activity seen as ‘sure things’ to improve health, whereas screening was not necessarily seen as valuable

• Screening and participation in research are not as well understood or highly valued as healthy eating and physical activity

• Healthy eating, physical activity, screening, and research are seen as strategies to treat rather than prevent disease

Results: Individual Level
“....I have a lot of medical problems and my doctor had told me.... you need to change your eating habits....I am trying....because.... I want to be here as long as I can.”

“I had been getting a mammogram and after I learned that people had been getting them every year and then when something [like cancer] happens [to them]…my mom had to have her breasts removed and I stopped going.”

“... if we don’t do research we’ll never get the drugs that we need to combat some of the things that are cropping up now.”
• Interpersonal relationship exert considerable influence on eating and physical activity

• Screening and participation in research seen as more of a personal decision

“My husband would rather have biscuits and gravy and bacon for lunch, breakfast, dinner than anything else in the world and I just soon have a bowl of cold cereal... I pretty much cook what Don likes...”

“Mine [family] don’t talk against [medical tests]; not against it or for it.”

“I think that mine [family] would think that whatever I chose to do would be perfectly okay. Another words, it would be my decision.”
• Limited infrastructure in rural communities for positive behaviors to address cancer disparities

“I just think it the area we live in and the poor environment we are in. You can only afford to buy what you can afford to eat.”

“That is the reason why some of us don’t go and have that done is because if you don’t have insurance they really don’t wait on you…you have to pay up front now in order to have a time to get anything fixed and that keeps a lot of us from not having tests done that we know need to be done”

“I’ve heard of people going to studies, that have to go to Memphis every months or so….I wouldn’t participate in anything like that.”
• Importance of taking care of family and helping others promotes positive health behaviors that reduce cancer risk

“Look, you’re helping yourself, and not only yourself, you’re helping others.”

“I think it’s more important for the women in our culture to really take care of themselves, because....some of us are everything in our families. You know, we do it all...”
• Traditional food values and focus on symptom management rather than disease prevention present challenges to positive health behaviors

“...trying to eat healthy and being from the South like this, it’s is hard not to crave those fried foods, because as long as I’ve been trying to eat, sometimes I just have to have something fried. Just have to.”

“I use to go and get check-ups, you know, yearly, but if it’s not broke, don’t fix it. Don’t try to find out what’s broke.”
Developing Translational Research

- **Community level**: Promote healthy eating and physical activity as a foundation for studies examining metabolic dysregulation.

- **Institutional level**: Invest in community organizations to enhance infrastructure for research.

- **Interpersonal**: Engage social support used to promote healthy eating and physical activity to promote screening and research participation.

- **Individual**: Research examining biological indicators of metabolic dysregulation to promote healthy eating may promote broader acceptance of prevention and research participation.
Developing Translational Research

Community

Institutional

Interpersonal

Individual

Organ/Cell
• Research application to pilot faith-based strategies to promote participation in research examining metabolic dysregulation in breast cancer disparities

• Encourage woman to complete screening mammography and provide a blood sample to assess risk factors for chronic disease and for metabolic dysregulation

• Provide feedback about healthy eating and physical activity based on blood sample results
Thank you!
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Faith Task Force Projects

- Survey of Phillips County Churches: Health assessment survey to examine church resources and identified health needs
- The WORD (Wholeness, Oneness, Righteousness, Deliverance): Feasibility pilot of a faith-based behavioral weight loss intervention for African American adults
- POW-WOW (Perceptions of Women’s Wisdom on Wellness)
• **Co-learning and capacity building:** Community shared insider knowledge about community norms; academics shared knowledge of research methods, theory, and breast cancer disparities

• **Equitable partnership in all phases of research:** All partners decided who would develop initial drafts in the research process. Academics developed initial draft of focus group guide and data results; community revised drafts based on ‘insider’ community knowledge

• **Building on strengths of community:** Community developed and implemented initial recruitment strategies
Discussion

• Focus on symptom management vs. prevention
• Research and practice seen as separate concepts
• To encourage participation in research, need to include in the research what the community views as valuable, as ‘practice’
• Transferability limited
• Faith Task Force may have resulted in a highly religious sample