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patrick silveira  
*UVM College of Medicine*

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# Assessing the perceptions and knowledge of breast cancer and mammography in the refugee population.

Patrick Silveira

Family Medicine Rotation Sept- Oct 2015

Community Health Center Burlington

Mentor: Rachel Inker

# Problem Identification and Description of Need

- ▶ Excluding skin cancer, breast cancer is the 2<sup>nd</sup> most commonly diagnosed cancer worldwide and second only to lung cancer in cancer deaths to women.
- ▶ More than 1.7 million new cases of breast cancer in 2014.
  - ▶ 24% of global cancer incidence
  - ▶ 14% of global cancer deaths
  - ▶ More than half of these deaths occurred in low-middle income developing countries even though there is a higher incidence of breast cancer in high income developed countries.
- ▶ Lifetime risk of breast cancer is approximately 1 in 7.
- ▶ Breast cancer can be detected in the early stages and can be effectively treated, however it is most treatable when there are no symptoms.

# Problem Identification and Description of Need

- ▶ Use of BC screening is suboptimal especially among minority women.
  - ▶ In a 2008 Canadian study, 57% of female recent immigrants (in Canada <10 years) were non-users, compared with 26% of Canadian-born women (Vahabi, Mandana et al. 2015)
- ▶ Ethnicity and recent immigration is a significant and major predictor of the stage at which breast cancer will be diagnosed.
- ▶ Ethnic minority women have:
  - ▶ Increased prevalence of advanced breast cancer
  - ▶ Poorer 5 year survival rates
  - ▶ Increased rates mortality
  - ▶ Low utilization of breast cancer screening due to many possible reasons including but not limited to: women's cultural beliefs, language barriers, and limited knowledge about breast cancer and available screening
- ▶ There is limited understanding of how different ethnic and cultural groups perceive and understand cancer.

# Public Health Cost and Unique Cost Considerations in Host Community

- ▶ Vermont, and in particular Chittenden County, is home to a large refugee population which continues to grow by the day. These refugees include: Vietnamese, Somali, Tibetan, Bhutanese, Bosnian, Iranian and others; many who have come via a federal refugee resettlement program.
- ▶ It is known that screening is significantly lower among minority populations and that ethnicity is a significant predictor at what stage diseases are discovered and treated.
- ▶ Suboptimal screening leads to higher costs, morbidity, and mortality.
- ▶ Because of the large growing refugee population it is important to explore their knowledge and understanding of medical screening and the barriers that prevent them from receiving medical screening, such as mammograms so that they can have better outcomes with decreased cost and use of medical resources.

# Community Perspective

- ▶ K. Olson MSIII UVM
  - ▶ looked at the correlation between screening mammography utilization per zip code and percentage of foreign born residents in that zip code. In Chittenden county, zips with a higher percent foreign born women had lower screening rates.
- ▶ Ms. Tran (Vietnamese refugee via translation Vy Cao (UVM employee))
  - ▶ In Vietnam only visited doctors when we experienced serious health problems
  - ▶ We don't like "wasting physician's time when there is no problem present"
  - ▶ We don't go to the doctor when were healthy
  - ▶ "Vietnam is not like America, we don't get money to go to the doctor to have testing done when were not sick."
  - ▶ "My doctor should tell me when to go for screening or to go for physical check up. We are not used to these things back home"
  - ▶ "Breast cancer is not a real problem for us since we all breast feed"
- ▶ [name withheld], (LEP) Specialist at CHCB
  - ▶ Works with the refugee population, translators, community leaders, etc.
  - ▶ Provide insight into obstacles surrounding health care of refugee
  - ▶ Provide info on how forms and surveys are filled out at CHCB when dealing with non-English speakers and the illiterate
  - ▶ Gave some insight in possible ways to carry out survey
  - ▶ Talked about past and present committee health outreach programs, focus groups, educational flyers, etc

# Intervention

- ▶ The project has two goals
  - ▶ Assessing the utilization of mammography screening in the Refugee population
  - ▶ Identifying barriers to utilization that could acted upon
- ▶ A survey was developed that will be used to:
  - ▶ Explore refugee womens' knowledge, understanding, and beliefs surrounding breast cancer and screening mammography along with the barriers that getting to getting screened.
  - ▶ The survey will also attempt to educate those who take it about breast cancer and the importance of screening to detect it early when its in its most treatable stage
- ▶ As of now survey will be offered in English, Vietnamese, and Nepali. More languages are possible as translators are found. The survey will given to refugees seeking care at Community Health Center Burlington. The survey will be offered on paper and later possibly via computer tablet.

# Results

- ▶ The results/data will be collected via the completed survey.
- ▶ Survey will be given to female refugee patients who are forty and older who can read one of the available languages
- ▶ Due to limited time there is no results/data at this point. This is part of a larger ongoing project so data will be collected as soon after surveys are translated



# Effectiveness and Limitations

- ▶ Patients voluntarily willing to take the relatively short survey is an issue.
- ▶ Patients' ability to read along with the minimal language options may also pose as a limitation.
  - ▶ Many non-English and refugee patients attend appoints with children/younger adults who are literate and bilingual- could possibly read or translate survey for family member.
- ▶ Effectiveness of the survey would be difficult to measure, however speaking with providers about perceived effectiveness, such as female patients actively asking about mammograms and more women willing to have a mammogram could serve as a means of evaluation. An increase in the number of mammogram referrals by refugee CHCB could also indicate effectiveness of the survey.

# Future Recommendations

- ▶ Continue work to have survey translated into as many languages as possible so all refugee populations can be targeted.
- ▶ Track the number of refugee women who actively seek breast cancer screening mammography
- ▶ Track the number of refugee women who are referred for a mammogram following the initiation of the survey as means of determining effectiveness.
  - ▶ If a survey such as this is effective in increasing screening rates with regards to breast cancer in the refugee population; others surveys could be used to asses knowledge and educate patients with regards to screening for other diseases like colon cancer.

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