



Breast Cancer Prevention Education Needs of Church-based African American Women

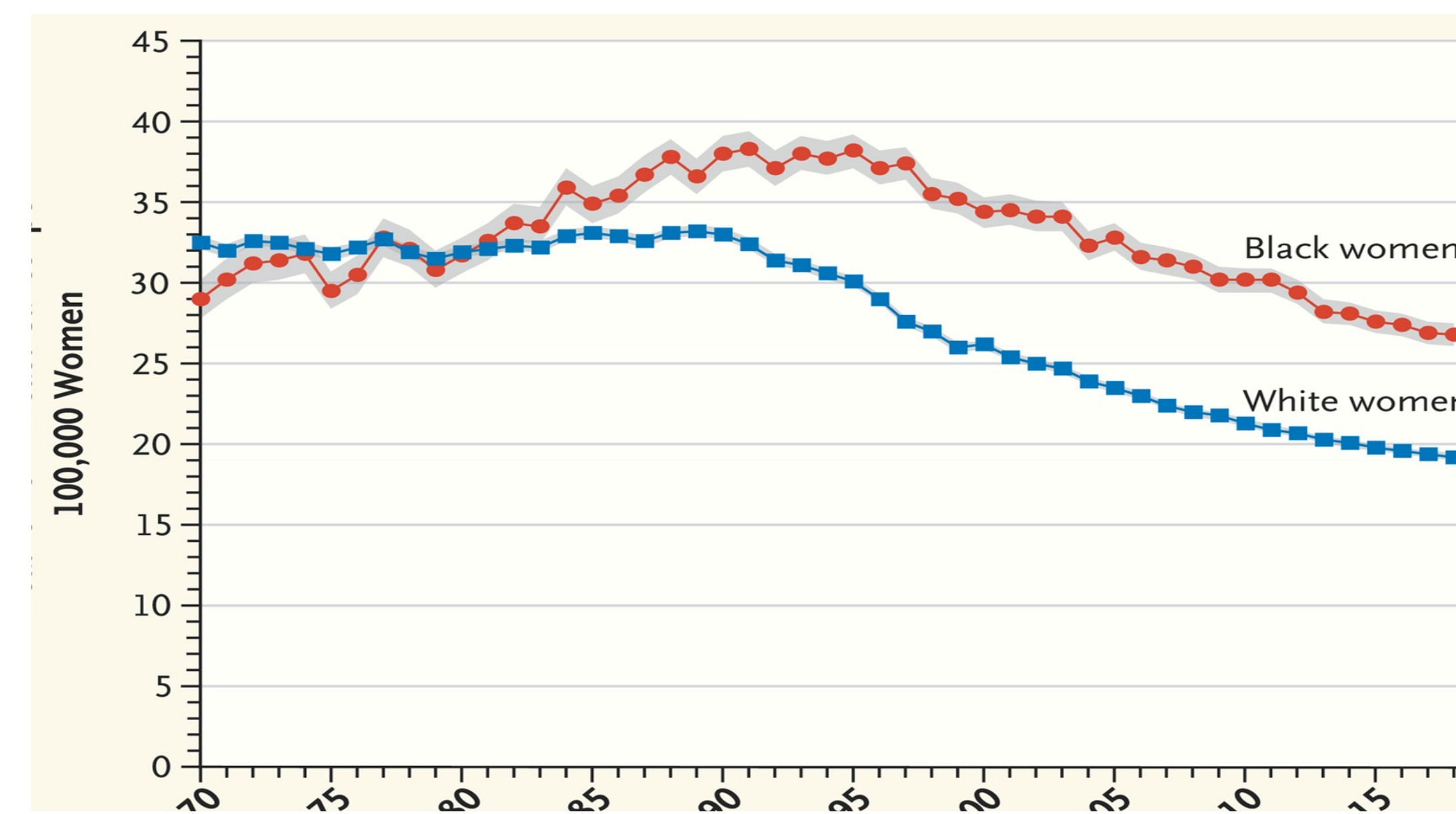
Author: Sarai Jean-Pierre, Florida State University
Mentor: Penny A. Ralston, Ph.D., Florida State University

Background & Purpose

Although overall mortality rates continue to decline, breast cancer still had a significant impact on women in the United States, with about 43,250 women estimated to die from breast cancer this year (ACS, 2024). African American women, however, have higher mortality rates due to breast cancer. For example, in 2024, African American women had a breast cancer mortality rate higher than White women (28.2 vs. 20.1 cases per 100,000, respectively), the highest of any ethnic/racial group in the United States (ACS, 2024; Jatoi et al., 2022). Of particular concern is the breast cancer incidence of African American women who are under 45 years of age (Huq et al., 2022). Breast cancer risk is linked to low knowledge and awareness of breast cancer prevention especially in community settings. Studies concerning community-based educational programs to prevent breast cancer for African American women in church settings have primarily focused on mammogram and self-screenings (Agrawal et al. 2021; Darnell et al., 2006; Husaini et al., 2002; Shepardson, 2020). Yet few studies have examined needs related to nutrition, physical activity and health care use of African American women in relation to breast cancer prevention. (Huq, 2022; Mayra del Carmen, 2021). Thus, the purpose of this study was to determine breast cancer prevention needs of church-based African American women.

