

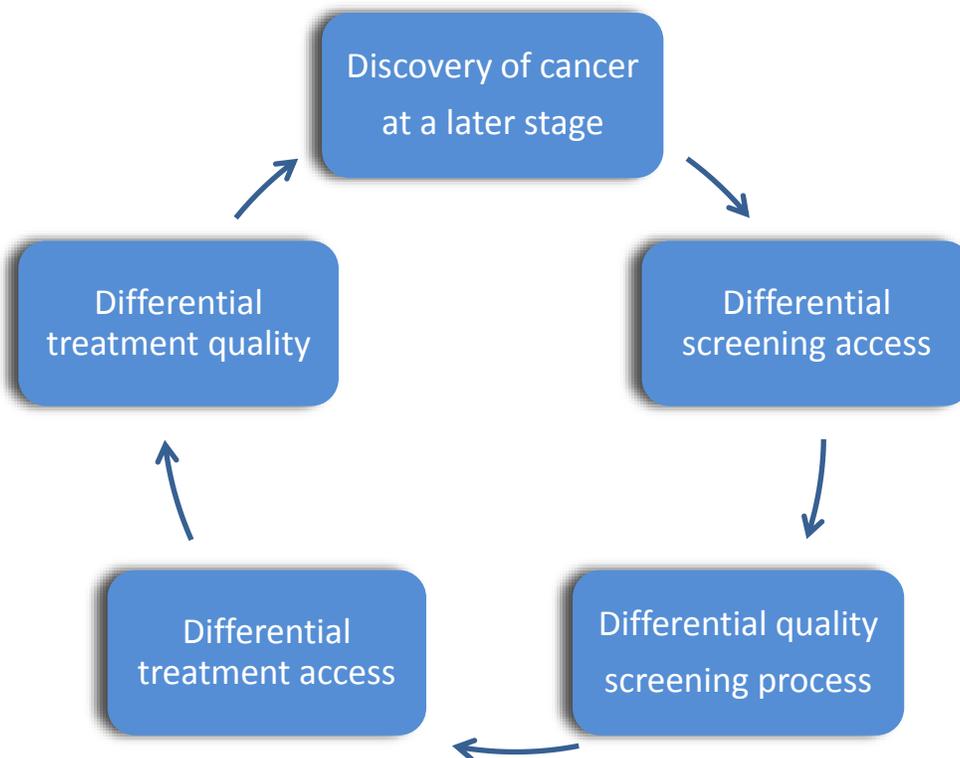
# Dana-Farber's Mammography Van



## Health Inequities in Boston

Black:White disparities in breast cancer mortality have been documented in large cities nationwide, including Boston, Massachusetts.<sup>1</sup> In the 2001-2012 time period, Black women in Boston had a breast cancer mortality rate of 31.1 per 100,000 population compared to 24.8 per 100,000 population among White women.<sup>2</sup> The historical trend has been that White women are more likely to be diagnosed with breast cancer, but recent data suggests the incidence rate of breast cancer for Black women is approaching that of White women.<sup>1,3</sup> This will likely result in a worsening disparity if nothing is done to intervene.

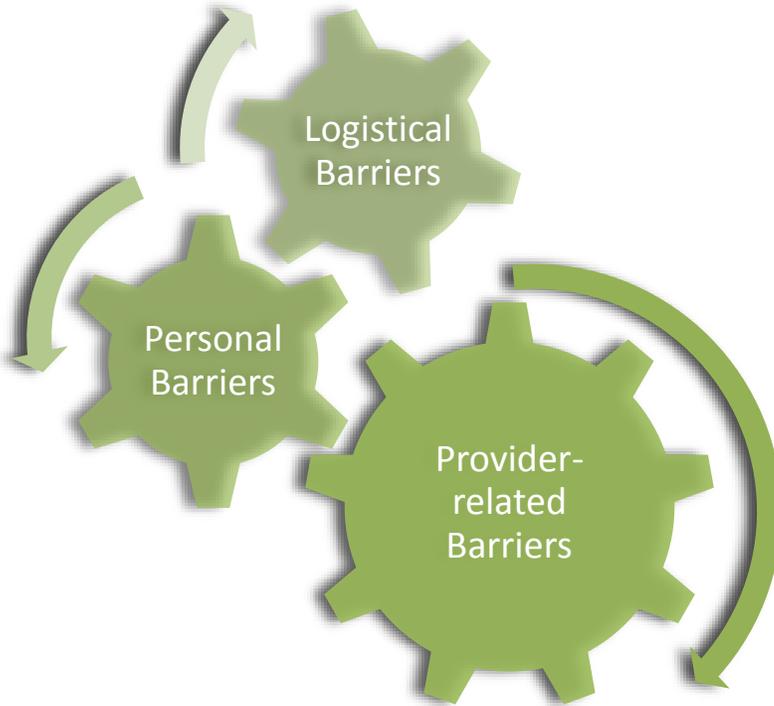
Leading factors of breast cancer racial disparities include<sup>1</sup>:



Despite the fact that mammography remains the most effective method for detecting cancer at the earliest, most treatable stage, many minority and medically underserved women remain unscreened or are screened infrequently, and thus are at risk for late stage diagnosis and for increased mortality from breast cancer.<sup>4</sup> Given the variation in screening mammography recommendations, it is important that women have the opportunity to discuss their options for early detection taking personal risk factors for breast cancer into account.

