

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.

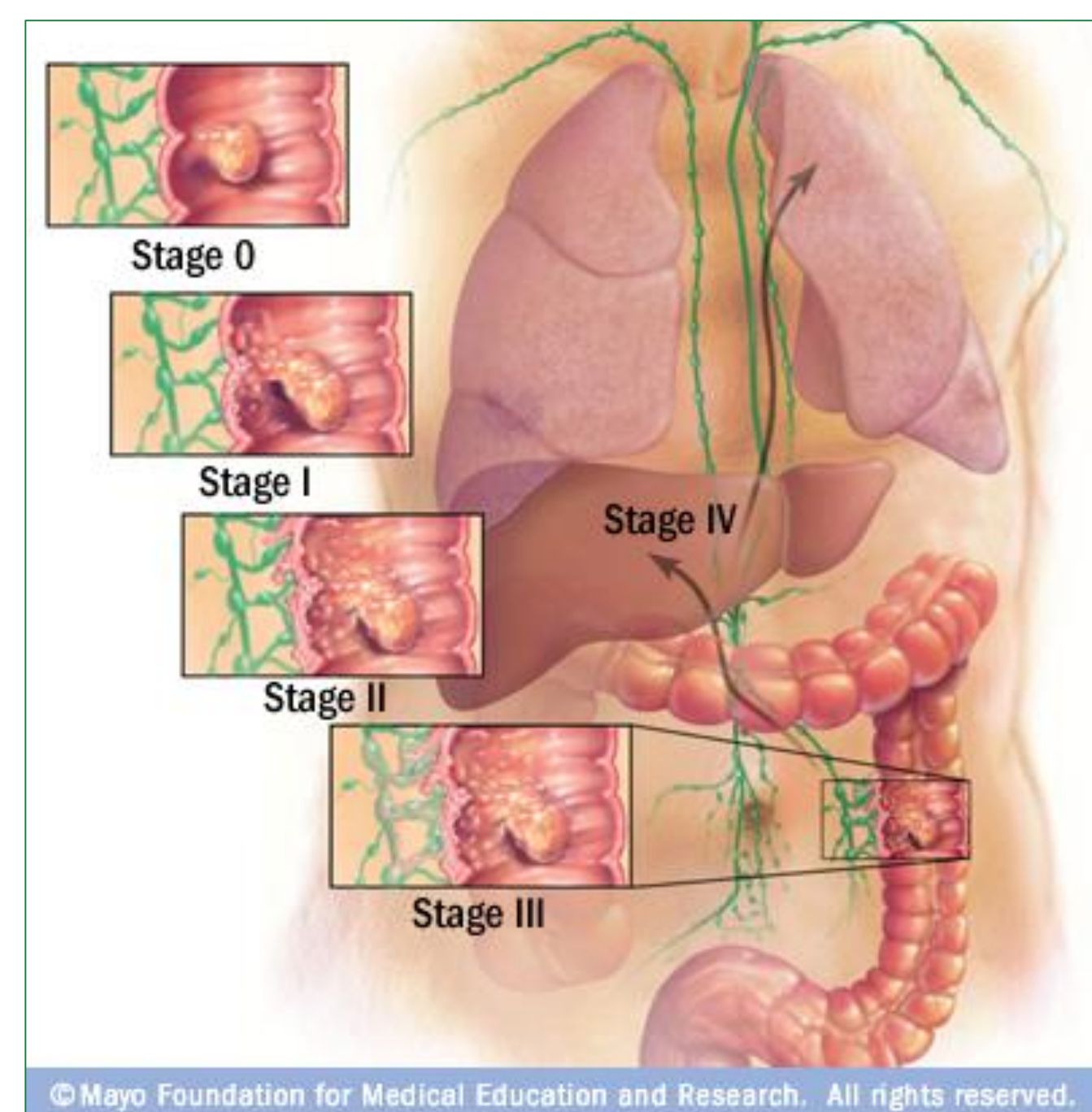


Figure 1. Stages of Colorectal Cancer

OBJECTIVES

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

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



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 confused for 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.
- Building Bridges Initiative (BBI) has the structure in place to create this culturally and linguistically appropriate education and screening experience with their lay health educators and medical case management component
- This study helped refine health questions used for the client intake forms in BBI's CPRIT grant expansion.

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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Education

- "If there is education about this topic to everyone, it will be helpful."
- "I think the early age they can get education the better."
- "I heard about other cancer, but never heard about colon"
- "I heard about it in general but I don't know how often we should get screened."

Physician Recommendation

- "If the doctor asks me to do I will."
- "Whatever the doctor recommends for me to have done."
- "This is the first time hearing about colon cancer."

Need Assistance through Medical Case Management

- "We are thankful to the doctor's for taking care of us and recommended us for screenings, but sometimes we don't have ride."
- "I want to be screened because I have many medical problems and I want to know status."

