

Barriers to Mammography Use for Black Women

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ABSTRACT

Breast cancer is the second leading cause of cancer death among women in the United States, affecting 10%–15% during their lifetime. White women have a 17% higher incidence of breast cancer than Black women. However, a higher prevalence of an aggressive form of breast cancer in Black women and less regularity of and longer intervals between mammograms contribute to late diagnosis. This study addresses barriers to mammography screening for Black women in the US, including personal, cultural, economic, and health care system factors, along with appropriate strategies and solutions that nurse practitioners can utilize to address this problem effectively.

Keywords: Blacks, breast neoplasms, health promotion, mammography

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Breast cancer is the second leading cause of cancer death among women in the United States, affecting 10%–15% during their lifetime. In 2015, > 230,000 women in the US were diagnosed with breast cancer and > 40,000 died, with age (> 50 years) representing the largest risk factor.^{1,2}

Mortality and incidence vary by ethnicity, and have been well documented.^{1,2} White women have a 17% higher incidence of breast cancer than Blacks. However, a higher prevalence of an aggressive form of breast cancer and less regularity of and longer intervals between mammograms contribute to late diagnosis in Black women.^{1,2}

Mammography facilitates and improves earlier diagnosis and treatment, thus saving many lives. Mammography utilization has cut breast cancer deaths significantly.^{3,4} Although the racial gap in self-reported mammography screening rates is lessening (1% difference in 2010), national survey data suggest this may be due in part to Black women overestimating utilization of mammography as compared with white women.¹ In addition, a higher proportion of Black women are adversely affected by socioeconomic status (SES) compared with white women, and Black/white disparities in breast cancer mortality are influenced by SES.⁵ When analysis

of breast cancer mortality data is adjusted for tumor subtype/grade and SES strata, the racial disparity is reduced significantly, indicating the important role SES plays in breast cancer mortality in this population.⁵ However, breast cancer–specific racial mortality disparities are not fully explained by SES. Therefore, addressing racially related factors is reasonable and necessary.⁵

To date, several major US organizations have put forth recommendations regarding mammography screening. The American Cancer Society¹ recommends that women aged ≥ 40 years receive an annual mammogram and clinical breast exam. These actions significantly reduce mortality. For every 84 women aged 40–84 screened annually with mammography, 1 life is saved.⁶ The Society³ further recommends that women with a > 20% lifetime risk should undergo magnetic resonance imaging and mammography on a yearly basis. The US Preventive Services Task Force recommends mammography biennially for women aged 50–74, plus individualized decisions to initiate mammography before age 50.⁷

For Black women, only 51% of breast cancers are diagnosed at an early stage (compared with 61% of white women). Only half of eligible Black women are estimated to have had a mammogram within the past year.^{1,3} The causes of this disparity are multiple

and complex. For these factors to be mitigated, they need to be identified and addressed.^{1,3}

This study addresses barriers to mammography screening for Black women in the US, including economic, personal, cultural, and health care system factors, along with appropriate strategies and solutions that nurse practitioners (NPs) can utilize to address this problem effectively. A comprehensive literature review was conducted of peer-reviewed journals. Numerous databases were accessed, including PubMed, CINAHL, Google Scholar, and Medline. Articles were identified using keywords, and were combined to include the terms “African American women,” “breast cancer screening,” “mammography,” “mammography utilization,” “cultural beliefs,” and “health disparities.” In addition, articles were identified as a result of reference list reviews found during the electronic search. A total of 80 articles were reviewed. Of these, 33 were included in the article, and 47 were not included.

ECONOMIC FACTORS

Economic factors, such as lower income, affect access to care and disproportionately impact many minority groups, such as Blacks. For example, lack of health insurance and cost concerns have a significant and powerful negative impact on mammography utilization for Black women.⁸⁻¹⁰

One of the most commonly cited mammography barriers for Black women is accessibility. Lack of transportation has also been identified as a barrier.¹¹ When this barrier has been rectified through transportation provision, adherence has improved by as much as 38%.^{8,11}

PERSONAL FACTORS

Individual Beliefs

Personal attitudes and beliefs can influence the likelihood of seeking mammography screening. Several authors have identified fear of mammography-related pain as a barrier for Black women,^{8,9} with published studies reporting that these women are more likely than white women to self-identify this factor in avoiding mammography ($P = .001$).¹⁰

Black women are more apt than white women to report mammography-related embarrassment as a barrier ($P = .009$).¹² In addition, some in this

population perceive mammography as unnecessary because “breasts are healthy.”¹²

LACK OF KNOWLEDGE

Several authors have identified lack of knowledge as a barrier for Black women.^{8,9} One study reported that 43% of the women surveyed did not even mention mammography as a breast cancer screening test.¹³ Significantly fewer Black women than white women in this cohort mentioned this test ($P < .001$).¹³ Of the Black women in the survey, more than half (52%) had never been encouraged by anyone to obtain a mammogram, differing significantly from whites who were surveyed ($P < .002$).¹³ Furthermore, these authors reported a small but significant difference between Black and white women regarding knowledge of breast cancer risk factors, with the former group knowing significantly less about risks ($P = .048$).¹³ It has also been reported that only 28% of Black women knew the age to initiate mammography.¹³

Blacks are less exposed to cancer information and know less about cancer than whites. Only 17% of Black women are able to identify all 3 forms of standard breast cancer treatments (compared with 60% of white women, $P = .0039$), and only 38% are able to identify at least 5 risk factors (compared with 53% of white women, $P = .03$).¹⁴ Of any groups of women in this study, Blacks were least knowledgeable and had the most negative perceptions of breast cancer.¹⁵ Similarly, Black women who understood breast cancer screening guidelines were more likely to seek regular mammograms compared with those without this information ($P < .004$).⁹

Health Literacy

Health literacy is an issue of national significance, and both older adults and ethnic minorities are adversely affected. Health literacy is linked with health outcomes and presents a barrier to understanding and acting on health problems.¹⁶ Health literacy has been ($P < .05$) associated with reduced odds of Black women obtaining a mammogram, and has been cited as contributing to poor understanding regarding mammography.^{9,16,17} Blacks are twice as likely as whites to possess only low health literacy skills

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