

Teaching Breast Cancer Screening to African American Women in the Arkansas Mississippi River Delta

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Purpose/Objectives: To determine the effectiveness of a multifaceted, culturally sensitive breast cancer education program for African American women in the Arkansas Mississippi River Delta.

Design: Experimental (i.e., post-test only, control group design).

Setting: African American churches and a county Extension Homemakers Club sponsored through the Arkansas Extension Homemakers council.

Sample: 53 African American women. The experimental group included 30 participants who had a mean age of 56 years, and the control group consisted of 23 participants with a mean age of 51 years.

Methods: After the presentation of a multifaceted, culturally sensitive breast cancer education program, a variety of instruments were administered to participants in the experimental group that measured dependent variables. Subjects in the control group completed the same instruments in the absence of a viable intervention. Data were analyzed using t tests.

Main Research Variables: Knowledge and beliefs about breast cancer.

Findings: The experimental group's mean scores were significantly higher than the control group's on the Breast Cancer Knowledge Test and the susceptibility scale of the Breast Cancer Screening Belief Scales. The experimental group also scored significantly higher than the control group on the confidence scale of the Breast Cancer Screening Belief Scales.

Conclusions: The multifaceted, culturally sensitive breast cancer education program appeared to be responsible for the differences in scores between the experimental and control groups.

Implications for Nursing: Culturally sensitive group educational programs aimed at helping African American women in the rural South become more knowledgeable about breast cancer and early detection clearly are needed. Such efforts also must focus on increasing women's confidence in effectively performing regular breast self-examination as well as their understanding of personal risk. Healthcare professionals play a major role in the development and implementation of these programs.

Key Points . . .

- African American women have the highest mortality rates among all racial or ethnic groups, and those in the Arkansas Mississippi River Delta are of particular concern.
- Churches and community groups, such as county Extension Homemakers Clubs, continue to be important settings for educating African American women in the rural southern United States about breast cancer screening.
- Multifaceted, culturally sensitive breast cancer education programs may assist in enhancing African American women's knowledge and beliefs associated with early detection of the disease.

African American women are less likely to be diagnosed with early-stage breast cancer and are more likely to have regional or distant spread (Champion & Menon, 1997). Breast cancer screening offers the greatest potential for reducing mortality and enhancing outcomes within this group (Phillips, Cohen, & Tarzian, 2001). Unfortunately, many African American women,

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African American women are more likely to die as a result of breast cancer than women from any other racial or ethnic group (American Cancer Society [ACS], 2005; Glanz, Croyle, Chollette, & Pinn, 2003). According to ACS (2005), the breast cancer mortality rates among African American women are 30% higher than among white women.