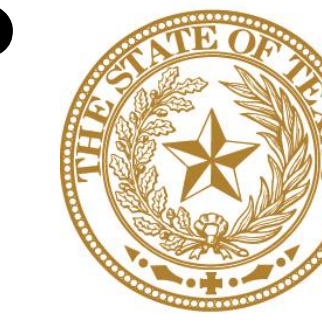


# Adapting and Implementing Cancer Education to Increase Screenings and Vaccinations among Refugee Families

## Building Bridges Initiative



CANCER PREVENTION & RESEARCH INSTITUTE OF TEXAS

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### Introduction

Cancer prevention education and screening are not standard services provided by refugee resettlement agencies. Services exist that could address the health of refugees, but complex barriers exist that prevent their use. Building Bridges is a program that provides breast, cervical and liver cancer education to refugee women in the community setting and links them into appropriate health services. This presentation aims to describe individual and group education adapted for Bhutanese, Burmese (Karen ethnic group), Somali-Bantu, and Congolese refugees and highlights different approaches used for each group.

### Methods

Refugee community leaders/community experts provided consultation during the adaptation of research tested intervention programs (RTIPs). This process included reviewing and discussing existing materials, incorporating cultural beliefs and norms, and discussing with community experts best approaches for presenting the information. Community experts also reviewed translated materials for accuracy. Adaptation continues with the Lay Health Educators in their specific communities.



Bhutanese Community Leader



Community meeting

### Methods



Building Bridges Lay Health Educators, representing Bhutan, Somalia, Central Africa and Karen (Burma ethnic group)

- Form Advisory Board
  - Refugee community leaders/ liaisons from each refugee group
- Select RTIPs
  - 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
- Pilot Testing
  - Conducting educational classes in community in appropriate languages
- Refine
  - Regular staff meetings in place to problem solve and adapt/change material if needed

### Results

The result of this process was the development of an adapted outreach, education and cancer screening intervention and culturally and linguistically appropriate cervical, liver and breast cancer education.

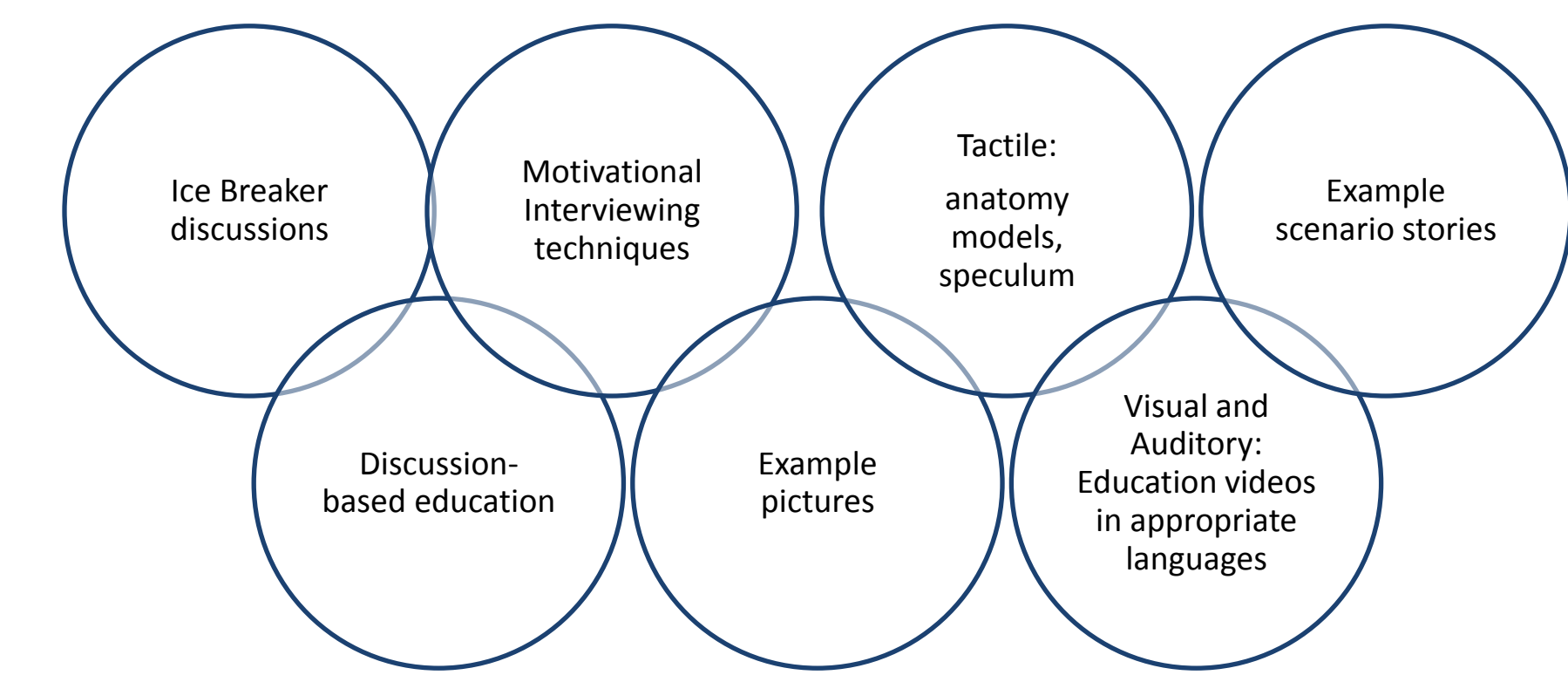
	Examples of Cultural/Linguistic Adaption	Purpose
Overall	-include anatomy models in classes	"I did not know that we had things inside our bodies. I thought the baby was just under the skin."
Somali	-including religious text in lessons to show importance of health services	"God is good , good Muslims do not get cancer"
Central African	-remove reference to "ethnic groups" from materials in Rwanda education and consents	With significant past and on-going ethnic persecution, the reminder would increase division in newly arriving refugees
Nepali	-include lesson on not sharing needles for diabetics	"In our community, many people have diabetes. It is common for us to share needles and reuse them."
Karen	-include pictures on viruses that are contagious vs cancer cells that are not.	"Cancer can spread from person to person, so we usually avoid people who have it."
Overall	-include education on how to talk to your doctor	"I did not know we had the right to request an interpreter in our language at the doctor."



BBI team with the Rwandan Ambassador to the US

### Results

Building Bridges Breast and Cervical Cancer and Hepatitis B and Liver Cancer Content



Education videos in seven languages



Education Session

### Conclusions

Adapting Research Tested Interventions for other populations, including recently arriving refugee populations, expands the ability to reach underserved populations. The process of partnering with community leaders conveys respect for their culture, increases the ability to reach the target population and support for the intervention. The use of lay health educators from each community provides insights into effective development and implementation of education materials.

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