



BREAST CANCER EDUCATION TOOLKIT FOR USE WITH BLACK AND AFRICAN AMERICAN COMMUNITIES

INTRODUCTION



WHAT IS A TOOLKIT?

A Toolkit is a set of tools kept in one place for a specific purpose. You can think of this Toolkit similarly to that of a carpenter's toolbox, containing metal tools that allow you to create new things, fix problems or polish something you've made. Think of your programming as a step stool. If you want to make a brand new step stool, you will have to use a lot of tools. If you need to fix your step stool because it is not working properly, you will need several tools. If you have a nice step stool already created, but want to paint it a new color, you will need a few tools.

You can use most, some, or just a few of the materials in this Toolkit, such as materials created specifically for a young African American audience as part of the *Know Your Girls*™ campaign. You can find them in one convenient place. And just like the step stool, the Toolkit and resources can support expanding your reach!

What is the Purpose of This Toolkit?

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

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



Culturally responsive breast health and breast cancer education includes the learners' culture in all aspects of the education. It creates stronger connections between educators and learners and helps with learning among people of different cultural backgrounds.

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



Resource



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 NEED?

Is breast cancer a problem in our community?

Breast cancer is the most common cancer among Black and African American women, and is the leading cause of death among this population in the U.S.^{1,2} While Black and African American women are less likely to develop breast cancer compared to women of other races, they are more likely to develop aggressive tumors that are diagnosed at an advanced stage³. Such tumors are more difficult to treat. Black and African American women in the U.S. are also more likely than white women to be diagnosed with breast cancer before the age of 40¹⁰. Black and African American women diagnosed with breast cancer are about 40 percent more likely to die from breast cancer than their white counterparts^{1,5,6}. Differences in mortality rates are not fully understood. In addition to certain biological factors, lifestyle choices and health behaviors play a role. Some of these factors are described below. It is important to know that some of these factors can be changed and improved.

Why are survival rates among Black and African American women lower than those of white women in the U.S.?

There are many possible reasons for this difference in survival. These include^{1,7,8,9}:

- Larger and more aggressive tumors at diagnosis
- More advanced stage of breast cancer at diagnosis
- Lifestyle factors and health behaviors, such as lower rates of breastfeeding, getting less physical activity and being overweight or obese
- Barriers to follow-up care, including mistrust of the health care system, leading to delays in diagnosis and treatment
- Lower likelihood to undergo prompt and more effective treatments for breast cancer

These and other issues (such as how and when women seek screening, treatment and other health care services) play key roles in how breast cancer progresses in Black and African American women. Despite the difference in survival, it is important to note that breast cancer screening rates among Black and African American women are similar to those among white women⁹.

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.



Throughout the Toolkit, you will see the audience referred to as “Black and African American.” Susan G. Komen® wants to be inclusive of all people who identify themselves as either Black or African American, including multiracial people and new or recent immigrants. See [Section One: Who is the Audience?](#) for more information about how the audience is defined.

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.

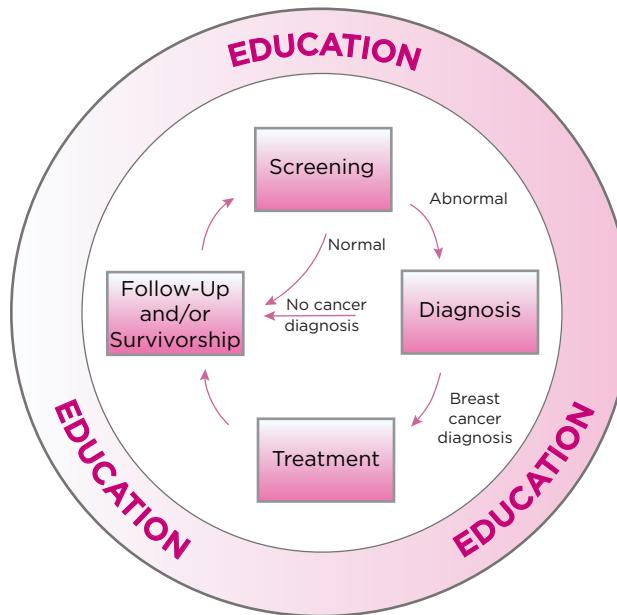
What is breast cancer screening?

