



# minnesota cancer alliance summit

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**2026** | *the power of collaboration*

February 26, 2026

McNamara Alumni Center

Minneapolis, MN



# Breakout Session #3

Thomas Swain

February 25, 2026

McNamara Alumni Center



# Honoring Culture, Advancing Equity: Community-Led Cancer Prevention

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# Financial Disclosure Statement

- There are no relevant financial disclosures for this session.





## BUILDING RESPONSIVE PARTNERSHIPS: TAILORED CANCER EDUCATION AND SCREENING SUPPORT FOR NATIVE COMMUNITIES

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# FINANCIAL DISCLOSURE STATEMENT

No financial disclosures or conflicts of interest.



# BUILDING PARTNERSHIPS WITH NATIVE COMMUNITIES

## Long-term Relationships

Building trust requires sustained commitment and consistent presence over extended periods of time.

## Consistent Presence

Being consistently present strengthens trust by showing reliability and genuine interest.

## Tribal Approval Processes

Respecting tribal sovereignty and following the approval processes set by tribal partners.

## Responsive Partnerships

Focus on creating partnerships that are adaptable and meet the unique needs of Native communities.

# MOBILE UNITS & CULTURALLY RELEVANT INCENTIVES



Mayo Clinic Comprehensive Cancer Center's (MCCCC) Community Outreach and Engagement (COE) team has partnered with four Native communities in the Midwest to provide culturally relevant incentives and mobile mammogram screenings.

## Mobile Screening Units

Mayo Clinic's Health System mobile mammogram unit is supporting two communities to provide access to breast cancer screening, especially in remote or underserved areas.

Over 100 mammograms were completed through Mayo Clinic's mobile unit.

## Culturally Relevant Incentives

Incentives like hand-made soaps and locally sourced sweet grass and sage were provided to tribal partners. The incentives improve participation in cancer screening programs.

Over 1,700 incentives distributed to women who have completed their mammograms



# REGIONAL INTEREST: PARTNERSHIP REQUESTS FROM OTHER COMMUNITIES

## Partnership Requests

Multiple Indigenous communities have shown interest by requesting partnerships to support cancer education and screening efforts.

## Shared Goals

Shared goals help build stronger connections and allows MCCCC COE team to join appropriate cancer screening initiatives.

## Regional Expansion

Expanding partnerships regionally promotes development and strengthens networks among communities.



# CONCLUSION

## Foundation of Trust

Trust is essential for forming strong, responsive partnerships with Native communities and ensuring program success.

## Meaningful Engagement

Engaging communities in culturally relevant ways fosters meaningful participation and collaboration.

## Data Stewardship & Collaboration

Careful data stewardship and openness to regional collaboration support sustainable and impactful programs.

# ACKNOWLEDGMENTS

Midwest Tribal Partners

Mayo Clinic Breast Cancer Clinic

Mayo Clinic COE Team

- Dr. Gladys Asiedu, Associate Director
- Adeline Abbenyi, Program Manager
- Dr. Manisha Salinas, Lead Program Evaluation Specialist
- Corinna Sabaque, Sr. Program Coordinator
- Anavelia Segura, Community Engagement Coordinator
- Miguel Valdez Soto, Community Engagement Coordinator
- Ilaya Hopkins, Community Engagement Coordinator
- Clarissa Rohm, Community Relations Coordinator
- Jillian Bettencourt, University of Minnesota, Intern

**ADVANCING CANCER  
PREVENTION EQUITY  
THROUGH CULTURALLY  
INFORMED CARE**

**Strategies to improve health  
outcomes with cultural  
awareness**

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Internal Medicine/Pediatrics  
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# OBJECTIVES

Be

Participants will be able to:

Engage

Engage communities (Hmong focus) to co-design culturally responsive prevention and screening

Leverage

Leverage cross-sector partnerships to reduce screening disparities

Replicate

Replicate culturally informed strategies to improve cancer equity and outcomes

WHY EQUITY IN  
CANCER PREVENTION  
MATTERS (MN  
CONTEXT)

The  
“**gap**”  
is not  
biology  
— it’s  
**access**  
+  
**trust**  
+  
**design**

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Late-stage diagnosis  
increases when screening  
is missed

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Disparities persist by  
race/ethnicity, language,  
insurance type, rurality

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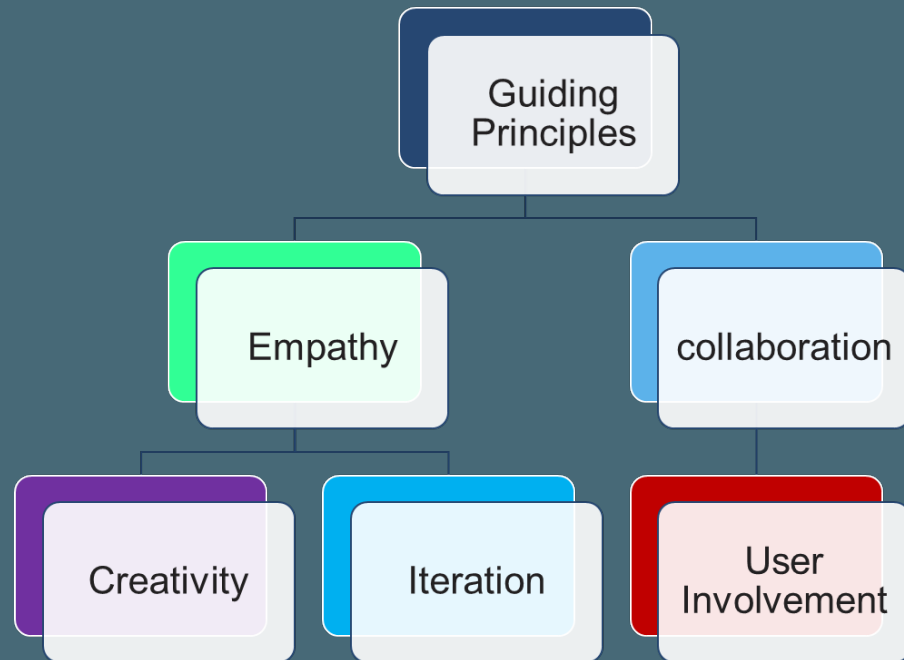
Screening is one of the  
most effective equity  
interventions we have

