Health Teaching Plan for Breast Cancer Awareness and Prevention

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 The purpose of community nursing is to promote greater health of the population and community at large and the prevention of health problems. The community nurse plays a large an active role in health promotion by utilizing the role of an educator. As an educator the community nurse is able to teach the community or aggregate about different health topics that are relevant to the needs of that particular population. I did my community assessment on the neighborhood I lived in Canarsie, Brooklyn. In doing my assessment I discovered health needs of the community was not being address and warranted intervention. In collecting my statistical data from the New York City Department of Health and Mental Hygiene Community Profiles a breast cancer is the second leading cause of cancer related death for women living in the Canarsie/Flatlands area. Breast cancer death rate is 26/100,000 women. As reported in the profile 73% of adult women over the age of 40 reported having a mammogram in the past two years. This is lower than the Take Care New York goal of 85%. One out of four women is not obtaining mammograms. According to the US Department of Health and Human Services, Healthy People 2020 reduction of the breast cancer death rate by 10% to 20.6/100,000 females, reduction of the rate of late stage breast cancer, and increase the proportion of women who receive breast cancer screening to 81.1% an increased are all objectives to be meet. As a community nurse my I will develop a teaching plan to address this health disparity.

**Client Assessment**

 My target group for my teaching plan is women that live in Canarsie that are between the ages of 35 and 65. In doing my client assessment I gather statistical information about women in the community. In 2010 the age group 35-64 represented 42.19% of women living in Canarsie. This represents a large percentage of the women population that is at risk of developing breast cancer. Cultural consideration must be taken into consideration was assessing the women in the community. According 2010 CLRsearch, Brooklyn NY 11236 Demographics 69.19% of Canarsie residents identify their race as black, 16.17% as white, 9.29% as Hispanic, and 5.29% as Asian. Blacks and whites have higher rate of breast cancer disease. Canarsie has a large immigrant population with many residents also identifying a West Indian or Haitian ancestry. Cultural sensitivity to language and the ability to comprehend the English language should be evaluated. Religious affiliation to a church is strong practice in the community; there are 25 churches or places of worship in the Canarsie community. Consideration to make sure teaching does not infer with church activities or offend religious beliefs. Another noticeable assessment is that 7,260 households in Canarsie are single mother; so the availability of childcare can decrease the level of participation from women in the community.

 In developing my teaching plan I seek information not only from statistical databases but from fellow colleagues in the medical field. I visited two medical centers in the area and spoke to five doctors on staff, one of which was a GYN. It was reiterated that the statistics are true women in this neighborhood were not practicing self breast exams and having yearly mammograms. I was informed that there is a large community working single mothers that express that they are “too busy” or can’t afford to have a mammogram done to the lack of insurance or co pays. I also spoke to leaders in the community such a politicians and community organization groups for support and assistant obtaining a location for teaching. An ideal location, that is accessible to public transportation and normally visited by women in the community.

In continuing the client assessment, the community level of education attainment was obtained. 29% of residents reported having at least a high school diploma, and another 26% reported have some college but no degree. This indicates that women will be able to understand information given in an 8th grade level/high school level. I was able to assess the clients' ability and readiness to learn by interacting with women in the neighborhood at the local supermarkets, outside public schools, and inside community centers. The women were open and interested in a breast cancer prevention class which indicates readiness to learn. From my assessment and my interactions with the client I was able to determine that learning in this group would involve all three domains: cognitive, affective, and psychomotor. Women living in Canarsie are fairly educated with a majority having at least a high school diploma or some college. In assessing cognitive ability literacy level can directly affect the ability of the client to retain, recall and apply learned information to daily practice. Cognitive learning will be assessed by the clients' ability to exhibit comprehension, application, and analysis of learned behavior. Affective learning with be assess by the clients receptiveness, and the ability of the client to accept responsibility for breast care. This group of women should be receptive to this teaching because breast cancer is a disease that affects their particular age group at a high rate and the previous expression of enthusiasm and fear about learning about breast cancer prevention. Psychomotor learning will be address by the clients' ability to accurately demonstrate how to perform a self breast exam. Clients should be able to demonstrate due to the lack of disability in this age group of women that would affect psychomotor skills.

**Planning**

After evaluating my client population, and taking into consideration my clients point of view I have formulate two nursing diagnosis. The first nursing diagnosis is Knowledge Deficits related to lack of information as evidenced by not performing monthly self breast exams and low rate of mammograms exams in the population and the inability to identify breast cancer risk factors. The main goal for this nursing diagnosis is that, the client will be able to verbalize at the completion of the teaching session increase knowledge of breast cancer risk factors, prevention measures and early detection practices. The client will be able to perform a self breast exam properly by the end of the teaching session.

