

# **Navigating the challenges in my positionality: culture, religion, and COVID.**

Srue Wakuk  
Community Health Coordinator  
University of Hawaii Cancer Center



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# Objectives

- To shed light on culture and religion impacts on a clinical trial study.
- To highlight approaches to challenges encountered in working with Micronesian women.
- To voice the resiliency of the Micronesian community during COVID-19 pandemic.
- To highlight the benefits and struggles encountered in my positionality as a woman, a researcher, and a community member.



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# Background

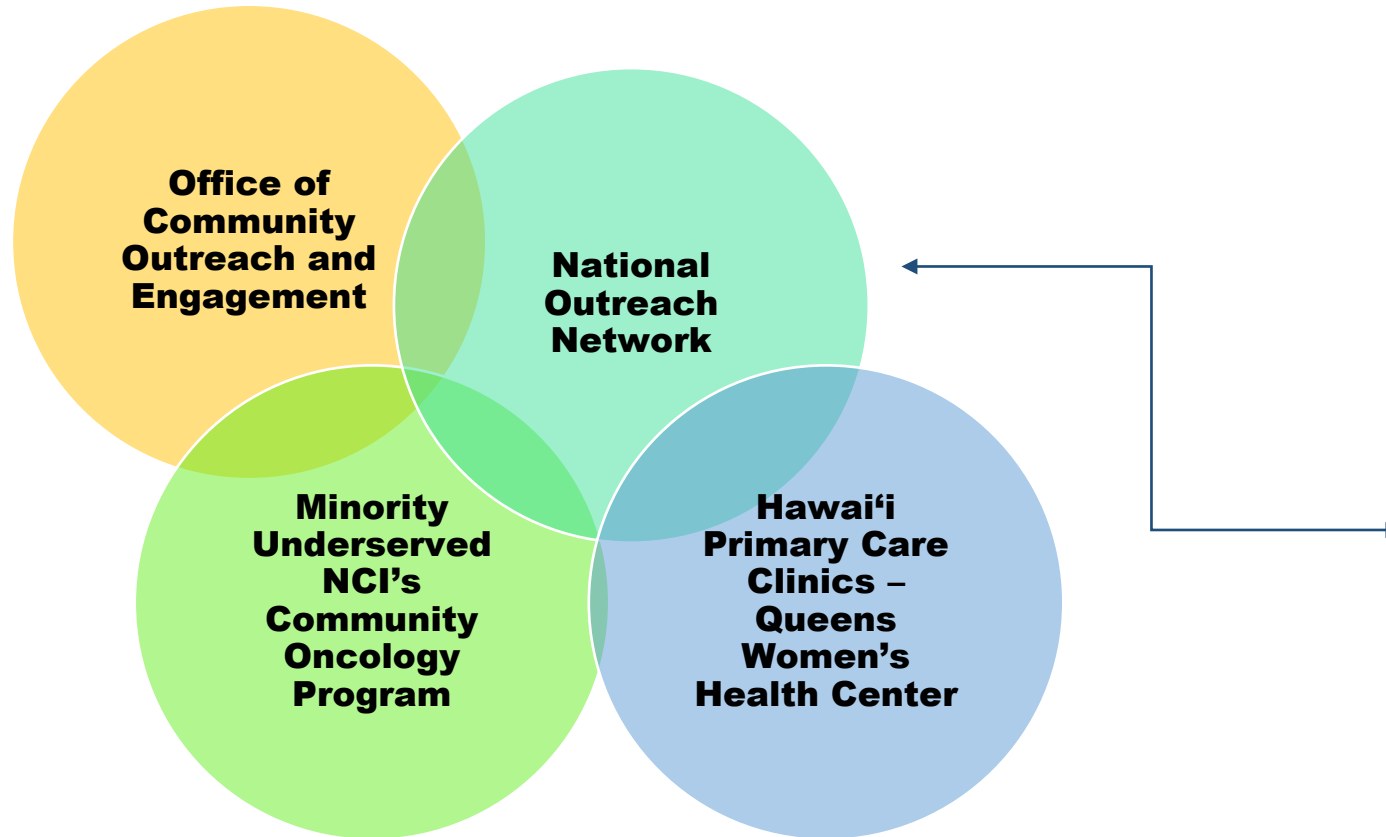
- (2018) Hawaii Minority Underserved NCI Community Oncology Research Program (MU/NCORP)
- (2019) Tomosynthesis Mammographic Imaging Screening Trial (TMIST)
- NCI provided the University of Hawaii Cancer Center (UHCC) funding
- Office of Community Outreach and Engagement (COE) developed effective multilevel recruitment strategies
- Focus: Native Hawaiians and Micronesians women



# Key Collaborators for TMIST



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# Hawai'i Cancer Health Disparities



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- From 2012-2016, breast cancer incidence and mortality rates were highest among Native Hawaiian women.
- Pacific Islanders have the highest percentage of women that have never had a mammogram.
- Only 26% of Micronesian women aged 40 and older have ever had a mammogram.
- Cancer mortality is the second leading cause of death in the USAPI.



