



BREAST CANCER EDUCATION TOOLKIT
FOR HISPANIC/LATINO COMMUNITIES

THANK YOU FOR JOINING OUR MISSION TO END BREAST CANCER.



By using the Susan G. Komen® Breast Cancer Education Toolkit for Hispanic and Latino Communities, you will help with one of our organization's most important goals: ensuring that all women and men are educated about breast cancer. We are deeply concerned about breast cancer in the Hispanic and Latino communities, where breast cancer is the most commonly diagnosed cancer — and leading cause of cancer death in women in the U.S.. Hispanic and Latina women are more likely to be diagnosed at later stages of the disease, when breast cancer is more difficult to treat.

Early diagnosis and treatment begins with education.

This online bilingual Toolkit offers evidence-based strategies for outreach as well as culturally and linguistically appropriate information and resources to assist Komen grantees and partners and other national organizations with breast cancer education. We hope that you find it useful in your own work with Hispanic and Latino communities.

We are determined to redouble our efforts to end breast cancer by making faster and greater strides against the disease. Together, we can work toward a future without breast cancer. Thank you for all that you are doing to make this goal a reality.

Warm regards,

Susan Brown



Susan Brown, M.S., R.N.
Senior Director, Health Information & Publications
Susan G. Komen®

SUSAN G. KOMEN®



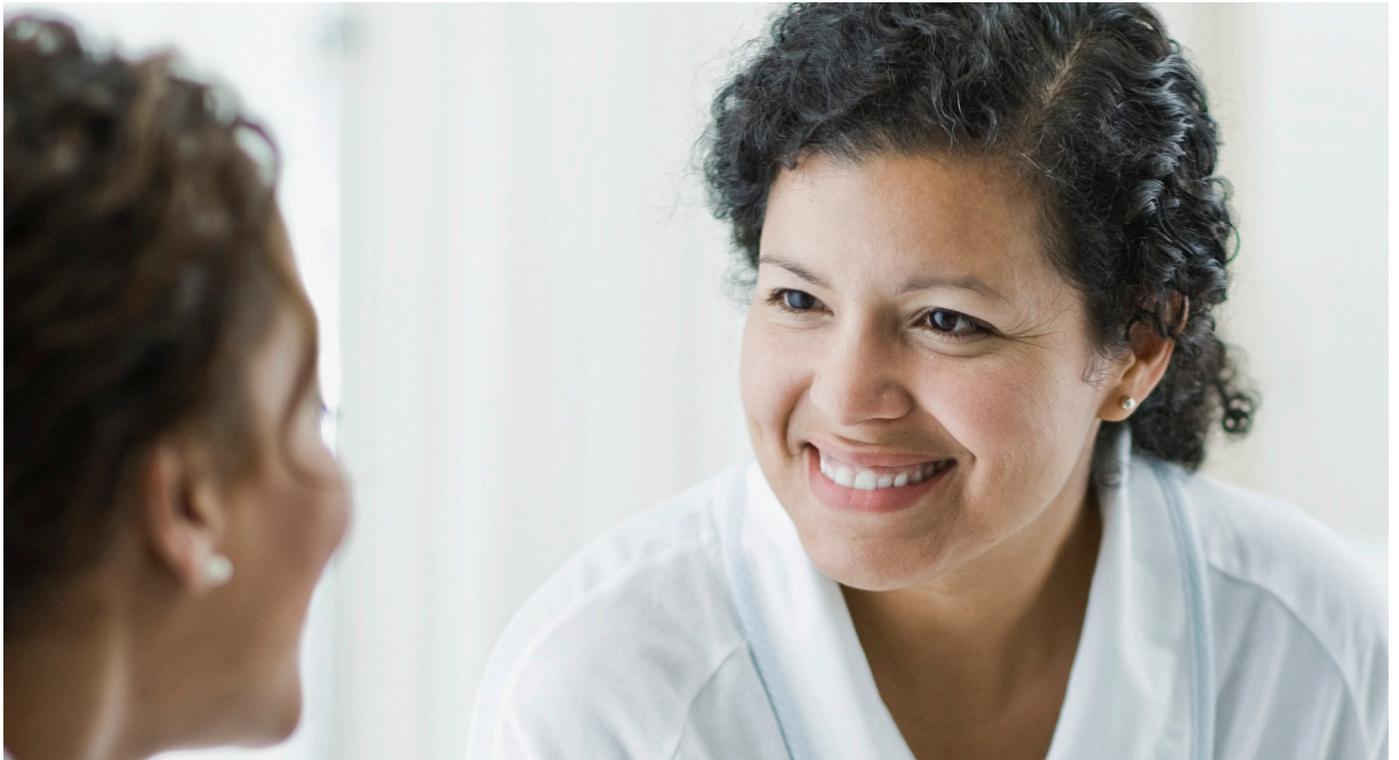
Susan G. Komen® is the world's leading nonprofit breast cancer organization, working to save lives and end breast cancer forever. Komen has an unmatched, comprehensive 360-degree approach to fighting this disease across all fronts and supporting millions of people in the U.S. and in countries worldwide. We advocate for patients, drive research breakthroughs, improve access to high-quality care, offer direct patient support and empower people with trustworthy information. Founded by Nancy G. Brinker, who promised her sister, Susan G. Komen, that she would end the disease that claimed Suzy's life, Komen remains committed to supporting those affected by breast cancer today, while tirelessly searching for tomorrow's cures. Connect with us on [Facebook](#) and [Twitter](#).

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BREAST CANCER EDUCATION TOOLKIT
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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.¹ 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 tumors¹. 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^{2,3,4,5}.

These and other barriers play key roles in determining whether Hispanic/Latina women will seek health information, breast cancer screening and health care services^{6,7}. 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 mothers⁸. 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 stage⁸.

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?

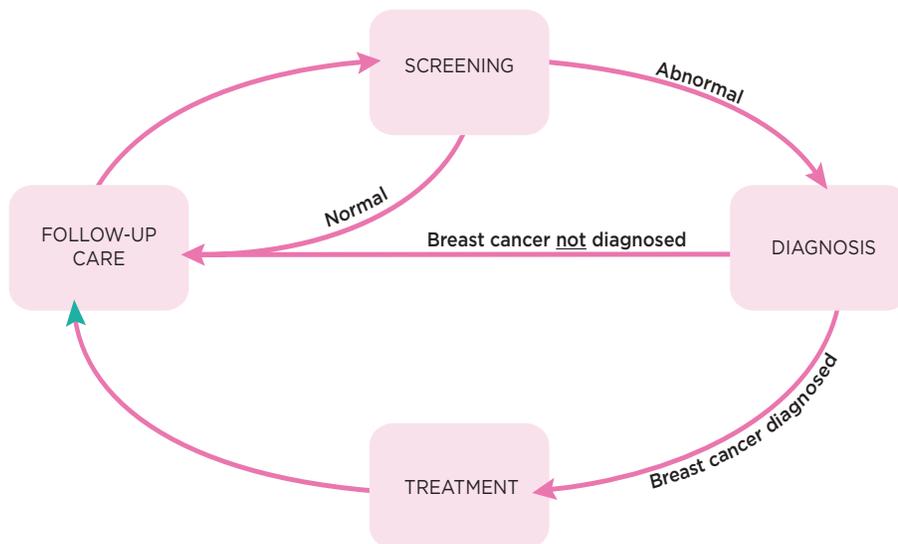
Every day, cells in your body divide, grow and die. Most of the time, cells divide and grow in an orderly manner. However, sometimes cells grow out of control. Breast cancer occurs when cells in the breast divide and grow without their normal control and form malignant (cancerous) tumors.

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.

-
- 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.



**BREAST CANCER EDUCATION TOOLKIT
FOR HISPANIC/LATINO COMMUNITIES**

**SECTION ONE:
Who is the Audience?**

SECTION ONE: WHO IS THE AUDIENCE?

PURPOSE OF THIS SECTION

Whether you are planning a single outreach or educational event, or thinking about your organization's entire outreach and education program, it is critical to understand your audience. Understanding your audience will help you determine the type of outreach and education that will be most successful.

The purpose of this section is to support you in understanding more about your audience, particularly the Hispanic/Latino population in the U.S. This section will also help you to learn more about your specific community and some of the issues that are important to special audiences within this community, such as men, women under the age of 40 and older women.

Learning Objectives

After reading this section, you should be able to:

- Describe the diverse nature of the Hispanic/Latino populations living in the U.S.,
- Identify resources to help you learn more about the community you serve and potential partners,
- List how you can find partners serving your community, and
- Discuss the issues important for special audiences like women under the age of 40, older women and men.

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.

Completing the Program Planning Square

Use this section of the Toolkit to help you identify your audience. To do this, you will need to consider:

- The countries or regions the Hispanic/Latino people in the community represent
- The primary language of the people in the community
- Preference for hearing or reading information in Spanish or English
- Whether both women and men will be part of the audience
- Ages of the audience members

This information can help you understand your audience and understand what issues may be important to them. As you read through the other sections of this Toolkit, you will learn that understanding your audience will also help you to tailor your message and identify the most appropriate [Educational Materials](#) for your audience.

A Note About the Use of “Hispanic/Latino”

There is ongoing debate regarding the most appropriate terminology for identifying Spanish-speakers who originate from the Caribbean, Central or South America, or Spain — regardless of race. “Hispanic” is a common term used among U.S. federal and state agencies to describe this broad and multi-cultural group. The term “Latino” has also emerged as an identifier for people who live in the U.S. but whose country of origin is in the Caribbean or Latin America¹.

For the purposes of this Toolkit, the term “Hispanic/Latino(a)” will be used to describe people of the many ethnic and racial backgrounds from countries in the Caribbean, Central and South America, Mexico and Spain.

Important and Useful Information About the Hispanic/Latino Population in the U.S.

How many Hispanic/Latino people live in the U.S.?

According to the 2010 U.S. Census, more than 50 million people in the U.S. identify as Hispanic or Latino (a population that has grown by 43 percent in the past decade). Hispanic/Latino people represent a total of 16.9 percent of the total U.S. population².

More than a quarter (36 percent) of the U.S. Hispanic/Latino population in 2011 was born outside of the U.S. One quarter of the Hispanic/Latino populations (25.1 percent) in the U.S. are non-U.S. citizens. Non-U.S. citizens may not access health care for a variety of reasons, such as they may not be familiar with the health care system or what resources are available. Also, those who are undocumented may not qualify for health insurance or they may fear being reported as undocumented. This has an impact on ability and willingness to obtain breast cancer screening and follow-up care.



Audience can be the individuals you are speaking with during a one-to-one conversation, group discussion or presentation. It can also be your target population. Because this Toolkit is intended to help you plan for both a single event or an organization’s outreach and education program, the term “audience” will be used throughout the Toolkit for both purposes.

Where do most Hispanic/Latino people in the U.S. live?

The southwestern region of the U.S. has the densest Hispanic/Latino population. Hispanics/Latinos account for 38 percent of the population of Texas and California and 47 percent of the population of New Mexico.

The Hispanic/Latino population in other parts of the country is growing. Between 2000 and 2011, there was an increase of more than 100 percent in the Hispanic/Latino population in states such as Georgia, Mississippi, Delaware, Maryland and Washington. There was also an 87 percent increase in the Hispanic/Latino population of Pennsylvania³.

The growing Hispanic/Latino population residing in the U.S. means that culturally-responsive outreach and education is increasingly important to help them enter and remain in the Breast Cancer Continuum of Care.

What are the countries of origin of the Hispanic/Latino populations living in the U.S.?

While this Toolkit addresses the Hispanic/Latino population broadly, it is important to remember that Hispanic/Latino people come from many different regions and countries, each with its own culture and norms⁴.

Specific Hispanic/Latino Populations Residing in the U.S. ⁵	
Hispanic/Latino Population	Percent of Total Hispanic/Latino Population in the U.S.
Mexican	63%
Puerto Rican	9.2%
Central American (Costa Rican, Guatemalan, Honduran, Nicaraguan, Panamanian and Salvadoran)	7.9%
South American	5.5%

The term Hispanic/Latino includes people with different countries of origin, cultures, philosophies, attitudes, behaviors and life experiences. Due to the diversity of cultures within the Hispanic/Latino population, it is not possible to address the nuances of each specific group within the contents of this Toolkit. However, to conduct the most effective breast cancer outreach and education, it is helpful to be aware of the diversity within this population. It is also important to know which specific populations make up the community or communities that you serve.

Identifying Resources and Partners in Your Community

Prior to getting started with a new outreach and education program, or to further refine your current program, study which specific populations reside in the community you serve. The [Getting to Know the Community You Serve](#) educator tips can assist you in understanding the specific populations that reside in the community and issues that are important to them. This resource also provides guidance on identifying potential partners in reaching your target community.



[Getting to Know the Community You Serve](#)

Special Audiences

In addition to understanding the nature of the Hispanic/Latino population in your community, it is also helpful to know about the gender and age of your audience. This will allow you to tailor your talking points and the educational materials you offer, and provide breast health and breast cancer education that is most relevant for your audience. For example, screening mammograms are not generally recommended for most women under the age of 40. As a result, you might encourage these women to obtain a clinical breast exam if they have not had one in the past three years.

Tailoring your talking points can help you engage your audience. This allows you to help them understand how breast cancer impacts them individually and what actions they can take to address breast cancer. Below is a chart listing things you might consider when talking with women under the age of 40, older women and men.

You will find more detailed guidance for modifying your talking points for each of these audience members in the next section of the Toolkit and in the related resources listed below.

Special Audience	Talking Points Specific to the Audience
Women Under Age 40	<ul style="list-style-type: none"> • The majority of women with breast cancer are diagnosed later in life. • Women under the age of 40 who are of average risk may not yet need a mammogram. If they are over the age of 20 and of average risk, then they should be getting a clinical breast exam at least every three years.
Older women	<ul style="list-style-type: none"> • Some women think that as they get older, they no longer need to get screened for breast cancer. • However, risk of breast cancer increases with age, and mammography continues to be beneficial. • There is no agreement about when women should stop getting mammograms, largely because there are few studies. Generally, women in good health and who would benefit from treatment if diagnosed with breast cancer should continue to get mammograms^{7,8}. • Older women should talk with their doctor each year about the recommendation to get a mammogram.
Men	<ul style="list-style-type: none"> • Breast cancer in men is rare, but it does happen. Only about 1 percent of breast cancer cases in the U.S. occur among men. • However, men often have women in their lives — mothers, aunts, sisters or partners — and can be affected by breast cancer through them. • Men can coach or support the women in their lives to get screened and find the breast care support they need.

Related Educator Resources

After reading this section, you may have more questions about talking with your audience about breast cancer. Below you will find a list of resources to support you in learning about your audience, understanding how breast cancer impacts the Hispanic/Latino community and communicating across cultures.



[Educator Resources](#)

Learning Topic/Question	Educator Resources
How do I learn more about the community my organization serves?	<ul style="list-style-type: none"> • Getting to Know the Community You Serve
How does breast cancer impact Hispanic/Latino communities?	<ul style="list-style-type: none"> • Breast Cancer Among Hispanic/Latina Women • Barriers to Screening and Health Care
What should I consider when talking with someone of a culture different from mine?	<ul style="list-style-type: none"> • Culturally-Responsive Communication • Applying Culturally-Responsive Communication in Hispanic/Latino Communities
Where can I find more information about tailoring my talking points for special populations?	<ul style="list-style-type: none"> • Breast Self-Awareness Key Messages <ul style="list-style-type: none"> • Know Your Risk • Get Screened • Know What is Normal For You • Make Healthy Lifestyle Choices
What if there are children in my audience?	<ul style="list-style-type: none"> • Tips for Handling Children in the Audience

Summary of this Section

This section of the Toolkit should help you to think about the communities that you serve and consider questions like:

- What specific Hispanic/Latino populations reside in the community I serve?
- Where can I find resources to learn more about the community I serve?
- How can I find partners in serving my community?
- What issues are important for special audiences like women under the age of 40, older women and men?

IN THE NEXT SECTION

In the next section of this Toolkit, you will learn more about the Key Messages and find information you can share with your audience about breast health and breast cancer. More specifically, you will find information about the following:

- Breast cancer and its impact on the Hispanic/Latino community
- Actions people can take related to the Breast Self-Awareness Key Messages

Resources on tailoring talking points for special audiences are also listed.

-
- 1 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 Inst Monogr* 1995:109-115.
 - 2 American Community Report (2007-2011). US Census Bureau.
 - 3 Pew Research Center (2011). Statistical Portrait of Hispanics in the United States. Retrieved August 22, 2013 from http://www.pewhispanic.org/files/2013/02/Statistical-Portrait-of-Hispanics-in-the-United-States-2011_FINAL.pdf
 - 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 Inst Monogr* 1995:109-115.
 - 5 U.S. Census Bureau (2011, May) The Hispanic Population: 2010 Census Briefs. Retrieved August 22, 2013 from <http://www.census.gov/prod/cen2010/briefs/c2010br-04.pdf>
 - 6 U.S. Preventive Services Task Force. Screening for breast cancer: U.S. Preventive Services Task Force recommendation statement. *Ann Intern Med.* 151(10):716-726, 2009.
 - 7 American Cancer Society. American Cancer Society recommendations for early breast cancer detection in women without breast symptoms. <http://www.cancer.org/Cancer/BreastCancer/MoreInformation/BreastCancerEarlyDetection/breast-cancer-early-detection-ac-s-recs>, 2013.
 - 8 American Geriatrics Society. Breast cancer screening in older women. American Geriatrics Society Clinical Practice Committee. *J Am Geriatr Soc.* 48(7):842-4, 2000.
 - 9 American Cancer Society. *Breast Cancer Facts and Figures 2019-2020* Atlanta, GA: American Cancer Society, 2019.



BREAST CANCER EDUCATION TOOLKIT
FOR HISPANIC/LATINO COMMUNITIES

SECTION TWO:
What is the Message?

SECTION TWO: WHAT IS THE MESSAGE?

PURPOSE OF THIS SECTION

The purpose of this section of the Toolkit is to provide you with the breast health and breast cancer information that you can share when you are conducting outreach and education in Hispanic/Latino communities.

This part of the Toolkit focuses on general information and messages that can be shared with all Hispanic/Latino audiences. This includes:

- Breast cancer and its impact in Hispanic/Latino communities
- Actions people can take related to the Breast Self-Awareness Key Messages

Resources and materials that you can use when conducting outreach and education, and tips for modifying those messages for special audiences like men, women under the age of 40 or older women, are listed throughout this section and in [Section Four: What are the Resources?](#)



[Section Four:
What are the Resources?](#)

Learning Objectives

After reading this section, you should be able to:

- Define breast cancer,
- Describe the impact of breast cancer in the Hispanic/Latino community, and
- State actions women can take related to each Key Message.

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.

Completing the Program Planning Square

In order to successfully complete this section of the [Program Planning Square](#), first think about your audience and the amount of time you will have to share information. This will guide you in selecting the most appropriate information and talking points. Below are a few tips and resources to guide you in completing this box of the Program Planning Square:



[Program Planning Square](#)

Audience:

- If you know that you will be speaking with special audiences (men, women under the age of 40 or older women), you can modify the talking points in this section to meet their specific needs.
- If you will be talking with just one person, you can tailor your discussion to that person's specific needs or interests. The education you provide in one-to-one interactions should feel more like a conversation than a presentation.

Time:

- If you will have one hour, you can include most of the information and actions suggested in this section.
- If you have less time, select just a few of the talking points provided in this section. Try to include at least one action that your audience members can take (for example, talking to their provider about their personal risk of breast cancer).

Once you have considered your audience and the amount of time you will have, complete this section of your Program Planning Square. You can complete this section by selecting the information and talking points that you will share with your audience about breast cancer and its impact in the community, and the actions people can take related to the Breast Self-Awareness Key Messages.



The information presented in this section is available in the form of Educator Resources, Educational Materials, and PowerPoint presentations. Use them where appropriate to conduct community outreach and education!

Information and Messages You Can Share with All Audiences

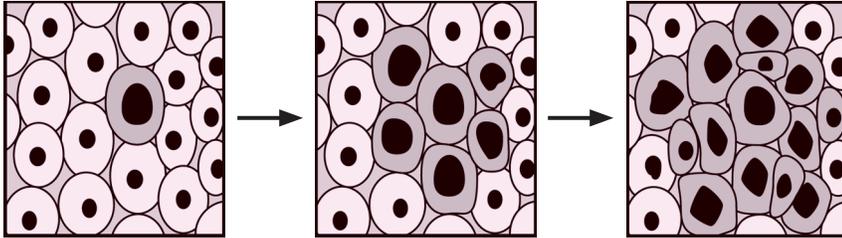
Breast cancer and its impact in Hispanic/Latino communities

Many people do not understand what breast cancer is or that it is a problem in their community. Below are some of the questions that people have about breast cancer and general information about breast cancer and its impact in Hispanic/Latino communities. You can discuss this information with your audience.

What is breast cancer?

Every day, cells in our bodies 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 abnormally and form malignant (cancerous) tumors.

To illustrate what this means, look at the pictures below.



The light circles represent normal breast cells and the dark-shaded circles represent cancerous breast cells. As the cancerous cells grow and multiply, they develop into a malignant (cancerous) tumor within the breast.

What causes breast cancer?

Researchers have found many factors that increase breast cancer risk and a few factors that lower risk. However, we still do not understand what exactly causes breast cancer to develop at a certain time in a certain person. It is likely a combination of risk factors, though it is still unclear why a certain combination of factors might cause cancer in one person but not another.

Although no one has complete control over whether s/he gets breast cancer, people can be empowered to make important breast care decisions by:

- Knowing their risk,
- Getting screened,
- Knowing what is normal for them, and
- Making healthy lifestyle choices.

Is breast cancer a problem in our community?

Yes! Breast cancer is the most common cancer among Hispanic/Latina women in the U.S. just as it is for non-Hispanic white and Black women¹. In 2021 (the most recent data available), about one in nine Hispanic/Latina women in the U.S. are projected to be diagnosed with breast cancer in her lifetime, with an estimated 28,000 cases of breast cancer expected to occur among this population in 2021¹.

Hispanic/Latina women in the U.S. have lower rates of breast cancer and breast cancer death than non-Hispanic white and Black women^{1,2}. However, while Hispanic/Latina women have lower rates of breast cancer and breast cancer death, they are often diagnosed at a later stage¹.

Why are Hispanic/Latina women diagnosed at a later stage?

Mammography screening rates for Hispanic/Latina women are similar to those for non-Hispanic white and Black women^{1,3}. Yet they are often diagnosed with breast cancer at a later stage than non-Hispanic white and Black women¹. This may happen for a number of reasons, including a lower likelihood of getting prompt follow-up care after an abnormal mammogram¹.

Many things may prevent Hispanic/Latina women from obtaining screenings and prompt follow-up care after an abnormal mammogram. These barriers include, but are not limited to the following:

- Lack of awareness of breast cancer risks and screening methods
- Lack of insurance and access to regular health care
- Fear of diagnosis
- Bad experiences with illness or with the health care system in the past
- Cultural and language barriers^{1,4,5,6}

Screening tests can find cancer early, when chances of survival are highest. It is important for all women to get screened, and to follow up with their health care providers if a change in the breast is found.

You or your organization may also be able to offer some information to help people address barriers they face.

- If your organization has access to programs or resources that can help women overcome these barriers, be sure to share them.
- If your organization does not have access to such programs or resources, you can reach out to find out what resources are available in your community. You can also share the Susan G. Komen[®] Breast Care Helpline (1-877 GO KOMEN or 1-877-465-6636), which may be able to provide women with a list of resources in their community.

Actions people can take related to the Breast Self-Awareness Key Messages

Breast Self-Awareness Key Messages

Komen has developed four Key Messages about Breast Self-Awareness that can be shared with all audiences. Each Key Message is listed below, along with its primary talking points and actions that audience members can take. Depending on what your audience already knows and the amount of time you have, you can share talking points and action items for just a few of the Key Messages or all four.



More information about barriers that may prevent people from getting screening or follow-up care is available in the [*Barriers and Responses*](#) educator resource.

Understanding barriers to screening and follow-up care that people face in getting recommended screenings and follow-up care can help you to prepare for outreach and education programming. Although this Toolkit is not intended to assist you with helping women overcome these barriers, you can find information about how to respond to some of these barriers.

The Toolkit contains an overview of each of the four Key Messages. Click on the Key Messages below to be taken to a page containing these overviews.

Each overview provides the following:

- Specific learning objectives for each Key Message
- Primary talking points
- Action items for each Key Message
- Additional talking points for each action item
- Evaluation questions that you can use to assess whether the audience has understood the information you have provided

You can use these overviews to better understand each of the four Breast Self-Awareness Key Messages, how you can talk about them and how you can evaluate the effectiveness of the education you provide. As you learn more about the specific talking points for each action item, the resources available for and evaluation questions, you can feel more comfortable empowering your audience to make important breast care decisions based on the Key Messages.

Key Message: Know Your Risk

Primary Talking Points

- All women are at risk of breast cancer.
- Simply being born female and getting older are the two most common risk factors.
- It is important to know your personal risk of breast cancer and talk with your health care provider about your personal risk.

Actions Audience Members Can Take

- Talk to both sides of your family about your family health history.
- Talk to your doctor about your own personal risk of breast cancer.

Key Message: Get Screened

Primary Talking Points

- Screening can detect a problem early, when the chances of survival are the highest.
- It is important for all women to get the recommended breast cancer screenings.

Actions Audience Members Can Take

- Discuss with your provider which screening tests are right for you.
- If you are at average risk, have a clinical breast exam at least every 3 years starting at age 20, and every year starting at age 40.
- If you are at average risk, have a mammogram every year starting at age 40.
- Sign up for a screening reminder at [komen.org/reminder](https://www.komen.org/reminder).

Key Message: Know What is Normal for You

Primary Talking Points

- The signs of breast cancer are not the same for everyone.
- It is important for everyone to know how their breasts and chest area normally look and feel.

Actions Audience Members Can Take

- Know how your breasts look and feel and report any changes to your health care provider.
- If you notice any of the following changes, take charge of your health and see your health care provider:
 - Lump, hard knot or thickening inside the breast or underarm area
 - Swelling, warmth, redness or darkening of the breast
 - Change in the size or shape of the breast
 - Dimpling or puckering of the skin
 - Itchy, scaly sore or rash on the nipple
 - Pulling in of your nipple or other parts of the breast
 - Nipple discharge that starts suddenly
 - New pain in one spot that doesn't go away

Key Message: Make Healthy Lifestyle Choices

Primary Talking Points

- There are risk factors for breast cancer that cannot be controlled, like being born female, getting older and family history. However, there are some things that can be controlled.
- Making healthy lifestyle choices can help to lower risk of breast cancer.

