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## Describing Social Networks in Public Housing to Understand Cancer Screening and Prevention Needs – An Update with Preliminary Results

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Dear Community Friends,

Cancer disparities continue to persist among underserved populations, despite widely available screening examinations that can lead to early detection. While interpersonal social networks can positively impact health through facilitation of healthcare access and sharing of information and resources, few studies have examined how these networks can be leveraged to promote healthy behavior change among underserved communities. My research study is aimed at better understanding the cancer education and screening needs and barriers of New York City Housing Authority residents in East and Central Harlem, with the long-term goal of developing an intervention to promote cancer screening among older adult minorities in low-income, community-based settings, thereby reducing cancer mortality. The results of the study will be used to test a future randomized clinical trial of the developed intervention.

I want to provide you with an update on the progress of my study thus far and let you know what our next steps will be.

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### Phase 1: Conduct Interviews with Resident Leaders (TA Presidents, Vice Presidents, and other executive members) to identify barriers and facilitators to social capital for cancer screening among their residents

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#### Interview Themes

**1. Residents are dealing with many other issues like housing conditions, safety concerns, etc.**

**2. Sense of Community in Housing Developments**

*People know one another (especially if they lived in the development for a long time), most people are social*

*Willing to help when needed*

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### Important Announcement

We need more men to participate in our study! If you know of any men between 50-64 years old, who are current NYCHA residents or have lived in the same apartment for 10+ years, please tell them to contact us!

**Don't forget to tell them that all eligible participants will receive a \$40 Target gift card.**

*Residents don't necessarily hang out with one another*

### **3. Opinions about cancer and cancer screening**

*Uncertainty about whether cancer can be cured*

*Cancer can be prevented*

*Fear of diagnosis and fatalism (i.e., cancer is a death sentence)*

*Screening is important*

### **4. Health of the older adult residents**

*Varies, but overall fair to good*

*Diabetes, hypertension, mobility issues, asthma, cancer*

### **5. Existing health resources**

*Aware of many resources in some developments, others not as aware, particularly of resources that are ongoing/recurring*

*Mammography screening van was mentioned for cancer screening*

### **6. Barriers/Facilitators for accessing health resources**

*Mobility, transportation*

*Free stuff, incentives, make it interesting*

*Questions to ask doctor*

*Think they are ok, don't need to be screened*

*Fear and Ignorance*

### **7. Intervention Needs**

*Should be open to anyone in group-based format, ongoing/recurring*

*Mixed thoughts on the use of the internet, some are ok with, other would prefer face-to-face interactions*



## **In the Community**

**Did you know that we provide FREE educational programs to our community?**

Our team conducts breast, cervical and colorectal cancer presentations in English and Spanish throughout New York City -- 7 days a week.

Call us to schedule a program with your tenants or church or family members.

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## **Phase 2: Conduct 300 surveys of NYCHA residents (or those who have lived in the same apartment for 10+ years) aged 50-64 years in East and Central Harlem**

Recruitment began in June 2016 and we have interviewed 158 participants since then. This is a tremendous success! The majority of participants were NYCHA residents (83%). Most of these participants came from Johnson, Lehman, King and Jefferson, but residents from many different developments have participated. Most participants were African American/Black (62%) or Hispanic/Latin (32%).

We asked many questions about participants' health status, and health behaviors. Many people rated their health as good to fair.

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<b>In general, would you say your health is..</b>	Number	Percent
Excellent	10	6.3
Very Good	41	25.9
Good	56	35.4
Fair	45	28.5
Poor	5	3.2

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We also asked about cancer screening behaviors and rates of ever getting screened are relatively good, especially for women. Men need some improvement in their rates of screening. We will have to do additional analyses to determine whether follow-up and repeat screening adherence is as good.

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<b>Cancer Screening History for Women</b>	Number	Percent
Ever had Clinical Breast Exam	109	90.1
Ever had Mammography	114	91.9
Ever had Pap Test	107	89.2
Ever had Colonoscopy	73	60.3
Ever had Blood Stool Test	48	40.0
Ever had Lung Cancer Screening	33	28.2

<b>Cancer Screening History for Men</b>	Number	Percent
Ever had Digital Rectal Exam	17	54.8
Ever had Prostate Exam	11	37.9
Ever had Colonoscopy	18	58.1
Ever had Blood Stool Test	16	51.6
Ever had Lung Cancer Screening	33	28.4

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We also asked about the number of social connections that participants had to others. Most participants were able to name at least one person that they felt they could talk to about their health. However, there about 10% of those surveyed thus far indicated that they had no one to talk to about private matters like their health. This could potentially be a group that we target for

intervention in the future to help encourage regular cancer screening and preventive health behaviors.

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**How many close friends do you have, people that you feel at ease with, can talk to about private matters, like your health?**

	Number	Percent
None	12	7.6
1-2	49	31.0
3-5	52	32.9
6-9	10	6.3
10+	35	22.2

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**How many relatives do you have, people that you feel at ease with, can talk to about private matters, like your health?**

	Frequency	Percent
None	10	6.4
1-2	45	28.7
3-5	53	33.8
6-9	10	6.4
10+	39	24.8

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In closing, I want to thank each of you who helped us to get 158 participants so far! We would not have been able to reach these people without your help.

Our next steps will be to continue recruiting participants until we reach our goal. We will be focusing on recruiting more men into the study so if you have any ideas for where we can reach men, please do let me know.

With sincere gratitude,

Dr. Jamilia Sly