

# Cleveland African American Prostate Cancer Project

## (CAAPP): Listening Tours



CASE  
COMPREHENSIVE  
CANCER CENTER



SCHOOL OF MEDICINE  
CASE WESTERN RESERVE  
UNIVERSITY



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## Background

My practicum was completed through the Case Comprehensive Cancer Center at Case Western Reserve University (CWRU). The physical location of this practicum was on the fourth floor of the Bioenterprise building and in the community. Specifically, I worked on the Cleveland African American Prostate Cancer Project (CAAPP), which works to address disparities in prostate cancer screening amongst African American men in the Cleveland area.

## Population

The CAAPP intervention is aimed at African American men above the age of 40 in the Cleveland area.

## Learning Objectives

1. Identify community group's understanding and awareness around prostate cancer risk and screening.
2. Observe and incorporate understanding of community-identified barriers to screening.
3. Create infographics that identify the common themes from community listening tours and outline the demographics of the respective participants.

## Activities

- Attend listening tours
- Enter demographic data from listening tours
- Analyze demographics data from listening tour
- Identify themes in auditory recordings of listening tours
- Organize findings and communicate results to the CAAPP team
- Attend Bioethics & CAAPP data analysis team meetings
- Attend CAAPP team meetings
- Dissemination of data in lay language in the form of an infographic

## Deliverables

- Visual representations of demographics data for all listening tours
- Infographic including demographic and thematic findings from listening tours to be disseminated at Return of Results meetings

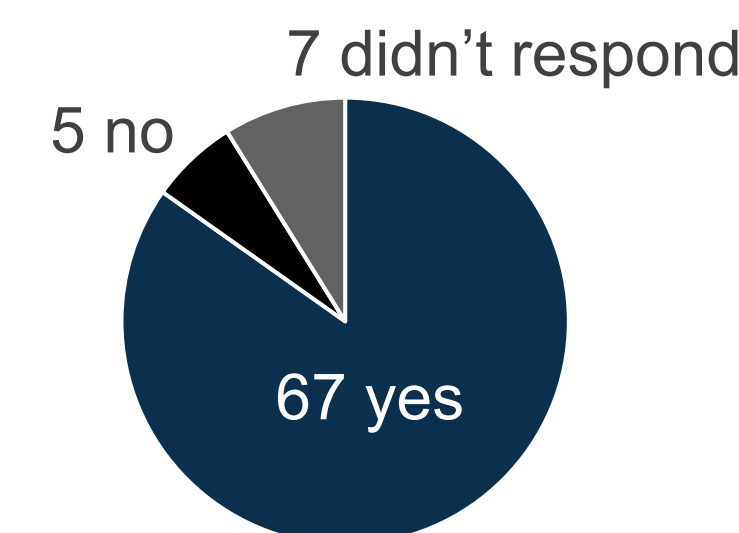
## Methods

Listening tours were conducted as a series of six focus groups in various community centers in the Cleveland area. Exact locations are not disclosed to maintain the privacy of participants. Each listening tour took place as a recorded discussion amongst participants, mostly revolving around questions asked by a facilitator and a co-facilitator. Participants were asked about their thoughts on prostate cancer, prostate cancer screening, and genetic screening. Recordings were reviewed and analyzed by members of the CWRU Bioethics department to identify recurring themes.

