

# Exploring barriers to mammography completion through analysis of focus groups

Nicole Sfeir

USF MCOM- LVHN, Nicole.Sfeir@lvhn.org

Melanie B. Johnson MPA

Lehigh Valley Health Network, Melanie\_B.Johnson@lvhn.org

Grant M. Greenberg M.D., M.H.S.A., M.A.

Lehigh Valley Health Network, grant.greenberg@lvhn.org

Follow this and additional works at: <https://scholarlyworks.lvhn.org/select-program>

Part of the [Medical Education Commons](#)

---

## Published In/Presented At

Sfeir, N. C., Johnson, M. B., Greenberg, G. M. (2019, March). *Exploring barriers to mammography completion through analysis of focus groups*. Poster Presented at: 2019 SELECT Capstone Posters and Presentations Day. Kasych Family Pavilion, Lehigh Valley Health Network, Allentown, PA

This Poster is brought to you for free and open access by LVHN Scholarly Works. It has been accepted for inclusion in LVHN Scholarly Works by an authorized administrator. For more information, please contact [LibraryServices@lvhn.org](mailto:LibraryServices@lvhn.org).

# Exploring barriers to mammography completion through analysis of focus groups

Nicole C. Sfeir BS, Melanie B. Johnson MPA, Grant Greenberg MD

Lehigh Valley Health Network, Allentown, Pennsylvania

## Background

- Breast cancer screening through mammography is recommended by the U.S. Preventative Services Task Force (USPSTF) every two years in women ages 50-74<sup>1</sup>.
- In 2015, national rates for screening mammography in eligible women were 71.6%<sup>2</sup>.
- Baseline mammography completion rates in 2016 were 67% in the primary care setting at the Lehigh Valley Health Network (LVHN).
- Previously studied barriers to breast cancer screening include lack of awareness of the benefits, lack of recommendation by a physician, finance issues, concerns about taking time off from work, pain, and barriers related to minority populations<sup>3, 4, 5</sup>.

## Problem Statement

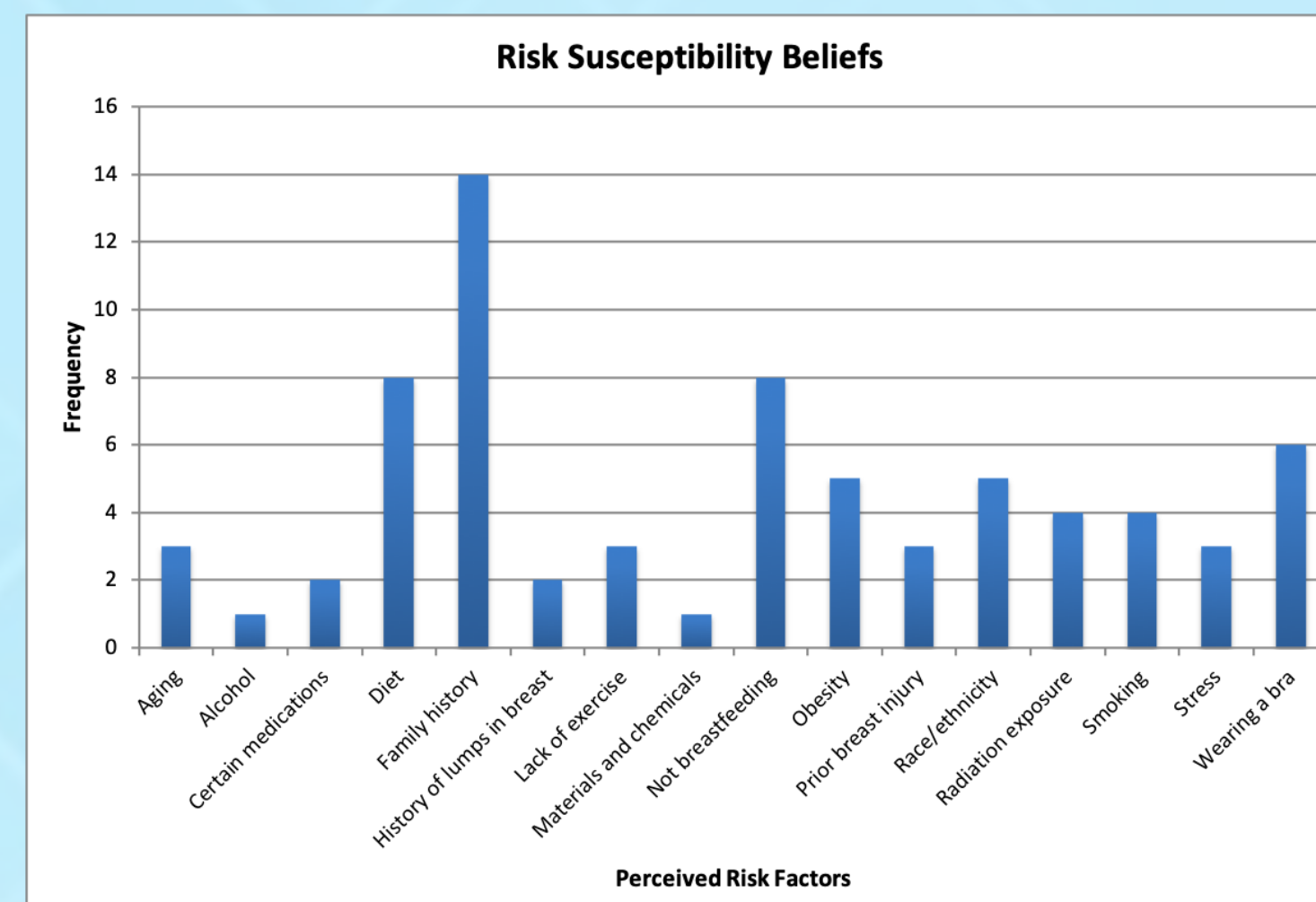
- To identify barriers and motivators for breast cancer screening through analysis of focus groups, as well as to suggest interventions to address these barriers.

