

## Promoting A Breast Cancer Screening Clinic For Underserved Women: A Community Collaboration

<i>Category</i>	<i>Description</i>
<b>Title of intervention</b>	Promoting A Breast Cancer Screening Clinic For Underserved Women: A Community Collaboration
<b>Objectives</b>	<p><b>Objectives IROHLA taxonomy</b></p> <ul style="list-style-type: none"> <li>✓ To inform and educate older adults</li> <li>✓ Improving skills of older adults</li> <li>✓ To support behaviour change and maintenance</li> <li>✓ To customise health literacy interventions or enhance the implementation of these interventions (language adaptations)</li> <li>✓ To change the social, cultural or physical environment in order to enhance the effects of health literacy interventions (transport provided to and from screening facilities)</li> <li>✓ To increase trust of the medical system and reduce health disparities and increase the opportunities for health equity in women at greater risk for breast cancer</li> <li>✓ Other</li> </ul> <p><b>Short description of the objectives of the intervention</b></p> <p>To increase awareness about breast cancer, the potential for preventing it, and to provide breast cancer screening services to underserved, as well as to immigrant and minority women in the surrounding community.</p> <p>Objectives were not tied to any timescale, only as observations over the reporting period.</p>
<b>Target groups</b>	<ul style="list-style-type: none"> <li>✓ Vulnerable groups</li> </ul> <p><b>Short description of the target groups</b></p> <ul style="list-style-type: none"> <li>• Underserved women from immigrant and minority backgrounds</li> <li>• All female</li> </ul> <p>Although income not stated, low income was required for participation in parts of the programme:</p> <ul style="list-style-type: none"> <li>• Specific age profile information is not available but target disease and diagnostic methods suggest older adults would have more likely taken up screening and been approached;</li> <li>• 126/131 met a threshold for state-funded breast screening; a further 18 qualified for a state-funded cervical screening programme;</li> </ul>

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	<ul style="list-style-type: none"> <li>• Cultures include: Somali, Hispanic, Arabic/Sudanese, Cambodian, Chinese and Other;</li> <li>• Classes were held in 6 languages: Somali (8), Spanish (7), English (4), Arabic/Sudanese (3), Cambodian (3) a Chinese language (1);</li> <li>• The women's existing health problems were not assessed.</li> </ul>
<b>Problem analysis</b>	<p><b>Scope of the problem and consequences for individual and/or society</b> Studies have shown that mortality from breast cancer in the United States is disproportionately higher for women from African American and Hispanic backgrounds than for White women. Women from minority backgrounds have been shown to have lower levels of education and essential knowledge regarding breast cancer screening, diagnosis, and treatment.</p> <p><b>Distribution of the problem</b> Minority women, women newly arriving in the United States from immigrant backgrounds, underinsured and uninsured women, disproportionately have lower rates of screening mammography procedures.</p>
<i>Short description of the modifiable determinants of older adults with respect to this intervention.</i>	<p><b>Modifiable determinants of older adults</b> Increased education and knowledge about preventive breast disease services, breast disease symptoms, and the health risks for developing breast disease would have been more likely to result in earlier diagnosis, appropriate treatment, and better clinical outcomes for breast diseases and breast cancers. Increasing appropriate knowledge of all of the aforementioned has the potential to ultimately reduce health disparities and possibly decrease morbidity and mortality. Greater awareness and self-efficacy.</p>
<i>Short description of the modifiable determinants of professionals.</i>	<p><b>Modifiable determinants of professionals</b> Not applicable, not targeted at professionals</p>
<b>Components of the intervention</b>	<p><b>Components</b></p> <ul style="list-style-type: none"> <li>✓ individual counselling/coaching by professionals (on how to access benefits such as transport)</li> <li>✓ group sessions (training) by professionals</li> <li>✓ written information materials (leaflets)</li> </ul> <p><b>Description of components</b></p> <ul style="list-style-type: none"> <li>• Half-hour didactic classes.</li> <li>• Teach the women how to perform breast self-examinations.</li> <li>• Breast health literature at an 8th-grade literacy level and available in several languages.</li> </ul>

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	<ul style="list-style-type: none"> <li>• Staff worked with the uninsured women to obtain health coverage from Medic-aid and the Minnesota Breast and Cervical Cancer Control program.</li> <li>• The language interpreters assisted with enrolling women into the state screening program, helping the women with the completion of relevant paperwork, and also assisted in helping the women make transportation arrangements to and from the clinic.</li> </ul>
<b>Approach</b>	<p><b>Theoretical models used</b> None stated, but must be linked to theories of adult literacy and learning as this takes place in the context of local adult literacy learning center see for example <a href="http://www.rochesterce.org">http://www.rochesterce.org</a>.</p> <p><b>Didactics used</b> Half-hour didactic classes with female students in small-group settings with interpreters; community fairs spontaneous presentation opportunities</p> <p><b>Techniques used</b> Pictorial charts and silicone breast models were used to demonstrate the benefits of breast cancer screening and to teach the women how to perform breast self-examinations.</p> <p><b>Contexts</b> A Community Adult Literacy Learning Center that routinely serves approximately 2,200 learners of various educational backgrounds, ethnicities, race, and immigrant status A twice-monthly, half-day breast clinic was opened within the school; also community fairs to raise awareness.</p> <p><b>Stakeholders involved</b> Female students at the center, their female family members, and women from the surrounding community (333 women attendees) and 55 different language interpreters (female), who also participated in the classes and clinical examinations.</p> <p><b>Type of professionals involved</b> The medical staff members included 3 female physicians from the Mayo Clinic Breast Diagnostic Clinic and a nurse well versed in community outreach. Plus medical students and medical interpreters.</p>

