



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

THANK YOU FOR JOINING OUR MISSION TO END BREAST CANCER.



By using one of the Susan G. Komen® Breast Cancer Education Toolkits, you will help with one of our organization's most important goals: ensuring that all women and men are educated about breast cancer.

There has been great progress made against breast cancer since our organization was founded, much of it thanks to increased early detection and effective treatment.

Yet nearly 44,000 people will lose their lives to breast cancer in the U.S. this year alone.

Early diagnosis and treatment begins with education. We must continue to provide individuals everywhere with accurate and relevant information about this devastating disease, empowering them to make informed decisions about their breast health.

These online Toolkits offer evidence-based strategies for outreach as well as culturally and linguistically appropriate information and resources to assist partners and other national organizations with breast cancer education. We hope that you find it useful in your own work.

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®

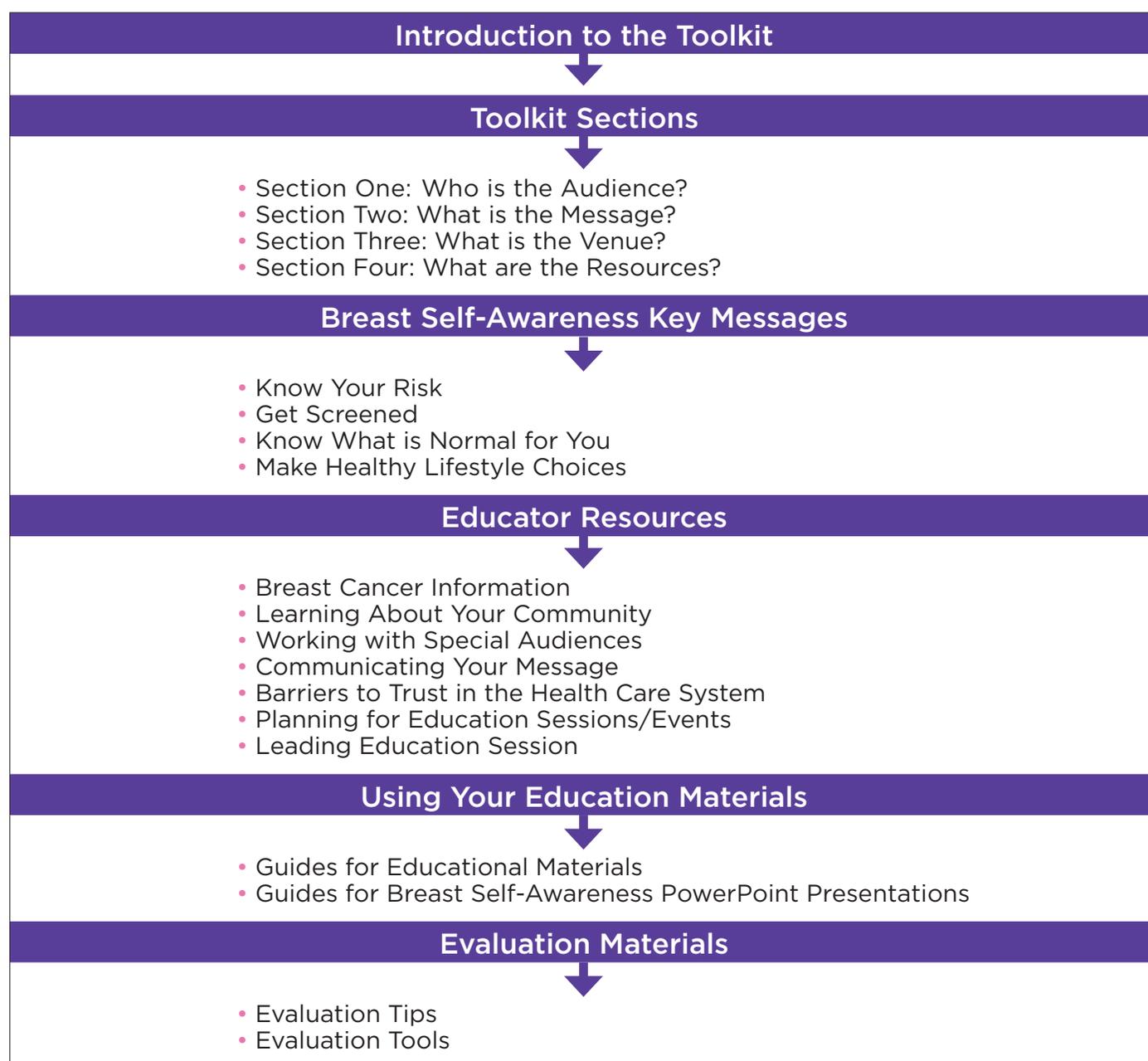


Susan G. Komen® is the world's leading nonprofit breast cancer organization, working to save lives and end breast cancer forever. Komen has an unmatched, comprehensive 360-degree approach to fighting this disease across all fronts and supporting millions of people in the U.S. and in countries worldwide. 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. Visit [komen.org](https://www.komen.org) or call 1-877 GO KOMEN. Connect with us on social at [ww5.komen.org/social](https://www.komen.org/social).

TOOLKIT OVERVIEW



This Toolkit provides educators with information, tools and tips for delivering breast health education to Black and African American communities. The Toolkit contains culturally-responsive health promotion strategies for you to use in your own breast health education programs. See below for a visual outline of the entire Toolkit.



SECTION DESCRIPTIONS

Introduction

The *Introduction* explains the need for breast health education for Black and African American communities, defines and explains the role of the Toolkit user and introduces the key Toolkit sections. This introduction also provides information about breast cancer, a discussion of survival rates among this community and an overview of the breast health continuum of care.

Toolkit Sections

The Toolkit sections offer guidance on planning your program and aim to help you answer four key program planning questions. You can think about these questions in any order, but the guidance in each section is intended to be used together. See below for a brief description of the content in each section:

Section One: Who is the Audience?

This section describes the diversity of the Black and African American populations in the U.S. and tips for learning more about the community you serve. This section also provides specific information about special audiences within your target population.

Section Two: What is the Message?

This section offers a concrete definition of breast cancer, provides an overview of the Breast Self-Awareness Key Messages, as well as actions the audience can take in relation to those messages.

Section Three: What is the Venue?

This section gives tips for identifying, selecting and preparing potential venues for breast cancer outreach and education. This section outlines different types of venues and relevant considerations for each.

Section Four: What are the Resources?

This section provides a comprehensive list of the resources available to educators organized by theme. These educator resources aid in understanding and reaching your audience and tools to help communicate breast health information in Black and African American communities.

Breast Self-Awareness Key Message Overviews

These overviews on helping your audience understand Komen's Breast Self-Awareness Key Messages. Each key message overview includes talking points, a personal story that illustrates the message, suggested educational materials that you can use in your outreach and education and questions to help you test your effectiveness at communicating these messages to your audience.

Know Your Risk

This overview provides two actions related to the Know Your Risk message. Talking points to use with Black and African American communities and specific audiences to discuss their risks of developing breast cancer are also included.

Get Screened

This overview provides four actions related to the Get Screened message. Talking points to help encourage women to get screened for breast cancer are also included.

Know What is Normal for You

This overview focuses on talking points for Black and African American women related to noting changes in how their breasts look and feel and what to do if they notice changes.

Make Healthy Lifestyle Choices

This section provides a comprehensive list of the resources available to educators organized by theme. These resources aid in understanding and reaching your audience and tools to help communicate breast health information in Black and African American communities.

Educator Resources

The Toolkit provides many individual resource documents that contain specific information that may be relevant to the educators' work within the Black and African American community. These Educator Resources are grouped together by the theme they address. The various resources contain overviews, tip sheets, checklists and/or charts. Some contain suggestions for delivering culturally-responsive communication. Others have education tips and resources to increase awareness and knowledge of breast cancer in Black and African American communities. Keep in mind that references to these resources may appear in multiple sections of the Toolkit and often apply to more than one program planning question.

Breast Cancer Information

This group of resources outlines the basics of breast cancer and how breast cancer is diagnosed and treated. These materials also detail rates of breast cancer in Black and African American women and possible reasons that Black and African American women may not get screened.

- [Breast Cancer Screening, Diagnostic and Treatment Information](#)
- [Breast Cancer Among Black and African American Women](#)
- [Barriers to Screening and Health Care](#)

Learning About Your Community

This group of resources includes tools to develop a good reputation in your community and ways to learn more about how to meet your community's needs.

- [Getting to Know the Community You Serve](#)
- [Tips for Developing a Good Reputation in Your Community](#)
- [My Breast Health Resource List](#)

Working with Special Audiences

These resources focus on working with special audiences within the Black and African American communities, including Black Immigrant populations and Black and African American audiences in rural areas.

- [Culturally-Responsive Communication with Black Immigrants](#)
- [Health Care Perceptions and Barriers to Access Among Black Immigrant Populations](#)
- [Outreach and Education to Rural Black and African American Communities](#)

Communicating Your Message

These resources offer tips for communicating with Black and African American communities about breast health, including specific talking points related to cultural norms and how to address potential barriers.

- [Applying Culturally-Responsive Communication in Black and African American Communities](#)
- [Introduction to Adult Learning Principles](#)
- [Listen, Respond, Ask](#)
- [Sample Talking Points for One-to-One Conversations](#)
- [Barriers to Screening and Suggested Responses](#)
- [Tips for Using Text Messaging and Social Media for Outreach and Education](#)
- [Responding to Questions About Breast Self-Exam](#)

Barriers to Trust in the Health Care System

These resources address Black and African American communities' mistrust of the U.S. health care system and provide tips and responses to overcome issues of mistrust and fear.

- [Mistrust in the Health Care System Among Black and African American Communities](#)
- [The Tuskegee Syphilis Study](#)

Planning for Education Sessions/Events

These resources specifically help educators plan and facilitate their outreach and education events. Tips for preparing a venue, interacting with a host and suggestions for activities in different outreach settings are included.

- [Program Planning Square](#)
- [Sample Sign-In Sheet](#)
- [Sample Flyer](#)
- [Questions to Ask Your Host](#)
- [Conducting Outreach and Education in Beauty Salons](#)
- [Outreach and Education to Faith-Based Organizations](#)
- [Preparing Your Venue/Space](#)
- [Preparing for Health Fairs](#)
- [Activities](#)

Leading Education Sessions

These resources are designed to help you prepare to lead a breast health education session, identifying methods for delivering content and addressing specific challenges that may occur.

- [Leading a Breast Health Session](#)
- [Tips for Handling Children in the Audience](#)
- [Handling Different Personalities](#)
- [Handling Challenges in Group Discussions](#)
- [Tips for Handling Tough Questions](#)
- [Talking to Your Audience About Clinical Trials](#)
- [Tips for Making Healthy Lifestyle Choices](#)

Using Your Educational Materials

These materials can be used for a variety of purposes. Most can be given directly to your audience members as a handout to summarize or illustrate your message. They can also be used to give your audience more information. These educational materials can be downloaded and printed free of cost. The 2 PowerPoint presentations are available for free download through KomenToolkits.org.

- [5 Lifestyle Practices for Better Breast Health*](#)
- [5 Things to Know about Breast Cancer Screening*](#)
- [7 Tips For Being Your Own Best Advocate*](#)
- [Breast Self-Awareness Messages card for African Americans](#)
- [Breast Health: Learn the Facts](#)
- [Everything You Need to Know If You Need a Follow-up Test*](#)
- [Facts for Life: Mammography](#)
- [Facts for Life: Racial & Ethnic Differences](#)
- [Facts for Life: Triple Negative Breast Cancer](#)
- [How To Get Good Health Care That's Affordable \(And Good\)*](#)
- [How To Take Charge of your Breast Health*](#)
- [Know Your Normal*](#)
- [Know Your Risk Factors postcard*](#)
- [Know Your Risk of Breast Cancer*](#)
- [Mammogram FAQ's: Here's What to Expect*](#)
- [Men Can Get Breast Cancer tri-fold brochure](#)
- [Poster set for African Americans](#)
- [Questions to Ask Your Doctor About Breast Health*](#)
- [Start Talking: The Importance of Family Health History*](#)
- [Take Care of Yourself: Young Black and African American Women Talk About Breast Cancer](#)
- [What Do Genes Have To Do With Breast Cancer?*](#)

*indicates a material from the [Know Your Girls™](#) marketing campaign aimed at young African American women.

Evaluation

This group of resources provides educators the tools to evaluate their breast health outreach or education programs. It includes survey questions that can be given to the audience in a written form or asked verbally in one to one conversations. There is also a modifiable tool to track responses.

- [Tips for Evaluating Your Program](#)
- [Oral Evaluation Survey](#)
- [Written Evaluation Survey](#)
- [Evaluation Tracking Tool](#)

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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.

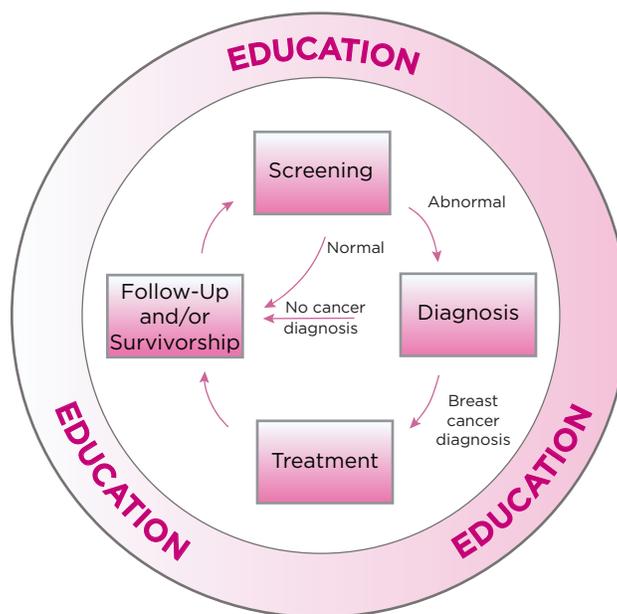
What is breast cancer screening?

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.



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

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.

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.

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

-
- 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).



**BREAST CANCER EDUCATION TOOLKIT FOR USE WITH
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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 Black and African American 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, older women and Black immigrants.

Learning Objectives

After reading this section, you should be able to:

- Describe the diverse nature of Black and African American populations living in the U.S.,
- Identify resources to help you learn more about the community you serve and potential partners,
- Name ways you can find partners serving your community, and
- Discuss the issues important for special audiences like women under the age of 40, older women, men and Black immigrants.

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.

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:

- Preferences for hearing or reading information
- Whether both women and men will be part of the audience
- Whether there will be Black immigrants in the audience, and if there will be language barriers that need to be addressed
- 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.

Which audiences can this Toolkit reach?

The information contained within the Toolkit is meant to be used to serve any person living in the U.S. who self-identifies as Black or African American. The term *African American* is most commonly used to describe those of Sub-Saharan African ancestry who were born in the U.S. The term *Black* can be used to describe a wider audience. This audience may include the following:

- Those who identify as Black or African American in combination with one or more other races (biracial/multiracial)
- Caribbean-Americans of West Indian/Caribbean descent, including new and recent immigrants (e.g., Haitian, Jamaican; sometimes referred to as Afro-Caribbean)
- New or recent immigrants to America from Africa (sometimes referred to as Black Africans)
- Black Hispanics, who have both Sub-Saharan African ancestry and Latin American ethnic background (e.g., Dominican, Puerto Rican)



You will see the term “your audience” used throughout this Toolkit. How you define your audience will vary based on the type of education or event you are planning. Audience can include:

- Individuals in one-to-one conversations
- Groups of people that attend an event or presentation
- Your entire 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.

Race/Ethnicity	Total Population Living in U.S. ^{1, 2,10}	Percent of U.S. Population
Black or African American	41.1M	13.4
Black or African American in combination with another race (biracial or multiracial)	5.8M	.08
Caribbean-born	3,731,000	1.2
African-born	1,607,000	Less than 1.0
Black Hispanic	1,243,471	Less than 1.0

It is important to note that this audience definition is broad, but is meant to be inclusive of all people who identify with the Black or African American community in the U.S. For that reason, it is important for you to fully understand your intended audience. Understanding your audience will keep you from offending those who do not call themselves Black or African American, but will allow you to be as inclusive as possible. If you're unsure of the person's cultural identity, ask him or her. When conducting outreach or education through another venue (e.g., health clinic, church, etc.), you can ask the point person or host at that organization for information about the cultural identity of the population they serve.

When applicable, information specific to bi/multiracial, Caribbean-Americans, Black Hispanics and immigrant communities will be noted.

A Note About the Use of “Black and African American” Versus “African American”

Throughout the Toolkit, you will see the audience referred to most often as “Black and African American.” Susan G. Komen® wants to be inclusive of all people that identify themselves as either Black or African American. Some research and citations being used focus only on African Americans or those born in the U.S. In those instances, you will see the term “African American” used for the audience.

In other instances, we will note specific information that applies to populations that identify as Black, including immigrant populations. In those instances, we will identify the population(s) being described, based on who was included in the research that is cited.

Important and Useful Information About the Black and African American Population in the U.S.

How many Blacks and African Americans live in the U.S.?

According to the 2020 U.S. Census Bureau, more than 45 million people in the U.S. identify as Black or African American, including those of more than one race. Black and African American people represent 15.2 percent of the U.S. population³. The Black and African American population grew by combination population by 88.7 percent since 2010¹⁰. The growing African American population living 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.

Approximately 14 percent of the Black and African American population in 2009-2013 was born outside of the U.S. These immigrants are from countries such as Jamaica, Haiti, Trinidad and Tobago, Guyana, Dominican Republic, Nigeria, Ethiopia and Ghana⁵.

Where do most Blacks and African Americans live?

Blacks and African Americans are most likely to live in the southern U.S.; about 55 percent of Blacks and African Americans live in the south, according to the U.S. Census Bureau³. Sixty percent live in the ten states with the largest Black and African Americans populations.

State	Population Size in Millions ¹
New York	3.3
Florida	3.2
Texas	3.2
Georgia	3.1
California	2.7
North Carolina	2.2
Illinois	2.0
Maryland	1.8
Virginia	1.7
Ohio	1.5

Eighty-six percent of African Americans live in an urban or suburban location. The cities that are home to more than 500,000 African Americans are, in order of population size: New York City, Chicago, Philadelphia, Detroit, and Houston⁴. Additionally, 14 percent of African Americans live in rural areas of the U.S., primarily in the southern states⁶.

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 Black and African American 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. The *Know Your Girls*TM campaign materials target young African American women and may be a good place to start to tailor to messages for this audience.

NOTE

While the information contained in this Toolkit is not directed toward breast cancer survivors, some of it may be relevant and useful for them. You can also encourage any survivors in your audience to share the information given to them with their relatives and friends. Please see the ***Breast Self-Awareness Key Messages*** resources for a few talking points you can use when talking with breast cancer survivors.

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 and Black immigrants.

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"> • 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, they should be getting a clinical breast exam at least every three years. • The majority of women with breast cancer are diagnosed later in life; however Black and African American women are more likely than white women to develop breast cancer under the age of 40⁷. • Black and African American women diagnosed with breast cancer at a young age generally have a more aggressive form of the disease. • Younger women should talk with the older generations of their family, including their fathers' relatives, about the family health history. Family history of breast or ovarian cancer may indicate a genetic link to these diseases within the family. A genetic link increases the personal risk of developing breast cancer for those who inherited the genetic mutation. • Having a family history of these cancers does not necessarily mean that there is an inherited genetic mutation, but a family history should still be discussed with a health care provider. Please note, most women in the U.S. with breast cancer do not have a family history of the disease. <p><i>See the educator resource “What Do Genes Have To Do With Breast Cancer” and “Start Talking: The Importance of Family Health History”</i></p>
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^{8, 9}. • Older women should talk with their doctor each year about the recommendation to get a mammogram. • Older women should talk with the younger members of their family about the family health history. This is especially true if there is a history of breast or ovarian cancer in the current or past generations of the family.

Special Audience	Talking Points Specific to the Audience
Men	<ul style="list-style-type: none"> • Breast cancer in men is rare, but it does happen. Only about one 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.
Black Immigrants	<ul style="list-style-type: none"> • Black immigrants typically have a breast cancer incidence (new cases) rate similar to that of their birth countries.

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 Black and African American community and communicating across cultures.



Related 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 • Tips for Developing a Good Reputation in Your Community
How does breast cancer impact Black and African American communities?	<ul style="list-style-type: none"> • Barriers to Screening and Health Care • Breast Cancer Among Black and African American Women
What should I consider when talking with someone of a culture different from mine?	<ul style="list-style-type: none"> • Applying Culturally-Responsive Communication in Black and African American Communities • Culturally-Responsive Communication with the Black Immigrant Community
What should I know when talking to Black immigrant audiences?	<ul style="list-style-type: none"> • Health Care Perceptions and Barriers to Access Among Black Immigrant Populations
Where can I find more information about tailoring my talking points for special audiences?	<ul style="list-style-type: none"> • Breast Self-Awareness Key Messages • 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 Black and African American 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, Black immigrants 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 Black and African American 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 "The Black Population: 2020 (Report)," U.S. Census Bureau (2020).

2 "American Community Survey: 2010 (Report)," U.S. Census Bureau (2010).

3 "Black or African American Populations," Centers for Disease Control and Prevention (2014).

4 U.S. Census Bureau, Census 2000 Redistricting Data Summary File, Table PL1; and 2010 Census Redistricting Data Summary File, Table PL1.

5 Kent, M. "Immigration and America's Black Population," Population Bulletin 62, no. 4 (2007).

6 "Race and Ethnicity in Rural America," The Housing Assistance Council (2012).

7 "Cancer Facts & Figures for African American/Black people 2022-2024," American Cancer Society (2022).

8 "American Cancer Society Recommendations for Early Breast Cancer Detection in Women without Breast Cancer Symptoms," American Cancer Society, last modified 2013, <http://www.cancer.org/Cancer/BreastCancer/MoreInformation/BreastCancerEarlyDetection/breast-cancer-early-detection-ac-s-recs>.

9 "Breast Cancer Screening in Older Women: American Geriatrics Society Clinical Practice Committee," J Am Geriatr Soc 48, no. 7 (2000):842-844.

10. "2020 Census Illuminates Racial and Ethnic Composition of the Country. U.S. Census Bureau (2020)."



**BREAST CANCER EDUCATION TOOLKIT FOR USE WITH
BLACK AND AFRICAN AMERICAN 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 Black and African American communities.

This part of the Toolkit focuses on general information and messages that can be shared with all Black and African American audiences. This includes:

- Breast cancer and its impact in Black and African American 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, older women or Black immigrants are listed throughout this section and in ***Section Four: What are the Resources?***



Section Four: What are the Resources?

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.

Learning Objectives

After reading this section, you should be able to:

- Define breast cancer,
- Describe the impact of breast cancer in Black and African American communities, and
- State actions women can take related to each key message.

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:

Audience:

- If you know that you will be speaking with special audiences (men, women under the age of 40, older women or Black immigrants), 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

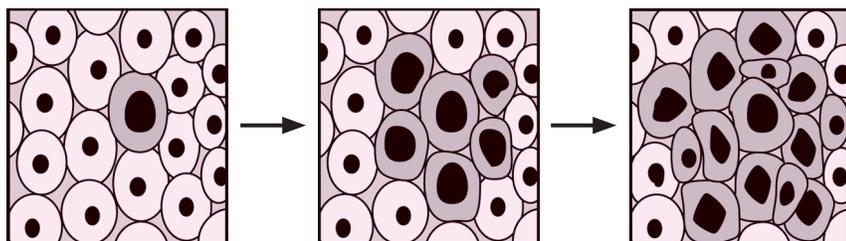
Breast Cancer and its Impact in Black and African American Communities

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 its impact in Black and African American 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 may 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 Black and African American women, just as it is for non-Hispanic white and Hispanic/Latina women in the U.S. It is also the leading cause of death among Black and African American women in the U.S. This year about 1 in 9 Black and African American women in the U.S. are projected to develop breast cancer in their lifetime. An estimated 36,260 new cases of breast cancer are expected to occur among this population in 2022¹.

While Black and African American women are less likely to develop breast cancer compared to white women, they are more likely to develop aggressive, advanced-stage breast cancer that is diagnosed at a younger age². Black and African American women are about 40 percent more likely to die from breast cancer than are white women¹. This gap in breast cancer mortality has increased over the past decade^{3,4}.

Why are Black and African American women diagnosed at a more advanced stage?

Mammography screening rates for Black and African American women are similar to those for non-Hispanic white and Hispanic/Latina women^{1, 5, 6}. Yet they are often diagnosed with breast cancer at a later stage than non-Hispanic white women¹. This may happen for a number of reasons, including being more likely than women of other races to develop more aggressive cancers, and having fewer social and economic resources and a lower likelihood of getting prompt follow-up care after an abnormal mammogram¹.

Many things may prevent Black and African American 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
- Negative experiences with illness or with the health care system in the past
- Cultural and socioeconomic barriers^{1,2,3,4,5}.

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.



[*Facts for Life: Triple Negative Breast Cancer*](#)



[*5 Things To Know About Breast Cancer Screening*](#)

[*Mammogram FAQ's: Here's What To Expect*](#)

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. You can use the [*My Breast Health Resource List*](#) to keep track of resources that may benefit your audience.

If your organization does not have access to such programs or resources, you can share information about 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 four key breast self-awareness messages 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.

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 and whether they intend to take action to make healthy lifestyle changes

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.



More information about barriers that may prevent people from getting screened or follow-up care is available in [*Barriers to Screening and Suggested Responses*](#). Understanding barriers to screening and follow-up care that people face can help you prepare for outreach and education programming. In this resource, you can find suggestions for how to respond to some of these barriers.

Key Message: Know Your Risk

Primary Talking Points

- All women are at risk of breast cancer.
- Being born a woman and getting older are the two most common risk factors in the general population.
- It is important to learn about your personal risk of breast cancer and talk with your health care provider.

Special Talking Points for the Black and African American Community

- Black and African American women are more likely than white women to develop breast cancer under the age of 40³.
- The median age for breast cancer diagnosis in Black and African American women is 60 years compared to 64 years in white women¹.
- Black and African American women are more likely than other racial/ethnic groups to develop triple negative breast cancers⁴.
- Triple negative breast cancers are more often aggressive and have a poorer prognosis (outcome) than some other types of breast cancer⁴. See *Facts for Life: Triple Negative Breast Cancer* for more information.
- Recent Black and African American women diagnosed with breast cancer at a young age generally have a more aggressive form of the disease⁴.
- Black immigrants typically have a breast cancer incidence (new cases) rate similar to that of their birth countries⁷.

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 underarm 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



Breast Self-Awareness
Key Messages

Key Message: Make Healthy Lifestyle Choices

Primary Talking Points

- There are risk factors for breast cancer that cannot be controlled, like being born a woman, getting older and family history. However, there are some things that can be controlled.
- Making healthy lifestyle choices may help to lower risk of breast cancer.
- Breastfeeding is associated with a lower risk of breast cancer, including triple negative breast cancers.

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.



For information about lifestyle changes that may help reduce the risk of breast cancer, see **Tips for Making Healthy Lifestyle Choices**.

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, men and Black immigrants. 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.