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# BRIDGING SCIENCE + CULTURE

- Science: guidelines, risk factors, evidence-based screening
- Culture: meaning, language, trust, lived experience
- Equity innovation happens when we design care that:
  - ✓ Meets people where they are
  - ✓ Reduces friction
  - ✓ Shares power
  - ✓ Builds trust

# HUMAN-CENTERED DESIGN BASICS



## Benefits of the human-centered design approach

- Improved user satisfaction
- Increased adoption rates
- Reduced development costs
- Improved innovation

## OBJECTIVE 1: ENGAGE COMMUNITY VOICES (HMONG FOCUS)

- Co-design begins with listening
- Community stories reveal the “hidden barriers”
- Shared decision-making often includes family & elders
- Meaning of cancer may include fear, stigma, fatalism, or silence

# PRACTICAL ENGAGEMENT STRATEGIES THAT WORK

- What to do (high yield):
  - ✓ Partner with trusted community leaders (clan, faith, cultural orgs)
  - ✓ Use bilingual facilitators + trained interpreters
  - ✓ Host listening sessions in familiar settings
  - ✓ Compensate community expertise (time, travel, childcare support)
  - ✓ Return results back to the community (“you said → we did”)

# TRANSLATING COMMUNITY FEEDBACK INTO SCREENING DESIGN

What changes after listening:

- Messaging shifts from “screening saves lives” to values-based framing
  - ✓ Family, responsibility, stewardship, future
- Education becomes story-based + visual screening access becomes simplified:
  - ✓ Same-day ordering
  - ✓ Navigator follow-up
  - ✓ Transportation support

## OBJECTIVE 2: CROSS-SECTOR COLLABORATION REDUCES DISPARITIES

- No single system can close the gap alone
- Healthcare system strengths:
  - ✓ Clinical capacity, data, access to screening tools
- Community organization strengths:
  - ✓ Trust, cultural fluency, communication networks
- Partnership = shared outcomes, shared accountability

# EXAMPLE PARTNERSHIP MODEL (SIMPLE + REPLICABLE)

- Community ↔ healthcare pipeline:
  1. Community outreach + education
  2. Warm referral to clinic screening pathway
  3. Navigator support for scheduling + prep
  4. Results communication in preferred language
  5. Close loop: follow-up + next steps

# THE “FRICTION AUDIT”: WHERE PEOPLE FALL OFF

- **Common drop-off points**
  - ✓ Referral placed but patient never scheduled
  - ✓ FIT kit not returned
  - ✓ Colonoscopy prep barriers; transportation to procedure
  - ✓ Abnormal result follow-up delays
  - ✓ Language mismatch / phone tag
- **Equity innovation = designing out friction**

# OBJECTIVE 3: REPLICABLE CULTURALLY INFORMED APPROACHES

- 3 core tools any community can adapt
  1. Strong recommendation + teach-back
  2. Navigation + loop closure
  3. Equity QI + stratified metrics

# PRACTICAL COMMUNICATION: STRONG RECOMMENDATION SCRIPT

## **Short script (high impact):**

“I strongly recommend this screening because it prevents cancer or finds it early when it’s treatable.” +/- (personalize message)

“I strongly recommend this screening because I want you to see your grand children grow up.”

## **Then:**

“What concerns do you have?”

“What would make this easier?”

PERSONALIZE  
CARE TO THE  
PERSON IN  
FRONT OF YOU,  
NOT THE  
STEREOTYPES



# MEASURING EQUITY: IF YOU DON'T MEASURE IT, YOU CAN'T IMPROVE IT

- Track screening rates by:
  - ✓ Race/ethnicity (disaggregated)
  - ✓ Preferred language
  - ✓ Clinic site / geography
  - ✓ Insurance type
- Time to follow-up after abnormal result

**Goal: improvements must benefit those with the lowest screening rates first**

# CLOSING: WHAT BRIDGING SCIENCE + CULTURE LOOKS LIKE

- Science tells us what works
- Culture tells us how to make it work
- Call to action
  - ✓ Center community voices
  - ✓ Build cross-sector partnerships
  - ✓ Scale what works through replication + measurement

# KEY TAKEAWAYS

- Co-design beats top-down design
- Trust is infrastructure
- Navigation closes disparities
- Make screening easy
- Measure equity, not just totals

## CONCLUSION

### **Culturally Informed Care**

Culturally informed care ensures cancer prevention strategies are respectful and tailored to diverse populations.

### **Community Engagement**

Engaging communities builds trust and encourages participation in cancer screening programs.

### **Collaborative Partnerships**

Partnerships among organizations enhance resources and effectiveness of prevention efforts.

### **Measuring Impact**

Evaluating program outcomes helps identify barriers and improve cancer screening equity.