



NYC Vital Signs

Breast Cancer Screening Among New York City Women

Breast cancer is the most commonly diagnosed cancer and the second leading cause of cancer-related deaths among all women in New York City (NYC) and nationwide, with 27 out of every 100,000 NYC women dying of breast cancer in 2006.

Routine mammography (x-ray of the breast) makes it possible to detect tumors in the breast that cannot be distinguished by visual examination or touch. It can also detect micro-calcifications (tiny deposits of calcium in the breast) that may indicate undetected breast cancer.

Early detection of breast cancer by mammography has reduced the number of deaths from breast

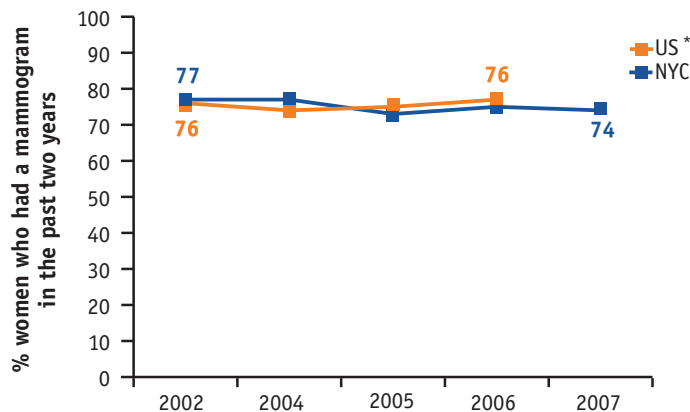
cancer among women age 40 and older by 20%, with the greatest decrease among women age 50 and older (as much as a 35% reduction). The United States Preventive Services Task Force recommends that women age 40 and older get screened for breast cancer with mammography every one to two years.

This report focuses on mammography use among NYC women age 40 and older. It highlights characteristics of women less likely to get screened for breast cancer and identifies neighborhoods with low screening rates. Recommendations for improving mammography rates are featured on page four.

Mammography use has declined slightly in New York City since 2002

- In 2007, 74% of NYC women age 40 and older (approximately 1.3 million women) reported getting a mammogram in the past two years. This represents a 4% decline since 2002 (77%), or 69,000 fewer women getting screened.
- In 2006 (most recent available national data), the NYC breast cancer screening rate was similar to the national rate (75% vs. 76%).

Mammography use among women age 40 and older in NYC and US



* National mammography data for 2005 include only a select number of states and territories.

Data presented in this report are from the New York City Community Health Survey (NYC CHS), conducted by the NYC Department of Health and Mental Hygiene's Bureau of Epidemiology Services. Unless otherwise specified, data presented combine survey years 2005, 2006, and 2007 and are age-adjusted to the US 2000 Standard Population. Household poverty levels were estimated from 2002 income and household size. Only statistically significant differences (p-value ≤ 0.05) between estimates are discussed in text. The NYC CHS is an annual telephone health survey of approximately 10,000 adults age 18 and older. For full survey details, visit nyc.gov/health/survey. Other data sources include NYC Vital Statistics Mortality Data 2000–2006, US Census 2000 and the Centers for Disease Control and Prevention's Behavioral Risk Factor Surveillance System for 2002–2006 national mammography rates.

Breast cancer screening rates have declined among many groups since 2002

- Breast cancer screening declined 6% among white women between 2002 and 2007. In 2007, Asian women had the lowest rates of breast cancer screening, and black women had the highest.
- Since 2002, screening rates have decreased among U.S.-born women (79% vs. 74% in 2007) to rates similar to those among foreign-born women.
- Women with any college education had a 5% decrease in mammography use between 2002 and 2007.
- Mammography use declined 7% among low-income women (less than 200% of the federal poverty level) since 2002, and has remained lower than use among women with higher household incomes (200% of the poverty level or more) over time.
- Breast cancer screening among women with health insurance has declined 4% since 2002. Similarly, mammography use has declined 4% among women with a regular health provider (79% vs. 76% in 2007).
- Women age 65 and older have had a 9% decline in mammography use since 2002 (80% vs. 73% in 2007).

Percent NYC women age 40 and older who had a mammogram in the past two years

	2002	2007
NYC Overall	77	74
Race/Ethnicity		
White	77	72
Black	75	80
Hispanic	80	75
Asian	75	67
Place of Birth		
Foreign-born	74	73
US-born	79	74
Education		
Less than H.S./ H.S. degree	75	73
Some college/ College degree	79	75
Household Income (% of federal poverty level)		
Low (less than 200%)	75	70
High (200% or more)	79	76
Insurance Status		
Had insurance	79	76
Did not have insurance	52	58
Age†		
40-49	71	70
50-64	81	78
65+	80	73

