

Abstracts

2026 Colloquium on Qualitative Health Sciences Research

April 10, 2026, from 11:30am-4pm Central Time

Hudson College of Public Health, CHB 150

801 NE 13th St, Oklahoma City, OK 7310

Oral Presentations

Keynote Title: Thinking With and Through Language: The Politics and Economics of Translation in Qualitative Health Research

Abstract: In a recent article, I argued that decolonizing fiscal relationships between universities and community-based organizations would also require decentering English as the primary language of research in multilingual settings in recognition that, as Membe (2016) has contended, ‘colonialism rhymes with monolingualism.’ In this talk I build upon this sentiment to reflect on the many ways translation occurs in qualitative research, the structural constraints that drive teams to choose one approach over another, and what is often lost in the process. While most researchers recognize the importance of including speakers of languages other than English in their projects, particularly those that address health disparities and inequities, how to adequately and optimally work across languages remains a challenge. Despite knowing that narratives provided in interviews become data, funding constraints drive decisions to translate in expeditious, rather than thoughtful and careful, manners. Having engaged in a spectrum of approaches in qualitative and mixed methods studies over the years in which decisions were often driven by funding and timing constraints, in this talk I highlight possibilities in insight, nuance, and meaning gained by utilizing approaches that prioritize bi- and tri-lingualism in question development, research conduct, and data analysis. I close with a discussion of the broader epistemological and political considerations that undermine routinization of such approaches.

Invited Keynote Speaker: Nancy J. Burke, Ph.D., Professor of Medical Anthropology and Public Health, School of Social Sciences Humanities and Arts, University of California, Merced

Title: Survivorship and Sexual Health: What We Learned from Black men in Community Town Halls

Brief Synopsis: Community-engaged prostate cancer town halls created a culturally responsive space for Black survivors to discuss survivorship and sexual health. Across two town halls (124 attendees), themes highlighted stigma and masculinity-related silence, emotional impacts of sexual dysfunction, barriers to care navigation, and the value of support and empowerment. Findings suggest town halls are a feasible strategy to build trust, reduce stigma, and strengthen survivor-centered survivorship support.

Abstract: Prostate cancer survivorship disparities persist for Black men, and sexual dysfunction after treatment can undermine identity, relationships, and quality of life; yet stigma, cultural norms, and limited access to patient-centered care inhibit open discussion. Two community-engaged prostate cancer town halls were convened by the MORE Lab at the University of Oklahoma Health Campus (OUHC) to create a trusted space for dialogue on survivorship and sexual health. The first (June 2024) was virtual with watch parties in Georgia and Texas; the second (November 2024) was hybrid (OUHC + Teams) with a community watch party in Oklahoma City. Panelists included oncologists, psychologists, survivors, partners, and Community Advisory Board members; sessions featured survivor storytelling, provider Q&A, and interactive discussion. Data collection is complete: 124 participants attended, and post-event surveys were collected (n=17) for demographics and satisfaction. Transcript data from open discussion were analyzed using Braun and Clarke's reflexive thematic analysis within a constructivist framework; analysis is complete and identified five themes: masculinity-related stigma and silence, identity loss and emotional burden from sexual dysfunction, systemic navigation barriers, the importance of spousal/psychological support, and survivorship empowerment. Findings support town halls as a feasible, culturally relevant approach to reduce stigma, build trust, and strengthen survivor-centered survivorship support.

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Title: “I Became a Shadow of Myself”: Menstruation and Nigerian Girls’ Life Constraints

Brief Synopsis: This study examines how structural poverty, gender inequality, and restrictive norms in Nigeria create profound period poverty for adolescent girls, undermining their education and health. It draws on three years of ethnographic research with a girls' health education program in rural northern

Nigeria to show that providing comprehensive menstrual and reproductive health education can improve girls' life chances and inform more equitable programs across sub-Saharan Africa.

