

## Educational Parties as a Strategy to Promote Breast Health Awareness and Screening in Underserved Female Populations

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Nursing professionals involved in institutional and community outreach efforts to improve breast health are experiencing an increasing need for innovative strategies to attract women to participate in early-detection and screening programs. Specifically, many programs have been developed in an attempt to increase participation rates among women in community breast-screening activities or mammography programs (Borrayo, 2004; Bonfill, Marzo, & Pladevall, 2001; Synder et al., 2003). The programs have involved methods such as letters of invitation, educational material by mail, telephone recruitment and follow-up, and educational activities including lectures and video presentations. However, despite such efforts, a need still exists to educate and motivate disadvantaged women (who are affected by health disparities or inequities related to early detection of breast cancer) to engage in breast cancer screening to reduce their risk of mortality resulting from late detection.

With this in mind, a program was designed and implemented to meet the needs of underserved and uninsured women residing in a targeted county of New Jersey. The six largest municipalities in Camden County, NJ, are home to 80% of African Americans in the county and 82% of people of Hispanic and Latino ethnicity (Robenolt, 2006). Freda (2004) wrote that the multicultural milieu of the United States mandates that providers consider culture when delivering patient education and services. Multiple factors such as sociodemographics influence healthcare behaviors, interest in learning, and participation in available services. The Camden County Cancer Screening Project (CCCSP) sought a creative way to deliver ethnically based community education about breast health and breast cancer screening. The result was the use of gaming strategies incorporated into a party format to reach the intended com-

munity audience. Health parties and gaming as methods to increase recruitment of multiethnic, multicultural, and multilingual women related to research and, more specifically, breast cancer education and screening have been cited in the literature (Kiger, 2003; Robins Sadler et al., 2006; Roubidoux, Hilmes, Abate, Burhansstipanov, & Trapp, 2005). The purpose of this article is to share the development and experience of incorporating educational parties into the outreach efforts of the CCCSP.

### Background

The current program was implemented in January 2008 as part of a strategy to expand CCCSP outreach efforts. The program is based out of Cooper Cancer Institute at Cooper University Hospital and is part of the larger, state-supported New Jersey Cancer Education and Early Detection (NJCEED) endeavor. The CCCSP has been providing breast cancer screening and education to uninsured or underinsured and underserved women since 1993. Since its inception, more than 6,500 unduplicated women have been screened for breast cancer and many more have been reached during educational encounters.

A review of the information collected by the Camden County Cancer Coalition (CAMConnect, 2007) highlights the importance of increasing the knowledge level of Camden County women about breast cancer and screening. Despite the decline in breast cancer deaths, breast cancer continues to be a major health problem in underserved and uninsured populations, particularly minority communities. From 2000–2004, Camden County had a combined incidence rate for breast cancer of 128.1 new cases per 100,000 women, with a higher percentage of Hispanic and African American women diagnosed in the distant or regional stage of disease than their non-

minority peers. The county has a higher death rate from breast cancer than the overall state, and 8% of county families (12,511 women) live at or below 250% of the poverty level. Only 48% of women in the county reported having a mammogram within the past year, and only 64% received a clinical breast examination (CAMConnect).

Nursing is in the unique position of providing breast cancer awareness and detection to minority, economically challenged, and underserved women and thus assist in reducing the disparities that poverty, ethnicity, and race create in education and service. With information in hand, an advanced practice nurse (APN) at the CCCSP responded to a call by the director of oncology outreach programs, also a nurse practitioner, for ideas for a community-based outreach project to be submitted to a national breast care foundation for grant funding. The APN continued to provide consultation in the grant-writing process and coordinated the planning, development, implementation, and evaluation of the project once funds were awarded.

### Developing Program Goals and Objectives

The goals of the grant-funded program were twofold. The first goal was the promotion of breast health awareness and prevention and early detection of breast cancer through educational parties in the community setting. The settings included but were not limited to community recreational centers, county-based nonprofit agencies, educational facilities, health fairs, places of worship, and private residences. The second goal of the project was to provide a referral base of uninsured and underserved women to the CCCSP to participate in no-cost early-detection procedures, including clinical breast examination, mammography, and follow-up.