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Item Type	Presentation
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Download date	2026-04-15 13:11:13
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Link to Item	https://hdl.handle.net/20.500.14849/1092

Identifying Best Practices Among Lay Health Educators

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Background

The utilization of mammography has been shown to be lower in socioeconomically disadvantaged groups, which includes the African refugee community in Vermont.

Mailed letters, telephone reminders, and massive media campaigns have proved ineffective at increasing rates of mammography screening in socioeconomically disadvantaged populations. However, a promising method to increase mammography screening is the use of peer educators to conduct home visits or group educational sessions.

The Association of Africans Living in Vermont (AALV) has trained peer educators from the African community, known as Lay Health Educators (LHEs), to help increase mammography screening in this population.

Objective

The objective of this study was to determine the practices and attributes of the Lay Health Educators that correlate best with increasing mammography screening in Vermont's African refugee community.

References

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Methods

A 15 question survey was developed for Lay Health Educators (LHEs) in Chittenden County, VT, to assess the most effective practices in educating underserved women about breast cancer and the importance of screening mammograms.

Questions were designed to determine the attitudes and practices of LHEs, as well as the barriers they face in terms of enhancing community education and utilization of screening mammograms. The question types included Likert, multiple choice, and "choose all that apply."

Surveys were administered by two medical students in languages appropriate to the LHEs. Quantitative analysis was precluded due to difficulties in retrieval of community data.

Data was analyzed qualitatively using Microsoft Office Excel 2003TM.

Results

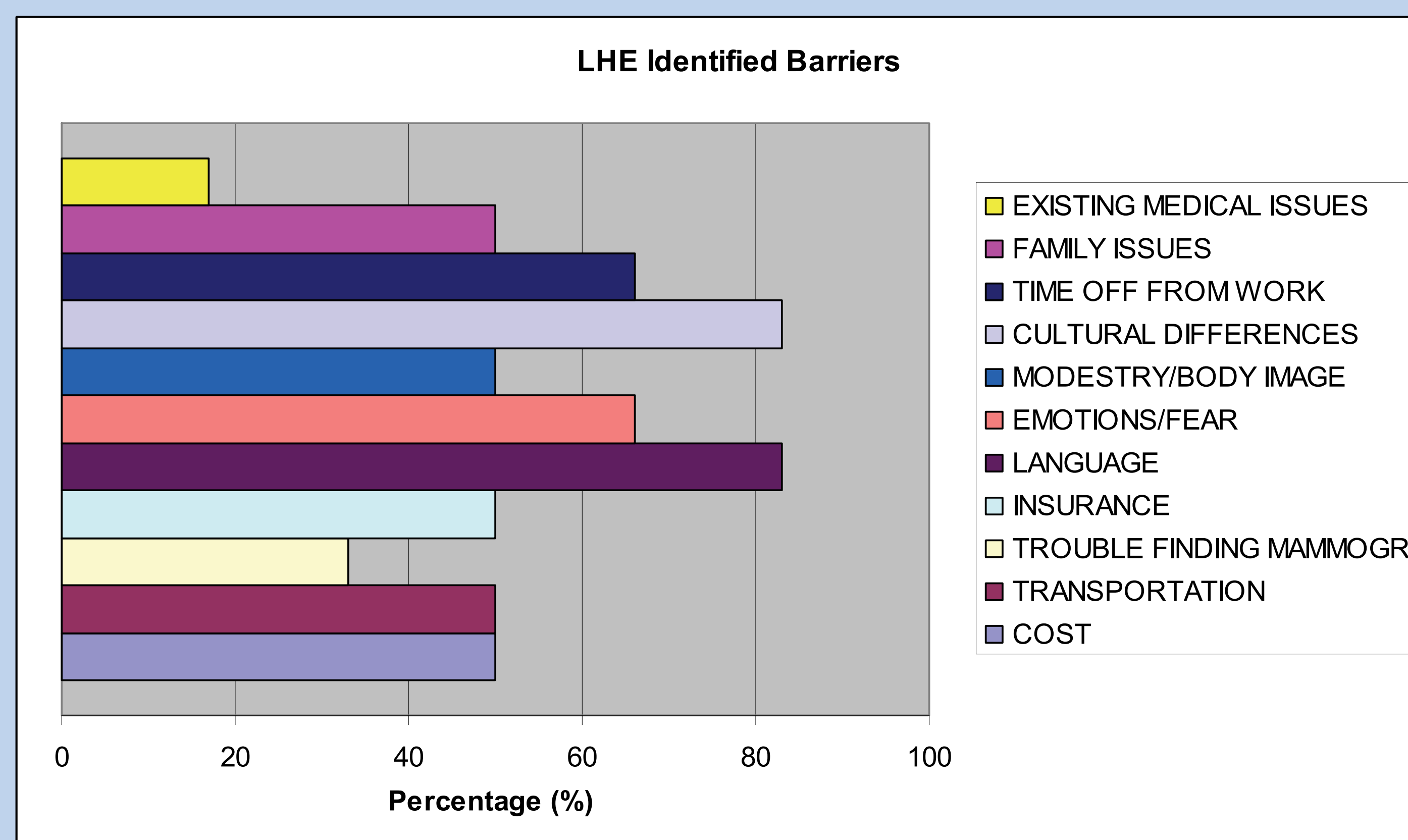
A standard Likert scale (1-5) was used to assess LHEs' motivation, confidence in their ability to educate, and whether their time is adequately compensated:

- LHEs are very motivated (Likert avg. > 4.5)
- Confidence is high (Likert avg. > 4.5)
- Stipend is sufficient (Likert avg. = 3)

Specific details of LHEs' sessions were assessed with multiple choice questions:

- Average session length is one hour
2/3 time spent educating
1/3 time spent socializing
- Most of the education sessions take place at the LHEs' workplace.
- The main advantage of one-on-one sessions is the opportunity to respond to all questions.
- LHEs feel that they are successful at increasing mammogram use.
- The most significant barrier to providing adequate education is the lack of resources.

The most significant barriers to breast cancer screening identified by the LHEs were cultural differences, language issues, emotions/fear, and obtaining time off from work (see bar graph).



Discussion

Our project qualitatively analyzed LHE attitudes and resources needed to increase the utilization of mammography. We identified the following:

- The top four barriers to patient access to mammography cited by the LHEs are cultural differences, language issues, emotions/fear, and obtaining time off from work. Due to its patient-centered nature, the LHE program is uniquely capable of overcoming these barriers. The program's outcomes must be tracked to identify and capitalize on their successes.
- Due to awareness of available social programs, cost is not perceived as a barrier to receiving screening mammograms for women in this community.
- Most LHEs reported a need for greater resources, especially their access to transportation.

To assess the efficacy of LHEs' work, future studies should correlate LHE practices with mammogram usage as the end point. What we learned from our experiences:

- Infrastructure is needed for data collection and tracking.
- Projects involving several organizations should consider strategies, such as developing protocols, that will facilitate collaboration and maximize organizational resources and strengths.
- Both these recommendations will help future efforts to increase screening rates.

The authors wish to thank the American Cancer Society, the Association of Africans Living in Vermont, and the ladies of the Lay Health Educator program.