

Collaborative Breast Health Intervention for African American Women of Lower Socioeconomic Status

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Purpose/Objectives: To describe all phases of a collaborative breast health intervention delivered by paraprofessionals or specially trained community health advisors (CHAs) for African American women designed to increase mammography screening.

Design: Collaborative pretest, post-test breast health intervention.

Setting: Large city in Ohio.

Sample: 68 African American women with a median age of 57.8 (SD = 5.28) obtained mammography screening and participated in the breast health intervention.

Methods: Specially trained CHAs used aggressive recruitment strategies to increase mammography screening and knowledge of breast health and mammography screening in African American women aged 50 and older.

Main Research Variables: Knowledge scores of breast health and mammography screening.

Findings: Ninety women (81%) met the inclusion criteria and were recruited into the intervention, but only 68 (76%) obtained mammography screening. The women demonstrated increased knowledge by change in pre- to post-test scores. Several questions were statistically significant.

Conclusions: Collaborative breast health interventions delivered by trained CHAs are effective in increasing screenings as well as knowledge of breast health and mammography screening in African American women. The unique role of the CHA is especially important in recruitment of hard-to-reach women and was vital to the success of the educational intervention. Most importantly, the women valued the individualized attention to their breast health and agreed to share the information with significant others. Further collaborative interventions designed to increase screenings and increase knowledge of breast health and mammography screening are needed to reduce the health disparities of later-stage detection and poorer survival of breast cancer in African American women.

Implications for Nursing: Oncology nurses should build on the findings and deliver further outreach programs to increase mammography screening and knowledge of breast health in a larger number of women of lower socioeconomic status. Future research is needed to determine the influence of reminder phone calls for mammography screening. Oncology nurses should incorporate evaluation strategies at baseline and periodically throughout an intervention to provide more comprehensive data and enhance the credibility of findings. To maximize success, oncology nurses should work collaboratively with other healthcare professionals such as certified x-ray technicians and influential people in the community to increase knowledge of breast health and mammography screening.

Scientific evidence has confirmed that mammography screening is the “gold standard,” or most efficacious method, for early detection of breast cancer in women aged 50 or older regardless of racial or ethnic group or socioeconomic status (SES) (National Cancer Institute, 2004; Ward et al., 2004). Yet African American women lag behind non-Hispanic, Caucasian women (68% versus 72%) in

Key Points . . .

- ▶ Specially trained community health advisors are effective in increasing mammography screening and knowledge of breast health in African American women older than 50 and of lower socioeconomic status.
- ▶ Targeted community programs can have spillover effects increasing awareness of breast health and mammography screening because former participants, interested women, and representatives from community agencies requesting services.
- ▶ Oncology nurses should work collaboratively with other healthcare professionals and influential people in the community to increase program success.

mammography screening (Ward et al.). The findings were confirmed in an epidemiologic report from the National Center for Health Statistics (NCHS, 2001) (52% versus 57%). The disparities are greater when SES is considered. One example is evident from 10-year tracking data from the National Breast and Cervical Cancer Early Detection Program (NBCCEDP), which provides free or no-cost mammography screening and follow-up breast health services for women who are unemployed or employed in minimal-wage jobs without health insurance coverage. The findings showed that African American women compared to non-Hispanic, Caucasian women obtained significantly fewer mammography screenings (17% versus 60%) (Centers for Disease Control and Prevention [CDC], 2003). The gap in mammography screening is illustrated further in more age-adjusted, premature deaths from breast cancer in African American women compared to non-Hispanic, Caucasian women (37% versus 28% per 100,000) (Ward et al.). In addition, African American women compared to non-Hispanic, Caucasian women

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