Actions Audience Members Can Take

- Maintain a healthy weight.
- Add exercise to your routine.
- Limit alcohol intake.
- Limit use of menopausal hormones.
- Breastfeed, if you can.

Modifying/Tailoring Talking Points for Special Audiences

In [Section One: Who is the Audience?](#), you found basic information about issues that are important to consider when speaking with women under the age of 40 women, older women and men. You can use the Breast Self-Awareness Key Messages resources to help you modify your talking points for these special audiences.

Related Educator Resources

After reading this section, you may have questions about preparing your message or talking with your audience about breast cancer. Below you will find a list of resources to support you in communicating your Key Messages about breast health and breast cancer.



[Educator Resources](#)

Learning Topic/Question	Educator Resources
Where can I find more information about breast cancer?	<ul style="list-style-type: none"> • <u><i>What Is Breast Cancer?</i></u> • <u><i>Breast Self-Awareness Messages Card</i></u> • <u><i>Breast Cancer Screening, Diagnostic and Treatment Information</i></u>
What resources are available to help me prepare for one-to-one conversations?	<ul style="list-style-type: none"> • <u><i>Sample Talking Points for One-To-One Conversations</i></u>
How do I respond to questions about Breast Self-Exam?	<ul style="list-style-type: none"> • <u><i>Responding to Questions About Breast Self-Exam</i></u>
How do I respond to questions about the barriers to screening and follow-up care?	<ul style="list-style-type: none"> • <u><i>Barriers and Responses</i></u>
Where can I find more information about tailoring my talking points for special populations?	<ul style="list-style-type: none"> • <u><i>Breast Self-Awareness Key Messages</i></u> • <u><i>Know Your Risk</i></u> • <u><i>Get Screened</i></u> • <u><i>Know What is Normal For You</i></u> • <u><i>Make Healthy Lifestyle Choices</i></u>
Where can I find more information about the educational materials available through Komen’s website and how to use them?	<ul style="list-style-type: none"> • <u><i>Komen’s Library of Educational Materials</i></u> • <u><i>Using Your Educational Materials</i></u> • <u><i>Breast-Self Awareness Messages</i></u> • <u><i>Breast Health: Learn the Facts</i></u> • <u><i>Mammography</i></u> • <u><i>Take Care of Yourself</i></u> • <u><i>Men Can Get Breast Cancer</i></u> • <u><i>Breast Self-Awareness for Hispanic/Latino Communities Presentation (Short Version)</i></u> • <u><i>Breast Self-Awareness for Hispanic/Latino Communities Presentation (Long Version)</i></u> • <u><i>Lazos que Perduran PSAs</i></u>

Summary of this Section

This section of the Toolkit should help you to understand the information that you will be sharing with your audience, and consider questions like:

- How do I define breast cancer?
- How can I describe its impact in Hispanic/Latino communities and why it is important for Hispanic/Latina women to learn about breast self-awareness?
- How can I easily communicate information about breast cancer and actions women can take to empower them to make important breast-care decisions?
- How can I modify messages to address special audiences like men, women under age 40 or older women?

IN THE NEXT SECTION

In the next section of this Toolkit, you will find information and resources about venues that would be ideal for breast health and breast cancer outreach and education.

More specifically, you will learn about the following:

- **Potential venues in your community where you can conduct outreach and education about breast cancer**
- **How to prepare for outreach and education once you have identified or selected a venue**

Resources on identifying and preparing venues are also provided.

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- 1 American Cancer Society. Cancer Facts & Figures for Hispanic/Latino People, 2021-2023. Atlanta: American Cancer Society, 2021.
 - 2 American Cancer Society. Breast Cancer Facts & Figures 2015-2016. Atlanta: American Cancer Society, Inc., 2015.
 - 3 American Cancer Society. Cancer Prevention & Early Detection Facts & Figures, 2015-2016. Atlanta: American Cancer Society, 2015.
 - 4 Harlan LC, Bernstein AB, Kessler LG. Cervical Cancer Screening: Who Is Not Screened and Why? Am J Public Health 1991; 81:885-891.
 - 5 Ramirez AG, McAlister A, Gallion K, Villarreal R. Targeting Hispanic/Latino Populations: Future Research and Prevention Strategies. Environ Health Perspect 1995; 103:287-290.
 - 6 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 Inst Monogr 1995:109-115.



BREAST CANCER EDUCATION TOOLKIT FOR HISPANIC/LATINO COMMUNITIES

SECTION THREE: What is the Venue?

SECTION THREE: WHAT IS THE VENUE?

PURPOSE OF THIS SECTION

You can conduct outreach and education about breast health and breast cancer with individuals, small groups and large groups in many places. The purpose of this section is to provide tips to identify, select and prepare venues for breast health and breast cancer outreach and education, including:

- Potential venues and things that you might think about when selecting a venue
- Tips for preparing yourself and your venue for outreach and education

Learning Objectives

After reading this section, you should be able to:

- Name several potential venues for breast cancer outreach and education, and factors that should be considered for each one,
- List a few tips that you can use to identify potential venues in your community, and
- Locate resources that can help you prepare to conduct outreach and education at your selected venue(s).

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.

Completing the Program Planning Square

You can use this box of the Program Planning Square to develop ideas about where you will conduct your breast health outreach and education.

This may be the first box of the Program Planning Square that you complete. For example, if you have been asked to educate more Puerto Rican women in your community, you may already know a lot about your audience, but may need assistance in locating and preparing a venue. In that case, you can look to this section of the Toolkit for guidance on identifying potential venues, and then to learn about how to prepare your venue and plan for your education event. This box of the Program Planning Square includes questions you should answer to plan for your venue.

Potential Venues and Things to Consider

You may not think you can talk about breast health and breast cancer just anywhere, but the list of potential venues for conducting outreach and education about breast health and breast cancer is almost endless. That list might include schools, churches, waiting rooms at health clinics or other service provider locations, homes, buses, trains, parks, laundromats, beauty salons, coffee shops, farmers markets and other places where women gather. Be creative!

In this section, you will find a chart outlining some of the potential venues where you might conduct breast health and breast cancer outreach and education, and some things to think about when you are selecting a venue. For additional information to help you prepare for your audience, see [Section One: Who is the Audience?](#) and [Section Four: What are the Resources?](#)



[Section One:](#)
[Who is the Audience?](#)
[Section Four:](#)
[What are the Resources?](#)

Tips for Identifying Venues in Your Community

It is important that you get to know the types of venues available in your community. There may be venue types that you have not yet considered. Use the checklist [Getting to Know the Community You](#)

[Serve](#) to get started. Additional tips for identifying venues include:

- Do an Internet search for organizations in your community that serve the Hispanic/Latino population. Try searching by zip code to identify venues in your target neighborhoods.
- Introduce yourself to community leaders and ask them about venues you might use for breast health outreach and education.
- Go into the community and take notice of where people gather and when. For example, is there a gym that many community members use?

Knowing What to Expect

Find out as much as possible about the venue where you'll be presenting. It will help you understand how to present your information and will make you more comfortable. Knowing the venue can also make the presentation less stressful because there won't be any surprises.

Resources that can assist you with preparing include:

- [Questions to Ask Your Host](#)
- [Preparing Your Venue/Space](#)



[Getting to Know the
Community You Serve](#)



[Questions to Ask
Your Host
Preparing Your
Venue/Space](#)

Venue	Amount of Time You May Have	Potential Audience (Individuals, Groups, Special Audiences)	Things to Consider
Schools and daycare centers	Minimum: 5 minutes Maximum: 60 minutes	<ul style="list-style-type: none"> • Small and large groups • Men and women of all ages 	<ul style="list-style-type: none"> • While you would not conduct a breast cancer education workshop for children at a school, you might be able to reach teachers, staff or parents through a school. • Children may attend with their adult caregiver(s). • Schools often have classrooms for groups of 25 or fewer. • Schools often have large rooms like gymnasiums for large groups of people. • Schools often have computers and other equipment that you may use. • Schools have their own community of students and caregivers and may be able to help you recruit participants. Ask about parent or teacher groups that may be able to assist with marketing and promotion.
Churches and community centers	Minimum: 5 minutes Maximum: 60 minutes	<ul style="list-style-type: none"> • Small and large groups • Men and women of all ages 	<ul style="list-style-type: none"> • Churches and community centers are venues where you can reach a large audience. • If you are just getting started in a new community, identify organizations that serve Hispanics/Latinos and ask if you can offer a presentation there. • Churches and community centers may have rooms that can accommodate smaller and larger groups. • Churches and community centers may have a computer or other equipment. Be sure to ask in advance. • Churches and community centers may be able to assist with recruiting participants. Ask if there are people or groups that can assist you with getting the word out.

Venue	Amount of Time You May Have	Potential Audience (Individuals, Groups, Special Audiences)	Things to Consider
Social and legal service agencies and health clinics	Minimum: 5 minutes Maximum: 60 minutes	<ul style="list-style-type: none"> • Individuals • Small and large groups • Men and women of all ages 	<ul style="list-style-type: none"> • Social and legal service agencies and health clinics may be venues where you can reach a large audience. • If you are just getting started in a new community, identify organizations that serve Hispanics/Latinos and ask if you can offer a presentation there. • These venues may not have large halls or auditoriums for large group presentations. • One-to-one conversations may be possible in waiting rooms or private rooms. • Small group discussions may be possible if the agency has a room available for you. • These organizations may be able to provide computer or other equipment, but ask to be sure. • These organizations may be able to assist you with recruitment by posting flyers or listing an event in their newsletter or events calendar.

Venue	Amount of Time You May Have	Potential Audience (Individuals, Groups, Special Audiences)	Things to Consider
Community businesses like gyms, coffee shops, beauty salons, barber shops, farmers markets, grocery stores or laundromats	Minimum: 5 minutes Maximum: 60 minutes	<ul style="list-style-type: none"> • Individuals • Small and large groups • Men and women of all ages 	<ul style="list-style-type: none"> • Educators often need to go where community members can be reached. People who do not have children in school, or who do not participate in religious services or use community resources may be reached in other places, like gyms, coffee shops, grocery stores, salons, etc. • You may be able to host an information table at a business and reach a large number of people in a short period of time. This may result in many short one-to-one conversations, or you may be able to recruit for your upcoming educational sessions. • Small group discussions or presentations require creative planning. You may need to work with the owner or manager to identify an appropriate place for a small group to gather. • Community businesses often do not have access to computers or other equipment. You will need handouts, large sheets of paper or poster board, or other materials in print format for your audience. • Community businesses may not be able to assist you as much with word-of-mouth marketing or promotion, but you may be able to post flyers or posters about your event. Ask the owner or manager how she or he can assist you with marketing your event. • Some community businesses will host events. You could conduct outreach or education as part of a those events.

Venue	Amount of Time You May Have	Potential Audience (Individuals, Groups, Special Audiences)	Things to Consider
Homes	Minimum: 30 minutes Maximum: 60 minutes	<ul style="list-style-type: none"> • Small groups • Men and women of all ages 	<ul style="list-style-type: none"> • Personal homes make great places for small, intimate discussions. • Hosts are likely to invite their friends and family members, reducing the need for you to recruit participants. • Homes may not offer access to computer equipment, so be prepared with print materials. • Talk with your host in advance about how to set up the room, if food will be offered and what you can bring. • Men may join the discussion. • Children may be present.
Public spaces like trains, buses or parks	Minimum: 5 minutes Maximum: 30 minutes	<ul style="list-style-type: none"> • Individuals • Men and women of all ages 	<ul style="list-style-type: none"> • These settings are often most appropriate for one-to-one conversations, rather than small group discussions. • You may not normally have conversations about breast health in public spaces, but you can start these conversations by talking about your work or your organization. This will help to break the ice and provide a context for the conversation. • Some people may not be comfortable having conversations about breast health in public spaces, so be mindful of body language. Also consider what topics are appropriate based on where the conversation is taking place. • Print materials are not required for one-to-one conversations. But, many educators carry just a few educational materials available on komen.org at all times, just in case the opportunity to conduct outreach or education arises. At the very least, be sure to have a business card or paper and pen/pencil available so that you can make notes. Provide your contact information or get the listener’s contact information.

Special Example: Preparing for Health Fairs

Health fairs can provide opportunities hold rich one-to-one conversations and create personal connections. These interactions can lead participants to take an action, like learning what is normal for their breasts or getting screened.

If you have been invited to participate in a health fair, take some time to find out if the health fair will allow for productive one-to-one conversations. Ask the host some questions about the expected audience and the environment to determine whether your presence will have the desired impact.

Questions to ask the health fair organizer and more tips on [Preparing for Health Fairs](#) can be found in the educator resources table below.



[Preparing for Health Fairs](#)

Related Educator Resources

After reading this section, you may have more questions about identifying venues in your community or preparing your selected venue(s) for outreach and education. Below you will find a list of resources to support you in learning more about venues in your community.



[Educator Resources](#)

Learning Topic/Question	Educator Resources
How do I learn more about the community my organization serves, and potential venues for outreach and education?	<ul style="list-style-type: none"> • <u>Getting to Know the Community You Serve</u> • <u>Tips for Developing a Good Reputation in Your Community</u>
How do I learn more about the venue and prepare the space?	<ul style="list-style-type: none"> • <u>Questions to Ask Your Host</u> • <u>Preparing Your Venue/Space</u>
What resources are available to help me prepare for one-to-one conversations?	<ul style="list-style-type: none"> • <u>Sample Talking Points for One-To-One Conversations</u>
How do I prepare for a health fair?	<ul style="list-style-type: none"> • <u>Preparing for Health Fairs</u>
Where can I find more information about the educational materials through Komen's website and how to use them?	<ul style="list-style-type: none"> • <u>Komen's Library of Educational Materials</u> • <u>Using Your Educational Materials</u> • <u>Breast-Self Awareness Messages</u> • <u>Breast Health: Learn The Facts</u> • <u>Mammography</u> • <u>Take Care of Yourself</u> • <u>Men Can Get Breast Cancer</u> • <u>Breast Self-Awareness for Hispanic/Latino Communities Presentation (Short Version)</u> • <u>Breast Self-Awareness for Hispanic/Latino Communities Presentation (Long Version)</u> • <u>Lazos que Perduran PSAs</u>

Summary of this Section

This section of the Toolkit should help you to think about places in your community that can serve as venues for your breast cancer outreach and education, and help you think through questions like:

- Where can I conduct outreach and education in the community that I serve?
- What should I think about when selecting a venue?
- How can I best prepare the venue for outreach and education?
- How can I best prepare myself to conduct outreach and education in the venue I select?
- What do I need to do in advance to prepare?
- What resources are available to assist me with identifying and preparing a venue?

IN THE NEXT SECTION

In the next section of the Toolkit, you will find a summary of resources that are listed throughout this Toolkit (as well as additional resources) that are available to help you:

- Understand your audience
- Develop your message and talking points
- Identify and prepare your venue



BREAST CANCER EDUCATION TOOLKIT
FOR HISPANIC/LATINO COMMUNITIES

SECTION FOUR:
What are the Resources?

SECTION FOUR: WHAT ARE THE RESOURCES?

PURPOSE OF THIS SECTION

The purpose of this section is to familiarize you with the many resources that are available to help you plan and conduct effective and culturally-responsive breast health and breast cancer education.

Learning Objectives

After reviewing this section, you should be able to identify the resources that can help you:

- Understand and reach your audience,
- Communicate about breast cancer and the breast self-awareness actions women can take to be empowered to make important breast care decisions, and
- Identify and prepare venues for breast cancer outreach and education.

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.

Completing the Program Planning Square

You can use this section of the Toolkit to identify and select the resources for your educational program. This section will also help you to identify educational materials you can hand out when conducting outreach and education. Complete this section of the Program Planning Square by identifying the resources that you will use to do the following:

- Understand and communicate with your audience
- Identify your talking points and communicate information about breast cancer
- Identify and prepare venues for outreach and education

Educator Resources

Learning Topic/Question	Educator Resources
Breast cancer information	<ul style="list-style-type: none"> • <u>What Is Breast Cancer?</u> • Breast Self-Awareness Messages <ul style="list-style-type: none"> • <u>Know Your Risk</u> • <u>Get Screened</u> • <u>Know What is Normal For You</u> • <u>Make Healthy Lifestyle Choices</u> • <u>Breast Cancer Screening, Diagnostic and Treatment Information</u> • <u>Breast Cancer Among Hispanic/Latina Women</u> • <u>Barriers to Screening and Health Care</u>
Learning about your community	<ul style="list-style-type: none"> • <u>Getting to Know the Community You Serve</u> • <u>Tips for Developing A Good Reputation in Your Community</u>
Communicating your message	<ul style="list-style-type: none"> • <u>Culturally-Responsive Communication</u> • <u>Applying Culturally-Responsive Communication in Hispanic/Latino Communities</u> • <u>Introduction to Adult Learning Principles</u> • <u>Listen, Respond, Ask</u> • <u>Sample Talking Points for One-to-One Conversations</u> • <u>Barriers and Responses</u> • <u>Responding to Questions about Breast Self-Exam</u>

Learning Topic/Question	Educator Resources
<p>Planning for education sessions and events</p>	<ul style="list-style-type: none"> • <i><u>Program Planning Square</u></i> • <i><u>Sample Sign-In Sheet</u></i> • <i><u>Sample Flyer</u></i> • <i><u>Questions To Ask Your Host</u></i> • <i><u>Preparing Your Venue/Space</u></i> • <i><u>Preparing for Health Fairs</u></i> • <i><u>Activities</u></i>
<p>Leading education sessions</p>	<ul style="list-style-type: none"> • <i><u>Leading a Breast Health Session</u></i> • <i><u>Tips for Handling Children in the Audience</u></i> • <i><u>Handling Different Personalities</u></i> • <i><u>Handling Challenges in Group Discussions</u></i> • <i><u>Tips for Handling Tough Questions</u></i> • <i><u>Komen’s Library of Educational Materials</u></i> • Using Your Educational Resources <ul style="list-style-type: none"> • <i><u>Breast Self-Awareness Messages</u></i> • <i><u>Breast Health: Learn The Facts</u></i> • <i><u>Mammography</u></i> • <i><u>Take Care of Yourself</u></i> • <i><u>Men Can Get Breast Cancer</u></i> • <i><u>Breast Self-Awareness for Hispanic/Latino Communities Presentation (Short Version)</u></i> • <i><u>Breast Self-Awareness for Hispanic/Latino Communities Presentation (Long Version)</u></i> • <i><u>Lazos que Perduran PSAs</u></i>
<p>Evaluating your program</p>	<ul style="list-style-type: none"> • <i><u>Tips for Evaluating Your Program</u></i> • <i><u>Oral Evaluation Survey</u></i> • <i><u>Written Evaluation Survey</u></i> • <i><u>Evaluation Tracking Tool</u></i>

Summary of Section

This section provides a list of all of the educator resources that are referenced throughout the Toolkit listed by learning topic. It also provides additional resources that may not have been mentioned elsewhere in this Toolkit, but that are important and useful for planning and conducting outreach and education. This section of the Toolkit, like the others, is intended to be used in combination with the other sections to help you build or strengthen your breast cancer outreach and education program.

IN THE NEXT SECTION

The other 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 like:

- Who is the Audience?
- What is the Message?
- What is the Venue?

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.

BREAST SELF-AWARENESS KEY MESSAGES



Know Your Risk

Learning Objectives

After your discussion, the listeners or audience should be able to:

- Name the two most common risk factors for breast cancer,
- Name the two personal actions for knowing your risk,
- Take a personal action to talk with both sides of their family about family health history,
- Take a personal action to talk with their health care provider about their personal risk of breast cancer, and
- Take a personal action to share the information they have learned with a friend or family member.

Primary Talking Points for This Key Message

1. All women are at risk of breast cancer.
2. Simply being born female and getting older are the two most common risk factors.
3. Some people have more risk factors that increase their risk of breast cancer than others. It is important to know your personal risk of breast cancer and talk with your health care provider about your personal risk.

Talking Points for Men	Talking Points for Older and Younger Women
<ul style="list-style-type: none">• Breast cancer impacts men as well as women. Men often have women in their lives — mothers, aunts, sisters, or partners. Men can play an important role in supporting women in their lives to know their risk, get screened, know what is normal for them and make healthy lifestyle choices.• Breast cancer in men is rare, but it can happen.• Share your family health history with your children.• Encourage women in your life to understand their risk.	<ul style="list-style-type: none">• Women of any age are at risk of breast cancer.• Although it is not as common, women in their 20s and 30s can develop breast cancer.• It is important for you to be informed about your personal risk of breast cancer and talk with your health care provider about it.• Older women should share any information they have about their healthy history with younger members of their family.

Actions Listeners/Audience Can Take Related to the Breast Self-Awareness Key Message	Additional Talking Points for Each Action
<p>Talk to both sides of your family about your family health history.</p>	<ul style="list-style-type: none"> • This history from both your mother’s and your father’s side of the family can be valuable — genetic mutations can be passed along from either parent. • Sometimes families are private and quiet about their health histories, especially between generations and particularly when the family members are men. But, knowing this family history can be helpful in understanding your own risk of breast cancer. • While it is true that we don’t know what causes cancer, we know that having a family history of breast or ovarian cancer may increase your risk of breast cancer. • It is important to remember that most breast cancer in the U.S. occurs in women with no family history of the disease. <p>For older women:</p> <ul style="list-style-type: none"> • Talk with your family to learn more about your family health history, and pass that information along to other family members.
<p>Talk to your doctor about your own personal risk of breast cancer.</p>	<p>Talking with your doctor about what you have learned about your family history can help him/her know how to advise you regarding your own risk and screening practices that may be right for you.</p> <ul style="list-style-type: none"> • There are assessment tools and tests that can be used to help evaluate your risk of breast cancer and guide your health care provider’s recommendations for your actions. If your family history suggests the presence of a gene mutation in your family, genetic counseling and genetic testing might be an option. • Your doctor will ask you questions about your own health and history, such as your age when you started having periods or had your first child. • Talk with your doctor about any medical conditions or other risk factors that might increase your personal risk of breast cancer.

Educational Materials You Can Use

- Breast Self-Awareness Messages in English/Spanish
- Breast Health: Learn the Facts in English/Spanish
- Mammography in English/Spanish
- Men Can Get Breast Cancer in English/Spanish
- Take Care of Yourself – Young Women Talk About Breast Cancer in English/Spanish
- Breast Self-Awareness for Hispanic/Latino Communities presentation:
SHORT in English/Spanish
LONG in English/Spanish

Questions You Can Ask Your Listener/Audience to Evaluate Your Success

1. Did you learn anything about breast health today that you did not know before? Please select only one answer.

Yes

No

Not sure

2. Will you share the breast health information you received today with a family member or friend? Please select only one answer.

Yes

No

Not sure

3. What are the two most common risk factors for breast cancer?

1. _____

2. _____

BREAST SELF-AWARENESS KEY MESSAGES



Get Screened

Learning Objectives

After your discussion, the listeners or audience should be able to:

- Name the two most common risk factors for breast cancer,
- Recall the four personal actions associated with get screened,
- Take a personal action to talk with their doctor about which screening tests are right for them if at higher risk,
- Take a personal action to have a clinical breast exam at least every 3 years starting at age 20 and every year starting at age 40,
- Take a personal action to have a screening mammogram every year starting at age 40,
- Take a personal action to sign up for a screening reminder at [komen.org/reminders](https://www.komen.org/reminders), and
- Take a personal action to share the information they learned with a friend or family member.

Primary Talking Points for This Key Message

1. All women are at risk of breast cancer.
2. Simply being born female and getting older are the two most common risk factors.
3. Screening can detect a problem early, when the chances of survival are the highest.
4. Screening is any test designed to show signs of the disease before symptoms are present.
5. It is important for all women to get the recommended breast cancer screenings.

Talking Points for Men	Talking Points for Younger Women	Talking Points for Older Women
<ul style="list-style-type: none">• Breast cancer impacts men as well as women. Men often have women in their lives — mothers, aunts, sisters or partners. Men can play an important role in supporting women to know their risk, get screened, know what is normal for them and make healthy lifestyle choices.	<ul style="list-style-type: none">• Genetic factors can place women, including women under the age of 40, at higher risk of breast cancer.	<ul style="list-style-type: none">• It is important for you to talk to your doctor about the benefits of continuing to get screened.• By continuing to get screened, you can be a role model for younger women in your family and community.

Actions Listeners/Audience Can Take Related to the Breast Self-Awareness Key Message	Additional Talking Points for Each Action
<p>Talk with your doctor about which screening option is right for you.</p>	<ul style="list-style-type: none"> • Your health care provider will recommend a screening test for you based on your risk. • Women under age 40 with a family history of breast cancer or other concerns about her breasts are advised to talk with their doctors about what tests may be right for them. • Today, there are specific screening guidelines for people at higher risk. Women at higher risk should discuss their screening options with their health care providers.
<p>If you are at average risk, have a mammogram every year, starting at age 40.</p>	<ul style="list-style-type: none"> • Mammography is a test that uses X-rays to provide an image of the breast. These images are stored on film or on a computer (which is called digital mammography) and can find tumors in the breast that can't be felt. • During the procedure each breast is pressed between two plates and an X-ray image is made. The pressure can be uncomfortable but it only lasts a few seconds. It is important to stay still during the X-ray. The technologist may say "Hold your breath" during the exam. Take a breath in and hold it or let it out very slowly to help you stay still and calm. • Screening mammograms are offered to people who feel fine and who have no reason to suspect a breast problem. They are different from tests that are done to evaluate a problem in the breast. • A mammogram can be used as a diagnostic test for women (and men) at any age. Diagnostic tests are done to try to evaluate or explain signs or symptoms that have been noted on a screening test, like a mammogram or CBE, for example or by a woman herself. Many of the steps are the same, but they are done for a different purpose — and may include other tests. They can be used for women and men at any age. <p>For younger women:</p> <ul style="list-style-type: none"> • Women under age 40 with a family history of breast cancer or other concerns about her risk should talk with their doctors about what tests may be right for them. <p>For older women:</p> <ul style="list-style-type: none"> • There is no agreement about when women should stop getting mammograms, largely because there are few studies. Generally, women in good health and who would benefit from treatment if diagnosed with breast cancer should continue to get mammograms. • Older women should talk to their doctor each year about his/her recommendation to get a mammogram.

Actions Listeners/Audience Can Take Related to the Breast Self-Awareness Key Message	Additional Talking Points for Each Action
<p>If you are at average risk, have a Clinical Breast Exam (CBE) at least every 3 years starting at age 20, and every year starting at age 40.</p>	<ul style="list-style-type: none"> • CBEs are physical exams done by a health care provider. They are often included as part of a well-woman physical exam. • A CBE can be provided in addition to mammography. Using mammography and clinical breast exam together is more accurate than either screening test used alone.
<p>Sign up for a screening reminder at komen.org/reminder.</p>	<ul style="list-style-type: none"> • The screening reminder can help you to remember when it is time to get your next breast cancer screening.