Abstract: Adolescent girls in developing countries with high levels of structural poverty and gender inequality face major barriers to their sexual and reproductive health. In Nigeria, these inequalities produce especially adverse educational and health outcomes for adolescent girls. Societal norms and practices that subordinate girls and women mean adolescents struggle not only to learn about their bodies, but also to manage key sexual and reproductive health processes such as menstruation. Nigerian girls experience profound period poverty, including lack of access to proper sanitary products, menstrual-related shame and stigma, and school absenteeism, all of which compound their societal marginalization. Girls' education is critical to addressing period poverty, informing them about their bodies and helping to combat misconceptions and taboos surrounding menstruation. Drawing from three years of ethnographic field research, including participant observation, in-depth interviews, and focus groups, this study presents data from the Centre for Girls' Education-sponsored Married Adolescent Safe Spaces program in rural northern Nigeria to illustrate how health education is essential for improving girls' life chances and opportunities. These findings can inform the development of sexual and reproductive health education programs for adolescent girls in sub-Saharan Africa to support their well-being and reduce gender inequalities.

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Title: Reconstructing a Professional Identity: Impact of Cultural Capital on the Professional Socialization of Immigrant Physicians

Brief Synopsis: Approximately 25% of the physician workforce in the US today is comprised of International Medical Graduates (IMGs), working in underserved and rural areas, as well as in primary care-based specialties. We conducted a qualitative study to describe how IMGs are socialized reconstruct their professional identities as physicians in the US.

Abstract: The United States has historically produced 20-45% fewer physicians than needed to staff residency positions. IMGs play a critical role in filling this gap. Unlike their peers who were born in the US, IMGs face the challenge of developing a professional identity as physicians in a new and unfamiliar culture. This is problematic as current models of Professional Identity Formation (PIF) tend to be reflective of the dominant culture of medicine, steeped in Western/Eurocentric perspectives. IMGs thus have to navigate conflicts between their personal identities (as immigrants from a different culture) and professional identities (as physicians now training within the US). We employed a qualitative approach to study the experiences of IMGs using the lens of professional socialization and Bourdieu's cultural capital theory. Our study consisted of 15 participants across four specialties. Many IMGs described their PIF during the formative years being influenced by socialization within their native countries (influence of families, role models, healthcare system). This could be a barrier or an asset when practicing in the US. Immigration can have negative psychosocial effects on one's identity, and supporting the PIF of IMGs can help mitigate some of these barriers.

Author(s): Mohamad Nasser Elsouari, MD; Victor Cox, MD; Ming-Jung Ho, MD, DPhil

Title: Towards a Critical Pedagogy of Qualitative Methods

Brief Synopsis: Given qualitative researchers' unique person-centered engagement with communities, research training that solely focuses on the nuts and bolts of qualitative data collection and analysis may prove inadequate. Drawing from the writings of Paulo Freire, I will discuss the opportunities and challenges of developing a critical pedagogy of qualitative research methods.

Abstract: As qualitative approaches continue to gain acceptance both within health research and across a number of fields, there is a corresponding need to train the next generation of researchers in these methodological approaches. However, given qualitative researchers' unique forms of person- and community-centered engagement as part of the research process, training that focuses solely on the nuts and bolts of qualitative data collection and analysis may prove inadequate. Such an approach may inadvertently deprive students from engaging with the humanistic, and potentially transformative underpinnings of qualitative inquiry. For this presentation, I draw from the writings of Paulo Freire, and from my experiences providing qualitative research training at a large medical school, to discuss the opportunities and challenges of developing a critical pedagogy of qualitative research methods.

Author(s): Michael R. Duke, PhD University of California, San Francisco

Title: Conceptualizing a “Lifetime of Inequity:” Physician Perspectives of Racial Disparities in End-of-life Care and Caregiver Perspectives of End-of-life Barriers

Brief Synopsis: The following abstract describes preliminary qualitative findings from the HEAL Project at Vanderbilt, a mixed-methods study aiming to uncover structural and institutional barriers to care that may be driving present racial disparities in end-of-life care. We report on findings from focus groups with physicians who routinely care for patients at the end-of-life and Black and White caregivers of recently deceased older adults, suggesting that physician assessments and interpretations of racial disparities in care do not align with patient and family members' experiences.

Abstract: Racial disparities in end-of-life (EOL) care are well-documented. However, little is known about how physicians interpret and explain EOL care disparities, and whether these interpretations align with patients' and families' experiences. Drawing on a series of focus groups with physicians who routinely provide care at the end-of-life and Black and White caregivers of recently deceased older adults, we examine how physicians interpret EOL care disparities and compare these perspectives with caregiver-reported care barriers. Preliminary analysis reveals that, while physicians often pointed to the long history of healthcare marginalization of Black Americans, many were unaware of contemporary racial EOL care disparities, and instead believed that broader disparities in socioeconomic status would be

responsible for any unmet care needs. Meanwhile, caregivers consistently emphasized informational barriers to care and believed that cost was not a major barrier to accessing care due to Medicare coverage. Black caregivers faced the added burden of negotiating trust between themselves, their loved ones, and their care providers. Together, findings suggest that physicians' misinterpretation of the barriers faced by their patients may exacerbate informational and interpersonal barriers to care. Prior to the Colloquium, we will complete data analysis of the final focus group with Black caregivers to solidify analyses.

