

# Breast Cancer Screening: Who does it matter to and why?

Edith James

A dark blue diagonal graphic that starts from the bottom left corner and extends towards the top right corner, creating a triangular shape in the bottom right of the slide.

# Objectives:

- ❑ Learn to identify major motivators that patients possess pertaining to breast cancer screening.
- ❑ Explore health care disparities related to breast cancer screening.

# Background:

- ❑ In 2020 Minnesota Community Measurement (MNCM) data showed the statewide rate of breast cancer screening is 76.5% (9).
- ❑ In 2022, my clinical site had a rate of 26% (10).

## Clinical Site:

- ❑ CUHCC as an FQHC with a sliding scale payment structure teams with the MN **SAGE program** multiple times a year to address the financial barrier of breast and cervical cancer screening for patients who exhibit need.
- ❑ Care offered includes but not limited to: non-emergency care, dental clinic, domestic violence support services, reproductive and sexual health and legal aid.



# 2024 SAGE Eligibility:

01	Ages 40–64 for breast cancer screening and diagnostics.	<ul style="list-style-type: none"><li>• Patients between 30 and 39 years of age are eligible if patient is experiencing symptoms that may be related to breast cancer or FH in a first degree relative.</li></ul>
02	Have no insurance or be underinsured.	<ul style="list-style-type: none"><li>• Eligible women who have any co-pay or deductible.</li></ul>
03	Be a Minnesota resident.	<ul style="list-style-type: none"><li>• Year round or seasonal.</li></ul>
04	Born female or are transgender women (MTF) or transgender men (FTM).	<ul style="list-style-type: none"><li>• Use of hormone therapies.</li></ul>
05	Have an annual income at or below 250% of the federal poverty level (based on income and household size).	<ul style="list-style-type: none"><li>• More on the next slide...</li></ul>

# 2024 Income Guidelines:

## 2024 Income Guidelines

Household Number	Monthly Income	Yearly Income
1	\$ 3,138	\$37,650
2	\$4,258	\$51,100
3	\$5,379	\$64,550
4	\$6,500	\$78,000
5	\$7,621	\$91,450
6	\$8,742	\$104,900

# Methods:

- ❑ Qualitative study involving open ended questions aimed at understanding what internal or external motivations a patient had concerning breast cancer screening.
- ❑ Questions included:

## SAGE event:

1. Why was getting a mammogram important to you today?
2. What did you have to do in order to be here today?
3. What would have made this process easier for you to complete either in the past (if previous mammograms have been completed) or today?

## Survey Questions in Office Visits:

1. What is your understanding of breast cancer screening?
2. What has motivated you in the past to complete screening?

# Participant Characteristics:

- Total of 16 participants
- Ages 42-66

## Demographics (Chart Attributed):

- 6 Latino/Hispanic Origin
- 5 Black/African American
- 3 White
- 2 Asian

## Insurance Coverage:

- 10 Uninsured/"Self Pay"
- 5 Medicaid/PMAP
- 1 Medicare

## Other:

- 6 SAGE Specific Patients.
- 5/16 patients w/ prior BC screening.
- 4 languages represented.

# Themes:

## Internal Motivators:

- Family History/Proximity To
- Secure Attachments
- Self Care/Efficacy

## External Motivators:

- Provider/Patient Relationship
- Ease of Care
- Financial Incentive



# Theme 1: Proximity To

Description: A close relationship with someone who has or had breast cancer. Stronger motivator when the relationship is familial.

About 15% of women diagnosed with breast cancer have a first-degree female relative (mother, sister or daughter) who's also had it (1).

Quotation: “One of my aunts is in treatment now, so I know it runs in the family”

## Theme 2: Secure Family and Friend Attachments.

Description: A strong tie or relationship that patients mentioned as a reason to live or stay in good health for. Maternal or caretaker role was often discussed (2,3).

Quotation: “I want to be there for my children and their children. We worked so hard to get here.”

# Theme 3: Self Care and Efficacy

Description: Self-efficacy pertains to a sense of control over one's environment and behavior. Self-efficacy beliefs are cognitions that determine whether health behavior change will be initiated, how much effort will be expended, and how long it will be sustained in the face of obstacles and failures (2,3).

Quotation: “I just needed to do something for me, because I can’t control anything else.”

# Theme 4: Provider Patient Relationship

Description: Positive reinforcement and discussion with providers.

