

Fear, misconceptions about screenings keep many African-Americans from getting mammograms

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Training physicians and caregivers to improve cultural sensitivity and communication with economically disadvantaged African-American patients could influence these women to get mammograms that could save their lives, according to a new study in the *Journal of General Internal Medicine*.

The study found that many African-American women perceive they are being treated with disrespect and receive inadequate explanations about screenings when they go to health care facilities. These experiences influenced their decisions to skip mammograms. They also fear they won't receive correct treatment so they avoid mammograms altogether, the study adds.

"The issue here is not whether these feelings are founded or unfounded," said study author Monica Peek, MD, MPH, assistant professor of medicine at the Medical Center. "The study gives more direction to health professionals on how they can adapt their treatment styles to encourage this high-risk group of women to get screened."

The findings may help account for the huge disparity between death rates from breast cancer in white versus African-American women. Nationally, African-American women have a 35 percent higher mortality rate from breast cancer than white women, according to the National Cancer Institute. In Chicago, the mortality rate for African-American

women is dramatically higher than for white women -- 73 percent -- according to the Sinai Urban Health Institute.

The findings are based on feedback gathered during focus groups that included 29 low-income African-American women who were at least 40 years old. The women were asked about their perception of mammograms, whether they would undergo one to screen for breast cancer, and other related questions.

Despite recommendations for women 40 and older to have annual mammograms, only 55 percent of the women reported having a mammogram within the last two years. One woman in the study had a history of breast cancer.

Participants in the study were low-income, medically underserved African-American women who lived in urban, economically challenged neighborhoods throughout Chicago. Participants received a \$15 gift certificate to a grocery store in exchange for their participation.

Asked why they did not go for regular mammograms, women in the study gave several reasons. Some felt they had not been treated with respect or not received adequate information from clinical teams during prior visits to health care facilities.

One woman recounted feeling uncomfortable when she was left alone while her images were being developed and read by a radiologist.

"You see, when they left me, there wasn't nobody with me to talk to me," she said.

Other study participants said they thought anyone with breast cancer would inevitably die from the disease, so there was no use getting a mammogram.

"I didn't know that it was a possibility to live after you had breast cancer or had been found having breast cancer," one woman said.

"Everybody I know who had breast cancer [has] died. I [wasn't aware] of anything different," another woman said.

Women also said that stories circulate of patients who had bad experiences undergoing mammograms and received incorrect cancer treatments, such as an unnecessary mastectomy. Those tales are all spun into the urban folklore about mammograms and impact women's decisions not to get screened. The study adds that because of their fears, some women delay getting screened, which leads to worse health outcomes such as late-stage cancer diagnosis and higher mortality rates.

The study points to the need for physicians to be trained in cultural sensitivity. If health care providers tailored their care appropriately for this population, these patients may be more likely to return for repeat mammograms. The study also suggests the need for more community-based health educators to work within underserved communities, explaining the breast cancer screening process, addressing misperceptions, and reinforcing the health messages women receive from their physicians.

"African-American women have a high need for comprehensive information and better communication from their health care providers on breast cancer prevention and treatment. Sadly, we heard none of the women in our study were aware of early diagnosis or positive breast cancer outcomes," Peek said.

Source: University of Chicago Medical Center

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