

NAPCRG 52nd Annual Meeting — Abstracts of Completed Research 2024.

Submission Id: 6163

Title

Receipt of Mammography, by Nativity, Among Latina Patients from a U.S. Network of Primary Care Organizations

Priority 1 (Research Category)

Health Care Disparities

Presenters

Wyatt Bensken, PhD, Zoe Larson, MS, Jorge Kaufmann, MS, Gretchen Mertes, MPH, Kristin Lyon-Scott, MPH, Jennifer Lucas, PhD, Miguel Marino, PhD, John Heintzman, MD, MPH

Abstract

Context: Among the Latina population in the United States, breast cancer is the leading cause of cancer death. Previous studies on receipt of mammography remain limited by not examining sub-groups of Latinas and by lack of longitudinal data.

Objective: We assess receipt of mammography among Latina patients seen at primary care organizations by nativity (US-born, Foreign-born, and country/region of origin).

Study Design and Analysis: In this retrospective observational study using 2012-2022 electronic health record (EHR) data we used covariate-adjusted generalized estimating equations logistic regression and Cox proportional hazard models to estimate the association (odds and hazard ratios with 95% confidence intervals), between nativity and mammography.

Setting: We used data from the OCHIN network: a nationwide network of locally controlled primary care organizations who share a single instance of an EHR.

Population Studied: Our study included those patients whose sex was female, self-identified as Hispanic or Non-Hispanic White, had nativity data, received care after they turned age 50, and excluded those patients with a history of BRCA and mastectomy as these influence mammography screening recommendations.

Outcome Measures: The main outcome of interest was mammography and was analyzed in two different ways: (1) being up to date on mammography, per USPSTF recommendations, and (2) time to first mammogram after age 50.

Results: Among 24,579 patients, being up to date with mammography varied by nativity, with US-born Latinas having 1.57 (95% CI: 1.29, 1.92) and Foreign-born Latinas having 1.85 (95% CI: 1.64, 2.08) times the odds of being up to date compared to Non-Hispanic White women. The magnitude and statistical significance of this advantage varied by region and country of origin. These trends were consistent when examining time to first mammogram: US-born Latinas and Foreign-born Latinas having shorter time to first mammography (HR: 1.47 [1.12, 1.93], 1.69 [1.35, 2.13] respectively).

Conclusions: Receipt of recommended and routine mammography varied by ethnicity and nativity for patients seen in community-based health centers. Both US-born and foreign-born Latinas had higher guideline-concordant screening than non-Hispanic white women, with the greatest magnitude for foreign-born Latinas, highlighting the important role that community-based healthcare organizations play in preventive cancer care for Latinas.

Downloaded from the Annals of Family Medicine website at www.AnnFamMed.org. Copyright © 2024 Annals of Family Medicine, Inc. For the private, noncommercial use of one individual user of the Web site. All other rights reserved. Contact copyrights@aafp.org for copyright questions and/or permission requests.