Related Educator Resources

Learning Topic/Question	Educator Resources
Where can I find more information about breast cancer?	<ul style="list-style-type: none"> • Breast Cancer Among Black and African American Women • Breast Cancer Screening, Diagnostic and Treatment Information • Breast Self-Awareness Messages Card
What resources are available to help me prepare for one-to-one conversations?	<ul style="list-style-type: none"> • Listen, Respond, Ask • Sample Talking Points for One-To-One Conversations
How do I respond to questions about Breast Self-Exam?	<ul style="list-style-type: none"> • Responding to Questions About Breast Self-Exam
How do I respond to questions about the barriers to screening and follow-up care?	<ul style="list-style-type: none"> • Barriers to Screening and Suggested Responses • Health Care Perceptions and Barriers to Access Among Black Immigrant Populations • Mistrust in the Health Care System Among Black and African-American Communities • The Tuskegee Syphilis Study
Where can I find more information about tailoring my talking points for special audiences?	<ul style="list-style-type: none"> • Breast Self-Awareness Key Messages • Know Your Risk • Get Screened • Know What is Normal For You • Make Healthy Lifestyle Choices
Where can I find more information about the educational materials available and how to use them?	<ul style="list-style-type: none"> • Komen’s Library of Educational Materials • Using Your Educational Materials • 5 Lifestyle Practices for Better Breast Health* • 5 Things to Know about Breast Cancer Screening* • 7 Tips For Being Your Own Best Advocate*

Learning Topic/Question	Educator Resources
<p>Where can I find more information about the educational materials available and how to use them?</p>	<ul style="list-style-type: none"> • Breast Health: Learn the Facts • Breast Self-Awareness Messages card for African-Americans • Everything You Should Know If You Need A Follow-up Test* • Facts for Life: Mammography • Facts for Life: Racial & Ethnic Differences • Facts for Life: Triple Negative Breast Cancer • How To Get Health Care That's Affordable (And Good)* • How To Take Charge of Your Breast Health* • Know Your Normal* • Know Your Risk Factors postcard* • Know Your Risk of Breast Cancer* • Mammogram FAQ's: Here's What To Expect* • Men Can Get Breast Cancer • Poster Set for African Americans • Questions To Ask Your Doctor About Breast Health* • Start Talking: The Importance of Family Health History* • Take Care of Yourself • What Do Genes Have To Do With Breast Cancer?* • Breast Self-Awareness for Black and African American Communities Presentation (Short Version) • Breast Self-Awareness for Black and African American Communities Presentation (Long Version) <p>*indicates a material from the Know Your Girls™ marketing campaign aimed at young African American women</p>

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 Black and African American communities and why it is important for Black and African American 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, older women or Black immigrants?

IN THE NEXT SECTION

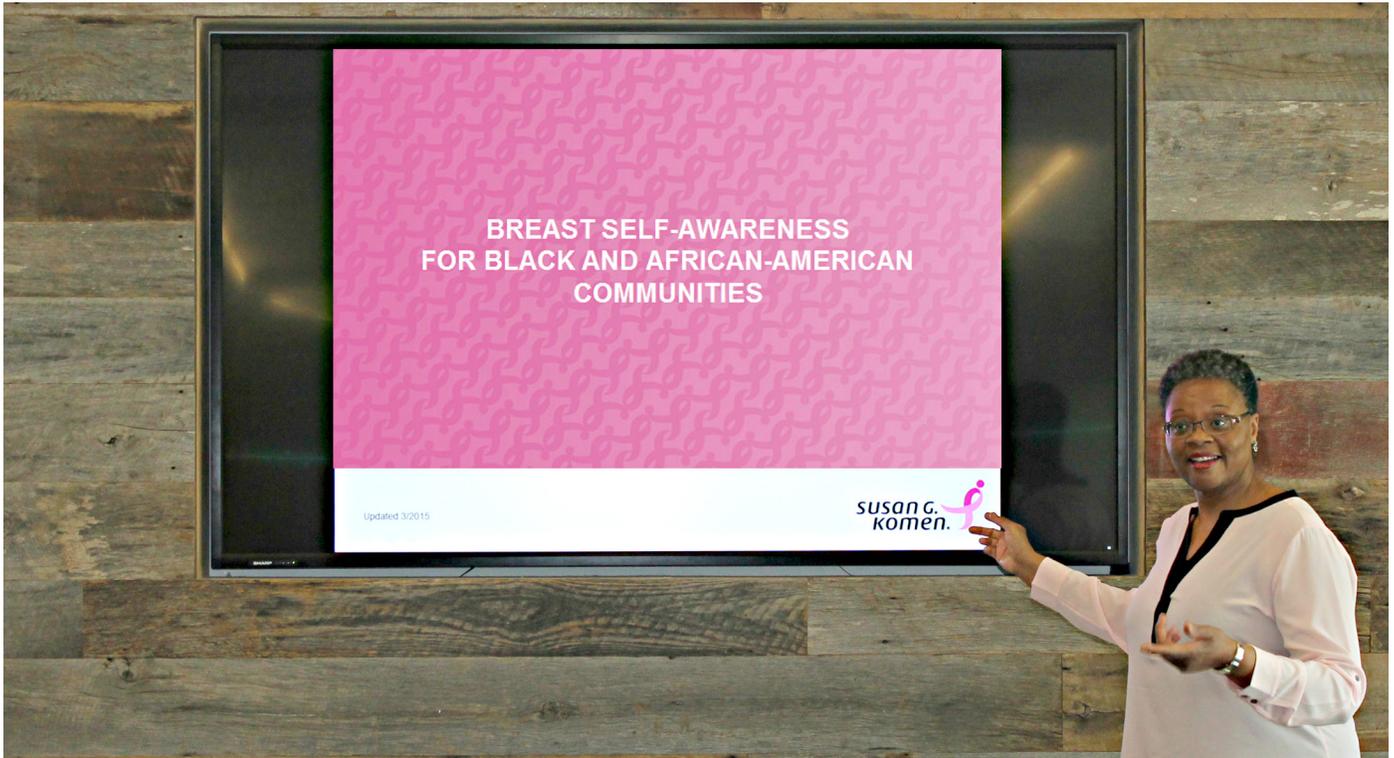
In the next section of this Toolkit, you will find information and resources about venues that would be ideal for breast health and breast cancer outreach and education.

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 to identify and prepare venues are also provided.

-
- 1 "Cancer Facts & Figures for African American/Black people, 2022-2024," American Cancer Society, 2022.
 - 2 Joslyn, S.A. and West, M.M. "Racial Differences in Breast Carcinoma Survival," *Cancer* 88 (2000): 114-123.
 - 3 Howlader, N., Noone, A.M., Krapcho, 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., Cronin, K.A. "SEER Cancer Statistics Review, 1975-2012," National Cancer Institute, last modified November 1 2015, http://seer.cancer.gov/csr/1975_2012/
 - 4 Morris, G.J. and Mitchell, E.P. "Higher Incidence of Aggressive Breast Cancers in African American Women: A Review," *Journal of the National Medical Association* 100 (2008): 698-702.
 - 5 "Cancer Prevention & Early Detection Facts and Figures, 2021-2022," American Cancer Society, 2022.
 - 6 "Breast Cancer Disparities," Centers for Disease Control and Prevention, 2014.
 - 7 Beiki, O., Hall, P., Ekbohm, A. & Moradi, T. 2012, "Breast Cancer Incidence and Case Fatality Among 4.7 Million Women in Relation to Social and Ethnic Background: A Population-Based Cohort Study," *Breast Cancer Research*, 14(2012): R5.



**BREAST CANCER EDUCATION TOOLKIT FOR USE WITH
BLACK AND AFRICAN AMERICAN 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 to prepare 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



Resource



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 or may not be the first box of the Program Planning Square that you complete. For example, if you have been asked to educate African American women over the age of 60 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 to identify 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 this topic 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 people 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?*

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 Black and African American communities. 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 community center that many community members use?



Section One: Who is the Audience?
Section Four: What are the Resources?



Getting to Know the Community You Serve



Consider residential centers and neighborhood events as possible venues. Residences can include apartment buildings, senior living complexes and public housing.

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 help you prepare include:

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



[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 • Men and women of all ages groups 	<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. • Daycare centers are an especially good place to locate younger women, as many of the children will have parents under the age of 40. • 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.

Venue	Amount of Time You May Have	Potential Audience (Individuals, Groups, Special Audiences)	Things to Consider
Faith-based organizations, community centers and apartment buildings/housing complexes	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"> • Faith-based organizations, community centers and apartment buildings/housing complexes are venues where you can reach a large audience. • Faith-based organizations, community centers and apartment buildings/housing complexes may have rooms for smaller and larger groups. • Faith-based organizations, community centers and apartment buildings/housing complexes may have a computer or other equipment for PowerPoint presentations or videos that you may show as part of your workshop. Be sure to ask in advance. • Faith-based organizations, community centers and apartment buildings/housing complexes may be able to assist with promoting your event and recruiting participants. Ask if there are people or groups that can assist you with getting the word out. <div data-bbox="967 976 1349 1325" style="text-align: center; border: 1px solid #d9534f; border-radius: 15px; padding: 10px; margin: 10px auto; width: fit-content;">  <p><u>Outreach and Education to Faith-Based Organizations</u></p> </div>
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. • 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
<p>Community businesses like gyms, coffee shops, beauty salons, barber shops, farmers markets, grocery stores or laundromats</p>	<p>Minimum: 5 minutes Maximum: 60 minutes</p>	<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 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 a few educational materials 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.

Venue	Amount of Time You May Have	Potential Audience (Individuals, Groups, Special Audiences)	Things to Consider
Organizations serving Caribbean or African immigrants, such as consulates	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"> • Language may be a barrier to getting your message across. Utilize interpretation services, if needed. • Organizations serving immigrants may have rooms for smaller and larger groups. • Organizations serving immigrants may have a computer or other equipment for PowerPoint presentations or videos that you may show as part of your workshop. Be sure to ask in advance. • Organizations serving immigrants may be able to assist with promoting your event and recruiting participants. Ask if there are people or groups that can assist you with getting the word out. • Consulates may need approval through their government before allowing you to conduct outreach or education. Build in time to allow for this process to take place.

Special Example: Preparing for Health Fairs

Health fairs can provide opportunities to 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.



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.



Related 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"> • Conducting Outreach and Education in Beauty Salons • Getting to Know the Community You Serve • My Breast Health Resource List • Outreach and Education to Faith-Based Organizations • Tips for Developing a Good Reputation in Your Community
What resources are available to help me prepare for one-to-one conversations?	<ul style="list-style-type: none"> • Listen, Respond, Ask • Sample Talking Points for One-To-One Conversations
How do I learn more about the venue and prepare the space?	<ul style="list-style-type: none"> • Preparing Your Venue/Space • Questions to Ask Your Host
How do I prepare for a health fair?	<ul style="list-style-type: none"> • Preparing for Health Fairs
Where can I find more information about the educational materials available and how to use them?	<ul style="list-style-type: none"> • Komen’s Library of Educational Materials • Using Your Educational Materials • 5 Lifestyle Practices For Better Breast Health* • 5 Things To Know About Breast Cancer Screening* • 7 Tips For Being Your Own Best Advocate* • Breast Health: Learn the Facts • Breast Self-Awareness Messages card for African Americans • Everything You Should Know If You Need A Follow-up Test* • Facts for Life: Mammography • Facts for Life: Racial & Ethnic Differences • Facts for Life: Triple Negative Breast Cancer • How To Get Health Care that’s Affordable (And Good)* • How To Take Charge of Your Breast Health* • Know Your Normal*

Where can I find more information about the educational materials available and how to use them?

- [Know Your Risk Factors postcard*](#)
- [Know Your Risk of Breast Cancer*](#)
- [Mammogram FAQ's: Here's What To Expect*](#)
- [Men Can Get Breast Cancer](#)
- [Poster Set for African Americans](#)
- [Questions To Ask Your Doctor About Breast Health*](#)
- [Start Talking: The Importance of Family Health History*](#)
- [Take Care of Yourself: Young Black and African American Women Talk About Breast Cancer](#)
- [What Do Genes Have To Do With Breast Cancer?*](#)
- [Breast Self-Awareness for Black and African American Communities Presentation \(Short Version\)](#)
- [Breast Self-Awareness for Black and African American Communities Presentation \(Long Version\)](#)

*indicates a material from the *Know Your Girls*™ marketing campaign aimed at young African American women.

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 USE WITH
BLACK AND AFRICAN AMERICAN 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 resources that can help you:

- Understand and reach your audience,
- Communicate about breast cancer and the breast self-awareness messages and associated 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



Resource

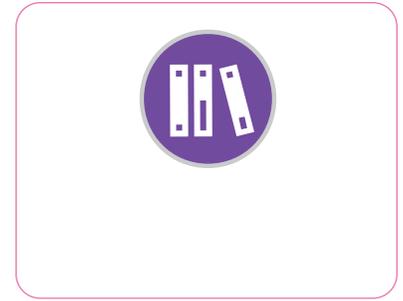


Each time you see an underlined resource, click on it to go to a page containing links to relevant resources and educational materials.

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

Breast Cancer Information	<ul style="list-style-type: none"> • Breast Self-Awareness Key Messages • Know Your Risk • Get Screened • Know What is Normal For You • Make Healthy Lifestyle Choices • Barriers to Screening and Health Care • Breast Cancer Among Black and African American Women • Breast Cancer Screening, Diagnostic and Treatment Information
Learning About Your Community	<ul style="list-style-type: none"> • Getting to Know the Community You Serve • My Breast Health Resource List • Tips for Developing A Good Reputation in Your Community
Working with Special Audiences	<ul style="list-style-type: none"> • Culturally-Responsive Communication with Black Immigrants • Health Care Perceptions and Barriers to Access Among Black Immigrant Populations • Outreach and Education to Rural Black and African American Communities

<p>Communicating Your Message</p>	<ul style="list-style-type: none"> • Applying Culturally-Responsive Communication in Black and African American Communities • Barriers to Screening and Suggested Responses • Breast Self-Awareness Key Messages • Introduction to Adult Learning Principles • Listen, Respond, Ask • Responding to Questions About Breast Self-Exam • Sample Talking Points for One-to-One Conversations • Tips for Using Text Messaging and Social Media for Outreach and Education
<p>Barriers to Trust in the Health Care System</p>	<ul style="list-style-type: none"> • Mistrust in the Health Care System Among Black and African American Communities • The Tuskegee Syphilis Study
<p>Planning for Education Sessions and Events</p>	<ul style="list-style-type: none"> • Activities • Conducting Outreach and Education in Beauty Salons • Outreach and Education to Faith-Based Organizations • Preparing for Health Fairs • Preparing Your Venue/Space • Program Planning Square • Questions To Ask Your Host • Sample Flyer • Sample Sign-In Sheet
<p>Leading Education Sessions</p>	<ul style="list-style-type: none"> • Handling Challenges in Group Discussions • Handling Different Personalities • Leading a Breast Health Session • Talking to Your Audience About Clinical Trials • Tips for Handling Children in the Audience • Tips for Handling Tough Questions • Tips for Making Healthy Lifestyle Choices

<p>Using Your Educational Materials</p>	<ul style="list-style-type: none"> • Komen’s Library of Educational Materials • Using Your Educational Materials <ul style="list-style-type: none"> • 5 Lifestyle Practices For Better Breast Health • 5 Things To Know About Breast Cancer Screening • 7 Tips For Being Your Own Best Advocate • Breast Self-Awareness Messages card for African Americans • Breast Health: Learn the Facts • Everything You Should Know If You Need A Follow-up Test • Facts for Life: Mammography • Facts for Life: Racial & Ethnic Differences • Facts for Life: Triple Negative Breast Cance • How To Get Health Care that’s Affordable (And Good) • How To Take Charge of Your Breast Health • Know Your Normal • Know Your Risk of Breast Cancer • Know Your Risk Factors postcard • Mammogram FAQ’s: Here’s What To Expect • Men Can Get Breast Cancer • Poster Set for African Americans • Questions To Ask Your Doctor About Breast Health • Start Talking: The Importance of Family Health History • Take Care of Yourself: Young Black and African American Women Talk About Breast Cancer • What Do Genes Have To Do With Breast Cancer? • Breast Self-Awareness for Black and African American Communities Presentation (Short Version) • Breast Self-Awareness for Black and African American Communities Presentation (Long Version) <p>*indicates a material from the <i>Know Your Girls</i>™ marketing campaign aimed at young African American women.</p>
<p>Evaluating Your Program</p>	<ul style="list-style-type: none"> • Evaluation Tracking Tool • Oral Evaluation Survey • Tips for Evaluating Your Program • Written Evaluation Survey

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.

KEY MESSAGES: KNOW YOUR RISK



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 at least two differences in how breast cancer affects Black and African American women as compared to white women,
- 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 doctor 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 a woman and getting older are the two most common risk factors in the general population.
3. It is important to learn about your personal risk of breast cancer and talk with your doctor.
4. Triple negative breast cancers are more often aggressive and have a poorer prognosis (outcome) than some other types of breast cancer. See [*Facts for Life: Triple Negative Breast Cancer*](#) for more information.

Special Talking Points for the Black and African American Community

1. Black and African American women are more likely than white women to be diagnosed with breast cancer under the age of 40.
2. The median age for breast cancer diagnosis in Black and African American women is 60 years compared to 64 years in white women.¹
3. Black and African American women are more likely than other racial/ethnic groups to develop triple negative breast cancers.¹

Talking Points for Men	Talking Points for Younger Women	Talking Points for Older Women	Talking Points for Black Immigrants
<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 learn about their risk. 	<ul style="list-style-type: none"> • Although it is not as common, women in their 20s and 30s can develop breast cancer. • Black and African American women are more likely than white women to be diagnosed with breast cancer under the age of 40.¹ • Black and African American women diagnosed with breast cancer at a young age generally have a more aggressive form of the disease.¹ <p><i>The Know Your Girls™ campaign targets young African American women. Find these materials on the Educational Materials page of komentoolkits.org.</i></p>	<ul style="list-style-type: none"> • Women of any age are at risk of 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 health history and the health history of previous generations, if known, with younger members of their family. Black and African American women are more likely than white women to be diagnosed with breast cancer under the age of 40. Sharing any knowledge of breast cancer in previous generations with younger family members may help them to understand their risk. 	<ul style="list-style-type: none"> • Black immigrants typically have a breast cancer incidence (new cases) rate similar to that of their birth countries.

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 breast cancer, we know that having a family history of breast, prostate 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. Even if you do not have a family history of breast, prostate or ovarian cancer, it is important to get screened. <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>For breast cancer survivors:</p> <ul style="list-style-type: none"> • Be sure to tell younger generations of your family about your experience with breast cancer. Even if you are not comfortable talking about the details, it is important that they know their own family health history and can continue to pass that information along to younger generations. <p><i>See the educator resource “Start Talking: The Importance of Family Health History” and My Family Health History Tool on Komen.org</i></p>

Actions Listeners/Audience Can Take Related to the Breast Self-Awareness Key Message	Additional Talking Points for Each Action
<p>Talk to your doctor about your own personal risk of breast cancer.</p>	<ul style="list-style-type: none"> • Talk with your doctor about what you have learned regarding your family history. Your doctor will use that information to discuss your risk for developing breast cancer and to decide which screening tests are right for you. • 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. 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 the age when you started having periods or had your first child. • Talk with your doctor about any risk factors that might increase your personal risk of breast cancer. • Talk with your doctor if you feel that you are at higher-than-average risk for developing breast cancer. <p>For breast cancer survivors:</p> <ul style="list-style-type: none"> • Be sure to discuss your experiences with breast cancer with any new doctor you see over the years. <p><i>See the educator resource <u>“What Do Genes Have To Do With Breast Cancer?”</u> and <u>“Know Your Risk of Breast Cancer”</u></i></p>

1. “Cancer Facts & Figures for African American/Black people 2022-2024,” American Cancer Society (2022).

KNOW YOUR RISK: A PERSONAL STORY



A Personal Story

Jewell is a wife and mother of three daughters. She was in her early 20s when her mother sat her down and told her she had breast cancer. Jewell was stunned and thought her mother, then in her early 50s, was much too healthy to have breast cancer. Her mother revealed to her, during her treatment, that Jewell's great-grandmother died of breast cancer in her 60s. Jewell's mother discovered her breast cancer during a routine mammogram. Jewell decided to tell her doctor at her next checkup about her family history of breast cancer. The doctor thanked her for bringing that information to him, made a note of it in her records and talked with her about the warning signs of breast cancer. He emphasized to Jewell to get her screenings regularly and to start annual mammography once she turned 40. When Jewell turned 53, her annual mammogram discovered a very small malignant (cancerous) tumor. The tumor was removed and she received radiation therapy for several weeks, but did not need any additional treatment.

Jewell is now in her 60s and caring for her elderly mother. Both of them are breast cancer survivors who spend their free time helping to educate other women about their risks of breast cancer. Jewell and her mother talk a lot about their battle with breast cancer with Jewell's daughters and other relatives, always encouraging them to get their recommended screenings on time.

Educational Materials You Can Use

- 5 Lifestyle Practices for Better Breast Health*
- 5 Things to Know about Breast Cancer Screening*
- 7 Tips For Being Your Own Best Advocate*
- Breast Health: Learn the Facts
- Breast Self-Awareness Messages for African Americans
- Everything You Need to Know If You Need a Follow-up Test*
- Facts for Life: Mammography
- Facts for Life: Racial & Ethnic Differences
- Facts for Life: Triple Negative Breast Cancer
- How To Get Good Health Care That's Affordable (And Good)*
- How To Take Charge of your Breast Health*
- Know Your Normal*
- Know Your Risk Factors postcard**
- Know Your Risk of Breast Cancer*
- Mammogram FAQ's: Here's What to Expect*
- Men Can Get Breast Cancer tri-fold brochure
- Poster set for African Americans
- Questions to Ask Your Doctor About Breast Health*
- Start Talking: The Importance of Family Health History*
- Take Care: Young Black and African American Women Talk About Breast Cancer
- What Do Genes Have To Do With Breast Cancer?*

*indicates a material from the ***Know Your Girls***TM marketing campaign aimed at young African American women.

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. Please name at least two differences in how breast cancer affects Black and African American women as compared to white women?
1. _____
2. _____
3. _____

KEY MESSAGES: GET SCREENED



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,
- Name at least two differences in how breast cancer affects Black and African American women as compared to white women,
- Recall the four personal actions associated with getting 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 if at average risk,
- Take a personal action to sign up for a screening reminder at [komen.org/reminder](https://www.komen.org/reminder), 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 a woman and getting older are the two most common risk factors in the general population.
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.
6. Triple negative breast cancers are more often aggressive and have a poorer prognosis (outcome) than some other types of breast cancer. See [*Facts for Life: Triple Negative Breast Cancer*](#) for more information.

Special Talking Points for the Black and African American Community

1. Black and African American women are more likely than white women to develop breast cancer under the age of 40.
2. The median age for breast cancer diagnosis in Black and African American women is 60 years compared to 64 years in white women.¹
3. Black and African American women are more likely than other racial/ethnic groups to develop triple negative breast cancers.¹

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. Black and African American women are more likely than white women to develop breast cancer under the age of 40.¹ Black and African American women are more likely than other racial/ethnic groups to develop triple negative breast cancers.¹ Most breast cancers occur in women who do not have a family history. It is important to have clinical breast exams at least every three years even if you do not have family history 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 tests are right for you.</p>	<ul style="list-style-type: none"> Talk with your doctor about your family health history. This information can help him/her know how to advise you regarding your own risk and screening practices that may be right for you. Your doctor will recommend screening tests 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><i>See the educator resource “Start Talking: The Importance of Family Health History” and My Family Health History Tool on Komen.org</i></p>

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 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. <p>For breast cancer survivors:</p> <ul style="list-style-type: none"> • You are at risk of developing breast cancer again in the future. Follow your physician's recommendations for screening type and frequency.

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.

1. "Cancer Facts & Figures for African American/Black people 2022-2024," American Cancer Society (2022).

GET SCREENED: A PERSONAL STORY



A Personal Story

Janine, age 49, was accompanying her best friend, Carol, to a diagnostic mammogram appointment. Carol had recently received an abnormal reading during her annual screening mammogram and was scared and did not want to go to this follow-up diagnostic imaging appointment alone. While they were sitting in the waiting room, Janine began looking through some informational brochures. She was surprised to see that she should have a mammogram annually starting at age 40. She had a clinical breast exam whenever she saw her primary care doctor, which was only about once a year. Her doctor had never mentioned getting a mammogram and she assumed she didn't need one if she didn't have a family history of breast cancer. She asked Carol what prompted her to have the screening mammogram in the first place. Carol said that her doctor was very adamant that she have a routine mammogram yearly since she was 40, and that she was now very glad to have had that advice. Carol asked Janine when she had last had a mammogram and Janine said she never had. Carol was very surprised and encouraged Janine to schedule one right away. Carol was so shaken to hear that Janine had never had a mammogram that she brought it up to the radiologist during her exam. Together, the radiologist and Carol talked about the risk factors and recommended screenings. The radiologist emphasized that most people who develop breast cancer have no family history. They both asked if Janine would make an appointment for a mammogram before she left the office. Janine agreed to and also vowed to make sure to ask her doctor yearly about getting a mammogram.

Carol's diagnostic mammogram showed a benign (non-cancerous) lump that did not need to be removed; both Janine and Carol wept with joy. A couple of weeks later, Carol was back in that office, but this time to accompany Janine to her first mammogram. Now every year, Janine and Carol schedule their mammograms at that office on the same day so they can support each other and after, go out for a nice lunch to celebrate their health.

Educational Materials You Can Use

- 5 Lifestyle Practices for Better Breast Health*
- 5 Things to Know about Breast Cancer Screening*
- 7 Tips For Being Your Own Best Advocate*
- Breast Health: Learn the Facts
- Breast Self-Awareness Messages for African Americans
- Everything You Need to Know If You Need a Follow-up Test*
- Facts for Life: Mammography
- Facts for Life: Racial & Ethnic Differences
- Facts for Life: Triple Negative Breast Cancer
- How To Get Good Health Care That's Affordable (And Good)*
- How To Take Charge of your Breast Health*
- Know Your Normal*
- Know Your Risk Factors postcard**
- Know Your Risk of Breast Cancer*
- Mammogram FAQ's: Here's What to Expect*
- Men Can Get Breast Cancer tri-fold brochure
- Poster set for African Americans
- Questions to Ask Your Doctor About Breast Health*
- Start Talking: The Importance of Family Health History*
- Take Care: Young Black and African American Women Talk About Breast Cancer
- What Do Genes Have To Do With Breast Cancer?*

*:indicates a material from the *Know Your Girls*[™] marketing campaign aimed at young African American women.

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. Please name at least two differences in how breast cancer affects Black and African American women as compared to white women?

1. _____

2. _____

3. _____

5. 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

6. 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

7. 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

8. 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

KEY MESSAGES: KNOW WHAT IS NORMAL FOR YOU



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,
- Name at least two differences in how breast cancer affects Black and African American women as compared to white women,
- 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 a woman and getting older are the two most common risk factors in the general population.
3. It is important for everyone to know how their breasts and underarm area normally look and feel.
4. It is critical for everyone to report changes to their health care provider.
5. Triple negative breast cancers are more often aggressive and have a poorer prognosis (outcome) than some other types of breast cancer. See [*Facts for Life: Triple Negative Breast Cancer*](#) for more information. The signs of breast cancer are not the same for everyone.

Special Talking Points for the Black and African American Community

1. Black and African American women are more likely than white women to develop breast cancer under the age of 40.¹
2. The median age for breast cancer diagnosis in Black and African American women is 60 years compared to 64 years in white women.¹
3. Black and African American women are more likely than other racial/ethnic groups to develop triple negative breast cancers.¹

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 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"> • Black and African American women diagnosed with breast cancer at a young age generally have a more aggressive form of the disease.¹ 	<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.

Actions Listeners/Audience Can Take Related to the Breast Self-Awareness Key Message	Additional Talking Points for Each Action
<p>Know how your breasts look and feel and report any changes to your health care provider.</p>	<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 think about breast cancer if they find a lump in the breast. However, visual changes can be the first signs that something is going on in the breast and should also be checked. <p>For breast cancer survivors:</p> <ul style="list-style-type: none"> • If you have undergone treatment that involves removal of your breast tissue, it is important to know the “new normal” look and feel of your breasts. If you notice any changes, talk with your doctor.