Methodology

This study was a secondary analysis of African American adults recruited from six churches in a North Florida county (Augustin et al., 2019; Williams et al., 2013). The purpose of the overall study was to evaluate the Breast Cancer Education and Wellness (BE Well) church-based health intervention. For this study, baseline data from African American women were used in the analysis.



Results

Items	Frequency Percentage (%)	
	Yes	No
Nutrition		
A series of hands-on cooking classes to lower fat, salt and cholesterol	205 (80.7)	118 (74.2)
Advanced nutrition seminar which discusses how food affects your health	167 (82.7)	156 (73.9)
Tasting demonstrations to experience common foods prepared with low fat, salt and sugar	175 (82.5)	148 (73.6)
Cooking classes for those who cook church meals to lower fat, salt and cholesterol	115 (80.4)	208 (77)
More fresh fruits and vegetables served during church meals	139 (76.4)	184 (79.7)
Physical Activity		
Low impact aerobic exercise classes	215 (84.6)	108 (67.9)
An exercise room with equipment	181 (78.7)	142 (77.6)
The church open throughout the day for walking	83 (78.3)	239 (78.1)

Healthcare Use	Frequency Percentage (%)		
	Regularly	Occasionally	Never
Frequency of Breast Exam			
Self-Exam	218 (91.6)	76 (82.6)	24 (37.5)
Mammogram	139 (95.2)	28 (84.8)	132 (68.8)

Results

Characteristics*	Frequency	Percentage (%)
Gender		
Female	323	78.2
Age		
18-21	46	14.2
22-28	101	31.3
29-35	27	8.4
36-42	36	11.1
43-49	41	12.7
50-56	31	9.6
57-63	18	5.6
64-70	13	4.0
71-77	5	1.5
78-84	3	0.9
85-91	2	0.6

Characteristics*	Frequency	Percentage (%)
Educational Level		
Some high school	13	4.34
High school graduate	30	10.0
Some college	127	42.3
Bachelor's degree	77	25.7
Master's degree	39	13.0
Ph.D.	5	1.7
M.D.	0	0.0
Law Degree	1	0.3

Characteristics*	Frequency	Percentage (%)
Marital Status		
Single	185	57.5
Married	89	27.6
Divorced	27	8.4
Widowed	16	5.0
Other	0	0.0

n = 323

Discussion & Conclusions

The majority of the sample was between the ages 18-42 (64.1%), single (57.5%) and had at least some college (81.7%). The findings indicated that the highest expressed needs to learn about nutrition were through hands-on activities (seminars, tasting demonstrations, cooking classes) and through organized physical activity (exercise classes, equipment in the church, church open for walking). Further, the health care use needs showed that the majority regularly conducted breast self-exams, yet mammogram screenings were equally split between never and regularly. These results suggest that African American women are interested in the church being a center for health activities. Future research needs to focus on possible differences in expressed needs based on age and the possible impact of confounding factors, with implications for intervention development. Yet, this research indicated that providing on-site health activities could help improve health outcomes for African American women.

Selected References

Agrawal, P., Chen, T. A., McNeill, L. H., Acquati, C., Connors, S. K., Nitturi, V., ... & Reitzel, L. R. (2021). Factors associated with breast cancer screening adherence among church-going African American women. *International Journal of Environmental Research and Public Health*, 18(16), 8494.

Augustin, A., Ralston, P. A., Young-Clark, I., & Coccia, C. C. (2019). The Breast Cancer Education and Wellness (BE Well) Intervention: Congregants' Intended Participation, Actual Participation, and Perceived Health Outcomes. *Health Education & Behavior*, 46(5), 843-852.

Darnell, J. S., Chang, C. H., & Calhoun, E. A. (2006). Knowledge about breast cancer and participation in a faith-based breast cancer program and other predictors of mammography screening among African American women and Latinas. *Health Promotion Practice*, 7(3_suppl), 201S-212S.

Del Carmen, O. J. M., Emilia, G. R. D., Mares, B. H., & Marcela, O. J. (2021). Educational interventions on breast cancer in men and women: a necessity in primary healthcare. *ecancermedicalscience*, 15.

Husaini, B. A., Sherkat, D. E., Levine, R., Bragg, R., Van, C. A., Emerson, J. S., & Mentis, C. M. (2002). The effect of a church-based breast cancer screening education program on mammography rates among African-American women. *Journal of the National Medical Association*, 94(2), 100.

Huq, M. R., Woodard, N., Okwara, L., McCarthy, S., & Knott, C. L. (2021). Recommendations for breast cancer education for African American women below screening age. *Health Education Research*, 36(5), 530-540.

Jatoi, I., Sung, H., & Jemal, A. (2022). The emergence of the racial disparity in US breast-cancer mortality. *New England Journal of Medicine*, 386(25), 2349-2352.

Williams, Q., Ralston, P. A., Young-Clark, I., & Coccia, C. (2014). Establishing health ministries: leaders' perceptions of process and effectiveness. *International Quarterly of Community Health Education*, 34(2), 139-157.