## Methods

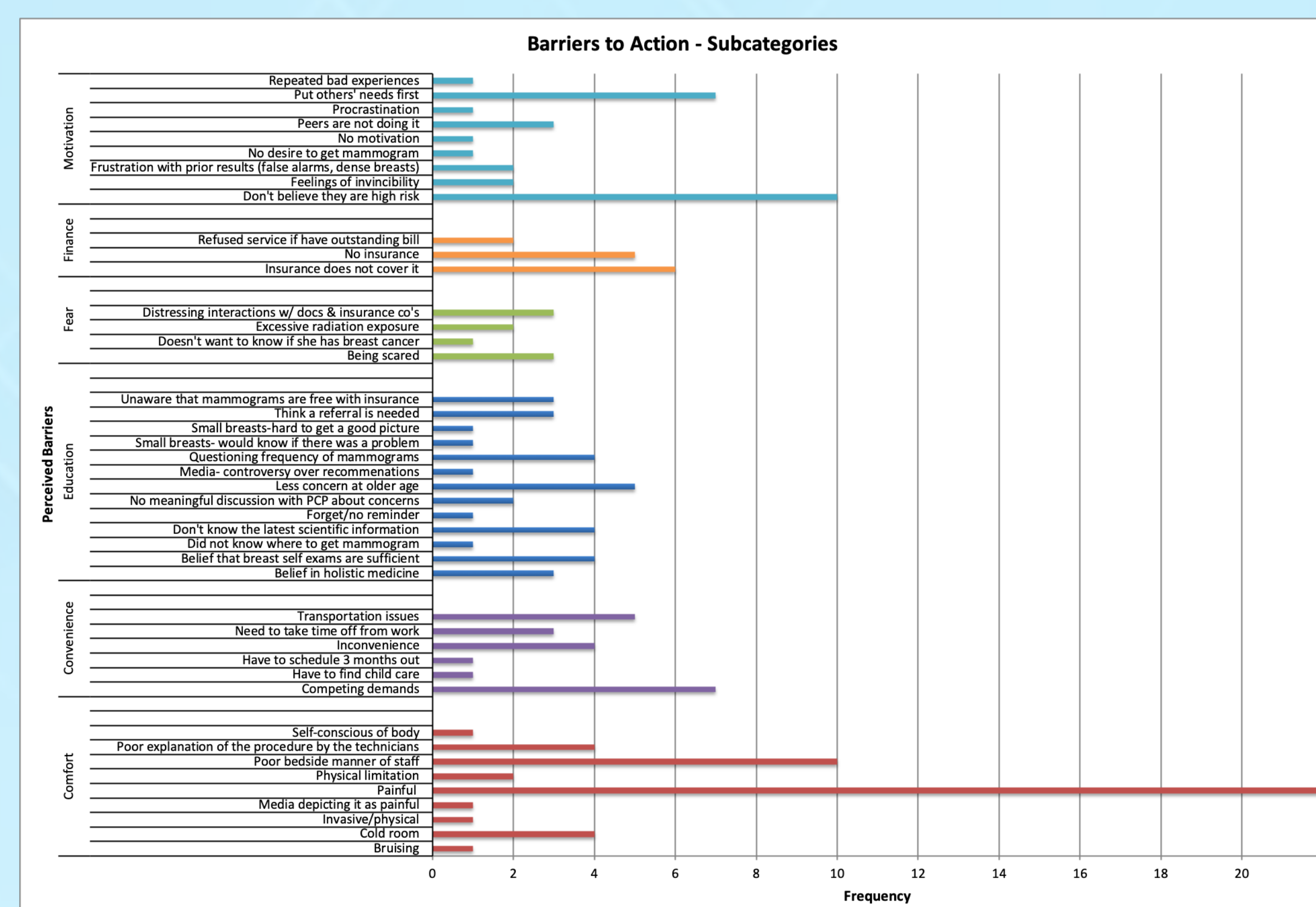
- Six focus groups were formed based on geographical location comprising of unscreened women in the Lehigh Valley.
- Inclusion criteria were as follows: female age 50-74, patient at a Lehigh Valley Physician Group (LVPG) primary care practice, having been seen at least once in the last 24 months, English speaking, and no documented or reported mammography in the last 24 months.
- Qualitative analysis of focus group transcripts revealed key themes and was conducted under the theoretical framework of the Health Belief Model<sup>6</sup> to categorize barriers and facilitators to breast cancer screening.

