

Organizational Use of Evidence-Based Strategies to Promote Timely Mammography among Medically Underserved Clients Recruited through the Avon Breast Health Outreach Program

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Background and Purpose

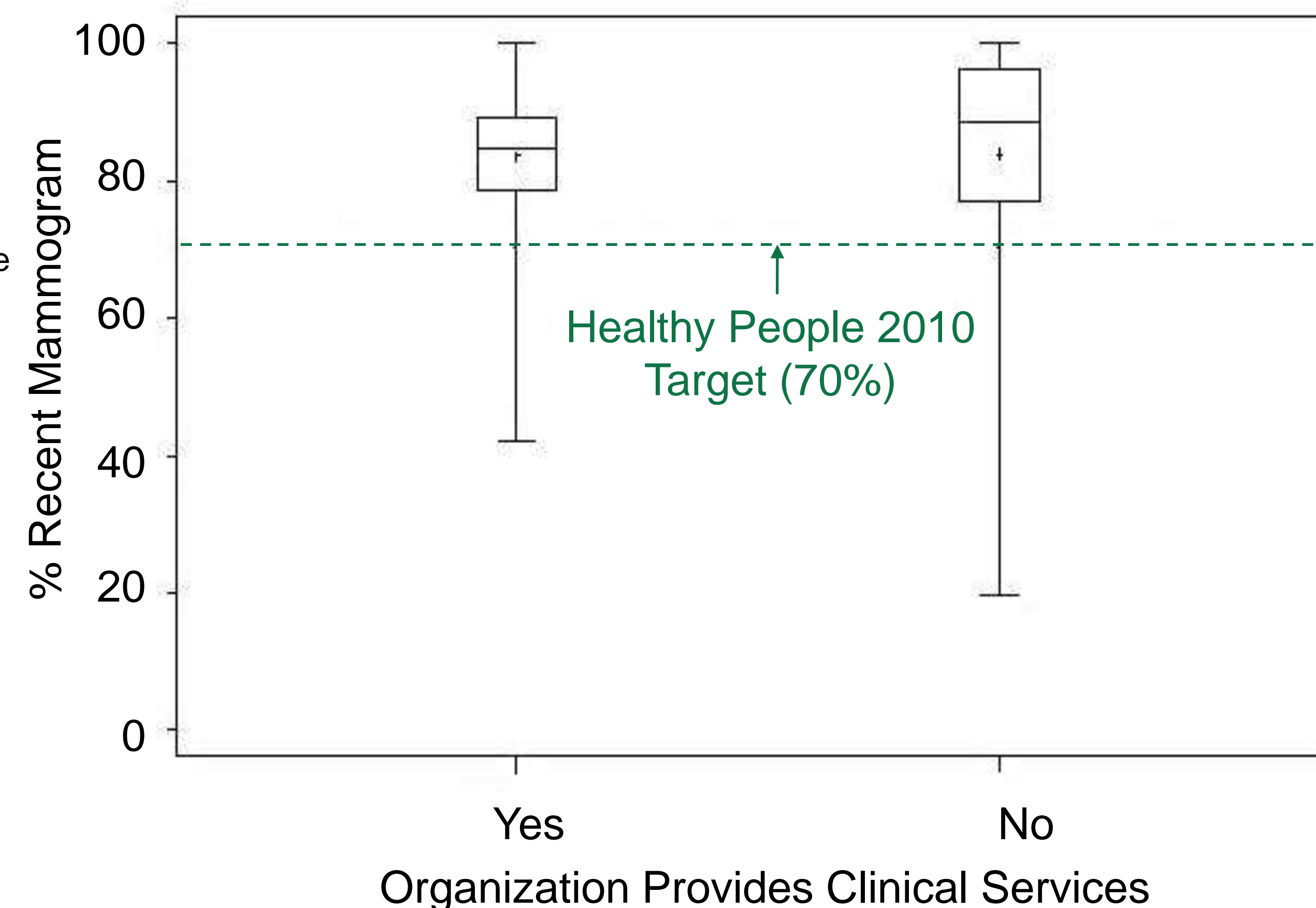
Regular use of screening mammography among women aged 50 and older detects breast cancer at an earlier stage when treatment is most likely to be successful [1]. Barriers to mammography that are more prevalent among lower-income groups contribute to disparities in breast cancer screening. To address barriers to completion of screening mammography, the Task Force on Community Preventive Services recommends client-oriented interventions to increase demand and improve access [2]. While evidence-based strategies have shown increased use of mammography for lower-income populations, little is known about the use of these strategies in real-world settings.