## Barriers to Mammogram Screenings

In a meta-analysis of eight studies, the leading barriers to breast cancer screening among Black, Hispanic, and Asian women were:



### **Logistical Barriers:**

- Language differences<sup>4</sup>
- Transportation<sup>4</sup>
- Insurance<sup>5</sup>
- Cost<sup>6</sup>

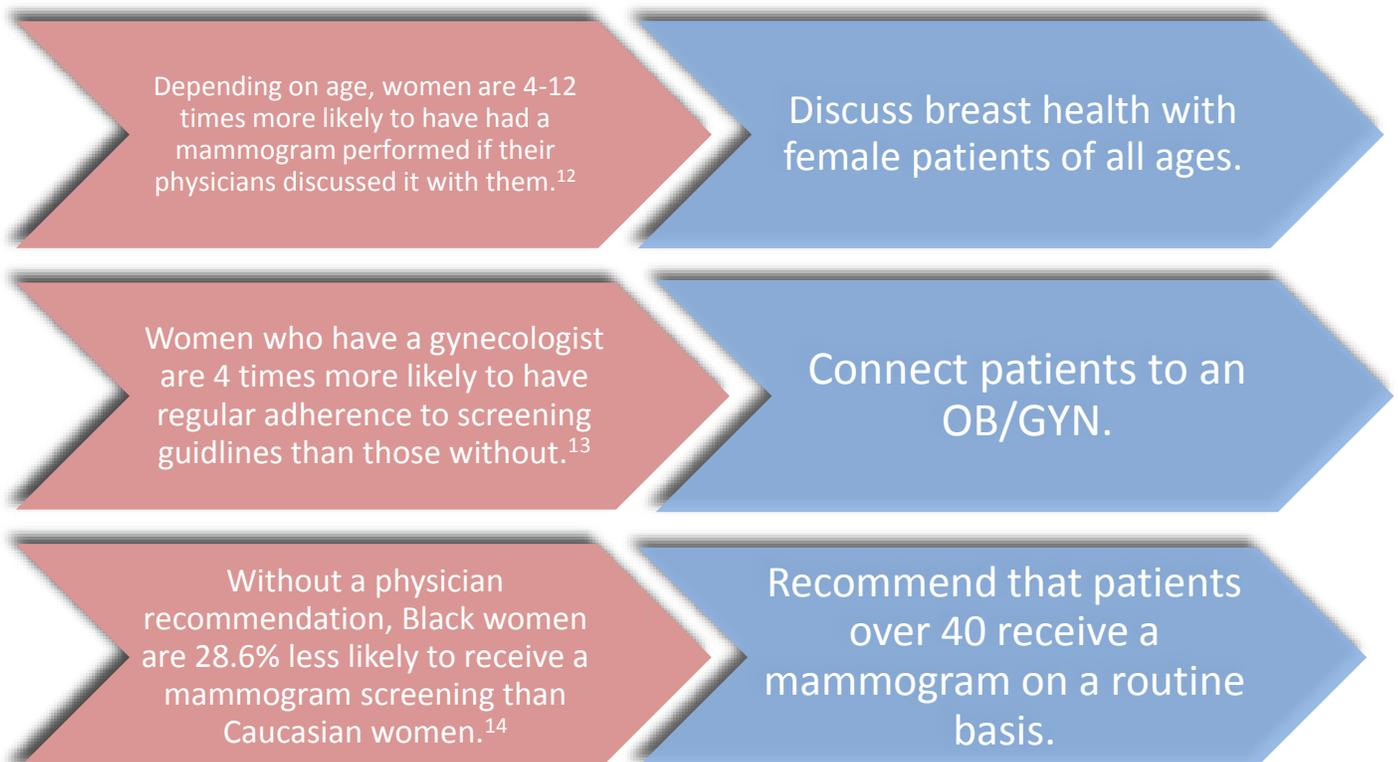
### **Personal Barriers:**

- Fear of pain or embarrassment<sup>4,7</sup>
- Fear of bad news<sup>6</sup>
- Having misinformation<sup>8</sup>
- Not feeling any breast problems<sup>10</sup>

### **Provider-related Barriers**

- No provider recommendation<sup>9</sup>
- Unaware of screening necessity<sup>10</sup>
- Low health literacy<sup>4,11</sup>

## Provider's Role



## Why is the Van right for your patients?

Dana-Farber's Mammography Van launched in April 2002 as a joint venture between the Dana-Farber Cancer Institute and the City of Boston and is the only mobile mammography van in Massachusetts. The Van seeks to reduce breast cancer morbidity and mortality, improve access to culturally competent care, and address health inequities experienced by minority populations in Boston.



