

March 1, 2026

Dear American Head and Neck Society's Cancer Prevention Service,

My name is Nazineen Kandahari, and I am a third-year Otolaryngology-Head & Neck Surgery Resident at the University of North Carolina at Chapel Hill. My motivation to pursue medicine came from my experience as an Afghan refugee. When I was due for the HPV vaccine, my parents refused. To convince them, I had to understand their mistrust of Western medicine. I learned that neither had completed elementary school, and that to understand vaccines, they first needed to understand viruses. I also had to learn to communicate all of this in Dari. I never doubted my parents wanted the best for me, but I learned that for people to *do* better, they need to *know* better. Thus, I am committed to giving people the agency to imagine and make the best decisions about their health and lives.

I recently formalized my efforts to create culturally sensitive, community-based health education and promotion interventions with a team of immigrant physicians and medical students in the form of a 501(c)(3) nonprofit: [Afghan Clinic](#). We have established strong partnerships with refugee health clinics and resettlement organizations, and, more importantly, built trust with the refugee community. An intervention to address head and neck cancer is urgently needed, and our team is best positioned to deliver it. On behalf of our team, I am pleased to share our application for the 2026 Cancer Prevention Community Service Awards.

## Reducing Head & Neck Cancer Disparities Among Afghan Refugees in the United States

### Targeted Population

Afghan refugees are a rapidly growing and medically underserved population in the U.S., especially now following the recent mass resettlement in 2021. Afghan refugees face unique barriers to preventative care, including limited English proficiency, lower educational attainment, and higher rates of poverty compared to both other immigrant populations and U.S.-born Americans. These barriers are compounded by low health literacy, mistrust of Western medicine, cultural stigma of cancer discussions, and difficulty navigating complex healthcare systems.<sup>1,2</sup> Additionally, exposure to risk factors such as smokeless tobacco use (“naswar” in the Dari language) and betel nut use (“paan”), along with a lack of awareness of HPV, puts this population at increased risk for head and neck cancer. In fact, recent research has shown that HPV vaccine uptake among migrants is only 17%, far below the WHO's 90% target by 2030,<sup>3</sup> and that foreign-born people have significantly lower odds of HPV vaccine initiation (OR 0.63 for men, OR 0.57 for women) compared to U.S.-born individuals, even after adjusting for demographic, socioeconomic, and healthcare factors.<sup>4</sup> Research has identified multiple barriers, including insufficient HPV vaccine counseling by healthcare providers,<sup>5</sup> misperceptions that HPV vaccination will promote promiscuous behavior,<sup>6</sup> language barriers, a lack of multilingual materials, logistical challenges (e.g., transportation, work), and high vaccine costs.<sup>7</sup>

### Methods

Afghan Clinic is a nonprofit organization founded and led by Afghan refugee healthcare professionals and student volunteers, dedicated to promoting health equity. We seek funding to organize a culturally sensitive outreach program targeting Afghan immigrants during Oral Head & Neck Cancer Awareness Week. The program will include a virtual educational session, followed by an in-person community gathering for health screenings, vaccinations, and referrals. By leveraging the trust we have built within the community, both as members of the immigrant community ourselves and through our non-profit organization, we will reach people who have limited access to cancer prevention resources.

- I. **Virtual Education Workshop:** We will organize a live workshop led by Dr. Nazineen Kandahari entirely in the Dari language. Session objectives include: (1) understanding signs and symptoms of head and neck cancer, and when to seek medical care; (2) understanding risks factors (e.g. tobacco, alcohol, betel nut, HPV, dental disease); (3) understanding how and why prevention works (e.g. HPV vaccination, alcohol and tobacco cessation, healthy lifestyle modifications). After the lecture, there will be an interactive group discussion in which Dr. Kandahari will address questions, fears, mistrust, and misconceptions.
- II. **In-Person Community Screening:** Following the virtual session, we will host an in-person screening, vaccination, and referral event in partnership with providers from local refugee health clinics to allow for continuity of care. The location will be one that is most accessible to participants (e.g., an ethnic grocery store, community park, mosque). Activities will include head and neck cancer screening examinations, tobacco cessation counseling, and HPV vaccination. Interpreters and community leaders will assist to ensure all activities are accessible to participants with limited English proficiency. Participants who identify with concerning symptoms or elevated risk factors will receive referral information and assistance in connecting

with local primary care, dental, or otolaryngology services through existing partnerships. We will have case managers from our partner organizations available to help facilitate appointments and enroll those who are uninsured in health insurance.

