

# Adapting and implementing cancer education to increase screenings and vaccinations in refugee families

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## BACKGROUND

Refugees face health problems that originate from the conditions of their home country, develop during their migration experience, or emerge after resettlement in the United States. Cancer prevention education and screening among refugees are not standard services provided by resettlement agencies. Services exist that could address health of refugees, but complex barriers exist that prevent their use. **Building Bridges Initiative (BBI)** is a program that provides breast, cervical and liver cancer education to refugee women and links them into appropriate health services using lay health educators (LHEs) and is funded by the Cancer Prevention and Research Institute of Texas.



**Figure 1.** Building Bridges Lay Health Educators, representing Bhutan, Somalia, Central Africa and Burma

Target refugee groups, based on arrival numbers in Texas (9,759 arrivals in 2012)<sup>1</sup>:

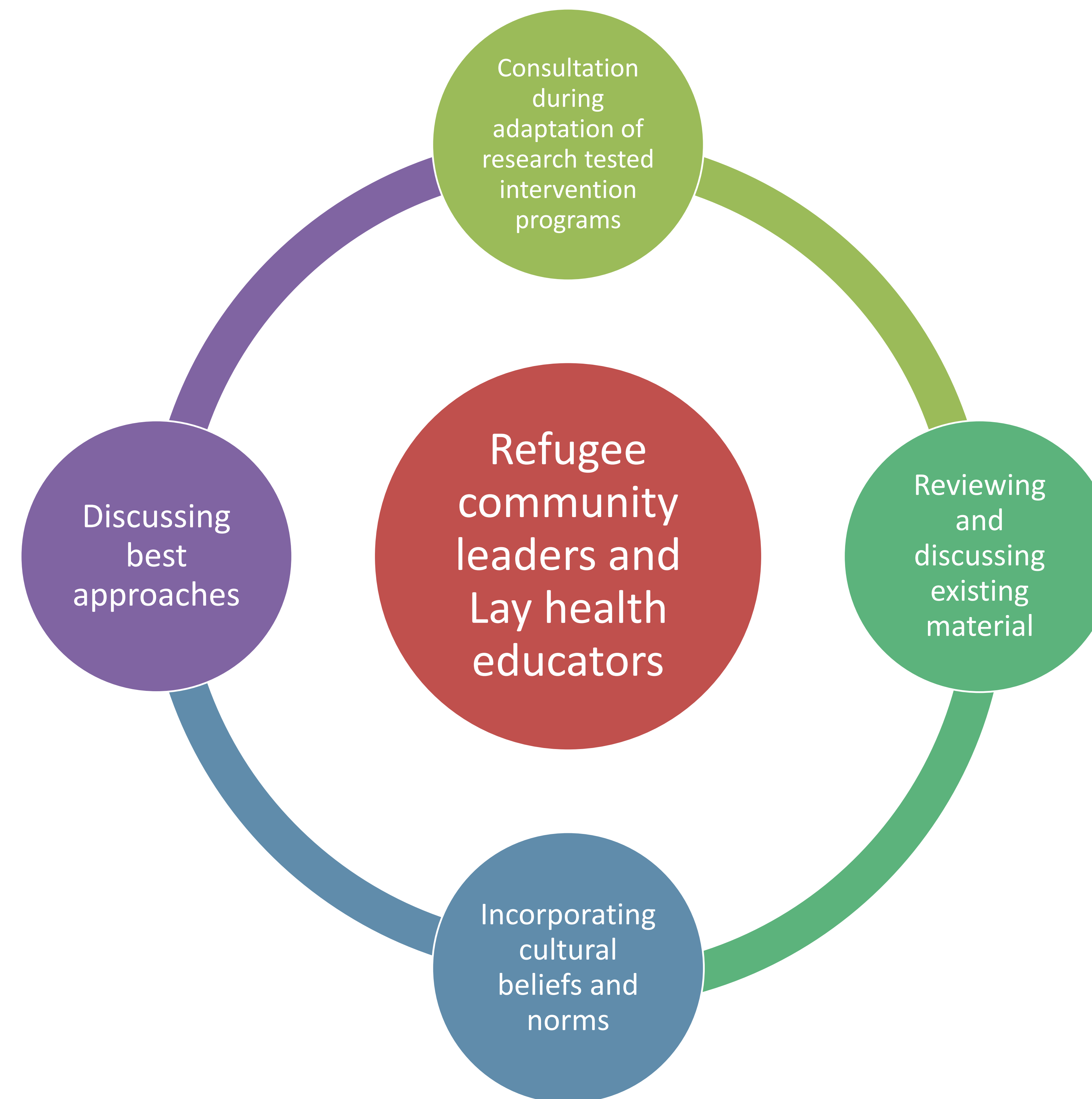
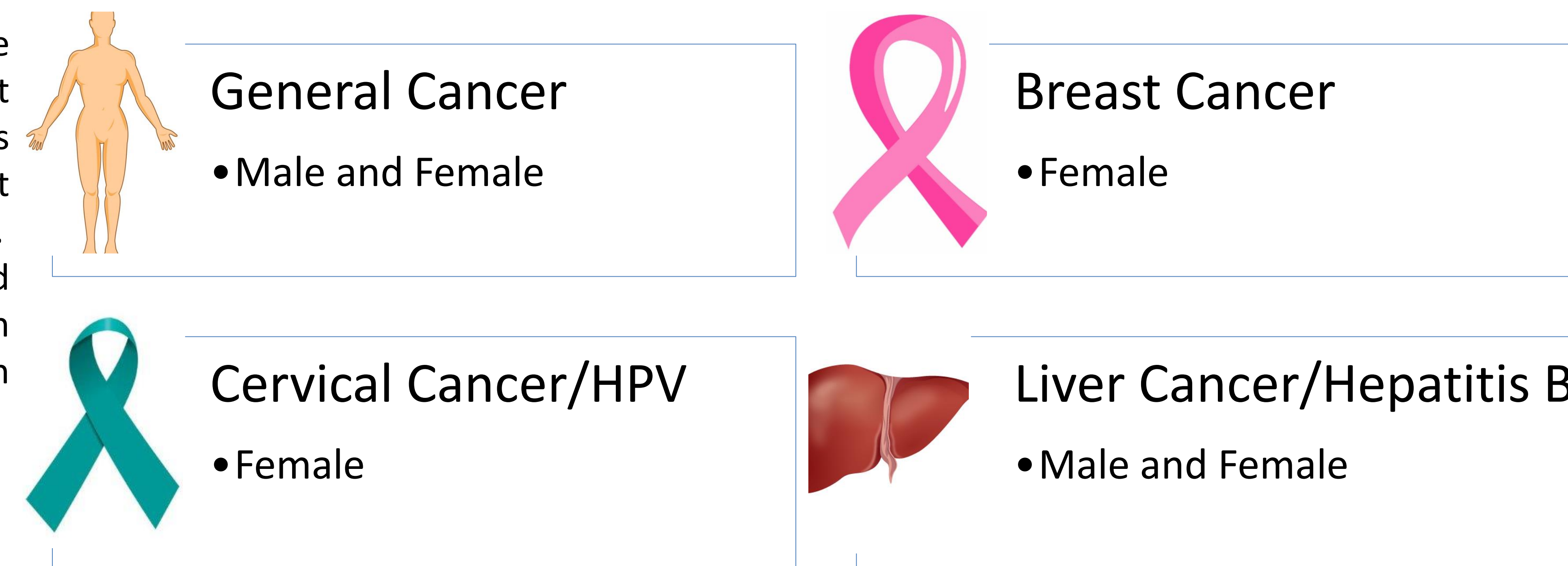
- Bhutanese/Nepali
- Karen, Karenni (Burmese ethnic groups)
- Central African (DRC, Burundi, Rwanda)
- Somali