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<b>Resources and qualifications</b>	<p><b>Duration of the intervention</b> Between December 2005 and July 2009 (3 years and 7 months)</p> <p><b>Financial costs for the implementing organisation</b> Relatively low. In addition to administration and management costs, time costs for</p> <ul style="list-style-type: none"> <li>• Hosting Venue,</li> <li>• Medically trained staff to interact, consult the public,</li> <li>• Interpreters trained in medical terminology and possibly in cultural competence,</li> <li>• Additional costs are for transport to clinics,</li> <li>• The authors thanked the funding support from the National Breast Cancer Foundation, Inc.</li> </ul> <p><b>Financial costs for the target groups</b> Minimal, as the clinic provided transport and a way to obtain reimbursement of costs</p> <p><b>Required competencies of professionals</b></p> <ul style="list-style-type: none"> <li>• Multi-lingual or interpreters who understand medical concepts and terminology,</li> <li>• Expertise in the breast screening,</li> <li>• To be able to build cooperation and trust.</li> </ul>
<b>Implementation</b>	<p><b>Implementation strategy</b> 26 language-specific breast health education classes. The language interpreters assisted with enrolling women into the state screening program, helping the women with the completion of relevant paperwork, and also assisted in helping the women make transportation arrangements to and from the clinic. A booth at the Community Adult Literacy Learning Center’s annual health fair and other community outreach events.</p> <p><b>Conditions for effective implementation</b></p> <ul style="list-style-type: none"> <li>• Medical interpreters,</li> <li>• Create a safe environment and construct a level of trust to build collaborative relationships in the community (key point of success),</li> </ul>

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	<ul style="list-style-type: none"> <li>• Transportation to and from the screening/diagnostic community center or clinic,</li> <li>• Identification of potential reimbursement sources for screening examinations and imaging procedures.</li> </ul> <p><b>Stakeholders involved</b>            (All female) older adults in the community, medical professionals, 55 different language interpreters (female), who also participated in the classes and clinical examinations.</p>
<b>Transferability</b>	<p>Transferable as long as similar setting and expertise is available. Although cultural competency training would be useful, not required for the professionals.</p> <p>No training modules or manuals available.</p>
<b>Evaluation</b>	<p><b>Methods used</b></p> <ul style="list-style-type: none"> <li>• Feedback (Feedback from the interpreters indicate that they also found the classes to be personally useful and furthermore allowed them to contribute to the dissemination of important education regarding breast care information learned during the interactions with the patients.).</li> <li>• Subsequent contact and tracking of the participants.</li> <li>• Follow-up surveys completed by the patients.</li> </ul>
<b>Effectiveness</b>	<p><b>Main results</b>            Follow-up surveys completed by the patients indicated an overall level of satisfaction with the screening procedures, the outreach breast clinic and expression of a willingness to recommend the services offered at the clinic to others in the community.</p> <p><b>Main results of the intervention</b></p> <ul style="list-style-type: none"> <li>• 26 language-specific breast health education classes with 333 women attendees (Table 1). Fifty-five different language interpreters (female) also participated in the classes and clinical examinations.</li> <li>• A booth at the Community Adult Literacy Learning Center’s annual health fair and other community outreach events reached another estimated 1,000 women.</li> <li>• A total of 177 patient visits (includes 46 follow-up visits) were provided to 131 women on 58 days spent in the clinic. One hundred thirteen women (86.3%) had mammograms, sonograms, or both at our clinic. For 76 (58%) of the women with average age of 46.5 years, it was their first time undergoing any breast imaging.</li> <li>• Of the 131 women, 126 qualified for the state screening program.</li> </ul>

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<i>Key elements/components of the intervention that must stay intact in order to have an effective intervention</i>	<b>Key elements</b> it is important to address racial/ethnic background, socioeconomic status, English language proficiency, and access to health care in general.
<b>Level of evidence</b>	<ul style="list-style-type: none"> <li>✓ Expert opinions</li> <li>✓ ✓ Other: follow up survey and feedback</li> </ul>
<b>Sector</b>	Health sector
<b>Country of development</b>	Minnesota (USA)
<b>Provider</b>	<p><i>Name:</i> Sandhya Pruthi, MD</p> <p><i>Organisation:</i> Department of Medicine (MMS) and the Division of General Internal Medicine (LN, DWR, SP), Mayo Clinic, Rochester, Minnesota and Mayo Medical School, College of Medicine, Mayo Clinic (ES) - Community Adult Literacy Learning Center in Rochester, Minnesota.</p> <p><i>Type of organisation:</i> Medical School and College</p> <p><i>Post address:</i> Division of General Internal Medicine; Mayo Clinic; 200 First Street SW; Rochester, MN</p> <p><i>E-mail:</i> pruthi.sandhya@mayo.edu</p> <p><i>Telephone number:</i> 55905; 507-284-6487; 507- 266-3988 (fax)</p>
<b>Relevant document/links</b>	<a href="http://www.rochesterce.org">http://www.rochesterce.org</a>