

Understanding barriers to screening mammography in Wisconsin: A continued partnership with Prairie Ridge Health

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Objective

To understand barriers and facilitators to mammography faced by women in rural Wisconsin who have not had a recent mammogram

Background

- In Wisconsin, female breast cancer is the second most common type of cancer and the fifth leading cause of cancer death in 2023.¹
- Compared with women in urban areas, women living in rural areas:^{2,3}
 - Have lower rates of screening mammograms
 - Experience later stage diagnosis of breast cancer
 - Have limited access to medical treatment
 - Receive poorer quality of care
- We previously identified the need to collect insights from women not engaged in the healthcare system.⁷

Methods

Eligible women in the Prairie Ridge Health (PRH) service area (Dodge, Columbia, Jefferson counties) were invited to participate. PRH is a rural hospital in Columbus, Wisconsin.

Eligibility requirements

- Live within the PRH service area
- At least 40 years old
- Have not had a mammogram in the past 2 years
- Willing to answer questions in English or Spanish

Recruitment

- Women were recruited at in-person community events, via flyers at business, libraries, etc, through social media, and mailed letters.

Data collection

- Interview and focus group guide: designed to uncover attitudes towards mammograms, including facilitators and barriers.
- Recorded virtual 1:1 interviews and focus groups with eligible women.
- Recordings were transcribed verbatim and de-identified before data analysis.

Analysis

- Three researchers independently coded the transcripts and met to reach consensus on each code and to iteratively define themes.
- A final codebook of main themes and assigned codes was created.
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The University of Wisconsin–Madison Minimal Risk Research IRB reviewed this project.

Results

- Mailed letters was the most successful recruitment method for English speaking participants.
- Personal contact in a safe environment to develop trust was more effective for Spanish speakers.
- Five interviews and four focus groups were led by two facilitators (January 2024–February 2025).
- Three participants identified as Latina and their meetings were facilitated by a Spanish-speaking team member.

Demographic Data (N=16)	
Mean age, y (range 40–65)	50
Has a bachelor's degree	50%
White	75%
Not Hispanic, Latino or Spanish Origin	75%
English as preferred language	81%

Reasons for not having a mammogram in the past 2 years

- TIME SPENT** on travel, on scheduling, away from caregiving and work
- FEAR** of finding cancer, physical discomfort, radiation exposure, causing harm
- HEALTHCARE SYSTEM**
 - Standardized care
 - Difficult to navigate
 - Language barriers
- Limited and lack of **INSURANCE COVERAGE** to cover **HIGH COSTS**

Beliefs Surrounding Mammogram

“...there’s been a lot of studies where the mammogram and densing and squishing the tissue has even spread and even created cancer.”

“Images are typically of like older women like having them done. I don’t consider myself of the age that like I’m there yet. So, like I typically like think of like a gray-haired like, you know, wrinkles, like my grandmother, so.”

