



# Data Points

RESULTS FROM THE 2005 CALIFORNIA WOMEN'S HEALTH SURVEY

**B**reast cancer is the most common cancer among women in California.<sup>1</sup> The five-year survival rate of breast cancer is only 20 percent when it is detected at a late stage, but is 97 percent when detected early.<sup>1</sup> Risk of the disease increases with age, especially after age 50.<sup>2</sup> About 80 percent of new cases and 82 percent of breast cancer deaths occur in women over age 50.<sup>2</sup>

The United States Preventive Services Task Force and several other organizations support screening mammography beginning at age 40<sup>3-7</sup>. *Cancer Detection Programs: Every Woman Counts*, part of the *National Breast and Cervical Cancer Detection Program*, provides free breast cancer screening to low-income and medically underserved women aged 40 years and older in California.<sup>8</sup> National program policy requires that 75 percent of mammograms paid with its funds be provided to women aged 50 or older.<sup>9</sup>

This report focuses on barriers to having screening mammography. In 2004 and 2005, the California Women's Health Survey (CWHS) asked women if they had ever had a mammogram, how long it had been since their last mammogram, and the main reason for not having a mammogram within the previous year. The survey data were weighted to the age and race/ethnicity distribution of the 2000 California population. Findings are based on 2,058 women aged 50 to 64. Women who reported having mammograms because they already had

breast cancer (n = 65) and those who refused to respond to the question (n = 155) were not included. Findings for American Indian/Native American women are not provided due to the small number surveyed.

- In the 2004 and 2005 surveys, 55.2 percent of Asian/Pacific Islander women, 64.8 percent of Hispanic women, 67.5 percent of White women, and 72.7 percent of Black/African American women had a mammogram within the previous year.
- On the other hand, 35.0 percent of respondents reported not having a mammogram in the previous year. The most common reasons cited were inconvenience or not having time to go for a mammogram (31.7 percent); cost or not having medical insurance (18.3 percent); the procedure being too painful, being afraid, or not being interested in having one (17.5 percent); feeling there was no reason to have one (16.9 percent); and not having the test recommended by a doctor or nurse (15.6 percent).
- A higher percentage of women aged 50 to 64 who had not had a mammogram within the past year lived at or below 200 percent of the federal poverty level (FPL) than those above that level for all the race/ethnic groups.

## **Barriers to Annual Breast Cancer Screening for California Women Aged 50 to 64 Years, 2004 and 2005**

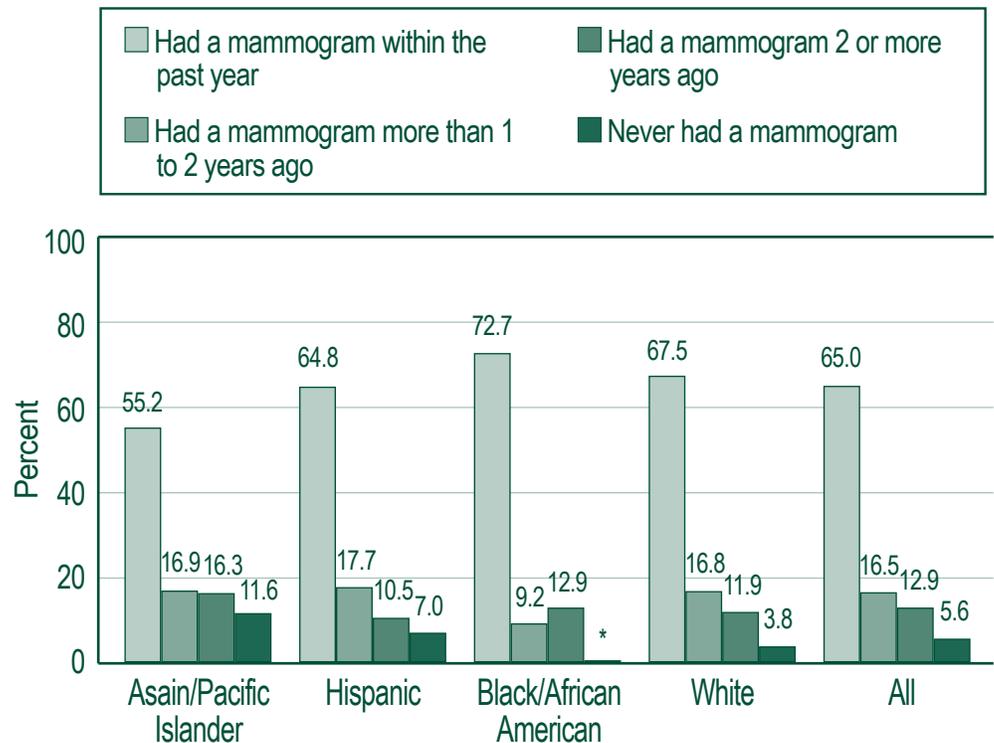
California Department of Public Health  
Cancer Detection Section

**Public Health Message:**  
*Annual breast cancer screening increases the likelihood of detecting breast cancer at an early stage and is recommended for women aged 40 years and older. Based on this report, an estimated 35.0 percent of California women aged 50 to 64 years do not have annual mammograms. Financial barriers should be addressed, and further outreach and education are recommended.*

**Barriers to Annual Breast Cancer Screening for California Women Aged 50 to 64 Years, 2004 and 2005**

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**Screening Mammograms Among Women Aged 50 to 64 Years, by Race/Ethnicity, California, 2004 and 2005**

