



Creando Nuestra Salud: Knowledge and Attitudes of Hispanic Foreign-born Women ages 10 - 74, Regarding Breast Cancer Issues.

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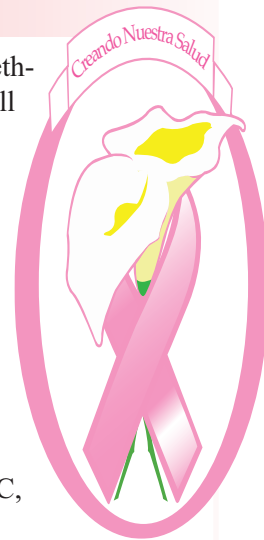
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Background

The incidence of breast cancer among women varies by race and ethnicity (Smigal et al., 2006). Hispanic women represent 10.8% of all women in the U.S., and although breast cancer is lower among Hispanic women, they are less likely to practice breast screening and are, therefore, more likely to die from the disease because of late detection. (Salazar, 1996 and Womancando, 2006)

Cultural and internal barriers such as religious beliefs, and the concept of "fatalismo," are also main issues that effect Hispanic women's early detection and treatment of breast cancer. (*Redes en Acción*, 2004). Additionally, Hispanic women face other barriers to accessing care: lack of insurance, language, transportation, economic, cultural and immigration status. (NWHIC, 2006; Nation's Health, 2006)



Objectives

The objectives of the *Creando Nuestra Salud* project were to:

- Assess knowledge on breast cancer issues
- Identify cultural beliefs (*creencias*), internal barriers and to early detection
- Compare attitudes across the age spectrum on breast health
- Identify views about BSE, clinical BE, and mammograms
- Involve communities as they find answers to their health challenges
- Encourage the use of lay-health workers in women's health education
- Create testimonial-style materials that motivate women to engage in actions to improve their breast health

Methods

The Rural Women's Health Project (RWHP) selected four partner organizations, one in Kentucky and three in Florida. Each organization had previously collaborated with the RWHP and has active LHW programs. Two approaches, the Community Education Sessions (CES) and Lay-health worker (LHW) facilitated surveys, were used to gather information.

Community Education Sessions (CES)

The three sessions, ranging from one to three hours, with approximately 10 participants each, were carried out with the Florida partners. Sessions were designed to gather Hispanic women's perspectives on breast health.

Surveys

- The surveys were developed in Spanish and reviewed by collaborators.
- The RWHP trained 28 LHWs in survey, interview and referral procedures.
- The surveys were pre-tested by site partners and revisions were made.
- LHWs from all partner organizations administered, dated and returned the surveys to the RWHP.

Acknowledgements

Project Lead Partners: Rosa Martin, North Central Kentucky AHEC/HETC; Luz Corcuera, Healthy Start Coalition of Manatee County, FL; Ana Bolaños, *Alianza de Mujeres Activas*, Pierson, FL and Project *Claridad*, Crescent City, FL. We appreciate the assistance of Ellen Lopez, PhD, MPH, University of Florida, College of Public Health and Health Professions.

Findings

Demographics:

- 288 participants
- 75% were originally from Mexico
- 72% live in Florida, 28% live in Kentucky
- 37% completed primary school, 36% high school
- 45% were between the ages of 26 and 40 yrs
- 43% were married, 32% single
- 77% had no health insurance
- 63% report speaking little or no English



Key Findings

- 65% believed that breast cancer is a problem in their community
- 54% stated that fear/death was the first thing they think of when they hear "breast cancer"
- 33% would feel embarrassed having the doctor perform a clinical breast exam
- 62% did not know what causes breast cancer
- 14% thought being hit in the breast caused breast cancer
- 78% believed breast cancer was treatable
- 79% would like to learn about health problems through friends or at church meetings

Breast Self-Exam Highlights

- 54% did not know how to detect breast cancer
- 35% never practiced BSE
- 74% stated that what is easy about BSE is that they could do it themselves
- 39% stated that what is difficult about the BSE is not knowing "what to look for" or not "doing it properly"
- 53% suggested that BSE should start before the age of 20



Mammogram Highlights:

- 48% of the women (41 and older) have never had a mammogram
- 43% stated lack of money or medical insurance as barriers to having a mammogram
- 88% would go to the doctor if they had a lump in their breast

As a woman, I know I have to take care of myself, for my family and my community.



That is why I practice my monthly breast self-exam.

Conclusions

Creando Nuestra Salud served to fill a research void concerning issues and perspectives of Hispanic women, over and under the age of 40. Across the age spectrum, respondents believed that breast cancer was a problem in their community and expressed interest in learning about breast cancer and early detection.

While over one-third of the respondents had never practiced breast self-exams and nearly half of the respondents (40 and older) never had a mammogram, there was consensus that women, upon reaching puberty, should begin practicing the breast self-exam. Respondents stated what is easy about the BSE is doing it themselves, the difficulty is not knowing what to look for. It is also stated that friends continue to be key resources for health information within the community and the majority of respondents named the church as a place they would like to learn about health issues.

Recommendations

1. Implement clinic-based, lay-health worker programs to bridge Hispanic women to earlier care, ease the translation crisis affecting many public clinics and reinforce early detection practices through face to face education.
2. Educate providers about Hispanic immigrant-culture, and the intersect between screening guidelines and immigrant realities, in order to offer education on breast cancer screening during non-breast care visits.
3. Develop community specific, linguistically appropriate, breast health education materials to address misconceptions, reality, religious and cultural beliefs.
4. Offer educational sessions in churches on breast health, screening and mammography guidelines to diminish cultural barriers and increase participation in health services.

Outcomes

1. Development of three *fotonovela*-style educational materials that focus on women's advice on breast health, a testimonial on the importance of BSE and how to do the BSE.
2. Distribution of materials to 300 community members through 28 LHWs in four communities.
3. Material availability through Migrant Health Clinician's HealthNet Program.
4. Trainings on breast health in two Florida communities.
5. Participation of two LHW programs in *fotonovela* preparation.

References

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