

Health care disparities in culturally diverse, special needs & disadvantaged populations - bridging the gap



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Faith and Religious

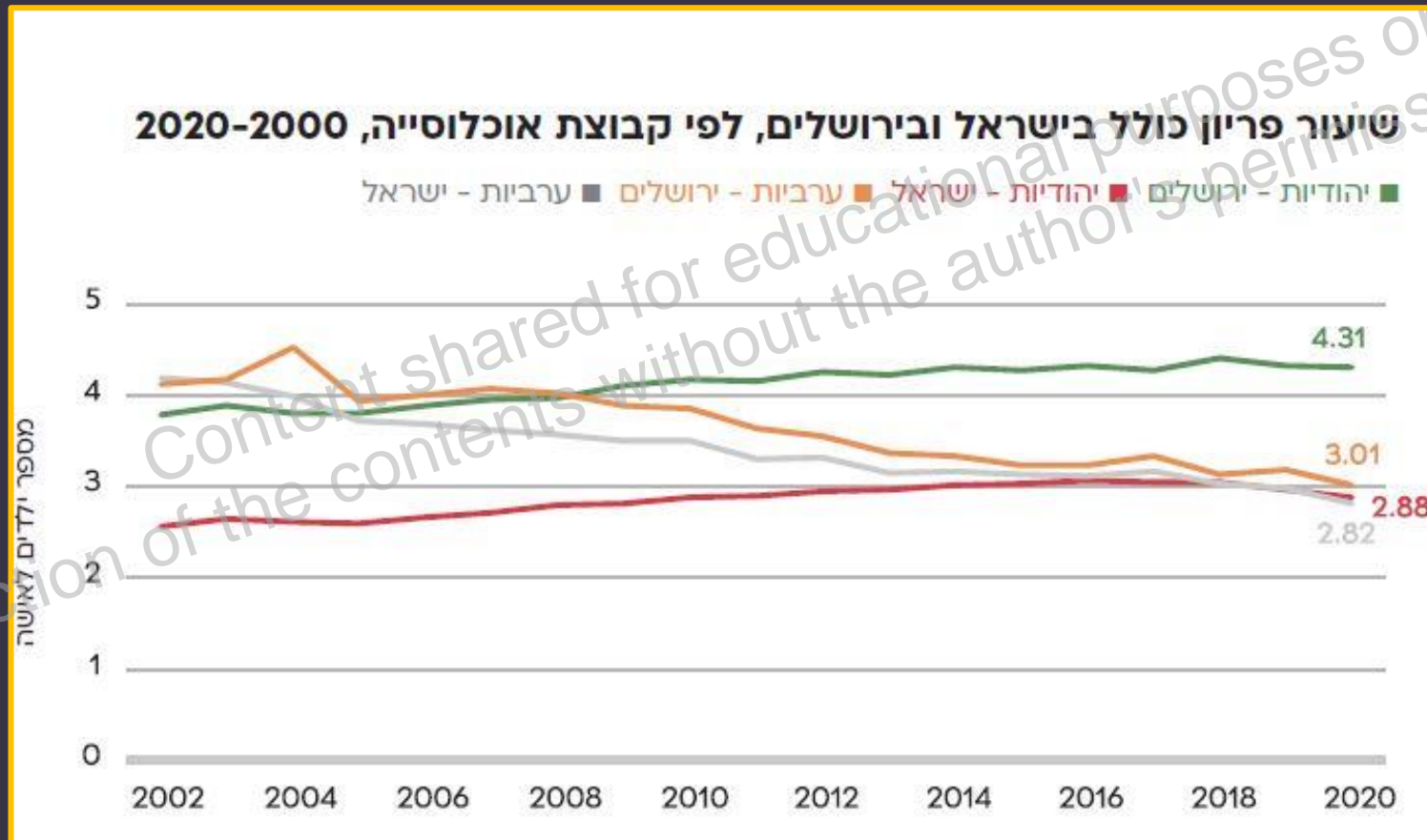


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Gender Roles, Familial societies



