

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.

As a result of the goals, measurable objectives were set for the grant year.

- At least 50 home health parties would be held in the six at-risk municipalities in the county in linguistically and culturally appropriate formats.
- At least 500 women, aged 18–64, would be educated through the home health parties on breast health and early detection of breast cancer through the CCCSP and support of the Avon Foundation Breast Care Fund.
- 200 uninsured women, aged 40–64, would participate in breast cancer screening through the CCCSP at the Cooper Cancer Institute.

The overall aim of the program was to evaluate whether participation in an educational party related to breast health and breast cancer prevention and early detection would increase women's participation in screening activities. The authors hypothesized that the party strategy aligned with social networking of underserved and uninsured women and that introduction to healthcare providers in familiar settings would be an effective way to recruit the selected population to participate in an educational and screening program.

Program Plan and Progress

The APN developed a draft lesson plan for the project that introduced presenters and recognized the hostess, reviewed funding for and purpose of the party, distributed a demographic data-collection form designed by the funding agency, conducted ice-breaker activities, and used three gaming strategies to increase participants' knowledge related to prevention and early detection of breast cancer. The plan also incorporated a demonstration of breast self-examination by the APN or RN facilitator, encouraged participant palpation of breast models, and announced an opportunity to schedule appointments with the CCCSP outreach workers for screening services. Time was built into the format of the 60- to 90-minute program for participant evaluation, networking, and refreshment.

The lesson plan (see Figure 1) was circulated among professional and support staff who would take part in the project for their input. Following review and approval, the APN presented the final plan at a departmental meeting and trained the staff members on their respective roles (e.g., group facilitator, outreach coordinator, outreach worker, data manager).

The educational parties, or "home health parties" as they are referred to by

1. Introduction of presenters and recognition of host
2. Introduction of Avon Foundation grant and purpose of party
3. Distribution and completion of Avon Foundation demographic data-collection form by participants
4. Ice breaker
5. Games (Questions are guidelines for educators; discussion should be based on knowledge level of participants.)
 - a. Risk: 15 questions addressing breast cancer risk for audience
 - b. Breast Cancer Bingo: Participants engage in bingo game, and winner is awarded a small prize. Use of game was approved by the University of North Carolina, Chapel Hill, Center for Environmental Health and Susceptibility.
 - c. Fact or Myth?: 10 questions addressing common facts and myths about breast cancer and screening. Participants are awarded Breast Bonus Dollars for correct answers.
6. Demonstration of breast self-examination and breast lump size using visual aids
7. Closing remarks and follow-up
8. Recognition and award for participant with the most Breast Bonus Dollars
9. Appointments for screening as appropriate
10. Refreshments and networking

Figure 1. Lesson Plan

outreach staff and women hosting the events, began during the first month of project inception. They were targeted to occur in six Camden County municipalities with the highest number of minority and underserved women. However, the project did not discriminate based on location or ethnic background or race of a hostess requesting a party or the women in the participant groups.

The parties provide a personalized approach, presenting information to small groups of women in familiar environments in their respective communities. The parties are presented in English or Spanish because many of the CCCSP staff members are bilingual. Women aged 18–70 of all sociodemographic backgrounds have participated to date; however, the target population is underserved women of Camden County aged 40–65. Women 40 years or older who have not been screened for breast cancer in the past year and who meet the NJCEED guidelines for financial eligibility can receive an appointment for free cancer screening,

including a clinical breast examination by one of the two APNs implementing the project who are certified by the Oncology Nursing Certification Corporation as an AOCN® or AOCNP®. They, as well as the RN facilitating the sessions, have taken the initiative to complete the Site-Specific Cancer Series Web-based course on breast cancer (Mahon, 2007). Women with insurance who need assistance with referral to a healthcare provider or an accredited mammography facility receive assistance on request. Women younger than 40 can take advantage of referral to the CCCSP for clinical breast examination, at no cost, by an APN provider.

The gaming component of the educational parties to promote breast health awareness and screening shares elements associated with other commercial marketing models (e.g., Tupperware®, Premier Jewelry®, Tastefully Simple®) to initiate interest and promote access to their products. The snowballing technique is used to identify women from previous parties or other community contacts to serve as hostesses for subsequent parties. The hostesses for parties have been recruited to date through patients, referring agencies, and health clinics in the county, as well as flyers and invitations distributed or posted at health fairs, beauty and nail salons, sporting events, churches, and community organizations. The hostesses serve as "connectors" or informal community leaders not only known to the targeted women but also assisting by participating in a word-of-mouth campaign to communicate the importance of messages relayed at the events (Gladwell, 2000). They are given nonmonetary incentives for organizing, recruiting, hosting, and assisting in referral of participants for breast cancer education or screening. The parties usually are small group sessions of 10–20 women. Limiting the number of participants helps keep members engaged in the program activities while developing a friendly sense of competition for prizes awarded at the completion of each educational game.

