Cancer prevention education and screening for refugee women: development, implementation, and lessons learned

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Building Bridges

- Funded by the Cancer Prevention and Research Institute of Texas (CPRIT)
- 3-year community based project
- Addresses cultural, linguistic and financial barriers to screening among refugee women and families
Cancers Addressed

- Breast Cancer
- Liver Cancer
- Hepatitis B
- Cervical Cancer
- HPV
Lay Health Educators and Target communities:

Bhutanese
Somalian
Central African (DRC, Burundi, Rwanda)
Karen
Development of Cancer Education
Development of Cancer Education

Form Advisory Board
Development of Cancer Education

1. Form Advisory Board
2. Select RTIPS to be adapted

Research-tested Intervention Programs (RTIPs)

Use the link below to select a number of criteria, and see a list that contains programs from several topics.

**Select from 154 Intervention Programs**

RTIPs is a searchable database of cancer control interventions and program materials and is designed to provide program planners and public health practitioners easy and immediate access to research-tested materials.

**New Programs on RTIPs:**
- Survivorship
  - [Family-Centered Advance Care Planning for Teens with Cancer (FACE-TC)](#) (Post date: January, 2015)
- Physical Activity
  - [Walking for Wellbeing in the West (WWW)](#) (Post date: December, 2014)
- Cervical Cancer Screening
Vietnamese Women's Health Project

Program Title: Vietnamese Women's Health Project

Program Focus: Awareness building
Population Focus: Un- and/or Underscreened Individuals
Topic: Cervical Cancer Screening
   Age: Adults (40-65 years), Older Adults (65+ years), Young Adults (19-39 years)
Gender: Female
Race/Ethnicity: Asian
Setting: Community, Home-based
Origination: United States
Funded by: CDC (Grant number(s): U-48-DP-000050), NCI (Grant number(s): R01CA115564, U01CA114640)

Evaluation of a Cervical Cancer Control Intervention Using Lay Health Workers for Vietnamese American Women

Victoria M. Taylor, MD, MPH, J. Carey Jackson, MD, MPH, MA, Yutaka Yasui, PhD, Tung T. Nguyen, MD, Erica Woodall, MPH, Elizabeth Acorda, MA, Lin Li, MD, MS, and Scott Ramsey, MD, PhD
Results of a randomized trial to increase breast and cervical cancer screening among Filipino American women

Annette E Maxwell, Dr.P.H.a, Roshan Bastani, Ph.D.a, Perlaminda Vida, B.A.a, Umme S Warda, M.S.a
Resources

Education Materials

1. Photonovel
   - Asian American Liver Cancer Education Program (promoting Hepatitis B screening)

Culturally Appropriate Photonovel Development and Process Evaluation for Hepatitis B Prevention in Chinese, Korean, and Vietnamese American Communities

Sunmin Lee, ScD¹, Hyeyeon Yoon, MHS², Lu Chen, MA, MPH¹, and Hee-Soon Juon, PhD²

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Useful Website


Hee-Soon Juon, PhD; Sunmin Lee, ScD; Carol Strong, PhD; Rajiv Rimal, PhD; Gregory D Kirk, MD, PhD; Janice Bowie, PhD, MPH
Development of Cancer Education

1. Form Advisory Board
2. Select RTIPS to be adapted
3. Consultation with advisory board
Development of Cancer Education

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4. Adaptation of material with Lay Health Educators after training
LHE Trainings

- General Cell Process
- Cancer Education and Types
- Screenings / Prevention
- Treatments
- Medical Interpretation and Barriers Training
- Other Trainings
Cancer Education

- Ice Breaker questions
- Motivational Interviewing techniques
- 3D models (Breast lump, female reproductive anatomy, speculum)
- Example scenario stories
- Example pictures
- Education videos in appropriate languages
- Discussion-based education
Development of Cancer Education

1. Form Advisory Board
2. Select RTIPS to be adapted
3. Consultation with advisory board
4. Adaptation of material with Lay Health Educators after training
5. Translation of material
Development of Cancer Education

1. Form Advisory Board
2. Select RTIPS to be adapted
3. Consultation with advisory board
4. Adaptation of material with Lay Health Educators after training
5. Translation of material
6. Conduct educational classes in communities
Development of Cancer Education

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4. Adaptation of material with Lay Health Educators after training
5. Translation of material
6. Conduct educational classes in communities
7. Further adapt material as necessary
Implementation
Outreach to 1000 women

Education for 300 women

Education for 300 Household Contacts

Education for at least 300 health professionals

Screenings for 200 women
Lessons Learned
Educational approach between communities vary
Barriers faced by refugees:

- Misinformation

“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.”

“Mammograms are painful. They stuck a needle in my chest and pulled out all my blood.”
Barriers faced by refugees:

- Religious/ Cultural

“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.”

“God is good, so we don’t need to be tested for cancer.”

“Good Muslims don’t get cancer”

“Only white people get cancer”
Barriers faced by refugees

- Fear

"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."

- Financial
- Transportation
- Language
Provider misinformation

“My family member asked for a Hepatitis B vaccine and the nurse 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 nurse said they were not high risk and didn’t need a vaccine.”

Communication barriers
Programmatic

- Continuous adaptations
- Provider educational opportunities
- Creation of a general cancer/healthy living class:
  - How to talk to your doctor
  - Needle Sharing
  - What is healthy eating
- Involvement and support of community leaders is important and an ongoing process in reduction of barriers
- Positive experience in program by word-of-mouth is essential to reaching cultural groups that see these topics as being taboo, inappropriate to discuss openly, or that cannot be prevented or cured
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