## METHODS

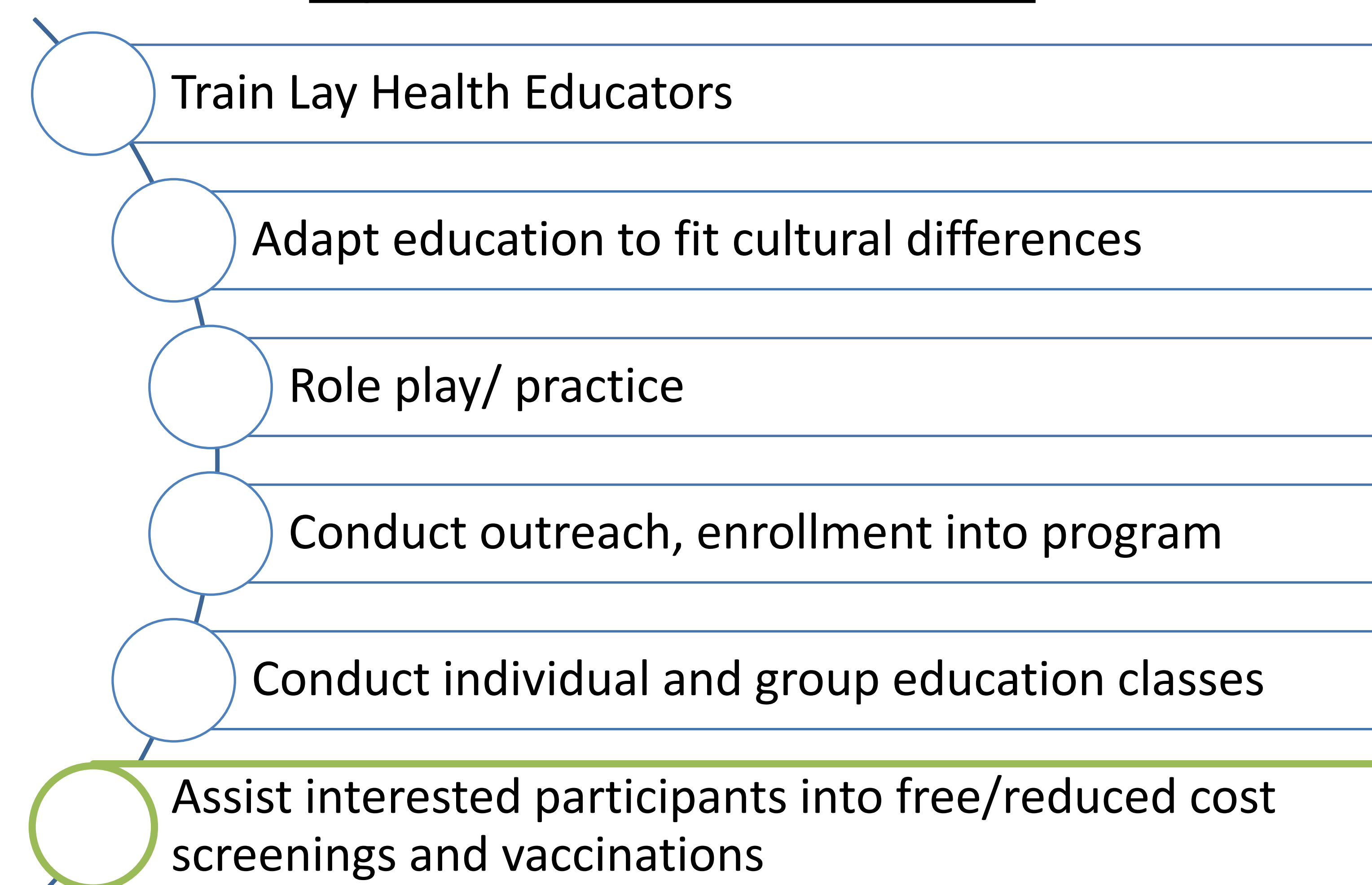
### Adaptation of Cancer Education

Form Advisory Board	• Refugee community leaders/ liaisons from each refugee group
Select RTIPS to be adapted	• Two research-tested intervention programs and a peer reviewed program <sup>2-4</sup> selected to be adapted and expanded upon to fit unique needs of communities
Consultation with advisory board	• Continuous consultation with Board for adaptation of material
Adaptation of material with Lay Health Educators	• Further adaptation of materials conducted after LHEs were trained on the cancers
Translation of material	• Translation of material by outside services and LHEs; crosschecked for accuracy
Test material in community	• Conducting educational classes in community in appropriate languages
Further adapt material as necessary	• Regular staff meetings in place to problem solve and adapt/change material if needed