Actions Listeners/Audience Can Take Related to the Breast Self-Awareness Key Message	Additional Talking Points for Each Action
<p>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"> • Any breast change should be reported when it is noticed. You should not wait until the symptoms are fully developed or advanced. Some changes can happen over time and even subtle changes should be reported. These changes include: <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, 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 you notice that your nipple is pulling in and this is a change, report that your health care provider. • Nipple discharge that starts suddenly: some women may find that their clothing is damp or stained. Discharge that starts suddenly, is bloody or clear, 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 may have 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. <p style="text-align: right;"><i>continued on next page</i></p>

Actions Listeners/Audience Can Take Related to the Breast Self-Awareness Key Message	Additional Talking Points for Each Action
	<p>For breast cancer survivors:</p> <ul style="list-style-type: none"> • You are still at risk for developing breast cancer in the future. It is important that you pay attention to all the warning signs of breast cancer. If you develop cancer again, you may have symptoms that are different from your first diagnosis. <p>For men:</p> <ul style="list-style-type: none"> • 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-cancerous) 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.

1. "Cancer Facts & Figures for African American/Black people 2022-2024," American Cancer Society (2022).

KNOW WHAT IS NORMAL FOR YOU: A PERSONAL STORY



A Personal Story

Ronnie is a 62-year-old woman who has seen many changes in her body over the years, mostly due to pregnancy and age. She has welcomed all those changes as signs of a life well-lived. She has always known her body well. Ronnie puts her bra on in front of a mirror every morning. She had noticed some changes in her left breast — that breast seemed larger than normal and had a slightly puckered spot along the side near her armpit. She thought it seemed odd, but decided it must be another change that comes along with getting older. She was busy helping her daughter with her new baby boy and didn't pay much attention to it, but it kept nagging her in the back of her mind for the next few days. Then one day about a week later, she asked her partner if he thought it looked different and he agreed that it did. He encouraged her to trust her instincts and call her doctor to talk about it. Ronnie called her doctor and described the changes she saw and her doctor linked her with a mammography facility that could get her in for a screening the next day. Ronnie's mammogram found an abnormal growth and follow-up tests confirmed that she had a malignant (cancerous) tumor. She was diagnosed with stage 3 invasive breast cancer.

Over the coming months she underwent treatment, including a mastectomy, radiation and chemotherapy. It was a long road to recovery for Ronnie. Her support system was invaluable to her during that time. She credits her partner for urging her to follow her gut and call the doctor when she did.

At her grandson's fifth birthday party, she was surprised with a picture tribute from her family to celebrate her life and health. The first picture was one of her holding her newborn grandson 5 years ago to the day, which was just two weeks before her diagnosis. Remembering how she felt that day, she thought about all the things she could have missed out on if she hadn't listened to that nagging voice in the back of her head.

Educational Materials You Can Use

- 5 Lifestyle Practices for Better Breast Health*
- 5 Things to Know about Breast Cancer Screening*
- 7 Tips For Being Your Own Best Advocate*
- Breast Health: Learn the Facts
- Breast Self-Awareness Messages for African Americans
- Everything You Need to Know If You Need a Follow-up Test*
- Facts for Life: Mammography
- Facts for Life: Racial & Ethnic Differences
- Facts for Life: Triple Negative Breast Cancer
- How To Get Good Health Care That's Affordable (And Good)*
- How To Take Charge of your Breast Health*
- Know Your Normal*
- Know Your Risk Factors postcard**
- Know Your Risk of Breast Cancer*
- Mammogram FAQ's: Here's What to Expect*
- Men Can Get Breast Cancer tri-fold brochure
- Poster set for African Americans
- Questions to Ask Your Doctor About Breast Health*
- Start Talking: The Importance of Family Health History*
- Take Care: Young Black and African American Women Talk About Breast Cancer
- What Do Genes Have To Do With Breast Cancer?*

*indicates a material from the *Know Your Girls*TM marketing campaign aimed at young African American women.

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. Please name at least two differences in how breast cancer affects Black and African American women as compared to white women?

1. _____

2. _____

3. _____

5. 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

KEY MESSAGES: MAKE HEALTHY LIFESTYLE CHOICES



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,
- Name at least two differences in how breast cancer affects Black and African American women as compared to white women,
- 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 for the general population are being born a woman and getting older. However, there are some things that can be controlled.
3. Making healthy lifestyle choices may help to lower risk of breast cancer.
4. Triple negative breast cancers are more often aggressive and have a poorer prognosis (outcome) than some other types of breast cancer. See [*Facts for Life: Triple Negative Breast Cancer*](#) for more information.

Special Talking Points for the Black and African American Community

1. Black and African American women are more likely than white women to be diagnosed with breast cancer under the age of 40.¹
2. The median age for breast cancer diagnosis in Black and African American women is 60 years compared to 64 years in white women.¹
3. Black and African American women are more likely than other racial/ethnic groups to develop triple negative breast cancers.¹

Talking Points for Men	Talking Points for Younger Women	Talking Points for Older Women	Talking Points for Breast Cancer Survivors
<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"> Black and African American women are more likely than white women to develop breast cancer under the age of 40.¹ Breastfeeding may help you to lower your risk of developing premenopausal breast cancer. 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. 	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> You are at risk of developing breast cancer again in the future. While you cannot guarantee that you may not develop cancer again, maintaining a healthy lifestyle may help lower your risk and increase your chances of survival if you develop cancer again. You can share your experience with breast cancer with loved ones and encourage them to live a healthier lifestyle.

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. 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 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?

Actions Listeners/Audience Can Take Related to the Breast Self-Awareness Key Message	Additional Talking Points for Each Action
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.
Limit menopausal hormones.	<ul style="list-style-type: none"> • Some women have symptoms of menopause-like hot flashes or other discomforts. Sometimes a doctor prescribes 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. Talk to your doctor about new medications before taking them. Most doctors prescribe these hormones at as low a dose as possible and for as short a time as possible. • 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 doctor.
Breastfeed, if you can.	<ul style="list-style-type: none"> • Breastfeeding is associated with a lower risk of breast cancer, including triple negative breast cancers. • White women are twice as likely to breastfeed for longer than one year than African American women. • 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. <p><i>See the educator resource “5 Lifestyle Practices for Better Breast Health.”</i></p>

1. “Cancer Facts & Figures for African American/Black people 2022-2024,” American Cancer Society (2022).

MAKE HEALTHY LIFESTYLE CHOICES: A PERSONAL STORY



A Personal Story

Gabrielle, a young woman in her 20s, lives with her mother, Maxine, who is in her 50s. Maxine has always lived a very sedentary life, eats a lot of processed, fried and fatty foods and drinks alcohol on a regular basis. Recently, Maxine had an abnormal finding during her annual mammogram. She had to wait a week before she could get a diagnostic mammogram appointment. During that week, Maxine and Gabrielle went through a whirlwind of emotions. Gabrielle began reading anything she could about breast cancer. She wanted to know how she could help her mother to live a long and healthy life. She learned that certain lifestyle behaviors can increase your risk of developing breast cancer, so she decided to encourage her mother to change some of her ways. Gabrielle started asking Maxine to go for walks with her, started cooking a healthy dinner and asked Maxine if she would be willing to cut back on her alcohol intake. Maxine was very stressed about her upcoming diagnostic mammogram, but incredibly touched that Gabrielle was trying to help her. She agreed to everything that Gabrielle asked. By the end of the week, Maxine felt better than she had in a while and credited the changes Gabrielle helped her make. Maxine's diagnostic mammogram found no abnormalities and she was sent home with a clean bill of health. Maxine was so elated that she decided to keep up with the changes Gabrielle had encouraged, knowing that they could help lower her risk of developing breast cancer in the future.

Together, Maxine and Gabrielle exercise almost every day. They discovered a new love for cooking healthy food, and drink alcohol only on special occasions. They dance, they walk to the river and feed the ducks and they go to the farmers market together to pick out new fruits and vegetables to try. Maxine has told many of her friends about the information Gabrielle gave her that could lower her risk through her lifestyle behaviors. And then she invites them over for a walk and a healthy meal to celebrate their health.

Educational Materials You Can Use

- 5 Lifestyle Practices for Better Breast Health*
- 5 Things to Know about Breast Cancer Screening*
- 7 Tips For Being Your Own Best Advocate*
- Breast Health: Learn the Facts
- Breast Self-Awareness Messages for African Americans
- Everything You Need to Know If You Need a Follow-up Test*
- Facts for Life: Mammography
- Facts for Life: Racial & Ethnic Differences
- Facts for Life: Triple Negative Breast Cancer
- How To Get Good Health Care That's Affordable (And Good)*
- How To Take Charge of your Breast Health*
- Know Your Normal*
- Know Your Risk Factors postcard**
- Know Your Risk of Breast Cancer*
- Mammogram FAQ's: Here's What to Expect*
- Men Can Get Breast Cancer tri-fold brochure
- Poster set for African Americans
- Questions to Ask Your Doctor About Breast Health*
- Start Talking: The Importance of Family Health History*
- Take Care: Young Black and African American Women Talk About Breast Cancer
- What Do Genes Have To Do With Breast Cancer?*

*indicates a material from the *Know Your Girls*TM marketing campaign aimed at young African American women.

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. Please name at least two differences in how breast cancer affects Black and African American women as compared to white women?

1. _____

2. _____

3. _____

5. 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
- Avoid or limit menopausal hormonal medications
- Breastfeed future babies

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.

Important Information About Mammograms:

- A mammogram is the best 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) is a physical exam done by a health care provider. 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.

Important Information About CBEs:

- A CBE should be part of regular medical checkups. If one is not offered, ask for one.
- 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, most women go on to live long and healthy lives.



Some women believe their health care provider should be the one to suggest a CBE or mammogram. Encourage them to ask their providers about which screenings they should have.

If someone in your audience doesn't have a doctor or health insurance, they 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 visual 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 kill cancer cells
- Hormone therapy: prevents cancer cells from getting the hormones they need to grow
- Targeted or biologic therapy: treatment that works by attacking specific targets (proteins) to kill cancer cells with little harm to healthy cells
- Immunotherapy: drugs that help the body's immune system attack cancer cells

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 the treatment that is most appropriate for you.



For more information about various treatment options, see [Treatment Breast Cancer](https://www.komen.org/treatment) on [komen.org](https://www.komen.org).

EDUCATOR RESOURCES



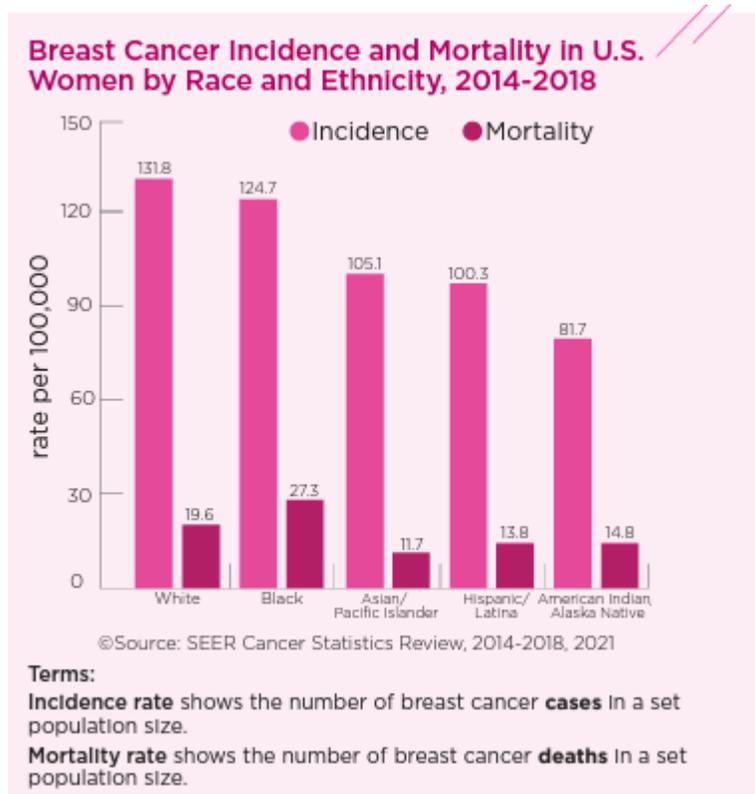
Breast Cancer Among Black and African American Women

Incidence and Mortality

Studies show that Black and African American women have slightly lower breast cancer incidence rates compared to white women (see table below)¹. However, among younger women (less than 40 years), incidence rates are higher among Blacks and African Americans than whites². Breast cancer is the leading cause of cancer death among Black and African American women in the U.S.¹. Black and African American women also have a lower 5-year relative survival rate as compared to white women². This difference in mortality is not yet well understood, but could be attributed to a later stage at diagnosis, poorer stage-specific survival and higher rates of aggressive, triple negative breast cancer among Black and African American women².

Breast cancer incidence rates among Black and African American women increased rapidly during the 1980s, largely because of increases in mammography screening¹³. From 2014-2018, the overall incidence rate was stable, but the trends vary by race and age².

Breast cancer mortality is about 40 percent higher in Black and African American women than in white women in the U.S. despite a slightly lower incidence rate³.



Five-Year Relative Survival Rates

Relative survival compares survival rates between women with breast cancer to women in the general population. In general, the 5-year relative survival for Black and African American women diagnosed with breast cancer is 82 percent¹. This means Black and African American women diagnosed with breast cancer are, on average, 82 percent as likely as Black and African American women in the general population to live five years beyond their diagnosis. These rates are averages and vary depending on a person's diagnosis and treatment.

Relative Survival Rates by Stage at Diagnosis

When talking about breast cancer survival rates, it is important to understand that 5-year relative survival rates vary depending on the stage at diagnosis. Breast cancer staging is very complex. The stage of the cancer is determined by the size of the tumor, whether it has spread to lymph nodes and whether it has spread to other parts of the body. For instance, ductal carcinoma in situ (also called DCIS) refers to the stage in which the cancer is contained within the milk duct. It is considered non-invasive as it has not yet spread outside of the duct. Please remember, each cancer is unique and each individual diagnosed with cancer should ask her/his doctor to help determine her/his prognosis (likely outcome).

Stage at Diagnosis	Percent 5-Year Relative Survival Rate ³	
	Black and African American	Non-Hispanic White
In Situ	100	100
Localized	96	99
Regional	78	86
Distant	19	29

Screening Habits

In the past, African American women were less likely than white women to get regular mammograms⁴. Lower screening rates in the past may be one possible reason for the difference in survival rates today.

Black women now have slightly higher rates of mammography use than other women⁶. In 2015 (most recent data available), among women 40 and older, 69 percent of black women had a mammogram in the past 2 years⁶.

There is some evidence that Black recent immigrants (living in the U.S. for less than 10 years) have a lower rate of annual mammography screening than do U.S.-born African Americans and whites. This is likely a result of factors related to lower health care utilization, due in part to a lack of health insurance among the Black immigrant population⁸.



For more information about DCIS, see [*Facts for Life: Ductal Carcinoma in Situ.*](#)

	Percentage of women 40 and older who had a mammogram in the past 2 years ⁶ .
Black	74%
White	73%
Hispanic	71%
American Indian/Alaska Native	66%
Asian	71%
Adapted from American Cancer Society materials.	

Triple Negative Breast Cancer

Triple negative breast cancer (TNBC) tumors tend to occur more often in younger women and Black and African American women¹. These tumors test negative for three receptors including Estrogen (ER-), Progesterone (PR-) and Human Epidermal Growth Factor 2/neu-negative (HER2-). Triple negative tumors are often aggressive and have a poorer prognosis than ER-positive breast cancers (at least within the first 5 years after diagnosis), however, after about 5 years, this difference begins to decrease and eventually goes away⁵. This is largely due to the lack of specific therapies to treat the tumor, though many cases of TNBC are effectively treated with chemotherapy⁵.

Some studies suggest black women are more likely to be diagnosed with triple negative breast cancer as a result of African ancestry, while others find the cause to be related more to certain behavioral risk factors, such as reproductive patterns that are relatively more common in black women (including giving birth to more than one child, early age at first pregnancy and lower rates of breastfeeding)¹³.

Black women are twice as likely as women of other racial and ethnic groups in the US to be diagnosed with triple negative breast cancer¹³. Even though Black and African American women are at higher risk of TNBC, the percentage of Black and African American women diagnosed with this type of breast cancer is still relatively low as most breast cancers are diagnosed in white women.



For more information
about triple negative
breast cancer, see
[*Facts for Life: Triple
Negative Breast Cancer.*](#)

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2. Breast Cancer Facts and Figures, 2020-2021. American Cancer Society.
- 3 “Surveillance, Epidemiology and End Results (SEER) Program SEER Cancer Statistics Review, 2011-2017, 2021, www.seer.cancer.gov.
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EDUCATOR RESOURCES



Barriers to Screening and Health Care

Many things may prevent Black and African American 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}:

Health Care System Infrastructure

- 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 support groups, wig banks, etc.



For suggested responses when your audience names barriers keeping them from screening, see [**Barriers to Screening and Suggested Responses.**](#)

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
- Literacy level and embarrassment about it
- Lack of trust for medical and social service systems

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 goal of this Toolkit is to support you in your efforts to educate Black and African American communities about breast cancer, the need to get screened and the need to follow up after an abnormal mammogram result. If you or your organization has the capacity, you can also help women to overcome other barriers through program services or referrals/connections to other agencies. The Toolkit provides a sheet, called ***My Breast Health Resource List***, where you can list and easily update contact information for programs and resources that you use or refer audience members to frequently.

Barriers to Breast Cancer Screenings Among African-American Women

Research on barriers to screening among African Americans has shown that differences in women's reasons for not being screened depend on various personal and structural barriers. In a low-income Detroit community, for example, poor communication and a lack of patient education were related to lower breast screening rates in the previous two years. Personal barriers such as lack of trust and knowledge, as well as structural barriers related to lack of insurance, facilities and/or providers were also associated with reduced screening rates among African American communities. Studies have also found that African American women were more likely than white women to report cancer-related fears and worries as barriers to mammography screening^{4,5}.



You will notice that some of the information provided here refers to just the African American community. The reason for this is that the studies discussed focused on only this population.

There is evidence that African American women are more likely to express mistrust of the medical system and government programs. In one study, African American men and women expressed concerns that their race contributed to receiving lower-quality care. The study participants also believed that having lower-quality health insurance meant they would receive poorer care. In the same study, the participants believed that diagnosis and treatment would negatively impact their romantic relationships. Finally, the participants believed that treatment could cause the breast cancer to spread⁶. For more information about mistrust in the medical system among this community, see *Mistrust in the Health Care System Among Black and African Americans Communities*.

Common Beliefs About Breast Cancer Among Black and African American Communities

In addition to personal and structural barriers to accessing breast cancer screenings, some Blacks and African Americans hold beliefs about breast cancer beyond those listed elsewhere in this Toolkit. These beliefs may contribute to Black and African American women reporting confusing and conflicting information about their risk for developing cancer.

Research has found that Black and African American women, along with Hispanic/Latinas, are more likely than white women to have misconceptions regarding breast cancer symptoms. For example, they are more likely to believe that a lump only needs to be checked if it is painful or if it grows larger⁷.

Myths concerning breast cancer outcomes, symptoms and risk factors may also pose a barrier to breast cancer screening among Black and African American women. One dominant common belief among these communities is fatalism (i.e., the belief that all events are determined by fate). Fatalism can deter breast cancer screenings if women believe that cancer outcomes have already been determined.

Another study addressing African American beliefs about breast cancer found that young women may believe their probability of developing breast cancer during early adulthood is lower than that of white women, especially if there was no family history of breast cancer⁸. In addition, some of the women in this study perceived that their risk of developing breast cancer was lower given that African Americans were not well represented in breast cancer media campaigns. The women in this study emphasized that health communications should be personally relevant, culturally appropriate and easily accessible.

For more information about barriers to health care access among African and Caribbean immigrants to the U.S., including common beliefs, see *Health Care Perceptions and Barriers to Access Among Black Immigrants*.

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 to Screening and Suggested Responses*** resource to help you prepare responses to some of these barriers.

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- 2 "Cancer Prevention and Early Detection, Facts & Figures, 2021-2022," American Cancer Society (2021).
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- 7 Rauscher, G., Ferrans, C., Kaiser, K., Campbell, R., Calhoun, E. and Warnecke, R. "Misconceptions about Breast Lumps and Delayed Medical Presentation in Urban Breast Cancer Patients. *Cancer Epidemiology, Biomarkers, and Prevention* 19 (2010): 640-647.
- 8 Allcock M, Graves N, Gray K, & Troester M. "African American Women's Perspectives on Breast Cancer: Implications for Communicating Risk of Basal-like Breast Cancer," *J Health Care Poor Underserved* 24, no. 2 (2013): 753-767.



***Barriers to Screening
and Suggested
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 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 Blacks and African Americans 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.
- Ask your contacts if a community assessment noting the strengths and needs of your targeted community has been done. Use that community assessment to find opportunities to make inroads into the community.

NOTE

Phone conversations and e-mails 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 include: demographics of the community (age, gender, employment status, marital status), reading level, number of children in the community, access to primary care, insurance coverage, major employers in the community, languages spoken, level or organization within the community (i.e., are there block captains or stakeholders/community groups) and how community members like to receive new information.

- 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 learn about their needs.
- Contact the local faith-based organizations from different denominations. Meet with the leaders to discuss your program and schedule a date for outreach in those churches.
- Contact national civic organizations with local chapters or affiliates, such as:
 - National Coalition of 100 Black Women
 - National Council of Negro Women
 - Order of the Eastern Star
 - National Association for the Advancement of Colored People
 - National Coalition on Black Civic Participation
 - National Urban League
 - Boys and Girls Clubs of America
 - National Association for Black Veterans
- While you are getting to know your community, you can document services and resources that can be of benefit to your audience using *My Breast Health Resource List*.



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.

Other organizations in which you may be able to conduct outreach and education include:

- Sororities
- Fraternities
- Chambers of Commerce
- Grocery stores
- Corner stores
- Clothing/shoe stores
- Schools
- Hair/nail salons
- Unisex barber shops
- Human rights organizations
- Senior citizen centers/residential housing
- Public housing establishments/tenant councils
- Neighborhood associations
- Community/recreation centers
- Women, Infant & Children programs (WIC)
- Local health departments/community health centers/clinics
- Laundromats
- African/Caribbean consulates
- Pharmacies
- Unions
- Job training centers



Use the information you learn about your community in the breast health sessions you host to show you are in touch with the community's needs and bring the information closer to home for the audience. Suggestions for where to include community-specific information can be found in: ***Leading a Breast Health Session***, and ***Using Your Educational Materials: Breast Self-Awareness for Black and African American Communities Presentation (Short and Long versions)***.

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. Consider using Mrs./Miss/Mr. before your audience members first or last names when addressing them. Example: "Mrs. Davis" or "Miss Sheila"
 - Be courteous.
 - Remember to smile.
 - 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 the Susan G. Komen® website komen.org, have them call the Komen Breast Care Helpline® at 1-877 GO KOMEN (1-877-465-6636). When appropriate, you can also print and mail the information directly to the audience member or to the organization that hosted your event and ask them to post it to a board for a wider audience to see.
- 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. For example, be well-prepared when delivering education or providing information, and have informational materials and business cards readily available to share.
- Be patient.
- Respect your audience.
- Take time to get to know your community. When doing outreach or education, consider including some statistics or information about breast cancer rates in the community you serve. This may show your audience that you understand their community.
- Do not focus only on your agenda. Work with other organizations in the community to fulfill the community's needs.
- Be empathetic and sympathetic. In doing so, you are building trust while creating a relaxing atmosphere.

MY BREAST HEALTH RESOURCE LIST

Below, you can list local, statewide or national resources and contact information for services that may benefit those seeking breast cancer screening and other support services related to breast health.

Free or Low Cost Breast Cancer Screenings
Health Clinics/Hospitals and Local Health Department
Patient Navigation Services
Assistance with Health Insurance, Medicaid or Medicare
Breast Care Helplines
Komen's Breast Care Helpline: 1-877 GO KOMEN (1-877-465-6636) or helpline@komen.org

Breast Cancer Support Groups and Counseling

Transportation Services

Medical Financial Assistance

Emergency Food and Nutrition Support Resources

Wig Banks/Prosthetics/Mastectomy Bra Suppliers

Child/Respite Care Services

Other

EDUCATOR RESOURCES



Culturally-Responsive Communication with the Black Immigrant Community

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. In this resource, we will discuss the use of culturally-responsive communication with Black immigrants. You may find some of this information useful for understanding your non-immigrant audiences, as well.

NOTE

Cultures change over time when new knowledge, beliefs and norms are introduced, so the cultural norms discussed in this Toolkit may not apply to everyone. Show your audience that you are open to their knowledge and beliefs!

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. If your audience includes Black immigrants, remember that the cultures of their origin countries may shape their communication styles and perceptions.

Language

When working with Black immigrant populations, language barriers may limit your ability to get your message across. African and Caribbean immigrant populations represent up to 2,100 languages and dialects! Only three percent of these immigrants report speaking no English; 75 percent report speaking English very well². Caribbean immigrants are more likely than African immigrants to speak English well, and the majority of Black immigrants from the Caribbean speak only English at home³. Nearly 30 percent of African immigrants and 23 percent of Caribbean immigrants report that they are limited English proficient (do not speak “English only” or do not speak English “very well”)². Immigrants originally from Cuba, Haiti and Dominican Republic make up a large percent of Caribbean immigrants who speak limited English. It is important to know your audience well and consider using an interpreter to make sure you can deliver your message. See the table below for other common languages spoken by Black immigrants²:

African Immigrant Languages	Caribbean Immigrant Languages
Amharic/Ethiopian	French
French	French Creole
Kru	Patois
Cushite/Beja/Somali	Spanish

Sometimes, ideas and phrases are expressed differently in other languages. For instance, Haitian immigrants may refer to chest pain as “stomach pain,” which can cause confusion when seeking medical care. The French Creole word for screening refers to HIV screenings, which can be confusing when discussing breast cancer or other screenings with French Creole speakers⁴. It is important to explain the terms or words that may be confusing to your audience.

Some English-speaking immigrants may experience difficulty being understood due to accents or unique dialects. Some immigrants, due to the dialect they speak, use English words in ways that are not common in American English. For example, the Gullah dialect, common in South Carolina and Georgia, combines English with African tribal languages. Gullah sounds similar to English, but uses different grammatical structures and different pronunciations of English words⁵.

Non-Verbal Communication

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 his/her culture. More importantly, 80 percent of communication is nonverbal. So, your actions really do speak louder than your words.

Considering your level of eye contact is also important when interacting with people from other cultures. Many Black immigrants come from cultures with power distance, where some members of society have higher status than others. People of perceived lower status do not give direct eye contact to people of higher status⁶. Before looking someone directly in the eye, step back and perceive how the person is interacting with you and act accordingly.

Tips for Non-Verbal Communication with Black Immigrants

The following tips describe non-verbal social cues to consider when interacting with Black immigrants. These will not apply to all Black immigrant cultures, so it is important to do your research and ask questions of your host before your event so you know which customs may apply:

- Be mindful of cultural gender roles. In Black Muslim cultures, men and women may not wish to shake hands with the opposite sex.
- Avoid pointing with your index finger. In some African cultures, this gesture is considered offensive. Use an open hand with your palm facing down when offering direction.
- In some African countries, sitting with your legs crossed is considered standoffish or offensive. Sit with your legs side-by-side.
- In some African cultures, showing the bottoms of your feet is considered offensive. Do your best to keep the soles of both feet on the ground.
- Do not show offense to your audience members standing or sitting very near to you, especially while talking. Some Black immigrant cultures like to be in closer proximity to the person they are speaking with than is typical in U.S. culture.
- If there is food at your event, eat with your right hand. In some parts of Africa, the left hand is considered unclean. Passing food with the left hand may also be insulting to some immigrants from Africa.
- In some Caribbean cultures, hugging or kissing in public is reserved for family members. Do not hug unless initiated by your audience member.