# Conducted 29 community Outreach Events



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## Oahu

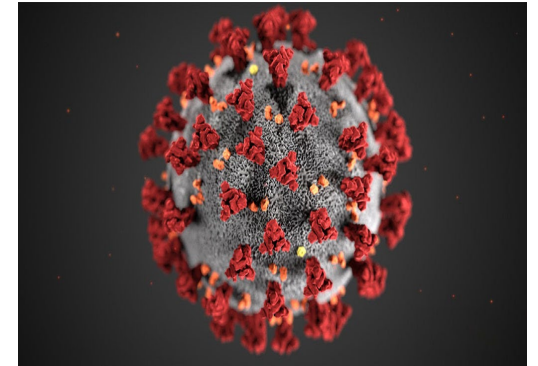
- Churches
- Public housing
- Food bank
- Papakolea Health Fair
- RMI Consulate Office

## Neighbor Islands

- Maui Voice of Micronesia
- Kosrae Women's Day Celebration
- Islands community

## COVID-19

- One-on-one
- Family group
- Community group
- Church
- Women's organization



## COVID HIT

- Social media (FB and Zoom)
- Collected surveys
- Verbal consent
- Raise awareness

# Roles and Responsibilities

**1**

**First Phase**

- Pre-survey
- Raise-awareness
- Post survey
- Pre-screen
- Recruitment

**2**

**Second Phase**

- Refer to CRA
- Conference call
- CRA confirms appointment
- CHE informs participants

**3**

**Third phase**

- When needed



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# Challenges: Culture, Religion, and COVID



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# Cultural Aspects of Health

- Cultural perceptions of being health
- How regular mammogram screening is being perceived
- Cultural healing
- Being a mother comes with a huge sacrifice



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# Religious Aspects

- Religious battle in the community amidst COVID-19.
- Some churches were running without applying social distancing and COVID precautions.

## Testimonials

- “God is my creator. HE scheduled my lifespan. If HE says it’s my time to go there will be no question asked.”(Esau)
- “It’s better if I don’t know my sickness. God is in control of my life.”(Tolenoa)



# COVID-19 Pandemic

- Pacific Islanders suffered from COVID-19
- COVID is the center of attention
- Two complete shut downs statewide-clinic closed



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# Approaches to COVID Challenges

- DOH hired a team consists of Pacific Islanders (FSM, RMI, Samoa, Tonga, and Guam) to do contact tracing
- Contracted by DOH to do contact tracing from 2020 to 2021
- Community engagement: raise-awareness, food distribution, supplies distribution, other resources
- Meet the community where they are and focus more on the positive



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# Approaches to cultural challenges

## Community Health Educator Model

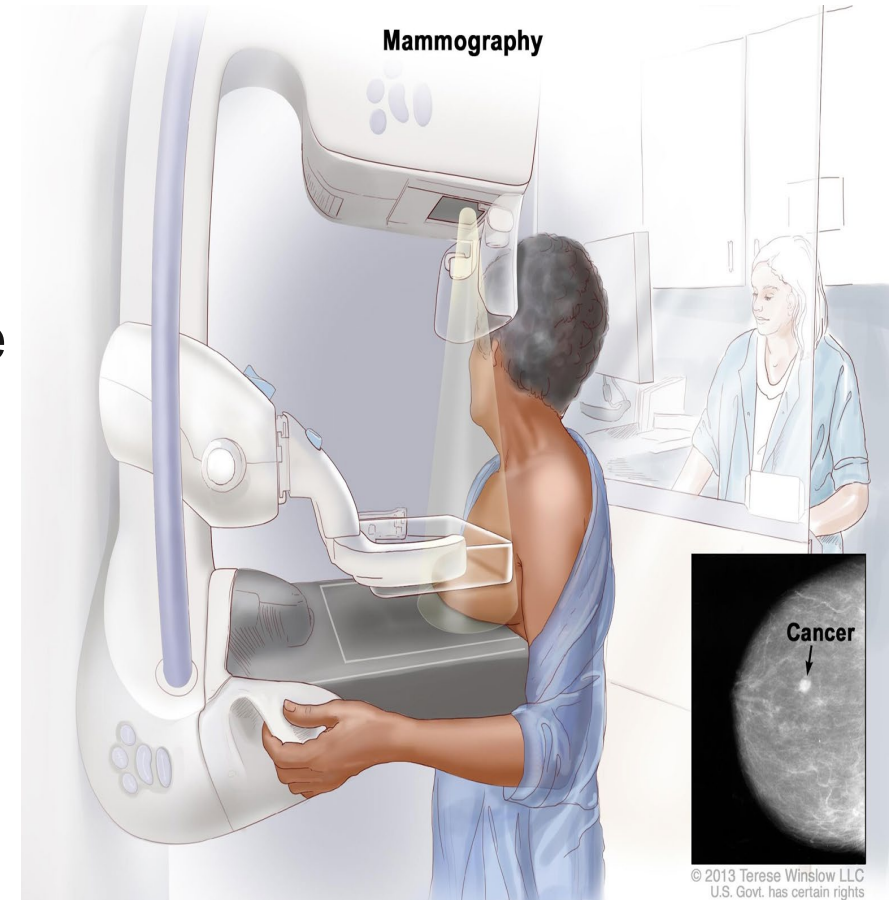
- Addressed social and historical determinants of health
- Used a cultural approach to remove barriers to care
- Provided accountability to communities



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# Solutions to address religious challenges

- Respect their decision and values.
- Delve deeper to understand the situation.
- Learn bible verses and use it to guide the community in decision making.



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# Lesson learned

- Pivotal roles that CHE play in the study
- Meet the community where they are at
- Cultural Competency Training
  - Apply decolonized lenses



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**Project co-  
authors:**  
**Kevin Cassel,**  
Jeffery Berenberg,  
Paul Morris, Shirley  
Cheng, Kate Bryant-  
Greenwood, Erin Capps



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**Hawaii Public  
Health  
Association  
&  
Dr. Buchthal**