

BREAST CANCER EDUCATION TOOLKIT  
FOR HISPANIC/LATINO COMMUNITIES

INTRODUCTION

# WHAT IS THE NEED?

## Is breast cancer a problem in our community?

Breast cancer is the most common cancer among Hispanic/Latina women and a leading cause of cancer death among this group in the U.S.<sup>1</sup> While data show that Hispanic/Latina women have lower breast cancer incidence rates compared to white women, they are more likely to be diagnosed at a later stage than non-Hispanic women. They are also more likely to be diagnosed with larger and more difficult-to-treat tumors<sup>1</sup>. This is likely due to fewer women getting screened and delays in getting back to the doctor for a follow-up after abnormal screening results.

## Why are Hispanic/Latina women in the U.S. diagnosed at a later stage?

There are many reasons Hispanic/Latina women in the U.S. are diagnosed at a later stage. These include:

- Lack of awareness of breast cancer risks and screening methods,
- Lack of insurance and access to regular health care,
- Lack of trusting relationships with health care providers,
- Fear of diagnosis,
- Bad experiences with illness and with the health care system in the past, and
- Cultural and language barriers<sup>2,3,4,5</sup>.

These and other barriers play key roles in determining whether Hispanic/Latina women will seek health information, breast cancer screening and health care services<sup>6,7</sup>. These barriers may lead Hispanic/Latina women to avoid interactions with health care professionals and instead seek information from trusted sources, such as female friends and mothers<sup>8</sup>. After talking to someone they trust, women may wait to visit a health care provider until their symptoms become severe, which could result in a diagnosis at a later stage<sup>8</sup>.

## SPECIAL FEATURES OF THIS TOOLKIT

Throughout this Toolkit, you will find definitions, tips or ideas, and resources that you can use to build your own knowledge and to improve your outreach and education program. Icons/pictures are used to identify each feature. The icons are:

Definition



Tip or Idea



Resources



Each time you see an underlined resource, click on it to go to a page containing links to relevant resources and educational materials.

# WHAT IS THE PURPOSE OF THIS TOOLKIT?

The purpose of this Toolkit is to support you, as an educator, in providing culturally- and linguistically-responsive breast health education that helps Hispanic/Latino people learn about breast cancer and feel empowered to take action. In particular, the education you provide can help people to enter and stay in the Breast Cancer Continuum of Care.

Komen partnered with experts in culturally- and linguistically-responsive health promotion. They were able to identify and select evidence-based strategies to create this Toolkit and guide you in implementing or refining your own breast health education programs.



Culturally- and linguistically-responsive breast health and breast cancer education incorporates the learners' culture and language into all aspects of the education. It creates stronger connections between educators and learners and facilitates learning among people of different cultural backgrounds.

## SPECIAL NOTE

You will notice some of the same information being repeated throughout this Toolkit. The purpose of this repetition is to ensure that every educator, no matter which section(s) she/he uses, will see the main themes of this Toolkit at least once.

# BREAST CANCER

## What is breast cancer?

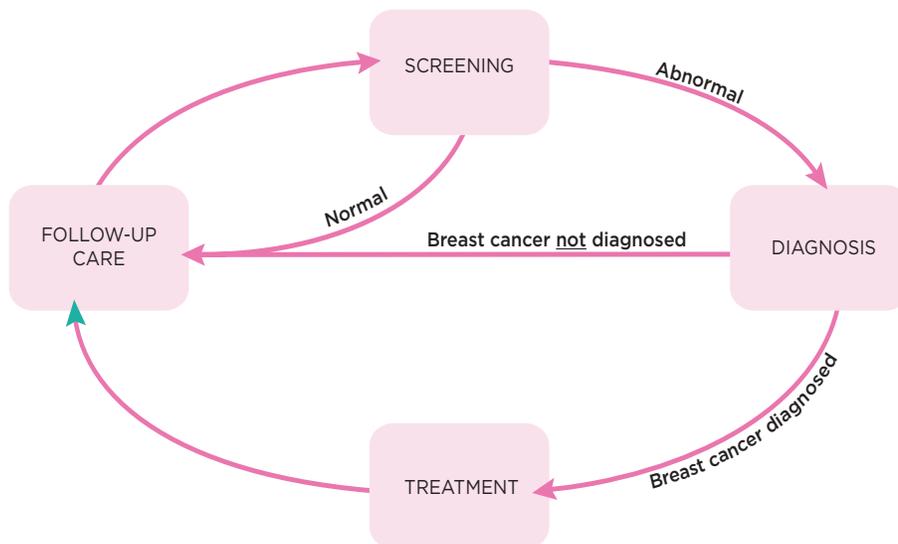
Every day, cells in your body divide, grow and die. Most of the time, cells divide and grow in an orderly manner. However, sometimes cells grow out of control. Breast cancer occurs when cells in the breast divide and grow without their normal control and form malignant (cancerous) tumors.

