

# Breast Cancer Education for Native American Women: Creating Culturally Relevant Communications

Frances Robinson, RN, OCN®, Nellie Sandoval, BS, MS,  
Julie Baldwin, PhD, and Priscilla R. Sanderson, PhD, CRC

Although death rates from female breast cancer declined overall from 1992–2000 for white, Hispanic, and African American women, rates for Native Americans and Alaska Natives remained constant (American Cancer Society, 2004). Investigators exploring reasons for the lack of improvement in survival rates for the latter two populations cite cultural dynamics and differences as key contributors (Carrese & Rhodes, 2000; Giuliano, Papenfuss, de Guernsey de Zapien, Tilousi, & Nuvayestewa, 1998).

The Four Corners region of the United States, where the states of Arizona, Colorado, New Mexico, and Utah meet, is home to about 125,000 Native Americans (see Figure 1). The Navajo Nation, located in the Four Corners region, is the largest Native American population in the United States. It has the largest number of native speakers whose native language is their primary language. A collaborative effort to reduce cultural contributors to breast cancer deaths now is approaching the decade mark. Using original video presentations in the Navajo language, a team of health professionals, researchers, and educators from New Mexico and Arizona are proving that culturally relevant educational materials can alter attitudes and impact behaviors supportive to early detection, intervention, and outcomes.

In the Navajo language, the word for cancer translates as *the sore that does not heal*. This literal linkage to a sense of hopelessness reflects a cultural perspective that impedes cancer detection in its early, more treatable stages. As a coauthor of this article and a Navajo breast cancer survivor, Nellie Sandoval, BS, MS, explains that the very topic of cancer is taboo to discuss among the Navajo population, for to speak of cancer is to invite it. When statistical data from the San Juan Regional Tumor Registry supported the authors' anecdotal findings regarding late diagnoses, they created *Breast Cancer: It Can Be Healed*. The first Navajo-language video to address such cultural barriers, it discusses the triad of early detection—breast self-examination, clinical examination, and mammography. Its success sparked creation of a second video, sponsored by the Native American Cancer Research Partnership (NACRP). The 12-minute video, *Breast Cancer: The Healing Begins*, focuses on treatment options, including surgery, radiation, and hormone therapy. By conducting field screenings throughout the Navajo Nation, the NACRP team has enhanced the video's visual imagery and messages and has confirmed the value of cultural relevancy in cancer education.

## Identifying a Need

The catalyst for the project collaboration was author Nellie Sandoval's diagnosis of breast cancer in 1989. Author Frances Robinson, RN, OCN®, was her oncology nurse.

A high school counselor, Sandoval, BS, MS, communicated her concerns that other Navajo women were dying of breast cancer because, in large part, of lack of medical education about the treatment of cancer. In the Navajo language, cancer translates as *the sore that does not heal*. Literally and symbolically, such words speak to a cultural perspective that impedes cancer detection in its early, more treatable stages. The very topic of cancer has been taboo among the population, for to discuss cancer is to invite it.

Although the incidence of breast cancer among Navajo women is no greater than their non-Native peers (Hispanic white, non-Hispanic white, African American, and Asian Pacific Islander women), their five-year survival rate is among the poorest of all ethnic groups in New Mexico (Herman, 2000), as shown in Table 1. Tumor registry reports reinforced, too, that Native American women confirmed to have breast cancer are more likely than their counterparts to

*Submitted July 2005. Accepted for publication July 29, 2005. The project on which this article is based was funded by a grant from the National Cancer Institute (#U54CA096320-03).*

Digital Object Identifier: 10.1188/05.CJON.689-692