

# Promoting Mammography with African American Women in the Emergency Department using Lay Health Workers

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## Intro

- Breast cancer is the most common cancer and the second leading cause of cancer death among African American women, exceeded only by lung cancer
- Early detection using screening mammography leads to a greater range of treatment options, including less aggressive surgeries and therapies
- Research suggests that theoretically grounded, community based mammography promotion interventions may be effective in increasing regularity of screening among African American women
- The ED is a clinical setting where interventions aimed at disease prevention may be well placed.

## Purpose

This study was designed to test the efficacy of pilot intervention to increase mammography utilization among African American women recruited from those waiting in the Emergency department (ED), either for non urgent complaints or with a family member that has a non urgent complaint.

## Methods

A three armed pilot of a randomized controlled trial comparing of the effects of a brief motivational interview delivered by a lay health worker with those of a culturally targeted brochure and a usual care control group.

## Results

### Sample Characteristics

A total of 96 women were enrolled in the study. The average age for the combined group of 96 participants was 51.9 (SD = 8.2), with a range from 40 to 83 years. The majority of the sample was not married (79.2%), had at least some post-secondary education (52.1%) and had an annual household income of \$40,000 or less (84.1%). A large proportion of the women did not have health insurance (34.4%) and the same percentage did not have a primary health care provider (34.4%).