- Speak loudly enough for everyone to hear, and avoid whispering or conducting quiet side conversations. In some African cultures, whispering is a sign of gossip.
- Remember to ask permission before photographing attendees at your program. Some cultures object religiously or spiritually to photography.

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.

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!

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.

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.
 - If your audience includes immigrants from a certain country/region, take some time to learn about words or terms that they commonly use.
 - Clarify any words or terms that might be confusing to them.
- 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 being patient.
 - Always look and listen for "hints" of frustration (deep breaths, sighs, etc.).
 - Follow cues of the other person. Mirror body language and eye contact.

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2 "2012 American Community Survey, 1-Year Estimates," U.S. Census Bureau

3 Thomas, K. "A Demographic Profile of Black Caribbean Immigrants in the United States," Migration Policy Institute (2012).

4 Allen, J.D., Mars, D.R., Tom, L., Apollon, G., Hilaire, D., & Iralien, G. "Health Beliefs, Attitudes and Service Utilization among Haitians," *Journal of Health Care for the Poor and Underserved* 24, no. 1 (2013): 106-119.

5 Mufwene, S. "The Ecology of Gullah's Survival," *American Speech* 72 (1997): 69-83.

6 Neuliep, J.W. *Intercultural Communication: A Contextual Approach*, 6th ed. (Los Angeles: SAGE Publications, 2014).

EDUCATOR RESOURCES



Health Care Perceptions and Barriers to Access Among Black Immigrant Populations

Many Black immigrants to the U.S., including people from African and Caribbean countries, have unique perceptions about health and the health system, and experience barriers to access that are unique to this population. This resource provides some information about cultural norms and strategies for communication with African and Caribbean immigrant populations.

Black immigrants from Africa and the Caribbean represent many different countries, ethnicities, cultures and over 2,100 languages¹. It is important to understand and address some of the cultural differences this audience may face. Doing so can help you use language and communication styles that improve access to health information and health care.

As compared to U.S.-born Blacks and African Americans, Black immigrant populations²:

- Are less likely to have health insurance
- Are less likely to have access to health care services
- Are less accustomed to seeking health care services
- Have lower health literacy and less understanding of the U.S. health care system
- Tend to prefer complementary and alternative medicine, and non-Western treatments
- Fear being discriminated against due to³:
 - Immigrant status
 - Skin color
 - Accent
 - Socio-economic status

NOTE

The information contained here will not apply to all immigrants you meet. It is important to understand your audience well so that you can respond to their needs effectively.

Strategies for Communication

A strong understanding of the culture, language and beliefs of the population being served will help address and improve the health care literacy and overall communication with individual patients¹.

- Assist with linking your audience to organizations that can assist them to enroll in health insurance.
- Discuss with your audience the importance of seeing a doctor for a checkup and when they are sick or injured.
- Tailor health information to specific ethnic groups within your community.
- Utilize interpreters and translators to help you communicate accurate health information to your audience.
- Encourage collaboration between community health workers and physicians.
- Do not attempt to change your audiences' beliefs in traditional or alternative medicine.
- Assist with linking your audience members to a physician they feel comfortable with and trust.

1 Heine, B. & Nurse, B. *African Languages: An Introduction*. (Cambridge: Cambridge University Press, 2000).

2 Wafula, E.G. & Snipes, S.A. "Barriers to Health Care Access Faced by Black Immigrants in the US: Theoretical Considerations and Recommendations," *Immigrant Minority Health*, 16 (2014): 689-698.

3 Edberg, M., Cleary, S., & Vyas, S. "A Trajectory Model for Understanding and Assessing Health Disparities in Immigrant/Refugee Communities," *J Immigr Minor Health*, 13 (2011): 576-584.

EDUCATOR RESOURCES



Outreach and Education to Rural Black and African American Populations

According to the 2010 U.S. Census, more than five million Black and African American people lived in rural settings, representing nearly eight percent of the rural U.S. population. It is important to try to reach the underserved communities of rural Blacks and African Americans.

Where do Black and African American rural/small town residents live?

Nearly 90 percent of U.S. rural populations of Blacks and African Americans live in the Southern U.S. Blacks and African Americans represent 20 percent or more of the rural population in only six states¹.

State	Percent of Blacks and African Americans in State's Rural Populations ²
Alabama	21.9
Georgia	25.8
Louisiana	31.0
Mississippi	39.2
North Carolina	20.4
South Carolina	36.4

Although screening rates are similar among Black and African American women living in rural and urban areas, women in rural areas report more barriers to receiving breast cancer screening³. There are barriers to working with people in small towns and rural areas that should be considered when conducting your outreach and education programming.

Barriers include the following^{4, 5, 6}:

- Lack of transportation
- Hospitals/clinics and mammography services that may not be located nearby
- Lack of cellular telephone service, which limits the number of outreach methods
- Limited large-scale media outlets compared to urban environments
- Lack of trust for “outsiders”
- Concerns about embarrassment during screening
- Limited willingness because of religious beliefs



New and recent immigrants most frequently settle in urban areas of the U.S.

There are benefits to working with small town or rural populations that can be used to your advantage.

Benefits include the following:

- Word-of-mouth information can spread quickly in rural areas and small towns.
- Developing a good reputation can build community trust for you/your program.
- Recommendations/referrals between community members can be especially effective in small towns.
- Lower mobility of the population may mean that you can develop long-term professional relationships with your audience.
- Physicians and nurses are often held in high esteem and are seen as very trustworthy in rural areas and small towns.

Evidence-based methods you can use to reach rural Black and African American populations include the following:

- Use images of Black and African American people in your materials.
- Bring services to your audience; if possible, identify where they congregate on a regular basis in order to overcome transportation barriers. If you know of public transportation or ride-share resources in your community, provide audience members with information about these services.
- Provide audience members with a landline telephone number that is answered by a trained staff member and/or plays a professional message when receiving a voicemail recording⁶.
- Use multiple methods for outreach. Calling only a cellular phone number may reduce the response rate in areas with limited or no cellular service⁶.
- If you or your agency are new to the community or have not yet established a reputation for breast health/public health education, take time to establish community trust⁶. Building trust takes time and effort.
- Build physicians and nurses into your recruitment efforts, as they are generally well-trusted in rural settings^{4,7}.
- Establish a personal referral network using word-of-mouth advertisement⁸.
- Encourage women to ask their health care providers about getting a mammogram. Research shows that not receiving a recommendation from a physician is one of the top reasons women report for not having a mammogram in the past year⁵.
- Make consistent telephone contact with those you are serving. Reminder calls before events or scheduled screening appointments can increase attendance. Calls after scheduled screening or to “check-in” can make your audience feel that you care about them and their well-being, which also increases participation and helps to build rapport⁹.

- Include services that reduce feelings of social isolation in your audience. Older, rural, minority women are especially likely to experience feelings of isolation and can benefit from programs that make them feel more connected to others¹⁰. Examples include weekly or monthly support groups, regularly-scheduled events and telephone social support networks.
- Use local newspapers. Recognize those who you have served or who completed some aspect of your program. Ask for permission to use success stories, quotes or photos in local newspapers⁶.
- Make a commitment to the community. Rural populations are untrusting of temporary programs that pull services to move to another community once their goals are reached¹¹.
- Remember that rural populations are not homogeneous. Do not make assumptions that people living in a rural area/small town all have the same beliefs, attitudes, lifestyles, etc. Get to know your audience well before deciding how you will develop and implement services¹¹.

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4 Weinert, C. and Long, K.A. "The Theory and Research Base for Rural Nursing Practice," in *Rural Nursing*, vol. 1, Bushy, A. (Newbury Park, CA: SAGE Publications, 1991), 21-38.

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11 Dennis, B and Neese, J. "Recruitment and Retention of African American Elders into Community-Based Research: Lessons Learned," *Archives of Psychiatric Nursing* 14, no. 1 (2000): 3-11.

CHART



Applying Culturally-Responsive Communication in Black and African American 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.

Black and African American Cultural Norms

The Black and African American community is very ethnically, socio-economically and culturally diverse. It is important to understand the community as a whole as well as the history, cultural traditions and trends of the local communities with whom you are seeking to connect. The experiences of Blacks and African Americans can vary widely by state, city or even by block. When working with a group of people that is new to you, it is best to try to fully understand their culture and any issues that affect their ability to understand and use the information you will give to them. The way you communicate with an individual or audience should be influenced by their cultural norms, faith and other social factors. There are some norms that are common among the Black and African American Community. Below are examples of a few 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. Black and African American 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 your audience's values and beliefs before applying these communication strategies.



For information specific to Black immigrants to the U.S., see [*Health Care Perceptions and Barriers to Access Among Black Immigrant Populations.*](#)

Cultural Norms and Strategies for Communication

Cultural Norm	Description	Strategies for Communication
<p>Community and family</p>	<p>Blacks and African Americans generally come from a culture where grandparents, aunts/uncles, cousins, godparents and close friends are thought of as part of the family.</p> <p>Maintaining close connections with extended family members is important in Black and African American families. Blacks and African Americans may refer to a variety of people as family, including relatives, friends and even people in their wider social network¹. Grandparents are an especially key part of the family unit².</p>	<ul style="list-style-type: none"> • When possible, include family members in outreach and education events. Many Blacks and African Americans 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 care³.
<p>Faith and religion</p>	<p>Faith, church and strong religious affiliations are often central to family and community life in the Black and African American culture⁴.</p> <p>Many Blacks and African Americans attend weekly religious services as well as pray daily. This community also tends to believe in God with absolute certainty and believe in miracles³.</p> <div data-bbox="483 1528 863 1864" style="border: 1px solid purple; border-radius: 15px; padding: 10px; margin: 10px auto; width: fit-content;">  <p style="text-align: center;"><u>Outreach and Education to Faith-Based Organizations</u></p> </div>	<ul style="list-style-type: none"> • It can be very important to find out about participants' religion or faith. This can help inform how you share information about strategies for relieving stress when someone in the audience, or someone an audience member knows, has been diagnosed with breast cancer. However, directly asking, "What religion do you practice?" or "What is the faith you follow?" is not as effective as asking more indirectly about where a person turns for support in difficult times³. • You could also 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 us. • Another strategy is to engage clergy members during outreach and education events. Clergy can also be trained to deliver key messages during an event or sermon.

Cultural Norm	Description	Strategies for Communication
Respect	<p>In general, Black and African American populations place a strong emphasis on showing respect to elders and authority figures. Black and African American elders have traditionally been treated with great respect within their families³. However, many Black and African American families are not necessarily patriarchal. Many families believe that either the father or the mother can take the role of the decision maker⁴.</p>	<ul style="list-style-type: none"> • Show respect by using formal rather than informal words when addressing or speaking to people and groups. • 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. • Familiarize yourself with the 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. • Remember that gaining your audience’s respect may take time. Do not expect every new audience or member to accept you or your message right away.
Personal and community relationships	<p>Many Blacks and African Americans prefer personal relationships over formal relationships and tend to take a personal interest in others. Creating relationships within the community is a priority.</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.

Cultural Norm	Description	Strategies for Communication
Trust	<p>Trust grows from respect and familiarity. On the other hand, mistrust can occur when people are unable to communicate their concerns or underlying hesitations about unfamiliar situations. Blacks and African Americans are more satisfied with services when they trust their service provider. Building that trusting relationship may take time.</p>	<ul style="list-style-type: none"> • Follow through when you agree to do something for a person or group. • Build relationships with leaders or organizations that are trusted by 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, hair salons and local family support organizations. • Remember that gaining your audience's trust may take time. Do not expect every new audience or member to accept you or your message right away.
Fatalism	<p>Fatalism generally refers to the belief that life events are guided by outside forces, and that people cannot do much to alter fate. Blacks and African Americans have a deep belief in fatalism, and are likely to believe that death and disease are largely out of their control⁵. This is an especially common belief among older Black and African American women, and it is important to keep in mind when conducting outreach and engagement with this community⁶.</p> <p>Closely related to fatalism is fear of the unknown, which can stem from a lack of knowledge or information⁵.</p>	<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 for a healthy life can help to prevent us from being a burden for our families.
Food	<p>As in other cultures, food plays an important role in Black and African American culture. Many Blacks and African Americans take pride in preparing foods specific to their culture. Food is often seen as being central to social interactions⁷.</p>	<ul style="list-style-type: none"> • Provide culturally-appropriate food at group presentations. • 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
- Use of informal sources of information, such as family and friends
- 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.

Next, we provide a table that lists common perceptions of the health care system. This table can help you to prepare for some of the barriers you may face working with the Black and African American community.

Health Care Perceptions and Strategies for Communication

Perception	Description	Strategies for Communication
<p>Belief that physicians should initiate conversations about health issues</p>	<p>Blacks and African Americans who are unfamiliar with screening and symptoms of breast cancer may be unaware of or uncomfortable addressing these topics with a physician. In these instances, your audience may expect their health care provider to lead the discussion and make them aware of what they should do⁶.</p>	<ul style="list-style-type: none"> • Emphasize the importance of discussing breast health with health care providers, including asking when they should receive a CBE and/or mammogram. • Tell your audience not to wait for their health care provider to bring up topics of breast health first. If they have questions or concerns, they can initiate the discussion.
<p>Mistrust of the healthcare system</p>	<p>Many Blacks and African Americans are wary of the health care system and prefer to keep their illness to themselves⁸. Perceptions of mistrust and unfair treatment are common among this population⁵. Older Blacks and African Americans, especially, may be suspicious of clinicians because of experiences of past generations of Blacks and African Americans with health care⁴.</p>	<ul style="list-style-type: none"> • Discuss with your audience the importance of finding a health care provider they can trust. • If your audience members do describe mistrust, ask them if they have considered finding a new doctor or practice. They can ask friends and family for suggestions for a new doctor. Suggest taking a friend or family member to their appointment to help them feel comfortable. • Suggest asking their health care provider what medical terms mean if they do not understand⁸. <div data-bbox="1003 1283 1382 1829" style="border: 1px solid purple; border-radius: 15px; padding: 10px; margin-top: 20px;">  <p>For more information about mistrust, see: <u><i>Mistrust in the Health Care System among Black and African American Communities and The Tuskegee Syphilis Study.</i></u></p> </div>

Perception	Description	Strategies for Communication
Fear of breast cancer screening	Many Black and African American women, as with women of other races, are nervous about screening procedures, particularly mammograms ⁵ .	<ul style="list-style-type: none"> • Tell your audience that it is very normal to be fearful of being screened for a variety of reasons. • Share some techniques to calm their fears, including breathing techniques and talking with their doctor or a friend that has been through the screening process. • Educate them about what the process entails and what they should expect to feel physically and emotionally.
Competing priorities	Some Blacks and African Americans, as with individuals of other races, face complex social and environmental situations in their daily life. As a result, their priority may be to manage acute medical issues (e.g. asthma, injuries, etc.) and non-medical issues (e.g. transportation, family concerns, etc.) before addressing their long-term health conditions, such as breast cancer. Breast cancer screening may become a lower priority for some Black and African American women ⁵ .	<ul style="list-style-type: none"> • Educate your audience about how important seeking care can be for their overall health, quality of life and longevity for the individual and for the family overall. • Discuss strategies for keeping an appointment while meeting other priorities. Ask if they need help making an appointment. • Ask if they need help figuring out transportation to the clinic or hospital. • Stress the importance of early detection and the benefits of diagnosis at an early stage versus a late stage.

- 1 "Communicating with your African American Patient," University of Washington Medical Center Culture Clues™ , last modified November 1, 2007, <http://depts.washington.edu/pfes/cultureclues.html>.
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- 3 Sahgal, N. and Smith, G. "A Religious Portrait of African Americans," PewResearch Religion and Public Life Project, last modified 2009, <http://www.pewforum.org/2009/01/30/a-religious-portrait-of-African-Americans/>
- 4 Cartaret, M. "Health Care for African American Patients/Families," Dimensions of Culture, last modified May 2011, <http://www.dimensionsofculture.com/2011/05/health-care-for-African-American-patientsfamilies/>
- 5 Peek, M., Sayad, J., and Markwardt, R. "Fear, Fatalism and Breast Cancer Screening in Low-Income African American Women: The Role of Clinicians and the Health Care System," J Gen Intern Medicine 23 (2008): 1847-1853.
- 6 Young, R.F., Schwartz, K., and Booza, J. "Medical Barriers to Mamography Screening of African American Women in a High Cancer Mortality Area: Implications for Cancer Educators and Health Providers," J Canc Educ. 26 (2011): 262-269.
- 7 Wilson, E. "Feeding the Soul: African American Food Culture," Georgetown University, Ignatius Seminar Program (2013).
- 8 "African American Outreach Guide," National Hospice and Palliative Care Organization Caring Connections (2008).

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Introduction to Adult Learning Principles

Adults learn best when they feel there is mutual trust, respect and cooperation between themselves and the educator(s). This resource can help you create breast health education to better connect with your audience.

Research has identified six principles that describe how adults learn. Below is an overview of Knowles' six adult learning principles with guidance on applying these to breast health and breast cancer education in Black and African American communities.

Principle	Description	Application
1. Adults are internally motivated and self-directed.	<p>Life experiences play a major role in adults' motivation to learn.</p> <p>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.</p>	<ul style="list-style-type: none">• Invite people to share their experiences with breast cancer.• Ask them to share their reasons for attending the discussion or presentation.• For example, you can ask:<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?

Principle	Description	Application
<p>2. Adults have prior knowledge and experiences.</p>	<p>Information about and prior experiences with breast cancer can affect the way people approach the subject of breast health.</p> <p>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 their knowledge and previous experience related to breast cancer. • Having this information 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"> • Ask participants what they would like to learn about breast cancer. • Offer information to meet those learning goals. • Let participants know that they can ask questions at any time during the presentation.
<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"> • Share that breast cancer is a problem in the community and that many people do not know about it. • Modify your talking points to make them more relevant for your audience.

Principle	Description	Application
5. Adults are practical.	Adults tend to learn best by practicing what they have learned.	<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. <div data-bbox="1073 627 1456 968" style="border: 1px solid #d9534f; border-radius: 15px; padding: 10px; margin-top: 10px;">  <p data-bbox="1122 825 1409 930">See Questions to Ask the Doctor for more information.</p> </div>
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: 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 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.



[***Sample Talking Points
for One-To-One
Conversations***](#)

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. For instance, African immigrants may view a lot of eye contact as confrontational or aggressive.
- 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 Black and African American cultures.
- Allow the person to share her/his personal experience. Each person you meet is likely to come to the conversation with personal experience and knowledge about breast health. It is very important to hear 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.
 - 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

- When asked a question, 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 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 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 the educator resource for more guidance on using the talking points listed below.

Getting Started: Introduce Yourself

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

Example:

- 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).
- You could compliment her or him on an article of clothing or accessory. You can ask where they got it and if it was a gift.

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 person an educational handout or a flyer with your organization's or Komen's contact information.
- 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 are examples 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?

What do you know about breast cancer in the Black and African American communities?

NO **RESPOND**

The two most common risk factors for breast cancer in the general population are being born a woman and getting older.

Breast cancer occurs when cells in the breast divide and grow without their normal control and form malignant (cancerous) tumors.

The incidence (new cases) of breast cancer under the age of 40 in Black and African American women is higher than that of white women.¹

Breast cancer is the most common cancer among Black and African American women in the U.S. Black and African American women are more likely to be diagnosed at a later stage than white women and are also more likely to be diagnosed with larger and more difficult-to-treat tumors.¹ This is likely due to fewer women getting back to the doctor for a follow-up after abnormal screening results.

YES **RESPOND & LISTEN**

Invite the person to talk about her or his knowledge 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.

Was your relative young (under the age of 40) when she or he was diagnosed with breast cancer? If so, being related to that person may increase your risk as there may be a genetic link.

Have you asked other family members about the health history of previous generations? This information should be shared with your doctor so that he or she can help you assess whether you are at a higher risk.

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



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.**](#)

ASK Whether the person knows someone who 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 in the general population are being born a woman and getting older?

RESPOND & LISTEN

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

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

ASK *Did you know that the Black and African American women are more likely to develop breast cancer at a younger age than are white women?¹*

YES *Black and African American women diagnosed with breast cancer at a young age generally have a more aggressive form of the disease.¹*

or **NO**

RESPOND & LISTEN

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

- Talk with both sides of your family about your family health history.*
- Talk with your doctor about your own risk of breast cancer.*
- Talk with your doctor if you think you are at a higher than average risk of developing breast cancer.*

ASK *Did you know that the Black and African American women are more likely to develop triple negative breast cancer than other racial/ethnic groups?¹*
What do you know about triple negative breast cancer?

YES *Triple negative breast cancer is an aggressive type of cancer that generally has a poorer prognosis (outcome) than some other types of breast cancer.*

or **NO**

RESPOND & LISTEN

- Talk with both sides of your family about your family health history.*
- Talk with your doctor about your own risk of breast cancer.*
- Talk with your doctor if you think you are at a higher than average risk of developing breast cancer.*

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

Have you thought about getting screened?

What kept you from getting screened?

LISTEN

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

Black and African American women are at a higher risk than white women of being diagnosed at a younger age and with a more aggressive form of breast cancer.¹

There are resources in the community that can help you with a free screening, finding a provider or 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 getting free screening, finding a provider or getting health insurance.



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



You can use [My Breast Health Resource List](#) to keep track of the local resources available to your audience.

If the woman had a screening within the recommended time frame:

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 card](#) 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 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 changes that the person should be looking for (see next page), and encourage her or him to be alert for any change.
 - 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 or 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. She may not have insurance or a health care provider. If you are talking with a man, he may not believe he needs to be concerned about these women's issues. However if he has a partner or 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 partner or 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 in 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 next steps.*



Additional talking points can be found in the [***Breast Self-Awareness Key Message***](#) resources. You may also use the [***Men Can Get Breast Cancer***](#) brochure. Additional information about how to evaluate your one-to-one conversation can be found in the [***Tips for Evaluating Your Program***](#).

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 Messages card***](#) 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 or 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 or family member with whom you will share the information you received today?



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.

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 a chance to share what she or he already knows about breast cancer risk factors, and then share 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 a woman 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

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.*



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 talk 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 a woman and getting older.

- ❑ **Participate in 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.*
- ❑ **Limit alcohol intake.** *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.*
- ❑ **Limit 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. You should talk to your doctor before using any hormonal medications. Most doctors prescribe these hormones at as low a dose as possible and for as short a time as possible.*
- ❑ **Breastfeed.** *Breastfeeding is good for babies, but it is also good for moms. It may also help us to reduce risk of breast cancer. Breastfeeding is associated with a lower risk of breast cancer, including triple negative breast cancers. White women were twice as likely to breastfeed for longer than one year than African American women.*



Emphasize that Black and African American women are more likely to be diagnosed before 40, are more likely to develop aggressive triple negative breast cancer, and have more than a 40 percent higher mortality rate than white women.



If there is a saying 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 may 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 healthy 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. More information about how to evaluate your one-to-one conversation can be found in [Tips for Evaluation Your Program](#).

CHART

Barriers to Screening and Suggested Responses



	Specific Concern		Specific Concern
Barrier 1	Abnormal mammogram	Barrier 30	Husband/partner doesn't want breasts exposed to doctor
Barrier 2	Afraid of finding breast cancer	Barrier 31	Knows nothing about mammograms
Barrier 3	Anxious about mammograms	Barrier 32	Mammograms cause cancer
Barrier 4	Breasts are too big	Barrier 33	Mammograms don't work
Barrier 5	Breasts are too small	Barrier 34	Never had a mammogram
Barrier 6	Care-giving duties interfere/no time	Barrier 35	Never thought about getting one
Barrier 7	Communication difficulties due to language barrier	Barrier 36	No blows/injury to the breasts
Barrier 8	Confused about mammogram guidelines	Barrier 37	No doctor
Barrier 9	Cost	Barrier 38	No family history
Barrier 10	Denial she will ever get breast cancer	Barrier 39	No insurance
Barrier 11	Didn't get around to it	Barrier 40	No time for a mammogram
Barrier 12	Dislikes doctor	Barrier 41	Not interested in getting a mammogram
Barrier 13	Doctor does clinical breast exam	Barrier 42	Not looking for trouble
Barrier 14	Doesn't want to/can't breastfeed	Barrier 43	Not needed
Barrier 15	Doctor never recommended	Barrier 44	Nothing is wrong now/ no symptoms
Barrier 16	Does own breast self-exam	Barrier 45	One past mammogram is enough
Barrier 17	Doesn't know when to get a mammogram	Barrier 46	Pain/discomfort from mammograms
Barrier 18	Doesn't like to go to the doctor	Barrier 47	Provider's office closed after work hours
Barrier 19	Doesn't understand the importance of mammograms	Barrier 48	Social/emotional problems
Barrier 20	Doesn't want to know if something is wrong	Barrier 49	Something is wrong with my breast
Barrier 21	Doesn't like mammograms	Barrier 50	Staff are mean
Barrier 22	Doesn't trust the health care system	Barrier 51	Transportation problems
Barrier 23	Embarrassed about mammograms	Barrier 52	Uncomfortable asking my doctor for a referral
Barrier 24	Faith that God will protect	Barrier 53	Uncomfortable talking to doctor about risk factors or breast changes
Barrier 25	Fear of cancer spreading when cut into	Barrier 54	Uncomfortable talking to family about health history
Barrier 26	Fear of losing hair	Barrier 55	Undocumented immigrant
Barrier 27	Fear of radiation	Barrier 56	Worried about having a mammogram
Barrier 28	Forgot appointment	Barrier 57	Worried about losing femininity
Barrier 29	Forgot to schedule an appointment		

Barrier 1: Abnormal mammogram

SHE MAY SAY	SUGGESTED RESPONSE
Sometimes mammograms find something that isn't cancer.	<ul style="list-style-type: none">• Has this ever happened to you or anyone you know?• Sometimes mammograms 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 determine if the finding (lump) is cancer. Most often these findings turn out to be non-cancerous.• The 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 determine the final diagnosis.

Barrier 2: Afraid of finding breast cancer

SHE MAY SAY	SUGGESTED RESPONSE
I am worried that I might find out I have breast cancer. If they find cancer, I might die. If I have cancer, I'd rather not know.	<ul style="list-style-type: none">• Fear is a perfectly normal feeling when faced with the unknown. You may be able to overcome this fear by getting 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 they are most responsive to treatment.• 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.

Barrier 3: Anxious about mammograms

SHE MAY SAY	SUGGESTED RESPONSE
<p>I'm a little nervous about having a mammogram.</p>	<ul style="list-style-type: none"> • It is understandable that you are nervous about having a mammogram. Some women have told me that they are concerned about the procedure itself, finding something abnormal, radiation, cost, pain, etc. • Does any of this sound familiar? Do you know what is making you feel this way? • Sometimes it is hard to understand why something is upsetting, bothering, concerning, etc. • 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? • If the woman is still anxious, continue the dialogue. Some women 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?” • If she mentions other barriers such as fear of pain, radiation, cost, etc. find appropriate barrier responses and respond accordingly.

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>	<ul style="list-style-type: none"> • 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. • Technologists are trained and know how to do mammograms on women with larger breasts. In some cases, multiple pictures may be needed to image all of the breast tissue.

Barrier 5: Breasts are too small

SHE MAY SAY	SUGGESTED RESPONSE
<p>I don't need a mammogram because my breasts are so small I will never get breast cancer.</p>	<ul style="list-style-type: none"> • 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. • 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.

