Breast and Cervical Cancer Screening for Puerto Ricans, African Americans, and Non-Hispanic Whites Attending Inner-City Family Practice Centers

Objectives: Disparities exist for breast and cervical cancer screening among racial/ethnic groups and low-income women. This study determines racial/ethnic variation in: 1) staging readiness for mammography, Pap smears, and clinical breast exam (CBE); 2) identifying patterns of adherence; and 3) determining sociodemographics associated with compliance with all three exams.

Design: Cross-sectional.

Setting: Two urban family medicine clinics.

Patients: A consecutive sample of 343 women presenting for care.

Interventions: Women were staged (maintainers, actors, contemplators, precontemplators, relapse contemplators, and relapse precontemplators) according to self-reported receipt of mammography, CBEs, and Pap smears.

Main Outcome Measures: Adherence across exams was assessed. Sociodemographics were compared among racial/ethnic groups for women adherent with all three exams.

Results: Sixty-one percent were adherent with mammography, 93% with Pap smears, and 67% with CBEs. Thirty percent were contemplating mammography. Fifty-eight percent of Puerto Rican women were adherent with CBEs compared to 68.6% of African American and 78.5% of non-Hispanic White women. Puerto Rican women were less likely to be maintainers of CBE and more likely to be precontemplators and relapse than non-Hispanic White women (P=.004). Forty-eight percent were adherent with all three exams. Puerto Rican women compliant with all three screens were younger and less educated than African American and non-Hispanic White women.

Conclusions: Racial/ethnic differences in screening patterns exist among women attending urban family practice centers. Primary care providers must be culturally sensitive when recommending screening and can use staging as a tool to target women most receptive to intervention. (Ethn Dis. 2006;16:994–1000)

Key Words: African American, Hispanic Americans, Low-Income, Mammography, Pap Smear, Primary Care, Puerto Ricans

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INTRODUCTION

Minority women are dying from breast and cervical cancer at rates higher than are White women.1 The five-year breast and cervical cancer survival rates for African American women are 75% and 66%, respectively, compared to 89% and 74% for White women. The death rate for cervical cancer is higher among African American and Latino women (5.6/100,000 and 3.6/100,000 women, respectively) than among non-Hispanic White women (2.6/100,000).1 Preventive screening facilitates early cancer diagnosis and treatment. Mortality attributed to breast cancer can be reduced by up to 30% with the use of combined mammogram and breast examination.2,3 However, screening rates are suboptimal, especially for minority women. Data from the 1990 National Health Interview Survey (NHIS) show that among women ≥50 years of age, 89% had a Pap smear at least once, 86% had a clinical breast exam (CBE), and 67% had a prior mammogram.4 Data from the 2000 NHIS showed that African Americans and Latinas were less likely than non-Hispanic White women to get a mammogram in the past year (52.8%, 48.0%, and 56.9%, respectively). Latinas were less likely than non-Hispanic White and African American women to receive a Pap smear in the last three years (77.9%, 85.5%, 83.9% respectively).1 These trends are consistent throughout the literature.5–8 McCarthy et al found that older Black women were less likely to undergo mammography screening compared to older White women.6 A study of urban, low-income Hispanic women showed that while 90% had reported ever having a Pap smear, only 24% were compliant with recommended screening.5 Similarly, 62% of women reported having a mammogram, but only 33% were compliant with guidelines.5 One study offered mammography at no cost and still found African American participants to have lower mammography and CBE rates compared to White women, (odds ratio 3.93 and 4.49 for mammography; and odds ratio 4.92 and 5.35 for CBE).8

Many provider- and patient-based interventions have been incorporated into office systems to improve screening rates.9–11 These include reminder sys-