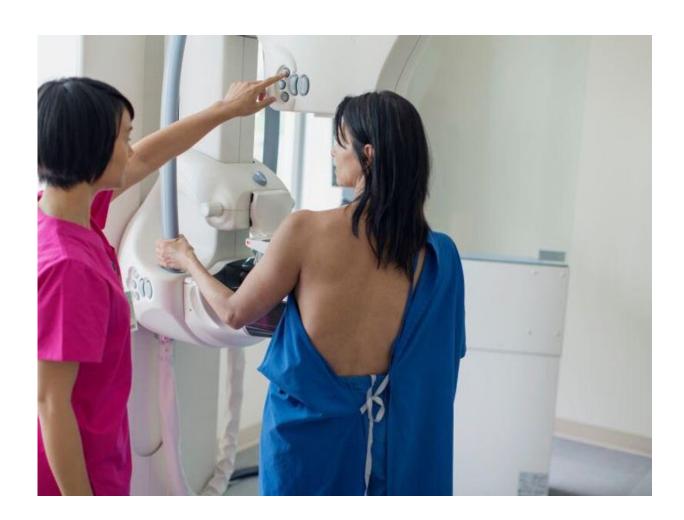


American Indian women continue to have lower mammography use

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The disparity in annual age-adjusted mammography use between



American Indian and White women continued but narrowed between 2005 and 2019 due to declines in mammography use in White women, according to a study published online March 1 in the *American Journal of Preventive Medicine*.

Eric W. Christensen, Ph.D., from the Harvey L. Neiman Health Policy Institute in Reston, Virginia, and colleagues assessed mammography trends for American Indian women and examined the impact of race, urbanicity, and <u>income</u> on long-term mammography use. The analysis included 2005 to 2019 claims data for 457,476 female Medicare fee-for-service beneficiaries (aged 40 to 89 years) residing in Arizona, California, New Mexico, Oklahoma, and Washington.

The researchers found that annual age-adjusted mammography use declined from 205 per 1,000 in 2005 to 165 per 1,000 in 2019. The decline was significantly steeper for White women versus American Indian women. Across all urbanicity categories, odds of mammography use were lower for American Indian women than for White women (e.g., rural odds ratios, 0.96 [95 percent confidence interval, 0.77 to 1.20] and 1.47 [99 percent confidence interval, 1.39 to 1.57] for American Indian women and White women, respectively). Residing in higher-income communities was only associated with higher mammography use for White women (odds ratio, 1.31; 99 percent confidence interval, 1.28 to 1.34).

"Our results show that we should not assume that income will have the same impact on mammography across racial/ethnic groups," a coauthor said in a statement. "The literature shows that, among American Indian/Native American women, cultural factors such as comfort discussing mammography and connection to their native culture, may exert more influence on mammography use than income alone."

More information: Eric W. Christensen et al, Urbanicity, Income, and



Mammography-Use Disparities Among American Indian Women, *American Journal of Preventive Medicine* (2023). DOI: 10.1016/j.amepre.2023.01.013

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