Birth Rate – A changing world



Paternalistic Societies



Body and Modesty



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Fear of Cancer Stigma

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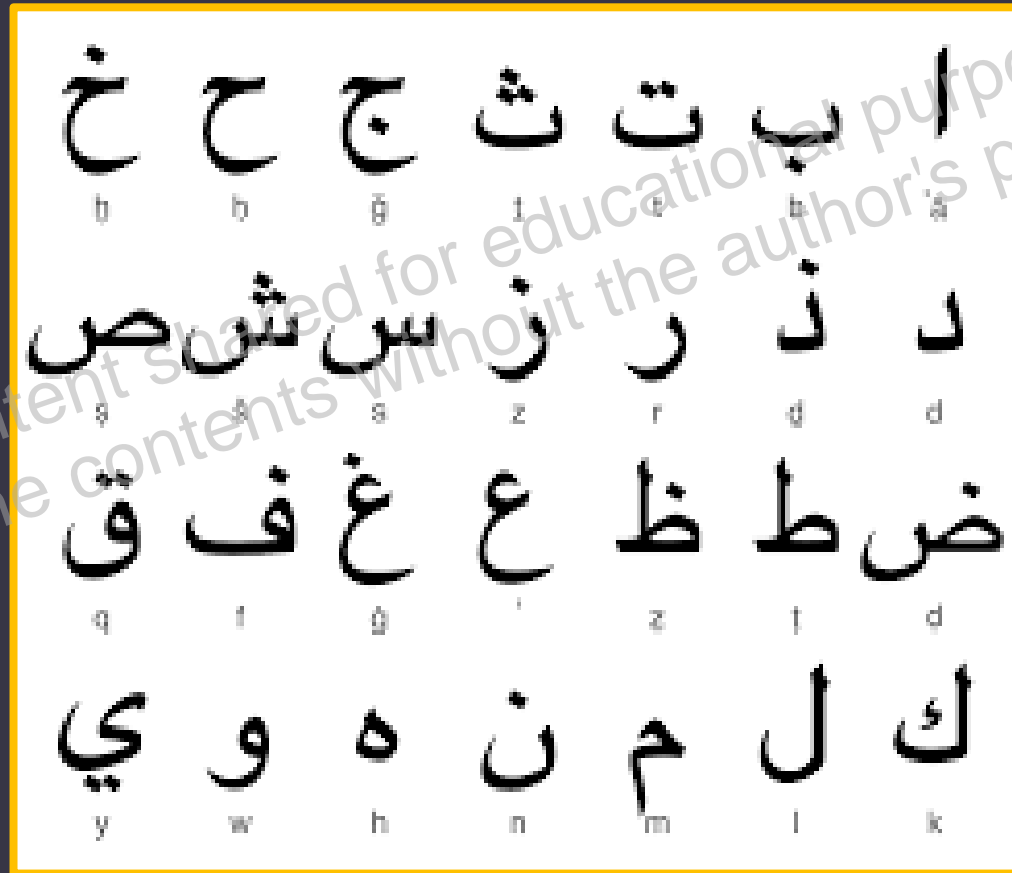


דורון מלצר & שירצוד

כבר קבצת מאי?

[חודש מודעות לסרטן השד]

Language Barrier



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Study's Goal

- ❖ To characterize the diagnosis, care and outcomes of advanced breast cancer in unique ethnic cohorts in greater Jerusalem, with a focus on the Arab population and ultra-orthodox Jewish population
- ❖ To improve and streamline care of women from multi-ethnic backgrounds by further understanding barriers to healthcare access

Objectives

- ❖ Collect clinical & psychosocial characterization of ultra-orthodox Jewish and Arab women individuals along the advanced breast cancer journey
- ❖ Evaluate and identify modes of access to care and barriers to breast cancer care for this population – individually communally, cultural-religiously and professionally