Educational Materials You Can Use

- Breast Self-Awareness Messages in English/Spanish
- Breast Health: Learn the Facts in English/Spanish
- Mammography in English/Spanish
- Men Can Get Breast Cancer in English/Spanish
- Take Care of Yourself — Young Women Talk About Breast Cancer in English/Spanish
- Breast Self-Awareness for Hispanic/Latino Communities presentation:
SHORT in English/Spanish
LONG in English/Spanish

Questions You Can Ask Your Listener/Audience to Evaluate Your Success

1. Did you learn anything about breast health today that you did not know before? Please select only one answer.

Yes

No

Not sure

2. Will you share the breast health information you received today with a family member or friend? Please select only one answer.

Yes

No

Not sure

3. What are the two most common risk factors for breast cancer?

1. _____

2. _____

4. At what age should women begin to get clinical breast exams at least every three years? Please select only one answer.

20

30

40

65

5. At what age should women at average risk of breast cancer begin to get annual mammograms? Please select only one answer.

20

30

40

65

6. If you are a woman, will you talk to your doctor about what breast cancer screening tests are right for you? Please select only one answer.

- Yes
- No
- Not sure
- Not a woman

7. If you are a woman, do you plan to schedule any breast cancer screening tests in the future? Please select only one answer.

- Yes, a clinical breast exam
- Yes, a mammogram
- Yes, both a clinical breast exam and a mammogram
- Yes, but not sure which type
- No, I do not plan to schedule a screening
- Not a woman

BREAST SELF-AWARENESS KEY MESSAGES



Know What is Normal for You

Learning Objectives

After your discussion, the listeners or audience should be able to:

- Name the two most common risk factors for breast cancer,
- Recall at least three breast changes that should be reported to a health care provider,
- Take a personal action to report any changes to their breast to a health care provider, and
- Take a personal action to share the information they learned with a friend or family member.

Primary Talking Points for This Key Message

1. All women are at risk of breast cancer.
2. Simply being born female and getting older are the two most common risk factors.
3. The signs of breast cancer are not the same for everyone.
4. It is important for everyone to know how their breasts and chest area normally look and feel.
5. It is critical for everyone to report changes to their health care provider.

Talking Points for Men	Talking Points for Older and Younger Women
<ul style="list-style-type: none">• Breast cancer impacts men as well as women. Men often have women in their lives- mothers, aunts, sisters, or partners. Men can play an important role in supporting women to learn their risk, get screened, know what is normal for them and make healthy lifestyle choices.• Breast cancer in men is rare, but it can happen.	<ul style="list-style-type: none">• It is important for women of all ages to know how their breasts and chest area normally looks and feels, and to report any change to their health care provider.

<p>Actions Listeners/Audience Can Take Related to the Breast Self-Awareness Key Message</p>	<p>Additional Talking Points for Each Action</p>
<p>1. Know how your breasts look and feel and report any changes to your health care provider.</p> <p>2. If you notice any of the following changes, take charge of your health and see your health care provider:</p> <ul style="list-style-type: none"> • Lump, hard knot or thickening inside the breast or underarm area • Swelling, warmth, redness or darkening of the breast • Change in the size or shape of the breast • Dimpling or puckering of the skin • Itchy, scaly sore or rash on the nipple • Pulling in of your nipple or other parts of the breast • Nipple discharge that starts suddenly • New pain in one spot that doesn't go away 	<ul style="list-style-type: none"> • The signs of breast cancer are not the same for all women. It is important to know how your breasts normally look and feel. • If you notice ANY change, take charge of your health and see your health care provider. • Most women associate finding a lump in the breast with breast cancer. However, visual changes can also be the first signs that something is going on in the breast and should also be checked. • Any breast change should be reported when it is noticed, not when the symptoms are fully developed or advanced. Some changes can happen over time and even subtle changes should be reported. The changes you should be looking for are: <ul style="list-style-type: none"> • Lump, hard knot or thickening inside the breast or underarm area • Swelling, warmth, redness or darkening of the breast: A rare and aggressive form of breast cancer, called inflammatory breast cancer, can look like an infection, so swelling, warmth, redness or darkening should be reported. There may not be a lump. • Change in the size or shape of the breast: Many women have one breast that is slightly larger than the other, and that is NORMAL for them. But any noticeable CHANGE in the size or shape of the breast should be reported. • Dimpling or puckering of the skin: A dimple could look like a dimple that someone has in their cheek. But a dimple in the breast should be reported to your health care provider. • Itchy, scaly sore or rash on the nipple: This might signal an unusual type of breast cancer that forms under the nipple and may look like a sore or rash or insect bite. • Pulling in of your nipple or other parts of the breast: Some women normally have retracted nipples, and that may be normal for them. If the shape of your nipple changes, report that your health care provider. <p><i>Continued on next page</i></p>

Additional Talking Points for Each Action

- Nipple discharge that starts suddenly: Some women may find that their clothing is normally damp or stained. Discharge that starts suddenly or occurs in only one breast should be reported to your health care provider.
- New pain in one spot that doesn't go away: For many people, breast cancer is not painful — that is why it can grow and grow before being detected. However, it IS possible for cancer to cause pain. This pain is different from the general discomfort that a woman experiences in both breasts just before her period. Pain that occurs in a specific area of the breast and does not go away should be reported your health care provider.

For men:

- Men tend to have less breast tissue compared to women, so some of these signs can be easier to notice in men than in women. These symptoms may also be signs of a benign (non-cancer) breast condition.
- If you notice any of these signs or other changes in your breast, chest area, or nipple, see your health care provider. Some men may be embarrassed about a change in their breast or chest area and put off seeing a provider, but this may result in a delayed diagnosis. Survival is highest when breast cancer is found early.
- Your health care provider may examine your chest area or recommend an X-ray or ultrasound.
- If a woman in your life notices these signs, encourage her to see her health care provider.

Educational Materials You Can Use

- Breast Self-Awareness Messages in English/Spanish
- Breast Health: Learn the Facts in English/Spanish
- Mammography in English/Spanish
- Men Can Get Breast Cancer in English/Spanish
- Take Care of Yourself — Young Women Talk About Breast Cancer in English/Spanish
- Breast Self-Awareness for Hispanic/Latino Communities presentation:
SHORT in English/Spanish
LONG in English/Spanish

Questions You Can Ask Your Listener/Audience to Evaluate Your Success

1. Did you learn anything about breast health today that you did not know before? Please select only one answer.

Yes

No

Not sure

2. Will you share the breast health information you received today with a family member or friend? Please select only one answer.

Yes

No

Not sure

3. What are the two most common risk factors for breast cancer?

1. _____

2. _____

4. Will you visit a health care provider if you notice any of the following changes in your breasts:

- Lump, hard knot, or thickening inside the breast or underarm area
- Swelling, warmth, redness, or darkening of the breast
- Change in size or shape of the breast
- Dimpling or puckering of the skin
- Itchy, scaly sore or rash on the nipple
- Pulling in of your nipple or other parts of the breast
- Nipple discharge that starts suddenly
- New pain in one spot that doesn't go away

Please select only one answer.

Yes

No

Not sure

BREAST SELF-AWARENESS KEY MESSAGES



Make Healthy Lifestyle Choices

Learning Objectives

After your discussion, the listeners or audience should be able to:

- Name the two most common risk factors for breast cancer,
- State at least one personal action they plan to continue or start that may reduce their risk, and
- Take a personal action to share the information they have learned with a friend or family member.

Primary Talking Points for This Key Message

1. All women are at risk of breast cancer.
2. There are risk factors for breast cancer that cannot be controlled. The two most common risk factors are being born female and getting older. However, there are some things that can be controlled.
3. Making healthy lifestyle choices can help to lower risk of breast cancer.

Talking Points for Men	Talking Points for Younger and Older Women
<ul style="list-style-type: none">• Breast cancer impacts men as well as women. Men often have women in their lives — mothers, aunts, sisters or partners. Men can play an important role in supporting women in their lives to know their risk, get screened, know what is normal for them and make healthy lifestyle choices.• Breast cancer in men is rare, but it can happen.	<ul style="list-style-type: none">• Breast cancer in women under the age of 40 is rare, but it can happen.• It is important for you to develop healthy habits now that can help you reduce your risk of breast cancer as you grow older.• Older women should continue to practice healthy lifestyle choices. Healthy habits can help to reduce the risk of breast cancer and can increase chances of survival at any age.

Actions Listeners/Audience Can Take Related to the Breast Self-Awareness Key Message	Additional Talking Points for Each Action
Maintain a healthy weight	<ul style="list-style-type: none"> • Research has shown that gaining weight as an adult increases the risk of postmenopausal breast cancer, so one thing you can do to try to reduce the risk is maintain a healthy weight over your lifetime. • What do you do to maintain a healthy weight? I exercise and I make sure that I have a variety of fruits and vegetables on my plate for every meal.
Add exercise to your routine	<ul style="list-style-type: none"> • Research has also shown that being physically active can reduce the risk of breast cancer both before and after menopause. • I know that you are going to tell me that you don't have money or time for the gym. Me neither! But you can walk to the park and play with your children/grandchildren, walk around the block or dance. I climb the stairs in my house, from the basement to the second floor and use cans of food as weights. There are many things we can do at home that are free and don't take much time. What do you think you can do to add exercise to your routine?
Limit alcohol intake	<ul style="list-style-type: none"> • A drink socially from time to time may be okay. Studies show that drinking alcohol (just one drink of alcohol per day) increases breast cancer risk. Limiting your alcohol use may reduce risk. <div data-bbox="1084 1010 1469 1501" style="border: 1px solid #e91e63; border-radius: 15px; padding: 10px; margin-top: 10px;">  <p data-bbox="1109 1203 1442 1470">If there is a saying in your culture to describe being drunk, use it. It will often make the listener laugh and insert a little bit of humor to the conversation.</p> </div>

Actions Listeners/Audience Can Take Related to the Breast Self-Awareness Key Message	Additional Talking Points for Each Action
Limit menopausal hormones	<p>We recognize that some women have symptoms of menopause like hot flashes or other discomforts. Sometimes a doctor will prescribe medication to help with the symptoms, but it is important to know that going through menopause does not mean that you are sick. Those symptoms are normal. Don't take the medication without supervision or advice from your doctor. Most doctors prescribe these hormones at as low a dose as possible and for as short a time as possible.</p> <ul style="list-style-type: none"> • It is important to discuss the risks and benefits of taking menopausal hormones with your health care provider. <p>For younger women:</p> <ul style="list-style-type: none"> • This may not affect you now, but keep it in mind for the future. • It is important for women to discuss the risks and benefits of taking menopausal hormones with your health care provider.
Breastfeed, if you can	<ul style="list-style-type: none"> • Studies show that breastfeeding protects against breast cancer, especially premenopausal breast cancer. • Breastfeeding is good for babies, but it is also good for moms. It may also help us to reduce risk of breast cancer. <p>For older women:</p> <ul style="list-style-type: none"> • You can encourage mothers of babies and young children that you know to breastfeed if they can, too.

Educational Materials You Can Use

- Breast Self-Awareness Messages in English/Spanish
- Breast Health: Learn the Facts in English/Spanish
- Mammography in English/Spanish
- Men Can Get Breast Cancer in English/Spanish
- Take Care of Yourself — Young Women Talk About Breast Cancer in English/Spanish
- Breast Self-Awareness for Hispanic/Latino Communities presentation:
SHORT in English/Spanish
LONG in English/Spanish

Questions You Can Ask Your Listener/Audience to Evaluate Your Success

1. Did you learn anything about breast health today that you did not know before? Please select only one answer.

- Yes
- No
- Not sure

2. Will you share the breast health information you received today with a family member or friend? Please select only one answer.

- Yes
- No
- Not sure

3. What are the two most common risk factors for breast cancer?

- 1. _____
- 2. _____

4. What steps do you plan to take in the future that may reduce your risk of breast cancer? Please check all that apply.

- Maintain or add exercise into my routine
- Achieve or maintain a healthy weight
- Avoid or limit alcohol
- Breastfeed future babies
- Avoid or limit menopausal hormonal medications

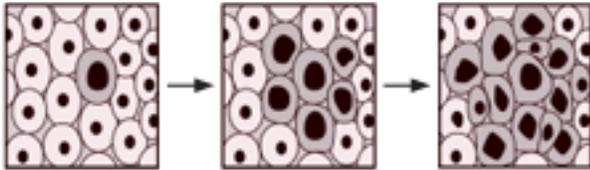
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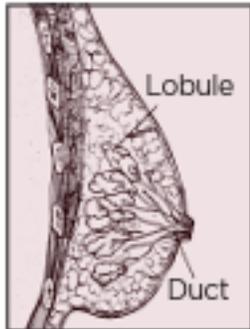
WHAT IS BREAST CANCER?

Every day, cells in your body divide, grow and die in an orderly manner. Cancer occurs when cells in the breast tissue grow and divide quickly, without normal control. When there is more cell growth than death, a tumor can form.

The light circles in the pictures below show normal breast cells. The grey circles are breast cancer.



Differences in breast cancer



Breast cancer can start in the ducts or lobules. Ducts are canals that carry milk from the lobules to the nipple during breastfeeding. Lobules are sacs that produce milk.

Breast cancer is often referred to as one disease, but there are many types. All breast cancers start in the breast, but they can:

- Vary in location (ducts or lobules)
- Be non-invasive or invasive
- Have a different clinical appearance (such as IBC described below)
- Look different under a microscope (see more below)

These differences can affect prognosis (outcome).

Non-invasive breast cancer

Non-invasive breast cancer means the cancer has not spread beyond the breast.

Ductal carcinoma in situ (DCIS) is a non-invasive breast cancer. In situ means "in place." With DCIS the abnormal cells are contained in the ducts. They have not spread to nearby breast tissue or beyond.

Invasive breast cancer

Invasive breast cancer is cancer that has spread from the first site (the ducts or lobules) into nearby breast tissue.

Invasive ductal carcinoma is the most common type of breast cancer. It may also be called infiltrating ductal carcinoma.

Invasive lobular carcinoma is the second most common invasive breast cancer.

There are other less common invasive breast cancers, such as **tubular, mucinous (colloid) and invasive papillary carcinomas**.

Special forms of invasive breast cancer include:

- **Inflammatory breast cancer (IBC):** IBC is an aggressive breast cancer. Signs of IBC include swelling and redness of the breast, dimpling or puckering of the skin of the breast and pulling in of the nipple. These signs tend to occur quickly, over weeks or months.
- **Paget disease of the breast (Paget disease of the nipple):** Paget disease of the breast is a rare cancer in the skin of the nipple or in the skin around the nipple.
- **Metaplastic breast cancer:** Metaplastic breast cancer accounts for fewer than 1 percent of all invasive breast cancers. Compared to more common types of breast cancer, metaplastic tumors tend to be large and have a higher tumor grade.

Metastatic breast cancer (MBC) is the most advanced stage of invasive breast cancer (stage IV). MBC has spread to other parts of the body. The most common sites for MBC are the bones, lungs, liver and brain. Even though new tumors are growing in other parts of the body, it's still breast cancer and treated as breast cancer.

EDUCATOR RESOURCES



Breast Cancer Screening, Diagnostic and Treatment Information

Breast Cancer Screening Tests

What is a Mammogram?

A mammogram is an X-ray of the breasts. It can find breast cancer when it is very small, even too small to feel — and easier to treat.

A mammogram is the best breast cancer screening tool we have today to find breast cancer. Starting at age 40, women at average risk should get a mammogram every year. However, some breast cancers are not seen on a mammogram. All clinical findings should be checked by a health care provider, even if a mammogram is normal.



What is a Clinical Breast Exam?

A clinical breast exam (CBE) by a health care provider should be part of regular medical checkups. If one is not offered, ask for one.

During a CBE, your health care provider (e.g. nurse or doctor) looks at your breasts and carefully feels each entire breast from the collarbone to the bra line and from the armpit to the breastbone.

CBEs can be helpful in finding tumors in women less than 40 years of age, for whom mammograms are not recommended.



Have a CBE at least every three years starting at age 20 and every year starting at age 40.

When a mammogram is combined with a CBE the chances for finding cancer early are even greater than either test used alone. When breast cancer is found and treated early, many women go on to live long and healthy lives.

If you don't have a doctor, you may qualify for a low or no-cost mammogram; call the Susan G. Komen® Breast Care Helpline at 1-877 GO KOMEN (1-877-465-6636) Monday through Friday from 9:00 a.m. - 10:00 p.m. EST (6:00 a.m. - 7:00 p.m. PT).

Breast Cancer Diagnosis

Breast cancer is often first suspected when a lump or change in the breast is found or when an abnormal area is seen on a mammogram. Most of the time, these findings do not turn out to be cancer. However, the only way to know for sure is through follow-up tests.

A biopsy is required to diagnose breast cancer.

Some benign breast conditions can look like breast cancer. More tests may be needed to rule out the disease. A biopsy may be needed. Biopsies can be done with a needle or in the operating room. Biopsies involve removal of tissue or cells, which is then examined under a microscope for cancer cells.

The findings from a biopsy are reported on a pathology report. In the U.S., most breast biopsies result in a benign (non-cancerous) finding.

Treatment Options

There are different ways to treat breast cancer, including:

- Surgery: removal of cancerous tissue or tumors
- Radiation therapy: treatment using high energy X-rays to destroy cancer cells in the exposed area
- Chemotherapy: the use of drugs to treat cancer by killing cancer cells
- Hormone therapy: drugs that work by interfering with the effects of hormones on cancer growth
- Targeted or biologic therapy: treatment that works by going to the genes and proteins in cancer cells to stop their growth and spread



Depending on many factors, such as the type of breast cancer, stage at diagnosis and size and location of the tumor and tumor profiling, treatment may include one or more of these options.

Tumor profiling tests give information about the genes in cancer cells. Tumor profiling is used to help make treatment decisions in some people with estrogen receptor-positive cancers. It can help decide whether or not chemotherapy is needed in addition to hormone therapy.

If you are diagnosed with breast cancer, talk with your health care provider about tests that might be done to help decide on treatment that is most appropriate for you.

EDUCATOR RESOURCES



Breast Cancer Among Hispanic/Latina Women

Incidence and Mortality

Breast cancer is the leading cause of cancer death among Hispanic/Latina women in the U.S. as it is for non-Hispanic white and Black women¹. In 2021 (the most recent data available), about one in nine Hispanic/Latina women in the U.S. are projected to be diagnosed with breast cancer in her lifetime, with an estimated 28,000 cases of breast cancer expected to occur among this population in 2021¹.

Hispanic/Latina women in the U.S. have lower rates of breast cancer and breast cancer death than non-Hispanic white and Black women^{1,2}.

	Hispanic/Latina	Non-Hispanic White	Black
Incidence	93.7	130.8	126.7
Mortality	14.0	20.3	28.4

Rates are per 100,000.

However, while Hispanic/Latina women have lower rates of breast cancer and breast cancer death, they are often diagnosed with breast cancer at a later stage¹.

Screening Habits

Mammography screening rates for Hispanic/Latina women are similar to those for non-Hispanic white and Black women^{1,3}.

	Hispanic/Latina	Non-Hispanic White	Black
Percent having had mammogram within past 2 years	71	73	74
Percent having had mammogram within past year	60	64	66

However, Hispanic/Latina women are often diagnosed with breast cancer at a later stage than non-Hispanic white and Black women¹. This may occur for a number of reasons, including a lower likelihood of getting prompt follow-up care after an abnormal mammogram¹. Other reasons include lack of insurance and being an immigrant in the U.S. for fewer than 10 years¹.

1 American Cancer Society. Cancer Facts & Figures for Hispanics/Latinos, 2021-2023. Atlanta: American Cancer Society, 2021.

2 American Cancer Society. Breast Cancer Facts & Figures, 2019-2020. Atlanta: American Cancer Society, 2019.

3 American Cancer Society. Cancer Prevention & Early Detection Facts & Figures, 2015-2016. Atlanta: American Cancer Society, 2021.

EDUCATOR RESOURCES



Barriers to Screening and Health Care

Many things may prevent Hispanic/Latina women from getting breast cancer screenings and prompt follow-up care after an abnormal mammogram. These barriers include, but are not limited to^{1,2,3,4}:

Health Care System Infrastructure

- Limited availability of interpreters
- Lack of culturally-appropriate resources/care
- Long waits to get an appointment
- Limitations on services funded by federal or state programs, including:
 - Clinical breast examinations for low-income, uninsured women under the age of 40 not using state-funded contraceptive services
 - Diagnostic services for low-income, uninsured women under the age of 40 with abnormal clinical breast exam findings
 - Support services for women diagnosed with breast cancer, including Spanish language support groups, wig banks, etc.

Sociocultural Limitations

- Lack of awareness of breast cancer risks and screening methods
- Lack of knowledge about the need to get screened
- Lack of knowledge about the availability of services and location of providers
- Lack of access to regular health care
- Inability to take time off work
- Childcare responsibilities
- Lack of transportation
- Anxiety about the procedure
- Embarrassment about exposing breasts
- Fear of finding cancer
- Fear of detection of immigration status
- Limited English-language skills
- Literacy level and embarrassment about it

Financial

- Lack of health insurance or funds to pay for screening, diagnostic tests and/or treatment
- Other financial priorities
- Inability to pay for transportation or childcare

NOTE

The purpose of this Toolkit is to support you in your efforts to educate the Hispanic/Latino communities about breast cancer and the need to get screened. If you or your organization has the capacity, you can also assist women with overcoming other barriers through program services or targeted referrals/connections to other organizations.

Barriers Among Specific Groups

There is limited research on barriers to screening among specific Hispanic/Latino populations. However, one study found that there were differences in women's reasons for not being screened for breast cancer depending on their ethnicity and where they lived. In a low-income New York community, for example, motivations for avoiding necessary screening differed: Mexican women were more likely to avoid regular breast cancer screenings due to shame and embarrassment, while Dominican women cited fear more often⁵.

Breast Cancer Myths and Common Beliefs

In addition to infrastructure, sociocultural and financial barriers to accessing breast cancer screenings, some Hispanics/Latinos hold beliefs about breast cancer beyond those listed elsewhere in this Toolkit.

Myths concerning breast cancer outcomes, symptoms and risk factors may also pose a barrier to breast cancer screening among Hispanic/Latina women. One dominant myth among Hispanics/Latinos is fatalism (i.e., the belief that all events are determined by fate), which can deter breast cancer screenings if women believe that cancer outcomes have already been determined. Studies have found a significant inverse association between fatalism and frequency of mammography screening in low-income Mexican-American women⁶, meaning the more fatalistic they are, the less likely they are to be screened regularly.

There is also evidence that Hispanic/Latina women are more likely than Caucasian and African-American women to have misconceptions regarding breast cancer symptoms. For example, Hispanic/Latina women are more likely to believe that a lump only needs to be checked if it is painful or if it grows larger⁷.

Another study addressing Hispanics'/Latinos' beliefs about breast cancer found that Hispanic/Latina women from Mexico and El Salvador named physical stress and trauma to the body as a risk factor for breast cancer⁸. Physical stress and trauma may include: blows, hits and bruises, particularly those occurring at a young age; biting or rough handling during breastfeeding, particularly when it causes bruising; and excessive fondling of the breasts, such as that which may occur during normal sexual interactions. This study indicated that these beliefs are likely to vary somewhat among Hispanic/Latina women of different national origins and immigration statuses. However, there has been limited research comparing myths held by different Latino populations.

NOTE

You can learn about myths and common beliefs by asking your audience what they know or have heard about breast cancer. Take these opportunities to dispel inaccurate information. You can use the [Barriers and Responses](#) resource to help you prepare responses to some of these barriers.

- 1 Harlan LC, Bernstein AB, Kessler LG. Cervical Cancer Screening: Who Is Not Screened and Why? *Am J Public Health* 1991; 81:885-891.
- 2 Ramirez AG, McAlister A, Gallion K, Villarreal R. Targeting Hispanic/Latino Populations: Future Research and Prevention Strategies. *Environ Health Perspect* 1995; 103:287-290.
- 3 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 Inst Monogr* 1995:109-115.
- 4 American Cancer Society. *Cancer Prevention & Early Detection Facts & Figures, 2013*. American Cancer Society, 2013.
- 5 Garbers S, Jessop DJ, Foti H, UribeArrea M, Chiasson MA. Barriers to breast cancer screening for low-income Mexican and Dominican women in New York City. *Journal of Urban Health*. 2003 Mar;80(1):81-91.
- 6 Karla Espinosa de los Monteros, Linda C. Gallo. The Relevance of Fatalism in the Study of Latinos' Cancer Screening Behavior: A Systematic Review of the Literature. *International Journal of Behavioral Medicine*. 2011 December; 18(4): 310-318. Published online 2010 October 17.
- 7 Garth H. Rauscher, Carol Estwing Ferrans, Karen Kaiser, Richard T. Campbell, Elizabeth E. Calhoun and Richard B. Warnecke. Misconceptions about Breast Lumps and Delayed Medical Presentation in Urban Breast Cancer Patients. *Cancer Epidemiology, Biomarkers, and Prevention* 2010;19:640-647. Published Online March 3, 2010.
- 8 Chavez, L. R., Hubbell, F. A., McMullin, J. M., Martinez, R. G. And Mishra, S. I. (1995), Structure and Meaning in Models of Breast and Cervical Cancer Risk Factors: A Comparison of Perceptions among Latinos, Anglo Women, and Physicians. *Medical Anthropology Quarterly*, 9: 40-74.



[Barriers and Responses](#)

CHECKLIST



Getting to Know the Community You Serve

Whether you are starting work in a new community for the first time or doing education in a community you have served for years, it is important to know as much as you can about the community you serve before you begin reaching out to people and organizations about breast cancer.

- Look in the Yellow Pages or use the Internet to find organizations that serve Hispanics/Latinos in the neighborhood(s) you are hoping to reach. Start a list of organizations that you can contact to learn more about the community.
- Call each organization and identify the person or people that work on programs that reach your targeted community. Introduce yourself and your work and ask for a meeting.

NOTE

Phone conversations are good for doing research and setting up meetings, but face-to-face meetings are important when forming a relationship and building trust.

NOTE

For example, if there are a lot of children in the community, but no pediatrician in the neighborhood, you might be able to make a connection with a clinic or organization that can provide health screenings or vaccinations. You can then partner with the clinic to conduct an event that meets a need of the community and also allows you to present information about breast cancer.

