Development and Operationalization of a Culturally Tailored Community Breast Health Outreach Model Within a Student-Run Free Clinic

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Abstract

Breast cancer remains a leading cause of cancer-related mortality among women around the world. In Illinois, Lake and Cook Counties exhibit incidence rates that exceed the state average, reflecting disparities driven by socioeconomic factors, environmental exposures, and limited access to preventive care. Student-run free clinics (SRFCs) are uniquely positioned to address screening gaps through community-centered outreach; however, reproducible operational models for implementing culturally tailored breast health initiatives remain limited.

The *Breakfast and Breast Exams* initiative was launched at Rosalind Franklin University of Medicine and Science (RFUMS) in 2023 and expanded into the surrounding community by the Interprofessional Community Clinic (ICC), an SRFC serving primarily uninsured residents. This student-led effort aimed to improve breast cancer education and screening knowledge at both the university and community levels. This manuscript outlines the stepwise development, partnership infrastructure, operational logistics, and implementation framework of a scalable community-based breast health outreach program. Key components included community needs assessment, strategic partnerships with local organizations, volunteer recruitment and training, licensed clinical oversight, culturally tailored educational programming, language-access services, and structured referral pathways for follow-up care.

Two community events engaged 67 participants, with 30 newly registered at the SRFC and over 30 referred to local breast health services. Preliminary evaluation indicated high participant engagement and perceived knowledge gain, though survey completion was limited. Average self-rated knowledge scores increased from 6.9/10 before the presentation to 9.7/10 afterwards at the first event and from 7/10 to 8.8/10 at the second event, with 16.7% and 60% reporting increased understanding, respectively.

This manuscript aims to provide a reproducible blueprint for other student-run free clinics seeking to enhance culturally responsive breast health outreach and engagement in underserved communities. Key transferable elements include community-embedded planning, trust-building strategies, structured volunteer deployment, and integration of referral infrastructure to support continuity of care. Ongoing expansion will evaluate longitudinal screening uptake and program sustainability.

Introduction

Annually, breast cancer accounts for 30% of new cancer diagnoses among individuals assigned female at birth[1] and remains the second leading cause of cancer-related mortality in this population[2]. In Illinois, age-adjusted incidence rates in Lake County (33.8 and Cook County (33.1) exceed the state average (32.1)[3]. Disparities in cancer prevalence are attributable in part to socioeconomic inequities and increased environmental exposures, including ethylene oxide emissions from industrial facilities in northern Lake County[4] and high levels of extreme poverty in Cook County[5]. These disparities can be mitigated by strict adherence to breast cancer screening guidelines, as mammography has been shown to reduce mortality y[6,7], however, barriers to screening have led to lower screening rates. A cross-sectional study in 2023 reviewing the US Preventative Services Task Force guideline-concordant screening rates in 3141 counties found that at the county level, the most socially vulnerable communities (highest CDC Social Vulnerability Index quintile) have 8% lower odds of breast cancer screening even after adjusting for urban-rural status, insurance, and physician density[8]. As a response, community-led efforts, such as the Metropolitan Chicago Breast Cancer Taskforce (2009) and other culturally tailored, multilevel educational interventions, have improved screening rates among local Black and underserved populations by increasing awareness, improving access, and patient navigation [9,10].

Student-run free clinics (SRFCs) frequently serve uninsured and underinsured populations and are embedded within communities, positioning them to address preventive care disparities. However, published operational models for community-based breast health outreach within SRFCs remain limited. This manuscript describes the development, operational structure, and implementation framework of the Breakfast and Breast Exams initiative as a reproducible model for community-based breast health outreach, with secondary objectives including preliminary outcomes from two community-based events.

Methods

Implementation Framework and Operational Model

The initiative was designed using a stepwise implementation approach emphasizing feasibility, cultural responsiveness, and sustainability. Planning occurred over approximately 8–10 weeks prior to each event (Table 1). The Rosalind Franklin University Institutional Review Board (IRB) qualified the initiative as “Not Human Subjects Research.”