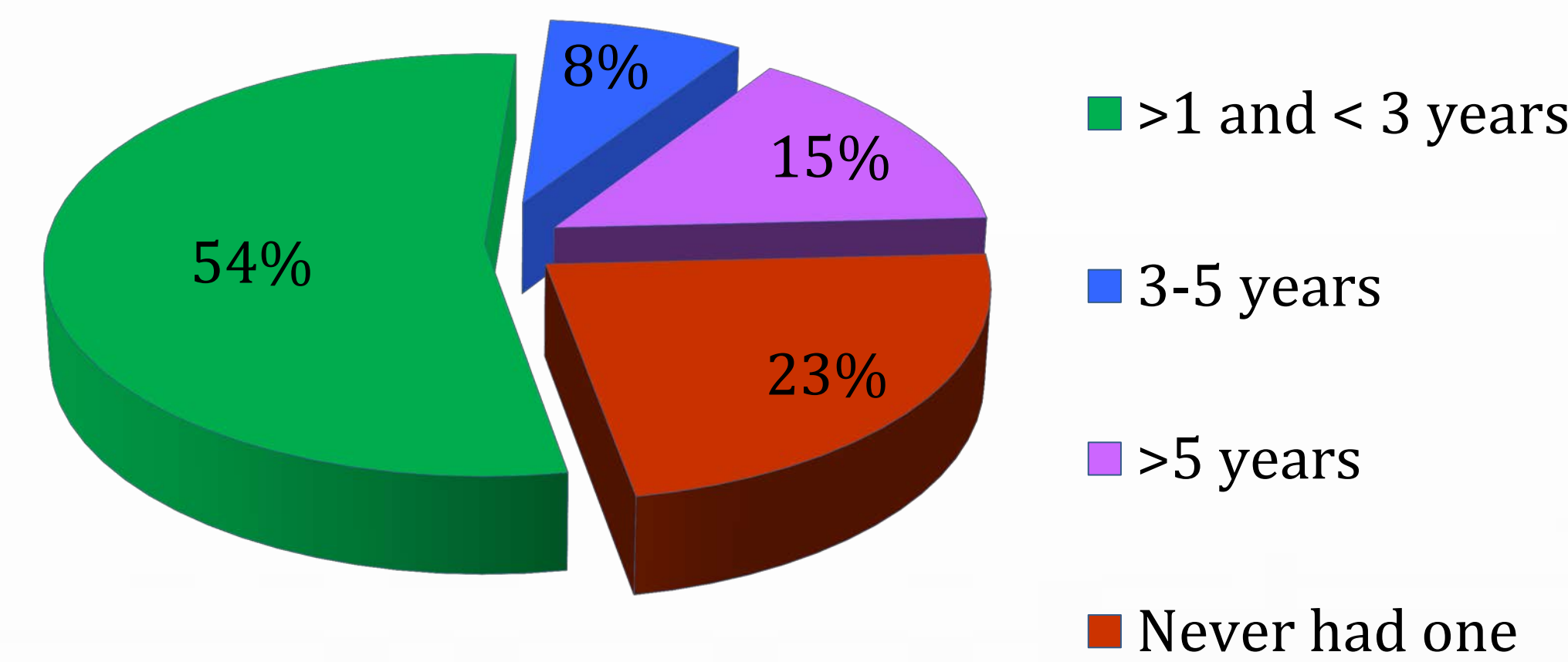


Figure 1. Pre-intervention: Time since last mammogram

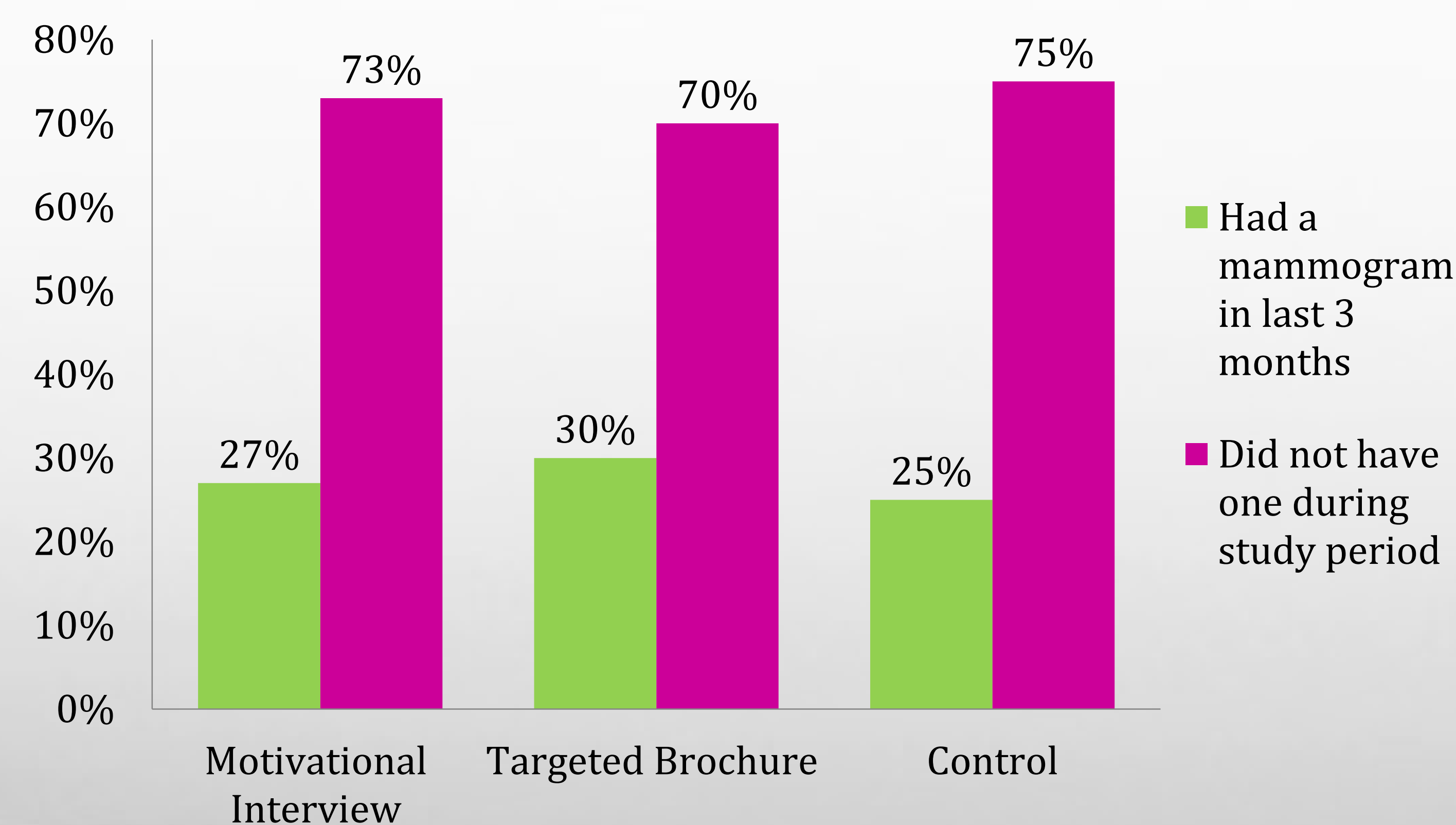


Figure 2. Post-intervention: Mammography status at 3 months

- In the combined sample at baseline, the average susceptibility score was 11.3 (SD = 2.6), with a range of 5 to 20. There were no group differences on any of the baseline summary scores for susceptibility ( $F = 0.5, p = .6$ ), barriers ( $F = 0.4, p = .7$ ) or benefits ( $F = 1.3, p = .3$ ).
- The three groups were identical on their ordering of the four possible benefits of mammography. The top three benefits for each group were 'Help me find a breast lump early,' 'Best way to find a very small breast lump,' and 'If lump found early, breast cancer might not be as bad.'
- All three groups indicated 'I am concerned about the possibility of developing breast cancer in the near future' as their first or second highest item.

Table 1: Top-ranked barrier items for each group

Group	Rank	Mean score	Item
Motivational interview	1	2.4	I am concerned about possibility of developing BC in near future
	1	2.4	I feel like I will get BC sometime in my life
	2	2.3	My chances of getting BC in the next few years is great
	2	2.3	Developing BC is currently a possibility for me
Targeted brochure	1	2.6	I am concerned about possibility of developing BC in near future
	2	2.3	My chances of getting BC in the next few years is great
	2	2.3	Developing BC is currently a possibility for me
Control	1	2.8	Developing BC is currently a possibility for me
	2	2.5	I am concerned about possibility of developing BC in near future
	3	2.1	My chances of getting BC in the next few years is great

## Discussion

- Women who are using the ED as a place to receive routine medical care are not getting mammograms regularly.
- This study establishes the feasibility of recruiting rarely or never screened women using the ED as the point of contact
- The results of this study demonstrate the power of using LHWs to increase mammography screening in underserved populations.



## Implications

- Lay health workers are a valuable asset and may be used in innovative settings such as the ED to increase screening among vulnerable populations.
- Intense doses of this intervention may be necessary to detect a significant difference in this traditionally hard to influence population.

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