

# Barriers to Breast Cancer Screening Among Refugee Women

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## OBJECTIVE

To systematically review literature on the impact of barriers in accessing breast cancer screening and of the efficacy of culturally tailored educational programs, mobile health clinics, and Patient Navigator Programs in improving screening rates among refugee women.

## BACKGROUND

Refugees are displaced people who migrate to other countries to flee from social, physical and/or economic harm. There are 33 million displaced people worldwide. In 2006 of the 9 million that were resettled, the United States resettled 844,000 (Morris, 2009). When refugee women come to their new countries they often have chronic conditions that presented themselves due to lack of healthcare access. When they arrive, they are faced with more barriers such as language, cultural, and religious barriers that keep them from seeking preventative care. As a result, the incidence of disease such as breast cancer continues to increase resulting in an increase in national healthcare costs. In the effort to address and minimize these barriers, different researchers looked at each of these aspects and created a possible intervention.

## METHODS

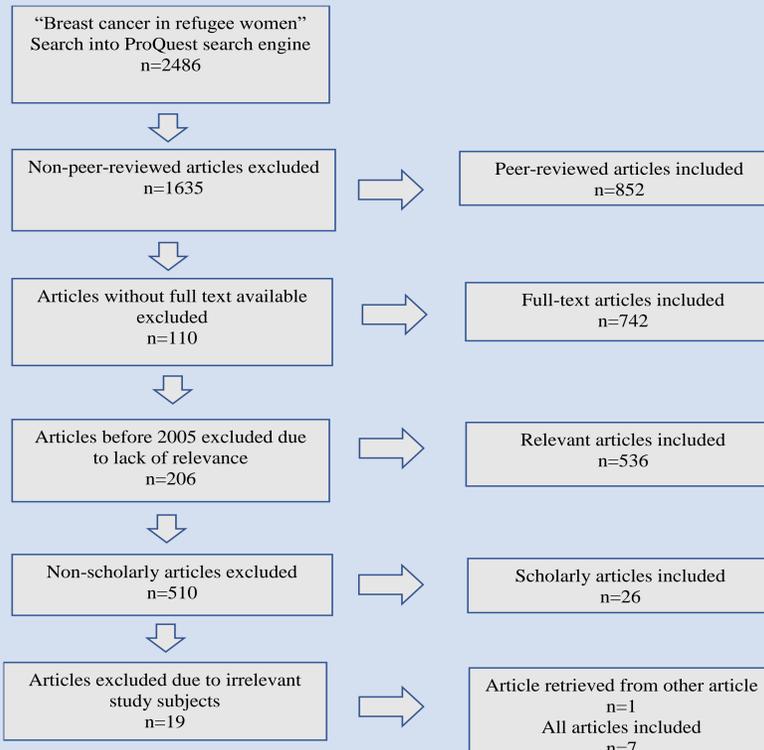


Figure-01  
Methods for obtaining primary research articles

## RESULTS

This systematic review included 7 research articles.

- 2 Experimental
- 1 Qualitative pilot
- 1 Retrospective
- 3 Qualitative interview

Main variables assessed

- Perception of preventative healthcare
- Knowledge
- Attitude
- Impact of community-based educational programs
- Impact of mobile health clinics
- Impact of Patient Navigator Programs

The hypothesis analyzed was, as the access to effective breast cancer healthcare improves, the likelihood of refugee women to seek out preventative care increases.



## MAIN FINDINGS

- 35% of participants >40 years old completed a mammography after receiving culturally tailored education.
- 60% of the mammograms were completed at the unit referred by the researchers.
- Of the 60% that got mammograms, 20% was for their first time.
- Screening rates in refugee women increased by 17% after Patient Navigator Programs
- The use of mobile health clinics was found viable in addressing language, culture, and gender-specific care barriers.
- Results concluded that lack of knowledge and access to breast cancer screenings was linked to low screening rates.
- Major themes identified as perceived barriers include culturally mediated beliefs, health consequences of war and psychosocial barriers.

## CONCLUSIONS

This review found reoccurring theme of barriers such as lack of access to healthcare, language, and education having a direct effect on screening rates. Generally, there were evidence of culturally tailored educational programs, mobile health clinics, and Patient Navigator Programs to improve knowledge and screening rates among refugee women. Limitations in the current literature include lack of diversity in the study designs, lack of generalizability, and confounding variables in the methodology. Future studies should collect quantitative data with control for confounding variables: socioeconomic status, education level, previous experience with receiving care and preexisting health conditions.

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