Successes, challenges, and experiences that will help providers increase cancer screening among refugee women from Burma, Bhutan, Somali-Bantu, and Central Africa

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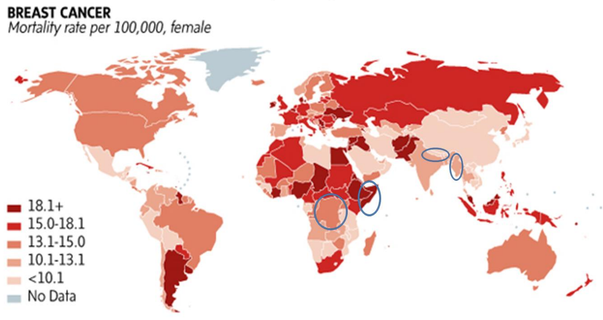
Introduction

Building Bridges Initiative (BBI) is a program that provides breast, cervical and liver cancer education to refugee women and links them to appropriate health services using lay health educators (LHEs). The program is funded by the Cancer Prevention and Research Institute of Texas (CPRIT). UNT Health Science Center midwives provide the clinical exams and referrals.

Cancer prevention education and screening among refugees are not standard services provided by resettlement agencies. Services exist that could address the health of refugees, but complex barriers exist that prevent their use. Such barriers include cultural understandings of cancer and miscommunication in the health care setting.

Map 1,2: Breast Cancer and Cervical Cancer mortality rates per 100,000

Breast cancer rates: Primary refugee countries indicated



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Cervical cancer rates: Primary refugee countries indicated

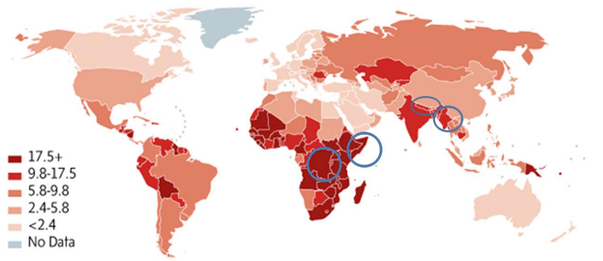

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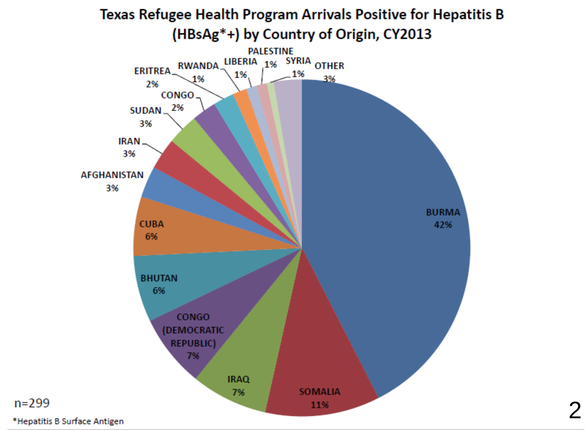
Chart 1: Hepatitis B rates in Arriving Refugees 2013



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The majority (42%) of arrivals with positive Hepatitis B (HBsAg+) results were from Burma.

Methods

Lay Health Workers were selected through the support of Community Advisors from most recently arriving ethnic groups. These refugees come from countries with high rates of breast and cervical cancer and from countries where hepatitis B, a leading cause of liver cancer, is common. (See Chart 1). These areas include Somalia, Bhutan, Congo, Burma, as indicated in Map 1, 2.

From October 2014 to April 2015, 179 individuals participated in education sessions. During these sessions program participants shared with the health educators their thoughts, perspectives and experiences with cancer, cancer screenings, and barriers experienced in the health care setting. The health educators collected this qualitative information. Selected findings highlighting barriers to cancer screenings and health care, as voiced by participations, are presented.

Results

Community understandings about cancer:

"In our community, many people have diabetes. It is common for us to share needles and reuse them."

"If you fall and injure yourself then it may cause cancer."

"Cancer can spread from person to person, so we usually avoid people who have it."

"Mammograms are painful. They stuck a needle in my chest and pulled out all my blood."

"Cancer cannot be treated."

"If you do wrong things to others then you can get cancer"

"God is good, so we don't need to be tested for cancer."

"Only white people get cancer"

"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."

Provider communication and health care system barriers:

"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."

"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."

"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."

"I did not know that we had the right to request an interpreter in our own language at the doctor" - Karen speakers provided a Burmese interpreter

Results

In addition to the qualitative findings, evidence for improved provider and health system communication are presented in Table 1. Twelve participants reported they had never had a pap exam, or did not know if they had ever had a pap exam. Yet, in the clinical component of the program, the clinician discovered through medical records that they had actually had a recent pap exam. The inability to identify the occurrence of an invasive exam such as the pap exam, indicates better provider level communication is needed.

Table 1: Pap Test Results	#
Women Who Got a Pap Test by BBI	**31**
Women who never had a pap test before the program	20
Women who did not know prior to exam that they had a pap test	12

Conclusions

Through Building Bridges experience, we have identified three essential conclusions demonstrated to be effective.

1. Cultural and linguistically matched health workers are essential to reaching at risk populations.
2. Hiring outreach workers from within the communities opens doors to knowledge sharing that would otherwise be missed.
3. Sharing information, both from and to providers and the communities is needed to deliver proper care of individuals.

References

1 . Kelly, G. (2014, February 3). Five maps that put cancer's global spread into focus. Retrieved May 28, 2015, from http://spon.ca/five-maps-that-put-cancers-global-spread-into-focus/2014/02/03/

2. U.S. Department of Health and Human Services. Office of Refugee Resettlement. Refugee arrival data. http://www.acf.hhs.gov/programs/orr/data/refugee_arrival_data.htm. Updated February 13, 2014.