



Community Based Intervention to Promote Breast Cancer Screening, Awareness, Knowledge and Motivation among Homeless Women

Roxana Orta, DNP, ARNP-BC
Benjamin León School of Nursing
Miami Dade College

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Background

Breast cancer is the leading cancer diagnosis in women in the United States, no matter the race or ethnicity (Siegel et al., 2011).

Despite improvements in survival across all socio economic levels for all known stages of the disease, relative survival remains lower among poor women (DeSantis, et al.,2011).

Minority women and socio-economic disadvantaged women have highest death rates of cancer due to late diagnosis (CDC,2015).

The Problem

United States has the largest number of homeless women and children of all industrialized nations (The National Center on Family Homelessness, 2011)

Florida, USA has more than 50,000 women are homeless.

About half of all homeless women living in Florida are ethnic minorities, and many of those are single mothers.

The U.S. Preventive Services Task Force (USPSTF) cancer prevention and early detection through screening including mammography is proven to reduce breast cancer mortality.

Among Homeless Women

The screening rate of annual mammography is alarming, lowered than the general population even when income is considered (Asgary et al., 2014).

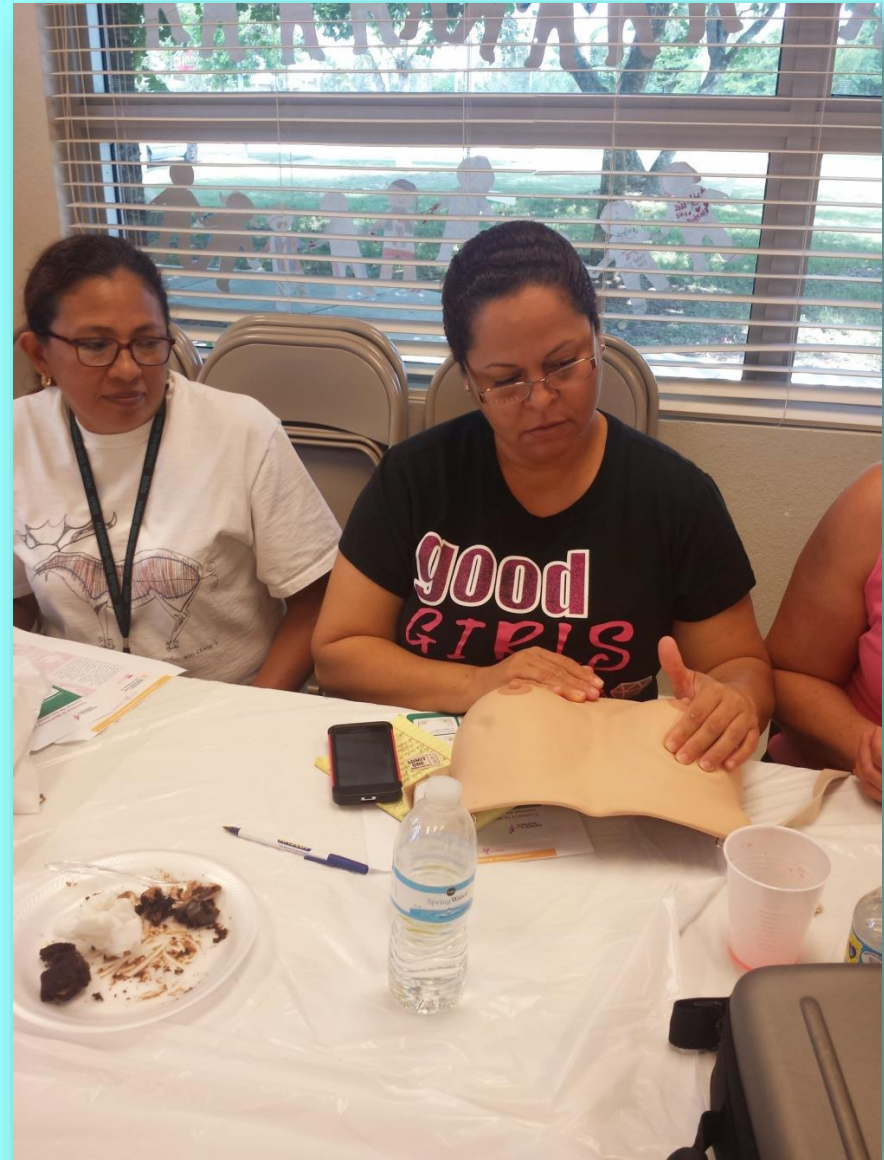
Rate of annual screening mammography is only about 5% in homeless women (Heyding et al., 2005).

Mammography rates are substantially lower among poor and near poor women compared with non-poor women (DeSantis et al., 2011)

Recent research shows that homeless women declined cancer screening even when offered for free (Bharel et al, 2009).

Purpose of the Study

The purpose of this study of homeless women was to evaluate the effectiveness of a culturally appropriate multifaceted learning intervention.