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.	<ul style="list-style-type: none"> • Is there anything in particular that is making your life busier than normal? • The mammogram screening 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. • 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 along with effective treatment is the best way for women to lower their risk of dying from breast cancer.
I am always busy taking care of everyone else.	<ul style="list-style-type: none"> • 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. • It is important to take the time to get a mammogram, which might only be once a year. A mammogram can find breast cancer before it can be felt, which may lead to more treatment options and a greater chance for survival.

Barrier 7: Communication difficulties due to language barrier

SHE MAY SAY	SUGGESTED RESPONSE
I cannot communicate well with my doctor/technologist/doctor's office because she/he/they don't speak my language.	<ul style="list-style-type: none"> • 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. • I'd be happy to help you find some clinics or hospitals that have interpretation services.

Barrier 8: Confused regarding mammogram guidelines

SHE MAY SAY	SUGGESTED RESPONSE
I just heard on the news that mammograms aren't needed for women in their 40s.	<ul style="list-style-type: none"> • 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. • Get a mammogram every year starting 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. <p><i>See the educator resource "Questions To Ask Your Doctor About Breast Health"</i></p>

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>	<ul style="list-style-type: none"> • 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. • Do you have Medicare? • Medicare pays for most of the cost of your mammogram. • 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 Breast Care Helpline at 1-877 GO KOMEN (1-877-465-6636) to learn about possible sources of care in your area. • Also, the National Breast and Cervical Cancer Control Program provides access to breast cancer screening to low-income, uninsured and underinsured women. To find more information, including links to find a free or low cost breast or cervical cancer screenings in your area, visit www.cdc.gov/cancer/nbcccdp. • And the YWCA provides breast cancer education and screening to women who lack access to health services. To find more information, including links to find a local YWCA Association, visit www.ywca.org.

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>	<ul style="list-style-type: none"> • Can you tell me more about why you don't think you'll get breast cancer? • 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. • 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. • Getting regular screening tests along with effective treatment 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.

Barrier 11: Didn't get around to it

SHE MAY SAY	SUGGESTED RESPONSE
I know I need a mammogram, but I just haven't scheduled an appointment yet.	<ul style="list-style-type: none"> • 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. • The Susan G. 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 • Reinforce her intention to have a mammogram. Help her develop a concrete, immediate plan for making the appointment for her mammogram. • 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? • 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? • 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 along with effective treatment is the best way for women to lower their risk of dying from breast cancer.

Barrier 12: Dislikes doctor

SHE MAY SAY	SUGGESTED RESPONSE
I don't like the doctor I usually see.	<ul style="list-style-type: none"> • 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. • If she mentions other barriers such as fear of pain, radiation, cost, etc. find appropriate barrier responses and respond accordingly.

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

SHE MAY SAY	SUGGESTED RESPONSE
My doctor examines my breasts for me every year when I go for a check-up and that's enough.	<ul style="list-style-type: none"> • Having a yearly breast exam by a health professional is important and so is a mammogram. Starting at age 40, you need both mammograms and clinical breast exams every year by a doctor. • 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. • Screening tests can find breast cancer early, when it's most treatable. Getting regular screening tests along with effective treatment is the best way for women to lower their risk of dying from breast cancer.

Barrier 14: Doesn't want to/can't breastfeed

SHE MAY SAY	SUGGESTED RESPONSE
<p>I don't want to breastfeed/have to go work and can't breastfeed my baby.</p>	<ul style="list-style-type: none"> • Choosing to breastfeed is a very personal choice. Do you mind if I tell you the great things breastfeeding can do for women and their children? • Breast milk is the best food for your baby. Breast milk has all the vitamins and nutrients to help your baby grow and be healthy. Breast milk also has disease-fighting substances that protect your baby from getting sick. • Breastfeeding also benefits you. Breastfeeding can lower your risk of breast cancer, especially if you breastfeed your baby for more than a year. • Many women who work feel the same way you do about breastfeeding. Women can continue to breastfeed their children while working by using a breast pump to pump milk from their breasts and store it for later. If you feel comfortable, talk to your employer about pumping and storing breast milk at work. • For older women or those who will not have any/any more children: Will you tell your younger relatives and friends about the benefits of breastfeeding when they have children, especially since it may help reduce the risk of breast cancer? Name appropriate benefits above.

Barrier 15: 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>	<ul style="list-style-type: none"> • Don't assume just because your doctor hasn't told you to have a mammogram, he or she doesn't believe it's important. • 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. • 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? • 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><i>See the educator resource "Questions To Ask Your Doctor About Breast Health"</i></p>

Barrier 16: 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>	<ul style="list-style-type: none"> • 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 talk to your doctor about it. • 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. • We recommend that all women: <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. • 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 or their partner 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>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>	<ul style="list-style-type: none"> • We recommend that all women: <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. • 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.

Barrier 17: Doesn't know when to get a mammogram

SHE MAY SAY	SUGGESTED RESPONSE
<p>I don't even know when I am supposed to get a mammogram.</p>	<ul style="list-style-type: none"> • 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. • If she wants to know more about what it's like to have a mammogram, use the suggested response for Barrier 34. <p><i>See the educator resource "Questions To Ask Your Doctor About Breast Health"</i></p>

Barrier 18: 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.	<ul style="list-style-type: none">• Some women think as long as they feel fine they don't need to go looking for trouble.• 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.• That's one reason why getting mammograms is so important. It's just like taking care of a car or house.

Barrier 19: 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?	<ul style="list-style-type: none">• 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 born 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.• 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 along with effective treatment is the best way for women to lower their risk of dying from breast cancer.

Barrier 20: 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.	<ul style="list-style-type: none">• Could you tell me a little more about what you mean?• 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.• 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 and better 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.• How does hearing all of this make you feel about having a mammogram?• If she mentions other barriers such as fear of pain, radiation, cost, etc. find appropriate barrier responses and respond accordingly.

Barrier 21: Doesn't like mammograms

SHE MAY SAY	SUGGESTED RESPONSE
I have had a mammogram and didn't like it.	<ul style="list-style-type: none"> • Try to find out what it was about her last mammogram that is making her nervous. • You mentioned earlier that you have had a mammogram. What was that like for you? • If she mentions other barriers such as fear of pain, radiation, cost, etc. find appropriate barrier responses and respond accordingly.

Barrier 22: Doesn't trust the health care system

SHE MAY SAY	SUGGESTED RESPONSE
<p>I don't trust anyone working in the health care system. They don't treat Blacks and African Americans well.</p> <p>I stopped going to my doctor. He/she was disrespectful/hurt me/didn't listen to me.</p> <p>Doctors are only interested in getting paid. They don't care about my health.</p> <p>I'm afraid they will experiment on me without my consent or will lie to me.</p>	<ul style="list-style-type: none"> • I understand it's really hard to put your health into the hands of someone else. I know a few places/doctors that I can suggest. Other women see them in the past and they have been very happy with the services they receive. • Have you asked your family and friends for suggestions for a new doctor? Maybe you can take a trusted person with you to your appointments. • I'm sorry your doctor didn't treat you appropriately. That's really unfair. Have you seen any doctor you've liked in the past? What did you like about him/her? Let's work together to find you a doctor that you really like and can trust. • I know some great doctors that have found ways to offer free breast cancer screenings or work on a sliding fee scale so they can serve those that have a hard time paying for health care services. They have tried really hard to reach underserved people and that shows they care deeply about everyone's health and not just about getting paid. • There are many safeguards in place now that do not allow anyone, including health care professionals, to experiment on you without your consent. They could face losing their licenses to practice medicine, fines and even jail time. Codes of ethics prevent doctors from lying to their patients.

Barrier 23: Embarrassed about mammograms

SHE MAY SAY	SUGGESTED RESPONSE
I am just too embarrassed to get a mammogram and have someone touch my breasts.	<ul style="list-style-type: none"> • Some women say they feel embarrassed about having a mammogram. • But keep in mind that technologists are professionals trained for this work. • Share your concerns with your technologists before the exam starts. • 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.

Barrier 24: 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.	<ul style="list-style-type: none">• It's great you put your faith in God.• Mammograms are one way to use the wisdom and knowledge that God gives us to help ourselves.

Barrier 25: Fear of cancer spreading when cut into

SHE MAY SAY	SUGGESTED RESPONSE
I don't want to find out if I have breast cancer. If I have to have the cancer removed, it will spread when it is cut into. Breast cancer is contagious. If it is cut into, I might spread it to my loved ones.	<ul style="list-style-type: none">• There are several options for breast cancer treatment.• Breast cancer does not spread through contact with air. Cutting into a tumor will not make it spread. Breast cancer can spread, though, when it is left inside the body. That's why removing the tumor during some treatments is so important.• Breast cancer is not contagious. It spreads within a person's body, but cannot spread through person-to-person contact.

Barrier 26: Fear of losing hair

SHE MAY SAY	SUGGESTED RESPONSE
I don't want to have a mammogram. If I find out I have breast cancer, I will have to go through treatments that will make me lose all my hair.	<ul style="list-style-type: none">• Hair is really important to us women. But being diagnosed with breast cancer does not always mean you will lose your hair. There are different treatments recommended based on the type and stage of breast cancer at diagnosis. They do not all involve losing your hair.• Also, hair does begin to grow back once treatment has ended, and there are ways to get free or low-cost wigs.

Barrier 27: 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.	<ul style="list-style-type: none">• Talk with your doctor about your history of X-rays so that he/she may talk with you about recommendations specifically for you.• 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.• 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.

Barrier 28: Forgot appointment

SHE MAY SAY	SUGGESTED RESPONSE
I made an appointment, but I just forgot to go.	<ul style="list-style-type: none">• 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.• 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.

Barrier 29: 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.	<ul style="list-style-type: none">• 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.• We have a reminder tool that you can use to receive reminders for clinical breast exams and mammograms. komen.org/reminder.

Barrier 30: 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/she doesn't want my breasts exposed or touched by someone else.	<ul style="list-style-type: none">• Have you asked him/her specifically why he/she objects to you needing to expose your breasts for a screening test?• Ask him if he/she 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.• You can explain to him/her that you will be covered by a gown for most of the time and will be clothed from the waist down.• Tell him/her that it is very important to you to have the screening for the sake of your health and your entire family. Ask him/her if he/she would like to come with you to get screened and that you would enjoy his/her company/support. Perhaps plan to have lunch/dinner out with him/her afterwards.• Avoid making assumptions about the gender of someone's partner or significant other, unless they use words like "husband", "boyfriend" or "he/him." Follow their cues in how they refer to that person.

Barrier 31: Knows nothing about mammograms

SHE MAY SAY	SUGGESTED RESPONSE
What exactly is a mammogram?	<ul style="list-style-type: none"> • A mammogram is a screening tool that uses X-rays to create a picture of the breast. • 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. • The plates flatten the breast and keep it still, which helps produce a better mammogram image. • 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. • It usually takes about an hour to complete the paperwork, prepare for the exam, talk to the technologist and have the images taken. • 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. • 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.

Barrier 32: Mammograms cause cancer

SHE MAY SAY	SUGGESTED RESPONSE
I heard people who get mammograms get cancer.	<ul style="list-style-type: none"> • Getting a mammogram does not prevent or cause a woman to get breast cancer, but it provides the chance to find it early. • Mammograms may find breast cancer before it is big enough to be felt by you or your doctor. • The mammography equipment used today is very safe compared to old X-ray machines. • The amount of radiation you receive through a mammogram is very small. Studies show the benefits of mammography outweigh the risks from radiation, 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. • A woman's chance of getting breast cancer increases with age, so regular mammograms are important for finding breast cancer early. • If she mentions other barriers such as fear of pain, radiation, cost, etc. find appropriate barrier responses and respond accordingly.

Barrier 33: 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>	<ul style="list-style-type: none"> • Mammograms can save lives, but they are not perfect. However, they are the best screening tool used today. When mammography is combined with clinical breast exams your chances for finding cancer early are even greater. • 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. • It is also possible for something to show up on a mammogram that isn't breast cancer. This might require additional tests.

Barrier 34: 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. The screening doctor will look at the pictures after you leave, usually the next day and prepare a report for your doctor. 9. Ask when you will receive the results. 10. Get dressed and be on your way. <ul style="list-style-type: none"> • If she mentions other barriers such as fear of pain, radiation, cost, etc. find appropriate barrier responses and respond accordingly. <p><i>See the educator resource "Questions To Ask Your Doctor About Breast Health"</i></p>

Barrier 35: Never thought about getting one

SHE MAY SAY	SUGGESTED RESPONSE
I just never thought about getting a mammogram.	<ul style="list-style-type: none"> • Have you heard or read anything about mammograms? • 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. • 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. • Why do you not want to have a mammogram? • If she mentions other barriers such as fear of pain, radiation, cost, etc. find appropriate barrier response and respond accordingly.

Barrier 36: 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.	<ul style="list-style-type: none"> • 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 a woman and getting older.

Barrier 37: No doctor

SHE MAY SAY	SUGGESTED RESPONSE
I don't have a doctor. How can I get a mammogram?	<ul style="list-style-type: none"> • 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 38: No family history

SHE MAY SAY	SUGGESTED RESPONSE
Breast cancer doesn't run in my family. I don't need a mammogram.	<ul style="list-style-type: none"> • Some women believe they don't need mammograms because no one in their family has had breast cancer. • 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. • 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><i>See the educator resource "Start Talking: The Importance of Family Health History"</i></p>

Barrier 39: No insurance

SHE MAY SAY	SUGGESTED RESPONSE
I can't afford a mammogram. I don't have insurance.	<ul style="list-style-type: none">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 40: 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.	<ul style="list-style-type: none">Most of us lead very busy lives. What in particular is making your life busier than normal?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?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.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.

Barrier 41: Not interested in getting a mammogram

SHE MAY SAY	SUGGESTED RESPONSE
I am just not interested in getting a mammogram.	<ul style="list-style-type: none">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?If she mentions other barriers such as fear of pain, radiation, cost, etc. find appropriate barrier responses and respond accordingly.Have you ever thought about having a/another mammogram?What are your reasons for not wanting to have a mammogram?Has anyone you know ever had a mammogram? What did she have to say about it?Has your doctor ever talked with you about having a mammogram?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 effectively, many women live longer and healthier lives.

Barrier 42: Not looking for trouble

SHE MAY SAY	SUGGESTED RESPONSE
Having a mammogram just means looking for trouble.	<ul style="list-style-type: none">• 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.• 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.• Having regular mammograms is the best way to find breast cancer early when chances of survival are highest. 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.

Barrier 43: Not needed

SHE MAY SAY	SUGGESTED RESPONSE
<p>I really don't need to get a mammogram.</p>	<ul style="list-style-type: none"> • 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? • 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. • Do you think any of these reasons sound like you? • 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. • 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 a woman and getting older. • 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. • Still some women think they don't need mammograms because they're too old or because they just don't think they'll get breast cancer. • 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. • Although it is true that getting older is one of the most common risk factors for breast cancer, Black and African American women are more likely than white women to develop cancer under the age of 40. • A mammogram is the best way to find breast cancer in the early stages. When breast cancer is found early and treated effectively, many women go on to live long and healthy lives. • 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.

Barrier 44: 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>	<ul style="list-style-type: none"> • 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. • Mammograms can find breast cancer early before there are any symptoms and when it's most treatable. Getting regular screening tests along with effective treatment is the best way for women to lower their risk of dying from breast cancer.

Barrier 45: One past mammogram is enough

SHE MAY SAY	SUGGESTED RESPONSE
I had my one mammogram. I don't need another.	<ul style="list-style-type: none"> • I'm glad to hear you have had a mammogram. That's a great start. • 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.

Barrier 46: Pain/discomfort from mammograms

SHE MAY SAY	SUGGESTED RESPONSE
I heard a mammogram hurts.	<ul style="list-style-type: none"> • What have you heard about mammograms? • 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.
Last time I had one it just hurt way too much.	<ul style="list-style-type: none"> • 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. • 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. • It is important to remember this discomfort only lasts a short time and it could save your life. • 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. • 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.

47: 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>	<ul style="list-style-type: none"> • Have you tried to call the mammogram place to find out about possible evening or weekend hours? • Are there other facilities in your area that have different hours? • Help her see the advantages of having a mammogram outweigh the hassles of juggling her schedule, location, etc. to make time for a mammogram. • The mammogram itself usually takes about an hour from the time you walk into the facility until the time you walk out.

Barrier 48: 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>	<ul style="list-style-type: none"> • If she can't afford the cost or copayment of a mammogram, refer to barrier 9 responses. • If she needs 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). • 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 early and treated effectively, many women go on to live longer and healthier lives.

Barrier 49: Something is wrong with my breast

SHE MAY SAY	SUGGESTED RESPONSE
<p>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>	<ul style="list-style-type: none"> • Tell her not to panic. • The fact that you are having breast problem(s) does not mean you have breast cancer. Most problems aren't cancer. • If you feel there is something wrong with your breasts, you should have them checked out by your doctor. You should call your doctor's office and explain your problem and make an appointment. If she feels uncomfortable talking to her doctor, refer to Barrier 53 responses. • If she doesn't have a doctor, refer to Barrier 37 responses.

Barrier 50: Staff are mean

SHE MAY SAY	SUGGESTED RESPONSE
The last time I went the lady was so mean.	<ul style="list-style-type: none">• I hope you will tell your doctor how you feel so he/she can talk with the technologist about 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 takes your insurance.• If you do switch to another facility, you can pick up your records and take them with you to the new place. Or you can call your new facility before your first appointment and ask them to get your records from the facility you previously visited.

Barrier 51: 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.	<ul style="list-style-type: none">• 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. Or 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 52: 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.	<ul style="list-style-type: none">• 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?• 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.

Barrier 53: Uncomfortable talking to doctor about risk or breast changes

SHE MAY SAY	SUGGESTED RESPONSE
<p>I don't feel comfortable talking to my doctor about risk factors or breast changes.</p>	<ul style="list-style-type: none"> • Why don't you feel comfortable? Can we practice talking to the doctor together? Is there a close friend or family member that can come with you to your appointment to support you? It is very important that you share your personal risk factors or talk about changes to your breasts with your doctor. If she dislikes her doctor, refer to Barrier 12 responses. • Some women think they may be wrong or worried for nothing, but it's important to check with your doctor. You know your body better than anyone. If you notice a change, talk to your doctor. • If you think you are at high risk for developing breast cancer, talk to your doctor. Your doctor will ask you questions about your health and family history. He/she may also ask when you started having periods or had your first child. Be prepared to talk openly and honestly with your doctor. • Some women do not feel comfortable talking to male doctors about these topics. I know some places with female doctors. Would you like me to give you a list? • Some women worry that they won't understand their doctors' answers to their questions. Ask your doctor to write down important information. If your doctor thinks you may need genetic testing and genetic counseling, ask for written recommendations. <p><i>See the educator resource <u>"7 Tips for Being Your Own Best Advocate,"</u> <u>"What Do Genes Have To Do With Breast Cancer"</u> and <u>"Start Talking: The Importance of Family Health History."</u></i></p>

Barrier 54: Uncomfortable talking to family about health history

SHE MAY SAY	SUGGESTED RESPONSE
<p>I am uncomfortable talking to my family about breast cancer.</p> <p>I don't want to talk to my relatives about our personal health history.</p>	<ul style="list-style-type: none"> • Asking your relatives about your family health history can be very emotional. You may feel uncomfortable or worried about how they will react. Keep in mind that the information may help you and other relatives, including your children, to know their own personal risks of developing breast cancer. • It is important to know if you have a family history of breast cancer. But for many families, breast cancer is very personal. Set time aside for a private conversation with your relatives. Explain to them why you want to discuss breast cancer. • Offer to go with female family members to breast cancer screenings. Use the trip to talk about breast cancer in your family. • Talk with relatives on both sides of your family. If you are uncomfortable talking to male relatives about breast cancer, sit down privately with a male relative and his spouse or a female relative. Start by asking about cancer in general, and then ask about breast cancer. • If you learn information about your family history of breast cancer, pass this information on to younger generations. <p><i>See the educator resource "Start Talking: The Importance of Family Health History"</i></p>
<p>I don't feel comfortable talking to my children/to younger generations about our family's history of breast cancer.</p>	<ul style="list-style-type: none"> • Remember that you are sharing this information because you love them and want them to be healthy and safe. If you believe they are at a higher risk of developing breast cancer based on your family history, it is important that they are aware. • If your children are young, consider waiting until they are young adults to share this information. Breast cancer is extremely rare before the age of 20. • Be open and answer their questions truthfully. Ask them to pass along the information to their own children and younger family members when they are older.

Barrier 55: Undocumented immigrant

SHE MAY SAY	SUGGESTED RESPONSE
I, or someone in my family is an undocumented immigrants and is scared of being reported.	<ul style="list-style-type: none">• 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 and federally qualified health centers that can provide you with a mammogram regardless of your residency/citizenship status. Let's work together to find an organization that will provide you a mammogram without fear of your immigration status being reported.• As an educator, you should build relationships with health care providers with whom you feel confident working. 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.

Barrier 56: Worried about having a mammogram

SHE MAY SAY	SUGGESTED RESPONSE
I am just worried about getting a mammogram.	<ul style="list-style-type: none">• 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.• 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.• 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 sometimes find breast cancer years before it can be felt. When breast cancer is found early and treated effectively, many women live longer and healthier lives.

Barrier 57: Worried about losing femininity

SHE MAY SAY	SUGGESTED RESPONSE
I don't want to have a mammogram. If I find out I have breast cancer, I will have to go through treatment that will mean losing my breasts and my hair, and I will no longer feel feminine or sexually attractive.	<ul style="list-style-type: none">• Feeling feminine is important to us women. But being diagnosed with breast cancer does not always mean you will lose your breasts and your hair. There are different treatments recommended based on the type and stage of breast cancer at diagnosis. They do not all involve losing your breasts or your hair.• There are ways to make yourself feel more feminine while going through treatment and after treatment. The use of breast prostheses and reconstructive surgery are very common for women who have had mastectomies. Hair grows back, and you can get free or low-cost wigs or wear beautiful scarves or hats while it grows back.

EDUCATOR TIPS



Tips for Using Text Messaging and Social Media

Text messaging and social media may be useful tools to reach and educate your audience. The use of social media has evolved over the years and is an evidence-based strategy to disseminate information and promote short-term behavioral changes¹. According to the Pew Research Center, ninety-two percent of Blacks and African Americans own a cell phone², among which 85 percent actively send and receive text messages³. Also, 80 percent of Blacks and African Americans use the internet; and 73 percent of users ages 18 and older visit social networking sites².

Text messaging and social media can be cost-effective tools to reach a wide audience with timely information. Some churches and public health organizations even use text messaging to provide their congregations and clients with health information, including cancer screenings and health-related behaviors⁴. These methods allow you and your organization to personalize and tailor health messages to reach your audience. Popular social media sites used by Blacks and African Americans are listed in the table below⁵.



For more information about working within faith-based organizations, see [*Outreach and Education to Faith-Based Organizations.*](#)

Social Media Site	Percent of Online Black and African American Internet Users to Access Site
Facebook	67
Instagram	38
LinkedIn	28
Twitter	27

Using Text Messaging

Text messaging requires your audience to have access to cell phones that receive texts. Listed below are tips for using text messaging to reach your audience.

- Get permission from the cell phone user to send them text messages. You can include this option on an event *sign-in sheet* or intake form, on your organization's website, in your email signature and many other places.
- Keep text messages short and concise. The message should not be more than 160 characters long.
- Provide information that is interesting and engaging. Start with a statistic, quick fact or question that will make the receiver want to read the whole message.
- Provide ways to access other information, such as a clickable website URL or a phone number.
- Include an option so that the receiver can opt-out from receiving the text messages. Remember, some may have to pay for each incoming message.

Using Social Media

When using social media sites, there are many details to consider. Listed below are some tips for using social media.

- Be sure to consider time, commitment, expertise and resources needed to maintain social media platforms.
- Start with options that are free, require less time and expertise to set up, and can be updated and monitored from anywhere, such as Facebook or Twitter. Once your audience and expertise grow, you can create more time-consuming media, such as videos posted on YouTube, blogs and podcasts.
- Use images that are culturally-appropriate and representative of your audience.
- Create easy-to-read messages so you can reach audiences with lower literacy levels. Keep medical jargon to a minimum unless that jargon is well-defined.
- Make sure the information you are sharing is accurate and evidence-based. Check any statistics before posting. Consider including a reference so that your message will have more impact.
- Use social media sites that allow information to be easily shared with other readers. For example, Twitter allows users to “retweet” messages so their followers can see your message.
- Create informational products (posts, blog entries, tweets, photos, infographics, videos, etc.) that align with current initiatives, such as Breast Cancer Awareness Month, National Mammography Day and Black History Month.



Depending on the type of social media or text messaging services you use, you can measure how many people accessed the information. For instance, some social media sites allow you to see how many people shared your message with others. You can use that information to evaluate your message's reach.

The “Know Your Girls™” campaign was launched by the Ad Council and Susan G. Komen® to educate and inspire black women (primarily 30-45) to understand their breast cancer risk and engage with information and tools that can ultimately promote early detection. This campaign empowers each woman to treat her breasts with the same love and attentiveness she does her closest girlfriends. Here are some sample social posts which can be used if this is your target audience.

Facebook examples:

When it comes to your girls, you're always ready to support them. And we're not talking about your best friends. We're talking about your other "girls" – your breasts. It's important for all of us to understand our individual risk for breast cancer and protect our "girls." Visit KnowYourGirls.org to learn how you can take action to support your breast health. #KnowYourGirls

We know it isn't always easy to talk about breast health, but when it comes to your "girls," it's worth a conversation – and more! KnowYourGirls.org is a great resource for black women to get breast health facts and hear from other women who are starting the conversation. You can also stop by at our [EVENT] in [LOCATION] on [DATE]! #KnowYourGirls

Instagram examples:

We know you take your health as seriously as you take protecting your girls. But did you know that there's a lot you can do to protect your other "girls," too? That's right, we're talking about breast health. We're hosing [EVENT] in [LOCATION] on [DATE] to spread the word and start the conversation about how important it is to #KnowYourGirls. See you, your girls and your "girls" there!

How well do you know your "girls?" We're not talking about your BFFs, but your breasts. Our other "girls" are just as important, and we have to protect them. Stop by [EVENT] in [LOCATION] on [DATE] to get to #KnowYourGirls.

Twitter examples:

Dedicate today to your girls. Your best friends AND your other "girls" – your breasts. Visit KnowYourGirls.org to learn about your #breastcancer risk and encourage your girls to do the same. #KnowYourGirls

We know you'd do anything to protect your girls, so we want to make sure you know how to protect your other "girls" – your breasts. That's why we're hosting a [EVENT] in [LOCATION] on [DATE]. Learn more about breast health at KnowYourGirls.org and see you on [DATE]! #KnowYourGirls

Things to Consider Before Using Texting or Social Media

- Younger audiences use text messaging and social media to a greater degree than older audiences.
- Learn whether your intended audience will receive or access your messaging before embarking on a social media campaign.
- Check your spelling before posting or sending messages.
- Be sure that your audience has cell reception before sending text messages. This is especially important in rural areas where reception may be poor.
- Maintain the privacy of your individual audience members. Never share personal stories, especially those containing protected health information, without getting permission from the person. This applies even if you have changed his or her name.



For more information about working with people living in rural areas, see [Outreach and Education to Rural Black and African American Populations.](#)

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EDUCATOR RESOURCES



Responding to Questions About Breast Self-Exam (BSE)

Today, we encourage women to know their risk of developing breast cancer; get screened; know how their breasts normally look and feel and the importance of reporting changes to a health care provider; and to make healthy lifestyle choices that may reduce their risk. We refer to this more comprehensive set of educational messages as *breast self-awareness messages*. Each message is associated with actions that women can take to make informed breast care decisions.