- If no community assessment has been completed, ask questions about the community's strengths, needs and priorities when you meet with people from community organizations. This will help you to better understand the community and identify opportunities for partnerships. This shows that you are placing the community's needs at the top of your priority list. It also shows that you care about the community.

NOTE

Things that you may ask about might include: demographics of the community (age, gender); number of children in the community; access to primary care; insurance coverage; languages spoken; level of organization within the community (i.e., are there block captains or stakeholders/community groups); and willingness among community members to learn.

- Join community meetings (sometimes called stakeholders meetings). This is a good way to network with community leaders and form partnerships. And, you will be able to meet community members and know their needs.
- Contact the local churches from different denominations. Meet with the leaders to discuss your program and schedule a date for outreach in those churches.



Not every organization you contact will want or need a breast health program. However, if you receive a request for a presentation on some other health condition or need, you can negotiate for time to present on breast cancer, too. For example, if an organization would like a presentation on asthma, and you are able to facilitate through your organization or network, you can agree to help fulfill that request if the organization also makes time for you to do your breast health presentation, too.

EDUCATOR TIPS



Tips for Developing a Good Reputation in Your Community

- Be professional.
 - Dress in neat, clean clothing that is just a little more formal than the audience's.
 - Be punctual.
 - Be polite.
 - Be courteous.
 - Be honest; know your limitations. If someone asks a question you cannot answer, just say that you do not have the information but you will look for it. You could refer to Susan G. Komen® website [komen.org](https://www.komen.org), have them call the Breast Care Helpline at 1-877-GO KOMEN (1-877-465-6636) or mail the information.
- Provide a comfortable environment.
- Be aware of your communication style and body language.
- Be responsible and dependable. Always follow through when you make an offer or promise.
- Be a good listener.
- Be organized.
- Respect your audience.
- Take time to get to know your community.
- Do not focus only on your agenda. Work with other organizations in the community to fulfill the community's needs.

EDUCATOR RESOURCES



Culturally-Responsive Communication

Changing Culture

Culture includes the traits and behaviors of a group of people, as defined by their language, social customs, religion, music and arts. Culture includes how people think, act and live their lives¹.

Understanding culture is an important part of successful communication. One should not make assumptions about a person based only on their culture. Cultures change over time when new knowledge, beliefs and norms are introduced. As a result of a growing and changing culture, know that the cultural norms discussed in this Toolkit may not apply to everyone. Do not expect people to perfectly fit the norms of their culture. Always respect and be open to each person's knowledge and beliefs. Although you are sharing information that will be useful to your audience, you may also learn something new!

Culture and Communication

Culture is an important part of communication. It affects the words that are used to express thoughts and ideas. It also affects how information is understood.

In order to have clear and effective communication with people of a different culture, it is important to understand not only the culture of the person with whom we are speaking, but also our own culture, behaviors and biases. Always remember that the way a person communicates may be influenced by their culture. More importantly, 80 percent of communication is nonverbal. So, your actions really do speak louder than your words.

For example:

In Bangladesh the “thumbs up” is used as a hurtful expression. In North America and in many other countries, it is a symbol for “good job.”

In Russia and France, this means “zero.” In Brazil, it is an insult. In Japan, it means “money.” In the U.S. and England, it means “okay.”



Exercise

As people with our own beliefs and experiences, we often miss information that does not fit our beliefs. As a result, we can interpret experiences, conversations and events differently than others around us. If we take time to learn about other people's experiences and beliefs, we can learn new ways of looking at the world. Sometimes, what we see can surprise us!

What do you see when you look at this picture?



Do you see an older woman or a younger woman? Would you believe that this image shows both an older woman and a younger woman?

In this image, you can see an older woman, with her mouth slightly open and her chin nestled in what looks like a fur collar. You can also see a younger woman, with her head turned away and a ribbon or necklace around her neck. If you see the older woman, try to change your viewpoint to see the younger woman. If you already see the younger woman, try to find the face of the older woman.

It is important to be able to change your viewpoint and understand that there is always more than one way of looking at something. Similarly, in the communication process, it is important to understand that there are many ways to communicate a message. And, many ways a message can be understood by others.

Summary

For each of us, our beliefs are shaped by our knowledge and experiences, by our family and friends and by our culture. Being aware of our own cultural beliefs and behaviors will help:

- Explore, understand, accept and value our cultural and social background.
- Understand that we will not have the same beliefs that others do and respond to those people in ways that do not create conflict or discomfort.
- Understand and respect more deeply the culture of those we meet.

Take time to think about how your own knowledge, behaviors, attitudes, beliefs, values and norms affect how you communicate — both how you share information and how you understand it.

Communication Tips

Below are tips to guide you when you are communicating with someone of a culture other than your own.

- **Be aware** of differences, respect them and use them as a learning opportunity.
 - Do not assume that everyone's beliefs and behaviors are like yours.
 - Do not push your cultural beliefs onto others.
 - Avoid making decisions about other people based only on their culture.
- **Listen carefully** to make sure that the person you are speaking to understands your message.
 - Try to choose the best wording and tone of voice to avoid misunderstandings.
 - Remember that English is one of the hardest languages to learn. If you are speaking in English and it is not the person's preferred language, take your time and be patient.
- **Speak openly and honestly** when you sense your message is not getting across.
 - If you don't understand, ask again, respectfully.
 - Speak with sincerity and not with jokes.
- **Pay attention to body language.**
 - When you are speaking, try to avoid crossing your arms or placing your hands on your hips. It can seem like you are not feeling patient.
 - Always look and listen for "hints" of frustration (deep breaths, sighs, etc.).

1 Beebe, S. A., Beebe, S. J., Redmond, M. V. (2005). Interpersonal communication: Relating to others (4th ed.). Boston, MA: Pearson.

CHART



Applying Culturally-Responsive Communication in Hispanic/Latino Communities

Understanding cultural norms can help you to better reach, communicate with and educate your audience. When you meet someone new, you should always remember to be open and respectful of their beliefs.

Hispanic/Latino Cultural Norms

There are some norms that are common among all Hispanic/Latino cultures. Below are examples of a few of those norms and ways to improve communication with the communities you serve.

NOTE

Understanding cultural norms is an important part of communication. But, it is important to avoid making decisions about people based only on their culture. Hispanic/Latino people do not all share the same culture. The cultural norms listed below may apply to most or only some of your audience. Try to learn about their values and beliefs before applying these communication strategies.

Cultural Norm	Description	Strategies for Communication
<p>Community and family are important</p>	<p>Hispanics/Latinos generally come from a culture where the well-being of the group or family is more important than one person's well-being¹. Also, in Hispanic/Latino cultures, grandparents, aunts/uncles, cousins and close friends are thought of as part of the family².</p>	<ul style="list-style-type: none"> • When possible, include family members in outreach and education events³. Many Hispanics/Latinos rely on the support and guidance of others to help make decisions. Family and friends are often involved in the decision-making process about health care⁴. • For much of your audience, the male head of household will be involved in the final decision-making about health care. For that reason, be sure to discuss the importance of early detection with both men <i>and</i> women. <div data-bbox="1013 732 1395 1100" style="border: 1px solid #e91e63; border-radius: 15px; padding: 10px; margin: 10px 0;">  <p>See the Breast Self-Awareness Key Messages for additional information.</p> </div>
<p>Faith and religion are important</p>	<p>Faith and church are often central to family and community life across Hispanic/Latino populations. Most Hispanics/Latinos believe that God is a part of their everyday life, and attend a religious service at least once a month⁵.</p>	<ul style="list-style-type: none"> • You could evoke religious values and beliefs to motivate your audience to take personal action for a healthier life. For example, if you are giving a presentation in a church, you might say that God created our bodies and that it is important to care for them, as they are a gift that God has given to us.

Cultural Norm	Description	Strategies for Communication
Respect	<p>In general, Hispanic/Latino populations place a strong emphasis on showing respect to authority figures. Many families and communities believe that the father or oldest male relative holds the most authority⁶. This respect often extends to other authority figures, as well⁷.</p>	<ul style="list-style-type: none"> • Show respect by using formal rather than familiar words when addressing or speaking to people and groups. For example, use the formal “usted” instead of familiar “tu.” • Speak in a clear and sincere manner and encourage questions². For example, do not use jargon or acronyms like “CBE” for clinical breast exam. Your audience may not be familiar with these terms. • Study the makeup of your audience — including demographic information, cultural norms, educational and literacy levels and available resources. This will allow you to show that you have taken the time to understand the circumstances, interests and needs of your audience. <div data-bbox="1013 974 1395 1339" style="border: 1px solid #e91e63; border-radius: 15px; padding: 15px; margin-top: 20px;">  <p>See <u>Getting to Know the Community You Serve</u> for more information.</p> </div>

Cultural Norm	Description	Strategies for Communication
<p>Personal familiarity</p>	<p>Many Hispanics/Latinos prefer personal relationships over formal relationships and tend to take a deep personal interest in others. In some cases, it is not uncommon for Hispanics/Latinos to sit or stand close to one another during conversations⁸.</p>	<ul style="list-style-type: none"> • When interacting with your audience, ask questions about family, friends, work or the neighborhood where people live. For example: <ul style="list-style-type: none"> • Do you have children? How many? • How old are your children? • What school do your children attend? • What neighborhood are you from? • Share your own background, life stories and pictures. This will help you connect, whether in a one-to-one conversation or within a group. • When reaching out to a community, find local leaders and introduce yourself and your work. Learn about the community and its priorities. Ask about who may already be doing work similar to yours and what resources would be most valuable. You can also ask for advice about the best person or people to partner with in the community. This engagement will display respect and trust in the community, which will increase the chance of success. <div data-bbox="1003 1192 1385 1560" style="border: 1px solid #e91e63; border-radius: 15px; padding: 10px; margin-top: 20px;">  <p>See <i><u>Getting to Know the Community You Serve</u></i> for more information.</p> </div>

Cultural Norm	Description	Strategies for Communication
Trust	Trust grows from respect and familiarity. Hispanics/Latinos develop trust over time with mutual respect and interests. This is the foundation for long-term relationships.	<ul style="list-style-type: none"> • Follow through when you agree to do something for a person or group. • You should build relationships with leaders or organizations that are trusted by the community members. By doing so, you will have a greater reach into the community. Work with those trusted people/organizations to identify the community’s priorities. Show that you are willing to help address some of the mutual priorities. Trusted entities in a community include churches, schools or health care providers. Organizations that train and coordinate community health promoters (promotoras) may be a good starting point⁹.
Fatalism	Fatalism generally refers to the belief that life events are guided by outside forces, and that people cannot do much to alter fate ¹⁰ . While this is a relatively common belief about Hispanic/Latino cultures, some research shows mixed evidence that this is a common belief among Hispanics/Latinos ¹¹ .	<ul style="list-style-type: none"> • Encourage your audience to take control of their health by taking personal action on the breast cancer information they learned. • Explain the importance of knowing their risk, getting screened, knowing what is normal for them and making healthy lifestyle choices. • Share that having a goal to live a long and healthy life makes it possible to enjoy time with family. • Share that taking care of our bodies and following recommendations or guidelines for a healthy life can help to prevent us from being a burden for our families.

Cultural Norm	Description	Strategies for Communication
Food	As in other cultures, food plays an important role in Hispanic/Latino culture. Many Hispanics/Latinos in the U.S. cook and take pride in foods specific to their countries of origin. Food is often seen as being central to social interactions.	<ul style="list-style-type: none"> • Provide culturally-appropriate food at group presentations. Hispanic/Latinos often prefer hot meals (stewed chicken or beans and rice) over cold meals (sandwiches or wraps). • It is also important for you to partake in shared meals; refusing to do so could offend group members.

Cultural Beliefs and Health

It is important to consider how cultural beliefs impact health behaviors. Examples of ways cultural beliefs impact health behaviors include²:

- How illnesses/diseases and their causes are perceived
- Understanding of health, healing and wellness
- Use of traditional and non-traditional approaches to health care
- Decisions about health care and support
- Beliefs about biases within health care systems
- Behaviors and attitudes toward health care providers

Remember that, like other cultural norms, beliefs about health may not apply to the people and groups you meet. However, it is important to understand and address some of the barriers your audience may face in accessing health information and health care. Always ask questions in order to understand how your audience’s culture and experiences may affect their health behaviors.

This will help you to better communicate with your audience, share information that is appropriate and useful, help them overcome barriers and empower them to take action.

1 Gudykunst, W.B. (1998). *Bridging differences: Effective intergroup communication*. Newbury Park, CA: Sage.

2 US Department of Health and Human Services, Health Resources and Services Administration (2001). *Quality Health Services for Hispanics: The Cultural Competency Component*. <http://www.hrsa.gov/culturalcompetence/servicesforhispanics.pdf>

3 American Cancer Society. *Cancer Facts and Figures for Hispanic/Latino People, 2019-2020*.

4 Centers for Disease Control and Prevention. *Cultural Insights: Communicating with Hispanics/Latinos*. (NB)

5 Pew Hispanic Center (2007). *Changing Faiths: Latinos and the Transformation of American Religion*. Retrieved August 21, 2013 from <http://www.pewhispanic.org/files/reports/75.pdf>.

6 Kemp, C. & Rasbridge, L. A. (2004). Mexico. In *Refugee and Immigrant Health: A Handbook for Health Professionals* (pp. 260-270). Cambridge: Cambridge University Press.

7 Glenn Flores, "Culture and the Patient-Physician Relationship: Achieving Cultural Competency in Health Care," *Journal of Pediatrics* 136 (January 2000): 14-23.

8 National Alliance for Hispanic Health (2001). *A Primer for Cultural Proficiency: Towards Quality Health Services for Hispanics*. Retrieved from <http://www.hispanichealth.arizona.edu/primer%20for%20cultural%20proficiency%20nahh.pdf>.

9 Centers for Disease Control and Prevention. *Cultural Insights: Communicating with Hispanics/Latinos*. (NB)

10 Glenn Flores, "Culture and the Patient-Physician Relationship: Achieving Cultural Competency in Health Care," *Journal of Pediatrics* 136 (January 2000): 14-23.

11 Karen Flores, et al. "Fatalism or Destiny? A Qualitative Study and Interpretative Framework on Dominican Women's Breast Cancer Beliefs," *Journal of Immigrant and Minority Health* (August 2009): 11(4): 291-301.

CHART



Introduction to Adult Learning Principles

Adult learning principles acknowledge that children and adults learn differently. This resource can help you create breast health education to better connect with your audience.

The deeper your understanding of adult learning principles, the more adept you will be at delivering your message. These principles are based on the idea that people learn best when they feel there is mutual trust, respect and cooperation between themselves and the educators. Keep in mind that the Hispanic/Latino norms of respect and trust are also highly relevant to the adult educational setting.

Below is an overview of Knowles' six adult learning principles¹ with guidance on applying these to breast health and breast cancer education in Hispanic/Latino communities.

Principle	Description	Application
1. Adults are internally motivated and self-directed.	Life experiences play a major role in adults' motivation to learn. Adults who know a breast cancer survivor or someone who has had a benign (non-cancerous) change in their breast may be motivated to learn about their own risk factors and what they can do to reduce risk.	<ul style="list-style-type: none">• Invite people to share their experience with breast cancer or their reasons for attending the discussion or presentation. For example:<ul style="list-style-type: none">• Have you been affected by breast cancer in any way?• Does anyone in the audience know a breast cancer survivor?• Do you want to share your experience with us? <p>This will help you to understand what is motivating the listener and what kind of information she or he may need. It can also help to develop connections among participants and with the educator.</p>

Principle	Description	Application
<p>2. Adults bring prior knowledge and experiences to the learning environment.</p>	<p>In addition to culture, information about and prior experiences with breast cancer can affect the way people approach the subject of breast health. For instance, a learner who has cared for a loved one with breast cancer may be able to easily understand her own risk of breast cancer. However, misperceptions and misinformation can lead her to ignore warning signs if they do not match her prior experience.</p>	<ul style="list-style-type: none"> • Ask the audience about personal knowledge and previous experience related to breast cancer. This will help you to determine their level of knowledge. This will give you the chance to replace myths and incorrect information with accurate information, and to build rapport with the audience.
<p>3. Adults are goal-oriented.</p>	<p>Generally, adults come to the learning experience with set goals in mind.</p>	<ul style="list-style-type: none"> • At the start of a discussion or presentation ask participants what they would like to learn about breast cancer. • If you are comfortable with it, let participants know that they can ask questions at any time during the presentation. • Try to answer their questions or concerns in order to meet those learning goals.

Principle	Description	Application
<p>4. Adult learning is relevancy oriented.</p>	<p>Adult learners need to have a firm understanding of why the information being taught is relevant to them.</p>	<ul style="list-style-type: none"> • When meeting anyone for the first time, share that breast cancer is a problem in the community and that many people do not know about it. • You can modify your talking points based on the audience, personal knowledge and experience of the audience. <div data-bbox="1073 569 1456 892" style="border: 1px solid #e91e63; border-radius: 15px; padding: 10px; margin-top: 10px;">  <p style="text-align: center;"><u>Sample Talking Points for One-to-One Conversations</u></p> </div>
<p>5. Adults are practical.</p>	<p>Adults tend to learn best by practicing what they have learned.</p>	<ul style="list-style-type: none"> • Give your audience opportunities to practice what they are learning from you. For example, instead of simply describing questions that a person might ask a health care provider, you can engage in role play activities that allow participants to ask each other questions. See <u>Questions to Ask the Doctor</u> for more information. <div data-bbox="1073 1436 1456 1734" style="border: 1px solid #e91e63; border-radius: 15px; padding: 10px; margin-top: 10px;">  <p style="text-align: center;"><u>Questions to Ask the Doctor</u></p> </div>

Principle	Description	Application
6. Adult learners need to feel respected.	Adults do not learn well when they feel degraded, inexperienced or unknowledgeable.	<ul style="list-style-type: none"> • Always treat people as equals with relevant experiences and knowledge. • Allow listeners and audience members to express themselves without fear of criticism. • Foster respect and connection with people by introducing yourself and any personal experience or reasons that you are passionate about your work. • Ask participants to introduce themselves and share their knowledge and experiences about breast cancer.

1 Knowles M. The adult learner: A neglected species. Houston, TX: Gulf; 1984.

EDUCATOR TIPS



Listen, Respond, Ask

The Listen, Respond, Ask model will help you to build rapport and create conversation with your audience. Below is a brief overview of the model, with additional tips to help move the conversation forward.



The model is particularly useful in one-to-one conversations, and can be applied once you have introduced yourself and your work, and begun to discuss breast health and breast cancer. You will see that the [Sample Talking Points for One-To-One Conversations](#) guides are based on the Listen, Respond, Ask model.

The Listen, Respond, Ask model supports Hispanic/Latino cultural norms, as well as recommendations about culturally-responsive communication. It demonstrates respect and personal interest in the listener's or audience's experiences, interests and goals. It also engages the listener or audience in the learning process.

Listen

- Take into consideration cultural norms around eye contact or allow the person with whom you are speaking to take the lead in maintaining eye contact or not.
- Be sure that your posture shows that you're open and warm. Having a receptive posture shows the listener that you're interested in what she or he is saying.
- Listen carefully to make sure you understand what the person really wants to know before you respond.
- Display patience! It is important to show respect for others in Hispanic/Latino cultures. Each person you meet is likely to come to the conversation with personal experience and knowledge about breast health. It is very important to be patient in hearing everything that the other person has to say before responding. This will help you not only understand the person's previous experience, but also what she or he may want to know. Allow the person to share her/his personal experience. This also shows you're interested and can facilitate further sharing.



A few examples of receptive posture are:

- Face the person that is speaking,
- Maintain eye contact or smiling, if appropriate,
- Lean towards the person who is speaking to show interest, and
- Avoid crossed arms.

Respond

- Provide a short answer to the question as you understand it. Check to be sure that the information you provided answered the question.
- Provide additional information as appropriate.
- Speak clearly and succinctly, and in a positive and non-condescending manner. This displays respect.
- Display empathy. By displaying empathy, you are showing the other person that you genuinely care and want to hear about their experiences.

Ask

- Ask questions based on the person's response, and help move the conversation forward.
- Ask if the information you provided is helpful.
- Ask for clarification of what else the person might want to know.
- Ask if you can follow up or direct the person to appropriate resources, especially if you do not know the answer to her/his question. This can further support development of a personal relationship, which is key in Hispanic/Latino cultures. It may also allow you the opportunity to invite her or him to an educational event or to follow up in another way.

Repeat this cycle by listening for additional questions or concerns and responding to those appropriately.

EDUCATOR RESOURCES



Sample Talking Points for One-to-One Conversations

This resource is based on the [Listen, Respond, Ask](#) model. Refer to that educator resource for more guidance on using the talking points listed below.

Getting started: Introduce yourself

Introduce yourself and the organization you work with, and ask the other person's first name and a basic question about them.

Examples:

- If you are on public transit, you might ask where the person is coming from or where in the city the person lives. (Asking where the person is heading might also give you some clues about how much time you have to talk with her or him).
- If you are also Hispanic/Latina, you might also ask about where the person or her family is from, verify her country of origin and offer a positive comment about her country of origin or culture, and share your own cultural background. If you are not Hispanic/Latina, this question may feel intrusive or alarming to the listener.

NOTE

If you are doing telephone outreach, be especially mindful of others' time. Let them know how long you expect the conversation to last and ask if they currently have the time to talk to you. If they do not, ask if you can set up a time for another telephone call in the next couple days. Or, try to schedule a time to meet face-to-face.

Next steps

If the person you approach does not have time or is not interested in talking with you at that time you can:

- Give the educational handout or a flyer with your organization's or Komen's contact information to the person.
- Ask for the person's contact information to call her in the future, or you can share your contact information or a business card so she can contact you.

If the person you approach has some time and is interested in talking with you, use the following examples of one-to-one conversations to guide your breast cancer conversation with the listener. There is one example of one-to-one conversations for each of Komen's four Breast Self-Awareness Key Messages.

Key Message: Know Your Risk

ASK *Do you know the two most common risk factors for breast cancer?
What do you know about breast cancer?*

NO RESPOND

- The two most common risk factors for breast cancer are being born female and getting older.*
- Breast cancer is the most common cancer among Hispanic/Latina 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. 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.*
- Breast cancer occurs when cells in the breast divide and grow without their normal control and form malignant (cancerous) tumors.*

YES RESPOND & LISTEN

Invite the person to talk about her or his knowledge about and experience with breast cancer personally or in her family.

ASK *Do you know someone that has had breast cancer? How do you know that person? Is it someone in your family?*

YES If the person that has breast cancer is in the person’s family, you can share the following talking points:

- Breast cancer in your immediate family does not mean that you will also have breast cancer, but it is important to tell your doctor that someone in your family has breast cancer because it may increase your risk.*

NO *Most women in the U.S. who develop breast cancer do not have a family history of breast cancer.*

ASK Whether the person knows someone that has or had breast cancer or not, you can ask the following:
Did you know that the two most common risk factors for breast cancer are being born female and getting older?

RESPOND & LISTEN

Share that there are two actions that people can take to learn more about their personal risk:

- Talk with both sides of your family about your family health history.*
- Talk with your doctor about your own personal risk of breast cancer.*

ASK Before ending your conversation, you can evaluate your success in communicating your message by asking:
Can you name the two most common risk factors for breast cancer?

You may also ASK:

Did you learn anything about breast health today that you did not know before? Can you think of a friend or family member with whom you will share the information you received today?



Additional talking points can be found in the Breast Self-Awareness Key Messages resources. Additional information about how to evaluate your one-to-one conversation can be found in [*Tips for Evaluating Your Program.*](#)

Key Message: Get Screened

ASK (If speaking with a woman)

Have you ever been screened for breast cancer?

If you know the woman's age, you could also ask:

Have you had a clinical breast exam?

Have you had a mammogram?

NO RESPOND & ASK

What has prevented you from getting a screening?

Have you thought about getting screened?

LISTEN

The woman may be afraid, have no primary care provider, not know where to go or have other barriers.

RESPOND

- It is important for us to take good care of ourselves and get screened regularly.*
- Breast cancer can feel scary, but it can be treated. Screening tests can find breast cancer early, when the chances of survival are the highest.*
- There are resources in the community that can help you with a free screening/finding a provider/getting health insurance.*

YES RESPOND & ASK

That's great! You are such a good role model for your family and community.

What made you get screened?

What kind of screening did you have?

When did you have your last screening?

If it was a clinical breast exam and it was more than three years ago, or if it was a mammogram and more than one year ago, or if the woman has never had a screening:

LISTEN

The woman may be afraid, have no primary care provider, not know where to go or have other barriers.

RESPOND

- It is important for us to take good care of ourselves and get screened regularly.*
- Cancer can feel scary, but it can be treated, and finding it early increases the chances that treatment will be successful.*
- There are resources in the community that can help you with a free screening/finding a provider/getting health insurance.*



You can also refer to the [Barriers and Responses](#) resource to help you prepare for addressing barriers that some women face.

If the woman had a screening within the recommended timeframe:

ASK *Do you know what the results were?*

LISTEN & RESPOND

NO Encourage the woman to contact the provider that conducted the screening. You may ask if she knows how to contact the provider.

YES If results were negative, encourage the woman to continue to get screened. You may ask when her next screening is scheduled and give her a [Breast Self-Awareness Messages](#) resource to remind her to report any breast changes to her health care provider.

If the results showed something abnormal or follow-up was required, but she has not followed up, inform her that it is important to follow up. For example, the screening may need to be repeated because she moved. If it showed something abnormal, remind her that it does not necessarily mean cancer, and that it is important to follow up and obtain a diagnostic test to find out more. Encourage her to follow-up!

ASK Before ending your conversation, you can evaluate your success in communicating your message by asking:

Will you talk to your doctor about what breast cancer screening is right for you?

Will you schedule a breast cancer screening with a health care professional in the future?

You may also ASK:

Did you learn anything about breast health today that you did not know before?

Can you think of a friend or family member with whom you will share the information you received today?



Additional talking points can be found in the Breast Self-Awareness Key Messages resources. Additional information about how to evaluate your one-to-one conversation can be found in [Tips for Evaluating Your Program](#).

Key Message: Know What is Normal for You

ASK *Do you think that you know how your breasts normally look and feel?
What kinds of changes in your breast should you report to your provider?
Can you tell if there are changes?*

YES RESPOND & ASK

That's great!

What changes in your breast would you notice and report?

LISTEN

The person may not know all of the warning signs or changes in the breasts.