Table 1
Event Planning Timeline

Weeks 1–2	Community meetings & site selection
Weeks 3-5	Volunteer & clinician recruitment, educational content review, event planning
Weeks 6-7	Material preparation & translation, event planning
Weeks 8-9	Social media & word-of-mouth outreach
Week 10	Final logistics coordination & volunteer training

Figure 1
Framework for implementation of Breakfast and Breast Exams Initiative

Phase 1: Needs Assessment and Project Development

The *Breakfast and Breast Exams* initiative was launched in October 2023 at Rosalind Franklin University of Medicine and Science (RFUMS) to address gaps in breast cancer screening knowledge. Student organizations, including Medical Students for Choice (MSFC) and the Women's Health Interest Group (WHIG), developed an educational workshop reviewed by an obstetrician-gynecologist on breast cancer risk factors, signs, symptoms, and screening recommendations, and privacy screens provided for optional clinical examinations. The event welcomed over 50 attendees and had high engagement, underscoring the importance of peer-led, inclusive health education initiatives.

Following strong attendance, ICC leadership identified broader community applicability based on expressed needs about health education from community partners, and a student-led effort was undertaken to expand the event. Community selection was guided by preexisting ICC partnerships, community interest, and documented local breast cancer screening inequities. The first event was hosted at the Mongolian Heritage Center in Prospect Heights, IL, a relationship acquired through our AmeriCorps VISTA volunteers. According to a 2024 statement from the American Heart Association (AHA), the Mongolian immigrant population has the highest rates of uninsurance and poverty among all Asian American groups[11]. The second event focused on addressing healthcare disparities in the Black community. Waukegan was chosen for its significant Black population in Lake County and existing partnerships with local organizations such as the North Chicago Think Tank (NCTT) and Nature's Emporium (see Appendix A).

Phase 2: Partnership Infrastructure

Events incorporated culturally appropriate food provided by local minority-owned businesses to promote a welcoming and familiar environment. Both communities were engaged through social media and word-of-mouth from community partners and the ICC (see Appendix A). Event educational materials were adapted to the audience with language-appropriate delivery, including Mongolian-speaking interpreters and Mongolian translations of surveys and flyers done by our in-house Mongolian-speaking AmeriCORP VISTA volunteers. Educational stations included chronic disease education, breast exam demonstrations, blood pressure screening, and clinician-performed breast exams.

Phase 3: Volunteer recruitment and Training

Volunteers were recruited from medical student groups, including Women's Health Interest Group, Student National Medical Association, Asian Pacific American Medical Student Association, and Medical Students for Choice. Training included breast health education review, cultural humility training, patient privacy protocols, survey administration procedures, and referral navigation. Cultural humility training emphasized culturally sensitive communication and community-informed care via case discussions addressing language barriers, health beliefs, dietary practices, and trust in the healthcare system. During events, student volunteers staffed registration, education, screening, and patient navigation support.

Phase 4: Clinical Oversight and Credentialing

Licensed obstetrician-gynecologists supervised all clinical activities under institutional policies. Privacy screens and designated examination areas ensured confidentiality.

Phase 5: Event Logistics and Patient Flow

1. Registration and demographic intake: attendance counts, demographic characteristics (e.g., age and gender), insurance status, and baseline health status (e.g., presence of chronic disease) were collected at check-in.
2. Scheduled group educational presentation: 1-hour presentation on breast cancer risks, signs and symptoms, and current screening recommendations (including video demonstrations of mammography and self-breast exams). The educational content was reviewed by an obstetrician-gynecologist, who also facilitated a question-and-answer session during the event, and was updated yearly consistent with current American College of Obstetricians and Gynecologists (ACOG) recommendations.
3. Independent exploration period:
    a. Privacy screens were provided for participants electing to undergo a screening examination by the clinician.
    b. Representatives from local community health organizations, including our SRFC, attended the events to provide information about health services and help patients register for care.
    c. Student volunteers staffed chronic disease education stations with blood pressure cuffs and breast models with normal and abnormal findings.
    d. Food and refreshments were provided by locally owned catering businesses.
4. Survey completion: Participants completed brief pre- and post-event surveys, administered electronically or on paper, to assess baseline knowledge of breast cancer screening, changes in understanding following the session, intent to share information, and overall event feedback.

Phase 6: Equipment and Resource Needs

Required supplies included privacy screens, basic clinical supplies, blood pressure cuffs, printed and hands-on educational materials (including breast models with simulated cysts and teaching replicas), translated surveys and flyers, audiovisual equipment, referral forms, and food service materials.