BSE involves learning a series of steps to look and feel the breast and breast area for changes. Women were advised to perform breast self-exam at the same time each month. Many organizations, including Komen, no longer teach the specific steps of BSE, but prefer to focus on the warning signs of breast cancer that all women should know and report to their providers when a change is noticed.

Sometimes people ask about the difference between breast self-awareness and BSE. 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.

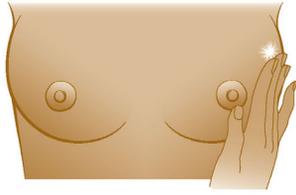
Most organizations no longer teach monthly BSE for the following reasons:

- Studies show that teaching BSE does not reduce mortality (death).
- In the past, women knew they should be doing breast self-exams, but didn't actually do them and sometimes felt guilty about not doing them.
- When the steps of the breast self-exam were taught, there was often more emphasis on the actual steps themselves, than on being able to recognize the changes (warning signs) important for people to notice and report to a health care provider.
- The use of breast models as a teaching tool is 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.

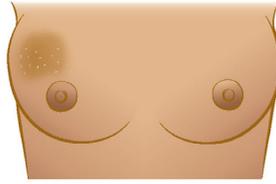
If someone you meet asks you about BSE you can share [breast self-awareness messages card](#) and the following information:

- 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 signs are visual.

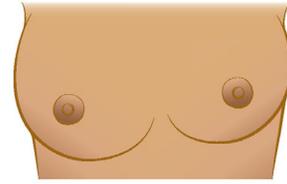
- Lump, hard knot or thickening inside the breast or underarm area



- 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



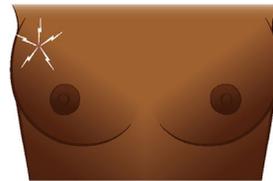
- Pulling in of your nipple or other parts of the breast



- Nipple discharge that starts suddenly



- New pain in one spot that does not go away



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If someone you meet says that they found their own breast cancer through BSE:

- Acknowledge and congratulate that they knew what was normal for them, recognized a change and took action to have it checked.
- 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 BSE, 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 entitled, Breast Self Awareness for Black and African American Communities that includes talking points that can be customized and adapted depending on your audience.

EDUCATOR RESOURCES



Mistrust in the Health Care System Among Black and African American Communities

Multiple studies have shown that Blacks and African Americans report lower levels of trust in hospitals and health care providers than whites^{1, 2, 3, 4, 5}. This mistrust may influence a patient's experience and satisfaction with the medical care they receive. Mistrust can also reduce the likelihood that a patient will seek medical screenings or follow up with recommended treatments^{3, 5}. It is important to understand the reasons many Blacks and African Americans feel less trusting of health care providers, and what you can do to help ease concerns about seeking health care.

Reasons for Distrust in Health Care Providers

Many studies cite the *Tuskegee Syphilis Study* as a major cause of African Americans' mistrust in the health care system. However, other factors that reduce trust include the following^{2, 3}:

- Experiences and expectations of racism and discrimination
- Having received substandard care in the past
- Concerns about being used for experiments without their knowledge
- Concerns about privacy
- A general mistrust of large, societal institutions, such as social and health service providers

Impact of Reduced Trust in the Medical System

Mistrust in the health care system among African Americans has been cited as a major reason for lower levels of patient satisfaction with care and decreased participation in health promotion activities and medical research^{4, 7}. This is of particular concern because some people have reported that distrust in the health care system has led them to forgo recommended treatments (including surgery), withdraw from care or not seek care in the first place³, all of which can have a negative impact on their long-term health outcomes⁸. Also, Black and African American women are not well-represented in clinical trials for any disease, which is partially a result of lower trust. Lack of participation in these studies limits how much we know about this population and which treatments, for example, would be most beneficial to them based on different biological factors^{9, 10}.



For more information, see the [*Tuskegee Syphilis Study*](#).



For more information about barriers to health care access among Black immigrant populations, see [*Health Care Perceptions and Barriers to Access Among Black Immigrant Populations*](#).



For more information about Black and African American participation in clinical trials, see [*Talking to Your Audience About Clinical Trials*](#).

Overcoming Mistrust in the Medical System

It is important for you to understand that mistrust in the medical system may be a barrier for some members of your audience. Mistrust may keep them from seeking and obtaining a clinical breast exam or mammogram, or following up after an abnormal screening.

Providing information about the importance of regular medical visits and use of mammograms for breast cancer screening has been a successful approach to improve breast health outcomes among African American women¹¹.

Below are some tips for addressing mistrust and fear within your audience:

- If an audience member expresses concerns about seeking health care due to a lack of trust, you can ask that person to share a little about her or his experience. This may help you to provide appropriate information or recommendations.
- Provide some information about what to expect during a clinical breast exam or mammogram. This information may help your audience avoid unexpected surprises and feel more comfortable about the process of being screened. Discuss questions that a physician or technician may ask during the screening process.
- Share some resources that your audience members can use to prepare for a visit, including [Questions to Ask Your Doctor - Screening Mammograms card](#).
- Encourage audience members to take an active role in their health care. This can include:
 - Talking to their doctor when they're due for or missed a screening. Doctors do not always remind patients when they need a screening that is not a part of the services that office or doctor provides.
 - Writing down information before an appointment. This may include any questions or concerns they may have, or other information that they wish to share with their health care provider. This will help them to remember details and questions that we all sometimes forget during medical appointments.
 - Asking questions to help them better understand what their doctor discusses during an appointment. Questions might include:
 - What is the problem or condition I am facing?
 - What do I need to do next?
 - Why is this important?
 - Speaking up if they feel like their doctor did not understand or hear them.
- If someone tells you they do not like or trust their health care provider, you may suggest that she or he seek a new one. A poor relationship with a health care provider may prevent someone from getting breast cancer screenings. Ways of finding a new provider include the following:
 - Getting suggestions from family members and friends who are satisfied with the care they receive
 - Calling the insurance company or searching for a provider online through their insurance company's website
 - Searching websites with patient satisfaction ratings

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EDUCATOR RESOURCES



The Tuskegee Syphilis Study

The Tuskegee Syphilis Study was a clinical trial (study) conducted by the U.S. Public Health Service (USPHS) from 1932 to 1972. The study enrolled impoverished African American men to research the natural progression of untreated syphilis. This study is commonly used to showcase unethical research practices. Many African Americans cite the Tuskegee Syphilis Study as a main reason for distrusting the medical system¹, along with other factors, including prior experiences of racism, concerns about privacy and general mistrust of institutions^{2, 3, 4}. It is important to know the background of this study and some of the common barriers and misconceptions you may encounter when encouraging your audience to seek medical care. The majority of African Americans are aware of the Tuskegee study, but many believe some common misconceptions (untrue beliefs) of the study details.

Study Details

In 1932, the USPHS recruited 600 Black men in Tuskegee, Alabama — 399 of which had syphilis and 201 who did not have the disease. Study participants were given incentives that took advantage of their low socioeconomic status, including:

- Free medical exams
- Transportation to medical appointments
- Free meals on exam days
- Treatment for injuries or disease
- Paid funeral and burial expenses in the event of their death

The men with syphilis were never informed of their diagnosis and were instead told they had “bad blood,” which was a local term that could include several illnesses. One of the reasons the study is so controversial is that the men were not treated for the disease even after penicillin was introduced as the standard treatment in 1947. Information about the effectiveness of penicillin was kept from the men. They were denied treatment and were told they could not leave the study to seek treatment elsewhere.



This Tuskegee study was performed on African American men. The misconceptions listed below are attributed to U.S. born African Americans. Thus, Black populations are not discussed in this resource.

NOTE

The purpose of this resource is to help you to be prepared for any questions or feedback you may receive about the Tuskegee Syphilis Study. This resource will help you respond with information about the protections that are put in place for the safety of study participants and patients seeking health care.

In 1972, a panel of members of several federal agencies found that the Tuskegee Syphilis Study was not ethical and forced an end to the study. The study was found to be unethical because researchers did not:

- Tell the men all the important details of the study (informed consent),
- Tell them the purpose of the study,
- Inform them of how the treatments used would affect their health, or
- Allow them to receive penicillin when it became available.

In 1996, President Clinton, on behalf of the U.S. government, formally apologized to the surviving members of the study and families of the deceased for the emotional, medical and psychological damage from the study⁵.

Many African Americans are aware of the Tuskegee experiments, but for some, the history is unclear and there is some confusion. The content below will help you be aware of these common myths about the Tuskegee Syphilis Study and provides ideas about how to respond. Increasing knowledge about the Tuskegee Syphilis Study can begin to dispel misconceptions and reduce barriers to accessing care.

Myths ^{6, 7}	Possible Responses
“The government injected the men with syphilis.”	The government did not inject the men with syphilis. The men already had syphilis at the beginning of the study.
“The study was kept completely secret, especially to African Americans.”	Information about the Tuskegee Syphilis Study was publicly available throughout the study period. The ethical violations were exposed in 1972, causing the study to end.
“The study ended when penicillin became available.”	The study did not end when penicillin became accepted as the standard of care to treat syphilis. This is one of the ethical violations recognized in 1972.
“The doctors in the study were not affiliated with the government.”	The doctors in the study were employed by the United States Public Health Service, which was a government agency. They were not independent physicians.
“The men in the study were falsely told they had syphilis when they didn’t.”	The men included in the study had syphilis before the study began and were diagnosed accurately. The men were told they had an illness, but not specifically syphilis.
“Studies like this still happen.”	This study is one of several unethical studies that lead to the creation of Institutional Review Boards (IRB), which approve and monitor all formal research on human participants. The IRB approval process ensures that rights and safety of participants are protected.

Institutional Review Boards protect the rights of human study participants by requiring researchers to show proof of the following⁸:

- **Informed Consent:** Researchers must get written consent from participants before beginning the study. Informed consent means that participants are given information about the study, including the procedures, the purpose of the research, risks and benefits and other therapies that are available.
- **Comprehension:** Information provided to participants must be provided at an appropriate reading level and in ways that participants can understand the material.
- **Voluntariness:** The decision to participate must be voluntary. Researchers cannot pressure participants into taking part in the study.
- **Withdrawal from Study:** Researchers must tell the participants that they may ask questions or withdraw from the study at any time.
- **Risk/Benefit Assessments:** Researchers must balance risks and benefits of the research. Studies that involve cruel treatment of humans are not approved.
- **Fair Participant Selection:** Participants may not be selected out of convenience, vulnerability, or because the researcher does not like a certain group.

Without confirming these protections are in place, IRBs will not approve a study. Researchers cannot conduct a study using human participants without IRB approval.

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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, but you can start in any box. 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 Black and African American communities.

Who is the Audience?	What is the Message?
<ul style="list-style-type: none">• Will younger or older women/men/children be attending?• How many will be in attendance?• Am I reaching immigrant populations? If so:<ul style="list-style-type: none">• What countries/regions does the audience represent?• Are there any language barriers that I need to address? <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 they understand the incidence rates for their community and how they differ from that of white women?• 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? 	<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 presentation materials and PowerPoint slides? • How many of each educational material item should I have?
<p>Things I need to do to prepare my venue are:</p>	<p>These are the resources I will be using:</p>

Sign-In Sheet



Event Type:

Location:

Date:

	First Name	Last Name	Phone/Cellular Phone	Can we text you with information or updates? Y/N	Email	Address
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						



Are you interested in learning more about
breast health and breast cancer?

WE INVITE YOU

to join us to 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.
- Who do you expect to make up your audience? If men, women under the age of 40, older women or Black immigrants will attend or if children will be present, have appropriate talking points, materials and/or activities planned.

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

- What technology is available for you to use? This question is important if you want to use presentation software, play videos or access information online. If you will not have access to a computer, projector, or the internet and cannot provide your own, be sure to have enough printouts to hand out. 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, libraries 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 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.



If you are bringing food, take the opportunity to model healthy behaviors by bringing a culturally-appropriate healthy dish.

EDUCATOR RESOURCES



Conducting Outreach and Education in Beauty Salons

Black and African American women are more likely to have a regular visit to the beauty salon than they do with a health care provider^{1,2}. Black and African American-run beauty salons offer a unique venue for your outreach and engagement efforts. Historically, these businesses have been places where community members gather and have social discussions about important issues in their lives. Salons can be a venue with a relaxed atmosphere to gather information and foster social support. Beauty salons can include hair, wig, nail and make-up services. Partnering with these businesses has been shown to be part of an effective strategy to reach Black and African American women around health topics¹.

NOTE

Hair plays a role in the cultural identity of Black and African American women. Women diagnosed with breast cancer may worry about losing their hair or having difficulty styling hair. Research has shown that Black and African American women are uncomfortable discussing hair loss with their health care provider³. These women may turn to a trusted stylist for ideas or support.

Strengths of Creating Partnerships with Salons²

- Clients trust their stylists.
- Stylists care about their clients and are generally enthusiastic about helping them protect and improve their health.
- Salons are found in various types of communities, including urban, suburban and rural locations.
- Salons are places where people feel safe, relaxed, open and willing to receive various types of information.

Evidence-Based Strategies for Implementing Outreach Programming to Salons

- Display professionally-produced posters and informational materials that include photographs and illustrations of Black and African American women⁴.
- Train stylists to initiate one-to-one conversations about breast health, including emphasis on importance of clinical breast exams and mammography⁵.



See [Using Your Educational Materials: Poster Set for African Americans for information.](#)

Tips and Ideas

- Do not schedule events that conflict with the busiest times at the salon.
- Partner with a Certified Application Counselor to set up an event at the salon to assist clients in enrolling in health insurance through the Affordable Care Act (ACA) Marketplace.
- Partner with a program that provides health outreach to men in barbershops to build your network and offer educational services to women and men about breast health.

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- 1 Browne, R.C. "Most Black Women Have a Regular Source of Hair Care - but not Medical Care," J Natl Med Assoc 98, no. 10 (2006): 1652-1653.
 - 2 Linnan, L.A., Kim, A.E. Wasilewski, Y., Lee, A.M., Yang, J., and Solomon, F. "Working with Licensed Cosmetologists to Promote Health: Results from the North Carolina BEAUTY and Health Pilot Study," Prev Med 33, no. 6 (2001): 606-612.
 - 3 Gathers, R.C. and Mahan, M.G. "African American Women, Hair Care, and Health Barriers," The Journal of Clinical and Aesthetic Dermatology 7, no. 9 (2014): 26-29.
 - 4 Wilson, T.E., Fraser-White, M., Feldman, J., Homel, P., Wright, S., King, G., Coll, B., Banks, P., Davis-King, D., Price, M., and Browne R.C. "Hair Salon Stylists as Breast Cancer Prevention Lay Health Advisors for African American and Afro-Caribbean Women," Journal of Health Care for the Poor and Underserved 19 (2008): 216-226.
 - 5 Linnan, L.A., Ferguson, Y.O., Wasilewski, Y., Lee, A.M., Solomon, F, et al. "Using Community-Based Participatory Research to Reach Women with Health Messages: Results from the North Carolina BEAUTY and Health Pilot Project," Health Promotion Practice 6, no. 2 (2005): 164-173.

EDUCATOR RESOURCES



Outreach and Education to Faith-Based Organizations

Many Blacks and African Americans are engaged in their communities through churches, mosques and synagogues. Fifty-three percent of Blacks and African Americans report attending church at least weekly¹. Studies suggest that working with faith-based programs is an effective strategy for increasing access to health education and screening in a safe and trusted environment^{2, 3}. In addition, faith-based venues have been successfully used in the past to increase participation and retention for many types of health programming including smoking cessation⁴, cervical cancer⁵ and mammography re-screening⁶, among others.

According to a study by the Pew Research Center’s Forum on Religion & Public Life, Blacks and African Americans are more likely to report religious affiliation than whites or Hispanics/Latinos¹. Nearly 80 percent of Blacks and African Americans reported that religion is very important in their lives. Among those who are affiliated with a faith community, the majority described themselves as belonging to churches in the historically Black Protestant tradition, followed by either evangelical or mainline Protestant traditions. A small number of Blacks and African Americans identified with other traditions or were unaffiliated. The below table contains popular churches and the percent of Blacks and African Americans who reported affiliation to denominations belonging to those churches.

Religion/Church	Percent Reporting Affiliation
Protestant	Total Protestant: 78
Baptist	45
Pentecostal	8
Methodist	5
Nondenominational Protestant	5
Mainline Protestant	4
Restorationist	2
Holiness	1
Other Protestant	7
Catholic	5
Unaffiliated (Atheist, Agnostic, “nothing in particular”)	12
Jehovah’s Witness	1
Muslim	1
Other religions (less than .5 percent affiliation)	4

NOTE

While nearly 88 percent of Blacks and African Americans are affiliated with a religion, 12 percent report being either Agnostic, Atheist, or having no particular religious affiliation. Moreover, 19 percent of African Americans ages 18-29 and 13 percent ages 30-49 report not being affiliated with a church⁷. These individuals, and those who do not attend church on a regular basis, have to be reached outside of faith-based organizations. **Section Three: What is the Venue?, Getting to Know the Community You Serve and Conducting Outreach and Education in Beauty Salons** offer additional suggestions for reaching the Black and African American community. As always, it is important to know your intended audience well, including where they can and cannot be reached.

Tips For Planning and Providing Educational Events in Faith-Based Organizations

Identify church leaders and ask for their support.

Set up a meeting with the church leaders and/or health ministry to introduce your program and get their support. Consider approaching influential females within the church, such as the first lady or the church secretary.

- Ask if the church hosts an ongoing breast health group, workshop or discussion — or if it has ever hosted a breast cancer education workshop. If not, ask if the church would be interested in allowing you or your organization to provide outreach and education to the congregation.
- Provide information about the importance of breast cancer education and mammography screening in the Black and African American community. This might include information about incidence and survivorship rates among Black and African American women, and the importance of early detection.
- Ask leaders if they can introduce you to people or groups that can assist you in recruiting participants for your program.
- If the church holds its own health fairs, ask for permission to participate by setting up a table to engage in conversations with members about breast cancer in their community. Empower them to take action and get screened.



For more information about breast cancer incidence and mortality rates, see **Breast Cancer Among Black and African American Women.**

Plan your event.

Based on your conversation with the faith-based organization leadership, determine how much time and resources you will need to conduct your program.

- Decide if you will conduct a one-time event or several events that will require more planning.
- Identify volunteers who can help you set up and promote your event(s) and recruit participants.
- Invite a guest speaker, such as a breast cancer survivor or representative of a breast cancer organization, to speak to your audience.
- Consider partnering with someone within the congregation or part of the clergy to assist with conducting the event. A person who is well-known by the congregation may be seen as more influential than someone outside of the church.

Promote your event.

Use printed material such as flyers and handouts and/or posts on websites or public media to promote your event(s) and provide participants with facts about breast cancer.

- Download and print materials from [KomenToolkits.org](https://www.komen.org/toolkits).
- Use flyers, printed bulletins and bulletin boards to announce your upcoming event.
- Use social media to promote the event. Ask the church leaders the best way to reach their congregation. For instance, if they have a large following to their Facebook or Twitter page, ask if they will announce your event. See [*Tips for Using Text Messaging and Social Media for Outreach and Education*](#) for more ideas.
- Ask faith leaders if you can include information about your event in their newsletter, or if they can announce it during services.
- Ask faith leaders if they would be willing to share information with the congregation during their service, time of worship, mass or assembly.
- Participate in the organization's regular services and distribute event flyers after services.

Other ideas

- See if any other organizations in your community have a faith-based program with which you can partner or a Toolkit from which you can gather ideas. The names of these programs vary, but include *Worship in Pink*, *Pink Sunday* and *Pink in the Pew*.
- Invite a health care professional to your event to speak about the importance of screening.
- Invite a speaker to Bible study to share their story and lead a prayer for those affected by breast cancer.
- Request that church leaders ask the congregation to wear pink or pass out pink ribbons or flowers to honor survivors and those who have passed.
- Ask the church leaders to have a moment of prayer for those affected by breast cancer during their services.
- Ask church leaders to praise the improvements that have been made to screening and treatment for breast cancer over the years. Provide a script, if needed.
- Develop a recipe book with healthy recipes submitted by the congregation. Cook with these recipes at an event focused on breast health.
- Set up an education booth to hand out materials and answer questions after weekly services.
- Serve pink lemonade and pink cake before or after services to start a conversation about breast health.
- Ask church leaders if you can create a "pink-space" on a bulletin board to post facts and information on breast health.
- Ask if you can create a Wall of Hope with names, pictures and stories of congregation members who have been affected by breast cancer.
- Host a women's only prayer group or educational event for women who may not feel comfortable accessing breast health information in front of the congregation.
- Ask if you can form or help set up a team to participate in a local Susan G. Komen Race/Walk. To locate an event near you, visit: apps.komen.org/raceforthecure.

For more information about conducting your event, see [*Leading a Breast Health Session*](#).

- 1 "U.S. Religious Landscape Survey, Report 2007," Pew Forum on Religion and Public Life.
- 2 Kerner, J., Dusenbury, L., & Mandelblatt, J. "Poverty and Cultural Diversity: Challenges for Health Promotion among the Medically Underserved," *Annual Review of Public Health* 14 (1993): 355-377.
- 3 Kotecki, C.N. "Developing a Health Promotion Program for Faith-Based Communities," *Holist Nursing Practice* 16 (2002): 61-69.
- 4 Stillman, F.A., Bone, L.R., Rand, C., and Levine, D.M. "Heart, Body, and Soul: A Church-Based Smoking Cessation Program for Urban African Americans," *Preventative Medicine* 22 (1993): 335-349.
- 5 Davis, D.T., Bustamante, A., Brown, C.P., Wolde-Tsadiq, G., Savage, E.W., Cheng, X., et al. "The Urban Church and Cancer Control: A Source of Social Influence in Minority Communities," *Public Health Reports* 109 (1994): 500-506.
- 6 Duan, N, Fox, S.A., Derose, K.P., and Carson, S. "Maintaining Mammography Adherence through Telephone Counseling in a Church-Based Trial," *American Journal of Public Health* 90 (2000): 1468-1471.
- 7 "A Religious Portrait of African Americans," PewResearch Center, last modified 2009, <http://www.pewforum.org/2009/01/30/a-religious-portrait-of-african-americans/>

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 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 are using presentation software, such as PowerPoint and 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 your presentation materials 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.

Check the 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.

Consider the placement of your 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, older women or Black immigrants, 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 Black and African American women who 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 who attend 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 held 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 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. 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).
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](#).



For more questions and guides for how to respond during conversations, see [**Sample Talking Points for One-to-One Conversations.**](#)



[**My Breast Health Resource List**](#)

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 a chance to practice what they are learning. Examples include:

Our Health Is Important:

Give each member of the audience a letter or word in the phrase “Our health is important.” 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 the phrase 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 the 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 that may reduce the 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.
- Warm-up the participants with icebreaker activities. Talking about breast cancer may be frightening for some women. Icebreakers can make the space more intimate and less intimidating. Suggestions for warm-up activities can be found in *Activities* and *Culturally-Responsive Communication with the Black Immigrant Community*.
- Share the goals of the breast health session. For example, you might say: “The goals of our session are:
 - To discuss 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.
- The evaluation tools are for you, the educator, to know how well your message was received by the audience. The evaluations can also be tailored to gather any information you feel you need to decide whether your presentations are going well.
- 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.

- Provide your presentation/lesson, information and/or facilitated discussion to the audience.
- You can answer questions your audience has while you are delivering content, or after.

4. Evaluate the session.

- Tell the audience when it is time to 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 call the Susan G. Komen® Breast Care Helpline at 1-877 GO KOMEN (1-877-465-6636).

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
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: do not 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.

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. <p>Remind participants:</p> <ul style="list-style-type: none"> • Everyone’s input is important. • There are no silly/stupid questions. • We learn from one another.
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.

CHART



Handling Challenges in Group Discussions

Before beginning a group session or presentation, let your audience know what to expect, including topics and the length of the session. You may want to develop a set of basic ground rules with the group, and then display them at your session. Ground rules can include maintaining confidentiality, sharing the airspace and showing respect for others' questions and feedback. In addition, the following chart offers topics and suggested responses that you can use to get back on track when faced with challenges during group discussions.

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> <p>Remember: Always treat participants with respect and consideration; and watch your body language.</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>

Topic	Situation/Example	How to Address
Staying on Time	The group veers off into other topics.	Stop the process and ask the group, "Do we need to take a break? Let's take a five minute break."
	The discussion has continued for some time and you are running out of time for the next item.	<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>
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> <p>"Our ground rules clearly say that everyone has a right to an opinion."</p>
	If the behavior continues after reminding them about the ground rules.	<p>"There appears to be a difference of opinion here. That's okay — we all have different views and values. Let's move on to the next topic so we can get through the presentation."</p> <p>"Please take a minute in the hall to gather your thoughts and return to the classroom." If the person decides to leave, continue without him or her.</p>

Topic	Situation/Example	How to Address
Never-Ending Discussion	The group discussion has continued for some time and you are running out of time for the next item.	<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>
	A person has been talking for a long time and other people are getting tired.	<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,</p> <p>“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.</p> <p>For example, say, “So Susan’s point is _____. Does anyone else have anything to add?”</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 before you respond.
- Engage your audience. When a participant asks a question and you do not have experience with the particular issue, you can ask, "Does anyone here have experience with that?" If yes, say to the participant "Do you mind if we ask for suggestions from the group?" If the person doesn't object, begin collecting responses from the group. You can write them on a board/hanging sheet of paper so the participant can view.
- If it is not an appropriate question for this workshop (deals with another area of the organization or other topic), say, "That is a good question, however, this is a matter for another time/place." You can also offer to talk one-on-one after the presentation.
- 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 Susan G. Komen® resources.

EDUCATOR RESOURCES



Talking to Your Audience About Breast Cancer Clinical Trials

Breast Cancer Clinical Trials

The information below provides an overview of breast cancer clinical trials.

- Clinical trials are carefully controlled research studies.
- People volunteer to take part in them.
- They look at new ways to prevent, screen, diagnose or treat a disease.
- Clinical trials have strict enrollment procedures, called eligibility criteria, which are listed in the trial (or study) protocol. Breast cancer clinical trials enroll participants who have been recently diagnosed with breast cancer or have undergone treatment for breast cancer, while others are limited to healthy women or who have certain risk factors for developing breast cancer.
- Clinical trials have led to many medical advances in breast cancer, such as mammography use as a screening tool, lumpectomy and radiation therapy instead of mastectomy and the use of tamoxifen to treat some forms of breast cancer and to reduce the risk of someone getting breast cancer.

You can find more information about clinical trials in the [*Facts for Life: Clinical Trials*](#) resource.

Participation in Clinical Trials by Black and African American Women

Overall, Black and African American women are not well-represented in clinical trials for any disease. This limits how much we know about this population and which treatments, for example, would be most beneficial to them based on various biological factors^{1,2}. According to the National Cancer Institute (NCI) data, Black and African American women with breast cancer are significantly less likely to participate in clinical trials compared to white women. During the years of 2000 to 2002, NCI-sponsored breast cancer clinical trials enrolled 1,393 African American women compared to 17,344 white women³.

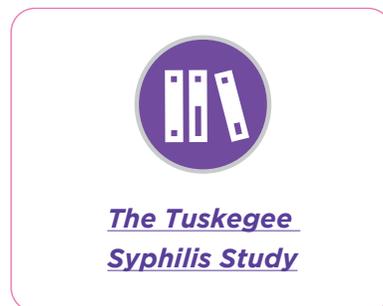
Why is it important to participate in a clinical trial?

Clinical trials of treatment trials, for instance, offer the chance to try new treatments and possibly benefit from them. Learning a new therapy is better than the standard treatment can also help others. And, as new therapies are developed, they can open doors to other drugs and procedures that may be even more effective.

