

Chapter 1: Welcome to Project REACH



Although mammograms and Pap tests are effective means of detecting cancer early, many people do not obtain these screening tests on a regular basis. Project REACH provides information and suggestions on how to address this and many other barriers by discussing three key factors:

- Breast and cervical information,
- The importance of early detection, and
- Local screening and education resources for women and men (men get breast cancer too!).

Project REACH is a unique opportunity designed to give you and other educational employees the skills, resources, and support needed to design local cancer education programs in your school community.

Using a few key components, you will have the flexibility of creating a program of your choosing and implementing it in your school. Although this guide speaks specifically to breast and cervical cancer, the advice and ideas provided allow you to apply the information to practically any health topic.

To help you succeed, Project REACH not only teaches the skills necessary to plan a program, but also provides support. Planning an education program may seem like a daunting task at first, but the following information outlines how to work with your school administration and the steps to follow in order to make your event a success.

Project REACH also provides programmatic support. By identifying a local resource person and offering a website to exchange ideas, we want to help you always be in contact with others interested in educating the community.

The More the Merrier!

In addition to support from Project

REACH, there is another way to stay motivated and inspired...recruit others! Although it takes only one dedicated person to head up a local cancer education program, a team can often be more productive and creative. Talk to other employees in your school and ask for help. You may be surprised how many people are willing to become involved in such an important initiative. The

more people you have working on and planning the program, the more support you will feel.

Past experiences have shown that the most successful programs are ones in which a team of members worked together to accomplish a common goal. The best way to avoid being overwhelmed is to have people help you through the process. Don't think you have to do





it all alone! With additional help from your peers, you will have a built-in support system AND can distribute the workload.

Women Who Need this Program: What Makes School Employees Unique?

The ultimate goal of any activity you plan should be to educate women about the importance of breast and cervical cancer early detection, and to link them with resources. Project REACH is designed to help school employees identify the barriers stopping their colleagues and community members from being screened and to help them overcome those barriers.

There are many reasons women do not obtain the appropriate screening tests, but fear and unawareness are generally the greatest hindrances. Some women are afraid that once they are screened, they will not like hearing the test results. Other women do not know where to get screenings, or think that the screening will somehow harm them. Additional barriers that prevent women from practicing early detection are listed in **Table 1**.

Although many women can relate to the barriers listed in the table, educational employees are unique because they face an additional set of “occupational barriers,” specifically arising in the work environment. For example, educational employees are known for taking care of others, and neglecting their own health in the process.

Additional examples of occupational barriers for school employees include:

Privacy: Many school employees do not have offices or private rooms to make or receive personal calls to/from their health care providers. In some cases, classrooms and offices are in separate buildings on a campus and could require multiple messengers, including students, to relay a message to a school employee.

Insufficient health care benefits or high deductibles: For part-time school employees with insufficient or no insurance benefits, early detection screening tests and potential follow-up treatment could cause financial difficulties.

School schedule/allowable personal days: Many school employees cite few personal days for “wellness” visits with their health care provider, and may be hesitant to use vacation days or sick days for preventive visits to the doctor.

Time: School employees often find themselves involved in a variety of

extracurricular and educational activities after school and on weekends. When combined with family or personal obligations, there are limited opportunities for planning or participating in preventive health maintenance activities.

Lack of a knowledgeable resource person on campus: School nurses are often considered the health information specialists on campus. However, an increasing number of schools do not have a school nurse or share one school nurse among multiple schools or facilities. As a result, these schools are often left without an identified and easily accessible source of health information. In addition, some school nurses may not be up to date on breast and cervical cancer and early detection information, or aware of the many early detection resources in their community.

Who are Priority Populations?

As previously stated, many school employees face barriers related to

Table 1: Barriers to Early Detection Screening

- Fear and reluctance about test results.
- Ignorance about cancer or not knowing the importance of early detection screening.
- Not being told by the health care provider that screening tests including mammograms, clinical breast exams, and Pap tests are necessary.
- Negative past experiences with health care providers or facilities.
- Difficulty affording medical care, insurance deductibles, or co-payments and not knowing about free or low-cost screening opportunities.
- Lack of transportation.
- Difficulty obtaining child or dependent care.



work, but groups within the same school can face a different set of barriers. For example, school staff who are minority, retired, and Education Support Professionals are particularly likely to have barriers that keep them from seeking cancer screening tests.

Elderly and minority women may be at an even greater risk for breast or cervical cancer. Because of the additional barriers and risk factors these women face we refer to them as “Priority Populations.” (Please read **Appendix 1** for more information on risk factors and priority populations.)

The following groups of women are examples of Priority Populations and are not listed in order of importance:

Minority Women: African American women have higher rates of cancer (incidence) as well as higher rates of death from cancer. Besides potential differences in cancer incidence and death, it is important to include all minorities in your programs to address cultural values and belief systems that can affect attitudes about cancer screening or seeking medical care.

Older Women: Risk for developing breast and cervical cancer increases with age. Mammograms are the most effective method for detecting breast cancer at a treatable stage, and older women must be encouraged to receive mammograms every year starting at age 40 as well as an annual Pap test starting at age 18. Additionally, retired women face barriers that result from being “out of the loop.” Because they are no

longer in the school setting on a daily basis, they lack mailboxes and access to bulletin boards, which are often avenues for disseminating health information. Insufficient health insurance also plays a role in seeking out screening tests.

Women with Lower Incomes or Insufficient Insurance: Women with lower incomes or insufficient insurance may have financial difficulty obtaining mammograms and Pap tests. Education Support Professionals, part-time school personnel, and others who have no or insufficient insurance may not be able to afford annual screening exams. These women may be eligible for low or no-cost screenings through your state or local health department. And much like retired women, Education Support Professionals may also have no privacy or support for sharing or receiving health information in the school setting.

For these reasons, members of Priority Populations should be considered an important audience for your local cancer education program.

Understanding Breast and Cervical Cancer

Before you begin to think about planning an education program, it is important to have a basic understanding of the disease, risk factors, and early detection issues.

Appendix 1 includes general facts on breast and cervical cancer as well as related statistics. The information was taken from the National Cancer Institute’s (NCI) comprehensive and

easy to read guides, which are part of the NCI’s What You Need To Know About™ Series.

Recent health studies have addressed the effectiveness of mammograms and breast self-examination in detecting breast cancer. NEA HIN supports the National Cancer Institute (NCI) and the Centers for Disease Control and Prevention (CDC) in recommending that:

- Women in their 40s should be screened every one to two years with mammography.
- Women aged 50 and older should be screened every one to two years.
- Women who are at higher than average risk of breast cancer should seek expert medical advice about whether they should begin screening before age 40 and the frequency of screening.

NEA HIN also follows the American Cancer Society (ACS) screening guidelines as follows:

- Breast self-exam monthly for women aged 20 and over.
- Clinical breast exam (an exam performed by your doctor) for women aged 20–40, every 3 years; over 40, every year. This exam should be done close to the time of the scheduled mammogram. Ideally, the clinical breast exam should be done before the scheduled mammogram.