PIII-1: Predictors of Mammography (MG) Adherence Among American Indian Women; A Mixed-Methods Study

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Abstract:
Introduction: American Indian women (AIW) are frequently diagnosed with preventable late stage breast cancer.

Method(s): The purpose of this mixed-methods study was to explore, examine, and identify predictors of MG adherence among Northern Plains Tribes (NPT) AIW. The conceptual framework used was the Modified Health Belief Model (MHBM). Study one explored the experiential view of cancer and breast screening using Talking Circles as a culturally acceptable data collection strategy combined with Affonso’s Focus Group Analytic Schema. Ten contextual thematic findings were identified. Findings informed the variables included in study two which used a descriptive-correlational design to extract electronic data from a 5-year Indian Health Service (IHS) database (n = 1121). IHS provides breast screening services to 90% of NPT AIW in the research setting. Fifteen variables (tobacco, Pap tests, clinic visits/year, age, history of
breast cancer, diabetes and/or colon cancer, abnormal Pap tests, telephone access, distance to MG site, type of health insurance) were screened and selected by two expert panels for inclusion in the final hierarchical regression model. Women were considered MG adherent if they obtained at least one MG every 15 months in this study.

**Results:** Average MG adherence for AIW was 37.13% (SD = 39.5%). Significant predictors of MG adherence were Pap test adherence, higher number of IHS visits/year, older age, and having private insurance (p ≤ .05). The best fitting prediction model accounted for 49% of the variance in MG adherence and contained variables from all four MBHM-related constructs (i.e., selected health promotion/disease prevention behaviors; susceptibility to breast cancer, susceptibility to other health conditions, and MG barriers).

**Discussion & Conclusions:** Understanding MG screening behavior can be advanced through testing culturally informed, theory-based breast screening interventions. This study identified AIW most at risk for not obtaining breast screening in this setting. Such women can be targeted for intervention to improve MG rates.

**Abstract History:**
This abstract has been presented or accepted for presentation in whole or in part at the SNRS or other scientific meeting.
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