This article examines how faith community nurses (FCNs) fostered early breast cancer detection for those at risk in rural and African American populations throughout nine counties in midwestern Illinois to decrease breast cancer disparities. Flexible methods for breast cancer awareness education through FCNs, effective strategies for maximizing participation, and implications for practice were identified. In addition, networking within faith communities, connecting with complementary activities scheduled in those communities, and offering refreshments and gift items that support educational efforts were identified as effective ways of maximizing outcomes and reinforcing learning. Flexible educational programming that could be adapted to situational and learning needs was important to alleviate barriers in the project. As a result, the number of participants in the breast cancer awareness education program exceeded the grant goal, and the large number of African American participants and an unexpected number of Hispanic and Latino participants exceeded the target.

Judy A. Shackelford, PhD, RN, is a professor in the Department of Nursing at St. John’s College, Diana P. Weyhenmeyer, MA, OCN®, RN, is a nurse navigator for the Cancer Institute and a protocol nurse for the Radiation Therapy Oncology Group, both at St. John’s Hospital, and Linda K. Mabus, MS, MA, RN, is an assistant professor in the Department of Nursing and faith community nurse coordinator at St. John’s College, all in Springfield, IL. The authors take full responsibility for the content of the article. This study was supported, in part, by a grant (No. 12-497) from the Susan G. Komen for the Cure® Memorial Affiliate. 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. Shackelford can be reached at judy.shackelford@stjohnscollegespringfield.edu, with copy to editor at CJONEditor@ons.org. (Submitted January 2014. Revision submitted February 2014. Accepted for publication February 27, 2014.)

Key words: breast self-examinations; faith community nursing; rural populations; at-risk populations; breast cancer; education; healthcare disparities

Digital Object Identifier: 10.1188/14.CJON.E113-E117

B
Breast cancer is the most common cancer in American women; rates of breast cancer vary between women and men and among people of different ethnicities and ages (DeSantis, Naishadham, & Jemal, 2013). Although no sure way exists to prevent breast cancer, some preventive measures are available, and they can decrease the risk of breast cancer by fostering early detection and treatment, which reduces premature mortality and death rates (American Cancer Society [ACS], 2013). More prevalent among at-risk populations is a disproportionate burden of suffering and death from breast cancer (ACS, 2013). The Centers for Disease Control and Prevention’s (CDC’s), 2013 Office of Minority Health and Health Equity defined at-risk populations as populations that are most vulnerable to health disparities based on gender, age, race, ethnicity, or another factor. Two identified populations at risk for breast cancer are African American women and women living in rural communities. These two at-risk populations made up the target population for the intervention that was intended to foster early detection of breast cancer.

Background

African American Women

According to DeSantis et al. (2013), an estimated 27,060 African American women were expected to be diagnosed with breast cancer in 2013, and another 6,080 African American women were expected to die from the disease in the same year. The former figure makes up a significant part of the 226,870 expected new breast cancer cases in all women in 2013. Since the early 1990s, breast cancer rates have slowly been decreasing. Breast cancer in situ has been stable in Caucasian women but increasing in African American women by 2% per year (ACS, 2012). According to the ACS (2012), in the early 1980s, 1 in 20 women was diagnosed with breast cancer. Today, one in nine African American women will be diagnosed with breast cancer, whereas one in eight Caucasian women will be diagnosed. African American women continue to have a lower five-year survival rate (78%) compared to Caucasian women, who have a five-year survival rate of 91% (ACS, 2012; Fair, Monahan,