

Healthcare Factors for Obtaining a Mammogram in Latinas With a Variable Mammography History

John R. Scheel, MD, PhD, Yamile Molina, PhD, Gloria D. Coronado, PhD, Sonia Bishop, BS, Sarah Doty, MSW, LICSW, Ricardo Jimenez, MD, Beti Thompson, PhD, Constance D. Lehman, MD, PhD, and Shirley A.A. Beresford, PhD

Scheel is an assistant professor in the Department of Radiology at the University of Washington in Seattle; Molina is an assistant professor in the School of Public Health and Community Health Sciences Division at the University of Illinois in Chicago; Coronado is a senior investigator in health disparities research at the Kaiser Permanente Center for Health Research in Portland, OR; Bishop is a program manager in the Division of Public Health Sciences at the Fred Hutchinson Cancer Research Center in Seattle; Doty is a health education program coordinator and Jimenez is a medical director, both at Sea Mar Community Health Centers; Thompson is a researcher in the Cancer Prevention Program at the Fred Hutchinson Cancer Research Center; Lehman is the director of breast imaging in the Department of Radiology at Massachusetts General Hospital in Boston; and Beresford is a professor and senior associate dean in the Department of Epidemiology at the University of Washington in Seattle.

This research was funded by grants from the National Cancer Institute (R25 CA92408) and the Center for Population Health and Health Disparities (5 P50 CA148143) and by a Safeway Foundation Breast Cancer Research Award.

All of the authors contributed to the conceptualization and design and completed the data collection. Scheel and Molina provided statistical support and analysis. Scheel, Molina, Coronado, Thompson, Lehman, and Beresford contributed to the manuscript preparation.

Scheel can be reached at jrs4yg@uw.edu, with copy to editor at ONFEditor@ons.org.

Submitted August 2015. Accepted for publication April 19, 2016.

Keywords: screening mammography history; Latinas; mediation effect; healthcare factors; adherence

ONF, 44(1), 66–76.

doi: 10.1188/17.ONF.66-76

Purpose/Objectives: To understand the relationship between mammography history and current thoughts about obtaining a mammogram among Latinas and examine the mediation effects of several healthcare factors.

Design: Cross-sectional survey.

Setting: Federally qualified health centers (Sea Mar Community Health Centers) in western Washington.

Sample: 641 Latinas nonadherent and adherent with screening mammography.

Methods: Baseline survey data from Latinas with a mammography history of never, not recent (more than two years), or recent (less than two years) were analyzed. Preacher and Hayes methods were used to estimate the mediation effect of healthcare factors.

Main Research Variables: The survey assessed mammography history, sociodemographic and healthcare factors, and current thoughts about obtaining a mammogram.

Findings: Latinas' thoughts about obtaining a mammogram were associated with mammography history. Having had a clinical breast examination mediated 70% of differences between Latinas with a never and recent mammography history. Receipt of a provider recommendation mediated 54% of differences between Latinas with and without a recent mammography history.

Conclusions: These findings emphasize the importance of the patient-provider relationship during a clinic visit and help inform how nurses may be incorporated into subsequent screening mammography interventions tailored to Latinas.

Implications for Nursing: As providers, health educators, and researchers, nurses have critical roles in encouraging adherence to screening mammography guidelines among Latinas.

Breast cancer is the leading cause of cancer death for Latinas, and Latinas are more likely than non-Latina Caucasians to be diagnosed with breast cancer at a later stage and to die from the disease (American Cancer Society [ACS], 2015; DeSantis, Ma, Bryan, & Jemal, 2014). The causes of this disparity in late-stage diagnosis have many origins; however, Latinas' lower adherence to screening mammography guidelines compared to other races and ethnicities remains a major contributing factor (ACS, 2015). Healthcare factors, such as having health insurance and a usual source of care, appear to be important and may contribute to behavioral disparities (Gonzalez et al., 2012; Jerome-D'Emilia & Suplee, 2015; Nuño, Castle, Harris, Estrada, & Garcia, 2011). The impact of healthcare factors on women's thoughts about mammograms may underlie these associations, based on psychosocial research concerning conscious thought and behavior (Baumeister, Masicampo, & Vohs, 2011). However, despite interventions to address these factors, nonadherence