Without representation from Black and African American women in clinical trials, researchers cannot know whether there are specific methods or treatments that work best with those populations. Improving the participation of Black and African American women will allow researchers to study cancer types and determine if the prevention, screening, diagnosis or treatment studied in the trial will also benefit this population.

In order to improve enrollment of Black and African American women in clinical trials it is important to provide information about the process, risks and the potential benefits to themselves and to other women with breast cancer. You can use the following strategies for talking to your audience about clinical trials:

- Ensure all communication, verbal and non-verbal, is both respectful and culturally-appropriate (see [Applying Culturally-Responsive Communication in Black and African American Communities](#)).
- Define clinical trials as research studies where people volunteer to participate to test the effectiveness and safety of possible new ways to prevent, detect, diagnose and treat diseases.
- Discuss at least two common barriers associated with clinical trials, such as the following:
 - Distrust of the medical and research communities
 - History of past invasive and unethical research (e.g., [The Tuskegee Syphilis Study](#))
 - Lack of opportunities to join because of limited access to health care
 - Lack of information from physicians about ongoing clinical trials
- Explain that clinical trials are vital to continue to provide new treatment options for patients as well as new methods in detection, diagnosis and treatment.
- Explain that clinical trials go through rigorous approval process before approved.
- Encourage those who are interested in participating in a clinical trial to consult their doctor first. Suggest that they ask their doctor what opportunities are available for them to participate in ongoing research. Encourage them to take the time to discuss the opportunity with family members and/or friends before committing to enroll in the trial.
- If they do decide to participate in a clinical trial, encourage them to thoroughly read and ensure they understand the informed consent form. Emphasize that they can chose to leave the trial at any time.
- Provide one or more resources on the topic of clinical trials. Some resources include:
 - [Facts For Life: Clinical Trials](#)
 - [Research Fast Facts: Clinical Trials](#)
 - [Clinical Trials page on Komen.org](#)



Deciding to enroll in a clinical trial is very personal. Encourage your audience members to decide if enrolling in any research study or clinical trial is right for them. This decision can also be made between an individual and her/his doctor. Encourage women to ask the doctor and the research team questions. A quick guide for questions to ask the doctor can be found in the [Questions to Ask Your Doctor: Clinical Trials](#) resource.

Where to Find a Clinical Trial

BreastCancerTrials.org in collaboration with Susan G. Komen® offers a custom matching service that can help you find a clinical trial that fits your health needs.

CenterWatch clinical trials listing service

www.centerwatch.com

Coalition of Cancer Cooperative Groups

www.cancertrialshelp.org

National Cancer Institute (NCI) clinical trials website

www.cancer.gov/clinicaltrials

National Institutes of Health (NIH) clinical trials websites

www.cc.nih.gov

www.clinicaltrials.gov

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EDUCATOR TIPS



Tips for Making Healthy Lifestyle Choices

Living a healthy lifestyle means taking certain steps to lengthen and improve quality of life while reducing your risk of diseases. Healthy lifestyle choices may help lower your risk of different types of cancer, including breast cancer. Healthy living also promotes overall health and protects against other diseases like high blood pressure, heart disease and osteoporosis.

NOTE

Not all of the lifestyle behaviors discussed below have been shown in studies to lower risk of breast cancer. Some of these behaviors may lower breast cancer risk in some women, but may not in others. There are risk factors for breast cancer that cannot be controlled, including the two most common — being born a woman and getting older. This resource focuses on some of the things that may be controlled.

Women who engage in certain behaviors may be more likely to be diagnosed with breast cancer during their lives. Many of these behaviors are under a person's control, which means that women who make healthier lifestyle choices may lower their risk for breast cancer. Some behaviors that may increase breast cancer risk are listed below^{1,2}:

- Postmenopausal women who are overweight, obese or living sedentary lifestyles (getting very little exercise) are at an increased risk of breast cancer^{3,4}. Limiting weight gain during and after menopause and/or losing weight (for those who are overweight or obese) may help lower risk of developing breast cancer.
- Women who get regular exercise (physical activity) may have a lower risk of breast cancer than women who are inactive. Although not all studies show this benefit, when the evidence is looked at as a whole, regular exercise appears to lower breast cancer risk by about 10 to 20 percent⁵. This benefit is seen most clearly in postmenopausal women⁶.
- Having one or more alcoholic drinks per day is shown to increase both premenopausal and postmenopausal breast cancer. Research data shows that women who had two to three drinks per day had a 20 percent higher risk of breast cancer².

NOTE

More research is needed to understand the factors that affect breast cancer risk in Black and African American women.

It's important to remember that living a healthy lifestyle does not have to be difficult, time-consuming or expensive. Even small changes can help.

Exercise: Research has shown that being physically active can reduce the risk of breast cancer both before and after menopause.

- The American Cancer Society recommends 150 minutes (2.5 hours) of physical activity a week to lower overall cancer risk⁷. However, you don't need to have a strenuous exercise routine to get some breast cancer risk reduction benefit. Activity equal to walking 30 minutes a day may lower risk by about three percent⁷.
- Learn if your faith-based organization has a spiritual praise dance group or try some line-dancing classes at your local college, recreation center, restaurant, senior center or YMCA.
- If you can, walk to stores while running errands.
- Some Black and African American women say they shy away from physical exercise because they do not want to undo their hairstyles⁸. If this topic comes up, ask the group for feedback about how they handle this situation in order to offer options to others.
- Ask a friend to exercise with you and help each other stick to your exercise schedule.
- When possible, use the stairs instead of the elevator.
- Park farther away from your destination.
- Take your kids/grandkids or pets for a walk.
- If you work, find ways to exercise at lunch with your coworkers, take breaks to stretch or a quick walk around the office.
- Wear a pedometer (step tracker) every day and increase your daily steps.
- Use a stationary bicycle or treadmill while watching TV.
- Do something you enjoy doing! Exercise does not have to be a chore - you can make it fun!

Healthy Weight: Maintaining a healthy weight, especially during and after menopause, may help to reduce your risk of breast cancer. Healthy weight can be defined in several ways. One way is to know your Body Mass Index (BMI). There are calculators online to help you calculate your BMI and weight range (click [here](#) for an example). You can also ask your doctor to help you determine what a healthy weight is for you.

- Eating a healthy diet, including limiting red meat, sugary foods and processed foods, may help you to maintain a healthy weight.
- Limit sweet drinks, including sodas, sports drinks and sweetened teas. Try to drink more unsweetened tea and plain water or seltzer water with fresh fruit cubes.
- Exercise may also help you to maintain your weight. Exercise develops lean muscle, which burns calories.



For more information about the connection between lifestyle and breast cancer risk and sample talking points, see [Key Messages: Make Healthy Lifestyle Choices](#).

Meal Preparation: Try the following tips for eating a healthy and well-balanced diet.

- Try braising, poaching, stewing, microwaving, baking or roasting meats instead of frying. If you want to fry your food, pan-fry meats using trans-fat-free oils (palm, almond, olive) instead of lard or shortening.
- Eat more fish, poultry or beans as an alternative to red meat.
- If you eat red meat, select lean cuts and eat smaller portions.
- Adopt traditions that will help you eat less red meat, such as participating in “Meatless Monday,” which encourages people to cut meat out of their diet at least one day per week.
- Eat more fruits and healthy sources of dietary fiber. Fruit juice does not contain fiber, which is an important part of your diet and can help you to feel full for longer. You can even make your own smoothies with fruit and vegetables.
- Integrate traditional vegetables like okra, yams, sweet potatoes, black-eyed peas and collard and mustard greens into daily meals. These foods are high in vitamins and nutrients. Prepare these vegetables using oil instead of butter, reduce the amount of sugar and use one percent or fat-free milk. You can even try preparing other types of greens, like spinach, green beans and broccoli as you would collards.
- Use the [*Recipe Search Tool*](#) to find healthy recipes using your favorite ingredients.

Alcohol: Studies show that drinking alcohol (just one drink of alcohol per day) increases breast cancer risk. Limiting your alcohol use may reduce risk.

- Limit alcohol intake to less than one drink a day for women and fewer than two drinks a day for men. One drink is defined as 5 ounces of wine, 12 ounces of beer, or 1.5 ounces of 80-proof liquor.

Breastfeed: Breastfeeding is associated with a lower risk of breast cancer, including triple negative breast cancers. If you have children in the future, breastfeeding them may help to lower your risk of breast cancer.

- There is evidence that mothers who breastfed for a lifetime total (combined duration of breastfeeding for all children) of one year were slightly less likely to get breast cancer than those who never breastfed. Mothers who breastfed for a lifetime total of two years got about twice the benefit of those who breastfed for a total of one year. Mothers who breastfed for a lifetime total of more than two years got even more benefit⁹. Although data are limited, breastfeeding for less than one year may also modestly lower breast cancer risk⁹.
- Breastfeed future babies, if you can.

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EDUCATOR TIPS



Tips for Evaluating Your Program

Evaluation is a way to measure how well your message was received and whether your objectives were met in an education event or one-to-one conversation. By evaluating your education session, you will learn if you were effective in communicating your message. It is important to find out if people increased their breast cancer knowledge and plan to take action based on the information they learned. First, this work is very important. In order to make a difference, we need to know if the program was effective and if you need to make changes to the messages we are delivering or how we are delivering them. Second, 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 and 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 for you to use. These surveys measure a person's change in knowledge and 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. You may learn that your messages were well-received with older women, but not younger women or men.

On the written survey, we suggest collecting information about the person's gender and whether she or he is Black or African American. 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.

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 their responses. This survey can be done after a conversation of any length. You may decide to skip some questions if you do not have time or if the topics were not a part of your conversation. You can also create your own modified version of the survey if you had a short conversation that does not cover all topics. The written survey can be used after a longer one-to-one conversation, group discussion or educational session.

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. Consider asking what you think are the most important questions first. 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 best 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 the responses.

3. *Be organized.*

Everyone you talk to should be asked to complete the evaluation survey. However, it's not a problem if some choose not to respond to any or some of the questions. Be organized with tracking your responses. You can use Excel or other software to enter and analyze the answers. You can also 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 results to improve your approach, your ways of reaching people and your program!*

You can use your results to report on your program's success. Using the provided surveys, you can track changes in knowledge and people's intent 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 website (see below for a list of options) and create a survey using the evaluation questions you choose. You can do this by simply cutting and pasting questions from the Toolkit's oral/written surveys into the online program. Or you can 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 examples of online programs include:

- [SurveyMonkey.com](https://www.surveymonkey.com)
- [Wufoo.com](https://www.wufoo.com)
- [SurveyGizmo.com](https://www.surveygizmo.com)
- [ProProfs.com](https://www.proprofs.com)

ORAL EVALUATION SURVEY



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 7.

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. What are the two most common things that increase your chances of getting breast cancer?

- 1. _____
- 2. _____

4. Please name at least two differences in how breast cancer affects Black and African American women as compared to white women?

- 1. _____
- 2. _____
- 3. _____

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

- Yes
- No
- Not sure
- Not a women

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

Yes

No

Not sure

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

Yes

No

Not sure

7a. (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 my routine

Achieve or maintain a healthy weight

Avoid or limit alcohol

Breastfeed future babies

Avoid or limit menopausal hormonal medications

8. Do you have health insurance?

Yes

No

Not sure

9. What is your gender?

Female

Male

Other _____

10. How would you describe your race or ethnicity?

Black or African American

Afro-Caribbean

African

Black Hispanic

Other _____

Note for Educator:

While it is important to record all responses, whether they are correct or not, if an incorrect response is given to questions 3 or 4, please follow up the survey by reminding people of the correct responses (see example message below).

1. Question 3 is a knowledge question. The correct answers are “getting older” and “being born a woman.”

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 those that we cannot control: being born a woman and getting older.”

2. Question 4 is also a knowledge question. The correct answers are:

- “Black and African American women are more likely than white women to be diagnosed with breast cancer at a younger age (also correct: “under 40” or “at a median age of 60).”
- “Black and African American women are more likely than other racial/ethnic groups to develop triple negative breast cancers.”

Example:

If the respondent lists other differences in how Black and African American are affected by breast cancer, acknowledge that she or he correctly identified those differences by saying: “That’s correct, those are differences between how Black and African American and white women are affected by breast cancer. Also, Black and African American women are more likely than white women to develop breast cancer under the age of 40. The median age at which Black and African American women are diagnosed with breast cancer is 60, compared to 64 in white women. Black and African American women are also more likely to develop triple negative breast cancers.”

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 things that increase your chances of getting breast cancer?
 - 1. _____
 - 2. _____

- 4) Please name at least two differences in how breast cancer affects Black and African American women as compared to white women?
 - 1. _____
 - 2. _____
 - 3. _____

- 5) At what age should women at average risk for breast cancer begin to get clinical breast exams? Please select only one answer.
 - 20 years old
 - 30 years old
 - 40 years old
 - 65 years old

- 6) At what age should women at average risk for breast cancer begin to get annual mammograms? Please select only one answer.
 - 20 years old
 - 30 years old
 - 40 years old
 - 65 years old

- 7) 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

- 7a) If you are a woman, do you plan to schedule a 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 on page 2.

- 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) How do you describe your race/ethnicity?
- Black or African American
 - Caribbean
 - African
 - Black Hispanic
 - Other: _____

- 11) What is your gender? Please select only one answer.
- Female
 - Male
 - Other: _____

- 12) What is your age? Please select only one answer.
- Under 20 years old
 - 20-39 years old
 - 40-49 years old
 - 50-64 years old
 - 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).

USING YOUR EDUCATIONAL MATERIALS



Breast Self-Awareness Messages

Target audience:

Black and African American women and men

Purpose:

This card 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 health care provider.

Suggested venues:

Can be used in nearly any venue

Minimal time needed for use:

10 minutes

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

Suggested talking points and evaluation questions:

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

Tool format:

4.5" X 10" double-sided card

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



USING YOUR EDUCATIONAL MATERIALS



Breast Health: Learn the Facts

Target audience:

Women of any age

Purpose:

This booklet is an eight-page full color brochure which provides information about the four Breast Self-Awareness Key Messages.

Suggested venues:

Can be used in nearly any venue

Minimal time needed for use:

15 minutes

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

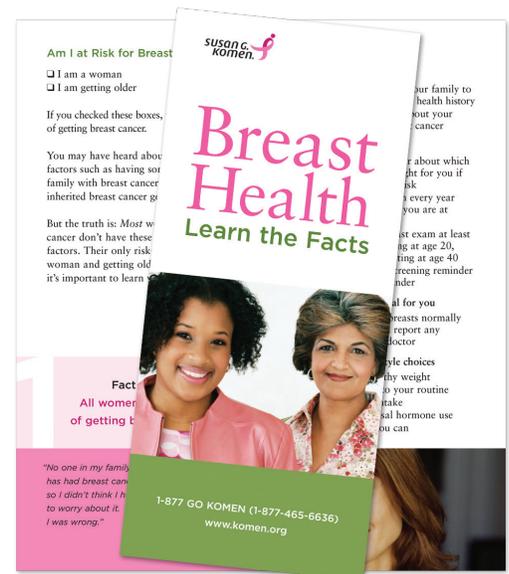
Suggested talking points and evaluation questions:

Refer to the *What is the Message?* section of the Toolkit for guidance.

Tool format:

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



Facts for Life: Mammography

Target audience:

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

Purpose:

This card compares relative tumor sizes to common U.S. coins sizes as it relates to the frequency of mammography. It also answers common questions about mammography.

Suggested venues:

Can be used in nearly any venue

Minimal time needed for use:

5 minutes

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 tumor sizes
- 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:

5" X 8" card

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

What is a mammogram?
A mammogram is an X-ray of the breast. These X-rays make a 2D image of the breast. During the exam, each breast is pressed between 2 plates. Two views of each breast are taken, one from the top and the other from the side.

A mammogram can find breast cancer in a person who doesn't have any warning signs or symptoms. It can find breast cancer when it's too small to feel. This is called a **screening mammogram**. It's the best screening test we have today to find breast cancer in most women.

A mammogram can also be used as a follow-up test. This is called a **diagnostic mammogram**. This may be done after a change is found:

- on a screening mammogram,
- during a clinical breast exam or
- by you or your partner.

A diagnostic mammogram can't diagnose breast cancer though. Other image tests may be done after a diagnostic mammogram to get a further look at the change.

If the findings suggest breast cancer, a **biopsy** will be needed to diagnose (or rule out) breast cancer.

What is a 3D mammogram?
A 3D mammogram takes multiple 2D images to create a 3D image. Some studies have shown 3D mammograms may find a few more breast cancers than 2D, but this is under study. 2D is the current standard of care.

What to expect on the day of the test
A screening mammogram takes about 15 minutes.

- Wear a shirt you can remove easily.
- Don't use deodorant, perfume, powder or lotion under your arms or on your breasts. These products can show up on a mammogram and make it hard to read.

Findings on a mammogram
A mammogram may show:

- No signs of breast cancer
- A benign (not cancer) condition
- An abnormal finding that needs follow-up tests to rule out cancer

USING YOUR EDUCATIONAL MATERIALS



Poster Set for African Americans

Target audience:

Black and African American women

Purpose:

This set of posters speaks to the African American community about breast self-awareness key messages, which includes: Know your risk, get screened, know what's normal for you and make healthy lifestyle choices.

Suggested venues:

Clinics, offices and community outreach sites

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, and
- Name at least one action associated with each breast self-awareness message.

This material can be used:

- As a conversation starter or visual to use during a presentation or event
- As a visual reminder to patients or audience members about the four breast self-awareness messages

Suggested talking points and evaluation questions:

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

Tool format:

Set of three 11" X 17" wall posters

Click [here](#) to view or download the Poster set for African Americans and all of the other Toolkit educational materials.

USING YOUR EDUCATIONAL MATERIALS



Facts for Life: Racial & Ethnic Differences

Target audience:

All audiences

Purpose:

This two-sided fact sheet addresses breast cancer as well as screening and detection among different racial and ethnic groups. Also incidence and mortality rates as well as survival rates are presented.

Suggested venues:

Can be used in nearly any venue

Minimal time needed for use:

20 minutes

Key Messages:

- Know your risk
- Get screened

Learning/Behavioral Objectives:

- Learn the differences in breast cancer incidence and mortality among racial and ethnic groups,
- Learn reasons why there are differences between races and ethnic groups, and
- Name one action associated with getting screened.

This material can be used:

- To communicate the differences in breast cancer incidence and mortality among racial and ethnic groups
- 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:

8" x 11" tri-fold fact sheet

Click [here](#) to view or download the Facts for Life: Racial & Ethnic Differences and all of the other Toolkit educational materials.

In the past, African-American women were less likely than white women to get regular mammograms. Lower screening rates in the past may be a possible reason for the difference in survival rates today.

Percentage of women who had a mammogram within the past 2 years	
African-American Women	69%
White Women	65%
Hispanic/Latina Women	61%
American Indian/ Alaska Native	60%
Asian-American	59%

In 2015, (most recent data available)

Intercultural Cancer Council
www.iccnetwork.org
National Cancer Institute
1-800-4-CANCER
www.cancer.gov

Related fact sheets in this series:

- Breast Cancer & Risk
- Breast Cancer Screening and Follow-up Tests



USING YOUR EDUCATIONAL MATERIALS



Facts for Life: Triple Negative Breast Cancer

Target audience:

All audiences

Purpose:

This two-sided fact sheet defines triple negative breast cancer (TNBC), who it affects, how it is unique, treatment options and current research.

Suggested venues:

Can be used in nearly any venue

Minimal time needed for use:

15 minutes

Key Messages:

Know your risk

Learning/Behavioral Objectives:

- Discuss TNBC,
- Name the groups who are more likely to develop TNBC, and
- Discuss treatment options and clinical trials for this type of breast cancer.

This material can be used:

- To describe TNBC, including risk factors and treatment options
- 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:

8" x 11" double-sided fact sheet

Click [here](#) to view or download the Facts for Life: Triple Negative Breast Cancer fact sheet and all of the other Toolkit educational materials.



USING YOUR EDUCATIONAL MATERIALS



Take Care of Yourself: Young Black and African American Women Talk About Breast Cancer

Target audience:

Young Black and African American women

Purpose:

This tri-fold brochure provides detailed information about breast cancer in young Black and African American 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. This 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

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.

This material can be used:

- To communicate breast cancer information to young women through conversations
- 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" 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:

- Barber shops
- Beauty salons

Minimal time needed for use:

5 minutes

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

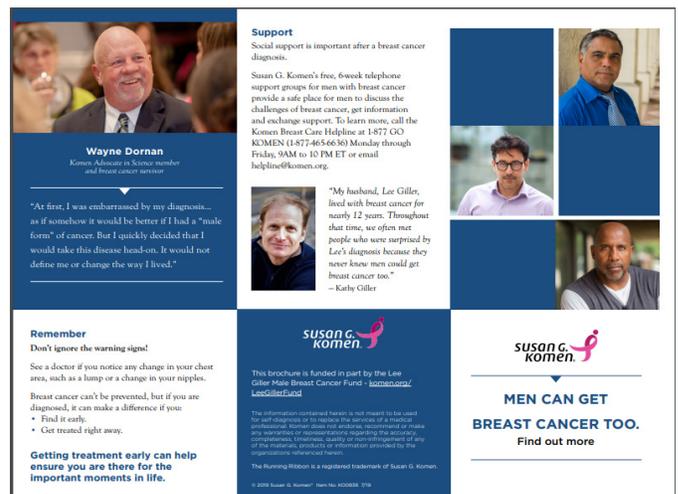
Suggested talking points and evaluation questions:

Refer to the *What is the Message?* section of the Toolkit for guidance.

Tool format:

4" X 9" tri-fold brochure

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 Black and African American 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

Key Messages:

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



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



Use the customizable slides to include statistics and key points about breast cancer in your community to make the information closer to home for your audience.

Learning/Behavioral Objectives:

- Discuss breast cancer in our community,
- State the four Breast Self-Awareness Key Messages and name at least one action associated with each message,
- Name the two most common risk factors for breast cancer,
- Name at least two differences in how breast cancer affects Black and African American women as compared to white women,
- 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. You can also add your organization's logo to the master slide..

Tool format:

PowerPoint presentation

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

USING YOUR EDUCATIONAL MATERIALS



Breast Self-Awareness for Black and African American Communities Presentation (Long Version)

Target audience:

Men and women of any age

Purpose:

Use this PowerPoint 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

Key Messages:

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



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



Use the customizable slides to include statistics and key points about breast cancer in your community to make the information closer to home for your audience.

Learning/Behavioral Objectives:

- Discuss how common breast cancer is in our community,
- Define breast cancer,
- State the four Breast Self-Awareness Key Messages and name at least one action item associated with each message,
- Name the two most common risk factors for breast cancer,
- Name at least two differences in how breast cancer affects Black and African American women as compared to white women,
- Explain why breast cancer is considered a “family of diseases,”
- State two of the five 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. You can also add your organization's logo to the master slide.

Tool format:

PowerPoint presentation

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

USING YOUR EDUCATIONAL MATERIALS



5 Lifestyle Practices For Better Breast Health

Target audience:

Young African American women

Purpose:

This educational resource provides information on lifestyle factors which research has shown may decrease risk.

Suggested venues:

Can be used in nearly any venue

Minimal time needed for use:

10 minutes

Key Messages:

- Know your risk
- Make healthy lifestyle choices

Learning/Behavioral Objectives:

- Explain why maintaining a healthy lifestyle may reduce risk of developing breast cancer, and
- Name at least 1 action associated with a having healthy lifestyle.

This material can be used:

- To communicate the importance of making healthy lifestyle choices which may reduce risk.
- 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:

8.5" x 11" two-sided material

Click [here](#) to view or download the 5 Lifestyle Practices For Better Breast Health and all of the other Toolkit educational materials.



There are so many reasons to make your health a priority. You'll feel better. You'll be better able to take care of all the things—and people—that need your attention. And you'll decrease your risk of different types of cancer and other health conditions like heart disease and diabetes.

When it comes to breast cancer, there are some lifestyle factors research has shown to decrease risk. Here are 4 things everyone can do for their breast health.

- **Maintain a healthy weight.** Women who are overweight or obese after menopause [have a 30-50 percent higher breast cancer risk than those who are lean](#). The best way to figure out if you're at a healthy weight is to calculate your [body mass index \(BMI\)](#). Even BMI isn't a perfect measure since we come in all shapes and sizes, but it's better than weight alone since it takes height into account too.
- **Exercise.** [Regular exercise appears to lower breast cancer risk by 10-20 percent.](#) The American Cancer Society recommends 2.5 hours of physical activity a week to lower overall cancer risk. What you do doesn't need to be intense or time-consuming. Small things like taking the stairs instead of the elevator, biking short distances instead of driving or parking farther away when you drive to the store can make a difference.
- **Limit alcohol.** Researchers looked at a bunch of different studies and found that for each alcoholic drink consumed per day, [the relative risk of breast cancer increased about 7 percent](#). Drinking in moderation may be okay, but try to limit yourself to less than one drink a day (less than 2 drinks a day for men).
- **Limit menopausal hormone therapy (MHT, a.k.a. postmenopausal hormone therapy or hormone replacement therapy).** MHT used to be common to treat the symptoms of menopause. Today, [researchers know that MHT increases the risk of breast cancer](#), so it's only recommended in very low doses for short periods of time.

And for the new, soon-to-be, and someday-mothers among us, there's one more thing you can do to reduce your breast cancer risk.

- **Breastfeed.** You may have heard that breastfeeding is good for babies, but did you know it has benefits for mothers too? One of those benefits: [a lower risk of breast cancer](#).

What about diet?

Research has found lots of reasons to eat a healthy diet, but [the jury's still out about whether or how dietary choices affect breast cancer risk](#). Here are some guidelines for healthy eating that may decrease your risk of some cancers.

USING YOUR EDUCATIONAL MATERIALS



5 Things To Know About Breast Cancer Screening

Target audience:

Young African American women

Purpose:

This educational resource provides information on the different breast cancer screening tests and how you can find low-cost screening if you don't have insurance.

Suggested venues:

Can be used in nearly any venue

Minimal time needed for use:

10 minutes

Key Messages:

- Know your risk
- Get screened

Learning/Behavioral Objectives:

- Explain why screening tests are important for finding breast cancer early, and
- Name at least 1 resource where you can find information on low-cost screening.

This material can be used:

- To communicate the different screening options available for those at average and high risk
- 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:

8.5" x 11" material

Click [here](#) to view or download the 5 Things To Know About Breast Cancer Screening and all of the other Toolkit educational materials.



Here's one thing we know about breast cancer: The earlier you find it and get effective treatment, the more likely you are to survive. Screening tests are the only way to find breast cancer even before it causes early signs or symptoms. Here are five things everyone should know about these important tests.

1. Breast cancer screening (plus effective treatment) saves lives.

Screening tests can find breast cancer early, when the chances of survival are highest. Getting screened regularly means your doctor is likely to know sooner if there's a problem, so you can get effective treatment as early as possible. There are more than 3.5 million breast cancer survivors in the U.S. today—more than any other group of cancer survivors—largely thanks to advances in screening and treatment.

2. There are three screening methods.

There are three types of tests that may be used to screen for breast cancer.

Clinical Breast Exam (CBE)

A CBE is a physical exam of your breast and underarm area by a health care provider. It's often done during your regular medical check-up. A CBE should be performed by someone who's trained in the technique—not all health care providers have this training. If your doctor doesn't offer you a CBE at your check-up and you would like one, ask if he or she can perform one or refer you to someone who can.

Mammogram

Mammography uses X-rays to make images of the breast (called mammograms). While some tumors in the breast are aggressive and grow quickly, most grow slowly. In some cases a tumor may have been growing for as long as 10 years before it creates a lump large enough to feel. Mammography can find cancer's early, before you would have noticed any signs or symptoms. That's why it's often used as a screening test. It can also be used as a [follow-up test](#) (called a diagnostic mammogram). If you've noticed a change in your breast and are getting a mammogram, tell the technologist what you noticed before your exam. If you ever [notice a change in your breast](#)—even if you've had a mammogram recently and had normal results—get checked out by a doctor asap. And if you've never had a mammogram before, [here's everything you wanted to know \(but were afraid to ask\)](#).