RESPOND

- The signs of breast cancer are not the same for all people. It is important to know how your breasts normally look and feel.*
- Describe the signs that the person should be looking for (see below), and encourage her or him to be alert for changes.
- It is important to talk to your health care provider about any changes in your breast/chest area.*
- If you are speaking with a man: *You can encourage/support the women in your family to get breast care. They should see a health care provider if they are concerned about a change in their breasts. As a man, you can also get breast cancer.*

YES,

BUT... The person may say that she or he knows what to look for, but would be afraid to report them.

ASK *Why not?*

LISTEN

If you are speaking with a woman, try to understand why she may be afraid, may not be comfortable with her body, or not really know what to say to her provider. She may also have inaccurate information.

If you are talking with a man, he may not believe he needs to be concerned about these women's issues. However if the woman is his wife, he can encourage her to learn what changes should be reported, be aware of changes and encourage her to see her provider if a change is noted. Remind him that her health is important to his family and he can care for his family by caring for his wife in this way. He should know that he should be aware of and also report changes to his breast/chest area.

RESPOND

Whether you are speaking with a woman or a man, and depending on her or his response, you may:

- Give a refresher or explain the warning signs or changes that the person is not already looking for (see below).
- Encourage the person to learn about changes that should be reported to her/his provider.
- There are changes that you might notice your face or arm. It is important to be aware of changes in the breasts, too.*
- It is important to communicate any changes in the breasts or breast area to a health care provider. The health care provider can discuss appropriate screening options.*

NO RESPOND

- If you are speaking with a woman, inform her that it is important to know how breasts normally look and feel, and that it is okay to look at herself naked in a mirror and touch her breasts to get to know how they normally look and feel. Then use the [Breast Self-Awareness Message](#) resource to discuss each of the changes that should be communicated to her health care provider:

- Lump, hard knot or thickening inside the breast or underarm area
- Swelling, warmth, redness or darkening of the breast
- Change in the size or shape of the breast
- Dimpling or puckering of the skin
- Itchy, scaly sore or rash on the nipple
- Pulling in of your nipple or other parts of the breast
- Nipple discharge that starts suddenly
- New pain in one spot that does not go away

If you are speaking with a man, you can:

- Discuss how he can support/encourage the women in his family to take care of themselves by learning the warning signs, encouraging them to be aware of changes and seeing their providers if they notice changes.
- Inform him of the importance of knowing what is normal for him.
- Discuss changes that he should report to his health care provider.

ASK Before ending your conversation, you can evaluate your success in communicating your message by asking:

Will you visit a health care provider if you notice any changes in your breasts?

You may also ASK:

Did you learn anything about breast health today that you did not know before?

Can you think of a friend of family member with whom you will share the information you received today?



[Breast Self-Awareness Message resource](#)



Additional talking points can be found in the [Breast Self-Awareness Key Messages](#) and [Men Can Get Breast Cancer](#). Additional information about how to evaluate your one-to-one conversation can be found in the [Tips for Evaluating Your Program](#).

Key Message: Make Healthy Lifestyle Choices

ASK *Do you know that there are things we can do that may reduce our risk of breast cancer?*

YES **RESPOND& ASK**

That's great! What are the risk factors you know?

LISTEN

Give the person the opportunity to share what she or he already knows about breast cancer risk factors, and then share with any risk factors that were not mentioned (suggested) talking points are below.

NO **RESPOND**

That's okay. Let me tell you about them. There are some risk factors for breast cancer that we cannot control. The two most common risk factors are being born female and getting older. But there are some risk factors that we can control, and things that we can do that may help reduce our risk of breast cancer.

Some of the other risk factors we cannot control are:

- Having your first period before the age of 12*
- Late menopause (after the age of 55)*
- Exposure to high levels of radiation at a young age*
- Family history of breast cancer – particularly mother or sister, or any man in your family with breast cancer*
- Personal history of cancer*

Now let's look at the risk factors that we can control, and actions that we can take to reduce our risk of getting breast cancer:

- Maintain a healthy weight.** *What do you do to maintain a healthy weight? I exercise, and I make sure that I have a variety of fruits and vegetables on my plate for every meal.*
- Lack of physical activity.** *I know that you are going to tell me that you don't have money or time for the gym. Me neither! But you can walk to the park and play with your children/ grandchildren, or walk around the block or dance. I climb the stairs in my house, from the basement to the second floor and use cans of food as weights. There are many things we can do at home that are free and don't take much time.*



It is important to share the risk factors that we cannot control, as well as the ones that we can control. Start with the risk factors that we cannot control so that you can end on an empowering note by sharing what can be done that may reduce their risk of breast cancer.



In order to limit or reduce fear or anxiety, it is important to communicate after you share this list that having these risk factors does not mean that the listener will get breast cancer. It does mean that she or he should communicate with a doctor about personal risk, be alert for changes in the breasts and obtain the recommended screenings. Share that most women in the U.S. who are diagnosed with breast cancer do not have any of these risk factors aside from being born female and getting older.

- Alcohol consumption.** *A drink socially from time to time may be okay. Studies show that drinking alcohol often (one drink of alcohol per day) increases breast cancer risk. Limiting your alcohol use may reduce risk.*
- Use of menopausal hormones.** *We recognize that some women have symptoms of menopause like hot flashes or other discomfort. Sometimes a doctor will prescribe medication to help with the symptoms, but it is important to know that going through menopause does not mean that you are sick. Those symptoms are normal. Don't take the medication without supervision or advice from your doctor. Most doctors prescribe these hormones at as low a dose as possible and for as short a time as possible.*
- Breastfeeding.** *Breastfeeding is good for babies, but it is also good for moms. It may also help us to reduce risk of breast cancer.*



If there is a saying in your culture to describe being drunk, use it. It will often make the listener laugh and insert a little bit of humor to the conversation.



You have just shared a lot of information. Provide a brief summary of actions the listener can take that may reduce her risk of breast cancer. To end on an empowering note, you might ask what actions she will take to maintain a healthy lifestyle and reduce her risk of breast cancer.

ASK Before ending your conversation, you can evaluate your success in communicating your message by asking:
What actions will you take to maintain a health lifestyle?

You may also ASK:

Did you learn anything about breast health today that you did not know before?

Can you think of a friend or family member with whom you will share the information you received today?

Additional talking points can be found in the Breast Self-Awareness Key Messages resources. Additional information about how to evaluate your one-to-one conversation can be found in [Tips for Evaluation Your Program](#).

CHART



Barriers and Responses

	Specific Concern		Specific Concern
Barrier 1:	Abnormal mammogram	Barrier 26:	Husband/partner doesn't want breasts exposed to doctor
Barrier 2:	Afraid of finding breast cancer	Barrier 27:	Knows nothing about mammograms
Barrier 3:	Anxious about mammograms	Barrier 28:	Mammograms cause cancer
Barrier 4:	Breasts are too big	Barrier 29:	Mammograms don't work
Barrier 5:	Breasts are too small	Barrier 30:	Never had a mammogram
Barrier 6:	Care-giving duties interfere/no time	Barrier 31:	Never thought about getting one
Barrier 7:	Communication difficulties due to language barrier	Barrier 32:	No blows/injury to the breasts
Barrier 8:	Confused about screening	Barrier 33:	No doctor
Barrier 9:	Cost	Barrier 34:	No family history
Barrier 10:	Denial she will ever get breast cancer	Barrier 35:	No insurance
Barrier 11:	Didn't get around to it	Barrier 36:	No time for a mammogram
Barrier 12:	Dislikes doctor	Barrier 37:	Not interested in getting a mammogram
Barrier 13:	Doctor does clinical breast exam	Barrier 38:	Not looking for trouble
Barrier 14:	Doctor never recommended	Barrier 39:	Not needed
Barrier 15:	Does own breast self-exam	Barrier 40:	Nothing is wrong now/no symptoms
Barrier 16:	Doesn't know when to get a mammogram	Barrier 41:	One past mammogram is enough
Barrier 17:	Doesn't like to go to the doctor	Barrier 42:	Pain/discomfort from mammograms
Barrier 18:	Doesn't understand the importance of mammograms	Barrier 43:	Provider's office closed after work hours
Barrier 19:	Doesn't want to know if something is wrong	Barrier 44:	Social/emotional problems
Barrier 20:	Doesn't like mammograms	Barrier 45:	Something is wrong with my breast
Barrier 21:	Embarrassed about mammograms	Barrier 46:	Staff are mean
Barrier 22:	Faith that God will protect	Barrier 47:	Transportation problems
Barrier 23:	Fear of radiation	Barrier 48:	Uncomfortable asking my doctor for a referral
Barrier 24:	Forgot appointment	Barrier 49:	Undocumented immigrant
Barrier 25:	Forgot to schedule an appointment	Barrier 50:	Worried about having a mammogram

Barrier 1: Abnormal mammogram

SHE MAY SAY	SUGGESTED RESPONSE
<p>Sometimes mammograms find something that isn't cancer.</p>	<p>Has this ever happened to you or anyone you know?</p> <p>Sometimes mammograms will find abnormalities in the breast. Most of the time abnormal findings are due to benign breast conditions, like cysts. In this case, more tests should be run to find out if the abnormality (lump) is cancer. Most often these abnormalities turn out to be non-cancerous.</p> <p>The period of time while you're waiting to find out the results of these tests can be stressful. If your mammogram does show a problem, this doesn't always mean you have breast cancer. In fact most women with abnormal mammograms in the U.S. do not turn out to have cancer. They are found to be non-cancerous tumors, cysts or changes in the breast. These abnormalities are usually harmless and may not even require treatment. But you can't know for sure until you have all of the tests you need to explain the problem.</p>

Barrier 2: Afraid of finding breast cancer

SHE MAY SAY	SUGGESTED RESPONSE
<p>I am worried that I might find out I have breast cancer.</p> <p>If they find cancer, I might die.</p> <p>If I have cancer, I'd rather not know.</p>	<p>Fear is a perfectly normal feeling when faced with the unknown. You may be able to use this fear to make a decision to do what you can do — get screened.</p> <p>Your fear of breast cancer should prompt you to get screened. Finding breast cancer early is the best way for women to increase their chances of survival. Screening tests can find breast cancer early, when it's most treatable.</p> <p>Try and let fear become your friend. Think about all those you love so dearly and the fact that if cancer is diagnosed at a late stage, it could take you away from them. If you have cancer and find out you have it, you can do something about it.</p>

Barrier 3: Anxious about mammograms

SHE MAY SAY	SUGGESTED RESPONSE
<p>I'm a little nervous about having a mammogram.</p>	<p>It is understandable that you are nervous about having a mammogram. Some women have told me that they were concerned about the procedure itself, finding something abnormal, radiation, cost, pain, etc.</p> <p>Does any of this sound familiar. Do you know what is making you feel this way?</p> <p>Sometimes it is hard to understand why something is upsetting, bothering, concerning, etc.</p> <p>For some women, thinking about breast cancer screening reminds them about the possibility they could get breast cancer. This is very upsetting, so upsetting it makes it difficult for them to do what they need to do to — get a mammogram. Often, once they have a mammogram, they can usually stop worrying. Does this sound familiar?</p> <p>If the woman is still anxious, continue the dialogue. Some women find it makes them feel less anxious if they take a friend or loved one to their appointments. Or, they may talk to their health care provider about ways to help ease discomfort (or anxiety) during the mammogram. And, before the exam, they could let the technologist know about their concerns. You might ask, “What do you think would help you feel less anxious about having an exam or mammogram?”</p> <p>If she mentions other barriers such as fear of pain, radiation, cost, etc. find appropriate barrier responses and respond accordingly.</p>

Barrier 4: Breasts are too big

SHE MAY SAY	SUGGESTED RESPONSE
<p>My breasts are so big they won't fit in the machine. If they get them in the machine it is going to hurt too much.</p>	<p>Some women who have large breasts (and also women with small breasts) mention having a mammogram is uncomfortable. This temporary discomfort occurs when the breast is pressed between two plates so an X-ray image can be taken. Sometimes, the pressure can be uncomfortable, but it usually only lasts a few seconds. Let the technologist know your concern, and she will try to reduce your discomfort.</p> <p>Technologist are trained and know how to do mammograms on women with larger breasts. Multiple pictures may be needed to image all of the breast tissue.</p>

Barrier 5: Breasts are too small

SHE MAY SAY	SUGGESTED RESPONSE
I don't need a mammogram because my breasts are so small I will never get breast cancer.	<p>Some women may feel they don't need mammograms because they have small breasts. The truth is, all women are at risk of breast cancer regardless of breast size. All women age 40 and older should get a mammogram every year, along with an annual clinical breasts exam, regardless of breast size.</p> <p>Mammography is the best screening tool used today to find breast cancer. It can find cancers at an early stage, when they are small (too small to be felt) and most responsive to treatment.</p>

Barrier 6: Care-giving duties interfere/no time

SHE MAY SAY	SUGGESTED RESPONSE
I just don't have the time to go get a mammogram.	<p>Is there anything in particular that is making your life busier than normal?</p> <p>The mammogram itself usually takes about an hour from the time you walk into the facility until the time you walk out. You might check with the imaging center to learn what days and times are usually less busy and try to schedule your appointment then.</p> <p>A mammogram is important. It is the best screening tool used today to find breast cancer. Mammography can find cancers at an early stage, when they are small (too small to be felt) and most responsive to treatment. Getting regular screening tests is the best way for women to lower their risk of dying from breast cancer.</p>
I am always busy taking care of everyone else.	<p>It might seem that getting a mammogram could take time away from others that you are caring for. However, having a mammogram is something you can do for yourself so you can continue to take care of those who depend on you.</p> <p>A mammogram can find breast cancer before it can be felt, which may lead to more treatment options and a greater chance for survival.</p>

Barrier 7: Communication difficulties due to language barrier

SHE MAY SAY	SUGGESTED RESPONSE
<p>I cannot communicate well with my doctor/technologist/ doctor's office because she/ he/they don't speak my language.</p>	<p>All hospitals and medical centers should provide medical interpreters for people who are limited- or non-English speakers. Medical interpreters should be available for most languages and are free-of-charge to the patient. These services may be provided in person or over the telephone.</p> <p>I'd be happy to help you find some clinics or hospitals that have interpretation services or someone that has staff that speak Spanish.</p> <p>Let's find an organization that has trained Spanish-speaking promotoras/community health workers that can help you set up an appointment and even attend with you.</p>

Barrier 8: Confused regarding mammogram guidelines

SHE MAY SAY	SUGGESTED RESPONSE
<p>I just heard on the news that mammograms aren't needed for women in their 40s.</p>	<p>It is confusing, isn't it? Despite the numerous confusing messages in the media, we know that mammograms can find breast cancer early — and that finding it early can lead to more treatment options and better survival. Mammograms save lives.</p> <ul style="list-style-type: none">• Get a mammogram every year beginning at age 40 if you are at average risk.• Ask your doctor which screening tests are right for you if you are at a higher risk.• Have a clinical breast exam at least every three years starting at age 20, and every year starting at age 40.

Barrier 9: Cost

SHE MAY SAY	SUGGESTED RESPONSE
<p>There is no way I can afford to pay for a mammogram right now. It's just out of the question.</p>	<p>Reassure her there are options to help her pay for the mammograms or clinical breast exams, and assistance if she needs follow-up exam tests.</p> <p>Do you have Medicare? Medicare pays for most of the cost of your mammogram.</p> <p>Do you have insurance? Call the number on the back of your card to find out if they will cover your mammogram. If not, call the Susan G.. Komen® Breast Care Helpline at 1-877 GO KOMEN (1-877-465-6636) for assistance.</p> <p>Also, the National Breast and Cervical Cancer Control Program provides access to breast cancer screening to low-income, uninsured and underinsured women.</p> <p>And the YWCA provides breast cancer education and screening to women who lack access to health services.</p>

Barrier 10: Denial that she will ever get breast cancer

SHE MAY SAY	SUGGESTED RESPONSE
<p>I don't think I am going to get breast cancer.</p>	<p>Can you tell me more about why you don't think you'll get breast cancer?</p> <p>I've talked to some women who think that. The fact is there is no way to tell who will get breast cancer. All women are at risk. And in the U.S., 1 in 8 women will get breast cancer in her lifetime.</p> <p>We have learned a lot about breast cancer, but we still do not understand what causes breast cancer to develop at a certain time in a certain person. And if it does occur, mammograms can find breast cancer early — often before it can be felt.</p> <p>Getting regular screening tests is the best way for women to lower their risk of dying from breast cancer. Screening tests can find breast cancer early, when it's most treatable.</p>

Barrier 11: Didn't get around to it

SHE MAY SAY	SUGGESTED RESPONSE
<p>I know I need a mammogram, but I just haven't scheduled an appointment yet.</p>	<p>I'm happy to hear you have been planning to have a mammogram. We all get busy and it is easy to forget to call to make an appointment.</p> <p>The Komen reminder tool can help with this problem. You can sign up to get an email reminder when it is time for your clinical breast exam or a mammogram. You can even get your reminder sent to your phone. komen.org/reminder</p> <p>Reinforce her intention to have a mammogram. Help her develop a concrete, immediate plan for making the appointment for her mammogram.</p> <p>So you don't forget, would you like to call the mammography facility or your doctor now about an appointment and pencil the date in your calendar?</p> <p>Did you know the mammogram itself usually takes about an hour from the time you walk into the facility until the time you walk out?</p> <p>A mammogram is important. It is the best screening tool used today to find breast cancer. Mammography can find cancers at an early stage, when they are small (too small to be felt) and most responsive to treatment. Getting regular screening tests is the best way for women to lower their risk of dying from breast cancer.</p>

Barrier 12: Dislikes doctor

SHE MAY SAY	SUGGESTED RESPONSE
<p>I don't like the doctor I usually see.</p>	<p>Have you thought about going to another clinic or going to see another doctor? You might feel better with someone else. You might check with friends or family members for the names of doctors or a clinic that they like.</p> <p>If she mentions other barriers such as fear of pain, radiation, cost, etc. find appropriate barrier responses and respond accordingly.</p>

Barrier 13: Doctor does clinical breast exam so I don't need a mammogram

SHE MAY SAY	SUGGESTED RESPONSE
<p>My doctor examines my breasts for me every year when I go for a check-up and that's enough.</p>	<p>Having a yearly breast exam by a health professional is important and so is a mammogram. Beginning at age 40, you need both mammograms and clinical breast exams every year by a doctor.</p> <p>Mammograms can find most breast cancers before either you or your doctor can feel a lump. Although mammography is the best screening tool for breast cancer today, it is not perfect. So, combining mammography with clinical breast exam may improve the ability to find cancer earlier.</p> <p>Screening tests can find breast cancer early, when it's most treatable. Getting regular screening tests is the best way for women to lower their risk of dying from breast cancer.</p>

Barrier 14: Doctor never recommended

SHE MAY SAY	SUGGESTED RESPONSE
<p>My doctor gets so caught up in taking care of my medical problems she/he forgets to refer me for my mammogram.</p>	<p>Don't assume just because your doctor hasn't told you to have a mammogram, he or she doesn't believe it's important.</p> <p>While each of us likes to totally depend on our doctor to tell us when it's time to have tests and to schedule them, part of the responsibility is ours. Most doctors appreciate being reminded about their patient's need for mammograms.</p> <p>You can call your doctor's office and speak to the secretary or the nurse about getting a mammogram. How do you feel about doing this? When do you think you might be able to do this?</p> <p>Once your appointment is made, you could go ahead and sign up to get a reminder for your tests for next year. komen.org/reminders</p>

Barrier 15: Does own breast self-exam

SHE MAY SAY	SUGGESTED RESPONSE
<p>I check my breasts every month. This saves me a trip to the doctor.</p>	<p>Knowing how your breasts normally look and feel is a key step to breast self-awareness. And, if you ever notice a change in your breasts, you should report it to your doctor.</p> <p>However, mammograms can find most breast cancers before either you or your doctor can feel a lump. Mammograms are recommended every year for women beginning at age 40. There may be more treatment options and a greater chance for survival when breast cancer is found early.</p> <p>We recommend that all women:</p> <ul style="list-style-type: none"> • Talk with their doctor about which screening tests are right for them if they are at a higher risk. • Have a mammogram every year starting at age 40 if at average risk. • Have a clinical breast exam at least every 3 years starting at age 20, and every year starting at age 40. <p>We all may know people who have found their own breast cancer. Many women discover changes in their breast that turn out to be breast cancer. They noticed a change at some other time, such as when showering or dressing, and recognized the change because they knew what was normal for them. It is important to know how your breasts look and feel and if you notice any change, to report it to your doctor.</p>
<p>I don't get a mammogram because my sister found her breast cancer during a breast self-exam, so there is no point in getting a mammogram.</p>	<p>We recommend that all women:</p> <ul style="list-style-type: none"> • Talk with their doctor about which screening tests are right for them if they are at a higher risk. • Have a mammogram every year starting at age 40 if at average risk. • Have a clinical breast exam at least every 3 years starting at age 20, and every year starting at age 40. <p>Mammograms can find breast cancers before they can be felt. Getting regular screening tests is the best way for women to lower their risk of dying from breast cancer. Screening tests can find breast cancer early, when it's most treatable.</p>

Barrier 16: Doesn't know when to get a mammogram

SHE MAY SAY	SUGGESTED RESPONSE
I don't even know when I am supposed to get a mammogram.	<p>All women age 40 and older should have a mammogram every year. If you are at higher risk because your mother, sister or daughter has had breast cancer or you have other concerns, talk to your doctor to find out when you should start getting mammograms and how often to have them.</p> <p>If she wants to know more about what it's like to have a mammogram, use the suggested response for Barrier 30.</p>

Barrier 17: Doesn't like to go to the doctor

SHE MAY SAY	SUGGESTED RESPONSE
I really don't like going to the doctor. I only go when I am sick.	<p>Some women think as long as they feel fine they don't need to go looking for trouble.</p> <p>You're not alone in feeling that way. Many women feel the same way you do. Since you don't like going to doctors, taking good care of yourself and looking for little problems with screening tests before they become big problems is important. If you don't find problems when they are small, more time and attention and even more visits to the doctor may be needed to handle larger problems.</p> <p>That's one reason why getting mammograms is so important. It's just like taking care of a car or house.</p>

Barrier 18: Doesn't understand the importance of mammograms

SHE MAY SAY	SUGGESTED RESPONSE
I don't understand the big deal; breast cancer doesn't run in my family, why do I have to get mammograms?	<p>Most women who get breast cancer have no family history of the disease. In fact, the majority of women who are diagnosed with breast cancer have NO risk factors aside from being female and getting older. The purpose of a mammogram is to find breast cancer early (when there are no symptoms) and when it's most treatable.</p> <p>Mammograms can find breast cancer before either you or your doctor can feel a lump. Breast cancer is more treatable when it is found early. Getting regular screening tests is the best way for women to lower their risk of dying from breast cancer.</p>

Barrier 19: Doesn't want to know if something is wrong

SHE MAY SAY	SUGGESTED RESPONSE
If I have breast cancer I don't want to know.	<p data-bbox="548 216 1230 247">Could you tell me a little more about what you mean?</p> <p data-bbox="548 296 1484 443">Maybe you think you would rather not know if you have breast cancer. Maybe you prefer not to deal with the fears and cost that come with breast cancer treatment. Some women think as long as they feel fine they don't need to go looking for trouble.</p> <p data-bbox="548 491 1443 680">It's better to find breast cancer early before there are any symptoms. Breast cancer does not go away on its own. When breast cancer is found early, you have more treatment options. And, the sooner you do something about breast cancer, the more likely the treatment can be simpler, easier and more effective than if you wait.</p> <p data-bbox="548 728 1476 760">How does hearing all of this make you feel about having a mammogram?</p> <p data-bbox="548 808 1443 879">If she mentions other barriers such as fear of pain, radiation, cost, etc. find appropriate barrier responses and respond accordingly.</p>

Barrier 20: Doesn't like mammograms

SHE MAY SAY	SUGGESTED RESPONSE
I have had a mammogram and didn't like it.	<p data-bbox="548 1100 1476 1171">Try to find out what it was about her last mammogram that is making her nervous.</p> <p data-bbox="548 1220 1438 1291">You mentioned earlier that you have had a mammogram. What was that like for you?</p> <p data-bbox="548 1339 1484 1411">If she mentions other barriers such as fear of pain, radiation, cost, etc. find appropriate barrier responses and respond accordingly.</p>

Barrier 21: Embarrassed about mammograms

SHE MAY SAY	SUGGESTED RESPONSE
I am just too embarrassed to get a mammogram and have someone touch my breasts.	<p>Some women say they feel embarrassed about having a mammogram.</p> <p>But keep in mind that technologists are professionals trained for this work.</p> <p>Share your concerns with your technologists before the exam starts.</p> <p>Since you'll only have to take off the clothing above your waist during the mammogram, you might want to wear pants or a skirt rather than a dress. That way the rest of you will be covered. You will be given a robe or a cape and your breast will be exposed only during the exam. Most women say that once they went, it wasn't embarrassing.</p>

Barrier 22: Faith that God will protect

SHE MAY SAY	SUGGESTED RESPONSE
God will protect me from breast cancer so I don't need a mammogram. I have faith in God.	<p>It's great you put your faith in God.</p> <p>Mammograms are one way to use the wisdom and knowledge that God gives us to help ourselves.</p>

Barrier 23: Fear of radiation

SHE MAY SAY	SUGGESTED RESPONSE
I've had a lot of X-rays in my life. I don't want to expose myself to any unnecessary radiation.	<p>Talk with your doctor about your history of X-rays so that he/she may talk with you about recommendations specifically for you.</p> <p>High X-ray exposure early in life is a risk factor for breast cancer. Those who have this history should talk with their doctor about their personal risk and screening recommendations.</p> <p>A woman's chance of getting breast cancer increases with age, so regular screening is important for finding breast cancer early. The amount of radiation you get with a mammogram is a small amount. Experts think that the benefit is greater than the risk for most people.</p>

Barrier 24: Forgot appointment

SHE MAY SAY	SUGGESTED RESPONSE
I made an appointment, but I just forgot to go.	<p>Sometimes people just forget their appointment. It is ok. Is there a simple way to keep track of your appointments? Maybe you could keep a calendar. Ask someone to remind you. Put a sticky note on your purse. You might also try calling the mammogram facility and ask them to call you before your appointment as a reminder.</p> <p>We have a reminder tool that you can sign up for to receive reminders for breast exams by your doctor and mammograms. komen.org/reminder</p>

Barrier 25: Forgot to schedule an appointment

SHE MAY SAY	SUGGESTED RESPONSE
I have too many things going on. I just can't remember to schedule an appointment.	<p>Life can get so hectic that it's easy to forget to make an appointment. Could you call your doctor today when you leave here to schedule an appointment? This way, you'll know you have one.</p> <p>We have a reminder tool that you can use to receive reminders for clinical breast exams and mammograms. komen.org/reminder</p>

