Psychosocial Correlates of Mammography Screening in Older African American Women

Deborah Farmer, PhD, Bobbie Reddick, EdD, Ralph D'Agostino, Jr., PhD, and Sharon A. Jackson, PhD

Purpose/Objectives: To explore psychosocial correlates of older African American women's adherence to annual mammography screening, including cancer fatalism, dispositional optimism, social support, knowledge of breast cancer screening guidelines, perceptions of general health, and components of the Health Belief Model (HBM), and to examine factors associated with annual mammography screening.

Design: Cross-sectional survey.

Setting: Central North Carolina.

Sample: 198 African American women aged 50–98 years living in low-income housing.

Methods: Women attended group sessions at low-income housing complexes and completed questionnaires. Differences between women who had or did not have a mammogram in the previous year were explored using correlate variables associated with the HBM. Stepwise multivariable regression models were fit to explore factors associated with social support and significant components of the HBM.

Main Research Variables: Demographics, cancer fatalism, dispositional optimism, social support, perceptions of general health, components of the HBM, and mammography in the past year.

Findings: The groups did not differ by age, education, marital status, having a friend or family member with breast cancer, ever having had a clinical breast examination, self-rated health, cancer fatalism, dispositional optimism, or feelings about the seriousness of and their susceptibility to breast cancer. The groups differed significantly on mammogram-related variables, how often women should have clinical breast examinations, benefits and barriers to mammography screening, and social support. Stepwise multivariable regression analyses showed that dispositional optimism and social support were related significantly to perception of benefits; education, dispositional optimism, and cancer fatalism were related to barriers; and dispositional optimism was related to social support.

Conclusions: Older, low-income, African American women have perceived barriers to cancer screening, educational and cancer knowledge detriments, and a lack of health-related social support that may decrease adherence to mammography screening.

Implications for Nursing: The next step is to develop culturally appropriate educational interventions that increase knowledge about breast cancer and screening guidelines, enhance health-related social support, and address barriers and perhaps cancer fatalism in older, low-income, African American women.

Key Points . . .

➤ Early detection is the most important predictor of breast cancer survival.

➤ African American women are more likely to be diagnosed with later-stage cancers and larger tumors than Caucasian women.

➤ Some of the factors that contribute to lack of mammography screening may be modifiable.

2006a). In Forsyth County, NC, 250 new cases of breast cancer were expected to occur in 2005, the most recent year for which data are available (Central Cancer Registry & American Cancer Society, 2005). The most important predictor of survival is stage at diagnosis. The survival rate is almost 98% for women diagnosed with the earliest stage of breast cancer but only 26% for women diagnosed with the most advanced stage (American Cancer Society, 2005a). African American women are more likely than Caucasian women to be diagnosed with larger tumors that are at more advanced stages (Ghafoor et al.,

Deborah Farmer, PhD, is an assistant professor of gerontology in the Department of Social Sciences at Winston-Salem State University in North Carolina; at the time this article was written, she was a research associate in the Department of Social Sciences and Health Policy, Division of Public Health Sciences, at the Wake Forest University School of Medicine in Winston-Salem. Bobbie Reddick, EdD, is an associate professor in the Division of Nursing and interim chair for Undergraduate Nursing at Winston-Salem State University, and Ralph D'Agostino, Jr., PhD, is a professor in the Department of Biostatistical Sciences, Division of Public Health Sciences, at the Wake Forest University School of Medicine. Sharon A. Jackson, PhD, is a contractor for Northrop Grumman in Atlanta, GA, assigned to the Division of Heart Disease and Stroke Prevention in the Center for Chronic Disease Prevention and Health Promotion at the Centers for Disease Control and Prevention in Atlanta, GA; at the time this article was written, she was an associate professor in the Department of Epidemiology and Prevention, Division of Public Health Sciences, at the Wake Forest University School of Medicine. This study was supported by the Piedmont Alliance for Cancer Research and Education, funded by the National Cancer Institute, Comprehensive Minority Biomedical Branch, Minority Institution Comprehensive Cancer Center program. (Submitted November 2005. Accepted for publication June 14, 2006.)

Breast cancer is the most frequently diagnosed nonskin cancer in women in the United States (American Cancer Society, 2006a). It is also the most common cancer and second most common cause of cancer-related death among African American women (American Cancer Society, 2005b). Estimates suggest that 212,920 cases of breast cancer will be diagnosed nationally in 2006, including 6,290 women in North Carolina (American Cancer Society,