

# **DEVELOPING A RELIGIOUSLY TAILORED INTERVENTION TO ENHANCE MAMMOGRAPHY IN MOSQUE COMMUNITIES**

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# AMERICAN MUSLIMS & MAMMOGRAPHY

## Population: ~5-7 million

- Ethnically/Racially Diverse (20-24% African American, 18-26% South Asian, 24-26% Arab)
- 50% attend mosque community weekly

## Women underutilize mammography

- Mammogram Ever- 69-73%
- Biennial– 52-61% [37% not adherent in sample]

## Religion Impacts Mammogram Decisions

- Survey:
  - Increased Religious Coping → Decreased Mammography
  - Increased Perceived Religious Discrimination in Healthcare → Decreased Mammography
- FG:
  - Religious Practices are a Form of Disease Prevention
  - Gender concordant care is “more comfortable”
- Motivating Notions:
  - Duty to care for body

# TWO COMPONENT INTERVENTION

## Feasibility & Acceptability Trial Informed by TPB

- **Messaging and Beliefs developed through FG analyses**
- **Delivered at 2 mosques-social service agency pairs**
- **Component 1: Sermon**
  - Assessments within 72 hrs of sermon:
    - Fidelity to thematic messaging (actual & receipt)
    - Acceptability of medium (male+female)
    - Enhanced Intention to obtain Preventive Health Screenings

# TWO COMPONENT INTERVENTION

- **Component 2: Peer Education Series**

## **Assessments Pre-Post:**

- Enhanced Intention to Screen (+proxy)
- Increased BrCa Knowledge
- Acceptability
- Receipt of Mammogram [1yr later]

# NEXT STEPS

- **Where are you in the pipeline of developing the intervention?**
  - Messaging & Curriculum Development
  - Site/Interventionalist Identification
  - Measure development (Islamic knowledge?)
- **What are your next steps?**
  - See above
  - Consider R21 randomized trial or embedding design elements in pilot
- **What are the challenges?**
  - Designing evaluation in accordance to theoretical frame
  - Community partner “input”