Barrier 26: Husband/partner doesn't want breasts exposed to doctor

SHE MAY SAY	SUGGESTED RESPONSE
My husband/partner said I can't get screened because he doesn't want my breasts exposed or touched by someone else.	<p>Have you asked him specifically why he objects to you needing to expose your breasts for a screening test?</p> <p>Ask him if he would feel comfortable allowing a female technologist or doctor to do the screening. I can suggest a couple places that have female staff that you can ask for.</p> <p>You can explain to him that you will be covered by a gown for most of the time and will be clothed from the waist down.</p> <p>Tell him that it is very important to you to have the screening for the sake of your health and your entire family. Ask him if he would like to come with you to get screened and that you would enjoy his company/support. Perhaps plan to have lunch/dinner out with him afterwards.</p>

Barrier 27: Knows nothing about mammograms

SHE MAY SAY	SUGGESTED RESPONSE
What exactly is a mammogram?	<p>A mammogram is a screening tool that uses X-rays to create a picture of the breast.</p> <p>You stand in front of a mammography machine and one of your breasts is placed on a clear plastic plate and gently, but firmly, pressed from another plate above your breast.</p> <p>The plates flatten the breast and keep it still, which helps produce a better mammogram image.</p> <p>The pressure lasts a few seconds and does not harm the breast. The same steps are repeated with the other breast. The plates of the machine are then tilted to take a side view of each breast.</p> <p>It usually takes about an hour to complete the paperwork, prepare for the exam, talk to the technologist and have the images taken.</p> <p>Be sure to ask your doctor or the technologist how you will find out your results. Some centers may give you the results of your mammogram at the time of your screening. However, depending on the center, it may take up to two weeks to get your results.</p> <p>If you do not get your results within two weeks, follow up with your health care provider or the mammography center. Don't assume the results were normal because you haven't received a report.</p>

Barrier 28: Mammograms cause cancer

SHE MAY SAY	SUGGESTED RESPONSE
<p>I heard people who get mammograms get cancer.</p>	<p>Getting a mammogram does not prevent or cause a woman to get breast cancer, but it provides the opportunity to find it early.</p> <p>Mammograms may find breast cancer before it is big enough to be felt by you or your doctor.</p> <p>The mammography equipment used today is very safe compared to old X-ray machines.</p> <p>The amount of radiation you receive through a mammogram is very small. Studies show the benefits of mammography outweigh the risks from radiation exposure, especially for women ages 50 and older. If it weren't safe, medical authorities would not recommend that women have mammograms every year starting at age 40.</p> <p>A woman's chance of getting breast cancer increases with age, so regular mammograms are important for finding breast cancer early.</p> <p>If she mentions other barriers such as fear of pain, radiation, cost, etc. find appropriate barrier responses and respond accordingly.</p>

Barrier 29: Mammograms don't work

SHE MAY SAY	SUGGESTED RESPONSE
<p>I know a woman who had breast cancer and the mammogram didn't find it.</p> <p>I heard that mammograms can make you think you have cancer when you don't and you end up having a lot of unnecessary tests.</p>	<p>Mammograms can save lives, but they are not perfect. However, they are the best screening tool available today. When mammography is combined with clinical breast exams your chances for finding cancer early are even greater.</p> <p>It is possible for a woman to have breast cancer that doesn't show on a mammogram. Mammograms are better at finding breast cancer in older women than in younger women.</p> <p>It is also possible for something to show up on a mammogram that isn't breast cancer. This can lead to additional tests.</p>

Barrier 30: Never had a mammogram

SHE MAY SAY	SUGGESTED RESPONSE
<p>I have never gone for a mammogram.</p>	<p>This is what you can expect:</p> <ol style="list-style-type: none"> 1. In a private room, you will take everything off from the waist up and put on a gown, which will cover your body. Avoid using deodorants, antiperspirants, perfumes, powders or lotions on the breast or underarm area on the day of the exam. Ingredients in these products can show up on a mammogram and make it harder to read. 2. You will be asked to answer a few questions on paper or in person. The questions will be about your age when you started having periods, the date of your last period, the number of children you have, whether you have had surgery on your breasts and your use of birth control pills or hormones. 3. You will stand in front of an X-ray machine specially designed for mammograms. 4. The technologist will place your breast on a plate that holds the X-ray film. 5. A second plate will slowly come down on top of your breast to spread out your breast tissue. This allows the technologist to get a clear picture of your breast with the lowest dose of radiation. 6. You will feel some pressure on your breast, but only for a few seconds while the image is being taken. This pressure does not harm your breast tissue. Tell the technologist if you feel any discomfort. Taking acetaminophen (Tylenol) or ibuprofen (Advil, Motrin) about an hour before the exam may help. If you have concerns, talk to your health care provider about other ways to help ease discomfort (or anxiety) during a mammogram. And, before the exam, let your technologist know your concerns. 7. In most cases four X-ray pictures will be taken, two of each breast. 8. The technologist will review the pictures to make sure they are of good quality. If needed, she will take extra pictures. 9. Ask when you will receive the results. 10. Get dressed and be on your way. <p>If she mentions other barriers such as fear of pain, radiation, cost, etc. find appropriate barrier responses and respond accordingly.</p>

Barrier 31: Never thought about getting one

SHE MAY SAY	SUGGESTED RESPONSE
I just never thought about getting a mammogram.	<p>Have you heard or read anything about mammograms?</p> <p>A mammogram is an X-ray of the breast. Its purpose is to find breast cancer early before there are any symptoms. When breast cancer is found and treated early, many women live a long and healthy life.</p> <p>About 1 in 8 women in the U.S. will get breast cancer during her lifetime. Screening tests can find breast cancer early, when it's most treatable. Getting regular screening tests is the best way for women to lower their risk of dying from breast cancer.</p> <p>Why do you not want to have a mammogram?</p> <p>If she mentions other barriers such as fear of pain, radiation, cost, etc. find appropriate barrier response and respond accordingly.</p>

Barrier 32: No blows/injury to the breasts

SHE MAY SAY	SUGGESTED RESPONSE
I don't need a mammogram because I've never had any injury or punches to my breasts.	<p>It sounds like you believe that injury to your breasts causes breast cancer. It does not. There are risk factors for breast cancer, but being punched in the chest or otherwise injured is not one of them — no matter how many times it has happened. The two most common risk factors for breast cancer are being born female and getting older.</p>

Barrier 33: No doctor

SHE MAY SAY	SUGGESTED RESPONSE
I don't have a doctor. How can I get a mammogram?	<p>You may qualify for a low or no-cost mammogram; call the Susan G. Komen® Breast Care Helpline at 1-877 GO KOMEN (1-877-465-6636) to learn about possible sources of care in your area.</p>

Barrier 34: No family history

SHE MAY SAY	SUGGESTED RESPONSE
Breast cancer doesn't run in my family. I don't need a mammogram.	<p>Some women believe they don't need mammograms because no one in their family has had breast cancer.</p> <p>The truth is, most women who get breast cancer have no family history of the disease. While the risk of breast cancer increases with age, all women are at risk of getting breast cancer. As women get older, their chances of getting breast cancer increase whether or not anyone in their family has had it.</p> <p>Getting regular screening tests is the best way for women to lower their risk of dying from breast cancer. Screening tests can find breast cancer early, when it's most treatable. This is why it's so important to have regular mammograms to find breast cancer early.</p>

Barrier 35: No insurance

SHE MAY SAY	SUGGESTED RESPONSE
I can't afford a mammogram. I don't have insurance.	You may qualify for a low or no-cost mammogram; call the Susan G. Komen® Breast Care Helpline at 1-877 GO KOMEN (1-877-465-6636) to learn about possible sources of care in your area.

Barrier 36: No time for a mammogram

SHE MAY SAY	SUGGESTED RESPONSE
I am too busy with my job and taking care of everyone else in my life. I just don't have time to get a mammogram.	<p>Most of us these days lead very busy lives. What in particular is making your life busier than normal?</p> <p>We all have a way of putting things off. Just so you don't forget later, why don't you call today or tomorrow and make your mammogram appointment for a time when you will be less busy?</p> <p>The mammogram itself usually takes less than an hour from the time you walk into the facility until the time you walk out. This really isn't very much time, especially when you consider a mammogram could save your life.</p> <p>A mammogram is important. It is the best screening tool used today to find breast cancer. Mammography can find cancers at an early stage, when they are small (too small to be felt) and most responsive to treatment. Getting regular screening tests is the best way for women to lower their risk of dying from breast cancer.</p>

Barrier 37: Not interested in getting a mammogram

SHE MAY SAY	SUGGESTED RESPONSE
<p>I am just not interested in getting a mammogram.</p>	<p>Some women have said they were not interested in having a mammogram because they were concerned about the cost, being exposed to radiation, finding something abnormal or they just didn't have the time. Do any of these things sound like you?</p> <p>If she has mentions other barriers such as fear of pain, radiation, cost, etc. find appropriate barrier responses and respond accordingly.</p> <p>Have you ever thought about having a/another mammogram?</p> <p>What are your reasons for not wanting to have a mammogram?</p> <p>Has anyone you know ever had a mammogram? What did she have to say about it?</p> <p>Has your doctor ever talked with you about having a mammogram?</p> <p>As women get older, their chances of getting breast cancer increase. Most of the breast cancer cases are in women over the age of 50. Mammograms can find early signs of breast cancer long before you or your doctor can feel or see changes. When breast cancer is found and treated early, many women live longer and healthier lives.</p>

Barrier 38: Not looking for trouble

SHE MAY SAY	SUGGESTED RESPONSE
<p>Having a mammogram just means looking for trouble.</p>	<p>Some women feel having a mammogram is just looking for trouble. Unless you have regular mammograms, you won't know your breasts are "in trouble" until the trouble begins to show up in the form of symptoms, such as a lump, discharge or dimpling of the breast.</p> <p>At that point, if you have breast cancer, it may have already spread outside your breast. After breast cancer starts to spread, it is much harder to treat. It's much better to find breast cancer before there are any symptoms. In fact, you might say, it's much better to go looking for breast cancer, before it comes looking for you.</p> <p>Having regular mammograms is the best way to find breast cancer early and lower your chances of dying from breast cancer. They can often find breast cancer before you or your doctor can feel a lump. When breast cancer is found and treated early, many women go on to live a long and healthy life.</p>

Barrier 39: Not needed

SHE MAY SAY	SUGGESTED RESPONSE
<p>I really don't need to get a mammogram.</p>	<p>Please tell me more about why you feel mammograms are not necessary. What are some reasons you think you do not need to have mammograms?</p> <p>Some women I've talked to think they don't need to have a mammogram because they're not having breast problems, or because they don't have a family history of breast cancer.</p> <p>Do you think any of these reasons sound like you?</p> <p>In fact the best time to have a mammogram is when no symptoms are present. A mammogram can find breast cancer before a woman or her doctor would be able to feel it.</p> <p>And most women who get breast cancer don't have a family history. The truth is, all women are at risk and the most common risk factors are being born female and getting older.</p> <p>Sometimes women who have their breasts examined by their doctors or who are familiar with how their breasts look and feel think that they don't need to have mammograms. However, mammography is the best screening tool used today to find breast cancer. It can find cancers at an early stage, when they are small (too small to be felt) and most responsive to treatment.</p> <p>Still others think they don't need mammograms because they're too old or because they just don't think they'll get breast cancer.</p> <p>However, 1 in 8 women in the U.S. will get breast cancer in her lifetime. Most breast cancers occur in women age 50 and older and as women get older, they are more likely to get breast cancer.</p> <p>A mammogram is the best way to find breast cancer in the early stages. When breast cancer is found and treated early, many women go on to live long and healthy lives.</p> <p>If it's because she has breast implants: Women who have breast implants still need mammograms. Special techniques are used to image women with breast implants. It is important that the radiology center know ahead of time if you have implants.</p>

Barrier 40: Nothing is wrong now/no symptoms

SHE MAY SAY	SUGGESTED RESPONSE
<p>I simply don't understand why I have to have regular mammograms. I examine my breast regularly and everything feels fine. Why do I need to keep going back?</p>	<p>In the case of breast cancer, it's not always easy to tell whether or not something is broken, that is, whether or not you have breast cancer. Women can have breast cancer without having any symptoms. In fact, the best time to get a mammogram is when you feel fine and do not have any symptoms.</p> <p>Mammograms can find breast cancer early before there are any symptoms and when it's most treatable. Getting regular screening tests is the best way for women to lower their risk of dying from breast cancer.</p>

Barrier 41: One past mammogram is enough

SHE MAY SAY	SUGGESTED RESPONSE
<p>I had my one mammogram. I don't need another.</p>	<p>I'm glad to hear you have had a mammogram. That's a great start.</p> <p>In order to find breast cancer early, women need to have regular mammograms and it's best to be able to compare your mammograms to see if there have been any changes. Breast cancer can develop at any time.</p>

Barrier 42: Pain/discomfort from mammograms

SHE MAY SAY	SUGGESTED RESPONSE
<p>I heard a mammogram hurts.</p>	<p>What have you heard about mammograms?</p> <p>For most women, a mammogram is not painful. In order to get a good picture, the breast has to be compressed (pressed between two plates), which can be uncomfortable, but should not hurt. And it will take only a few seconds, Tell the technologist if you feel any discomfort. Taking acetaminophen (Tylenol) or ibuprofen (Advil, Motrin) about an hour before the exam may help. If you have concerns, talk to your health care provider about other ways to help ease discomfort (or anxiety) during a mammogram. And, before the exam, let your technologist know your concerns.</p>
<p>Last time I had one it just hurt way too much.</p>	<p>I am sorry to hear it was painful. Next time you might mention this to your technologist so she can be aware of your prior experience.</p> <p>Some women do say having a mammogram is uncomfortable — for just a few moments. This is because the breast is pressed between two plates. This compression helps get a good picture of your breast and lowers the amount of radiation needed. Most women say the mammogram is not painful. In fact, most women we talk to say the mammogram didn't hurt like they thought it would. Sometimes thinking about it was worse than the mammogram.</p> <p>It is important to remember this discomfort only lasts a short time and it could save your life.</p> <p>There are some things you might do to make the mammogram less uncomfortable. If you are still having periods, it is best to have the mammogram right after your period. Women taking hormones may also notice certain times of the month when their breasts are less tender and should have their mammogram during those times.</p> <p>Tell the mammography technologist if you feel any discomfort. Taking acetaminophen (Tylenol) or ibuprofen (Advil, Motrin) about an hour before the exam may help. If you have concerns, talk to your health care provider about other ways to help ease discomfort (or anxiety) during a mammogram. And, before the exam, let your technologist know your concerns.</p>

43: Provider's office closed after work hours

SHE MAY SAY	SUGGESTED RESPONSE
<p>When I get off of work, the mammography facility is closed.</p>	<p>Have you tried to call the mammogram place to find out about possible evening or weekend hours?</p> <p>Are there other facilities in your area that have different hours?</p> <p>Help her see the advantages of having a mammogram outweigh the hassles of juggling her schedule, etc. to make time for a mammogram.</p> <p>The mammogram itself usually takes about an hour from the time you walk into the facility until the time you walk out.</p>

Barrier 44: Social/emotional problems

SHE MAY SAY	SUGGESTED RESPONSE
<p>I lost my job and can't afford to pay my regular bills right now, let alone pay for a mammogram.</p> <p>My daughter has an earache right now, and we don't have a doctor or insurance.</p> <p>I can't afford to pay rent right now, let alone pay for a mammogram.</p>	<p>If she can't afford the cost or copayment of a mammogram, refer to barrier 9 responses.</p> <p>If she is in need of emergency food, emergency shelter, or experiencing other social and emotional problems, suggest she call the Susan G. Komen® Breast Care Helpline at 1-877-465-6636 (1-877 GO KOMEN). Spanish services are available.</p> <p>Offer this in closing: I hope you'll make an appointment to have a mammogram when things get a little better or when you have a chance. Having a mammogram is something very important you can do for yourself so you can help take care of your family. It might help you find breast cancer when it is small and easy to treat. A mammogram can find breast cancer before there are any symptoms. When breast cancer is found and treated early, many women go on to live longer and healthier lives.</p>

Barrier 45: Something is wrong with my breast

SHE MAY SAY	SUGGESTED RESPONSE
I have a lump in my breast. She could also say she has a rash, nipple discharge, scaly sore rash on the nipple, had changes in the size of her breasts, etc.	<p>Tell her not to panic.</p> <p>The fact that you are having breast problem(s) does not mean you have breast cancer. Most problems aren't cancer. However, you should have them checked out by your doctor. You should call your doctor's office and explain your problem and make an appointment.</p> <p>If she doesn't have a doctor, refer to barrier 33 responses.</p>

Barrier 46: Staff are mean

SHE MAY SAY	SUGGESTED RESPONSE
The last time I went the lady was so mean.	I hope you will tell your doctor how you feel so he/she can communicate with the technologist how it made you feel. In the meantime you may want to request a different technologist when you make your appointment, or call another facility that covers your mammograms. Does this sound like something you could do?

Barrier 47: Transportation problems

SHE MAY SAY	SUGGESTED RESPONSE
The mammogram place is too far away. I don't drive and can't take the bus. There is no way I can afford to take a cab either.	I can hear how frustrating this is for you. Getting around is difficult if you don't have a car or anyone to take you places. This problem makes scheduling your mammogram difficult. You can call the Susan G. Komen® Breast Care Helpline at 1-877 GO KOMEN (1-877-465-6636) learn about possible sources of assistance in your area.

Barrier 48: Uncomfortable asking my doctor for a referral

SHE MAY SAY	SUGGESTED RESPONSE
I don't really know how to ask my doctor for a referral for a mammogram.	<p>If you've had a physical exam within the last year, call your doctor or the nurse so you can ask him/her about a mammogram. Most doctors appreciate being reminded about their patient's need for mammograms. How do you feel about doing this?</p> <p>If you can't afford to get a yearly clinical breast exam or a mammogram, call the Susan G. Komen® Breast Care Helpline at 1-877 GO KOMEN (1-877-465-6636) to learn about possible sources of care in your area.</p>

Barrier 49: Undocumented immigrant

SHE MAY SAY	SUGGESTED RESPONSE
I, or someone in my family is an undocumented immigrants and are scared of being reported.	<p>It is not the policy of health care programs to report undocumented immigrants. In fact, some organizations prohibit its employees from sharing immigration status information. There are federally funded public health programs, federally qualified health centers and migrant health clinics that can provide you with a mammogram regardless of your citizenship status. Let's work together to find an organization that will provide you a mammogram without fear of your immigration status being reported.</p> <p>As an educator, you should build relationships with health care providers with whom you feel confident working with. You can then discuss the trust you've developed with those providers when reassuring an undocumented immigrant that she/he will not be reported. You can also contact the Susan G. Komen® Breast Care Helpline at 1-877 GO KOMEN (1-877-465-6636) to learn about possible sources of care in your area.</p>

Barrier 50: Worried about having a mammogram

SHE MAY SAY	SUGGESTED RESPONSE
<p>I am just worried about getting a mammogram.</p>	<p>For some women, thinking about having a mammogram reminds them about the chance they could get breast cancer some time and this is very upsetting – so upsetting it makes it hard for them to do what they need to do to stop worrying – have the mammogram.</p> <p>Some women feel better if a close friend or family member goes with them to the appointment. You could even combine having a mammogram with lunch or another social activity. Make it your own party.</p> <p>One woman said she felt calmer and more in control after having a mammogram. She said she couldn't decide never to get breast cancer, but, she could try to beat it if she did get it. A mammogram can find breast cancer several years before it can be felt. When breast cancer is found and treated early, many women live longer and healthier lives.</p>

EDUCATOR RESOURCES



Responding to Questions About Breast Self-Exam

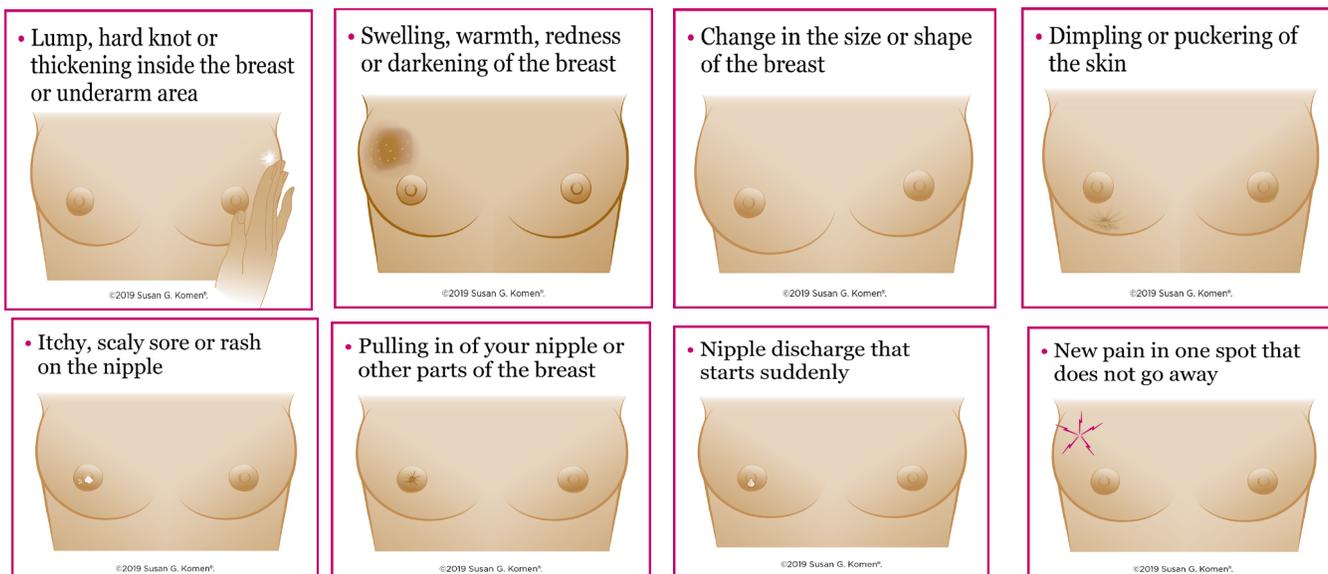
Many people ask about the difference between Breast Self-Awareness and Breast Self-Exams. This educator resource contains information that you can use if the topic is brought up in your group or one-to-one conversations. It is not recommended that you purposely begin a discussion about this topic because of the complexity of, and time it may take to explain these differences.

Most organizations no longer recommend monthly breast self-exams because studies show that that it does not reduce mortality (death). Women knew they should be doing self-exams, but didn't actually do it and sometimes felt guilty about not doing it. Additionally, when the steps of the self-exam were taught, there was often more emphasis on the actual steps themselves, than on being able to recognize the changes (warning signs) someone should notice and report to a health care provider. The use of breast models as a teaching tool are also not recommended. There was more emphasis on feeling for lumps and little emphasis on the visual (looking) inspection. The visual inspection is important because six of the eight warning signs are visual.

Today, we encourage breast self-awareness that includes a woman's knowledge of risk factors, how her breasts normally look and feel, actions she can take to reduce risk, understanding of the importance of recommended screenings and communicating about changes in her breasts to a health care provider.

If someone you meet asks you about breast self-exams, you can share breast self-awareness educational materials (available from [komen.org](https://www.komen.org)) and the following information:

- We recommend that women know what is normal for them regarding their breasts, just like they do their faces, legs, arms, etc. — by familiarity and awareness.
- We prefer to focus on making sure women know the warning signs of breast cancer — and feel empowered to see a health care provider if they notice a change in their breast. Six of those eight warning sign are visual.



If someone you meet says that they found their own breast cancer through breast self-exam:

- Acknowledge and congratulate that they knew what was normal for them, recognized a change and took action to have it evaluated.
- Share that many women who discover changes in their breast that turn out to be breast cancer don't actually discover them on the day and time they have set aside for monthly breast self-exam, but rather noticed a change at some other time, such as when showering or dressing, and recognized the change because they knew what was normal for them.

The [Educational Materials](#) page includes a variety of breast self-awareness materials, including print materials for distribution and a PowerPoint presentation in English and Spanish entitled, [Breast Self-Awareness for Hispanic/Latino Communities](#) that includes talking points that can be customized and adapted depending on your audience.

PROGRAM PLANNING SQUARE



You can use this tool to help you plan your outreach or education. It is recommended that you start by thinking about your audience. Wherever you start, be sure to answer all four questions. Once you have completed all four boxes, you will be better-prepared to plan and deliver breast health and breast cancer education for Hispanic/Latino communities.

