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Jackie Hill, MSN, APRN, NP-C & Shinobu Watanabe-Galloway, PhD
College of Public Health, University of Nebraska Medical Center

Conflict of Interest Disclosure

I have NO financial relationship relevant to the content of this educational activity
This presentation is dedicated to My Sister’s Keepers...

Focus Group Study of Professionals & Community Members about Breast Cancer Disparities
Why we do what we do...

Omaha, Nebraska

• 60,000 African American residents
• Third highest African American poverty rate of the 100 largest U.S. metropolitan areas
• 34% of AA women living in poverty compared to 7% for Caucasian women in Nebraska

• The majority of African American breast cancer patients reside in metropolitan counties where many health care facilities operate and state-of-art cancer care is available

• So, why do African American women continue to have poor survival?

• Is this due to knowledge, attitudes, access?

• What can we do to improve the situation?
Participants (N=65)

- African American Breast Cancer Survivors
- Older African American women without BC
- Younger African American women without BC
- Health care professionals (PCP, oncologists)
- Cancer advocacy group and public health reps

Findings: Primary Care Providers from FQCHC

- 40% patients get annual mammography
- Out of 8 PCP interviewed, only 1 knew breast cancer screening guidelines
- A nurse practitioner was the only one who takes time for BC education and clinical breast exam
Findings: Women without breast cancer

- Did not know that breast cancer affects women without a family history.
- Did not know breast cancer affects younger women
- Many said that cancer screening is not a priority
- Said that they would get mammography if recommended by their primary care providers
- Lack of insurance was the main reason why they were not getting mammography

Findings: Survivors

- Some found out lumps through self exam and “by accident”
- One example of why women get diagnosed late
- Cancer doctors don’t explain or do not listen to the patients about diagnosis or treatment
- None of them knew /heard about “Survivorship Plan”
Findings: Oncologists

- Believe that finance and lack of insurance do not affect the treatment patients receive
- Believe that charity care and financial counseling can address financial concerns
- Don’t understand/know why some patients discontinue treatment

Potential Solutions: Individual Level

- Become own best advocate
  - Know the risk factors
  - Practice risk reduction
  - Know the screening guideline
  - Seek navigator to get screened

- Become a community advocate
  - Publicize about breast cancer risk
  - Encourage each other to be screened
  - Become a community navigator
Potential Solutions: Community

- Educate girls and young women:
  - Tailor promotional and education materials to target young women
  - Incorporate breast health and screening guidelines into Human Growth and Development classes at 6th grade
- Community outreach for state-funded screening program
- Lobby legislature to expand Medicaid to increase access to screening to low income individuals
- Provide safe places to exercise
Potential Solutions: Providers

- PCP: know the screening guideline and practice it
- All: Improve cultural competence
- All: Use health literacy techniques to insure patient’s understanding of information
- Oncologists: Make hours convenient for working patients
- Oncologists: Make allowances for transportation problems

Need to develop education interventions targeting providers
Questions????