- Any woman who is medically eligible is screened, though priority populations include **low-income, elderly, immigrant, and non-English speaking women.**
- The van travels **3-4 days per week** year-round, serving community-based organizations and health centers across the greater Boston area.
- **Board-certified** mammography technologists from Dana-Farber and radiologists from Brigham and Women's Hospital perform the exams and interpret the films.
- Patients can speak with a **breast health educator** regarding routine screening, steps to reduce their risk of developing breast cancer, and to address fear and lack of knowledge associated with the procedure and results.
- **Van staff is diverse and bilingual** which helps to ensure a culturally competent experience for the patient.
- By bringing Dana-Farber's services directly to priority neighborhoods where women live and work, the Van **breaks down cultural, linguistic, financial, and logistical barriers** for those least likely to obtain one.
- The Van serves as a **point-of-entry into the health care system.** Women who lack insurance or a primary care provider are connected to our partnering health centers and are assisted in applying for coverage.

Dana-Farber's Mammography Van provides a **convenient and effective** way for women to continually monitor their breast health. By connecting patients to primary care physicians and health insurance coverage and by ensuring patients receive **timely and quality follow-up services**, the van is helping women achieve a higher level of overall health care.

(1) Hunt, B., Whitman, S., Hurlbert, M. (2013). Increasing black: White disparities in breast cancer mortality in the 50 largest cities in the United States. *The International Journal of Cancer Epidemiology, Detection, and Prevention*, 38(2):118-23. (2) Boston Resident Deaths, Massachusetts Department of Public Health (3) DeSantis, C., Fedewa, S., Goding Sauer, A., Kramer, J., Smith, R. & Jemal, A. (2016). Breast cancer statistics, 2015: Convergence of incidence rates between black and white women. *CA: A Cancer Journal for Clinicians*, 66(1):31-42. (4) Engelman, K., Cupertino, P., Daley, C., Long, T., Cully, A., Mayo, M., Ellerbeck, E., Geana, M., Greiner, A. (2011). Engaging diverse underserved communities to bridge the mammography divide. *Biomedical Central Public Health*, 11(2):11-47. (5) Abraido-Lanza, A., Martins, M., Shelton, R. (2015). Breast cancer screening among Dominican Latinas: A closer look at fatalism and other social and cultural factors. *Health Education Behavior*, 42(5):633-641. (6) Fayanju, O., Kraenzle, S., Drake, B., Oka, M., Goodman, M. (2014). Perceived barriers to mammography utilization: A systematic quantitative review of the literature. *Journal of Women's Health*, 17(9):1477-1798. (7) Schueler, K., Chu, P., Smith-Bindman, R. (2008). Factors associated with mammography utilization: A systematic quantitative review of the literature. *Journal of Women's Health*, 17(9):1477-1798. (8) Wells, A., Shon, E., McGowan, K., James, A. (2015) Perspectives of Low-Income African-American Women Non-adherent to Mammography Screening: the Importance of Information, Behavioral Skills, and Motivation. *Journals of Cancer Education*. (9) Miranda-Diaz, C., Betancourt, E., Ruiz-Candelaria, Y., Hunter-Mellado, R. Barriers for compliance to breast, colorectal, and cervical screening cancer tests among Hispanic patients. *International Journal of Environmental Research and Public Health*, 13(1):1-7. (10) Komenaka, I., Nodora, J., Hsu, C., Martinez, M., Gandhi, S., Bouton, M., Klemens, A., Wikholm, L., Weiss, B. (2015). Association of health literacy with adherence to screening mammography guidelines. *Obstetrics & Gynecology*, 125(4):852-859. (11) Rosales, M., Gonzalez, P. (2013). Mammography screening among Mexican, Central-American, and South-American women. *Journal of Immigrant and Minority Health*, 15(2):225-233. (12) Fox, S., Murata, P., Stein, J. (1991) The Impact of Physician Compliance on Screening Mammography for Older Women. *Arch Internal Medicine*, 151(1): 50-56. (13) Zapka, J., Stoddard, A., Maul, L., Costanza, M. (1991) Interval Adherence to Mammogram Screening Guidelines. *Medical Care*, 29(8):697-707. (14) Cronan, T., Villalta, I. (2008). Predictors of mammography screening among ethnically diverse low-income women. *Journal of Women's Health*, 17(4):527-537.