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Objectives

- ❖ Develop a model for improving health care access and advocacy, tailored to each community's needs
- ❖ Apply the knowledge to developing education training and health promotion – including for the individual, community leadership, and healthcare providers
- ❖ Optimize access to clinical trial participation and reduce any disparities in clinical trial recruitment and participation
- ❖ Develop and tailor culturally appropriate psycho-social interventions to improve psychological wellbeing and quality of life

Data Collection

1. A prospective registry of all women with newly diagnosed breast cancer and advanced breast cancer (either de novo or recurrent disease) documenting all clinical disease and treatment characteristics and outcome
2. Gather institutional data on clinical trial recruitment and representation of the ethnic-religious groups under-study.

Data Collection

3. Gather quantitative data on quality of life and well-being and compare between the different ethnic groups/cohorts
4. Qualitative study based on interviews with (i) women with advanced breast cancer from the Ultra-orthodox population and the Arab population to investigate disease perceptions and barriers to health care access (ii) focus group of oncology health care providers (iii) patient advocates in the ultra-orthodox community - knowledge of breast cancer and strategies for optimal health care access for the patients they represent
5. Cross-sectional survey of oncology health care providers to assess attitudes, perceptions and beliefs about oncology care in advanced breast care in these unique cohorts

Preliminary Results



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Participants

Time 1 - 159 participants (out of 212)

- ❖ 36 Arab women
- ❖ 41 Ultra Orthodox Women
- ❖ 27 Religious Women
- ❖ 28 Traditional Women
- ❖ 27 Secular Women

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Family Status

- ❖ 120 Married
- ❖ 7 Single
- ❖ 14 Divorced
- ❖ 16 Widow

Number of Children

- ❖ Arab women – 4.57
- ❖ Ultra Orthodox Women – 6.27
- ❖ 26 Religious Women - 4.08
- ❖ 27 Traditional Women – 2.32
- ❖ 27 Secular Women – 2.73

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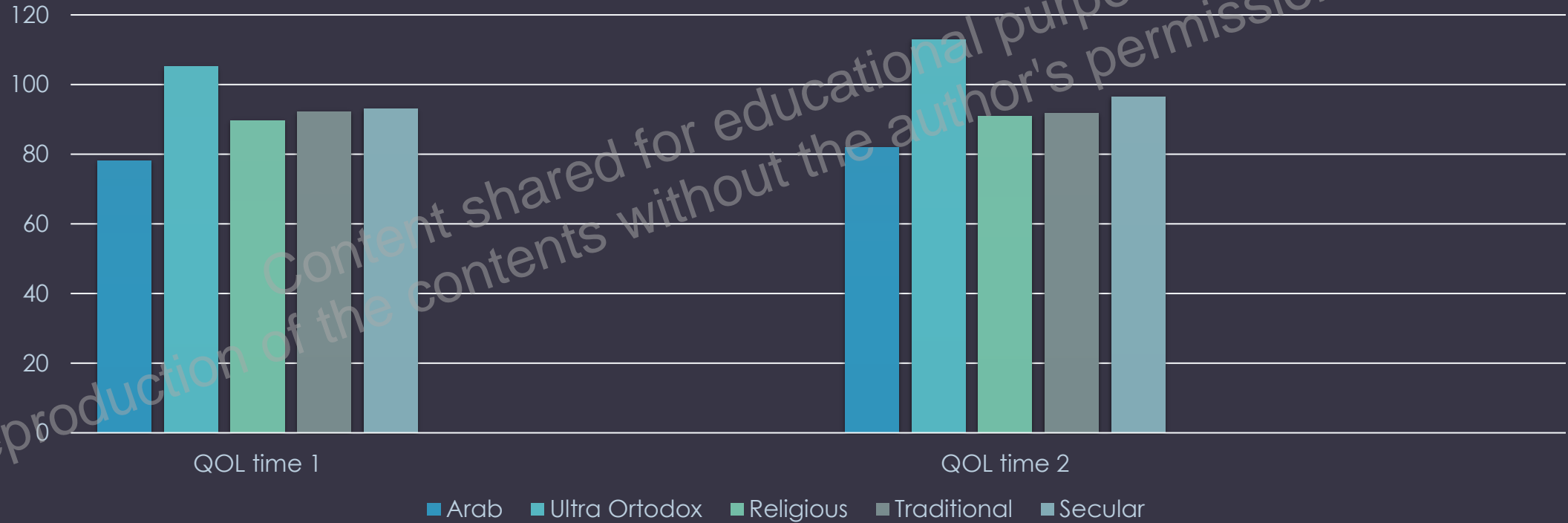
Education