Who is the Audience?	What is the Message?
<ul style="list-style-type: none"> • What countries/regions does the audience represent? • What is the primary language of the audience? Do they prefer reading/listening in English or Spanish? • Will younger or older women/men/children be attending? • How many will be in attendance? <p>The audience will include the following types of people:</p>	<ul style="list-style-type: none"> • What level of knowledge does the audience have? • Do many of them know about or receive clinical breast exams and/or mammograms already? • Do I need to modify my message for special audiences? • How much time will I have? <p>These are the Breast Self-Awareness Key Messages I will address (or all four):</p>

What is the Venue?	What are the Resources?
<ul style="list-style-type: none"> • What type of space will I be using? Will there be chairs and places to write? • How many people will the space hold? • Will I need signs to direct people to the space? • Will I have access to computer/projection equipment? • Can/should I bring food? <p>Things I need to do to prepare my venue are:</p>	<ul style="list-style-type: none"> • Which resources support my talking points? • Should I be prepared for special audiences? • Can I use the oral or written evaluation? • Should I provide handouts of the PowerPoint? • How many of each educational material item should I have? <p>These are the resources I will be using:</p>

Sign-In Sheet

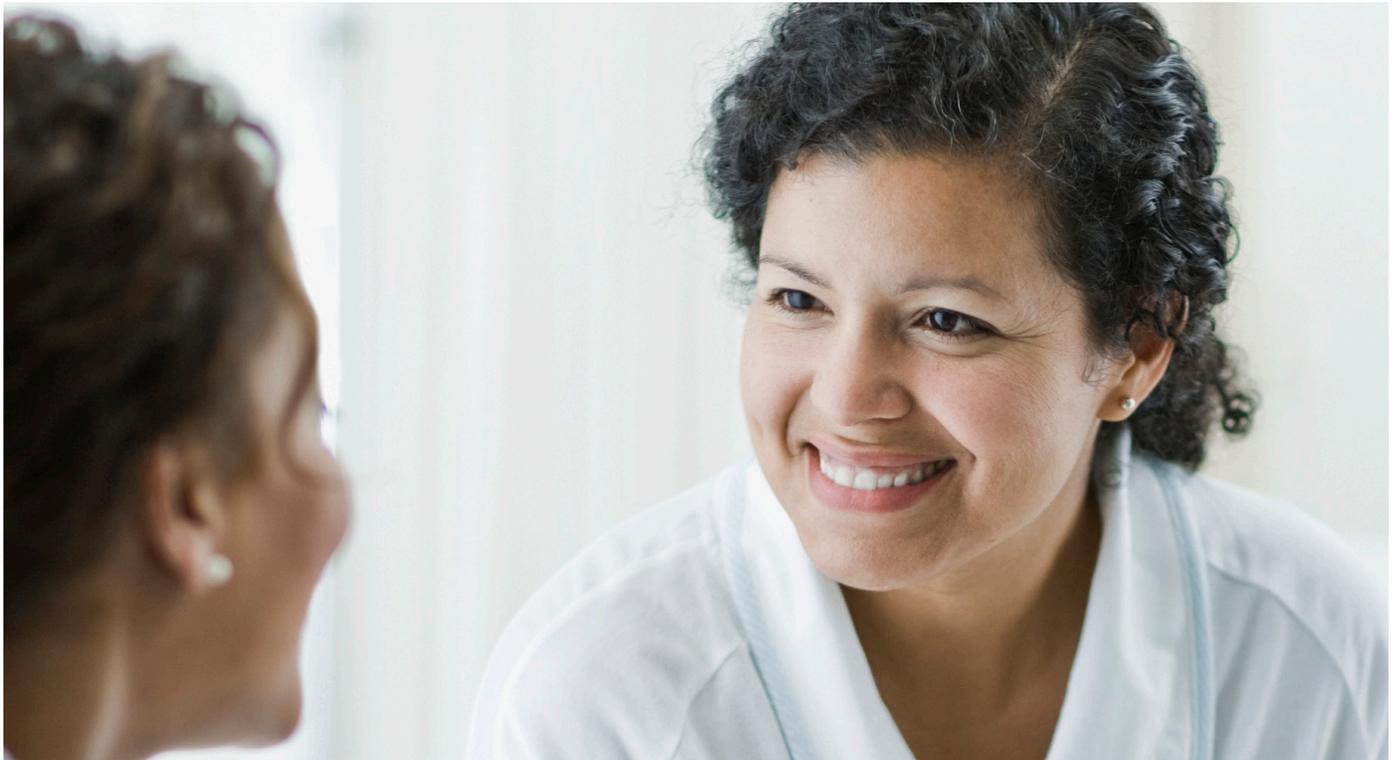
Event Type:

Location:

Date:



	First Name	Last Name	Phone	Email	Address
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ARE YOU INTERESTED IN LEARNING MORE
ABOUT BREAST HEALTH AND BREAST CANCER?

WE INVITE YOU

to join us for a talk about breast cancer in our community.

BRING YOUR FAMILY AND FRIENDS.

PRESENTATION PROVIDED BY:

DATE:

LOCATION:

TIME:

FOR QUESTIONS ABOUT THE EVENT, CALL:

TO REGISTER:



CHECKLIST



Questions to Ask Your Host

The level of preparation required before a discussion or presentation depends on the audience and venue. Talk with your host to gather information about your audience and your venue. Below is a checklist of questions you may want to ask your host.

If your host is inviting the participants or you do not know a lot about the audience, ask:

- How many people will be attending the event? You will want to have enough materials on hand.
- What is the primary language of the audience members? Are there members who prefer to read English or Spanish materials? This will ensure that you can have both available at the session, if needed.
- What will the composition of the group be? If men, women under the age of 40 or older women will attend, or if children will be present, have appropriate materials and/or activities planned.

If you would like to know about the venue, ask:

- Is there access to technology for a PowerPoint presentation? If not, be sure to have enough printouts of the presentation for the number of people that are expected to attend. Always bring extra.
- What is the size of the room? What furniture is available for your presentation? Knowing the size of the room and whether there are chairs and tables will help you plan how to arrange the room to promote interaction. Ask about rearranging the room and plan to arrive early enough to make the changes. Make sure you know how to gain access to the room in advance.
- Is other equipment available? If you will be in a large room and you are speaking with a large audience, you may need a microphone. If computer equipment is not available, you might ask if there are chart pads and/or easels that you can use to display information. See [Preparing Your Venue/Space](#) for more tips.



Always bring more materials than you think you will need in case the group is larger than expected or participants want to share information with friends and family.



When printing PowerPoint presentations, print no more than three slides on a single page so that the slides are clear and large enough to read. The extra space also allows participants to take notes.

- Will there be other groups or individuals in the space at the same time? This may be very important for public and private community spaces like businesses, schools and community organizations. Knowing whether there will be other people in the venue at the same time can help you to prepare the room.
- Can you bring food or beverages for the group during the presentation? Is the host planning to provide food?

Before the event, confirm other details, such as:

- The amount of time you will have for your outreach or education program
- What time you will arrive
- Who will be available to meet you and familiarize you with the venue
- If the room will be set up for you, or if you will need to do the set-up yourself
- Who to contact in the event of an emergency



You may want to prepare a sign or flyer to post on the door to inform others about the outreach or education event to avoid interruptions. You may also bring additional materials in case others attend unexpectedly.



If you are bringing food, take the opportunity to model healthy behaviors by bringing a healthy dish, such as fruit or salad to accompany a hot meal.

CHECKLIST



Preparing Your Venue/Space

When participants arrive, you want to be ready to greet them. This checklist can be used to make sure your venue is ready for a discussion or presentation.

Arrive early

- This will help you to feel comfortable in the room, and ensures that you have time to arrange or help arrange the space for the needs of your group.

Check equipment

- Microphones and speakers: If you are speaking in a large room, check to see if you need a microphone. Confirm that the microphone and any speakers are working. If they are not, you may need to ask participants to sit closer to you so that they can hear you.
- Computer/projection equipment: If you are using a computer and/or projection equipment for your presentation, make sure you check all of the following prior to the participants arrival:
 - The laptop is fully charged or an electrical outlet is close to the computer.
 - There is an electrical outlet for the projector.
 - The projector is level so that the image on the screen or wall is also level.
 - The clicker, remote control or mouse to advance the PowerPoint slide is working.
 - If you are using equipment provided by your host, make sure you are familiar with how to use it.
 - If you need sound, confirm that there are speakers and that the volume will be loud enough that all participants can hear.
 - If you need an internet connection, confirm that you can access it.
 - If you are showing a video, confirm that it functions on the computer you are using.



If you know that there will be no computer equipment, bring a chart pad with information from the slides, or copies of the slides for participants. Have a few copies of the PowerPoint slides printed just in case. If you arrive, and there is no computer equipment, or if it is not working properly, you may be able to provide copies of the slides to the audience.

Room temperature

- Consider if the room is too warm or too cold. If it is, ask the host if there is a way to adjust the temperature.

Provide directions

- Use signs, balloons, ribbons or other materials to identify the room and/or building where your event will take place.
- If the room is difficult to find, use signs or arrows to direct participants from the front door to the room where your event will take place.

Placement of materials

- Place a [sign-in sheet](#) on a table where participants enter the room. This will help capture participant information as soon as they arrive.
- Place informational or educational materials where participants can see them. Arrange your materials on a table where participants can gather them when they enter the room. If that is not possible, place handouts on each chair.
- Make pencils or pens available. This will allow your participants to take notes.

Create opportunities for interaction

- If you have a small group, arrange chairs in a circle so that everyone can be involved in the conversation.
- If you have a large group, arrange the chairs and tables in a way that allows conversation. If you have only chairs, arrange them in a “U”-shape or in small groups. If you have chairs and tables, arrange chairs around tables to promote conversation.



Don't forget! If you know that you will have men, women under the age of 40 or older women, bring materials that are tailored for them. This shows that you are attentive to their needs and welcome them at the presentation.

CHECKLIST



Preparing for Health Fairs

Health fairs can provide opportunities to create one-to-one connections or hold rich conversations about breast cancer. These one-to-one interactions can lead your audience to action, like learning what is normal for their breasts or getting screened.

If you have been invited to a health fair, take some time to find out if the health fair will provide this kind of opportunity to have one-to-one conversations. Ask the host some questions about the expected audience and the environment to determine whether your presence will have the desired impact.



Ask about the community that has been invited to attend.

- Will you be able to reach Hispanic/Latina women that will benefit from the information you offer?
- Are potential attendees already flooded with information about breast cancer, or will the information be new for most?
- Are the communities invited traditionally underserved?
- Will your presence have a significant impact on the audience?
- How many people are expected to attend?
- Will you have a chance to engage participants, or will there be so many people that you will really only be able to distribute flyers?

Ask about the environment.

- Will there be music playing? Some health fairs have very loud music and you may not be able to hold a conversation with people visiting your table.
- Will you have your own table? How big will it be?
- Will the event be outside or indoors? Consider what the weather might be. You may need to bring a shelter or umbrella for rainy or hot days and paperweights for your handouts if it will be windy.

More tips about health fairs:

1. Stand in front of your table. This will allow you to greet each person visiting your table with a smile. You can build rapport by listening, asking questions and offering the most useful information to each person you meet. If you do not actively reach out to attendees, they will pass you by.
2. Be prepared with a few questions to ask attendees that come to your table. This will help you to provide information that is most useful and relevant for your listener. You might ask questions like:
 - What do you know about breast cancer?
 - Do you know anyone that has or has had breast cancer?
 - Do you remember the last time that you had a clinical breast exam or mammogram?
 - Do you know where to get a clinical breast exam or mammogram in your community?
3. Keep paper, pencils and a comment or contact box at your table. This will enable you to follow up with a participant at a later time. Ask if you can contact the participant about upcoming events or to connect her or him with resources or information.
4. If you represent an organization that can provide breast cancer resources, like referrals, screenings or other support, offer those resources! If your organization does not offer those resources, try to have a list of organizations or programs in your community that can provide additional support to those who need it.
5. If you have the resources, offer a small giveaway to bring people to your table.
6. Have materials with Komen's Breast Care Helpline number and information for those who may be looking for information or resources that you cannot provide. You can find more information about Komen's Breast Care Helpline [here](#).

EDUCATOR TIPS



Activities

Depending on the size of your group and amount of time you have, you may use activities to engage the group or give them an opportunity to practice what they are learning. Examples, include:

Mujer, tu salud también es importante:

Give each member of the audience a letter in the phrase “Mujer, tu salud también es importante.” Inform participants that the letters that they hold form an important message. Instruct them to move themselves around the room to form the message. You may have to give some ideas about the nature of the message, but allow the participants to arrange themselves in the right order. Ask someone to read the message aloud. NOTE: This activity can be done with other messages, too, like “Know what is normal for you” or “Know your risk” or “Get screened.” You can adjust based on the size of your group.

Practice new skills:

Adult learners often respond well to practicing what they are learning. Using resources like, [Questions to Ask Your Doctor](#), put participants in pairs and give each a few minutes to practice asking each other questions that they may want to ask their health care provider.

Movement:

When you discuss including more exercise in daily life to reduce risk of breast cancer, you might ask audience members to stand and move around. You can ask them to walk in place, raise arms above their heads, stretch or practice other basic movements that they can do while watching television. This gives everyone a break from sitting. It also allows audience members to practice movements they can do at home to create or maintain a healthy lifestyle.

Breathing relaxation exercise:

Ask the audience members to take a deep breath in, hold it for a few seconds and then slowly exhale. You may count out loud to guide participants in their breathing. Repeat a few times. Share with the audience that this can help prepare for mammograms because the technologist will either say, “hold your breath” or “don’t breathe” during a mammogram. If there are men or younger women in the audience, this is good practice for managing and releasing stress at any time.

EDUCATOR TIPS



Leading a Breast Health Session

1. *Introduce yourself and welcome participants.*

- Introduce yourself. You can say: “Welcome everyone! My name is _____ and I am very glad to have you all here. Thank you for coming. I hope that we will have a great conversation about breast health.”
- Invite participants to introduce themselves. Allow 5-10 minutes for them to share their reasons for taking the breast health session.
- Share the goals of the breast health session. For example, you might say: “The goals of our session are:
 - To learn the importance of the four breast self-awareness messages,
 - To discuss the importance of routine mammograms and clinical breast exams, and
 - To motivate you to get screened.”
- You might also say: “I am here to share with you what I have learned and direct you to local resources. If I am unsure of something, I will attempt to find the answer or direct you to resources for the answer.”
- Consider creating ground rules to foster respect within the group. You may even allow audience members to include their own ground rules. Example ground rules include:
 - Share the airspace — do not interrupt or speak over others.
 - Show respect for others’ questions and responses.
 - Maintain confidentiality — what is shared within the group should stay within the group.

2. *Explain forms and materials.*

- Explain that your organization uses evaluation to determine how well you did presenting the information. Also, your organization uses data to help determine the best ways to help women get screened regularly.
- If you are using a pre- and post-survey, explain that everyone should complete and turn in the pre-survey before you get started. Inform the audience that you will hand out the post-survey after the presentation. If you are just using a post-survey, explain that you will distribute a quiz or post-survey after the presentation. The post-survey will help you and your organization to understand whether the information you presented was clear and understandable.
- If you have provided print materials, explain what they are at the start of the presentation and why you have distributed them. You can also refer to the materials throughout the presentation.

3. Deliver content.

- Use Komen’s Breast Self-Awareness for Hispanic/Latino Communities presentation. There are two versions: a [short version](#) and a [longer version](#).
- You can answer questions about the presentation while you are delivering content, or after.

4. Evaluate the session.

- Tell the audience when it is time complete the post-survey.
- You might consider reading each question out loud and giving the audience time to respond. This will help those with limited reading ability to complete the evaluation without embarrassment.

If a listener says they do not have enough money to pay for a mammogram, there are resources for women without insurance to get mammograms. If someone needs help paying for a mammogram and/or clinical breast exam, transportation to/from, or childcare during a breast health appointment, instruct them to call the Susan G. Komen Breast Care Helpline at 1-877-GO KOMEN (1-877-465-6636).



[Komen’s Breast Self-Awareness for Hispanic/Latino Communities Presentation](#)

EDUCATOR TIPS



Tips for Handling Children in the Audience

Sometimes families have small children and cannot find or afford child care in order to attend a discussion or presentation. As a result, there may be small children present as well. If a person or organization is hosting you for a presentation, ask if children will be present. If your organization is hosting an educational event, ask participants if they will be bringing children with them.

Below are a few tips for handling children in the audience:

- You or your host might be able to identify someone in the community that can occupy children with activities, reading or games during the presentation. Be sure to check with your organization's policies about providing childcare and any background checks that a person watching children needs to have before providing childcare services.
- If no one is available to lead children in other activities, and depending on the age of the children you can:
 - Bring crayons and paper or coloring books to keep children occupied so that their parents can listen to your presentation.
 - Bring a simple craft project that children can do on their own.
 - Bring games that children can play on their own.
- If there is a mix of older children and younger children, and depending on the size of the group, the older children may be able to lead younger ones in an activity or game.

CHART



Handling Different Personalities

During your discussions or presentations, you may meet people that are very quiet, some who want to talk a lot or some who are difficult or bored. This chart provides helpful tips for handling these types of audience members.

Personality	Description	Tips for Handling this Type of Personality
Quiet People	Quiet listeners may appear withdrawn. They may be bored, shy or feel their input is not valued.	<p>Try to get them involved.</p> <ul style="list-style-type: none"> • Ask for their input by calling them by name. • Move closer to the person. • Use their names in examples. • Try to engage them in a relevant discussion.
Monopolizers	Monopolizers engage in side conversations, or take up the educator’s time. This can be distracting and frustrating to others. They always seem to have an answer and have confidence they are right all of the time.	<p>Compliment them on their insight, thank them, ask them for practical insight and say, “Now we would like to hear from others.” Below are ways to divert the focus from the Monopolizers in the group:</p> <ul style="list-style-type: none"> • Ask the group for input. • Acknowledge their input and then direct a question to someone else. • Break eye contact. • Go around the group and have each person speak.

Personality	Description	Tips for Handling this Type of Personality
Argumentative Participants	Arguers like to prove they know more than the speaker — they are uncooperative, difficult, demanding and can seek to discredit ideas.	<p>Remember you do not have to argue back — remain calm and in control. Take a few deep breaths and do not take it personally. Take a minute to collect your thoughts and articulate your response.</p> <ul style="list-style-type: none"> • Break eye contact. • Avoid arguing. • Ask the audience what they think. • Ask person to take part in a later session.
Bored Participants	They show little focus and interest in what the educator is saying.	<ul style="list-style-type: none"> • Ask them a question. Do not embarrass them. • Break into groups for an activity. • Ask them to help others or help you in the workshop. • Use their names in examples. • Ask a question that draws on their experience. • Take a minute for the group to stretch.

CHART



Handling Challenges in Group Discussions

You may face challenges with the audience during group discussions and presentations. This chart offers topics and suggested responses that you can use to help get back on track.

Topic	Situation/Example	How to Address
Side Conversations	A person is having a side conversation with another participant.	<p>“Just a friendly reminder, we agreed to one conversation at a time in our ground rules for today.”</p> <p>Make eye contact and restate, “One conversation at a time, please.”</p> <p>“Susan, do you have a question?”</p> <p>“Susan, I can see that you have something to contribute. When Anne has finished, we’ll hear from you.”</p>
	If there are many people interrupting or having side conversations.	<p>“Susan, please hold your comments until Anne has finished.”</p> <p>Pause without looking directly at those talking. If the conversation continues, ask if they have a question or issue to share with the group.</p>
Staying on Time	The group veers off into other topics.	<p>Stop the process and ask the group,</p> <p>“Do we need to take a break? Let’s take a five minute break.”</p>

Topic	Situation/Example	How to Address
	<p>The discussion has continued for some time and you are running out of time for the next item.</p>	<p>“Let’s keep focused; we have a lot to cover.” Or, “Let’s keep focused, we are almost done.”</p> <p>“We need to re-focus. There appears to be more discussion required. Is this true?”</p> <p>Create a “parking lot” on a board or sheet of paper. Include topics to discuss later if time allows.</p>
<p>Never-Ending Discussion</p>	<p>The group discussion has continued for some time and you are running out of time for the next item.</p>	<p>“Please let’s re-focus. We need to go over more information today.”</p> <p>Briefly restate the main points the person has said. If appropriate, state that these points will need further discussion and can’t be resolved here. There is no need to finish the discussion. If the atmosphere has become tense, call for a short break.</p>
	<p>A person has been talking for a long time and other people are getting tired.</p>	<p>“Susan, I am sorry to interrupt you, but I would like to hear from others.”</p> <p>Redirect the question by calling on another person by name. Say, “Sarah, what do you think about this issue?” or “Sarah, what has been your experience?”</p> <p>“Susan, remember the ground rule — everyone will get a chance to speak.”</p> <p>You can reframe their comments and redirect to someone else. For example, say, “So Susan’s point is_____. Does anyone else have anything to add?”</p>

Topic	Situation/Example	How to Address
Personal Attacks	A person is insulting another participant.	<p>“Our ground rules clearly say that we welcome all ideas.”</p> <p>“Our ground rules clearly say that we show respect to one another.”</p>
	If the behavior continues after reminding them about the ground rules.	<p>“It is inappropriate to play out your disagreements in this conversation. Can you participate productively or is there another issue that needs to be addressed before we can continue with the conversation?”</p> <p>”Please take a minute in the hall to gather yourself and return to the classroom when you feel you can show respect to the whole group.” If the person decides to leave, continue without him or her.</p>

EDUCATOR TIPS



Tips for Handling Tough Questions

Remember, you don't need to be a breast health expert. You can learn to handle difficult questions and with ease and confidence. Here are some basic strategies to help you prepare for those difficult questions:

- Don't tighten up and do remember to breathe.
- Smiling helps loosen you up, reassure yourself and relax the audience.
- Take time to think about the question.
- Reflect back to the group and say, "Does anyone here have experience with that?"
- If it is not an appropriate question for this workshop (deals with another area of the organization or other matter), say, "That is a good question, however, this is a matter for another time/place."
- Be positive in your response and acknowledge the question, but don't feel you have to answer every question — you don't need to be a breast health expert.
- If you don't know the answer to a question, avoid making something up. Offer to find the answer or direct them to other Komen resources.

USING YOUR EDUCATIONAL MATERIALS



Breast Self-Awareness Messages

Target audience:

Hispanic/Latina women and men

Purpose:

This resource highlights the four Breast Self-Awareness Key Messages — know your risk, get screened, know what's normal for you and make healthy lifestyle choices — and actions associated with each. It includes illustrations that represent the warning signs of breast cancer that should be reported to a healthcare provider.

Suggested venues:

Can be used in nearly any venue

Minimal time needed for use:

10 minutes

Languages:

English/Spanish

Key Messages:

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

Learning/Behavioral Objectives:

- Name the four Breast Self-Awareness Key Messages,
- Name at least one action associated with each breast self-awareness message, and
- Describe the changes in the breast that should be reported to the health care provider.

This material can be used:

- To identify breast changes (warning signs) to be reported
- As a takeaway in a conversation or presentation

BREAST SELF-AWARENESS MESSAGES

1. Know your risk

- Talk to both sides of your family to learn about your family health history.
- Talk to a doctor about your risk of breast cancer.

2. Get screened

- Talk with a doctor about which screening tests are right for you. If you are at higher risk:
- Have a mammogram every year starting at age 40 if you are at average risk.
- Have a clinical breast exam at least every 3 years starting at age 20, and every year starting at age 40.
- Sign up for your screening reminder at komen.org/reminder.

3. Know what is normal for you

- See a doctor if you notice any of these breast changes:
 - Lumps, hard lumps or thickening inside the breast or underarm area
 - Swelling, warmth, redness or darkening of the breast
 - Change in the size or shape of the breast
 - Dimpling or puckering of the skin
 - Itchy, scaly sore or rash on the nipple
 - Pulling in of your nipple or other parts of the breast
 - Nipple discharge that starts suddenly
 - New pain in one spot that does not go away

4. Make healthy lifestyle choices

- Maintain a healthy weight.
- Add exercise into your routine.
- Limit alcohol intake.
- Limit menopausal hormone use.
- Breastfeed, if you can.

For more information, visit komen.org or call Susan G. Komen's Breast Care Helpline at 1-877-GO KOMEN (1-877-465-6235) Monday through Friday, 9 AM to 10 PM ET or email at helpline@komen.org. Se habla español.

Did you know 6 of the 8 warning signs of breast cancer are visual?

The signs of breast cancer are not the same for everyone. It is important to know how your breasts normally look and feel. If you notice any change, see a doctor.

Changes that should be reported include:

- Lumps, hard lumps or thickening inside the breast or underarm area
- Swelling, warmth, redness or darkening of the breast
- Change in the size or shape of the breast
- Dimpling or puckering of the skin
- Itchy, scaly sore or rash on the nipple
- Pulling in of your nipple or other parts of the breast
- Nipple discharge that starts suddenly
- New pain in one spot that does not go away

MENSAJES DE AUTOCONOCIMIENTO DE LOS SENOS

El cáncer de seno es el cáncer más común entre las mujeres hispanas en los Estados Unidos. La detección temprana y el tratamiento eficaz ofrecen la mejor probabilidad de sobrevivir al cáncer de seno.

1. Conozca qué riesgo corre

- Hable con su abuelo/a y con sus tíos/as para conocer su historia familiar de salud.
- Hable con un doctor sobre su riesgo de tener cáncer de seno.

2. Sométase a exámenes de detección

- Hable con un doctor sobre cuáles exámenes de detección son los más indicados para usted, si usted corre mayor riesgo.
- Haga una mamografía cada año a partir de los 40 años de edad si usted corre un riesgo promedio.
- Haga el examen clínico de los senos al menos cada 3 años a partir de los 20 años de edad y anualmente a partir de los 40 años de edad.
- Inscríbase para recibir un recordatorio para recordarse.

3. Conozca la apariencia y forma normal de sus senos

- Vaya al doctor si nota alguno de estos cambios del seno:
 - Una masa, bultito duro o la piel más gruesa dentro del seno o en el área bajo la axila
 - Irritación, calor, enrojecimiento o hinchazón de la piel
 - Cambio en el tamaño o la forma de su seno
 - Hinchado o amiguo en la piel
 - Dolor, sordera o hinchazón en la piel o sensibilidad en el pecho
 - Hinchamiento del pecho o de otras partes del seno
 - Dolor recurrente y persistente en alguna parte

4. Lleve un estilo de vida saludable

- Mantenga un peso saludable.
- Incorpore el ejercicio a su rutina.
- Limite el consumo de bebidas alcohólicas.
- Limite el uso de hormonas menopausiales.
- Si suelta, amamante a su bebé.

Para obtener más información, visite komen.org o llame al número de línea gratuita de atención al público de los senos al 1-877-GO KOMEN (1-877-465-6235) de lunes a viernes de 9 AM a 10 PM ET. Hable español o envíe un correo electrónico a helpline@komen.org. Se habla español.

¿Sabía que 6 de las 8 señales de alerta del cáncer de seno son visuales?

Los signos del cáncer de seno no son iguales en todas las mujeres. Es importante conocer la apariencia y sensación normal de sus senos. Si usted nota cualquier cambio en sus senos, vaya al doctor.

Los cambios visuales los que deben informarse son:

- Una masa, bultito duro o la piel más gruesa dentro del seno o en el área bajo la axila
- Irritación, calor, enrojecimiento o hinchazón de la piel
- Cambio en el tamaño o la forma de su seno
- Hinchado o amiguo en la piel
- Dolor, sordera o hinchazón en la piel o sensibilidad en el pecho
- Hinchamiento del pecho o de otras partes del seno
- Dolor recurrente y persistente en alguna parte

Suggested talking points and evaluation questions:

- Refer to the [What is the Message?](#) section of the Toolkit for guidance.

Tool format:

8 1/2" X 11"

Click [here](#) to view or download the Breast Self-Awareness Messages resource and all of the other Toolkit educational materials.

USING YOUR EDUCATIONAL MATERIALS



Breast Health: Learn the Facts

Target audience:

Hispanic/Latina women of any age

Purpose:

These resources in English and Spanish provide information about breast cancer risk, early detection and the four Breast Self-Awareness Key Messages.

Suggested venues:

Can be used in nearly any venue

Minimal time needed for use:

15 minutes

Languages:

English/Spanish

Key Messages:

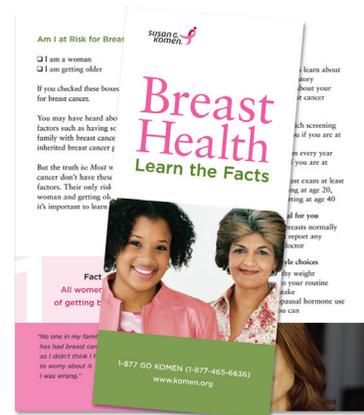
- Know your risk
- Get screened
- Know what is normal for you
- Make healthy lifestyle choices

Learning/Behavioral Objectives:

- Name the two most common risk factors for breast cancer,
- Name the four Breast Self-Awareness Key Messages, and
- Describe at least four changes in the breast that should be reported to the health care provider.