Highlights:

- ❑ Use of Images
- ❑ Self Breast Exam vs Provider Breast Exam vs Mammogram.
- ❑ Breast Tissue Characteristics and Risk
- ❑ Lifestyle and Risk

Quotation: “I always thought self breast exams or breast exams by my doctor were enough, but my doctor told me getting a mammogram is the best way to know for sure.”

# Theme 5: Financial Incentive



**\$50 reward**  
Mammogram screening  
Please use black ink. All fields required.

**To be completed by member:**  
UCare member ID number \_\_\_\_\_ Member date of birth \_\_\_\_\_  
Member name \_\_\_\_\_

**Please tell us where to send the reward:**  
Mailing name \_\_\_\_\_ Phone \_\_\_\_\_  
Mailing address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

**To be completed by doctor/clinic staff:**  
Mammogram documented in the patient medical record?  Yes  No  
2023 date of mammogram \_\_\_\_\_  
Clinic name \_\_\_\_\_  
Clinic phone \_\_\_\_\_  
Doctor/clinic staff signature \_\_\_\_\_

Allow 4 – 6 weeks for reward delivery. For eligible visits completed in 2023.



## Description:

- ❑ SAGE eligible patients: Free opportunity to receive BC screening in a place that is familiar and convenient.
- ❑ Insurance Incentives (UCare)

Quotation: “I made sure to keep asking the staff here when the next mobile mammogram day was, because my last one was \$300.”

# Theme 6: Ease of Care

Description: Simplifying the process.

SAGE Specific:

- ❑ Familiar location and staff (PSR, MA, RN, care coordinator, provider, interpreter)
- ❑ Reminders and follow up

Quotation: “I already know where this clinic is. I don’t have to look up a new bus route.”

# Barriers:

Include but not limited to:

- Transportation
- Child Care
- Fear
- Previous Bad Experiences
- Next Steps (including biopsies and follow up appointments).

# Bridging the Gap

- ❑ The importance of signaling an annual physical, not just another follow up.
- ❑ Pre-visit planning.
  - ❑ Engaging the entire care team.
- ❑ Leveraging what is already important to the patient.
- ❑ Continuation of shared decision making:
  - ❑ Screening less frequently (2yrs to 3yrs).



# Resources:

- (1) Haber G, Ahmed NU, Pekovic V. Family history of cancer and its association with breast cancer risk perception and repeat mammography. *Am J Public Health*. 2012;102(12):2322-2329. doi:10.2105/AJPH.2012.300786
- (2) Safizade H, Amirzadeh N, Mangolian Shahrababaki P. Motivational Factors for Breast Cancer Screening Behaviors in Iranian Women: A Qualitative Study. *Asian Pac J Cancer Prev*. 2020;21(10):3109-3114. Published 2020 Oct 1. doi:10.31557/APJCP.2020.21.10.3109
- (3) Lwin MO (2014) Examining Asian Women's Motivations to Undergo Breast Cancer Screening. *J Women's Health Care* 3: 158. doi:10.4172/2167-0420.1000158
- (4) Meshkani Z, Moradi N, Aboutorabi A, Noman S, Motlagh AG, Langarizadeh M. Systematic review of women's knowledge, attitude, and practice towards breast cancer. *J Educ Health Promot*. 2022;11:171. Published 2022 Jun 11. doi:10.4103/jehp.jehp\_634\_21
- (5) SEER Stat Factsheets: Breast Cancer. Bethesda, MD: National Cancer Institute; 2015. Accessed at <http://seer.cancer.gov/statfacts/html/breast.html> on 26 September 2023.
- (6) <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/breast-cancer-screening#bootstrap-panel--5>
- (7) Tsapatsaris A, Babagbemi K, Reichman MB. Barriers to breast cancer screening are worsened amidst COVID-19 pandemic: A review. *Clin Imaging*. 2022;82:224-227. doi:10.1016/j.clinimag.2021.11.025
- (8) Lawson MB, Bissell MCS, Miglioretti DL, et al. Multilevel Factors Associated With Time to Biopsy After Abnormal Screening Mammography Results by Race and Ethnicity. *JAMA Oncol*. 2022;8(8):1115-1126. doi:10.1001/jamaoncol.2022.1990.
- (9) <https://mncm.org/wp-content/uploads/2021/04/mncm-annual-report-2020.pdf>
- (10) <https://data.hrsa.gov/tools/data-reporting/program-data?grantNum=H80CS00241>



Thank you for all of your time and support!



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