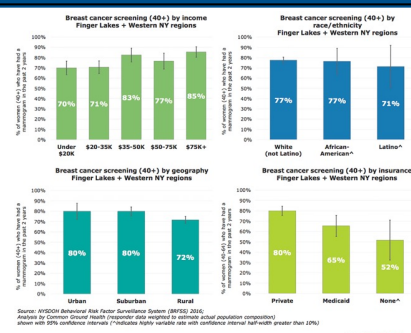


# “I just didn’t feel like going”: Evaluating Patient and Patient Navigator Perspectives to Identify Common Barriers to Breast Cancer Screening

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## INTRODUCTION



**Breast cancer screening (40+) by income**  
Finger Lakes + Western NY regions

Income	% of women 40+ who have had a mammogram in the last 12 months
Under \$25K	70%
\$25-\$35K	71%
\$35-\$50K	83%
\$50-\$75K	77%
\$75K+	85%

**Breast cancer screening (40+) by race/ethnicity**  
Finger Lakes + Western NY regions

Race/Ethnicity	% of women 40+ who have had a mammogram in the last 12 months
White (Not Latino)	77%
African American*	77%
Latino**	71%

**Breast cancer screening (40+) by geography**  
Finger Lakes + Western NY regions

Geography	% of women 40+ who have had a mammogram in the last 12 months
Urban	80%
Suburban	80%
Rural	72%

**Breast cancer screening (40+) by insurance**  
Finger Lakes + Western NY regions

Insurance	% of women 40+ who have had a mammogram in the last 12 months
Private	80%
Medicaid	65%
None*	52%

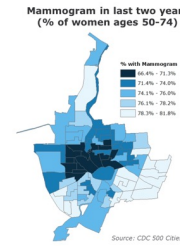
Income, race, geography, and insurance status/type effect rates of breast cancer screening.

Barriers to screening occur at the individual, community, and structural level. UR Medicine launched its first Mobile Mammography Van in November 2023. Its implementation in the community aligns with the stated mission of the NY State Prevention Agenda to remove structural barriers to cancer screening.

**Project goal:** assess community patient navigation programs and identify common to breast cancer screening in populations with low screening rates by partnering with community organizations to interview patients and patient navigators, with the goal to implement innovative initiatives to increase access and uptake of breast cancer screening in collaboration with the newly established UR Medicine mammography van.

## COMMUNITY PARTNER

Community Partners include Anthony Jordan Health Center (AJHC), Cancer Services Program of the Finger Lakes Region (CSP), and Culver Medical Group. Many partners serve patients in areas where neighborhood breast cancer screening rates are the lowest.



**Mammogram in last two years (% of women ages 50-74)**

% with Mammogram	% of women
64.4%	71.3%
71.4%	74.0%
76.1%	76.0%
78.3%	79.2%
78.3%	81.8%

Source: CDC 500 Cities Project, CDC BRFSS 20  
Common Ground Health

## COMMUNITY HEALTH IMPROVEMENT PROJECT

- Speaking with patient navigators** at AJHC and Culver Medical Group (through CSP) to evaluate their patient navigation programs using the Fish Bone Model and identify root causes of low breast cancer screening rates within their patient populations using the 5 WHYS Model
  - Fish Bone Analysis** Each participant was asked what contributes to low rates of breast cancer screening in relation to each of the following topics: Workflow, Tools/Resources, Team/Culture, Technology, Clinic Environment, and Patient. Emergent themes are listed below:
    - Workflow:** scheduling patients without familiarity or patient trust
    - Tools/Resources:** childcare/eldercare, transportation, lack of culturally competent educational handouts i.e. Spanish
    - Team/Culture:** not knowing or reflecting the community served makes it harder to build trust
    - Technology:** no themes identified
    - Clinical Environment:** transportation, limited hours i.e. no weekend hours, need for additional onsite imaging i.e. US, MRI
    - Patient:** fear of what to expect/pain i.e. family/community member told them it was painful, fear of having a positive result, social/economic factors prioritized, lack of knowledge regarding screening guidelines and breast cancer risk

**Lack of Knowledge**

WHY is it happening

**Not Considered a Priority/Not talked about**

WHY is that?

**Focused on the present i.e. childcare, work, food, etc**

WHY is that?

**Lack of support/expected to play the caregiver role**

- Speaking with patients** from Culver Medical Group to pinpoint specific barriers that kept them from attending their screening mammograms and identify useful program interventions. The top two answers from each question are listed below:
 

There are many reasons patients are unable to attend their appointments. Is there a specific reason you were unable to make your screening last year?

  - Competing priorities
  - Transportation

Is there something our program can do to help you, or other get screened yearly?

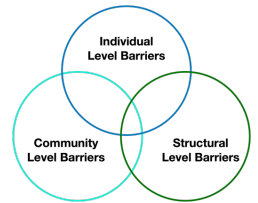
  - Patient reminders
  - Transportation/making imaging locations more accessible

Are you interested in scheduling a screening mammogram?

  - 11/16 patients shared they plan to call to schedule their appointments and were provided or already had the necessary contact information

## CONCLUSIONS

This project demonstrates the importance of assessing resources already present within the community and listening to perspectives of the patients we are trying to serve. This is imperative for long term change.

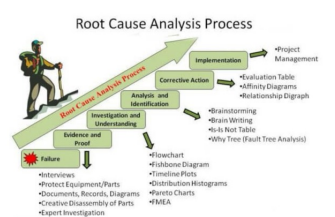


Interviews demonstrated the intersectionality of barriers to screening and highlighted that social and economic factors are major obstacles to accessing care. This highlights the importance of the biopsychosocial approach to healthcare.

**Limitations:** Latinx population, Differing societal guidelines

**Future Directions:** Assessing patient knowledge of screening guidelines, provider perspective, rural population

## IMPACT AND SUSTAINABILITY



The results of this project will be shared with community partners. Insights from interviews will be used to develop initiatives to increase breast cancer screening rates in collaboration with the UR Medicine mobile van. Community partnership remains key for continued success.