Most resources were secured through donations, partner contributions, or clinic funding.

Phase 7: Referral and Continuity Infrastructure

A structured referral pathway was established to promote continuity of care. Uninsured participants were registered with the ICC for primary care services, and eligible individuals were referred to Equal Hope for primary women's health services, including breast imaging, cancer screenings, and specialty services. Community partners provided additional navigation to primary care resources. This integrated approach was designed to reduce gaps between one-time outreach events and sustained, longitudinal care.

Phase 8: Post-Event Optimization and Analysis

Evaluation focused on feasibility, participant engagement, and preliminary knowledge reinforcement. Data collected included attendance, insurance status, chronic disease history, new clinic registrations, and referral enrollment. Pre- and post-event surveys assessed self-rated knowledge using a 10-point Likert-type scale, intent to share information, and confidence in accessing care (See Appendix B). Survey findings are presented as exploratory and preliminary. This feedback guided the development of the ICC Community Outreach template for future event optimization that included logistics guidelines, approval pathways, and equipment checklists.

Results

Participant Characteristics

The first event hosted 50 participants, with demographics collected from 40 participants (33/40, 82.5% female) aged 27–79 years. Community members and volunteers highlighted a shared concern regarding the community's high disease burden and lack of insurance coverage (30/40, 60% uninsured). At least 15 participants further reported having some type of chronic disease (15/40, 37.5%). The second event totaled 17 participants (10/17 or 58.8% female), ranging in age from 24 to 79. Most participants reported having insurance coverage (15/17, 88.2%), and all denied having a chronic disease (17/17, 100%). Verbal and written feedback from participants emphasized appreciation for the welcoming space, culturally relevant approach, and assistance with resource acquisition.

Preliminary Evaluation Outcomes

At the Prospect Heights event, twelve participants completed pre- and post-event surveys. Average self-rated knowledge scores increased from 6.9/10 (± 3.9) before the presentation to 9.7/10 (± 0.7) afterwards, with 16.7% reporting increased understanding. All respondents indicated they would share information with family or friends, and 66.7% reported learning self-breast exam techniques.

At the Waukegan event, five participants completed pre- and post-event surveys. Average knowledge scores increased from 7/10 (± 2.2) to 8.8/10 (± 1.3), with 60% reporting improved understanding. All respondents reported intent to share information with others.

Thirty new patients were registered with the ICC following the first event, and more than thirty individuals were referred to Equal Hope for breast health services. At the second event, participants primarily received resource information because most already had established healthcare.

The impact of this approach was evident in follow-up communication with attendees. One patient reached out several months after the event, sharing her discovery of stage 3 cervical

cancer requiring urgent treatment, resulting in her current remission because of the resource acquisition and awareness from the Breakfast and Breast Exams event. Her message read: *"If I hadn't come across this event by chance, my cancer would have been discovered much later, and my condition could have been far more severe. This event truly saved me, and today I am grateful to be healthy."*

Discussion

Prior literature has demonstrated that community-based breast cancer initiatives, including health fairs, mobile mammography partnerships, and culturally tailored outreach programs, can improve screening uptake and reduce disparities among underserved populations[12,13,14, 15]. Similarly, several reports describing breast cancer education initiatives within student-run free clinics have highlighted the role of trainees in delivering preventive health education, coordinating referrals, and improving access to screening resources for uninsured and underinsured patients[16,17]. However, many previously described programs emphasize single-event outcomes or educational interventions without detailed operational guidance on implementation logistics and sustainability.

This initiative presents a reproducible framework for culturally tailored breast health outreach within an SRFC. While preliminary outcomes demonstrated strong engagement and knowledge reinforcement, the primary contribution lies in the structured implementation model detailing community selection, partnership development, volunteer deployment, clinical oversight, and referral integration. This report provides a transferable blueprint for SRFCs seeking to address screening disparities in underserved populations.

Breast self-examination (BSE) was previously recommended for early breast cancer detection; however, evidence has demonstrated that BSE does not reduce breast cancer mortality[18,19,20] and may be associated with increased rates of benign biopsy results and anxiety[21,22]. Consistent with the current American College of Obstetricians and Gynecologists (ACOG) recommendations, this initiative emphasized breast self-awareness rather than structured self-examination to promote early recognition of breast changes and timely clinical evaluation[23,24].

