

Integrated Community Education Model: Breast Health Awareness to Impact Late-Stage Breast Cancer

LaDonna Northington, RN, DNS, Tina Martin, RN, PhD, FNP-BC, Jean T. Walker, PhD, RN, P. Renée Williams, PhD, RN, Susan P. Lofton, PhD, RN, Janet R. Cooper, PhD, RN, Cynthia H. Luther, DSN, FNP, RN, and Sheila D. Keller, PhD

Race and ethnicity play roles in breast cancer mortality, particularly for African American women. As a result, a three-pronged integrated community education model (i.e., faith-based, community, and state agencies) was generated and tested in a medically underserved area with high mortality rates from breast cancer to increase participation in breast health education, provide early screening and detection practices, and provide access to annual mammograms and referral sources. The model provided three women with life-saving early diagnoses, in addition to providing potentially hundreds of women with a network of breast health, self-monitoring, and referral sources for future issues.

Breast cancer is the most common nonskin cancer in women, the number one cause of cancer deaths in Hispanic women, and the second most common cause of cancer deaths in Caucasian, African American, Asian Pacific Islander, American Indian, and Alaska Native women in the United States (American Cancer Society [ACS], 2009). About 230,000 cases of invasive breast cancer are estimated to be diagnosed, and about 40,000 deaths are expected from the disease annually (ACS, 2011; National Cancer Institute [NCI], 2011). Mortality is linked to the stage of cancer at time of diagnosis, with later stages having poorer prognoses. Race and ethnicity play serious roles in these statistics (NCI, 2011). In Caucasian women, the incidence of breast cancer is highest; however, African American women have a greater breast cancer mortality rate than any other racial or ethnic group. They present with more advanced disease at a younger age and have lower rates of adherence with the screening guidelines for mammography (Lisovicz et al., 2006; Stelger, Samkoff, & Karoullas,

At a Glance

- ◆ Breast cancer mortality is higher among African American women than Caucasian women of comparable age and cancer stage because this population is more likely to be diagnosed in advanced stages.
- ◆ Psychological and social barriers to breast health in African American women include lack of health insurance, financial burden, preconceived beliefs or lack of knowledge, undertreatment, cultural views of past events with the healthcare system, and attitudes regarding screening procedures.
- ◆ More publicity, outreach programs, and education should be implemented to counter the lack of information available.

2003). African American women are 1.5–2.2 times more likely to die from breast cancer than Caucasian women (Lisovicz et al., 2006; Stelger et al., 2003).

LaDonna Northington, RN, DNS, is a professor, Tina Martin, RN, PhD, FNP-BC, is the director of the accelerated BSN program and a professor, Jean T. Walker, PhD, RN, is a professor, P. Renée Williams, PhD, RN, is an associate professor and the director of continuing education, Susan P. Lofton, PhD, RN, is a professor, Janet R. Cooper, PhD, RN, is an assistant professor, Cynthia H. Luther, DSN, FNP, RN, is an assistant professor, and Sheila D. Keller, PhD, is an assistant professor and senior director of research and evidence-based practice, all in the School of Nursing at the University of Mississippi Medical Center in Jackson. The authors take full responsibility for the content of the article. This work was funded by the Mississippi Institute for Improvement of Geographic Minority Health, a subaward of the National Institutes of Health (1-CPI MP061018-03). The content of this article has been reviewed by independent peer reviewers to ensure that it is balanced, objective, and free from commercial bias. No financial relationships relevant to the content of this article have been disclosed by the independent peer reviewers or editorial staff. (Submitted September 2010. Revision submitted November 2010. Accepted for publication December 8, 2010.)

Digital Object Identifier: 10.1188/11.CJON.387-392