**III. Virtual Distribution of Educational Materials:** We will create and distribute written and translated educational materials through partner organizations, email, social media, and WhatsApp.

**Expected Outcomes**

We anticipate engaging approximately 100 Afghan refugee participants in our virtual workshop and 75 in our in-person program. We have about 1,000 Afghan immigrant online subscribers who will receive the written material we create. Participants will gain knowledge of the risk factors, presentation, and prevention of head and neck cancers. During the in-person event, we anticipate identifying patients who require follow-up care and will facilitate referrals to appropriate services.

**Expected Impact on Community Health and Knowledge**

We will reduce disparities in cancer prevention among Afghan refugees by providing culturally responsive education delivered in an accessible setting. Combining a virtual seminar with in-person engagement allows us to address some of the major barriers that often lead to delayed cancer diagnosis. Participants will better recognize early symptoms and engage with preventive healthcare services.

We will also normalize conversations about head and neck cancer within the community by encouraging participants to share what they learn with family, friends, and peers. This peer-to-peer knowledge-sharing approach extends the program’s impact beyond direct participants, fostering a culture of proactive health awareness and collective responsibility.

In addition, the program will provide valuable insight into effective strategies for delivering head and neck cancer education in refugee communities, an area currently underrepresented in outreach efforts. Our hybrid model offers a scalable, low-cost framework that can be adapted to other immigrant and refugee populations, expanding the reach and impact of culturally responsive cancer prevention programs.

**Estimated Project Cost**

Expense	Cost
Interpreter and community presenter stipend	\$100
Physician presenter stipend	\$200
Creation and design of written educational materials	\$100
Interpretation of written educational materials to ensure culturally and linguistically sensitive	\$100
Screening supplies (gloves, tongue depressors, disposable materials)	\$50
Gift to volunteer healthcare providers, social workers, and case managers for assisting in screening, counseling, and referrals	\$250
Event logistics and refreshments	\$200
<b>Total Requested Funding</b>	<b>\$1000</b>

**Other Available or Anticipated Funding**

No other funding has been secured for this specific event yet. Afghan Clinic is a volunteer-based organization, and our team relies entirely on donated time and resources to carry out community programs. We have organized health education and promotion events on sexual and reproductive health, child nutrition, diabetes, and other topics, with support from funds including the Harvard HealthLab Accelerator and the Berkeley School of Public Health. Being awarded this grant will allow us to host this program dedicated to head and neck cancer that is sensitive to community needs.

Sincerely,



Nazineen Kandahari

## References

1. Batalova J, Montalvo J. *Afghan Immigrants in the United States*. Migration Policy Institute; 2024. Accessed March 7, 2025. <https://www.migrationpolicy.org/article/afghan-immigrants-united-states-2022>
2. Kandahari N, Kayhani N, Moulana Zada F, et al. Health and Healthcare Access Among Afghan Refugee Women in the United States: A Qualitative Study. (In Review)
3. Iwami M, Bouaddi O, Razai MS, et al. Drivers of human papillomavirus vaccine uptake in migrant populations and interventions to improve coverage: a systematic review and meta-analysis. *Lancet Public Health*. 2025;10(8):e693-e711. doi:10.1016/S2468-2667(25)00148-3
4. Pérez AE, Agénor M, Gamarel KE, Operario D. Nativity Disparities in Human Papillomavirus Vaccination Among U.S. Adults. *Am J Prev Med*. 2018;54(2):248-258. doi:10.1016/j.amepre.2017.10.019
5. Lucero D, Moreno VA, Delgado D, et al. Understanding HPV Vaccine Initiation and Intention Among Central American Immigrant Parents in the United States: The Role of Vaccine Literacy and Healthcare Provider Recommendations. *Vaccines*. 2025;13(2):130. doi:10.3390/vaccines13020130
6. Crawshaw AF, Farah Y, Deal A, et al. Defining the determinants of vaccine uptake and undervaccination in migrant populations in Europe to improve routine and COVID-19 vaccine uptake: a systematic review. *Lancet Infect Dis*. 2022;22(9):e254-e266. doi:10.1016/S1473-3099(22)00066-4
7. Khan A, Abonyi S, Neudorf C, Galea S, Ahmed S. Barriers to and facilitators of human papillomavirus vaccination in an ethnically diverse group of migrant parents: A qualitative mixed methods study. *Hum Vaccines Immunother*. 2023;19(3):2269721. doi:10.1080/21645515.2023.2269721