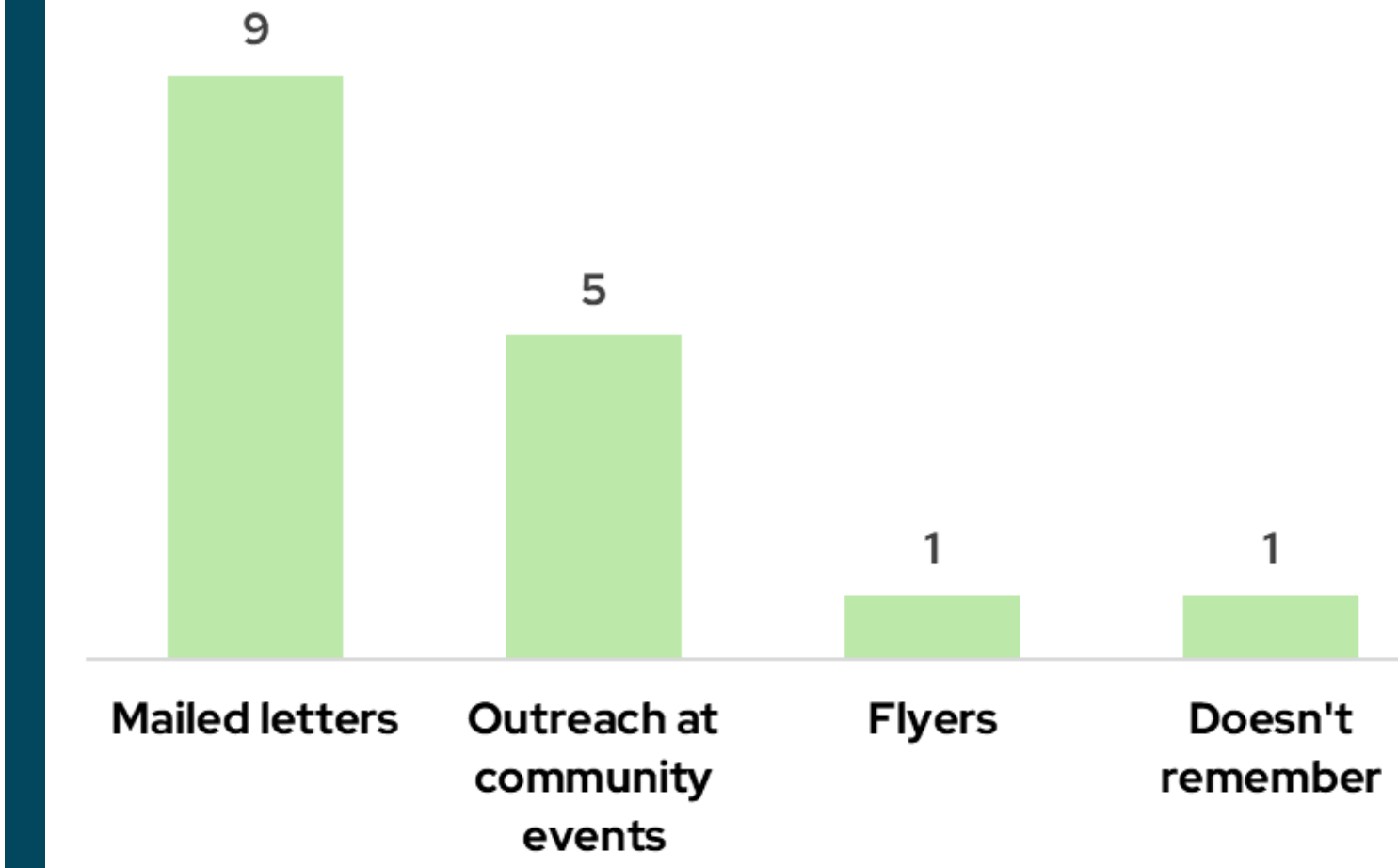
Reasons for Not Having a Mammogram:

“I lost my insurance when I got fired from my job for having cancer... I don’t have any health insurance, so that’s probably why, the main reason right now.”

“And since the medicine in the United States is quite expensive, that’s why I don’t get them done.”

“So, I guess my primary care never really brought it up until recently and probably just my last visit.”

Successful Recruitment Strategies



“Even though in my head, I knew I should [get a mammogram], and you call six different people, and you get transferred, and your insurance don’t budge, and, you know, and your own doctor’s office can’t get it scheduled, that is repellent. It makes you not want to do it no matter how important I thought it was.”

What would make it easier to get a mammogram?

- Utilize more **REFERRALS**
- More **LOCATION** and **TIME** options
- Increase **TRANSPARENCY**
- IMPROVED** or **ALTERNATIVE** procedures
- DISCUSSIONS** with doctor beforehand
- INDIVIDUALIZED** care
- Better **TRANSLATIONS** and **COMMUNICATION**
- INCREASING** procedure and clinic coverage
- Building **TRUST**

Mammography Facilitators

“And then making sure that insurance covers all those tests because I feel like it’s important to catch early for sure”.

“For me, it ease of scheduling would be number one. You know, just stop making it so complicated.”

“I wish the standards were more clear.”

“That would make it easier, the United States’ problem is the cost of medicine. The cost of medicine in the United States is overwhelmingly high. Its like health in this country is a luxury. Not just for us Latinos.”

Relationship with Healthcare

“We’re just driven to be another statistic, another person to meet criteria.”

“I like to stay on more of the natural side,...like just not go to the doctors unless I really need it.”

“...honestly am not afraid to do it mammogram myself but I’m afraid everything I have to do, the obstacles in order to be able to do it.”

Meaning of the Word Mammogram

“Getting your boobs squished.”

“I call it annoying.”

“I just feel it’s painful.”

Conclusions

- Recruitment of women not involved in the health care system was challenging.
- Mailing letters was the most successful recruitment strategy for English speakers.
- Personal contact in a safe environment to develop trust was more effective for Spanish speakers.
- Improving communication with patients, providing patient-centered care, and optimizing scheduling process are potential ways health care systems could improve screening mammography rates in rural areas.

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