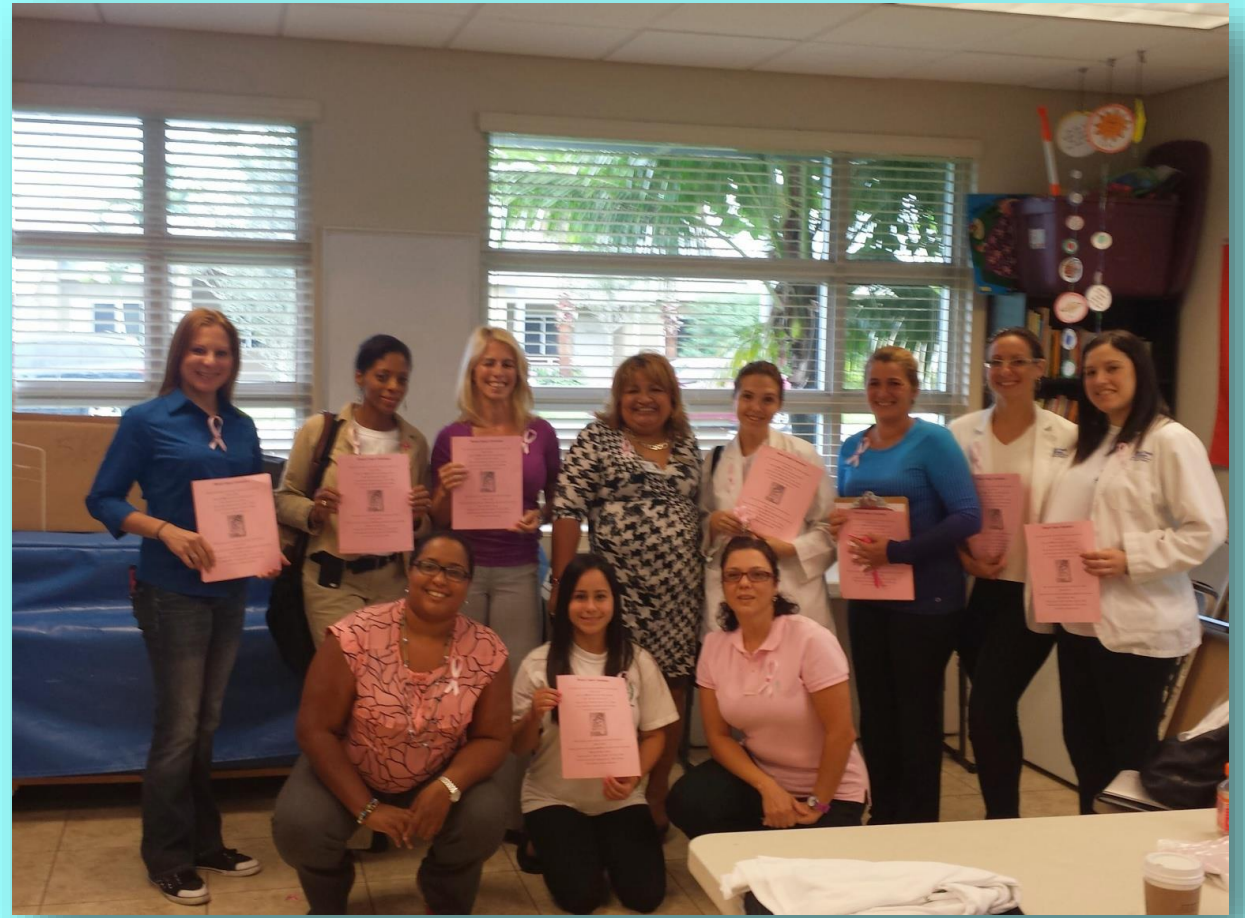
Recommendations

The Community Preventive Services Task Force (2013) recommends group education for the purpose of increasing breast cancer screening.

Community based breast cancer education is effective in increasing breast cancer knowledge among demographically diverse groups with low levels of baseline knowledge (Zeinomar & Moslehi, 2013).

Interventions should be targeted and individually tailored to include intensive culturally sensitive approaches, sustainability and cost effective (Spadea et al., 2010).

A nursing faculty member and RN-BSN Students with Florida Breast Cancer foundation funding facilitated a community-based intervention to promote breast cancer screening, awareness, knowledge and motivation among minority homeless women.



