



**Susan G. Komen**

**Research Grants – Fiscal Year 2015**

This research grant was approved for FY2015 Research Programs funding. This grant will be funded upon the execution of grant agreements between Komen and the grantee institutions.

**Continuing an American Indian Breast Cancer Disparities Training Program**

**Investigator(s):** Christine Daley, Ph.D.

**Lead Organization:** University of Kansas Medical Center Research Institute

**Grant Mechanism:** Graduate Training in Disparities Research Grants      **Grant ID:** GTDR15333785

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**Public Abstract:**

American Indians have the lowest educational attainment of any racial or ethnic group in the United States and suffer from some of the worst health outcomes. Though incidence of breast cancer has historically been low for American Indians, it is currently rising. In addition, mortality from breast cancer is disproportionately high in this population, with far more American Indian women diagnosed at later, less treatable stages of the disease. In 2010, the Center for American Indian Community Health (CAICH) at the University of Kansas Medical Center began a Master of Public Health (MPH) focus area of American Indian breast cancer disparities through a Susan G. Komen for the Cure grant. This application proposes the continuation of that program for an additional three American Indian students.

Students in our fully accredited MPH program complete 42 credit hours in one of four tracks in the program, including environmental health, epidemiology, public health management, and social-behavioral health. In addition, they complete 200 hours of an internship with a public health organization and 200 hours of research. Students in the Komen Scholars program through CAICH focus their coursework on breast cancer disparities, taking additional credits focusing specifically on American Indian breast cancer. They also complete both their internship and research on American Indian breast cancer disparities, working with CAICH partner organizations, including both reservation- and urban-based organizations. Previous scholars have created culturally tailored educational materials, examined atrazine levels and breast cancer incidence, and have helped in the creation of a scale that measures mammography satisfaction.



This proposal would continue the program and enhance it through the addition of a monthly lecture series given by potential mentors and advocates. By including both scientists and advocates in the lecture series, we ensure that our students are reminded of the importance of the research while they learn the scientific information. In addition, we bring an American Indian advocate into the program through direct mentorship of students. She will meet with students individually in each year of the program, with an additional meeting during the second year when students are deciding on their internship and research project. Students will have several potential projects on which to work, including (1) a weight loss program for breast cancer survivors, (2) a weight loss program developed for primary prevention of postmenopausal breast cancer, (3) mobile mammography and education programs on Kansas reservations, (4) a primary prevention project for high-risk women involving flaxseed, (5) quality of life issues in breast cancer survivors, (6) development of a patient navigator program for breast cancer screening in reservation-based populations, and (7) a computer touch screen program to increase mammography use.