Despite improvements in early detection and treatment, breast cancer incidence and mortality vary by ethnicity and socioeconomic status[25]. According to a 2021 study, compared with Non-Hispanic White women, minority women (non-Hispanic Black, Asian American/Pacific Islander, Native American, and Hispanic) were 72% more likely to be diagnosed before age 50, 58% more likely to have advanced-stage disease under 50, and 24% more likely to have advanced-stage disease at any age[26]. These disparities emphasize the need for early, culturally responsive education and community outreach interventions to address gaps in health literacy, awareness, and access to preventative care[27].

Survey Findings

Survey findings indicated modest increases in self-rated knowledge, but universal intent to share information with others. These findings suggest that community-based education may extend beyond measurable knowledge gains by reinforcing existing understanding and enabling peer-to-peer information sharing. Such diffusion of health information may expand the reach of breast health education in populations with limited access to formal healthcare resources.

Implementation Lessons

Community structure and trust were the largest influencing factors in implementation. Our second event was limited by low participation. Differences in communication networks and historical relationships with healthcare systems likely contributed to variations in event engagement. The Mongolian community's close-knit networks and an established partnership with the ICC facilitated broad information dissemination and engagement. In contrast, engagement in the Black community required additional trust-building efforts given systemic inequities and newer ICC relationships. These differences highlight the importance of community-specific and longitudinal outreach efforts.

Trust-building emerged as a central component of successful engagement, with events hosted in familiar community spaces and programming co-developed alongside local organizations. Community leaders played a central role in outreach and event credibility, reinforcing the importance of shared ownership rather than externally imposed programming. Personal narratives from clinicians, organizers, and attendees helped normalize conversations around breast cancer, mammograms, and self-advocacy. Narrative-based health communication has been shown to improve knowledge and motivate behavior change, particularly in underserved populations, and may help address cultural beliefs and mistrust that contribute to disparities in health care utilization and delayed care[28,29].

Cultural tailoring improved accessibility and participant comfort. Language translation, culturally familiar food, and community-informed messaging were essential components of the intervention. In the Mongolian community, in-person interpretation and translated materials facilitated participation and normalized conversations surrounding breast health and screening. Such adaptations may be particularly important in immigrant populations with limited engagement in preventive healthcare systems.

Next, the initiative demonstrated that a structured volunteer infrastructure within academic institutions can sustain scalable outreach. Clearly defined roles, standardized training, and faculty clinical oversight enabled efficient deployment of student volunteers across educational, screening, and navigation functions. Leveraging existing student organizations also strengthened interprofessional collaboration and leadership development opportunities.

Finally, embedding continuity-of-care infrastructure into outreach events is critical. Direct registration of uninsured participants into the ICC and referral enrollment to community breast health services strengthened immediate linkage to care. However, sustained follow-up remains an area for development. Outreach programs that do not integrate navigation pathways risk

reinforcing episodic engagement rather than promoting longitudinal preventive care. Future iterations will prioritize improving survey completion, tracking referral follow-through, and maintaining longitudinal contact with participants to better support ongoing preventive care.

Sustainability and Future Directions

Sustainability of the Breakfast and Breast Exams initiative depends on maintaining strong community partnerships, structured student leadership succession, and integration into the ICC's recurring outreach strategy. Recurring collaboration with trusted organizations reinforces continuity and credibility, while leadership transition plans mitigate disruption from academic turnover. Financial sustainability will require institutional support, grant funding, and community sponsorship or in-kind contributions. Another significant limitation was the low survey completion rate, likely due to limited guidance and dedicated time. Future iterations will incorporate improved survey processes and structured follow-up mechanisms to strengthen program evaluation and care continuity. As the initiative expands and sample sizes increase, larger datasets will enable more rigorous, outcomes-based evaluation of the program's impact on screening and continuity of care, including longitudinal tracking of referral completion, return visits to the ICC, and multi-year community engagement, while expansion into additional communities will further test the adaptability and scalability of this implementation framework.