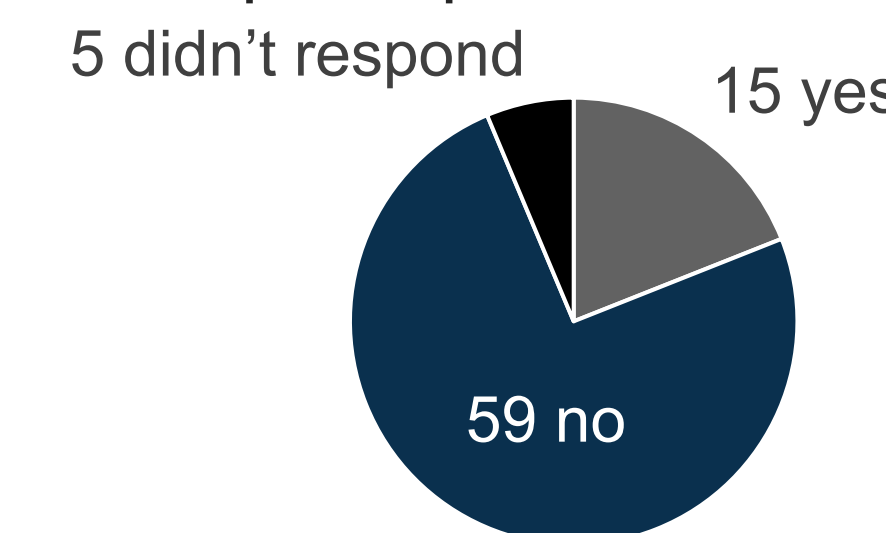
## Results

The following demographic data were found in the listening tours:

Do you have health insurance?



Have you ever participated in a cancer screening?



Do you have experience with a cancer diagnosis?

Yes, as a patient and/or as a family member of someone with cancer.....26 people  
No.....43 people  
Didn't respond.....10 people

The following themes were identified from listening tour data:

### Trust

- Doctors' and hospitals' actions either helped or hurt trust
- Participants felt a lack of trust because of a history of abuse and current racism
- Many men were taught to only rely on themselves, so they do not see a doctor regularly

### Access & Education

- Participants felt it is hard to get quality healthcare
- Participants wanted to know what prostate cancer is, how someone gets it, and how genetic testing could help them
- Participants were surprised at the differences in prostate cancer rates by race
- Participants believed that prostate cancer gets much less public attention than breast cancer

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### Fear

- Some participants didn't get screened because they were afraid of what they would learn
- Participants were concerned about how and where they are touched during the physical prostate cancer screening
- Individuals were scared that screening and prostate cancer would impact if they could have sex

### Communication

- Participants felt it was hard to talk about their health; after sharing their stories, they realized that others have had similar experiences
- Participants want their doctors to care about them
- Participants want understanding and concern during their doctors' visits rather than cold, fact-based conversations

### Thoughts on Genetic Screening

- Participants were afraid that they would be treated as guinea pigs
- Participants were confused about the purpose of genetic screening and the meaning of the results
- Individuals had been incorrectly told they could not have genetic screening if they did not know their family history
- Individuals felt that once they got genetic screening, they were likely to receive a cancer diagnosis

### Strength

- Participants understood that they must constantly speak up for themselves in the healthcare system
- Participants believed their hope and faith help them to speak up about their own health and others' health
- Hearing others share their stories helped lessen fear and encouraged individuals to get health care
- Individuals felt that getting screened is a part of caring for their community

## Lessons Learned

Through this practicum experience, I learned so much about the implementation of interventions (common processes, things to consider, etc) in terms of the overall concept of the intervention and the inner workings and day-to-day activities necessary to implement the intervention. I learned about all of this by observing and asking questions to various members of the team working on the intervention (the project manager, community navigators, etc). This newfound knowledge is valuable to me because I now have an understanding of where to start and proceed when/if I decide to work on any other intervention in the future (which I certainly intend to!).

Additionally, I saw firsthand how specific barriers impede specific populations in their pursuit of getting the healthcare they need (in this case, I learned about the specific barriers that African American men in Cleveland have in getting screened for prostate cancer). Seeing these barriers firsthand and working with those attempting to address them was an incredibly valuable experience for me because it reaffirmed to me how important interventions such as the CAAPP intervention are in improving health.

## Public Health Implications

The CAAPP project as a whole works to improve prostate cancer screening rates amongst African American men in the Cleveland area, which would in turn decrease mortality rates due to prostate cancer amongst this population!

## Acknowledgements

I would like to acknowledge Kristina Austin and Rebecca Miller for guiding me in the day-to-day activities of my practicum and for always making me feel welcome and included in the CAAPP space. I would also like to acknowledge the rest of the CAAPP team for providing valuable input and advice on the infographic that was made as a deliverable of my practicum!