

Oklahoma ranks 43rd in the U.S. in breast cancer screening.

In 2006, the percentage of Oklahoma women ages 40 and older who received a mammogram in the last two years was 67.6% (BRFSS). Why are we having trouble? What barriers do *you* see to screening your patients for breast cancer?

- The number one problem is that they either can not afford it, or their insurance will not pay for it.
- Not only in Oklahoma but nationally mammogram rates are down. My theory, and there is evidence to support it, is that it correlates directly with the decline in estrogen prescriptions. Since the HERS study, many doctors have stopped prescribing menopausal estrogen. For many of these women this was the only thing that brought them to the doctor for check ups and screening exams. No estrogen, no mammogram!
- I agree completely. So many women would jump through the proverbial mammogram hoop to get their HRT. Now, they opt to stop their HRT. I have numerous patients that come in only for UTIs or URIs. I try to address this at the visit, but let's face it, for a work-in, there just isn't enough time for all of this. Also, they don't want to hear it when they are having bladder spasms.
- Do we have data for age 50+? The benefit of mammography ages 40-49 is much less clear, so many providers (myself included) push hardest for mammography in women 50+.
- Good question! The rate of screening women 50+ in Oklahoma is 71.1% - that puts us at 50th out of 51 states (including D.C.)!
- When I was working on my first master's degree, my thesis was on mammography rates in Oklahoma, specifically in Native Americans. Research shows that Native American women, Black women and Hispanic women have very low mammography rates and very high death rates from cancer. There are a slew of cultural issues and beliefs as to why they do not want to get screened. This population is pretty low to use hormone replacement therapy, so that has not really changed for them. I won't go into all the statistics, but please note that the Hispanic population is the fastest growing population in Oklahoma and there are many cultural issues to not getting a mammogram. My research was on using a culturally sensitive lay person to recommend mammograms to Native American women. They would of course have to be older, well-respected in the tribe, etc. All three of these cultures are matriarchal, so this may be a strategy that could be applied across cultures.
- Research from other networks strengthens your findings. Many Latino communities use "promotoras" for the same purpose. They go out to communities and even homes to provide one-on-one health promotion and education.