

# Breast Cancer Screening for Immigrant and Underprivileged Women At the Ormylia Foundation, Center for Disease Prevention, “Panagia Philanthropini” in Northern Greece.

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<sup>6</sup>The “Panagia Philanthropini,” mission is to serve people from all walks of life through medical, social and educational ministries, with special emphasis on the underprivileged. Mammography is provided free of charge since 1991.

## Introduction

Ormylia implements high quality standardized breast cancer screening in Northern Greece. Communities in the region are isolated geographically, economically, culturally and socially. Groups include Muslim religious minorities and immigrants from Africa, Eastern Europe and Asia. Ormylia has been successful in engendering trust and mobilizing women to participate in breast cancer screening.



## Background

Northern Greece has small rural mountainous and seaside villages with often impoverished communities. Populations include Muslim religious minorities (Turkish speaking, Pomaks and Roma), together with immigrants from Eastern Europe, the Middle East and Africa. The national health system is out of reach for most of these people. The majority of women from these groups not familiar with the need for breast care. Inadequate funding combined with language and cultural differences have created a severe lack of understanding regarding the life saving importance of breast cancer screening. Insufficient personal resources, cultural taboos, fear and mistrust are barriers for women seeking care.



## Methods

A dialogue with community matriarchs, educators, leaders, Muslim and Christian clergy, and advocates was cultivated. Fliers translated into the local vernacular were distributed to women by volunteers, in houses of worship and school children who took fliers home to their mothers and grandmothers. Women then organized into groups of 30-50 for screening by appointment. For Muslims only female practitioners were staff. A translator was provided. Women received a free clinical breast exam and mammogram. During screening women received literature in their language and participated in a seminar related to detection and treatment. Women were instructed by their practitioner during their clinical breast examination in the correct method of doing breast self examination. Those in need of further diagnosis or treatment were referred within 5 working days to respective centers. Detected breast cancers were treated within 2 weeks.

## Results

843 Muslim and immigrant women were screened in 2010-2011. Hundreds wait to be screened according the fiscal resources available. Ormylia by providing a friendly atmosphere combined with high quality standardized mammography has become a hub for these populations care.

## Conclusions

The positive outcome of engaging community decision makers from diverse backgrounds as advocates demonstrates that when a broad social base of support is developed with sincerity, combined with warm and respectful standardized medical care, hard to reach underprivileged women can be successfully recruited for breast cancer screening. Predicated on similar modalities of outreach and standardized screening it is therefore feasible to duplicate these results in other similar communities.

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