Conclusion

Breast cancer incidence in Lake and Cook Counties exceeds the Illinois state average, highlighting the need for targeted outreach interventions. The Breakfast and Breast Exams initiative demonstrates a scalable implementation model for culturally responsive breast health outreach within a student-run free clinic. Continued expansion and longitudinal evaluation will help clarify its sustained impact on screening engagement and continuity of care.

Disclosures

The authors have no conflicts of interest to disclose.

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Appendix A: Description of Organizations and Student Groups Involved in Initiative

The Breakfast and Breast Exams initiative worked with seven organizations and four student groups throughout the multiple stages described. Descriptions of the organizations and student groups, and their roles in the initiative, are as follows in **Table 2**:

Table 2. Names of organizations involved in the events along with descriptions and roles played.

Organization	**Description**
AmeriCORP Volunteers in Service to America (VISTA)	VISTA members developed and implemented strategic initiatives, enhanced collaboration capacity, gathered information on free and charitable clinic resources in Illinois, translated it into Mongolian for handouts, and assessed outcomes through pre- and post-event surveys.
Consulate of Mongolia in Chicago	The Consulate of Mongolia in Chicago is the diplomatic representation of Mongolia with the role to serve visitors abroad and those living in Chicago with consular matters, such as travel or documentation.
Mongolian Health Association of America	The Mongolian Health Association of America is a community-based organization that is active with and serves the Mongolian community throughout the Chicagoland area through health information, services, and resources.
Illinois Association of Free and Charitable Clinics	The Illinois Association of Free Clinics serves the free and charitable clinics within Illinoisby providing a unified voice for policy, providing services, resources, and advice to aid in the continued care for underserved communities, and building partnerships between clinics.
Equal Hope	Equal Hope is an organization that works to save lives and improve the quality of life for uninsured and underinsured populations through providing access to free breast and reproductive cancer services. Equal Hope

	representatives were able to attend our events and provide information and signups for free breast cancer screenings to community members in attendance.
North Chicago Think Tank	The North Chicago Think Tank is a community organization located in North Chicago, IL, that works to use policy research, reform, and advocacy-focused events to empower and improve the quality of life of Black community members. The North Chicago Think Tank partnered in the planning and execution of the second event by aiding in planning educational opportunities and services, organizing catering, site logistics, and advertisement.
Nature's Emporium	Nature's Emporium is a health and wellness store and community outreach organizer in Waukegan, IL, that works to improve community engagement, education, and aid to improve the quality of life of the people it serves.
Medical Students for Choice	Medical Students for Choice is a student-led organization at Rosalind Franklin University of Medicine and Science with the mission to improve education, awareness and discussions regarding reproductive health throughout the medical and local community.
Women's Health Interest Group (WHIG)	The Women's Health Interest Group is a student-led organization at Rosalind Franklin University of Medicine that focuses on women's health across medical specialties through discussions of current topics, practicing clinical skills, and providing networking between students and providers.
Student National Medical Association (SNMA)	The Student National Medical Association is a student-led organization at Rosalind Franklin University of Medicine that works to support underrepresented minority medical students, underserved communities, and to build

	culturally competent and socially conscious physicians.
Asian Pacific American Medical Student Association (APAMSA)	The Asian Pacific American Medical Student Association is a student-led organization at Rosalind Franklin University of Medicine with the mission of promoting issues that Asian and Pacific Islander Americans (AIPA) face, highlighting the challenges, obstacles, and responsibilities of AIPA students and healthcare workers, and aiding AIPA communities through service and outreach.

Appendix B: Post-Event Survey Questions

Participants completed the following post-session survey after attending the breast cancer education and self-breast exam session.

1. How much did you understand about breast cancer and screening before today's session?
   Response scale: 1–10, where 1 = Very little and 10 = A lot

2. Have you ever had a mammogram?
   a. Yes
   b. No

3. Has anyone ever taught you how to perform a breast self-exam?
   a. Yes
   b. No

4. How much do you understand after today's session?
   Response scale: 1–10, where 1 = Very little and 10 = A lot

5. Will you share this information with friends and family members?
   a. Yes
   b. No
   c. Other: (fill in response)

6. Do you know where to go if you discover something unusual?
   a. Yes
   b. No
   c. Maybe
   d. Other: (fill in response)