## What is a breast cancer screening?

Screening is any test designed to show signs of the disease before any symptoms are present. Mammography is the most common screening tool for breast cancer used today. It can find breast cancer early, before it can be felt, when the chances of survival are highest. A clinical breast exam (CBE) is another screening test. It is a physical exam done by a health care provider often during a well-woman exam. A breast cancer screening test is the most common way for a person to enter what is called the “Breast Cancer Continuum of Care.” Getting regular screening tests, along with effective treatment, is the best way for women to lower their risk of dying from breast cancer.

## What is the Breast Cancer Continuum of Care?

Screening, diagnosis, treatment and follow-up care are available through the health care system. The Breast Cancer Continuum of Care (COC) Model shows a person’s movement through the health care system, from screening, to diagnosis, treatment and follow-up care (if needed) – and back into screening. It is also important to note that a person could enter the COC at any point during screening, diagnosis or treatment and continue to follow-up care and back to screening.



## How does a person enter the COC?

Ideally, people enter the COC through breast screening exams such as the clinical breast exam (CBE) or mammogram.

- A CBE is a physical exam done by a health care provider as part of a regular medical check-up. During a CBE, the provider looks at the breasts and then carefully feels the breasts and underarms for any changes or abnormalities, such as a lump. A CBE can be helpful in detecting breast changes in women of any age. Women should have a CBE at least every three years starting at age 20, and every year starting at age 40.
- A mammogram is an X-ray of the breasts. It is the best cancer screening tool today for finding breast cancer. Starting at age 40, women at average risk of breast cancer should have a mammogram annually. Women who have a family history of breast cancer should talk to their health care provider about which screening tests are right for them.

Not all women enter the COC through screening. Women can enter the COC at any point, for example, before or after screening; before or after diagnosis or treatment; or before, during or after follow-up care.

Entering the COC at the point of screening and staying in the continuum increases the chance that breast cancer will be found early, when treatment is more effective and leads to improved outcomes. We hope that women enter the COC through screening. Also, we want them to stay in the COC either by receiving follow-up care and screenings as recommended, or by moving on to next steps of diagnostic tests, treatment (if breast cancer is found) and follow-up care.



People can learn more about their personal risk for breast cancer by talking with their health care providers.

## Key Messages

Komen has developed four [Breast Self-Awareness Key Messages](#) (Key Messages). They can be used to increase awareness and empower people to take action and make informed choices about their health. These Key Messages are:

- Know your risk
- Get screened
- Know what is normal for you
- Make healthy lifestyle choices

This Toolkit shows you how to use the four Key Messages to engage community members and provide accurate information, and empower them to take action regarding their own health. It is also important for the people you educate to share the information they learned with someone they care about. Specific information about the Key Messages that you can share can be found in [Section Two: What is the Message?](#) and in some of the resources listed in that section.

# THE BREAST CANCER EDUCATION TOOLKIT FOR HISPANIC/LATINO COMMUNITIES

## Who can help?

Everyone can play a role in raising awareness about breast cancer. However, this Toolkit is designed for use by organizations and people that currently conduct, or would like to conduct, breast health education in Hispanic/Latino communities. Examples include: health professionals such as nurses, health educators, navigators, community health workers or “promotoras,” non-governmental organization (NGOs) and others.