Self-created versions of Breast Cancer Risk and Fact or Myth? are two of the three gaming strategies used to involve participants in learning about breast health. Each of the games uses 10–15 different questions or statements related to women's knowledge of breast cancer risk, prevention, or early detection. The questions are derived from a number of sources, including the preexisting knowledge of practitioners and nursing staff, literature from nationally recognized breast cancer organizations, and a literature

review of potential questions by Snyder et al. (2003). Participants are encouraged to identify the correct answer to a question or statement, and the facilitator then leads a brief discussion using a preconstructed script to clarify responses if appropriate. Pink paper “breast cancer dollars” are awarded to the first participant who answers each individual question correctly. The dollars are tallied at the end of each successive game, and the top three participants earning dollars trade them in for small prizes such as Avon® products donated by the Avon Foundation Breast Cancer Fund or a breast cancer awareness item from the CCCSP.

Breast Cancer Bingo® is the third game used to provide education. It was developed by the University of North Carolina, Chapel Hill, Center of Environmental Health and Susceptibility. The center donated a game set and extended permission for its use by the CCCSP in its outreach endeavor. Two to three games of bingo are played at each party and highlight pictures or illustrations of something related to breast cancer prevention or early detection. The pictures have scripts on the reverse side that are recited by the facilitator to support educational facts. Small, nonmonetary prizes as described earlier are distributed to winners.

The project follows a 12-month timeline that was established and submitted with the grant application. The timeline is reviewed on a monthly basis to ensure that benchmarks are met and evaluated. Benchmarks include but are not limited to

- Reviewing educational content and materials and revising them throughout the grant term based on participant evaluation forms and verbal feedback.
- Conducting four educational parties per month.
- Entering data into a patient database and tracking system and continuing to evaluate the accuracy of data via error reports.
- Establishing guidelines for calling back women from the home health parties.
- Contacting program participants within 48 hours of session to schedule or confirm appointment for breast cancer screening with the CCCSP.
- Submitting quarterly reports to the Avon Foundation.

Project Evaluation

Project evaluation was performed on a monthly basis throughout 2008. The

evaluation reviewed the benchmarks set at the onset of the project and was conducted through in-person and telephone follow-up with community hostesses, as well as review of the Educational/Home Health Party Evaluation Form. That project-developed tool is a five-item questionnaire based on a three-point Likert scale rating the organization of the party format, provision of new knowledge to participants, effectiveness of the facilitator and outreach worker, and intent of the program to stimulate participation in clinical breast examination or mammogram services.

As of December 31, 2008, 100% of the program’s outreach goals were met. Twenty-five home health parties were held in 12 months. Interest in the educational parties waned during the summer months of July and August but picked up in the fall. Requests for parties reached a high in October, Breast Cancer Awareness Month, most likely because of the media’s emphasis on breast cancer prevention and early detection. A final report, including meeting budgeted expenditures, was submitted to the funding agency for the project by January 16, 2009.

Discussion

Thus far, the program has assisted the CCCSP in augmenting its community outreach efforts. The educational party approach appears to be a successful strategy to promote breast health awareness and screening in underserved populations. The strategy is a novel approach to increasing the knowledge base of vulnerable populations who might not access services offered through traditional approaches such as a lecture. Oncology nurses focusing on other site-specific cancer screening programs may use similar strategies to deliver their educational messages in other geographic settings. The success of the program to date has been affected by a number of factors. Foremost, women enjoy the education provided in the gaming format. This leads to increased active participation in learning. A team approach has assisted the professional and support staff involved in the project with the smooth implementation and continued progression of the program. The project also has highlighted the impact that APNs, RNs, community outreach workers, and data managers can have on reducing the disparity in breast cancer education and screening through their administrative, advocacy, educa-

tion, leadership, and clinical practice roles. For example, the APN can serve as the primary care provider for breast health-related issues and make appropriate referrals for diagnostic evaluation and management of abnormalities found during examination.

Two weaknesses of the project or barriers to its success have been identified. The first is difficulty getting hostesses to follow up with women who attended their parties. The original proposal indicated that an outreach worker would call each hostess at two weeks, one month, and three months after a party to remind her to gather information on their participants’ screenings. This was found to be unrealistic because of privacy issues, time constraints, and other circumstances. An alternative method to tracking is to have the outreach worker who schedules all appointments with the CCCSP to ask callers how they heard about the program. That way, at least the women from the educational parties who are uninsured (the targeted population) can be tracked regarding follow-up. A second barrier, specific to the benchmark of scheduling four parties per month, is the decreased number of inquires for parties that occurred during the summer months. That pattern will be recognized if the program continues past the current grant cycle and hopefully will be offset by increased requests for outreach during Breast Cancer Awareness Month.

Implications for Nursing

Nurses are experienced in many of the educational, leadership, patient advocacy, and professional intervention skills necessary to plan and implement programs such as the one described in this article. Home health parties are a viable strategy to recruit women to participate in breast cancer education and screening programs. The authors believe that the program has proven to be an effective and efficient method of reducing barriers to care. By having women attend the educational parties, meet contacts from the CCCSP in a community setting, participate in a supportive environment through peer socialization, and schedule screening appointments at the conclusion of the event, the project accomplished a number of goals over a 12-month time period.

- Provided more than 568 African American, Latina, and Caucasian women with breast cancer education
- Performed 301 breast cancer screenings, including clinical breast examinations

and mammograms as age appropriate, to uninsured women

- Distributed more than 2,000 pieces of educational material at community-based venues
- Developed a strong network of community members interested in bringing the message about breast cancer prevention and early detection to their Camden County community.

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