

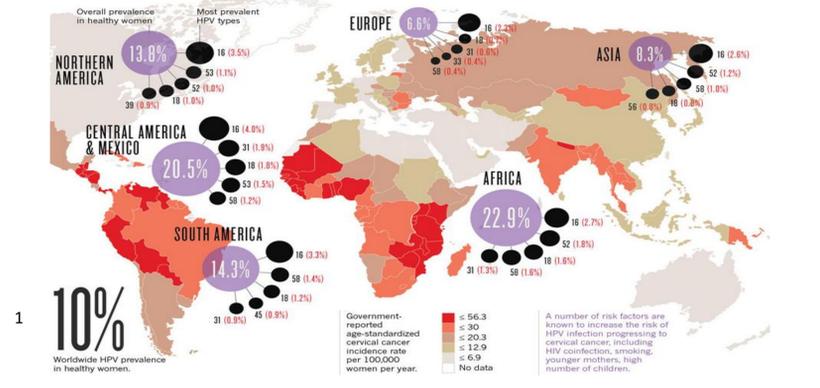
Utilizing the LHW model to increase breast and cervical screening among (Burmese, Bhutanese, Somalian and Central African) refugee women

Amy Raines-Milenkov, DrPH; Raquel Qualls-Hampton, PhD, MS; Lucy Smith, MPH; Eva Baker, MPH

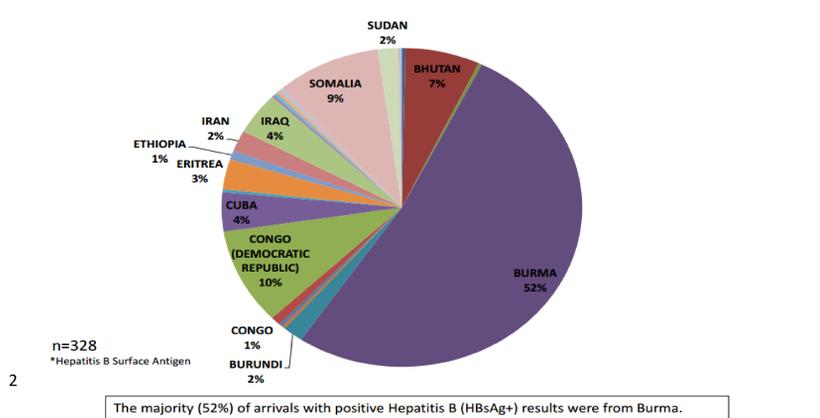
Department of Obstetrics and Gynecology, Texas College of Osteopathic Medicine, University of North Texas Health Science Center, Fort Worth, TX

BACKGROUND

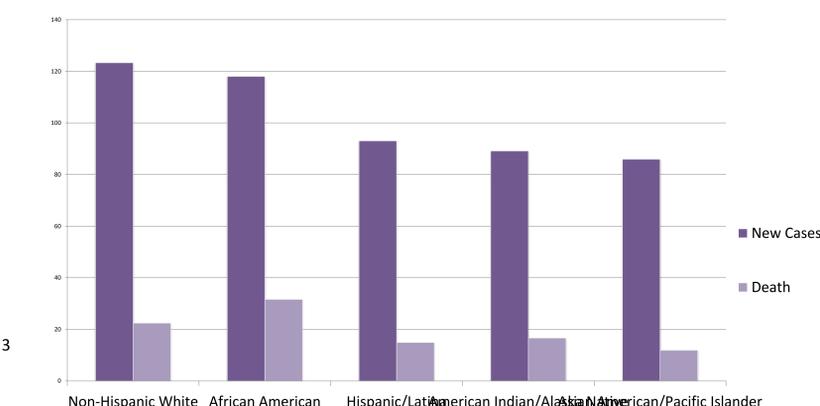
Refugee women are a medically underserved population, particularly for preventive health screenings. Community resources exist that could address these problems, but complex barriers, such as fear of the healthcare system, awareness, and obstacles in enrolling into discounted health programs, prevent their use. Funded by the Cancer Prevention and Research Institute of Texas, Lay Health Workers will help reduce these disparities.



Texas Refugee Health Program Arrivals Positive for Hepatitis B (HBsAg+) by Country of Origin, CY2012



Graph: Rates of new cases and death from invasive breast cancer by race and ethnicity, 2005-2009. It does not separate out the refugee populations.



