■ Article

Sisters Saving Lives: Instituting a Protocol to Address Breast Cancer Disparities

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Background: Caucasian women have a higher incidence of breast cancer compared to African American women; however, African American women are more likely to die from the disease than their Caucasian counterparts. Many efforts have been made to address this disparity, but it still exists. Data have shown factors contributing to this disparity, such as inequalities in health status, environment, access and use of care, socioeconomic status, knowledge, and cultural beliefs. Train-the-trainer programs have been widely used to address breast cancer disparities.

Objectives: The aims of this article are to (a) identify and describe breast cancer disparities in an urban setting, (b) describe the Sisters Saving Lives program as an evidence-based intervention to address breast cancer disparities, (c) describe how self-efficacy theory was used to guide and evaluate the development of this pilot project, (d) identify key stakeholders involved, and (e) summarize outcomes observed.

Methods: Self-efficacy theory served as a guide to the development of the train-the-trainer program to help address breast cancer disparities among African American women residing in Chicago.

Findings: Training African American breast cancer survivors to deliver a culturally competent message on breast health education to African American women who do not have a breast cancer diagnosis raised awareness of the disease and potentially can address breast cancer disparities among African American women residing in Chicago.

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Breast cancer is one of the most deadly cancers among women (Centers for Disease Control and Prevention [CDC], 2015). Research has shown that Caucasian women have a higher incidence of breast cancer, but more African American (AA) women die from the disease (National Cancer Institute [NCI], 2013). The burden of death among AA women is occurring at higher rates (NCI, 2013). Regardless of their age, AA women have lower survival rates than any other racial or ethnic group diagnosed with breast cancer (NCI, 2013). Data have shown that factors such as inequalities in health status, environment, access and use of care, socioeconomic status, knowledge, and cultural beliefs contribute to the disparity as it relates to AA women diagnosed with breast cancer (NCI, 2013).

CDC (2015) reported on data collected from self-report telephone interviews on screening mammography use. The data showed that 66% of the general population of women aged 40 years and older reported having a screening mammogram within the past two years, and 67% of these self-reports were from AA women. These data should be interpreted with caution because they are limited to data collected from telephone screenings. AA and Caucasian women aged from 50–74 years reported having equal breast cancer screening, which included having had a mammogram every two years (CDC, 2012). The problem is that after a mammogram is found to be abnormal, more AA women delay their follow-up by more than 60 days compared with Caucasian women (20% versus 12%) (CDC, 2012). This extended waiting