Since 2000, the Avon Foundation for Women Breast Health Outreach Program (Avon BHOP) has granted over \$59 million to more than 200 organizations to promote screening for breast cancer. Funded programs facilitate logistical support and utilize culturally suitable strategies to promote screening at regular intervals for medically underserved women age 40 years and older. Data collection and reporting requirements examine the reach of the program and utilization of evidenced-based interventions in diverse settings to promote repeat use of mammography among low-income women.

Methods

- Cross-sectional study that describes use of evidence-based strategies among Avon BHOP grantees to promote rescreening among returning clients, age 40-64 years, with no history of breast cancer.
- Examined associations between the strategies and use of mammography within the previous two years using two data sources:
 - *Online survey* of 149 organizations in 2009 to ascertain program strategies
 - *Client intake form* completed by clients or staff at Avon-funded agencies when women returned for annual mammograms (n= 79,464).
- Organizational-level analysis included agencies that responded to the online survey and were funded by Avon from 2006-2009 (n=86).
- Organizations were classified by geographic location and type of organization:
 - *Clinical sites* included community health centers, freestanding screening centers, migrant health centers, and tribal/Indian Health Service locations.
 - *Non-clinical sites* were community-based organizations such as social service agencies, YWCAs, and women's centers that did not provide medical services.
- Strategies pre-defined based on the interventions in the **Guide to Community Preventive Services** and included those recommended to increase demand and use of mammography [2] (client reminders, small media, one-to-one education, removal of structural barriers, and group education) and client incentives, a strategy that lacked sufficient evidence to warrant a recommendation.

Figure 1. The Proportion of Returning Clients Age 40-64 Years Who Had a Mammogram Within the Past Two Years by Type of Organization, Avon BHOP, 2007-2009.



Study Findings

- Characteristics of the 86 organizations in the sample included:
 - US geographic location (divided into four regions):
 - 17% Mid-West, 27% Northeast, 30% South, and 26% West
 - 45% clinical sites and 55% non-clinical sites
 - Delivery of the program to underserved populations including a high percentage of clients that: belonged to a racial or ethnic minority group (62%), reported annual income of \$25k or less (72%), and/or were uninsured (62%).

Study Findings (continued)

- Use of evidence-based strategies was common across organizations, including:
 - Use of client reminders to schedule appointments (83% printed reminders, 74% telephone calls).
 - Provision of patient navigation (51%).
- Use of strategies did not differ between clinical sites and community groups.
- Most frequently used evidence-based intervention strategies were group education in a non-clinical setting (91%), mailed reminders to schedule appointments (83%).
- Rate of recent mammogram use was similar for both (clinical sites 84%, community groups 88%) and exceeded target rate for Healthy People 2010 (70%).
- No significant association between a particular intervention strategy and recent use of mammography at a level of significance < 0.05.
- Clinical and non-clinical sites had similar strategies and rates of mammography use although medically underserved women were disproportionately enrolled in non-clinical sites.

Discussion and Next Steps

We found widespread adoption of evidence-based intervention strategies among Avon BHOP-funded organizations, and high rates of recent mammography use among women exposed to these interventions. Both clinical and non-clinical organizations reported high rates of use of evidence-based strategies and high rates of recent mammogram use for returning clients.

These results suggest that strategies used to promote use of mammography among underserved populations previously enrolled in programs may be equally effective if implemented in clinical or non-clinical settings. More research is needed to describe how the diffusion of evidence-based interventions is occurring and the effectiveness these interventions when used in specific contexts and with population subgroups.

References

[1] American Cancer Society. Breast Cancer Facts & Figures 2009-2010. Atlanta, GA.

[2] Guide to Community Preventive Services. Cancer prevention & control, client-oriented screening interventions: client reminders.

<http://www.thecommunityguide.org/cancer/screening/client-oriented/index.html>

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