

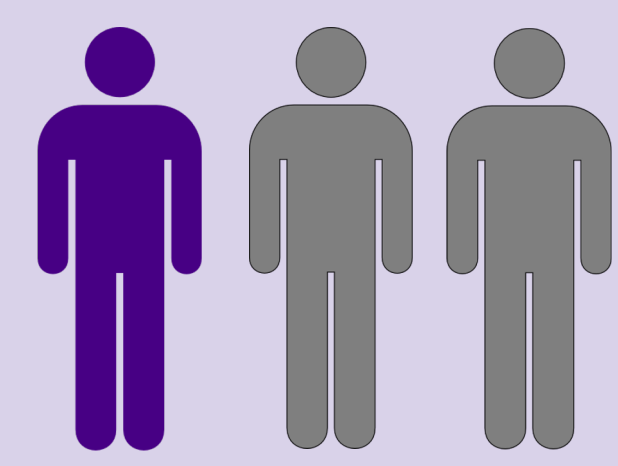
Assessing Faith-Based Needs in Patients with Head and Neck Cancer (HNC)

Background

- 98,000 persons will be diagnosed with head and neck cancer (HNC) this year
- >500,000 U.S. HNC survivors
- Majority of cancer patients rely on prayer for wellbeing
- Very little known about significance of faith-based communities for patients with HNC.



75% report concern about bodily changes



1-in-3 report depression

Aims

- 1 Describe existing religious/spiritual community resources for HNC burden.
- 2 Describe the prevalence of faith-based needs among HNC patients.

Methods

Patient Facing

1 Literature Review

Areas of focus:

Cancer Care Needs	Spirituality in Healthcare Decision-making	Psychosocial Effects of HNC
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Key Takeaways:

- Survivors of HNC have among the most complex rehabilitation needs
- HNC leads to body dissatisfaction, cognitive and behavioral challenges, decreased independence
- Individuals with HNC experience existential vulnerability but insufficient support

2 Develop a survey to characterize the faith based needs of HNC patients

Components of the survey:

Part I: Physical and Medical Concerns	Part II: Measures of Distress	Part III: Spiritual Concerns
Part IV: Congregational Involvement	Part V: Needs Assessment	Part VI: Demographics

The survey utilizes builds on Measurement Tools: NCCN Distress Thermometer, MDASI – Head and Neck, Satisfaction with Facial Appearance, Religious Support Scale, Duke University Religiosity Index

3 Patient Recruitment

Developed telephone script to obtain verbal consent for our study from patients attending Duke Otolaryngology Clinic 1F (n = ~50).

4 Administering Patient Survey

Survey administered online or on a tablet at the clinic using RedCap Secure Link

5 Patient Interviews

Conducting 30-45 minute semi-structured interviews with (n = ~10) participants over zoom or in person.

Clergy Facing

1 Literature Review

Healthcare privacy as a barrier to connection	Clergy burn out + Compassion burn out	Lack of societal understanding on HNC social effects
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2 Recruitment

Recruit clergy from a network of churches provided by the Duke Office of Durham and Community Affairs - Community Health

3 Clergy Interviews

Conducting 30-45 minute, semi-structured interviews of (n = ~ 20) Clergy members over zoom or in-person.

4 Thematic Analysis

- Looking at barriers to access for people with face-related disabilities in congregational settings
- Looking at possibilities of expanded care and involvement of clergy

5 Building Connections

- Working with Clergy associations and organizations such as the Interdisciplinary Ministerial Alliance and Durham Congregations in Action
- Connecting directly with local clergy and congregants of local churches in the Durham-Raleigh area

Outcomes

Preliminary Patient-Facing Outcomes

135 Patients Screened	41 Verbally Consented	8 e-Consented
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We have begun administering the faith-based needs assessment surveys.

Preliminary Clergy-Facing Outcomes

Clergy naming need for proper training and health literacy to understand needs of patients with HNC	Clergy are naming limitations of time and resources	Clergy are naming lack of value placed on holistic health and lack of awareness of their value beyond emotional and social support
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Next Steps

- 1 Complete administration of patient surveys and interviews.
- 2 Complete clergy interviews.
- 3 Employ thematic analysis with NVivo Software.
- 4 Conduct chart variable analysis to correlate health records with psychospiritual distress.

Works Cited

1. DeSantis CE, Lin CC, Mariotto AB, et al. Cancer treatment and survivorship statistics, 2014. CA Cancer J Clin. 2014;64(4):252-271.
2. Fingeret MC, Hutcheson KA, Jensen K, Yuan Y, Urbauer D, Lewin JS. Associations among speech, eating, and body image concerns for surgical patients with head and neck cancer. Head Neck. 2013;35(3):354-360.
3. Osazuwa-Peters N, Simpson MC, Zhao L, et al. Suicide risk among cancer survivors: Head and neck versus other cancers. Cancer. 2018;124(20):4072-4079.
4. Ross LE, Hall IJ, Fairley TL, Taylor YJ, Howard DL. Prayer and self-reported health among cancer survivors in the United States, National Health Interview Survey, 2002. J Altern Complement Med. 2008;14(8):931-938.
5. Björklund, M., Sarvimäki, A. and Berg, A. (2010), Living with head and neck cancer: a profile of captivity. Journal of Nursing and Healthcare of Chronic Illness, 2: 22-31. <https://doi.org/10.1111/j.1752-9824.2010.01042>.