- ❖ Arab Women – 12.56
- ❖ Jewish Women – 14.70

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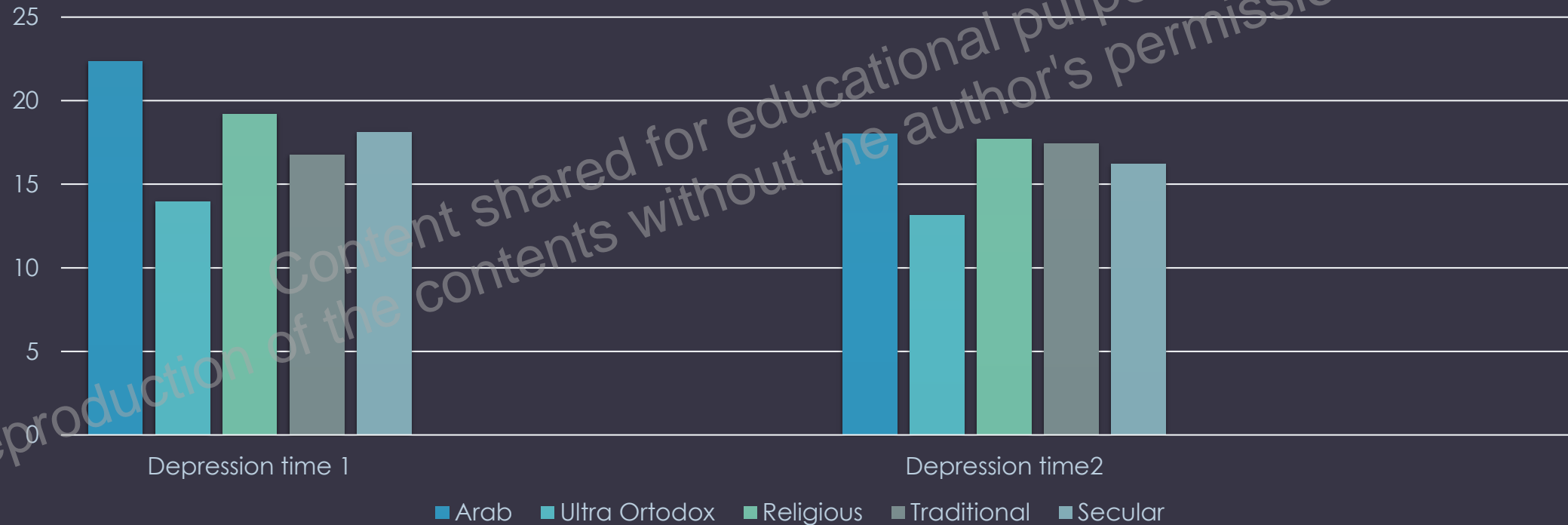
Quality of Life

