

Somali Refugee Cancer Community Education, Lexington Final Report November 19, 2018

1. Project Purpose and Aims

Purpose

The Purpose of this project is to assess feasibility of a community cancer educational program for the Somali population in Lexington, Nebraska.

Specific Aims

- Develop educational material appropriate for the culture and the level of education of the target population.
- Provide the target population with linkage to health resource (Lexington Regional Hospital) for cancer screening in Lexington, Nebraska.
- Assess the success of the intervention using quantitative and conduct a semi-structured interview of Lexington partners.

2. Partnership with Lexington Regional Health Center:

This intervention was carried out with the support of Lexington Regional Health Center (LRHC). LRHC offers full-time interpreter services in Somali and is deeply involved with the diverse ethnic communities in town, coordinating clinical care, preventive services, and health education initiatives with the community. Dr. Aravind Menon, Director of Population Health at LRHC, was the lead at LRHC and coordinated the event that took place at the hospital.

The 2014 census estimated 2100 Somali immigrants in the state of Nebraska, 769 of whom were in Lexington. Local community members in Lexington, however, estimate that the city is home to more than 1500 Somali refugees, and that the number is rapidly increasing (Hammel, 2016). Recent migration into town is largely connected with employment at the Tyson Meat Packing Plant located in Lexington. Local city officials also believe that the 2010 census may have underestimated the number of Somali residents (Ward, 2011). The 2011-2015 American Community Survey (ACS) estimates a total population of 11,934 persons in Lexington in 2015, 9.4% of whom are less than 5 years old. More than 36% of the city's population is foreign-born, and 8.5% of the city's population is of African or African American descent (2015 ACS estimate) (census.gov, 2011).

Lexington Regional Health Center (LRHC) is a 25-bed critical access hospital in Lexington, Dawson County, Nebraska. LRHC has multiple departments including family medicine (with Ob/Gyn and pediatrics services), cardiac/ intensive care and other specialty services. As one of the two clinics in Lexington that offers care for children and pregnant women, LRHC is closely associated with routine preventive health and screening efforts in the community. With a patient population that is more than 45% minority (9.2% African American/ African), LRHC works closely with immigrant communities to improve healthcare outcomes in Lexington.

3. Educational material:

The Power Point based educational materials were originally created for year two of the project for Omaha Somali Women. A literature review was conducted to identify most recent information available from credible sources such as Centers for Disease Control and Prevention and American Cancer Society. Slides were updated according to the new information found and citations were included to indicate information sources. Using lessons learned from year two and input from Dr. Menon and other partners we made major revisions to the materials to fit the need of the Lexington population:

1. Language was simplified
2. More visuals were incorporated
3. Scripts were added to the note section of the slides for the facilitator
4. Existing pre- and post-workshop questions were edited for improve clarity
5. New pre- and post-workshop questions were developed

Topics included in the cancer education curriculum are:

1. Overview of cancer
2. Reproductive anatomy
3. Cervical cancer
4. HPV vaccine
5. Breast cancer
6. Hepatitis C and liver cancer
7. Preparation for healthcare visit.

4. Training and Pilot:

Two Somali women were identified by the Lexington team to provide the training. Both are proficient in English and Somali and long-term residents of Lexington. They are employed as Somali translators at LRHC, and as such, are well known in the community with respect to health communication and outreach. They were provided with the educational materials before training for review. A train the trainer session was held on August 4, 2018 at 2 pm CST via videoconference at LRHC. The Somali women were trained to deliver the material and respond to questions from the audience in presence of both UNMC and LRHC team. The session lasted for 3 hours and logistics were finalized at the end of the workshop.

5. Recruitment:

A Week before the workshop, the Lexington team was provided with a flyer which was then translated into Somali by health educators and distributed to Somali women around Lexington. The LRHC team spread the news among Somali community about the upcoming workshop. On the day of workshop pick up option was also provided to women interested in attending the workshop.

