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CANCER EPIDEMIOLOGY, BIOMARKERS & PREVENTION

Behavioral and Social Science

Abstract B2: Educational intervention to reduce breast cancer disparities: The Dallas Cancer Disparities Community Research Coalition

Kathryn M. Cardarelli, Sheila Haley, Kim Linnear, Rachael Jackson, Marcus Martin, Roy Lopez, Charles Senteio, Preston Weaver, Anna Hill, Jesse Banda, Marva Epperson-Brown, Janet Morrison, Deborah Parrish, Johnrice Newton, Marcene Royster, Camille Lafayette, Phyllis Harris, Jamboor K. Vishwanatha, and Eric S. Johnson

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Abstract

Purpose: South Dallas experiences significant disparities in breast cancer mortality, with a high proportion of stage III and IV diagnoses. In an effort to address these rates, the Dallas Cancer Disparities Community Research Coalition created an educational intervention in 2009 to promote breast health and early detection efforts. The goals of the intervention were to increase: (1) knowledge regarding the chief contributing factors for breast cancer and steps to reduce breast cancer risk; (2) awareness of the importance of screening for early detection; and (3) the proportion of women who have engaged in appropriate breast cancer screening practices. The innovation of the project lies in the community-based participatory research (CBPR) approach, which brings together scientists and community representatives.

Methods: This study was approved by the UNT Health Science Center IRB. Women residing in South Dallas were recruited for the intervention, and West Dallas was chosen as the control group. In addition to residence in one of these two communities, eligibility criteria included age 40 and older, English-speaking, and no personal history of cancer. Participants were recruited through community partnerships, posting flyers throughout the community in

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high-traffic areas, and door-to-door visits in the targeted areas. Participants in the control group received only written breast health educational materials. Intervention participants attended 8 weekly sessions that included written educational materials, cooking demonstrations and discussions with clinicians from the Dallas/Fort Worth area. All study participants completed a one-hour survey at baseline and 4 months later to assess the outcome variables as well as a variety of possible intervening variables.

Results: A total of 59 women were enrolled in the intervention and 60 in the control group. Retention for the 8-week intervention was 71 %. After controlling for baseline mammography status, women in the intervention group were 10.4 times more likely (95% CI: 2.9-36.4) to report having had a screening mammogram in the last year compared to the control group. Intervention participants demonstrated statistically significantly higher rates of breast self examination (OR: 3.0,95% CI: 1.0-8.6) and breast cancer knowledge (p=.003). **Conclusion:** Lessons learned from this study can be used to create sustainable cancer disparity reduction models that can be replicated in similar communities across the United States.

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G Previous

Back to top



October 2010 Volume 19, Issue 10 Supplement Table of Contents

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