

## Breast cancer screening among Chamorro women in California

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### Abstract

**Background:** This study evaluated breast cancer-related knowledge, attitudes and behaviors among Chamorros in San Diego, California and compared mammogram use between those affiliated with the military and others. **Methods:** A survey was administered to 110 self-reported Chamorro women. Inclusion criteria included being self-reported Chamorro woman >40 years with no history of breast cancer. Approximately equal proportions of participants with (52%) and without (48%) military affiliation were recruited to test the assumption that use of mammography differed between the two groups. Descriptive statistics and bivariate analyses were conducted. **Results:** Of the 110 respondents, 42% had at least some college education, 41% had household incomes of at least \$50,000, and 87% reported having health insurance. Approximately 93% reporting ever having a mammogram and 75% reported having it within the past 2 years. The difference between mammography use among women with and without military affiliation was not significant (85% versus 72%;  $p = 0.11$ ). However, women with military insurance (95%) were more likely than others (74%) to have had a mammogram within that time frame ( $p = .05$ ). Other factors associated with higher mammography use included reporting better access to medical care ( $p = .03$ ), receiving a recommendation for mammography from a health care provider ( $p = .002$ ), and knowledge that cancer can be cured if detected early ( $p = .01$ ) and that women should get a mammogram yearly ( $p = .01$ ). **Conclusion:** Chamorro women in San Diego have relatively high rates of mammography use. This finding may be due, in part, to the relatively high rates of health insurance coverage (particularly military insurance) among these women. © 2008 International Society for Preventive Oncology. Published by Elsevier Ltd. All rights reserved.

**Keywords:** Breast cancer; Cancer prevention and control; Cancer screening; Special populations; Chamorros

### 1. Introduction

Few published studies provide information on breast cancer screening practices with respect to Chamorros, the indigenous population of Guam. However, the behavioral risk factor surveillance system, initiated by the centers for disease control, has tracked female cancer screening tests on Guam since 1991. This information indicates that mammography use has increased steadily with women over 50 years

of age reporting the highest rate (80.9% within the previous two years) in 2003 (Naval CL. Guam behavioral risk factor surveillance system. Agaña: Guam Department of Public Health and Social Service, Unpublished 2003). Elsewhere in this issue, Balajadia and colleagues found that 83.3% of Chamorro women over the age of 50 years on Guam reported mammography use within the previous two years. These rates are higher than in other Pacific Islander populations. For example, only 59% of native Hawaiians [1] and 16.9% of American Samoans [2] over the age of 40 years reported receiving mammograms within that time frame. However, little is known about breast cancer screening practices among Chamorro women who live on the US mainland. This is an important research question

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because breast cancer is the leading cause of death for Chamorro women on Guam between the ages of 20 and 59 [3] and because immigration patterns to the US mainland warrant attention to this question.

Since 1950 and the signing of the Guam organic Act, which bestowed US citizenship to residents of Guam, there has been a continuing migration of Chamorros and their families to the US mainland, particularly to California and other western states [4]. The migration has been stimulated by many factors including the depressed economy of Guam and a government sponsored attrition program that offered early retirement and buy-out options to employees.

In addition, a large number of Chamorros relocated to the San Diego area, with its numerous military facilities, due to military relocation and base closures. This city has been a desirable location because of the existing Chamorro population, nearby military installations, and proximity to international airports for return flights to Guam. Indeed, San Diego is home to the largest group of Chamorros on the mainland (4,875 of the 49,345 Chamorros living on the mainland) [5]. An estimated 50% of Chamorros in San Diego are associated with the military as active duty, reserve, retired, spouse or dependent. Pertinent to the current study, the military provides excellent health insurance coverage and its medical centers and clinics conduct breast health seminars and monitors use of mammograms, factors that could encourage breast cancer screening.

Based on the relatively high rates of screening mammography and the strong affiliation with the military among Chamorros, our research group postulated that these factors could be connected. Therefore, the purpose of the present study is two fold: (1) to assess knowledge, attitudes, and breast cancer screening behaviors among Chamorro women in San Diego and (2) to determine whether affiliation with the military as well as knowledge, attitudes, and behaviors related to breast cancers were associated with the use of mammograms.

## 2. Methods

We conducted a self-administered survey among 110 self-reported Chamorro women in San Diego, California to achieve the study objectives. In preparation for the survey, we conducted two focus groups to determine knowledge and attitudes about cancers that might be unique to Chamorro women. Participants' responses were used as a supplement in developing culturally relevant questions for the survey. The University of California Irvine human subjects review committee approved the protocol for the study.

### 2.1. Research design and sampling strategy

Using the snowball sampling method [6], the participants were recruited through the sons and daughters of Guam club (SDGC) as well as the Fiesta groups. The SDGC participated

in the Pacific Islander cancer control network (PICCN) [7] which provided support for this pilot research project. Inclusion criteria included being self-reported Chamorro female over the age of 40 years with no history of breast cancer. They were also asked whether they were associated with the military in order to recruit an even number of participants with and without military affiliation based on a priori assumption that access to breast cancer screening may differ between the two groups. Women who were interested in participating were invited to social gatherings where they completed the survey. Written informed consent was obtained prior to questionnaire administration.

### 2.2. Survey instrument

The survey instrument contained questions derived from the national health interview survey (NHIS), the NHIS cancer control supplement [8,9], and focus group results. The survey included knowledge, attitude and behavior questions specific to breast cancer, in addition to mammography utilization and demographic information. Each knowledge question was scored on a 5-point Likert-type scale where 1 = *Strongly disagree*, 2 = *Somewhat disagree*, 3 = *Somewhat agree*, 4 = *Strongly agree*, and 5 = *Don't Know*. The attitudinal questions measured important concepts in cancer control such as beliefs about the importance of early detection and prevention of cancer and fear of the disease. The attitudinal questions employed a 4-point Likert-type scale including "*Don't Know*".

Questions of cancer-related knowledge and attitudes were dichotomized (i.e., "*Disagree*" versus "*Agree*"; "*Important*" versus "*Not important*"). The five-level outcome variable assessing most recent mammogram was dichotomized to "*Yes*" or "*No*" with respect to having had a mammogram in the past 2 years. The "*Don't Know*" response was included in all bivariate analyses since in this context this response option likely reflects the true status of the respondents' knowledge or attitudes for those who actually have no knowledge or attitudes about a given issue [10].

### 2.3. Statistical analysis

Descriptive statistics were calculated for participants' socioeconomic variables, health status, access to medical care and breast cancer related knowledge, attitudes and screening behaviors. An initial analysis revealed that only minor differences in these variables existed between respondents with and without military affiliation. Therefore, we combined the responses for presentation in the results section, pointing out differences when they existed.

The bivariate associations between the aforementioned variables and the use of mammography within the past two years were examined using  $\chi^2$ . For predictor variables that have more than two levels, a series of post-hoc analyses of  $2 \times 2$  contingency tables were conducted to examine the source(s) of difference for all combinations of the levels. To

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