### Cancer Education Topics



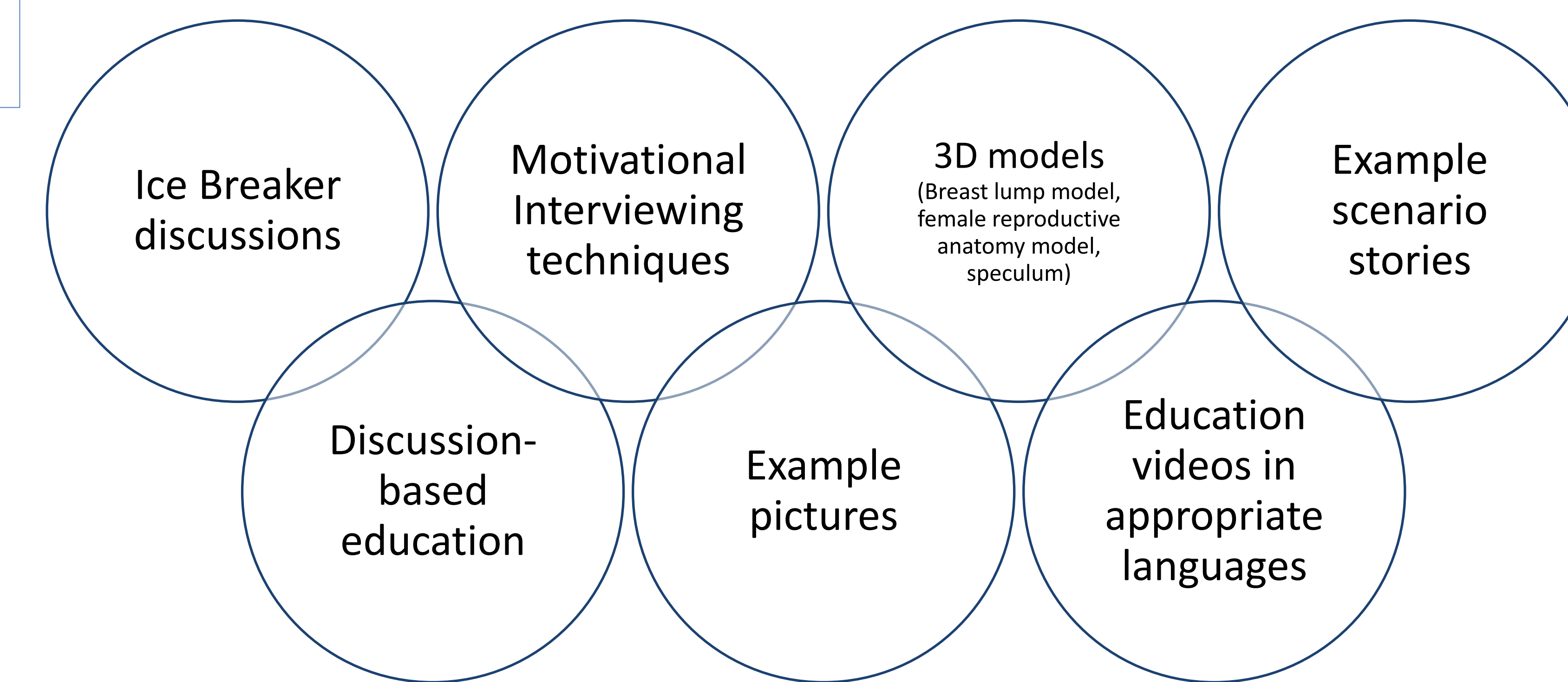
### Implementation of Cancer Education



## RESULTS

Three culturally and linguistically appropriate cervical, breast, and liver cancer education materials were created. LHEs are currently conducting group and individual classes in their communities. Weekly staff meetings will assist in problem solving issues they face and changing material if need be.

### Content of Education



- Through adaptation process, it was decided that a general cancer class should be added to get people interested in the topics and to lay a foundation for understanding what cancer is
- Training of LHEs in background information, their role as educators, how to effectively deliver education classes in group and individual settings is an ongoing process, as is adaptation of material to fit cultural needs of communities
- Involvement and support of community leaders throughout entire process has assisted in program acceptance in communities and the reduction of barriers, such as cultural acceptance, male involvement, child care issues, and transportation
- 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/cured by western medicine

## DISCUSSION

RTIPs are effective in increasing cervical, breast, and liver cancer screenings. Adapting these educational interventions for other populations, including refugee populations, expands the ability to reach underserved populations. Partnering with community leaders conveys respect for their culture, increases the ability to reach the target population, and increases support for the intervention.

## REFERENCES

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