

Susan G. Komen for the Cure® Global Initiative for
Breast Cancer Awareness

MEXICO

Community Profile Executive Summary and References

Mexico City
Guadalajara
Monterrey

March - July, 2008



The information contained in this Community Profile has been compiled by Course for the Cure™ participants and comes from a variety of sources. Participants have attempted to obtain the latest and most reliable data available and to accurately reflect breast cancer challenges and resources in their city at the time of the profile. Susan G. Komen for the Cure does not recommend, endorse or make any representations or warranties of any kind with respect to the accuracy, completeness, timeliness, quality, efficacy or non-infringement of the information contained in this summary.

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Mexico City

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Executive Summary

An estimated 25 million women around the world will be diagnosed with breast cancer over the next 25 years, and up to 10 million could die without a cure. With this in mind, Susan G. Komen for the Cure® - the world's largest grassroots network of breast cancer survivors and activists - launched the Komen for the Cure Global Initiative for Breast Cancer Awareness. The Institute of International Education (IIE) - one of the world's most experienced global higher education and professional exchange organizations - designed and manages the Initiative through its West Coast Center, in collaboration with local partners in eight pilot countries: Brazil, Costa Rica, Jordan, Mexico, Romania, Saudi Arabia, Ukraine and United Arab Emirates.

The goal of the Initiative is to create a dynamic global network of dedicated activists with the skills, knowledge and vision to play a strategic role in shaping their countries' response to breast cancer. This is accomplished by (1) empowering diverse stakeholders with the training, tools and support needed to influence strategic, locally-appropriate programming and funding decisions around breast cancer; and (2) strengthening individual and organizational capacity to launch effective education, awareness and advocacy campaigns to increase early breast cancer detection and reduce mortality.

At the core of the program is Course for the Cure™, a series of training modules based on Komen's 25 years of experience in breast cancer awareness and advocacy. The training modules, which have been customized in each country, cover five key topics: Community Assessment, Volunteer and Organization Development, Awareness and Education, Fundraising, and Advocacy.

Goal of the Community Profile

This Community Profile Report details the findings of Course for the Cure™ participants in Guadalajara, Mexico City and Monterrey. The goal of the community profile is to assess breast health needs and resources, define the priorities and objectives for future action, and inform the work of breast health organizations and activists in their fight against breast cancer.

As part of the course's follow-up activities, participants have collaborated with Global Initiative staff to apply the community profile skills they are learning.

Demographic, statistical, and program and service provider data - as well as data from formal and informal leaders in the community - are included to provide a multifaceted picture of breast health. After collecting and analyzing available data on breast health and services, participants identified and prioritized the community's current unmet needs or "gaps" in breast health. These prioritized gaps form the basis for developing plans for education outreach, awareness programs and advocacy efforts to improve breast health outcomes.

The Community Profile should be made widely available to the community and used on an on-going basis to inform strategic planning around breast health and to strengthen existing programs and services. As a living document, it also needs to be updated on a regular basis as circumstances change and new information becomes available.

The document must be as flexible and changing as Mexico is, with its vast territory, customs, social groups, disparities as well as similarities. Mexico's population is nearing 110 million inhabitants in its 32 states. As many other countries, it is moving rapidly toward having increased privatization of health services where social policies try to protect the most vulnerable populations. This year, for the first time the number of breast cancer cases reported have surpassed a long time enemy, cervical cancer. Today, breast and cervical cancer are the leading cancer-related deaths among Mexican women.

Mexico Overview

It seems commonplace to say that Mexico is a country in transition from “developing” to “industrialized,” but for health workers, activists and policymakers this transition is an everyday challenge. A few women with breast cancer will be able to receive the best treatments, even outside the country, while others will die without ever knowing they died of breast cancer. In the middle, most women will try to stay healthy by accessing the best available resources offered by public and private services.

Mexico is by its population, the 11th largest country in the world with 109,955,400 inhabitants (National Population Council, July 2008) of which 48% are male and 52% are females, most of them in an age group ranging from 16 to 49 years old. 30% of the entire population lives in the five largest cities of Mexico City, Guadalajara, Monterrey, Puebla and Toluca. And three out of every four live in an urban area.

In general terms, according to the Pan American Health Organization (PAHO) the public health system categorizes the Mexican population in what is called the insured population, that stands for those who have access to “social security” benefits (health care and retirement) that workers and their families should be entitled to, though changing working schemes have diminished the size of this insured population. The rest is called the uninsured population. Federal or state health ministries are mandated to take care of their health. Only 3% of the Mexican population pay a private insurance to date and are not usually considered in the public health analysis.