## *Role of Toolkit User*

Educators using this Toolkit may hold a variety of titles or roles within their organizations. The purpose of this Toolkit is to support you in providing culturally- and linguistically-responsive breast health and breast cancer education. As a result, throughout the Toolkit, you will find the Toolkit user referred to as an “educator.”

As an educator, you can increase knowledge about breast cancer and encourage learners to take action in their personal lives. You can also encourage the people you reach to share the information they gain with family, friends and others in their community.

## How can you use the Toolkit?

This Toolkit really is a tool for you to use. It is intended to help you plan for a single outreach or education event, or help you plan more broadly for your organization’s outreach and education program. The Toolkit is divided into four sections that are designed to help you answer the following program planning questions:

1. Who is the Audience?
2. What is the Message?
3. What is the Venue?
4. What are the Resources?

Included in the Toolkit are:

- Evidence-based strategies for culturally-responsive communication and education,
- Practical tools and resources that you can use to increase awareness and understanding about breast health and early detection within the Hispanic/Latino communities in your area based on audience, venue and time-constraints, and
- Tips and tools for evaluating your breast cancer education program.

## ***The Program Planning Square***

One of the resources included in this Toolkit is the Program Planning Square, seen below. You will notice that the Toolkit is presented in a square format. Each section of the Toolkit is focused on one major program planning question and forms one box of the Program Planning Square.

Who is the Audience?	What is the Message?
What is the Venue?	What are the Resources?

As you read each section of the Toolkit, you can complete each box of the Program Planning Square. You can use a blank tool for notes, plan for an event or think through your organization's outreach and education program.

You may start by thinking about your audience, which corresponds with Section One of the Toolkit. However, you do not have to begin there. For example, if you are invited to give a presentation about breast cancer, you may know about your venue for the presentation before you know about your audience.

Wherever you start, be sure to answer all four section questions and read the corresponding sections of the Toolkit. This will prepare you to plan and deliver culturally- and linguistically-responsive breast health and breast cancer education for Hispanic/Latino communities.



**[Program Planning Square](#)**

## IN THE NEXT SECTION

The next sections of this Toolkit offer more detailed guidance on planning and conducting breast cancer outreach and education. They will help you to think through questions such as:

- [Who is the Audience?](#)
- [What is the Message?](#)
- [What is the Venue?](#)
- [What are the Resources?](#)

The four sections of this Toolkit are available separately, but they are intended to be used together. For more information about any of the above questions, simply click on the question.

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- 1 American Cancer Society. Cancer Facts & Figures for Hispanic/Latino People, 2021-2023 Atlanta: American Cancer Society.
  - 2 Harlan LC, Bernstein AB, Kessler LG. Cervical Cancer Screening: Who Is Not Screened and Why? Am J Public Health 1991; 81:885-891.
  - 3 Ramirez AG, McAlister A, Gallion K, Villarreal R. Targeting Hispanic/Latino Populations: Future Research and Prevention Strategies. Environ Health Perspect 1995;103:287-290.
  - 4 Hubbel FA, Chavez LR, Mishra SI, Magana R, Valdez RB. From Ethnography to Intervention: Developing a Breast Cancer Control Program for Latinas. J Natl Cancer InstMonogr 1995;109-115.
  - 5 American Cancer Society. Cancer Prevention & Early Detection Facts & Figures, 2013. American Cancer Society, 2013.
  - 6 Bakemeier RF, Krebs LU, Murphy JR, Shen Z, Ryals T. Attitudes of Colorado Health Professionals Toward Breast and Cervical Cancer Screening in Hispanic/Latino Women. J Natl Cancer InstMonogr 1995; 18:95-100.
  - 7 Morgan C, Park E, Cortes DE. Beliefs, Knowledge, and Behavior about Cancer among Urban Hispanic/Latino Women. J Natl Cancer InstMonogr 1995; 18:57-63. 11.
  - 8 Larkey, LK, Hecht, ML, et al. (2001). Hispanic Cultural Norms for Health-Seeking Behaviors in the face of Symptoms. Health Education Behavior, 28: 65-80.