

Retail Venue Based Screening Mammography:

Assessment of Women's Preferences

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Rationale and Objectives: The aim of this study was to explore women's interest and preferences in undergoing screening mammography in a retail health care setting.

Materials and Methods: Self-administered surveys were distributed to 400 mammography patients in May to June 2009. All of the women who were asked were eligible for screening (age >40 years, no abnormal mammographic findings in the recent past). Three hundred eighty-six screening-eligible women filled out and returned the self-administered survey.

Results: The average respondent age was 57 years. Three hundred ten of the patients (80.3%) had college or postgraduate educations. Two hundred three (52.6%) reported annual incomes >\$60,000. Two hundred forty-one respondents (62.4%) had been undergoing screening mammography for >10 years, while this was the first examination for eight patients (2%). More than half of the patients ($n = 215$ [55.7%]) affirmed their interest in undergoing annual screening mammography in a private area within a retail shopping facility. Most preferred a pharmacy (77%) over Wal-Mart or a grocery store. Appealing factors about a retail setting were proximity to home (90%), free parking (62%), and operating hours (48.8%).

Conclusions: There is interest among women in undergoing screening mammography at retail health care clinics, preferably pharmacies. The provision of services at a convenient location can increase adherence to guidelines for screening mammography.

Key Words: Screening mammography; retail venue mammography; women preferences.

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In the United States, breast cancer is the most common cancer in women and is the second leading cause of female cancer mortality (1). Fortunately, since the early 1990s, US female breast cancer mortality rates and the lifetime risk for developing breast cancer have slowly decreased (2). Of the various factors that have contributed to reducing breast cancer mortality, screening mammography has played an important role. Large population studies have shown that regular screening mammography reduces breast cancer mortality by between 14% and 63% (3–5). The large range is explained by the confounding mortality reduction caused by advances in treatment of screen-detected cancers (6–8).

The percentage of women aged >40 years who reported undergoing mammography in the previous 2 years in the United States increased from 39.1% in 1987 to 75.4% in

2010 (9,10). However, according to the Centers for Disease Control and Prevention, significant socioeconomic disparity in screening mammography rates persists. For example, women with less than a high school education, those without health insurance, and those with annual incomes <\$15,000 were least likely to have undergone mammography (11). Of the various factors attributed to this disparity, out-of-pocket costs (such as those associated with travel, dependent care, parking, etc) convenience to mammographic services, and lack of awareness about the benefits of screening have been found to be the most important (12,13).

One approach for improving adherence to screening mammography guidelines among socioeconomically disadvantaged women is to provide these services in a retail setting. We hypothesized that by providing screening mammographic services in a setting where women regularly shop, out-of-pocket costs will be minimal, awareness could increase, and the overall convenience might encourage women to adhere to screening mammography guidelines. Therefore, this study was performed to assess women's preferences in receiving screening mammographic services in a private area within a retail clinic and to have a better understanding of the factors that might play a role in their decision making.

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MATERIALS AND METHODS

Women eligible for screening mammography (those aged >40 years who had no abnormal mammographic findings in the recent past) who underwent screening mammography at the tertiary care academic center were eligible to participate in this study. Patients with limited English proficiency were excluded. The method of investigation was a cross-sectional survey. The study was approved by the institutional review board of our hospital and was compliant with the Health Insurance Portability and Accountability Act.

Study Sample

Between May 25, 2009, and June 26, 2009, self-administered paper-based surveys were distributed on random days to women who were waiting to undergo screening mammography. A research coordinator distributed the surveys and was present to answer questions. The research coordinator identified screening-eligible women through communication with clinic staff members at the time of patient check-in. During the clinic visits, some patients were unavailable for interviews because the clinic scheduling and patient flow required that patients move to imaging when called by clinic staff members. In all, 400 women were handed the survey, and 386 returned completed surveys.

