



## CANCER PREVENTION & RESEARCH INSTITUTE OF TEXAS

Award ID:  
PP170012

Project Title:  
Building Bridges: Cancer Prevention Education and Screening for Refugees

Award Mechanism:  
Competitive Continuation/Expansion - Evidence-Based Cancer Prevention Services

Principal Investigator:  
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Entity:  
University of North Texas Health Science Center at Fort Worth

### Lay Summary:

Need: Refugees are a highly vulnerable population. Once resettled in the United States, their complex economic, education, and housing needs often take precedence over their health. Refugees are less likely than non-immigrant individuals to meet cancer screening recommendations; are more likely to have suboptimal HPV vaccination rates, and are often unaware of the Hepatitis B virus (HBV) or their own status. The UNT Health Science Center's Building Bridges Initiative (BBI) is an evidence-based cancer prevention intervention focused on refugees in the North Texas area. In our initial Cancer Prevention and Research Institute (CPRIT) funded project, we found that over half, 58% of eligible women, had never been screened for cervical cancer and 66% had never had a mammogram. Even though most refugees are screened for Hepatitis B upon U.S. arrival, 65% of our participants were unaware of their status, including 5 who later tested positive. The majority, 96%, had never heard of HPV vaccine, and only one had been immunized. This inadequate screening and vaccination reflect an underserved and isolated, racial/ethnic subpopulation at great risk for missing early detection, treatment and survival opportunities. Due to ongoing global conflicts refugee resettlement will continue to increase. For these reasons, we seek support to continue to reach refugee women, men, and adolescents living in North Texas. Our primary priority refugee populations include the Chin, Karen, Bhutanese, Somali, Central African, Congolese and Arabic-speaking/Middle Eastern adults and adolescents (9-17) living in Denton and Tarrant County. The critical barrier we are addressing is the gap between cancer screenings and the refugee community. Screening barriers are numerous and complex emanating from individual factors, (e.g., trauma, beliefs, language, transportation, etc.) and the health care system (e.g., insurance, inadequate interpretation, cultural insensitivity, etc.). Existing services often struggle to meet refugees' cultural, linguistic and trauma-informed needs. We have shown that the natural helper model, embedded in a larger framework that engages refugee community leaders, key organizations and established health services, provides a bridge to information, resources, and support that can overcome these barriers. Overall Project Strategy: The BBI's coordinated, multi-level approach includes: 1) Refugee community leader support and guidance, 2) lay health educator outreach, education, and navigation to preventive and follow-up services, 3) cancer health screenings and vaccinations, 4) provider engagement and education, and 5) community collaboration. Lay health educators offer evidence-based breast, cervical,

colorectal, and liver cancer education in the community setting. Collaborating health providers, sensitive to the trauma of refugees, will provide screenings and vaccinations in clinical and non-clinical settings with professional medical interpretation. This culturally and linguistically appropriate approach builds the trust necessary to increase uptake of cancer screenings. Health and service provider education and community collaboration provide a forum to raise awareness, identify system improvements and strengthen the capacity to serve this population.

**Specific Goals:** Our expansion application builds upon successes, reflects our evolving understanding of screening barriers and enlists the support of new partners to serve more refugee populations, ages and cancer types. We will reach at least 7780 individuals and serve 3810 refugees through activities that meet the following goals: Goal 1: To strengthen the ability of refugees to access preventive health screenings through individual and group education, clinical, public health and social service provider education and community collaboration. Goal 2: To increase uptake of cervical cancer screening, mammogram, colorectal screening and Hepatitis B screening, following recommendations from the U.S. Preventive Services Task Force Recommendations. Goal 3: To increase HPV vaccination among refugee adolescents and adults ages 9-26.

**Significance and Impact:** The BBI's unique impact on cancer prevention and control is our proven ability to engage and serve traditionally hard-to-reach populations with evidence-based services. Our collaborating partners represent every organization with a substantial role in delivering services to refugee populations or the provision of cancer screenings, vaccination and survivorship services in our community. We have demonstrated that refugee populations will take part in screening when education, assistance, and clinical services are responsive to their education, language, experiences, and culture. Building Bridges plays an important role in North Texas and the Texas Cancer Plan by working to prevent the burden of cancer and reduce disparate outcomes among this new and growing population of Texans.