Screening is any test used to show signs of the disease before 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 to lower a women’s risk of dying from breast cancer.

What is the Breast Cancer Continuum of Care?

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 can enter the COC at any point during screening, diagnosis or treatment and continue to follow-up care and back to screening.

Breast Cancer Continuum of Care (COC)



How does a person enter the COC?

Ideally, people enter the COC through breast screening exams such as the 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 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 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 share that information, as well as their personal health history (e.g., have been treated for Hodgkin's lymphoma or have had a high number of chest X-rays) with their doctors.

Not all women enter the COC through screening. Women can enter the COC at any point, for example, 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 can lead 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 (if needed), treatment (if breast cancer is found) and follow-up care.

The Role of Education in the COC

Your role as an educator is important at all points in this continuum. Education can encourage women to get screened and reinforce the need to continue to get screened routinely after a normal screening. After an abnormal screening, education can help to communicate the importance of getting test results, keeping follow-up appointments and help your audience understand what it all means. After diagnosis and during treatment, education can help them to understand treatment options, how pathology reports determine the best options for treatment, understand how to manage side effects and help your audience formulate questions for their provider.



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

Key Messages

Komen has four *Breast Self-Awareness Key Messages* (key messages). They can be used to 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 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.

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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 who currently conduct, or would like to conduct, breast health education in Black and African American communities. Examples include: health professionals such as nurses, health educators, navigators, community health workers, non-governmental organization (NGOs) and others. The user can be someone who identifies as Black or African American, as well as those of other races and ethnicities. Audiences respond best to those they think are most like them, including similarities in race/ethnicity, neighborhood, religion, age, etc., but effective education and support can be provided by those who are deemed “different” as long as communication is culturally-appropriate and respectful.

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 as you provide culturally-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 tips, tools and resources that you can use to increase awareness and understanding about breast health and early detection within Black and African American communities based on audience, venue and time-constraints, and
- Tips and tools for evaluating your breast cancer education program.



The *[Know Your Girls™](#)* campaign targets young African American women. Find these materials on the *[Educational Materials](#)* page of komentoolkits.org.

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 that 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's questions and read the corresponding sections of the Toolkit. This will prepare you to plan and deliver culturally-responsive breast health and breast cancer education.

IN THE NEXT SECTION

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

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

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

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- 1 "Cancer Facts & Figures for African American/Black people, 2022-2024," American Cancer Society (2022).
 - 2 "United States Cancer Statistics: 1999-2011 Incidence and Mortality Web-Based Report," U.S. Cancer Statistics Working Group, U.S. Department of Health and Human Services, Centers for Disease Control and Prevention National Cancer Institute, last modified 2014, www.cdc.gov/uscs
 - 3 Joslyn, S.A. and West, M.M. "Racial Differences in Breast Carcinoma Survival," *Cancer* 88, no. 1 (2000): 114-123.
 - 4 Howlader, N., Noone, A.M., Garshell, J., Miller, D., Altekruse, S.F., Kosary, C.L., Yu, M., Ruhl, J., Tatalovich, Z., Mariotto, A., Lewis, D.R., Chen, H.S., Feuer, E.J., and Cronin, K.A. "SEER Cancer Statistics Review, 1975-2012," National Cancer Institute, last updated November 2015, http://seer.cancer.gov/csr/1975_2012/
 - 5 Hirschman, J., Whitman, S., and Ansell, D. "The Black:White Disparity in Breast Cancer Mortality: The Example of Chicago," *Cancer Causes and Control* 18 (2007):323-333.
 - 6 Whitman, S., Ansell, D., et al. "The Racial Disparity in Breast Cancer Mortality," *J Community Health* 36 (2010): 588-596.
 - 7 "Progress in Increasing Breastfeed and Reducing Racial/Ethnic Differences – United States, 2000-2008 Births," Centers for Disease Control and Prevention, *MMWR* 62 (2013): 5.
 - 8 Rauscher, G.H., Ferrans, C.E., et al. "Misconceptions About Breast Lumps and Delayed Medical Presentation in Urban Breast Cancer Patients," *Cancer Epidemiology, Biomarkers, and Prevention* 19 (2010): 640-647.
 - 9 "Health, United States, 2013: With Special Feature on Prescription Drugs," National Center for Health Statistics (2014).
 10. "Cancer Facts & Figures 2022," American Cancer Society (2022).