

Type: Research Paper

Subject: Nursing Leadership Course

Subject area: Nursing

Education Level: Undergraduate/College

Length: 5 pages

Referencing style: APA

Preferred English: US English

Spacing Option: Double

Title: Breast cancer prevention in woman in Morris county, NJ.

Instructions: this paper is designed to help you think about how you, as a nurse, can prevent a disease or promote health within a specific patient population. design strategies for health promotion/primary prevention that will reach a group of people or a community (e.g. wpu students; pregnant women in a certain borough, etc.). each student selects a health problem from any of the seminar presentations posted for the semester and will develop a written paper (five page maximum excluding references). this paper must be submitted to safe assign prior to submission deadline. the similarity should not exceed more than 20% from one source. to avoid high similarities result, be very careful about quotes and using other people's material. avoid the overuse of direct quotations, especially long ones. paraphrasing is usually more efficient and makes it easier to avoid extraneous details. please see attached files

Breast Cancer Prevention in Young Woman in Morris County, NJ.

Name

Professor

Institutional Affiliation

Course Title

Due Date

### **Breast Cancer Prevention in Young Woman in Morris County, NJ.**

Breast cancer is a result of cancer cells that form in breast cells. Globally, after skin cancer, breast cancer has been ranked second because of its mortality rates, especially in the United States. Breast cancer can both occur in men and women but is more prevalent in women (Trogon et al., 2016). Most women that have been diagnosed with breast cancer are over the age of 50 but in recent years, younger women have started being diagnosed especially in the United States. Although uncommon, breast cancer in young women must be placed into attention because of its complexity. This paper will pursue understanding the significance of health problems associated with breast cancer in young women, giving evidence-based strategies for both health promotion and primary prevention and the various variables impacting health promotion relevant to breast cancer in young women.

### **Significance of the Health Problem**

Breast cancer traditionally has been associated with older women. because of that realization, women under 40 years old felt that they are not at risk for breast cancer. While it is not common to younger women, these younger women may ignore the warning signs such as breast lumps or unusual discharge which may increase severity. While it can be prevented, most young women have ignored the signs and symptoms of breast cancer promoting it. New studies show that 5 percent of all cases are 40 years and below (Trogon et al., 2016). Most diagnoses of young women with breast cancer are likely to have been predisposed to genetic mutations. Some of the factors that influence a higher risk for developing breast cancer include; genetics, history of radiation therapy, and high-risk lesions found by biopsy among others. Breast cancer among young women is generally different from that of older women in many ways. Diagnosing breast cancer is more difficult because their tissues are dense than those of older women. Denser breast tissue makes it difficult for screening breast cancer. Additionally, breast cancer in young women is likely to be more aggressive and may not be responsive to treatment. Alongside increased age, it has associations with heredity factors, obesity, and alcohol use.

### **Implications of age, gender, and ethnicity**

The risk of breast cancer increases with age, as the age advances to 50 and above, the higher the risk for breast cancer. Most diagnoses of breast cancer are done in older persons normally after the age of 50. However, younger women (5 percent) have started to be diagnosed with this condition, especially women with BRCA1 and BRCA2 genes (Zhang et al., 2023). Additionally, these women with these specific genes are at a higher risk of both breast and ovarian cancer regardless the age.

Breast cancer rates in the world differ, for instance; in the United States, non-Hispanic white women and non-Hispanic black women have a higher risk of breast cancer unlike their

counterparts, a Hispanic woman who have lower incidences of breast cancer (Ihenacho et al., 2023; Health, 2023). Why is that? Some of the reasons that influence the disparity between race and ethnic groups include; age at first period, age at menopause, age at childbirth, body weight, breastfeeding, number of childbirths, and menopausal hormone (Naja Hulvej Rod et al., 2023). All these factors are different and vary from one race to the other race, from one ethnicity to the other ethnicity.

Sex difference or gender and their relationship with cancer incidence is normally attributed to how genetic levels and sex hormones such as estrogen are regulated (Zhang et al., 2023). While breast cancer can affect both males and females are more prevalent in women because their breast cells are always exposed to female hormones estrogen and progesterone which improve cell growth.

### **Incidence, prevalence, morbidity, mortality, and cost implications**

The incidence of breast cancer is about 30 percent, such that 1 in 3 women are new to female cancers each year. The American cancer society in its recent survey estimated that breast cancer cases in the United States alone are about 297,790 diagnosed women with about 55, 720 new cases around the world (Ihenacho et al., 2023; Health, 2023). This is an indication that breast cancer in women is increasing however the increase seems to be higher in young women who are less than 40 years. The reason behind this trend has not fully been studied to a conclusion. In Morris County, the incidence rate for breast cancer is almost 151 per 100,000 females (Ihenacho et al., 2023). According to Morris County Public Health profile report, the prevalence of breast cancer is 77.5 percent. According to this report, one in eight women in the United States develops breast cancer in their lifetime. For many years now cancer has been the second leading cause of death in the United States (Ihenacho et al.,

2023; Health, 2023). According to Trama et al., (2023), in Morris County, as a result of cancer breast, in 2020, over 151 persons died as a result of cancer breasts.