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Depression

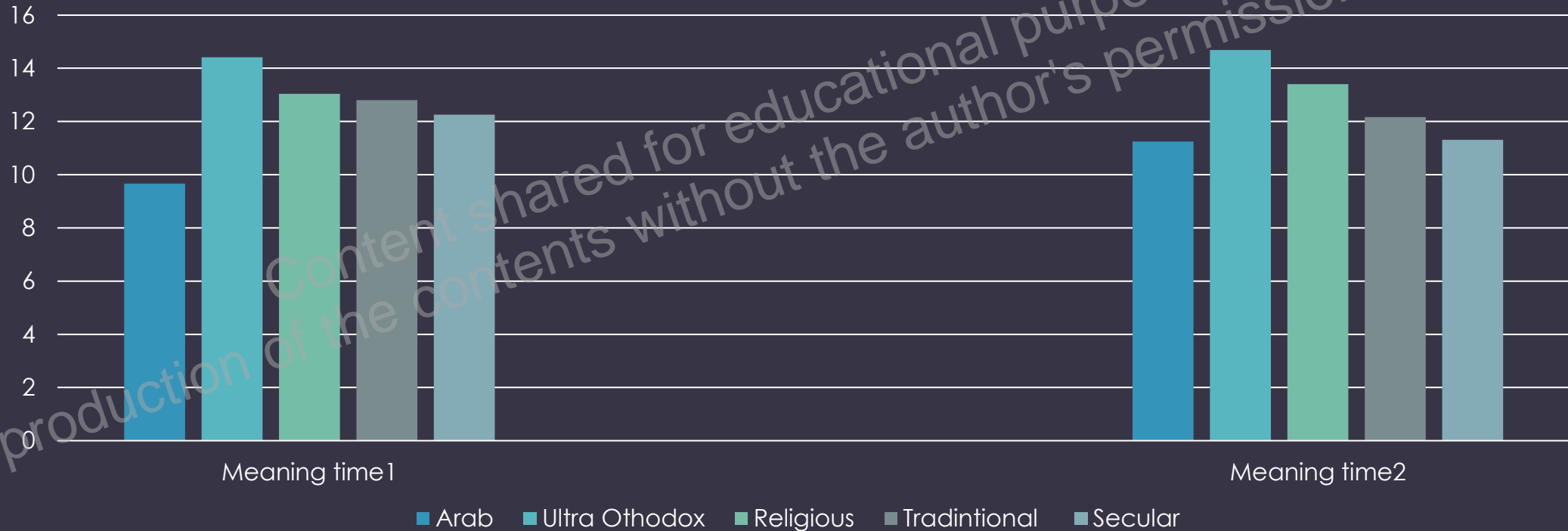
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Sense of Meaning

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Qualitative Data – Ultra Orthodox Women

- ❖ Concealment versus disclosure
- ❖ The body as a vessel versus the body as an essence
- ❖ The self is not the center. Family and community comes first
- ❖ Faith in GOD as a source of strength and confidence



Qualitative Data – Ultra Orthodox Women: Me and the Medical System

- ❖ Me as representing a collective versus me as an individual
- ❖ Unique needs and different ways of coping: Assimilation versus adaptation of the medical system
- ❖ A different **cultural** language – A significant gap



Couple Communication



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Jewish Women

	Concealment	Emotional Disclosure	Loneliness
QOL	-.50**	.37**	-.57**
Concealment		-.54**	.59**
Emotional Disclosure			-.57**

Arab Women

	Concealment	Emotional Disclosure	Loneliness
QOL	-.64**	-.24	-.53**
Concealment		-.24	.62**
Emotional Disclosure			-.08

Focused Groups – Medical Teams

- ❖ Inequality – under my responsibility or not

Acknowledgment ;Defensiveness ; Personal responsibility

- ❖ Frustration and Helplessness

Language barrier and gap ; The presence of mediators
;Different coping and behavioral patterns

- ❖ Judgmental

Minority ; Stigmas and prejudices ; Dissatisfaction



Some Thoughts...

- ❖ Being a minority does not tell the whole story
- ❖ Why are they different? Political power / Not being alone / Gender roles ?
- ❖ The gentle and complex dance health care providers dance with their patients from minority groups
- ❖ The need for a curious, learning, non judgmental and modest relationships between health care providers and their patients from minority groups
- ❖ Understanding the power of social forces on the medical and psychological journey of ABC patients

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