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Poster Presentations

Title: Mothers' Stories of Perceived Childhood Vaccine Injury: A Constructionist Narrative Inquiry

Brief Synopsis: This abstract describes my dissertation research involving narrative inquiry with mothers who believe their child experienced an adverse reaction due to routine vaccination. Operating in the constructionist epistemology, this research seeks to examine how mothers construct meaning around their child's vaccine injury. Analysis of in-depth interviews will involve The Listening Guide, deepening understanding of these lived health experiences.

Abstract: Vaccine hesitancy has been widely explored through epidemiological and behavioral research; however, less attention has been given to how mothers construct meaning around experiences they interpret as vaccine injury. Operating within a constructionist epistemology, this narrative inquiry will examine how mothers make sense of their children's perceived adverse vaccine reactions. This study will explore how multiple types of encounters, including but not limited to medical and social settings, shape mothers' narratives. This research is currently in the proposal stage, with one pilot interview completed. Anticipated data will be collected through narrative inquiry methodology involving in-depth interviews with mothers who believe their child experienced a vaccine injury. Anticipated data analysis will draw on Pursuing Members Meanings and The Listening Guide, attending to voice, relational dynamics, and the process of meaning-making. By centering mothers lived experiences, this study seeks to contribute to qualitative scholarship on maternal and child health and broaden conversations about vaccine experiences.

Author(s): Carianne Cornell, Anita Silwal, Ginger Welch, Lucy Bailey, Darcy Jones McMaughan

Title: Beyond the App: A Qualitative Study of Culture, Trust, and PSA Screening in a Randomized Digital Health Trial Among Black Men

Brief Synopsis: This qualitative study examined how Black men in Oklahoma described changes in their perceptions of PSA screening after using either a culturally tailored prostate cancer app or a standard USPSTF app within a pilot randomized trial. While the culturally tailored app enhanced relevance, trust, and confidence through representation and survivor narratives, both groups faced persistent structural and healthcare navigation barriers that limited screening follow-through. Findings suggest that culturally responsive digital tools are promising but must be paired with multilevel strategies to address systemic constraints and advance equitable screening.

Abstract: Prostate cancer is the most frequently diagnosed cancer and second-leading cause of cancer-related death among Black men in the United States. Despite elevated risk, prostate-specific antigen screening uptake remains low and is shaped by cultural beliefs, structural barriers, and mistrust. A pilot randomized controlled trial evaluated the feasibility of a culturally tailored digital intervention, the Prostate Cancer Genius App, compared with a U.S. Preventive Services Task Force app, among Black men aged 55 to 69 in Oklahoma who were not up to date with screening. This qualitative study explored how participants described shifts in perceptions of screening after app use and how culture, masculinity, trust, and structural context shaped engagement and follow through. Semi-structured interviews were conducted with 89 men; interim thematic analysis focused on 26 fully analyzed interviews. Using a hybrid inductive and deductive approach informed by the Theoretical Framework of Acceptability, themes highlighted cultural affirmation, survivor influence, and reframing of screening among intervention users, and pragmatic trust and convenience among comparison users. Across both groups, economic strain, mental health burden, and healthcare navigation challenges constrained action. Culturally tailored digital tools may enhance relevance and confidence, but multilevel strategies are needed to address persistent structural barriers to equitable screening.

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Title: How Does Double Up Oklahoma Influence Food Choices? A Thematic Analysis of Open-Ended Text Box Responses from PROVIDE Study

Brief Synopsis: This presentation shares findings from a thematic analysis of open-ended responses from SNAP participants in the Produce is Vital in Diverse Environments (PROVIDE) Study. We explore how Double Up Oklahoma (DUO) influences food choices, fruit and vegetable access, and household decision-making. Results suggest that DUO not only improves access to healthier foods but also increases confidence and stability when families make daily food decisions within tight financial limits.