The most recent data provided by the Breast Cancer Subdirection at the Health Ministry show that the mortality rate in 2007 was 15.9 per 100,000 women 25 and older. Whereas in 2005 the mortality rate for the same age group was 15.31 per 100,000. Breast cancer became in 2005 the most common type of cancer afflicting women –still usually detected at late stages, after 30 years when cervical cancer occupied that place.

In Mexico, it is estimated that breast cancer occurs at an age that is a decade earlier than among women in the United States and Europe. Of the 33,044 cases registered during the period from 2000 to 2006, 50% occurred in women under 50 years of age, according to data provided by the *Tomátelo a Pecho* breast health campaign by the Fundación Mexicana para la Salud (Mexican Health Foundation).

Also, public health studies and figures concentrate on mortality as it is still true that most diagnosed women will arrive at very late stages when chances of survival are extremely slim, even though there are studies by health officials that suggest that up to 67% of the breast cancer related deaths could be prevented with early detection and using the available treatment.

This community profile concentrates on three communities in the three large cities of Guadalajara, Mexico City and Monterrey. The groups were chosen because of the high rates of breast cancer in these cities and the potential for the Course for the Cure™ participants to effect change in those communities towards breast health awareness.

Given the size of the target cities, communities within each of the cities were chosen in which to focus the community profile. In Guadalajara, capital city of the state of Jalisco, participants concentrated on trying to find the breast health gaps and opportunities available for women in marginalized urban areas with no access to social security, while in Monterrey they researched the needs of women who have already been diagnosed with breast cancer.

The third group in Mexico City focused on Tlalpan, one of 16 districts or municipalities, due to their familiarity with the district and their intention to find out the gaps for accessing breast health services particular to that area, as well as which gaps could be also be a reality in other parts of the city.

Some of the key findings are common to the three places, and most likely, to the rest of the country:

- *Lack of awareness about breast cancer and its early detection.* The findings concluded that most women of all ages in the communities that were part of this document have heard that breast cancer is a fatal disease, though the reasons for not accessing breast health care differ: the women might believe that they will not get breast cancer or they can think the exam is too painful. Some groups, particularly older women will not feel comfortable touching their breasts or being touched by someone else.
- *Lack of access to breast health services.* A part of this gap has to do with the real lack of access to services, either because they are insufficient or nonexistent in their communities or because women just don't have the financial and educational resources at hand to get screened. But it also has to do with the lack of information on the existing programs and how to access them.

Services users and medical professionals in the three cities urgently need this information.

- *There are cultural barriers* for early detection such as the fact that many women tend to put their needs in the last place of the list of priorities. We hope this profile will go deeper into the underlying reasons and prompt new questions for every reader.
- *A permanent lack of highly specialized staff to read mammograms and an insufficient amount of mammography machines.* This is a major gap resulting in the lack of early detection of breast cancer.

Each community also has its own particular needs.

Guadalajara

The Community Profile team in Guadalajara, many having professional backgrounds either in breast health care, public health research, media or advocacy, summed up their findings about gaps in breast health in three concepts: Quality health coverage, information and research.

They concluded that in order to improve the current breast health scenario, combining their prioritized needs as well as their strengths as a potential network, they can foster change if they:

- a) Work to increase the coverage of breast health services and improve the quality of care, particularly to vulnerable groups without social security;
- b) Increase health research on breast cancer in various spheres: biomedical, social, economical, communications, education, services and public policy; and most importantly,
- c) Advocate for the education of health professionals to promote knowledge-building and action

Mexico City

The Mexico City Course for the Cure™ participants, which included breast cancer survivors without any background in advocacy, together with some members of the Steering Committee who have been involved in high profile breast cancer initiatives, made a consensus from early on: to deliver effective campaigns not only to groups who are presently at high risk of dying from breast cancer, perhaps as a result of late detection but also to invest their efforts in working with the younger generations in schools. In this way, young people will receive basic information on breast health while at the same time they become agents of change in their families, for their mothers and grandmothers. The participants also discovered the urgent need to:

- Increase awareness of breast health among the most vulnerable groups of women in the city with scarce access to information and health services in the community. These groups include low-income women over the age of 50, and indigenous and rural women.

- Have health care workers offer high-quality and compassionate breast health services;
- Empower women, especially from the most vulnerable groups, to value themselves and advocate for their own health

Monterrey

In Monterrey, the participants of the *Course for the Cure™* trainings were primarily volunteers who work on a daily basis in their thriving, yet small organizations in an effort to change the current breast cancer situation.

Their key findings show that the organizations serving women with breast cancer need more financial and human resources as groups, as activists or volunteers to strengthen their work. They concluded that in the midst of a lack of services, emotional support for patients and their families needs to be prioritized by health professionals and the general public. And they recognize their own need to go deeper into verifying who the most vulnerable groups are lacking access to breast health. Their overall goals deal with strengthening their own skills and organizations in order to offer better services and advocate for breast health using a more effective approach.

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