

# Improving Screening Mammogram Rates Among Low-income Hispanic Women in Primary Care Clinics

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## AIMS

- Implement evidence-based mammogram clinic screening tool/referral process.
- Examine mammogram (MG) rates among low-income women (50-74 years of age) in primary care clinics.

## METHODS

- IRB determination of QI status obtained.
- EBP tools: Breast Cancer Risk Assessment Tool (BCRAT) and the National Health Interview Survey (NHIS). Pre-tested with Hispanic population.
- Clinic staff trained on EBP tools and screening procedure with participants x 3-months.

## KEY FINDINGS

- Interventions increased MG completion rates 7.21% in 3-months.
- Paired t-tests revealed staff's statistically significant knowledge improvement:  $t(17) = 4.37, p < 0.01$ , with Cohen's  $d = 1.21$  and a medium effect size ( $\alpha = 0.52$ ).
- 55.5% of screenings generated referrals.

## BACKGROUND

- A breast cancer disparity gap exists in this population (76% Hispanic). The 5-year survival rate is 79% Hispanic versus 92% Whites.
- There is an urgent need to establish: (a) change in the clinics' screening and referral process, (b) educate health providers on best practice tools, and (c) improve MG rates.

## RESULTS

Table 1. Clinic Staff's Pre-and-post Training Survey

Variable	N	SD	Paired pre-post t-test	Sig. (2-tailed)
Pre-test	18	1.720	-----	-----
Post-test	18	2.906	-----	-----
Pre-post	18	2.805	-4.369	0.000

\* $p < 0.05$  \*Paired t-test results between baseline and 3-mo

Table 2. Mammogram Completion Rates

Timeline	% Mammogram Completion Rate	% Improvement with QI Interventions
Initial Data 10/2017	54.8%	-----
Baseline: 2/2018	58%	-----
1 <sup>st</sup> month 3/2018	62.3%	4.3%
2 <sup>nd</sup> month 4/2018	63.5%	1.2%
3 <sup>rd</sup> month 5/2018	65.21%	1.7%
Total 1 <sup>st</sup> -3 <sup>rd</sup> mo.	-----	7.21%

\* $p < 0.05$  \*Paired t-test results between baseline and 3-mo

## CONCLUSIONS

- Short term clinical outcomes showed promise after the project completion.
- Local mammogram completion rate now 1.5% below the national average (66.7%).
- Interdisciplinary training and participation was integral in increasing MG rates

## RECOMMENDATIONS

- Evidence applicable for practice collaboration across disciplines.
- Facility to continue EBP tools to generate nurse referrals for continued MG completion rates.
- Providers to consider standing screening mammogram orders based on EBP tools and outcomes.

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