6. Implementation:

The workshop was conducted on August 12, 2018 at the LHRC's fitness center from 2:00 pm to 5:30 pm. Twenty-four women attended the workshop. At the registration, we had a LHRC staff member to make Pap Smear appointments for women who were interested in getting screened after the workshop. Refreshments were provided to participants after the training session and a day care facility was provided for children accompanying women who attended the screening. 13 children were supervised by two of the daycare providers at the venue.

7. Demographic Characteristics of Participants:

The majority of the participants were of Somali ethnicity (58.3%) and between the ages of 31-40 years old (29.5%) (Table 1). Most participants were born in Somalia (45.8%). The participants had different English competency level with 33.3% having poor knowledge of English. Health insurance type was also different among participants with 16.6% having health insurance from work.

Demographic Information:

Characteristics	Number(n=24)	Percentage
Age		
13-20	3	12.5%
21-30	1	4.2%
31-40	7	29.5%
41-49	1	4.2%
50-64	1	4.2%
Missing	11	45.8%
Ethnicity		
Somali	14	58.3%
Somali Bantu	0	0%
Missing	10	41.6%
Place of Birth		
USA	0	0%
Somalia	11	45.8%
Kenya	3	12.5%
Missing	10	41.6%
Years living in the U.S.A		
2 years or less	2	8.3%
3-5 years	4	16.6%
5-10 years	2	8.3%
10+ years	4	16.6%
Missing	12	50%
English Competency		
Poor	8	33.3%
Good	1	4.2%
Very Good	3	12.5%
Excellent	1	4.2%
Missing	11	45.8%
Insurance Type		
Medicaid	1	4.2%
Medicare	1	4.2%
Blue Cross or Blue Shield	2	8.3%
United Healthcare	0	0%
Nebraska total care	0	0%
WellCare	2	8.3%
Other Health Insurance from work	4	16.6%
No Health Insurance	1	4.2%
Missing	13	54.2%

8. Women Signed up for Screening:

Dr. Beecham from the Lexington team reviewed the electronic health records to find out which women attending the workshop were in the hospital system. Out of the 24 workshop participants, Dr. Beecham could look up medical records for 16 women—12 of them were in the hospital system. Dr. Beecham reviewed the medical records of these 12 women to determine if they had received screenings for breast or cervical cancer in the past or not. After the workshop ended, women had a brief session to make appointments with the hospital staff or talk to Dr. Beecham about when they should get screenings done. Annual wellness visits provided as part of routine coverage were identified as a possible avenue for accessing screening by women who currently had health insurance coverage. As of October 31, 2018, several workshop participants had scheduled a screening appointment for cervical and breast cancer screenings.

9. Lessons Learned:

1. Using word of mouth and having someone as a resource from the community is a successful way to gain access to the Somali community.
2. The Somali community is very family-oriented and offering day care as part of the community intervention is important for intervention success.
3. Providing pick up was a successful part of this workshop because many women could not come on their own because of lack of transportation.
4. We used paper and pencil pre- and post-test forms. This was not the ideal way to collect information from this group because many of the women were not proficient in English.
5. We were planning on conducting the workshop for two days but after consulting with the local team it was determined a one day session on a Sunday was the most appropriate choice keeping in mind Somali women's schedule and availability.
6. Participants were engaged in content covered in the modules and asked numerous questions.
7. Several attendees arrived late making it difficult to collect demographic data on them.
8. A certificate of attendance was given to all participants and we learned that the participants were appreciative of this.
9. Out of all 24 women who attended the workshop Dr. Beecham could review medical records for 16 women. Out of these 16 women, no records were found for 4 of them.

References

- Census.gov. (2011). *American Community Survey 2011-2015*.
- Hammel, P. (2016, March 1 2016). In immigrant Nebraska town, Muslims clash with city over downtown mosque. *Omaha World Herald*. Retrieved from http://www.omaha.com/news/nebraska/in-immigrant-nebraska-town-muslims-clash-with-city-over-downtown/article_401b623b-ac5d-5efd-ac62-6c56c0d4e5fe.html
- Ward, M. (2011, March 11). Lexington officials believe 2010 Census didn't count many new immigrants. *Lexington Clipper Herald*.