“Lay Health Workers are community members who are not certified health care professionals but have been trained to promote health or provide health care services within their community.”⁴

Bi-lingual and bi-cultural female LHWs act as a “bridge” between the women and service providers. Studies using lay health workers in community interventions report improved patient outcomes, greater patient satisfaction, and the ability to successfully explore and understand patient and family needs.⁵

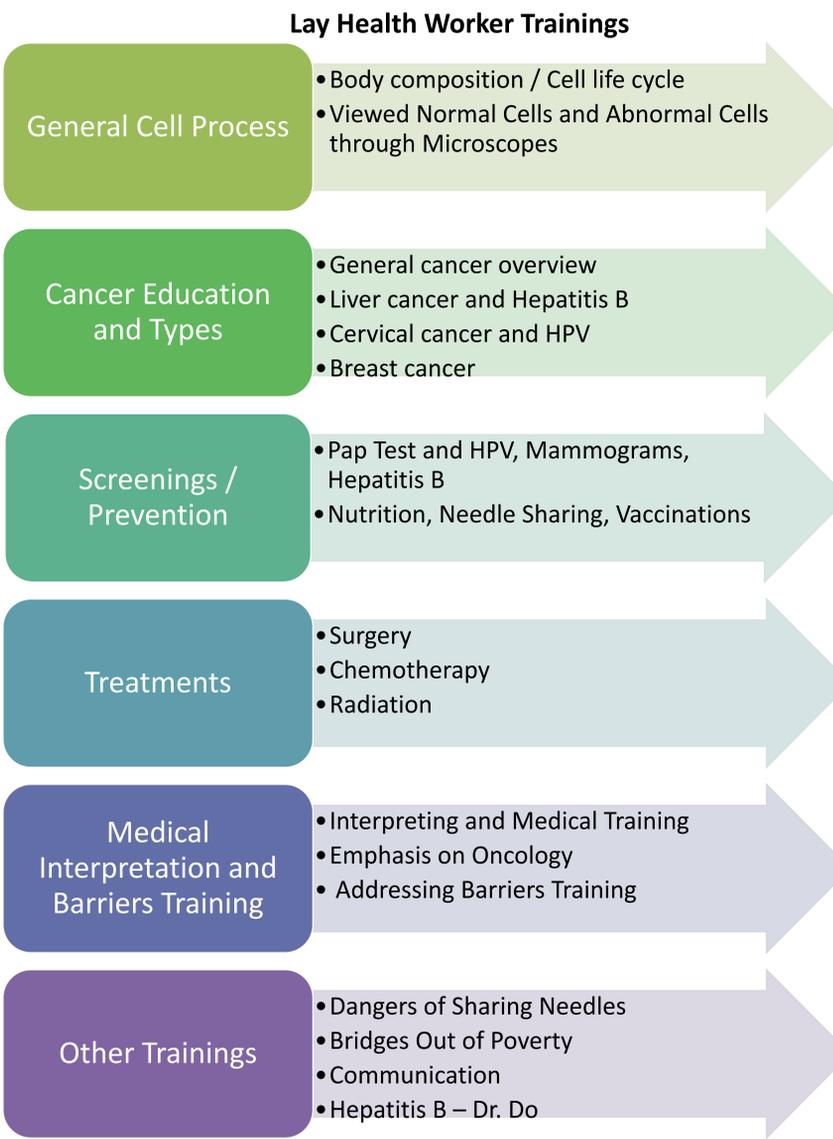
Primary Resettlement Groups in Texas	Targeted Cancer Topics
<ul style="list-style-type: none"> Burma Bhutan Somalia Central African Region 	<ul style="list-style-type: none"> Liver Cancer and Hepatitis B Cervical Cancer and HPV Breast Cancer and Screenings

METHODS

Natural Helper Insights
 The Lay Health Workers were selected through the support of Community Advisors from each ethnic group. These workers are the natural helpers for their populations. The natural helper is an informal leader in the community that people look to for advice and support for every day life. These natural helpers are positioned to provide solid advice and guidance to their community.⁷

Important insights shared by the LHWs to address barriers of preventive health screenings among refugees:

- “If you fall and injure yourself then it may cause cancer.”
- “In our community, many people have diabetes. It is common for us to share needles and reuse them.”
- “One person from my community told me that her translator said that the Pap Test was to retrieve extra sperm from her back that doesn’t need to be there.”
- “Sometimes when someone has Hepatitis B, the traditional healers can use a metal stick that has been heated in fire to press three dots on the stomach to cure it.”
- “My family member asked for a Hepatitis B vaccine and the doctor asked if any family members have Hepatitis B that they knew about. We don’t usually know our status and came from a high risk country, but the doctor said they were not high risk and didn’t need a vaccine.”
- “Many women from my country have had abuse and rape from doctors during medical check ups. Sometimes, even though the doctor rapes women in his clinic, the doctor is the only one in the region so they are not able to do anything about it.”
- “We didn’t know that cancer can be treated. We thought if you get cancer you always die.”
- “Mammograms are painful. They stuck a needle in my chest and pulled out all my blood.”
- “Cancer can spread from person to person, so we usually avoid people who have it.”
- “God is good, so we don’t need to be tested for cancer.”



RESULTS

LHWs provide a comprehensive approach to building bridges between cancer detection and treatment for refugee women in Texas. LHWs address barriers through outreach and education classes, connection to clinical services, community collaboration and health provider education. Through the selection of the natural helper in the community, understanding and services are strengthened and screening and detection of cancer improved.



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