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, 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., 2005).