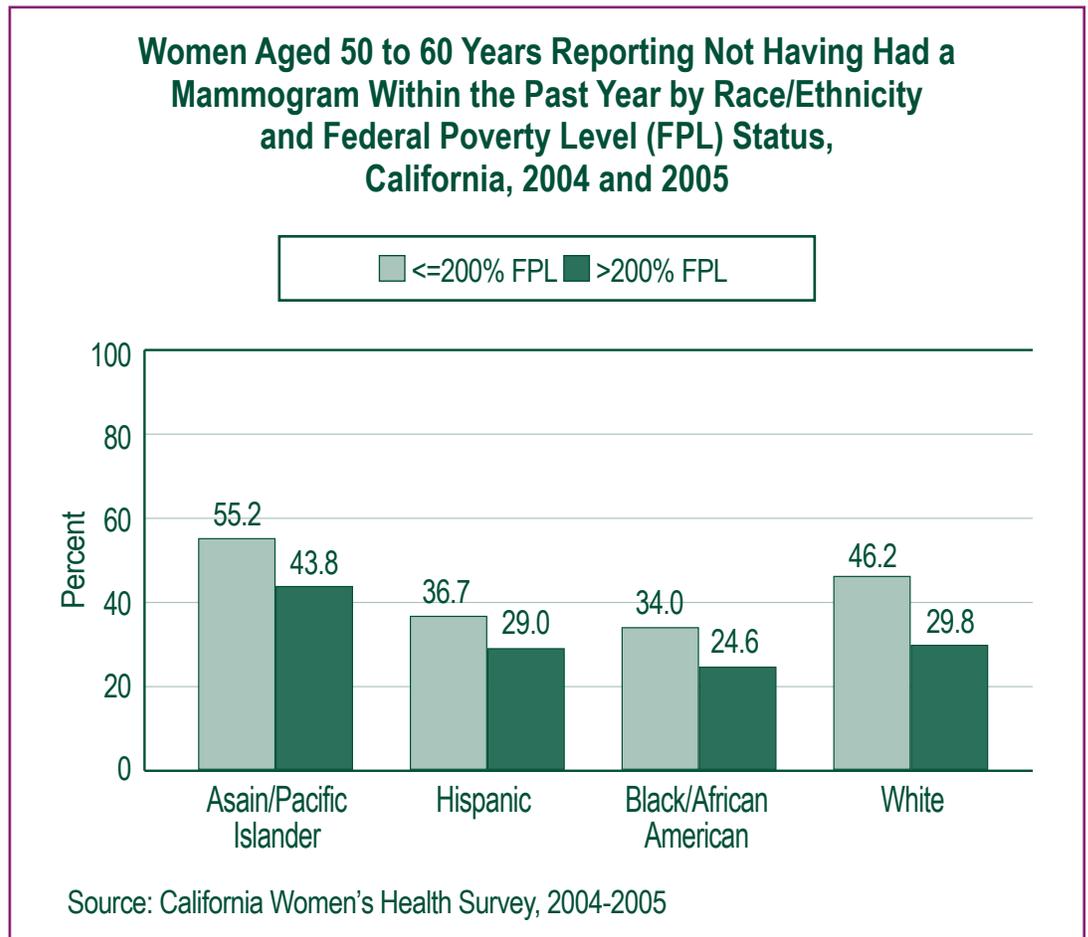


\* The rate for Black/African American women who have never had a mammogram was not reliable due to small sample size.

Source: California Women's Health Survey, 2004-2005

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- 1 American Cancer Society, California Division and Public Health Institute, California Cancer Registry. *California Cancer Facts and Figures 2007*. Oakland, CA: American Cancer Society, California Division, September 2006.
- 2 Zabicki K, Colbert JA, Dominguez FJ, et al. Breast cancer diagnosis in women < or = 40 versus 50 to 60 years: Increasing size and stage disparity compared with older women over time. *Ann Surg Oncol* 2006; 13(8):1072-1077.
- 3 U.S. Preventive Services Task Force. *Screening for Breast Cancer: Recommendations and Rationale*. February 2002. Agency for Healthcare Research and Quality, Rockville, MD. Available at: <http://www.ahrq.gov/clinic/3rduspstf/breastcancer/brcanrr.htm>. Accessed January 10, 2007.
- 4 American Medical Association. Report 16 of the Council on Scientific Affairs (A-99). *Mammographic Screening for Asymptomatic Women*. 1999 – 2000 reports. Available at: <http://www.ama-assn.org/ama/pub/category/13541.html>. Accessed April, 2007.
- 5 American College of Obstetricians and Gynecologists. Primary and preventive care: Periodic assessments. ACOG Committee Opinion 246. Washington, DC: ACOG, 2000.
- 6 Feig SA, D'Orsi CJ, Hendrick RE, et al. American College of Radiology guidelines for breast cancer screening. *AJR Am J Roentgenol* 1998; 171(1):29-33.
- 7 Leitch AM, Dodd GD, Costanza M, et al. American Cancer Society guidelines for the early detection of breast cancer: Update 1997. *CA Cancer J Clin* 1997; 47(3):150-153.
- 8 California Department of Health Services, Cancer Detection Programs: Every Woman Counts. *Breast Cancer Treatment and Screening Information*. [www.dhs.ca.gov/cancerdetection/breastcancer/breastcancer.htm](http://www.dhs.ca.gov/cancerdetection/breastcancer/breastcancer.htm).
- 9 Ryerson AB, Benard VB, Major AC. *National Breast and Cervical Cancer Early Detection Program 1991 – 2002 National Report*. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. Available at: [http://www.cdc.gov/cancer/nbccedp/bccpdfs/national\\_report.pdf](http://www.cdc.gov/cancer/nbccedp/bccpdfs/national_report.pdf).

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