

Lack of resources affects mammogram rates

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Credit: AI-generated image ([disclaimer](#))

Almost 70 percent of women in the U.S. over the age of 40 get mammograms at least every other year, but minority and foreign-born women report lower rates even though they are at an increased risk for developing advanced breast cancer.

Routine mammograms are important to reduce [breast cancer](#) mortality, particularly for those women who may be at increased risk. Penn State

researchers Reni Elewonibi, graduate student in health policy and administration and demography, and Patricia Miranda, assistant professor of health policy and administration and demography, along with Amy Thierry, a Penn State alumnus and current post-doctoral fellow at Duke University, recently published their findings about mammography disparities in the *Journal of Immigrant and Minority Health*.

"The U.S. Prevention Services Task Force guidelines recommend that women who are between the ages of 50–74 and have average risk for breast cancer should receive a mammogram every two years. However, there are many women who aren't adhering to these guidelines, and we wanted to find out why," said Elewonibi.

The researchers looked at a sample of over 23,000 women age 30 or over taken from the National Health Interview Survey (NHIS), a cross-sectional household interview survey which is conducted yearly by the Centers for Disease Control and Prevention as a way to monitor the health of the nation. They also looked at data from the Cancer Control Supplement, part of the NHIS administered every five years to measure knowledge, attitudes, and practices of cancer-related behaviors.

They found that Mexicans, Asians, and foreign-born women had significantly lower rates of screening compared to white women. Their findings also show that, after controlling for [breast cancer risk](#), these disparities are mostly due to lower socioeconomic status and limited access to [health care](#) resources, as well as citizenship issues for foreign-born women.

"We knew socioeconomic status plays a huge role, as does health care access, but accounting for risk made the findings more valid," Elewonibi explained.

The researchers were surprised to find Asian women had lower screening rates even after accounting for these issues. "Asian women who had a higher [socioeconomic status](#) and access to health care still had lower rates of screenings compared to white women with similar status and access," said Elewonibi. "This means other factors possibly related to ethnicity or culture may account for lower breast cancer screening rates."

Elewonibi has long been interested in understudied populations, such as Appalachian, minority, and foreign-born women, and how social and cultural environments influence their health and health behaviors. As a second-year graduate student, Elewonibi was awarded a Susan G. Komen Breast Cancer Training Fellowship, which sparked her research into breast cancer screenings and mortality rates in populations at risk.

In the future, Elewonibi would like to look into physician recommendations for mammograms, and how they come about making those recommendations. "I would also like to understand how under-screened women who are at a high risk for developing breast cancer view their risk, and if family needs or competing health issues play a role in their decision to get screened," Elewonibi said. "More attention to these groups of women is needed, because often they face a poorer prognosis and increased risk of mortality due to limited health care options. Only then can we move toward effective strategies to reduce these disparities."

Provided by Pennsylvania State University

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