Colorectal Cancer Knowledge and Screening Habits among Refugee Populations in DFW

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INTRODUCTION

- Colorectal cancer (CRC), also known as both colon and rectal cancer, is the 4th most common cancer worldwide.
- Although resources are available to screen for and to treat CRC, refugees living in the United States report low levels of screening.
- Over the past several years, Texas has resettled the largest numbers of refugees, yet little research has investigated the need for colorectal cancer screening in refugee populations.
- There is also a gap in the literature when it comes to CRC screening in Karen and Nepali refugee populations.
- This study aimed to assess local refugees' current knowledge of and experience with colon/rectal cancer and screening.
- This information is needed to guide effective CRC education and screening efforts among this underserved population.
- Building Bridges Initiative (BBI) is a Cancer Prevention Research Institute of Texas (CPRIT) funded program that uses a lay health educator model to provide cancer education and screenings to refugee communities.

METHODS

- Cross-sectional phone survey of Building Bridges Initiative (BBI) participants age 50-75
- 36 out of 43 eligible BBI clients participated in interviews
- Survey had 23 questions discussing the participant's familiarity with CRC and available screening methods
- Bilingual Lay Health Educators (LHEs) consented participants and conducted phone interviews in Karen (Burma) and Nepali (Bhutan)
- LHEs described terms after initial prompting of a question
- Answers and demographic data analyzed using descriptive statistics and Excel

OBJECTIVES

1. To explore knowledge of colorectal cancer in refugees over the age of 50
2. To assess perception on screening methods for colorectal cancer
3. To identify culturally appropriate methods to educate and screen for colorectal cancer.

RESULTS

- 75% of participants had never heard of colon cancer
- 25% of participants who had heard of colon cancer received information about it from a friend
- Less than 30% of participants recognized the name of a CRC screening method
- 56% reported that they had been screened before, once colon cancer and screening methods were described.
- However, the Fecal Occult Blood Test (FOBT) was a regular stool blood test used at U.S. entry to test for bacteria and parasites
- 97% of participants indicated that it would be helpful for their community to learn more about colon cancer and required screening
- Strong motivators to complete a CRC screening were familiarity with the screening process and doctor recommendation

IMPLICATIONS

- DFW’s Karen and Nepali populations have a genuine interest in colorectal cancer education and are receptive to screening.
- Refugees choose to trust that their doctors have their best interest in mind, and will participate in screenings at their doctor’s recommendation.
- Community health workers can help refugees bridge the gap to make sure that they have the education and skills for optimal health.
- Patient education and advocacy can help empower refugees to ask questions, understand what the doctor is doing when they screen, and know the implications of what they are screening for if the test is positive.

NEXT STEPS

- After educating refugees on colorectal cancer using a research tested intervention, BBI can help screen for CRC, assess its prevalence among the Tarrant County refugee population, and evaluate the successful attainment of a screening test post-education.

LIMITATIONS

- High cost of translating the material
- Small sample size
- Sensitive topic- some communities willing to discuss more than others
- Varied use of stool analysis test caused confusion. Better clarification will need to be made and differences emphasized during education.

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