The Setting

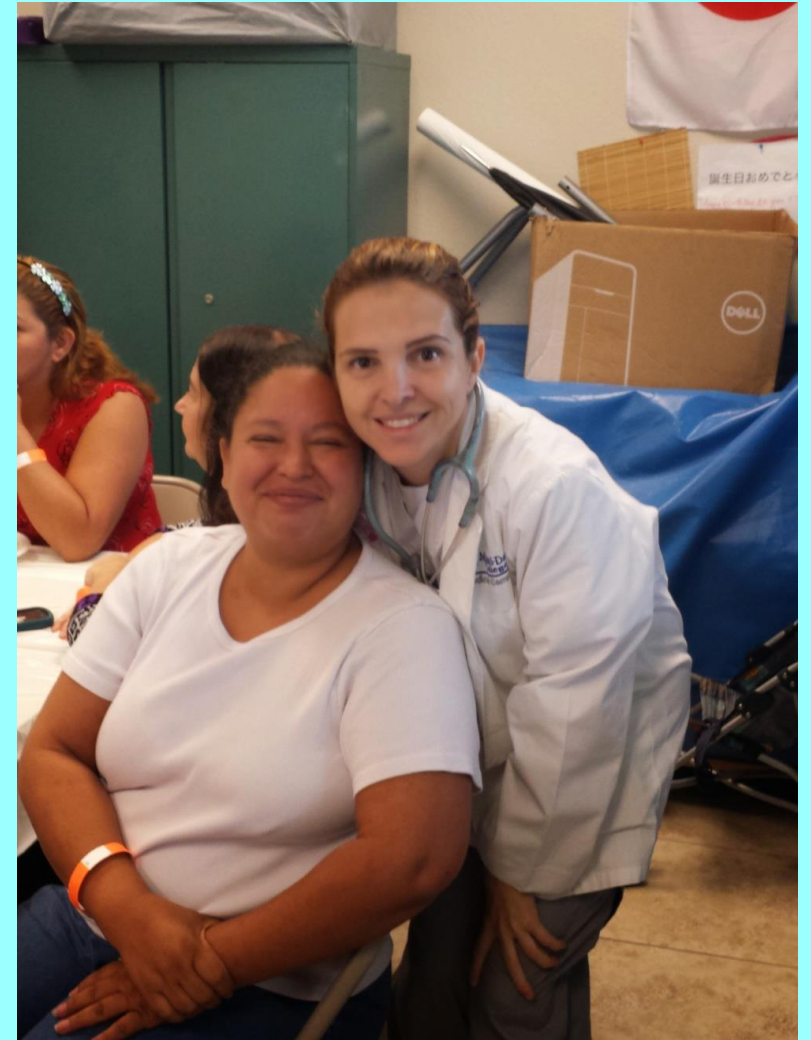
Verde Gardens is a housing project that houses homeless transitional families with disabilities.

The community has a total of 528 residents in 145 single family homes.

This facility houses approximately 350 families, with 385+ women.

The majority are African American, with the remainder predominantly Latino.

The mean length of stay in this facility is approximately 2 years.



The Intervention

The culturally sensitive health promotion curriculum for homeless women was based on American Cancer Society, Susan G. Komen for the Cure and U.S. Preventive Services Task Force (USPSTF).

Intervention included exercise, relaxation, healthy eating, screenings and referrals.



Methods

Ten-session two hour-weekly multifaceted educational intervention.

The primary outcomes of awareness and knowledge of breast cancer were measured by a pre/post-education breast cancer knowledge self-administered multiple-choice and a demographic breast cancer risk factor questioners.

Content validity for both instruments was obtained.

Motivation for breast cancer screening was evaluated by a two week follow up telephone interview.

Results

24 out of 32 participants
completed the program

Ethnic minorities constituted
95% of the sample

- 48% Hispanic
- 44% African American
- 4% Caucasian
- 4% identified themselves as other.



Results

75% of the sample reported little to no worry about breast cancer

68% percent reported their health as poor.

48% of the women reported never had a mammography and 30% women were identified as in need of mammography as recommended by the U.S. Preventive Services Task Force (USPSTF).



Results

Effectiveness of the educational intervention (a paired t test).

The mean % of correct answers increased from 64% at baseline to 84% post-education ($P < 0.0001$).

After the telephone interview 75% of the women requested help with obtaining a clinical breast examination or a free mammography.



Discussion

Findings in this sample suggest an apathetic view of breast cancer risk factors by these women despite reports of poor health and several identified risk factors (obesity, use of tobacco, lower socioeconomic status, diet high in carbohydrates and fat).

This community-based education intervention was effective in increasing breast cancer awareness knowledge among this sample .

The intervention also made women more likely to inquire about clinical breast examination and mammography in the future.

Lessons Learned

This experience was invaluable as an opportunity to teach and assess what measures and practices are currently effective.

The community must hear is that good health is attainable and that preventive measures have the best long term outcomes.

We reached 32 women during this effort. The next step is to help them become breast cancer ambassadors and reach more women.

Breast cancer ambassadors with powerful testimonials can inspire the community and show that women need not be afraid.

Conclusion

This community based educational study effectively facilitated health-promotion education and awareness among homeless women.

Findings from this study may be used to decrease breast cancer screening gaps and to promote programs that are population specific as recommended by the overall objectives of Healthy People 2020.

Findings also may be used to inform public policy about the health disparities experienced by these vulnerable populations.

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