Abstract: Nutrition incentive programs (NIPs) help low-income families afford more fruits and vegetables (F/Vs), but limited research has explored how NIPs influence food choices. Double Up Oklahoma (DUO) is a NIP at select Oklahoma stores. The Produce is Vital in Diverse Environments (PROVIDE) Study explores how DUO influences nutrition and disease-related outcomes. Qualitative analyses examined open-text responses to a PROVIDE question: "How have Double Up Oklahoma Food Bucks/produce vouchers changed foods available in your household and the decisions you make about what to eat each day?" Based on existing research, we developed an a priori coding strategy encompassing themes related to F/V consumption, dietary quality, finances, food security, and awareness of new F/Vs. While coding, we identified and classified emerging themes, including a predominant theme of increased decision-making confidence and stability in food access. Findings largely aligned with priori themes. Participants described improved F/V access, greater food variety, and reduced financial burden, while sharing stories about purchasing behaviors and food security. Although improved dietary quality was expected, participants more often emphasized increased confidence in food choices and greater stability in meeting household needs. Findings suggest DUO impacts not only purchasing patterns, but also how households navigate food choices within financial constraints.

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Title: Exploring Barriers to Cervical Cancer Screening Among Hispanic Women in Oklahoma

Brief Synopsis: Cervical cancer mortality in Oklahoma exceeds national rates, and screening among Hispanic women remains suboptimal. Interviews with eight Hispanic women overdue for Pap testing revealed barriers to Pap testing, highlighting the need for multilevel efforts to improve equitable access to cervical cancer screening.

Abstract: Introduction: Cervical cancer remains a significant health burden in Oklahoma, where the age-adjusted mortality rate was 1.2 times higher than the national average between 2019 and 2023. Although effective screening is available, lower rates of up-to-date screening among eligible Hispanic women were reported in 2020. This study explores barriers to cervical cancer screening among Hispanic women in Oklahoma. Methods: One-on-one, in-person interviews were conducted with a purposive sample of Hispanic women in Oklahoma who were eligible for screening (aged 25-65 years) but had not had a Pap test in the past 3 years. Interviews were audio-recorded, transcribed verbatim, and analyzed using inductive semantic thematic analysis to identify patterns related to screening barriers. Themes were generated and are presented with illustrative quotes. Results: A total of 8 women participated in the interviews. Six themes representing barriers to cervical cancer screening emerged: emotional and experiential barriers; structural and access-related barriers; health beliefs and perceptions; language barriers; time constraints and conflicting priorities; and patient-provider gender concordance.

Conclusion: Our findings identified structural and individual barriers to cervical cancer screening among Hispanic women in Oklahoma and underscore the need for multilevel, policy-supported interventions to increase screening and reduce cervical cancer morbidity and mortality.

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Title: Patient Perspectives on a Care Coordination and Communication Program in Oncology for Tribal Health Systems

Brief Synopsis: Native American (NA) populations face cancer disparities due to fragmented care between Tribal Health systems and oncology centers. This study uses semi structured interviews with patients to identify specific cultural, clinical, and social barriers within the current referral pipeline. These insights will be used to refine the C3PO intervention, creating a streamlined, collaborative care model that bridges the gap between tribal health and oncology care centers.

Abstract: Native American (NA) populations face cancer disparities due to fragmented healthcare between federally operated Indian Health Service, Tribal, and Urban Indian Health Clinics (ITU) and cancer centers. The Care Coordination and Communication Program in Oncology (C3PO) aims to bridge these gaps by addressing clinical and social needs of NA patients. This ongoing study weaves together Indigenous and Western methodologies to explore the unique needs of NA patients with cancer. We conducted semi-structured interviews with 20 patients referred from an ITU to the Stephenson Cancer Center regarding collaborative care (frequency, duration, content) and other unique needs, including the impact of cultural and spiritual aspects of care. Recorded interviews were transcribed for a thematic analysis by two team members. We developed a codebook deductively from the interview guide and inductively during the coding process. Coding is ongoing, but we will summarize code segments and identify themes. We collected demographics, including age, sex, race/ethnicity, education, income and insurance. The median age was 60, with 50% male. The majority had >1 payer source for cancer care, in addition to the ITU payer. These findings will refine the C3PO intervention, involving collaborative care meetings (CCM) between oncology and ITUs.

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