The Breast Health Platica Project: A Multi-Level Community Engaged Initiative to Enhance Cancer Prevention & Screening Among Hispanic/Latina Women in New Mexico

Dr. Elba L. Saavedra Ferrer, Dr. Belinda Vicuña Tellez, Patricia Corona, Yesenia Hernandez, Cathy Landavazo, Jonathan Hernandez, & Stephanie Mirabal

**Background**
- Despite lower incidence of breast cancer (BC), Hispanic/Latinx women are diagnosed at more advanced stages, experience delays in BC treatment, & have worse survival rates.  
- Individual- & systems-level factors lead to BC disparities among Hispanic/Latina women.  
- Peer-patient navigation & community-based interventions can be effective & culturally-relevant approach to addressing systemic barriers to BC screening & care.  

**Multi-Level Approach**
The Comadre a Comadre Program is a multi-level, community-based peer led culturally linguistically competent intervention designed to improve the breast health and breast cancer outcomes among Hispanic/Latina women in New Mexico.  
- **Individual**: Patient knowledge/attitudes/beliefs  
- **Interpersonal**: Peer-provided, culturally & patient-centered psychosocial support  
- **Community**: Local community partnerships  
- **Institutional**: Healthcare systems & institutions

**Breast Health Platicas Project 2019-2020**
- Objective: Increase education & awareness of early detection & screening for breast & cervical cancer
- 26 Classes Held  
  - 2 English  
  - 24 Spanish
- 291 Attendees
- Participant Satisfaction with BHP Class: Will share information 57.4%  
  - Positive impact 57.8%
- % Highest Satisfaction
  - Resources materials were useful 58.2%
  - Class was valuable experience 65.2%

**Top 5 Barriers to Screening**
1. No medical insurance  
2. Cultural value of verguenza “modesty”  
3. No time for cancer screening  
4. Language issue  
5. Fear of painful mammogram

**Increased Intentions for Cancer Screening**
- Comparison (% Increase):  
  - % Strongly Agree  
  - Talk to MD about personal cancer risk: 56.6%  
  - Talk to MD about cancer screening tests: 64.3%  
  - Talk to family about cancer risk: 58.9%  
  - Plan to schedule breast cancer screening in future: 64.3%  
  - Plan to schedule cervical cancer screening in future: 61.6%

**BHP Attendees Demographics**
- Mean Age: 42 Years
- Ethnicity: Mexican 61%
- Primary Language:  
  - Spanish 66.8%
  - English 25.8%
  - Both 6.3%
- No medical insurance: 37%
- Education:  
  - High School: 34.1%
  - Some College: 38.5%
- Annual Income: < $30,000: 42%

**Conclusions**
- Peer-led, culturally-competent educational strategies were successful in increasing intentions to seek future cancer screening  
- Community partners are essential.  
- Hispanic/Latinx women demonstrate a need for support or navigation in accessing cancer screening.
- The findings from multi-level, community-based education intervention may provide preliminary evidence for the efficacy of such community-based approaches, to be replicated in other contexts (other health behaviors, ethnically/racially diverse communities).

**References**

**Requests for Peer Patient Navigation 2019-2020**
- Objective: Increase timeliness of medical appointments for screening & evaluation of cancer symptoms
- 188 BHP Attendees Completed Request Forms  
  - 62.7% Declined Navigation Support
  - 31.4% Requested Navigation Support
- Requested navigation for... (N = 59)  
  - “I am current with my screening (breast & cervical)” 77%
  - “I have medical insurance” 73%
  - “I am already enrolled in the BCC Program” 16%
  - “I do not need breast/cervical cancer screening at this time” 42%
  - “I have a usual place where I get cancer treatment” 76%
  - “I make my own medical appointments” 67%
  - “I have a usual place where I get care” 67%