## Results

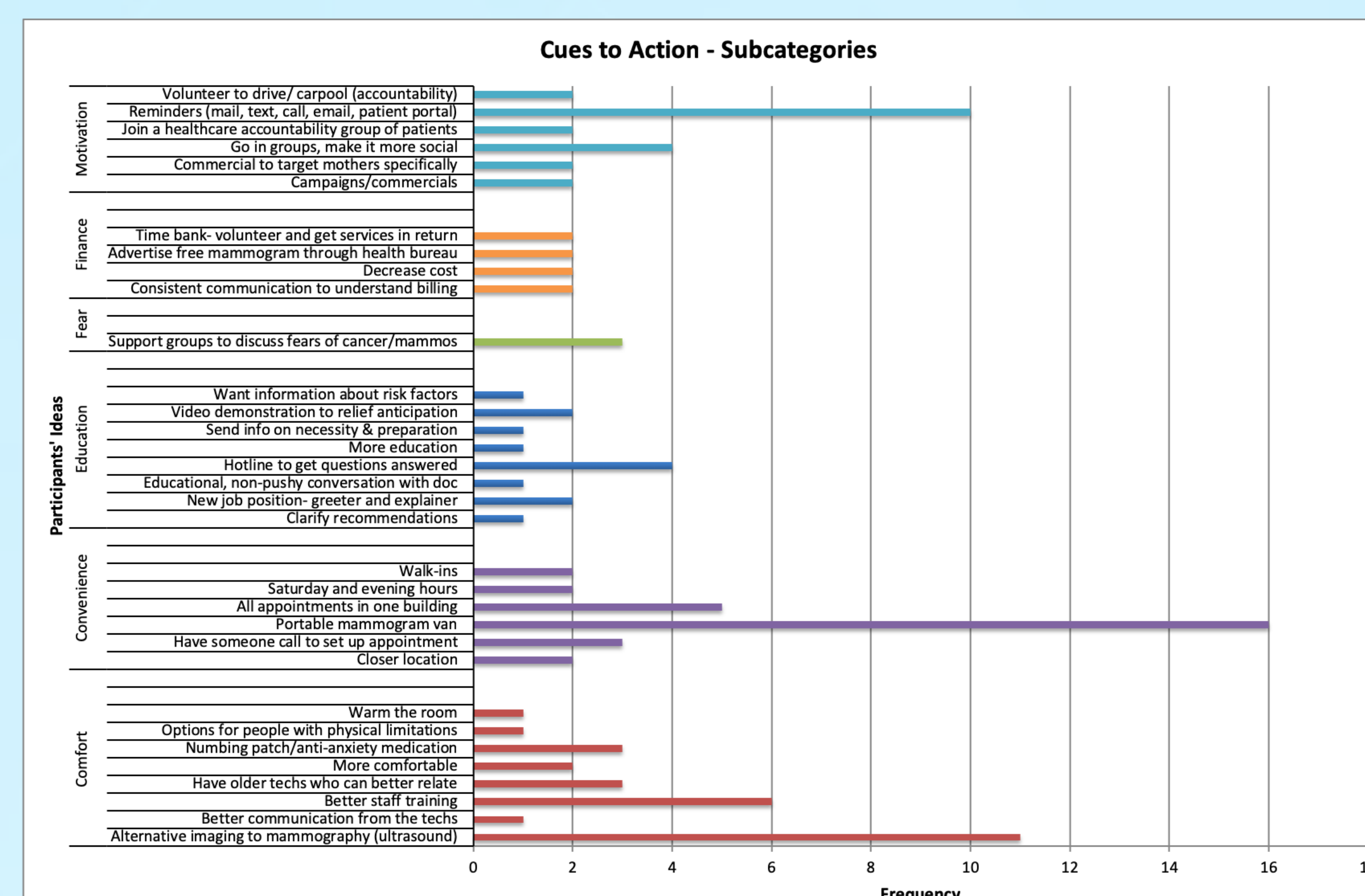
- The most widely perceived risk factors for breast cancer included family history, diet, not breastfeeding, and wearing a bra.