Survey Instrument

The survey instrument was three pages long and took 5 minutes to complete. The first page of the survey included a section that explained the purpose of the study. Participants were assured of the confidentiality of their individual responses, and no personally identifying information was collected. The survey included a question on whether the subject would be interested in undergoing screening mammography in a private area operated by the tertiary care center within a retail health clinic in a shopping mall close to the subject's home. It informed the subjects that physicians at the same tertiary care center would interpret the mammograms. This would give them the convenient option of undergoing their annual screening mammographic exams during a regular shopping experience. The survey also included sections on the factors that would make undergoing screening mammography at the retail center appealing, what kind of a retail setting (a grocery store, a pharmacy, or a department store) would be preferred for undergoing screening mammography, preference with regard to the type of appointment (a set appointment time vs walk-in services), preference with regard to the operating hours of the mammography facility, ages of children (if any), whether the inability to secure childcare had made the subject miss an appointment for mammography in the past, screening mammography history, and demographics.

TABLE 1. Demographic Profile of the Study Population: Various Characteristics of Women Who Were Surveyed Regarding Their Preferences for Retail-based Screening Mammography

| Characteristic | n | % | 95% Confidence Interval |
|--|-----|--------|-------------------------|
| Age (y) | | | |
| <40 | 7 | 1.80% | 0.48%–3.1% |
| 40–49 | 105 | 27.20% | 22.8%–31.6% |
| 50–64 | 175 | 45.30% | 40.4%–50.3% |
| ≥65 | 93 | 24.10% | 19.8%–28.4% |
| Missing/unsure | 6 | 1.60% | 0.32%–2.8% |
| Total | 386 | | |
| Highest level of education completed | | | |
| Less than high school | 0 | 0% | — |
| High school | 64 | 16.60% | 12.9%–20.3% |
| College | 190 | 49.20% | 44.2%–54.2% |
| Postgraduate degree | 120 | 31.10% | 26.5%–35.7% |
| Missing/unsure | 12 | 3.10% | 1.4%–4.8% |
| Total | 386 | | |
| Average yearly income | | | |
| <\$10,000 | 18 | 4.70% | 2.6%–6.9% |
| \$10,000–\$19,999 | 8 | 2.10% | 0.7%–3.7% |
| \$20,000–\$39,999 | 39 | 10.10% | 7.1%–13.3% |
| \$40,000–\$60,000 | 62 | 16.10% | 12.4%–19.9% |
| \$60,000–\$99,999 | 81 | 21.00% | 16.9%–25.3% |
| >\$100,000 | 122 | 31.60% | 26.9%–36.4% |
| Missing/unsure | 56 | 14.50% | 10.9%–18.2% |
| Total | 386 | | |
| Date of first screening mammographic exam | | | |
| First exam | 8 | 2.10% | 0.7%–3.8% |
| 1–5 years ago | 52 | 13.50% | 10.1%–16.9% |
| 5–10 years ago | 79 | 20.50% | 16.4%–24.6% |
| >10 years ago | 241 | 62.40% | 57.6%–67.6% |
| Missing/unsure | 6 | 1.60% | 0.3%–2.10% |
| Total | 386 | | |
| Date of last mammographic exam | | | |
| First exam | 7 | 1.80% | 0.5%–3.1% |
| <1 year ago | 31 | 8.00% | 5.3%–10.10% |
| 1 year ago | 287 | 74.40% | 70.0%–78.9% |
| 1–5 years ago | 50 | 13.00% | 9.6%–16.4% |
| >5 years ago | 5 | 1.30% | 0.2%–2.6% |
| Missing/unsure | 6 | 1.60% | 0.3%–2.10% |
| Total | 386 | | |

RESULTS

A total of 386 women participated in the study (Table 1). The majority of the women (69.4%) were >50 years of age (average age, 57 years; range, 37–93 years). A large proportion (80.3%) had completed at least a college education. More than half of the women (52.6%) reported average annual incomes >\$60,000. The majority of the women (82.9%) reported that they had started undergoing screening mammography >5 years previously, while 62.4% reported the time period to be >10 years. Only 2% of the women reported

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