



Identifying Barriers to Screening Mammography Among Underserved Women in Los Angeles County

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BACKGROUND

- Breast cancer is the most commonly diagnosed female cancer in the US.
- Highest rates are among white women; however, Black women are more likely to die from breast cancer
- In Los Angeles county, Black, Pacific Islander, American Indian, and Hispanic women have lowest rates of breast cancer survival. As well as women with the lowest socioeconomic status.
- Early detection by mammography reduces risk of breast cancer death and increases treatment options
- Rates of screening mammography are over 70%; however, they have been consistently below the Healthy People's target of 81.1%.
- Rates of screening are also consistently lower for those below 200% of the federal poverty limit and for those with high school education or less

OBJECTIVES

- Identify barriers to screening mammography in minority women of underserved populations of Los Angeles County

METHODS

- Study design:** Cross-sectional study
- Recruitment:** health fairs, malls, housing communities
- Eligibility criteria:** Inclusion: women > 40 years; exclusion: women unable to speak English or Spanish or who cannot provide consent
- IRB approval through LA Biomed
- N = 57**
- Descriptive analysis**
- Questionnaire:** 40 items, including Likert questions to HBM constructs

RESULTS

Table 1. Participant demographics and select mammography characteristics

	N*	%*			
Participant age groups (years)			Currently have primary care physician?		
40-49	25	43.8%	Yes	33	58.9%
50-59	21	36.8%	No	23	41.1%
60-69	9	15.8%	Have ever had a mammogram?		
70+	2	3.51%	Yes	48	84.2%
Race/ethnicity			No	9	15.8%
Black	16	28.1%	Frequency of mammograms		
Hispanic/Latino	40	70.1%	Yearly	20	41.7%
White	1	1.75%	Every 2 years	11	22.9%
Employment status			Less frequently	17	35.4%
Unemployed	28	49.1%	When was last mammogram?		
Part time	3	5.26%	≤ 1 year ago	22	45.8%
Full time	16	28.1%	1-2 years ago	9	18.8%
More than full time	6	10.5%	> 2 years ago	17	35.4%
Self-employed	4	7.02%			
Currently have medical insurance?					
Yes	35	62.5%			
No	21	37.5%			

Table 2. Participant responses to select HBM constructs

Perceived susceptibility	Less likely (0-2) N (%)	More likely (3-5) N (%)	Self-efficacy		
How likely are you to get breast cancer during your lifetime?	54%	46%	How likely is it that you can find transportation to a mammogram appointment?	21%	79%
Perceived benefits			How likely is it that you can find a way to make an appointment for a mammogram?	16%	84%
How likely are mammograms to decrease your chance of dying from breast cancer?	17%	83%	Cues to action		
Perceived barriers			If your doctor recommends a mammogram, how likely are you to get one?	5%	95%
Would you be more likely to schedule a mammogram if there were evening or weekend hours available?	9%	91%			
How likely is it that you can find a way to pay for a mammogram?	38%	62%			
Is fear about being exposed to x-rays likely to keep you from getting a mammogram?	74%	26%			
Is worry about pain while having a mammogram likely to keep you from getting one?	73%	27%			

DISCUSSION AND CONCLUSIONS

Conclusions

- Though a high proportion of the sample reported having a mammogram on a regular basis, 35% of women did not adhere to mammography guidelines
- Women had low perception of lifetime breast cancer susceptibility
- Perceived barriers: hours of operation at mammography centers, ability to pay
- Physician recommendation was highly important to this sample

Limitations

- Presented descriptive data only given small sample size
- Selection bias

IMPLICATIONS

- Interventions to reduce barriers related to time and cost may have benefit
- Better educate women on breast cancer risk
- Provide mammogram referrals in all patients who are eligible to have screening

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