- Six themes for barriers and motivating factors emerged: comfort, convenience, education, fear, finance and motivation.
- The most commonly reported barriers to mammography completion fell under the categories of Comfort, Education, and Motivation, with "painful" being the most commonly reported barrier.



- The category with the highest number of participants' motivating ideas for how to increase mammography rates was the Convenience category, closely followed by the Comfort and Motivation categories.
- The most frequently reported ideas were to have a portable mammogram van, an alternative imaging modality to mammography, and various patient reminders.



## Discussion

- Future efforts include creating countermeasures to address the perceived barriers.
- Addressing pain, bedside manner of staff (potentially through in situ simulations), creating a physically warmer environment, using a mammography van to increase access and convenience, increasing patient education about mammograms and finances, and creating a social aspect to mammograms in order to increase personal investment and accountability could all potentially lead to increased mammography rates.
- This project relates to Values Based Patient Centered Care (VBPC), as patients were directly asked what challenges they face in completing mammography screenings through focus group sessions.
- Patient experiences, preferences and perceptions were directly taken into account and will lead to targeted interventions based on patient beliefs.
- A limitation to this project is that there was potential for some tallies to not be recorded when gathering the frequency data, as participants agreeing with each other could not always be assessed from the transcripts.

## Conclusions

- Barriers to mammogram completion are multifactorial.
- There is ample opportunity to create multiple interventions on a systems, practice, and patient level to address these barriers and increase mammography rates.
- This study serves as a gateway to future projects which could include correlating this data with identified health markers.

### REFERENCES

- U.S. Preventative Services Task Force (2009). *Breast Cancer: Screening*.
- Office of Disease Prevention and Health Promotion. (2017). *Cancer*. In *Healthy People 2020*.
- Vahabi, M., Lofters, A., Kumar, M., & Glazier, R. H. (2015). Breast cancer screening disparities among urban immigrants: a population-based study in Ontario, Canada. *BMC Public Health*, 15, 679.
- Whelehan, P., Evans, A., Wells, M., Macgillivray, S. (2013). The effect of mammography pain on repeat participation in breast cancer screening: a systematic review. *Breast*, 22(4), 389-94.
- Soto, K.F. (2014). Racial Disparities in Cancer Screening Practices: Hispanic/Latina Women of South Bend. *Student Research Series*, 13 (5). Institute of Latino Studies, University of Notre Dame.
- Champion, V.L., & Skinner, C.S. (2008). The Health Belief Model. In K. Glanz, B.K. Rimer, & K. Viswanath (Eds.), *Health behavior and health education: Theory, research, and practice* (4th ed) (pp. 45 - 65). San Francisco, CA: Jossey Bass

© 2018 Lehigh Valley Health Network