USING YOUR EDUCATIONAL MATERIALS



7 Tips For Being Your Own Best Advocate

Target audience:

Young African American women

Purpose:

This educational resource provides helpful information on how someone can be their own best advocate when meeting with their doctor to talk about breast health.

Suggested venues:

Can be used in nearly any venue

Minimal time needed for use:

10 minutes

Key Messages:

- Know your risk
- Get screened

Learning/Behavioral Objectives:

- Explain why being your own best advocate can provide confidence when speaking with a doctor, and
- Name at least 1 tip that can be used to prepare to talk to a doctor about breast health.

This material can be used:

- To communicate the importance of being an advocate for yourself when it comes to your health
- 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:

8.5" x 11" two-sided material

Click [here](#) to view or download the 7 Tips For Being Your Own Best Advocate and all of the other Toolkit educational materials.



Let's be real – not all of us feel comfortable going to the doctor. But if we want to live our best lives and stay on top of our health – including our breast health – it's necessary.

Fortunately, there are ways to feel more comfortable and be your own best advocate. Try these tips with your doctor to make sure you get the care you deserve. (Don't have a doctor? [Here's information about getting one.](#))

1. Trust what you know.

No one knows more about your body than you do. Not your partner, not your family, not even your doctor. So when you talk with medical professionals about your health, remember that you have important information they can use. You know about changes in your body and about any problems you are having. You know [what your breasts normally look and feel like](#). Trust your own experience and talk honestly about it with your doctor.

2. Get familiar with your insurance.

If you have health insurance, take some time to learn about your plan. You don't have to memorize every detail, but it might be good to confirm that annual check-ups and [screening tests](#) will be covered. (They should be.) You'll also feel more comfortable if you know how to find out if something you need is covered. Most insurance companies have both a website you can log into and a phone number you can call for information. [Here's more about what to do if you don't have health insurance and how to make the most of your plan if you do.](#)

3. Be prepared.

Preparing before an appointment can help you feel calm and make the most of your time. Be ready to provide background about your [family's health history](#), your [lifestyle](#) (exercise, diet, alcohol intake, etc.), and any medications you take. If possible, have the dates of your first and your most recent periods in mind. If you've started having [mammograms](#), have the date and location of your last one handy. Gather information about any health concerns and bring printouts or notes as needed. Think ahead of time about what questions you have for your doctor.

USING YOUR EDUCATIONAL MATERIALS



How To Get Health Care That's Affordable (and good)

Target audience:

Young African American women

Purpose:

This educational resource provides information on how to find health insurance, free and low-cost screening, tips for finding a doctor and dealing with health insurance.

Suggested venues:

Can be used in nearly any venue

Minimal time needed for use:

10 minutes

Key Messages:

Get screened

Learning/Behavioral Objectives:

- Name 1 resource where you can find a free or low-cost screening, and
- Name at least 1 tip to finding a good doctor.

This material can be used:

- To communicate the importance of finding affordable health care
- 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:

8.5" x 11" material

Click [here](#) to view or download the How To Get Health Care That's Affordable (and good) and all of the other Toolkit educational materials.



Let's face it—health care can be pricey. If you have insurance, there may be out-of-pocket costs and things you need that aren't covered by your plan. If you don't have insurance, you may find yourself skipping a yearly check-up or a prescription to save money.

Whatever your insurance status, here are some tips to stay on top of your breast health without breaking the bank. Your health is worth it.

What is health insurance?

Health insurance is when an insurer makes a legal agreement to cover some or most of your health care costs for a certain price. That price is called a premium.

If you have insurance through your job, the premium may be paid by your employer. If not, you may buy insurance on your own or through a group. Health insurance can also be provided by the federal or state government, such as Medicare (for people over age 65) or Medicaid (for people with a low income).

What if I don't have health insurance?

First things first: whatever your current health or financial situation, it's smart to have health insurance. And thanks to the Affordable Care Act, there are more ways to get insured than ever.

Even if you don't think you can afford insurance, take a few minutes to explore your options on [HealthCare.gov](#). Depending on your income and what state you live in, you might be able to get help affording a plan through the marketplace, or you might qualify for Medicaid.

If you can get coverage through the marketplace or Medicaid, breast cancer screening (and a bunch of other preventive services) should be fully covered. If you can't get insurance coverage right now, don't give up on taking care of your breast health.

Resources for free and low-cost breast cancer screening

Regular screening is a huge part of staying on top of your breast health, especially if you're 40 or older. To that end, these organizations are working to help women get screened whatever their financial and insurance situation.

USING YOUR EDUCATIONAL MATERIALS



Everything You Should Know If You Need a Follow-up Test

Target audience:

Young African American women

Purpose:

This educational resource provides information on what you need to know if you are asked to come back for a follow-up test.

Suggested venues:

Can be used in nearly any venue

Minimal time needed for use:

10 minutes

Learning/Behavioral Objectives:

- Explain why getting a follow-up test is important to find breast cancer early, and
- Name 1 benign (non-cancerous) finding a follow-up test may find .

This material can be used:

- To communicate the importance of follow-up tests finding breast cancer early when chances of survival are highest
- As a takeaway in a conversation or presentation

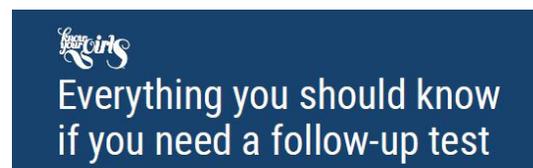
Suggested talking points and evaluation questions:

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

Tool format:

8.5" x 11" material

Click [here](#) to view or download Everything You Should Know If You Need A Follow-up Test and all of the other Toolkit educational materials.



Here's the first thing you should know if you ever have an abnormal **screening result**: there's a very good chance it's nothing to worry about. Most abnormal findings turn out to be either benign (non-cancerous) breast conditions or just normal breast tissue.

Still, it's crucial to do whatever follow-up is recommended—because if it is cancer, the sooner you get diagnosed and treated, the more likely you are to survive. So keep calm and find out what to expect.

What follow-up tests will they do?

If you have an abnormal **mammogram** or **clinical breast exam (CBE)**, the follow-up tests you have depend on your age and what kind of screening you had. If you had a mammogram, they'll also depend on the recommendations of the radiologist. Your doctor will likely start with the least invasive test.

If you have an abnormal CBE:

If you're under 30 and your CBE reveals a lump, your doctor may recommend starting with observation. This means waiting 1-2 menstrual periods to see if the lump goes away on its own, then getting checked again. If you're not comfortable waiting, let your doctor know or ask for a second opinion.

If you're 30 or older and your CBE reveals a **lump or other change**, the most likely next step is a follow-up mammogram (a.k.a. diagnostic mammogram) and maybe a breast ultrasound.

If you have an abnormal screening mammogram:

If you have a mammogram, it's not uncommon to be called back for an abnormal result. For example, your mammography center might contact you if something is unclear in your mammogram. In the U.S., about 10-12 percent of women are called back after a mammogram for more tests. It's always a good idea to follow up with your doctor about what to do next. The most likely next step is a diagnostic mammogram or breast ultrasound. In some cases, a breast MRI or a biopsy may be recommended.

Here are the different types of follow-up tests:

Mammography can be used as a follow-up test when something abnormal is found on a screening mammogram or CBE. This is called a diagnostic mammogram. The basic procedure

USING YOUR EDUCATIONAL MATERIALS



Know Your Normal

Target audience:

Young African American women

Purpose:

This educational resource provides the importance of knowing what is normal for you and changes that should be reported to a doctor.

Suggested venues:

Can be used in nearly any venue

Minimal time needed for use:

10 minutes

Key Messages:

Know what's normal for you

Learning/Behavioral Objectives:

- Name at least 3 breast changes that should be reported to a doctor, and
- Name 1 action you can take if you notice a change in your breast.

This material can be used:

- To communicate the importance of knowing your what's normal for you
- As a takeaway in a conversation or presentation

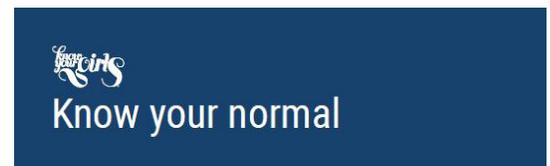
Suggested talking points and evaluation questions:

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

Tool format:

8.5" x 11" materials

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



The signs of breast cancer are not the same for all women. Our bodies are unique, and so is what's normal for our breasts. That's why it's important for each of us to be aware of how our breasts normally look and feel. By noticing if something seems off (and, if we have a partner, encouraging them to do the same), we can take charge of our breast health.

For example, many of us find that our breasts normally feel lumpy—so being told to look for lumps may be confusing. Breast tissue naturally has a bumpy texture, and some women have more lumpiness in their breasts than others.

In most cases, lumpy breast tissue is normal. As long as you feel the lumpiness throughout the breast and your two breasts feel pretty much the same, it's probably healthy breast tissue. The key is to notice lumps that feel harder or different than the rest of the tissue in either breast.

If you or your partner feel or see any change in your breasts or underarm area, talk to a doctor about it asap. It may be a harmless condition like a cyst or fibroadenoma (a non-cancerous breast lump), but it's important to make sure.

Never ignore a change in your breast

When it comes to signs of breast cancer, it's all about noticing changes (and getting them checked out). The three most common signs are:

- A change in the look or feel of the breast
- A change in the look or feel of the nipple
- Nipple discharge that starts suddenly

In most cases, changes you or your partner notice are not cancer. But it's always worth getting checked out anyway. In cases when a change in your breast is a sign of cancer, the sooner the cancer is diagnosed and treated, the better your chance of survival.

Here are some questions to help you know what changes to look for.

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Know Your Risk of Breast Cancer

Target audience:

Young African American women

Purpose:

This educational resource provides the most common risk factors for breast cancer and what you can do if you are considered high risk.

Suggested venues:

Can be used in nearly any venue

Minimal time needed for use:

10 minutes

Key Messages:

Know your risk

Learning/Behavioral Objectives:

- Name at least 3 risk factors for breast cancer, and
- Name 1 action you can take that may reduce your risk.

This material can be used:

- To communicate the importance of knowing the most common risk factors for breast cancer
- 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:

8.5" x 11" material

Click [here](#) to view or download Know Your Risk of Breast Cancer and all of the other Toolkit educational materials.



The truth is that everyone is at risk of breast cancer—but some of us are at a higher risk than others. Understanding our risk helps us take better care of our breast health.

There's a lot researchers still don't know about what causes breast cancer. Things we know affect risk are called risk factors. (Some risk factors increase risk and [some decrease it](#).) There are many risk factors we can't control—for example, being born female and getting older are the two most common risk factors for breast cancer. There are also some risk factors we can control, but no one of them alone can cause or prevent breast cancer.

So why think about risk? It's all about what we do with that knowledge. When we know our risk factors, we can [get on a regular screening schedule](#) with our doctors and [take other actions to reduce our risk](#).

Why is screening so important?

While some tumors in the breast are aggressive and grow quickly, most grow slowly. In some cases a tumor may have been growing for as long as 10 years before it creates a lump large enough to feel. That means that [even if you know what's normal for your breasts](#) and notice when something changes, you may not feel anything until the cancer's been growing for a while.

[Screening tests can find breast cancer early](#), when the chances of survival are highest. They can find breast cancer in a person who doesn't have any early signs or symptoms. For people at a higher risk, more frequent screening can mean that if they do develop cancer, they can find it and treat it sooner.

What are the most common risk factors for breast cancer?

The following risk factors (listed alphabetically) [have the strongest evidence behind](#) them and are recognized as clearly affecting breast cancer risk, for better or worse.

- Age. [Getting older is one of the most important factors](#) increasing the risk of breast cancer. That said, younger women are at risk too. Even women in their 20s can get breast cancer—and black women are more likely to get it at an earlier age compared to white women.
- Age at first period. Women who started having periods before age 12 have a higher risk of

USING YOUR EDUCATIONAL MATERIALS



Know Your Risk (postcard)

Target audience:

Young African American women

Purpose:

This educational resource provides information on risk factors for breast cancer.

Suggested venues:

Can be used in nearly any venue

Minimal time needed for use:

10 minutes

Key Messages:

- Know your risk

Learning/Behavioral Objectives:

- Name at least 2 risk factors for breast cancer, and
- Name 1 action you can take that may reduce your risk of breast cancer.

This material can be used:

- To communicate the importance of knowing your risk and what you can do that may reduce risk
- 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:

5.5" x 8.5" postcard

Click [here](#) to view or download Know Your Risk (postcard) and all of the other Toolkit educational materials.

Know Your Risk Factors

Everyone is at risk of breast cancer—but some of us are at a higher risk than others. Our risk depends on our unique combination of risk factors. A risk factor is anything that affects risk, for better or worse. Understanding our risk factors means we can get on a screening schedule with our doctors and take other actions to stay on top of our breast health.



AGE The older you are, the higher your risk of breast cancer. Age is one big factor in what screening tests you get, and how often. That said, it's never too early to get on top of your breast health and learn about all your risk factors. Even women in their 20s can get breast cancer and Black women are more likely to get it at a younger age.	GENES Certain changes in our genes that can pass from parent to child, a.k.a. inherited gene mutations, can increase our cancer risk. The best-known genes linked to breast cancer are BRCA1 and BRCA2. About 1 in 400 people in the U.S. have a mutation in one or both. If you know you have a mutation, you can take action to reduce your risk and take extra care of your breast health.
EXERCISE Exercising regularly lowers your risk of breast and other types of cancer. What you do doesn't need to be intense or time-consuming. Even physical activity like taking the stairs instead of the elevator, biking short distances instead of driving or parking farther away when you drive to the store can make a difference.	ALCOHOL The more you drink, the higher your risk of breast cancer. Even 2-3 alcoholic drinks per day can increase your risk 20 percent. Drinking in moderation may have health benefits in terms of heart disease and high blood pressure. A good guideline is not to have more than 1 drink per day (or 2 for males) to protect your breast health.
HEALTH HISTORY Health issues you or your relatives have had in the past may mean you have a higher risk of breast cancer. If you've ever had cancer, or if you've had breast conditions including hyperplasia and lobular carcinoma in situ (LCIS), your doctor may recommend earlier and more frequent screening. Same if one or more members of your mother's or father's families have had breast, ovarian or prostate cancer.	BREAST DENSITY If you're one of the roughly half of women with dense breasts, your risk of breast cancer is 4-5 times higher. This isn't about how dense your breasts feel—it's about how they look on a mammogram. Your doctor can help you figure out your breast density and what screening methods and schedule are best for you.
FIRST PERIOD The younger you were when you had your first period, the higher your risk of breast cancer. If you were younger than 12 when your period started, your risk of breast cancer is about 20 percent higher compared to people whose periods started after age 14.	BREAST CHANGES Texture. Color. Sudden discharge. Itching or pain. If you or your partner have noticed a change in your breasts, nipples or underarms, get it checked out by a doctor asap. In most cases, changes are harmless, but it's always worth finding out for sure. In cases when a change in your breast is a sign of cancer, the

USING YOUR EDUCATIONAL MATERIALS

Know Your Girls™ PSAs



Target audience:

Young African American women

Purpose:

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

Suggested venues:

Can be used in nearly any venue

Minimal time needed for use:

Up to 10 minutes, including time for discussion

Key Messages:

- Know your risk
- Make healthy lifestyle choices

Learning/Behavioral Objectives:

- Explain why maintaining a healthy lifestyle may reduce risk of developing breast cancer, and
- Name at least 1 action associated with a having healthy lifestyle.

This material can be used:

- To motivate and encourage your girls to take action and get screened
- As part of a presentation

Suggested talking points and evaluation questions:

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

Tool format:

:30 second PSA Video

:60 second PSA Video

Click [here](#) to view the PSAs. Other supplemental materials can be download from the educational materials page.



USING YOUR EDUCATIONAL MATERIALS



Mammogram FAQs: Here's What to Expect

Target audience:

Young African American women

Purpose:

This educational resource provides information about how to prepare for a mammogram, what to expect and FAQs about mammograms.

Suggested venues:

Can be used in nearly any venue

Minimal time needed for use:

10 minutes

Key Messages:

Get screened

Learning/Behavioral Objectives:

- Name 1 thing you can do to make a mammogram go more smoothly, and
- Name 1 thing about getting a mammogram that is new to you.

This material can be used:

- To communicate what to expect when getting a mammogram
- 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:

8.5" x 11" material

Click [here](#) to view or download Mammogram FAQs: Here's What to Expect and all of the other Toolkit educational materials.



The exam itself may not feel so great, but it sure feels good to know you're on top of your breast health.

Mammography uses X-rays to make images of the breast (called mammograms). Mammography can find cancers early, when they're small and the chances of survival are highest. That's why it's often used as a screening test. It can also be used as a [follow-up test](#) (called a diagnostic mammogram) if you or your doctor [notice a change](#) in your breast or if there's something unusual on your screening mammogram.

If it's time for you to get a screening mammogram, you may want to ask around to see if a friend or relative needs one too. It might be nice to go together. Whether you go solo or with company, here's what to expect.

What to expect at your appointment

If you've never had a mammogram before, knowing what to expect can smooth the process and ease anxiety. Start by talking to your doctor about any questions you have. You can also talk to your technologist (the person who does the mammogram) about any concerns when you're at the appointment. If you've noticed a change in your breast or underarm area—even if you're not sure if it's anything to worry about—mention it to your doctor. If you notice a change in the time between seeing your doctor and getting your mammogram, tell the technologist before they do the mammogram.

Here are some things it's good to know beforehand.

- If you have a regular cycle, you may want to schedule your appointment in the week after an upcoming period. Your breasts should be less tender at that time, and it'll be easy to remember the date of your last period if they ask for it.
- If you've had a mammogram before and are going to a new center, it's best to arrange to transfer previous results before your appointment or bring them with you when you go to your exam. You'll have to sign a release to get the results, which may be shared by film, CD or electronically. Some centers have nurse navigators who can help you with the transfer.
- It's a good idea to keep a record of every mammogram for future reference. Make sure to

USING YOUR EDUCATIONAL MATERIALS



Questions To Ask Your Doctor About Breast Health

Target audience:

Young African American women

Purpose:

This educational resource provides questions to ask your doctor about breast health, screening and also questions your doctor may ask you to assess risk.

Suggested venues:

Can be used in nearly any venue

Minimal time needed for use:

10 minutes

Key Messages:

- Know your risk
- Get screened

Learning/Behavioral Objectives:

- Name 1 question you can ask to prepare for your appointment with your doctor, and
- Name 1 question your doctor may ask you to assess your risk.

This material can be used:

- To communicate what questions to ask and be prepared to answer with a doctor
- As a takeaway in a conversation or presentation

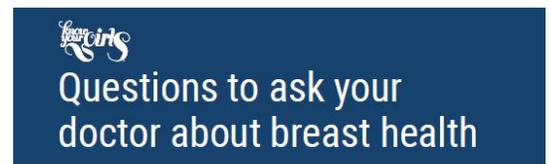
Suggested talking points and evaluation questions:

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

Tool format:

8.5" x 11" material

Click [here](#) to view or download Questions To Ask Your Doctor About Breast Health and all of the other Toolkit educational materials.



Ever felt your mind go blank the second you had a chance to ask questions at the doctor's office? You're not alone.

There's a lot going on during a doctor's visit and it can be easy to let the doctor (or nurse, nurse practitioner or physician's assistant) run the show. It's a good idea to prepare beforehand to make sure you get what you need from your appointment. Bringing a list of questions will help you remember everything you want to ask and keep the discussion focused on the issues that are most important to you.

What if my doctor's too busy?

It may help to mention at the start of your appointment that you have some questions and let your doctor decide whether to answer them right away or at the end of the appointment. If you get the sense that your doctor doesn't have time for your questions, it may be time to [find a new doctor](#). It's your life and your health, and you deserve a doctor who listens and takes you seriously.

Questions to ask your doctor

Below are some questions related to breast health to get your list started. Taking a little time to get familiar with [breast cancer risk factors](#) can also help you have an informed conversation with your doctor. Choose questions from this list that apply to your individual situation, then add questions you have about other topics.

Questions for your next doctor's visit

- What [breast cancer screening tests](#) do you recommend for me? Would I benefit from a mammogram or clinical breast exam?
- What are the risks and benefits of breast cancer screening?
- Am I at higher risk of breast cancer? If so, do I need special screening tests or do I need to be screened more often? Do you have everything you need to estimate my risk?

If your doctor recommends screening:

- How often should I be screened?
- Which screening tests do you recommend?

USING YOUR EDUCATIONAL MATERIALS



Start Talking: The Importance of Family Health History

Target audience:

Young African American women

Purpose:

This educational resource provides information about why family health history is important for breast cancer risk and tips for starting the conversation with family.

Suggested venues:

Can be used in nearly any venue

Minimal time needed for use:

10 minutes

Key Messages:

- Know your risk
- Get screened

Learning/Behavioral Objectives:

- Explain why family history is important for breast cancer risk, and
- Name 1 way you can gather family health history to take to your doctor's appointment.

This material can be used:

- To communicate why health history is important and how to gather this information from family
- 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:

8.5" x 11" material

Click [here](#) to view or download Start Talking: The Importance of Family Health History and all of the other Toolkit educational materials.



Our families shape everything from our diction to dining preferences, from our humor to our habits. They also play a big part in shaping our health. Yet in many families, health problems aren't even discussed. We might tend to dismiss them as flukes, even if they're seen again and again across a single family. Or we might assume these problems are inevitable and not worth discussing.

But sometimes our family health history provides clues to what the future may hold for our own health. So ask yourself, how much do you already know? And how much more can you find out?

It may seem awkward or even painful to start the conversation, but talking openly about family health history can help you and your family get on top of your breast health. It may even save someone's life.

Why talking about breast cancer matters

Your family is unique, and so is your family's health history. When it comes to breast cancer, knowing that history can help you [figure out your risk](#) and [take action as needed](#).

If anyone in your family has had breast cancer, your family could be at higher risk. We don't know why exactly having a family member with cancer can increase our own risk. It could have to do with genetics, similar lifestyles or other family traits. In fact, we know that [certain gene mutations that pass from generation to generation can have a major impact on our breast cancer risk](#). We also know that understanding our family health history can help us take better care of our own health.

Looking to the future, tracking family health history may also provide insight into how different health conditions like breast cancer, diabetes, and obesity connect. Someday, understanding these connections may give us a more complete picture of our family's health challenges.

Tips for starting the conversation

It may not be easy to talk openly about illness in the family, especially if your family has lost someone. Still, it's crucial for families to share health history so that each of you can be informed and empowered about your own health. Here are some tips to help you get the conversation started.

USING YOUR EDUCATIONAL MATERIALS



How To Take Charge of Your Breast Health

Target audience:

Young African American women

Purpose:

This educational resource provides information on what you need to take charge of your breast health such as know your risk, know what's normal for you, get screened, make healthy lifestyle choices and be your own best advocate.

Suggested venues:

Can be used in nearly any venue

Minimal time needed for use:

10 minutes

Key Messages:

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

Learning/Behavioral Objectives:

- Name 5 ways to take charge of your breast health, and
- Name 1 action you can take to take charge of your breast health.

This material can be used:

- To communicate the importance of taking charge of your breast health to find breast cancer early when change of survival are highest
- 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:

8.5" x 11" two-sided material

Click [here](#) to view or download How To Take Charge of Your Breast Health and all of the other Toolkit educational materials.



No one can control whether or not they get breast cancer—but there's a lot we can control to keep ourselves, and our breasts, as healthy as possible. Here are five ways to get on top of your breast health and live your healthiest life.

1. Know your risk of breast cancer

The truth is that everyone is at risk of breast cancer—but some of us are at a higher risk than others. [Understanding your risk](#) helps us take better care of our breast health. The best way to do this is to [talk to our doctors](#) about our [family health history](#) and other personal risk factors. This [know your risk tool](#) can help you prepare for the conversation.

2. Know what's normal for your breasts

The signs of breast cancer are not the same for all women. Our bodies are unique, and so is what's normal for our breasts. It's important for each of us to be aware of how our breasts normally look and feel and take action if something seems off. By seeing a doctor if we ever [notice a change in our breasts](#), we can take charge of our breast health.

3. Get screened for breast cancer

Here's one thing we know about breast cancer: The earlier you find it and get effective treatment, the more likely you are to survive. [Screening tests are the only way](#) to find breast cancer even before it causes early signs or symptoms. The best way to figure out when and how often to get screened is to talk to a doctor about your personal risk factors.

4. Make lifestyle choices to reduce your breast cancer risk

There are so many reasons to make your health a priority. You'll feel better. You'll be better able to take care of all the things—and people—that need your attention. And you'll decrease your risk of different types of cancer and other health conditions. When it comes to breast cancer specifically, [there are a few things everyone can do to reduce their risk](#).

5. Be your own best advocate

Let's be real—not all of us feel comfortable going to the doctor. But if we want to live our best lives and stay on top of our health—including our breast health—it's necessary. Fortunately, there are ways to feel more comfortable and be your own best advocate. [Try these tips with your doctor to make sure you get the care you deserve](#).

USING YOUR EDUCATIONAL MATERIALS



What Do Genes Have To Do With Breast Cancer?

Target audience:

Young African American women

Purpose:

This educational resource provides information about inherited gene mutations, why they are important and FAQs about genetic testing.

Suggested venues:

Can be used in nearly any venue

Minimal time needed for use:

10 minutes

Key Messages:

Know your risk

Learning/Behavioral Objectives:

- Explain how an inherited gene mutation affects breast cancer risk, and
- Name 1 resource where you can learn more about genetic testing.

This material can be used:

- To communicate who should consider talking to their doctor about genetic testing and counseling based on family history
- 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:

8.5" x 11" material

Click [here](#) to view or download What Do Genes Have To Do With Breast Cancer and all of the other Toolkit educational materials.



Why are genes important?

Our genes have a role in everything from the shape of our eyebrows to the way we laugh. They also affect other functions of our bodies, like when our cells grow, divide and die.

Every now and then, our genetic code changes. Sometimes these rare changes, known as mutations, happen during a person's lifetime. Sometimes they pass from parent to child (called an [inherited mutation](#)). Inheriting a gene mutation can also mean inheriting a higher risk of a disease like breast cancer.

The best-known genes linked to breast cancer are BRCA1 and BRCA2 (short for BReast CAncer genes 1 and 2). We all have these genes, but very few of us (about 1 in 400 people in the U.S.) have an inherited mutation in one or both. Women and men with a BRCA mutation have a higher risk of breast, ovarian and prostate cancer.

Having a BRCA mutation does not necessarily mean you'll get cancer. In fact, only 5 to 10 percent of breast cancers in the U.S. are due to inherited gene mutations. And not having a BRCA mutation does not guarantee you won't get breast cancer. Anyone is at risk.

So why worry about mutations? Because if you're one of those 1 in 400 people with a BRCA mutation, you have [a much higher risk of getting breast cancer](#). If you know you have a mutation, there are things you can do to take extra care of your breast health and reduce your risk of cancer.

Should I get tested for BRCA1 and BRCA2?

[Genetic testing isn't recommended for everyone](#). For example, if only one person in your family has had breast cancer and they were over 50 when they were diagnosed, you probably don't need testing.

If you have doubts about whether to get tested for a BRCA mutation, a doctor or genetic counselor can help you decide. You can use the [Know BRCA tool](#) first to assess your risk and prepare to talk with your doctor. You can also answer these questions.

- Has someone in your family tested positive for a BRCA1/2 gene mutation, or any other inherited gene mutation that's linked to breast cancer?