However, compared to other years (from back 2010), we have seen an improvement in the mortality rates because most people especially young women have started to be aware of breast cancer and early diagnosis. The cost implication varies based on several factors. Health insurance is among the key factors. Therefore, without insurance, the total cost can range from \$10,000-\$200,000 (Health, 2023). According to a recent report, Medicaid enrolment was \$5,711 per woman affected with breast cancer (Ihenacho et al., 2023; Health, 2023). It is therefore important to note that it is cost implication is high and may affect national health delivery if not diagnosed earlier and prevented earlier.

### **Identification of a population of focus (age group, ethnicity, and geographic location)**

Morris County's young women (4-6%), younger than the age of 40 have breast cancer (Trama et al., 2023; Health, 2023). In Morris County, breast cancers are more common in Caucasian women than in African Americans, however, in women under the age of 35, breast cancer is prevalent in African American women (Ihenacho et al., 2023; Health, 2023). This is due to many interrelated factors such as childbirth, age at first period, age at menopause, age at childbirth, body weight, and breastfeeding among others.

### **Evidence-based strategies for health promotion/ primary prevention**

#### **Health teaching principles**

Breast cancer can be prevented. Its prevention has three components; lifestyle modifications, pharmacologic intervention, and prophylactic surgery. Within the health

teaching principles, patients can be taught about a healthy diet, and its relevance to breast cancer, the importance of exercise, and the effects of alcohol consumption. From this, patients can keep a healthy weight by checking on their diet, keep exercising, and reducing or abstaining from alcohol consumption. This will make them physically fit or active reducing the severity or growth of cancer cells (Bergström et al., 2023). Additionally, primary prevention must be emphasized on tobacco use, nutrition, physical activity, and sun safety. Health promotion strategies include striving to empower victims while supporting and uplifting individuals to take control of their health.

### **Assessing readiness to learn**

Learning is not only a continuous process but an urge to know. After sensitization and awareness, the population will be curious about breast cancer, its mechanism of action, and its prevention. Therefore, one will be able to understand and assess that they are ready to learn. Subject relevance is an important facet because it saves time and makes the whole concept clear. For instance, with breast cancer, relevance may mean giving out facts about breast cancer. All this must be done to everyone reading level such that every person understands breast cancer universally.

### **Health teaching approaches**

The content to be taught includes;

1. What is breast cancer
2. Its mechanism of action
3. Why has its incidence risen in young women
4. Factors that influence breast cancer
5. Treatment and prevention.

The time frame education and primary prevention would take varies from how the educator delivers on the topic. It can go from three days to one week depending on the depth of the content, the audience, and the time allocated. This type of awareness education can be done in health facilities, community fields, and organized programs. This education would best be visually presented to improve the retention rate of information.

### **Variables impacting health promotion/primary prevention goal attainment relevant to health problem (Breast Cancer)**

#### **Culture**

We all have different cultural beliefs and practices. Certain cultures affect cancer care and other chronic diseases. the hidden nature of information about breast cancer and its treatment influences a biased understanding of breast cancer by most cultures (Bergström et al., 2023). Similarly, most cultures believe that cancers and indeed many chronic diseases are a punishment from religious deities and hence work to endure the pain and suffering. Additionally, there are existing myths and taboos surrounding the disease which makes it very difficult to combat the symptoms.

#### **Psycho-Social-Economic**

This medical condition always brings about psychological, social, and economic distress. For instance, most women who have breast cancer experience psychological torture during and even after treatment. The psychological impacts include anxiety, depression, anger, uncertainty, hopelessness, fear, and low self-esteem among others. Social isolation has been found to increase the rate of deaths of patients suffering from breast cancer because they lack access to care. Even in survivors, about 25 percent of cancer survivors have persistent problems which range from anxiety, depression, and other psycho-social conditions (Bergström et al., 2023). Socially, many victims are isolated because their condition has in

turn increased cancer risk. While treating and maintaining breast cancer patients is very costly, the survival rate reduces for cancer patients. additionally, lower social economic status correlates to low education, poverty, and poor health which are core in advancing inequality in health distribution, resource distribution, and reduction of the quality of life generally.

### **Family Variables**

Family is the core unit of any social order. The family is responsible for caring for and even providing financial support where needed. In diseases such as breast cancer that are generic, there are more chances that everyone is sick or is at risk of developing breast cancer increasing the high risk for family mortality (Bergström et al., 2023). Additionally, the family can run dry of financial support and decide to cut short their support which is very detrimental to breast cancer patients.

### **References**

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