 The second nursing diagnosis is Alteration in Health maintenance related to lack of accessibility to healthcare service as evidence by poor health care choices and lack of insurance. The main goal is that the client will be able to identify locations where free breast cancer screening in free, and where they can apply for low cost or free health insurance by the end of the teaching session. Client will also identify the need to maintain a healthy weight and proper dietary intake. The clients will be to indentify and describe positive health maintenance behaviors such as keeping scheduled appointments, cessation of smoking or drinking alcohol, diet and exercise changes, and following treatment regimen by the end of the teaching session. Clients will also indentify resources in the area that can assist with health needs and promotion by the end of the teaching session.

I the process of forming my teaching plan I spoke to several community leaders and ask for assistance obtaining a location and money to execute my teaching plan. With the assistance of the state senator John Sampson I was able to obtain the Paerdegat Club as the location for the teaching session. After obtaining the location I advertise the breast cancer class with fliers in areas where women frequently visit like supermarkets and community centers. I also handed out fliers to women outside the public school, and at the Paerdegat club. Free lunch and refreshments will be offered after the teaching session is complete. The class will be held on a Saturday, when most women in the area don’t have to work a does not interfere with the clients religious practices. The class will be about two hours long including time for pre and post evaluations. Child care will be provided for women with children who wish to attend the class by a certified day care provider within the Paerdegat Club location. The approximate class size is 30 women between the ages of 35-65, with three available dates approximately one month apart. Participants need to RSVP by calling the community nurse or signing up for the class at the Paerdegat Club in which they also indicate the preferred learning style. Courtesy calls to remind participants of schedule classes will be implemented. Teaching plan will be carried out according to the clients' preferred learning style. Many preferred to learn in visual and auditory methods. To enhance learning teaching will be done by the community nurse in whom she explains the information, and expresses importance of information. Visual methods would include providing pictures, use of mannequins or videos to show client how to perform a self breast exam. My teaching plan will focus on primary and secondary prevention.

**Determining Method of Implementation**

 The first nursing diagnosis is Knowledge deficit related to breast cancer risk factors, prevention, and screening test. Incorporating a mixture of audio and visual aids teaching was conducted. The first intervention is to assess the group's current knowledge of breast care. This encourages interaction from the group, and enlists my ability to assess their current knowledge of breast cancer. The second intervention is to teach the group about risk factors, preventive measures and screening test available for early detection of breast cancer. The group is observed for feedback, responsiveness and possible identification of individuals with risk factors for breast cancer. The group will be asked to fill out the Breast Cancer Risk Assessment Tool courtesy of the National Breast Cancer Foundation. This tool is use to identify high risk individuals so that proper referrals can be given to them in an individual basis. The third intervention is to show the participants a video that demonstrates how and when to provide a self breast exam, and a video that explains how a mammogram is done. Clients will also be taught how to perform a self breast exam. The last intervention is to instruct clients on abnormal findings in a self breast examine and the appropriate follow-up care and referrals to a healthcare provider or gynecologist for further testing... Clients demonstrated increase knowledge during feedback and where able to recall important facts about breast cancer prevention.

The second nursing diagnosis of Alteration in Health Maintenance related to lack of accessibility to healthcare services will be taught by using the group’s preferred learning styles. The first intervention is to assess the clients for factors that contribute to the promotion and maintenance of health or that results in alterations in health. This allows for the nurse and the patients to communicate, and allows the nurse to assess current level of understanding. The second intervention is to identify health promoting behaviors (weight and diet) and provide clients with rationale for importance of health promoting behaviors. Identify health promotion that clients are willing to incorporate into their lives. The next intervention is to reiterate the important information regarding breast cancer screening. In intervention 2 and 3 the nurse is educating the client and receiving feedback, and clarifying misunderstanding The last intervention is to provide referrals to free or low cost breast cancer screening test, locations of social services offices, or other health needs such as an exercise program, and nutrition. List will be given to clients with location, types of services, and phone numbers. Clients appeared receptive and willing to adopt health promoting behaviors. They seemed to value the information obtained and referrals for assistance with health care cost.

**Evaluation Process**

 In order to determine if the teaching was affective, and if client goals were meet. I used a pretest posttest format, in which I developed questionnaires regarding risk factors, when to do breast screening exams and mammograms. Attitude towards breast cancer screening test and willingness to participate in breast cancer prevention, and health promotion behavior is assessed using a Likert scale. This questionnaire will be given prior and after teaching is complete. Clients are expected to have more receptive attitude, towards lifestyle changes, health promotion behaviors, increase knowledge base on cancer related issues. Clients will also be evaluated on the ability to perform a self breast exam. Clients will be observed practicing on mannequins or themselves but will be evaluated on the ability to perform skill properly. Client will also be evaluated on their verbal feedback of healthcare needs and willingness to incorporate in daily lives. The group response was positive during teaching and the group will verbalize increase knowledge and understand the importance of breast cancer screening test. The clients stated they are going to share the information with the friends and family. Follow up procedures could be private teaching or one on one phone conversation. Nurse may need to reevaluate teaching methods and the client’s assessment. The nurse could seek advice from colleagues and gather more information on different teaching approaches. Teaching should always be reinforced and misinformation should be corrected.

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