

Improving Breast Health Awareness in a Refugee Community: The Somali Women's Breast Cancer Project

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Introduction

Minnesota has the largest population of Somali immigrants and refugees in the United States. The most recent data estimate approximately 30,000 Somalis live in Minnesota.^{1,2}

Community-based estimates indicate that the population may be as high as 60,000, as many are arriving in the state through secondary migration.

It is difficult to determine breast cancer incidence in Minnesota's Somali population because data are not currently available for specific sub-populations. What is known is that the group identified as "African American" appears to present breast cancer at an earlier age than the population of women as a whole, and tends to exhibit a more advanced cancer at the time of diagnosis.³

There are several significant factors increasing the likelihood that Somali women face breast cancer disparities including:

- Low awareness of breast cancer;
- Low awareness of treatment and survival rates;
- Language barriers and lack of health literacy;
- Little to no experience with preventive health care and regular screening practices; and
- Mistrust of the U.S. health system.

The Somali Women's Breast Cancer Project seeks to:

1. Increase knowledge and awareness of breast cancer among Somali women, and
2. Increase screening rates among women aged 40 and older.

In order to address the above factors, this project focuses on individualized health education sessions with 1-3 Somali women using a *home visit* model.

Sources:

(1) Remington, B. 2004. Estimates of Selected Immigrant Populations in Minnesota. 2004. Minnesota State Demographic Center.

(2) U.S. Department of Homeland Security and Immigration and Naturalization Service.

(3) Susan G. Komen for the Cure. 2007. Facts for Life: Racial and Ethnic Differences. www.komen.org



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Qualitative Research

Four focus groups were conducted to identify knowledge and attitudes about breast cancer among Somali women.

Focus Group Demographics (n=35)

Age	Years lived in the U.S.
Range: 23 - 79 yrs. Average: 44 yrs.	Range: 1 mo. - 13 yrs. Average: 5.8 yrs.
Highest education	Preferred language for health information
Quranic school: 34% Grade School: 51% High School: 14%	Somali: 91% English: 0% Somali + English: 9%

Key Themes Identified

Focus group participants were fearful of breast cancer because they did not consider it a treatable condition. The women felt that information about risk factors and screening measures would be very helpful. Most participants reported never having a mammogram because they were unaware or fearful of the procedure.

Implications for Program Design

Focus group participants had several important recommendations for designing a program that would be effective in the Somali community. These included:

- Using a face-to-face, conversational model;
- Educating women in small groups;
- Providing detailed information about risk factors and screening techniques;
- Incorporating visual components; and
- Recognizing the influence of religion on health.

These recommendations led to the development of the *home visit* model for conducting breast cancer outreach.

Conclusions

The Somali Women's Breast Cancer Project is having a significant impact on breast cancer awareness among the women it serves. Overall, pre-test results indicate that fewer than 10% of the women reached had adequate breast health knowledge prior to a home visit. This project's value is substantiated by the fact that 98% of the women contacted at least 6 months later still retained accurate information, and 76% had obtained a mammogram.

Follow-up visits have also provided encouraging data about how women have shared their knowledge with others. When asked if they discussed the information they learned in home visits with other women, 85% reported they had. In fact, most women indicated they had told approximately 5 other women. This is an important step in breaking down the myths that prevent women from seeking mammograms.

The Somali Women's Breast Cancer Project is providing crucial health education to its beneficiaries as both **preventive healthcare** and **cancer survival** were essentially non-existent in Somalia or in refugee camps. These are new concepts for most Somali women that require changing perceptions about the causes and outcomes of breast cancer.

The Home Visit Model

Since 2005, the Somali Women's Breast Cancer Project has conducted home visits with women in low-income high rise buildings in Minneapolis and St. Paul that have a large number of Somali residents.

Community Health Workers

Four Somali community health workers have been trained on breast health information and home visit protocols. They share language, culture, and religion with the women they serve, as well as the experience of coming to a new country. This is crucial in ensuring health messages are understood and in creating an environment of trust and comfort.

Home Visit Content

The community health workers meet with women in their homes to provide education sessions in the Somali language about breast cancer. These sessions typically last 1 to 2 hours and cover the following information:

- Breast cancer risk factors;
- Mammography and the recommended frequency;
- Breast self-exams and breast cancer symptoms.

A brief oral pre-test is given at the start of the home visit to measure existing breast health knowledge. The same test is repeated at the end of the home visit to measure knowledge gain. Figure 1 describes these results.

Follow-up Visits

In 2007, community health workers began conducting follow-up visits with women who had home visits in 2005 and 2006. Follow-up visits identify the number of women who have obtained a mammogram since the home visit; measure long-term gain in breast health knowledge; and learn if/how participants share breast health information with other women.

Figure 1

Measuring Changes in Breast Health Knowledge Pre, Post, and Follow-up Questionnaire Results

	Before the home visit (n=427)	After the home visit (n=427)	Follow-up visit (n=61)
Can you name 3 risk factors for breast cancer?			
% with 0 correct answers	53%	1%	0%
% with 1 correct answer	36%	2%	26%
% with 2 correct answers	11%	1%	51%
% with 3 correct answers	0%	96%	23%
Do you know what a mammogram is?			
% with correct answer	54%	99%	100%
At what age should a woman have a 1st mammogram?			
% with correct answer	27%	98%	97%
How often should a woman then have a mammogram?			
% with correct answer	7%	99%	98%
How often should women conduct a breast self-exam?			
% with correct answer	3%	98%	97%

Focus Group Findings Breast Cancer in Minnesota's Somali Community

This report details the results of breast cancer focus groups among Somali women conducted by MIHV in 2005. For technical assistance about conducting focus groups in the Somali community, please contact MIHV. www.mihv.org



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