This material can be used:

- To reinforce the four Breast Self-Awareness Key Messages
- As a takeaway in a conversation or presentation



Suggested talking points and evaluation questions:

- Refer to the [What is the Message?](#) section of the Toolkit for guidance.

Tool format:

English 4" X 9" tri-fold

Spanish 4" X 9" tri-fold

Click [here](#) to view or download Breast Health: Learn the Facts and all of the other Toolkit educational materials.

USING YOUR EDUCATIONAL MATERIALS



Mammography

Target audience:

Women age 40 and over, and young women at higher than average risk

Purpose:

This fact sheet explains what mammography is as well as how it can find breast cancer at its earliest stage. Additionally, common questions and answers about mammography and what to expect on the day of the test are included.

Suggested venues:

Can be used in nearly any venue

Minimal time needed for use:

5 minutes

Languages:

English/Spanish

Key Messages:

- Get screened

Learning/Behavioral Objectives:

- Discuss the importance of the mammography, and
- State how and where to get a mammogram.

This material can be used:

- To understand the importance of a mammogram and what to expect on the day of.
- As a takeaway after the presentation

Suggested talking points and evaluation questions:

- Refer to the [What is the Message?](#) section of the Toolkit for guidance.

Tool format:

8.5" X 11"

Click [here](#) to view or download the Mammography resource and all of the other Toolkit educational materials..

The English version of the educational material is titled "MAMMOGRAPHY". It includes a section "What is a mammogram?" which explains that a mammogram is an X-ray of the breast and that a 3D mammogram (tomosynthesis) provides multiple 2D images to create a 3D image, allowing for better detection of breast cancer. It also lists "What to expect on the day of the test" and "Findings on a mammogram".

The Spanish version of the educational material is titled "MAMMOGRAFÍA". It includes a section "¿Qué es una mamografía?" which explains that a mammogram is an X-ray of the breast and that a 3D mammogram (tomografía) provides multiple 2D images to create a 3D image, allowing for better detection of breast cancer. It also lists "¿Qué se puede esperar el día de la prueba?" and "Hallazgos de una mamografía".

USING YOUR EDUCATIONAL MATERIALS



Take Care of Yourself: Young Women Talk About Breast Cancer

Target audience:

Young Hispanic/Latina women

Purpose:

This resource provides detailed information about breast cancer in young women along with key messages and actions related to breast self-awareness. It can be used to educate young women about the importance of breast self-awareness. Personal stories and images of young breast cancer survivors are included. These could help deliver important information about breast cancer to young women.

Suggested venues:

Can be used in any venue

Minimal time needed for use:

5 minutes

Languages:

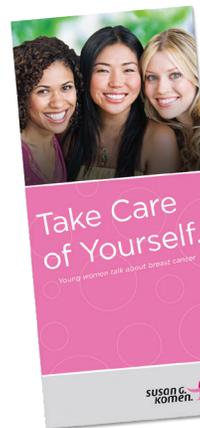
English/Spanish

Key Messages:

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

Learning/Behavioral Objectives:

- State the four Breast Self-Awareness Key Messages, and
- Name the two most common risk factors for breast cancer.



You're an active young woman. You may be:

- Going to school.
- Working hard at your job.
- Having fun with your friends.
- Thinking about your future.
- Taking care of your family.



Here are the facts.

- ALL women are at risk for breast cancer.
- Although rare, young women can and do get breast cancer, even in their 20s.
- This year in the United States alone, more than 11,000 young women under 40 will be told that they have breast cancer.
- Breast cancer is the leading cause of cancer death in women under age 40.

Take care of your life.

- 1. Know your risk.**
 - Talk to your family to learn about your family health history.
 - Talk to your health care provider about your personal risk of breast cancer.
- 2. Get screened.**
 - Discuss with your doctor which screening tests are right for you if you are at a higher risk.
 - Discuss when you should start getting mammograms, or other screening tests like breast MRI.
 - Have a clinical breast exam at least every 3 years starting at age 20, and every year starting at age 40.
 - Sign up for your screening reminder at www.komen.org/reminder



Do you know you could get breast cancer?

- Even if you're young.
 - Even if you don't drink alcohol.
 - Even if you have no family history of cancer.
- No one knows what causes breast cancer. No one knows how to prevent it. What we do know is that if breast cancer is found early, women have more treatment options and a better chance of surviving.



3. Know what is normal for you.

- If you notice any of these breast changes, see your health care provider right away.
- Swelling, warmth, redness or darkening of the breast
 - Change in the size or shape of the breast
 - Dimpling or puckering of the skin
 - Itchy, scaly skin or rashes on the nipple
 - Pulling in of your nipple or other parts of the breast
 - Nipple discharge that starts suddenly
 - New pain in one spot that does not go away
- 4. Make healthy lifestyle choices**
 - Maintain a healthy weight.
 - Add exercise into your routine.
 - Limit alcohol intake.
 - Breastfeed if you can.

I was 27 when I found out I had breast cancer.

I was married with two kids. I don't know how I made it through all the treatments. But to be here for my family is worth everything we went through. I'm just grateful my breast cancer was found early. BARBIE, 29



Tú eres una joven que se mantiene activa. Tal vez haces estas actividades:

- Vas a la escuela.
- Trabajas con gran empeño.
- Te diviertes con tus amigos.
- Piensas en tu futuro.
- Cuidas de tu familia.



Estos son los puntos importantes.

- TODAS las mujeres corren el riesgo de tener cáncer de seno.
- Aunque es raro, las jóvenes pueden padecer de cáncer de seno aunque solo tengan veintitantos años.
- En los Estados Unidos, más de 11,000 mujeres menores de 40 años de edad serán diagnosticadas con cáncer de seno.
- El cáncer de seno es la principal causa de muerte por cáncer en mujeres menores de 40 años de edad.

Cuida tu vida.

- 1. Conoce qué riesgo corres.**
 - Habla con tu familia para conocer los antecedentes familiares de salud.
 - Habla con tu proveedor de servicios de salud sobre tu riesgo personal de tener cáncer de seno.
- 2. Hazte exámenes de detección.**
 - Si corres un mayor riesgo, habla con tu doctor sobre cuáles exámenes de detección son los más indicados para ti.
 - Habla sobre la posibilidad de comenzar a hacerse mamografías a otros exámenes de detección como exámenes de resonancia magnética (MRI) por sus siglas en inglés.
 - Hazte el examen clínico de los senos por lo menos cada 3 años comenzando a la edad de 20 años y una vez al año después de los 40.
 - Inscríbete en el año de bienestar: www.komen.org/reminder para recibir un recordatorio.



¿Sabías que te puede dar cáncer de seno?

- Aunque seas joven.
 - Aunque no bebas alcohol.
 - Aunque no hayas casos de cáncer en tu familia.
- Nadie conoce la causa del cáncer de seno. Nadie sabe cómo prevenirlo. Lo que sí sabemos es que si el cáncer se detecta temprano, las mujeres tienen más opciones de tratamiento y existen mejores posibilidades de supervivir.



3. Conoce la apariencia y forma normal de tus senos.

- Si notas cualquiera de estos cambios en tus senos, ve con tu doctor de inmediato.
- Una masa, bulto duro o la piel más gruesa dentro del seno o en el área bajo la axila.
 - Hinchazón, calor, enrojecimiento o enrojecimiento del seno
 - Cambios en el tamaño o la forma del seno
 - Hecesitas o aragón en la piel
 - Puntos, líneas o líneas escamosas en la piel o resquebrajamiento de la piel
 - Hinchazón del pezón o de otras partes del seno
 - Secreción repentina del pezón
 - Dolor reciente y persistente en alguna parte
- 4. Lleva un estilo de vida saludable.**
 - Mantién un peso saludable.
 - Incorpora ejercicio a tu rutina.
 - Limita el consumo de bebidas alcohólicas.
 - Amamanta a tu bebé si te es posible.

Tenía 27 años cuando me enteré que tenía cáncer de seno.

Estaba casada y tenía dos hijos. En verdad, no sé cómo sobreviví los tratamientos. Pero todo lo que puedo decir es para porque estoy aquí para cuidar de mi familia. Estoy agradecida que mi cáncer de seno fue detectado tempranamente. BARBIE, 29 años



This material can be used:

- To communicate breast cancer information to young women through conversations
- To supplement and reinforce messages in the [Breast Self-Awareness for Hispanic/Latino Communities](#) presentation.
- As a takeaway in a conversation or a presentation

Suggested talking points and evaluation questions:

- Refer to the [Who is the Audience?](#) section of the Toolkit for guidance.

Tool format:

8 1/2" X 11" tri-fold brochure

Click [here](#) to view or download Take Care of Yourself and all of the other Toolkit educational materials.

USING YOUR EDUCATIONAL MATERIALS



Men Can Get Breast Cancer

Target audience:

Men and women of any age

Purpose:

Breast cancer in men is rare and is not often discussed. This brochure provides awareness messages and general facts about breast cancer in men.

Suggested venues:

Can be used in nearly any venue, for example:

- Ventanilla de Salud
- Barber shops
- Beauty salons

Minimal time needed for use:

5 minutes

Languages:

English/Spanish

Key Messages:

- Know your risk
- Know what is normal for you

Learning/Behavioral Objectives:

- Describe at least two of the breast changes that should be reported to a health care provider.

This material can be used:

- To inform that men can get breast cancer
- To describe breast cancer risk for men
- To identify changes in the breast that should be reported to the doctor
- As a takeaway after the conversation or presentation



Men can get breast cancer.
Men don't think of themselves as having breasts. For men, it's their chest or their "pecs." So it comes as a surprise to most men to find out they are at risk of breast cancer.

The fact is men do have breast tissue. Although rare, they can get breast cancer. In the U.S., about 2,000 cases of breast cancer are diagnosed in men and more than 400 men will die from breast cancer each year.

We don't know what causes breast cancer. But we do know that there are some things that may put a man at higher risk.

You may be at risk.
There are a few ways to know for sure who will get breast cancer. Just getting older gives you a higher chance of getting it. Talk to your doctor to find out what else may put you at risk. It's a good idea to:

- Find out if you have a family history of breast cancer.
- Ask your doctor about any medical problems you have had, such as Klinefelter's syndrome or liver disease that may put you at higher risk.

Even if you have more than one risk factor, you may never get breast cancer. And some men who have no risk factors may still get the disease.

- The skin on your chest dimples or puckers.
- Your nipple pulls in toward your chest wall.
- You see any redness or scaling on your nipple.
- There is a discharge coming from your nipple.

If you don't have a doctor, call your health department, a clinic or a nearby hospital.



Get the tests you need.
If you have any of the warning signs, you may need to:

- Talk your doctor your medical history.
- Have your chest area checked by a doctor.
- Get an X-ray of your chest area.
- Have other tests, like an ultrasound or a biopsy. (An ultrasound uses sound waves to create a picture of your chest area. A biopsy is where some tissue is removed to be tested.)

Treatment can help.
If tests show you have breast cancer, you will need treatment. The kind of treatment depends on:

- What type of breast cancer you have.
- How early it is found.

The earlier it is found, the better! That way it can be treated before it spreads to other parts of the body.

Awareness is key!
Don't ignore the warning signs!

- Call your doctor if you notice any change in your chest area, such as a lump or a change in your nipples.
- Find it early.
- Get treated right away.

Then you can be there for the important things in life!



A los hombres les puede dar cáncer de seno.
Los hombres no se imaginan a sí mismos con senos. Los hombres solo piensan en su pecho o en sus "músculos pectorales". Por ello, la mayoría de los hombres se sorprenden al saber que corren el riesgo de tener cáncer de seno.

El hecho es que los hombres tienen tejido mamario (tejido de seno). Aunque raro, a los hombres les puede dar cáncer de seno. En los Estados Unidos, cerca de 2,000 casos de cáncer de seno son diagnosticados en hombres y más de 400 hombres mueren de cáncer de seno cada año.

No sabemos qué es lo que causa el cáncer de seno. Sin embargo, sabemos que existen algunas cosas que pueden hacer que un hombre corra un mayor riesgo.

Usted puede correr el riesgo.
No hay manera de saber con seguridad si quite le va a dar cáncer de seno. Sin embargo, al intentar no correr un mayor riesgo de tener cáncer de seno. Converse a su doctor para averiguar qué cosas le pueden ponerle un mayor riesgo de tener la enfermedad. Es aconsejable:

- Averiguar si usted tiene antecedentes familiares de cáncer de seno.
- Preguntar a su doctor si es posible que algún problema de salud que usted haya tenido, tal como el síndrome de Klinefelter o un trastorno del hígado, hacen que usted corra un mayor riesgo.

Aún si usted presenta más de un factor de riesgo, es posible que nunca le dé cáncer de seno, y es posible que algunos hombres que no presentan ningún factor de riesgo aún se produzca la enfermedad.

- Si se forma un bulto o una hinchazón en la piel de su pecho.
- Si su pezón se retrae hacia el pecho de su pecho.
- Si usted nota algún enrojecimiento o descamación en su pezón.
- Si usted nota que sale una secreción de su pezón.

Si usted no tiene un médico, llame a un departamento de salud, a una clínica o a un hospital cercano.



Hágase los exámenes necesarios.
Si una persona de las señales de alerta, tal vez necesite:

- Conversar con su doctor sobre sus antecedentes médicos.
- Hacer que un doctor le practique un examen del pecho o un chequeo de seno que tenga X de su pecho.
- Realizar otros exámenes, tales como una mamografía (mamografía) o una biopsia. (Una mamografía utiliza ondas de sonido para crear una imagen de su pecho. En una biopsia se extrae una muestra de tejido para ser analizada.)

El tratamiento puede ayudar.
Si los exámenes indican que tiene cáncer de seno, usted debe recibir tratamiento. El tipo de tratamiento que recibe depende de:

- El tipo de cáncer de seno que tenga.
- Cuán temprano ha sido detectado.

¡Hable más temprano con su doctor, mejor! De esa manera la enfermedad podrá ser tratada antes de que se extienda a otras partes del cuerpo.

La clave es permanecer alerta.
Puede que usted sea el único de alerta!

- Llame a su doctor si nota cualquier cambio en su pecho, como un bulto o cambio en los pezones.
- No podemos prevenir el cáncer de seno. Sin embargo, si usted le da cáncer de seno, podrá vencerlo si se detecta de manera temprana.
- Se trata de intrépidos.

¡Así usted podrá realizar las cosas que son importantes en su vida!



Suggested talking points and evaluation questions:

- Refer to Breast Self-Awareness Key Messages resource for guidance

Tool format:

4" X 9" tri-fold

Click [here](#) to view or download Men Can Get Breast Cancer and all of the other Toolkit educational materials.

USING YOUR EDUCATIONAL MATERIALS



Breast Self-Awareness for Hispanic/Latina Communities presentation (Short Version)

Target audience:

Men and women of any age

Purpose:

Use this PowerPoint for brief presentations to provide information about breast cancer and statistics, risk factors and breast self-awareness. The PowerPoint has slides that can be customized to your organization and community.

Suggested venues:

Can be used for group presentations at locations such as churches, schools or community member meetings

Minimal time needed for use:

Between 15 and 45 minutes

Languages:

English/Spanish

Key Messages:

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



Learning/Behavioral Objectives:

- Discuss breast cancer in our community,
- State the four Breast Self-Awareness Key Messages,
- Name the two most common risk factors for breast cancer,
- State at least one resource for breast cancer information,
- Name at least one action associated with each Breast Self-Awareness Key Message,
- State at least one breast self-awareness action you plan to personally take, and
- Share this information with at least one person you care about.

This material can be used:

- For a presentation to a small or large group
- As a takeaway after the presentation

Suggested talking points and evaluation questions:

- Refer to the [What is the Message?](#) section of the Toolkit for guidance.

Additional tips for using this presentation:

Tailor the presentation to your needs. A few slides can be edited, but most contain breast cancer content which shouldn't be changed. You may delete or add slides to address specific topics.

Tool format:

PowerPoint presentation

Click [here](#) to view and download the PowerPoint presentation and all of the other Toolkit educational materials.



Distribute PowerPoint slides as handouts with three slides per page in order to provide “taking notes” handouts to the audience.

USING YOUR EDUCATIONAL MATERIALS



Breast Self-Awareness for Hispanic/Latina Communities presentation (Long Version)

Target audience:

Men and women of any age

Purpose:

Use this PowerPoint for longer presentations to provide detailed information about breast cancer and statistics, risk factors, breast self-awareness, diagnosis, treatment and support. The PowerPoint has slides that can be customized to your organization and community.

Suggested venues:

Can be used for group presentations at locations such as churches, school or community member meetings

Minimal time needed for use:

Between 60 and 90 minutes

Languages:

English/Spanish

Key Messages:

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



Learning/Behavioral Objectives:

- Discuss breast cancer in our community,
- Define breast cancer,
- State the four Breast Self-Awareness Key Messages,
- Name the two most common risk factors for breast cancer,
- Name at least one action associated with each Breast Self-Awareness Key Messages,
- Explain why breast cancer is considered a “family of diseases,”
- State two of the four general types of treatment,
- Explain the value of clinical trials,
- Name at least one benefit of support,
- State at least one resource for breast cancer information,
- State at least one breast self-awareness action you plan to personally take, and
- Share this information with at least one person you care about.

This material can be used:

- For a presentation to a small or large group
- As a takeaway after the presentation

Suggested talking points and evaluation questions:

- Refer to the [What is the Message?](#) section of the Toolkit for guidance.

Additional tips for using this presentation:

Tailor the presentation to your needs. A few slides can be edited, but most contain breast cancer content which shouldn't be changed. You may delete or add slides to address specific topics.

Tool format:

PowerPoint presentation

Click [here](#) to view and download the PowerPoint presentation and all of the other Toolkit educational materials.



Distribute PowerPoint slides as handouts with three slides per page in order to provide “taking notes” handouts to the audience.

USING YOUR EDUCATIONAL MATERIALS



Lazos que Perduran Public Service Announcements

Target audience:

Women of different ages

Purpose:

This information is a call to action and motivation to take care of yourself and the important women in your life.

Suggested venues:

Can be used at nearly any venue

Minimal time needed for use:

Up to 10 minutes, including time for discussion

Languages:

English/Spanish

Key Messages:

- Get screened

Learning/Behavioral Objectives:

- Share this information with at least one person you care about.

This material can be used:

- To motivate and encourage women to take action and get screened
- To market or promote your event or program
- As part of a presentation
- On a continuous loop in a waiting room

Suggested talking points and evaluation questions:

- Refer to the [What is the Message?](#) section of the Toolkit for guidance.



Tool format:

Public Service Announcement videos

To view the PSAs, please click a language below to be directed to the web page.

[English](#)

[Spanish](#)

EDUCATOR TIPS



Tips for Evaluating Your Program

Evaluation is a way to measure how well your message was received in an education event or one-to-one conversation. By evaluating your education session, you will learn if you were effective. It is important to find out if people increased their breast cancer knowledge and plan to take action based on the information they learned. This work is important. We want to make a difference; we need to know if the program was effective and where changes are needed. It may be especially useful to report outcomes to funders and potential funders as a way of showing why your program is worth supporting.

After one-to-one or group conversations about breast health, we suggest you conduct brief evaluation surveys. An [Oral Evaluation Survey](#) and a slightly longer [Written Evaluation Survey](#) are included in the Toolkit. These surveys measure increase in knowledge and a person's intent to take a personal action based on the information they heard during your education session. The surveys also include questions about a person's demographics and health insurance status. This data may be useful. For example, you may find that people who do not have health insurance are less likely to take action to get screened.

On the written survey, we suggest asking the person's gender and whether she or he is Hispanic or Latino. But, these questions may be awkward to ask in person. When using the oral survey, the educator can answer these questions based on their own observation. It is important to keep in mind that this approach will not capture data on transgender people. Also, it may not always capture whether the person is Hispanic or Latino.

It may be possible in some settings and with some populations to conduct written surveys. But, it may be more realistic to follow up a one-to-one conversation with a brief oral survey. In the oral survey, you read the person some questions and write down each response. This survey can be done after a one-to-one conversation of any length. You may decide to skip some questions. You can also create your own modified version of the survey if you have a short conversation that does not cover all topics. The written survey can be used after a longer one-to-one conversation or group discussion.

Also included in the Toolkit is an [Evaluation Tracking Tool](#) (a modifiable Excel template) for recording survey responses.

Evaluation Tips

1. *Respect everyone's time, including yours.*

Keep the evaluation simple. People may not have time to answer a lot of questions. You also may not have time to record them. Practice fitting your questions into the recommended time slots ahead of time.

2. *Think about what format will work best in your setting.*

The evaluation questions can be asked orally or on a written survey. Oral questions may be best for brief one-to-one conversations. But, paper surveys may work best when people have space to write. It is also easier for you to distribute and collect forms. If people have low literacy skills, it is more appropriate to ask the questions orally. If this is the case, it's helpful to have a paper version of the survey that you can use to record responses.

3. *Be organized.*

Everyone you talk to should be asked the evaluation questions. It's not a problem if some choose not to respond. Be organized with tracking your responses. You can use Excel or other software for analysis. You can use the [Evaluation Tracking Tool](#) to help track your data.

4. *Thank them.*

Remember to thank everyone for their time.

5. *Don't forget to use your findings to improve your approach, your ways of reaching people and your program!*

You can use your findings to report on your program's success at improving knowledge and people's intentions to take a personal action based on the information they heard during your education session.

NOTE

The oral and written evaluation surveys can also be completed online using mobile devices (phones, tablets or laptops). To do this, you would need to select an online survey software website and create a survey using the evaluation questions you choose. You can cut/paste questions from the Toolkit's oral/written surveys or create your own. You can then conduct the survey during outreach or education using your mobile device rather than paper and pencil. Many online survey programs have free trials or free basic features, but you may need to pay for more extensive use. Some example online programs include:

- SurveyMonkey.com
- Wufoo.com
- SurveyGizmo.com
- ProProfs.com

ORAL EVALUATION SURVEY



Please record the following information based on your observations:

Gender:

Female

Male

Ethnicity:

YES, Hispanic/Latino

NO, not Hispanic/Latino

NOT SURE, might be Hispanic/Latino

Please ask the person you spoke to the following questions and record his or her responses. Please only ask the questions related to the content you covered in your conversation. For example, if you did not discuss making healthy lifestyle choices, please skip question 6.

1. Did you learn anything about breast health today that you did not know before?

Yes

No

Not Sure

2. Will you share the breast health information you received today with a family member or friend?

Yes

No

Not Sure

3. Can you name the two most common risk factors for breast cancer?

1. _____

2. _____

4. (ASK WOMEN ONLY) Will you talk to your doctor about what breast cancer screening tests are right for you?

Yes

No

Not Sure

5. Will you visit a health care professional if you notice any changes in your breasts?

- Yes
- No
- Not Sure

6. Do you plan to make lifestyle choices that could reduce your risk of getting breast cancer?

- Yes
- No
- Not Sure

6a. (IF YES) What steps do you plan to take in the future that may reduce your risk of breast cancer?

Please check all that apply.

- Maintain or add exercise into their routine
- Achieve or maintain a healthy weight
- Avoid or limit alcohol
- Breastfeed future babies
- Avoid or limit menopausal hormonal medications

7. Do you have health insurance?

- Yes
- No
- Not Sure

Note for Educator:

Question 3 is a knowledge question to which the answers are “getting older” and “being born female.” While it is important to record all responses, whether they are correct or not, if an incorrect response is given, please follow up the survey by reminding people of the correct responses (see example message below).

Example:

If the respondent lists other correct risk factors, acknowledge that she or he correctly identified two risk factors by saying, “That’s right, those are risk factors for breast cancer. And the two most common risk factors are two others that we cannot control: being born female and getting older.”

WRITTEN EVALUATION SURVEY



- 1) Did you learn anything about breast health today that you did not know before? Please select only one answer.
 - Yes
 - No
 - Not Sure
- 2) Will you share the breast health information you received today with a family member or friend? Please select only one answer.
 - Yes
 - No
 - Not Sure
- 3) What are the two most common risk factors for breast cancer?
 - 1. _____
 - 2. _____
- 4) At what age should women begin to get clinical breast exams? Please select only one answer.
 - 20
 - 30
 - 40
 - 65
- 5) At what age should women at average risk for breast cancer begin to get annual mammograms? Please select only one answer.
 - 20
 - 30
 - 40
 - 65
- 6) If you are a woman, will you talk to your doctor about what breast cancer screening tests are right for you? Please select only one answer.
 - Yes
 - No
 - Not Sure
 - Not a woman
- 7) If you are a woman, do you plan to schedule any breast cancer screening tests in the future? Please select only one answer.
 - Yes, a clinical breast exam
 - Yes, a mammogram
 - Yes, both a clinical breast exam and a mammogram
 - Yes, but not sure which type
 - No, I do not plan to schedule a screening
 - Not a woman

Please continue to next page.

8) Will you visit a health care provider if you notice any of the following changes in your breasts?

- Lump, hard knot, or thickening inside the breast or underarm area
- Swelling, warmth, redness or darkening of the breast
- Change in size or shape of the breast
- Dimpling or puckering of the skin
- Itchy, scaly sore or rash on the nipple
- Pulling in of your nipple or other parts of the breast
- Nipple discharge that starts suddenly
- New pain in one spot that doesn't go away

Please select only one answer.

- Yes
 No
 Not Sure

9) What steps do you plan to take in the future that may reduce your risk of breast cancer? Please check all that apply.

- Maintain or add exercise into my routine
 Achieve or maintain a healthy weight
 Avoid or limit alcohol
 Breastfeed future babies
 Avoid or limit menopausal hormonal medications

10) Are you of Hispanic, Latino or Spanish origin? Please select only one answer.

- NO, not of Hispanic, Latino or Spanish origin
 YES, Mexican, Mexican American, Chicano
 YES, Puerto Rican
 YES, Cuban
 YES, another Hispanic, Latino or Spanish origin
please list: _____

11) What is your gender? Please select only one answer.

- Female
 Male

12) What is your age? Please select only one answer.

- Under 20 years
 20-39 years
 40-49 years
 50-64 years
 65 years or older

13) Do you have health insurance? Please select only one answer.

- Yes
 No
 Not Sure

Thank you for your participation!

Remember to sign up for your screening reminder at [komen.org/reminder](https://www.komen.org/reminder).