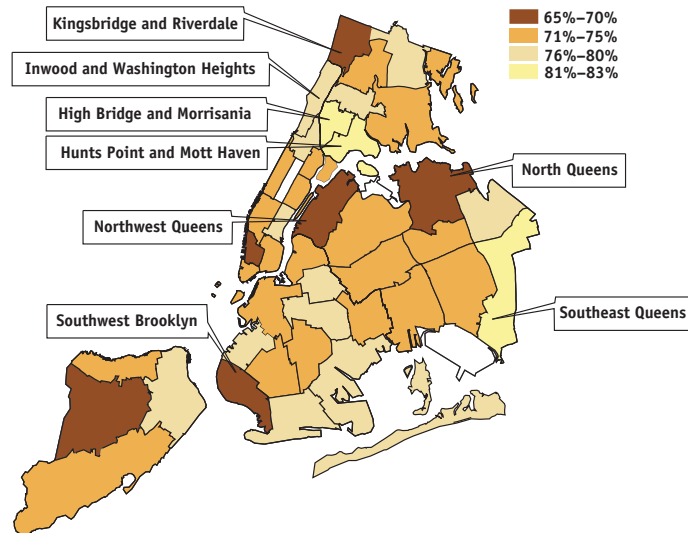
† Age-specific estimates are not age-adjusted.

Understanding breast cancer deaths. Among NYC women age 40 and older, breast cancer death rates have remained fairly stable since 2000, with 54 per 100,000 women dying of breast cancer in 2006. Despite high screening rates among black women, racial and ethnic disparities in breast cancer deaths persist. For every 100,000 black women, 69 died from breast cancer in 2006, compared to 56 per 100,000 white women, 43 per 100,000 Hispanic women and 28 per 100,000 Asian women.

Low screening rates in some NYC neighborhoods

- Mammography use was lowest in Southwest Brooklyn (65%), North Queens (66%), Kingsbridge and Riverdale (68%), and Inwood and Washington Heights (68%), and Northwest Queens (69%), with more than 30% of women in these neighborhoods not getting screened for breast cancer in the past two years.
- The highest screening rates were in Inwood and Washington Heights (80%), Highbridge and Morrisania (81%), Hunts Point and Mott Haven (81%), and Southeast Queens (83%).
- Neighborhood disparity may be driven in part by race; neighborhoods with high proportions of Hispanic and black women had higher breast cancer screening rates.

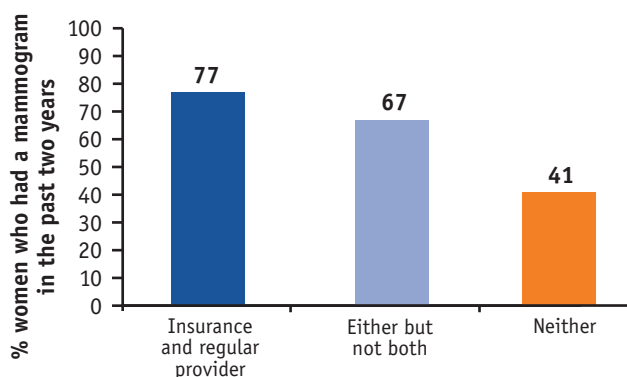
Mammography use among women age 40 and older in the past two years



Women with health insurance and a regular care provider are more likely to get screened for breast cancer

- Women who had health insurance and a regular health provider were nearly twice as likely to have had a mammogram as those with neither health insurance nor a regular provider (77% vs. 41%).
- Of the 81,000 women who had neither health insurance nor a regular provider, only 41% were screened for breast cancer.
- Low-income women (less than 200% of the poverty level) who had health insurance and a regular provider were screened at a similar rate to those with higher household incomes (75% vs. 78%).

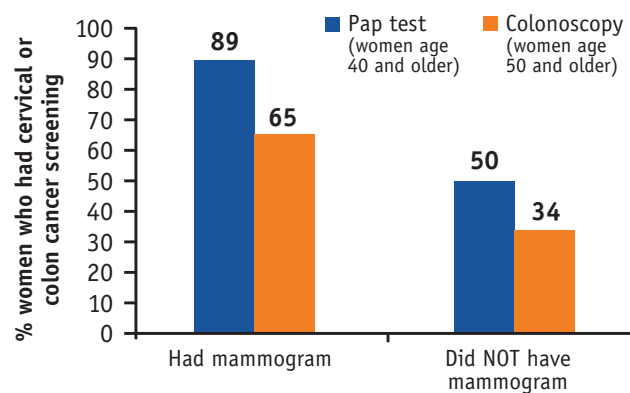
Mammography use among women age 40 and older by insurance and regular health care provider status



Women screened for breast cancer are more likely to get other preventive screenings

- Women who had a mammogram were more likely to have had a timely pap test than those who did not have a mammogram (89% vs. 50%). Women should be screened for cervical cancer with a Pap test at least every three years, beginning within three years of first sexual activity or at age 21 — whichever comes first.
- Women age 50 and older who had timely mammograms were more likely to have gotten colon cancer screening than those who did not get regular mammograms (65% vs. 34%). All adults age 50 and older should get a colonoscopy every ten years.
- While rates of colon cancer screening do not vary by race/ethnicity among women receiving timely mammograms, cervical cancer screening was more common among black women who had mammograms than white, Hispanic and Asian women (94% vs. 88%, 89% and 85%, respectively).

Cervical and colon cancer screening among women by mammography status



October is Breast Cancer Awareness Month!

Breast Cancer Screening Resources: Find a mammography location near you by calling 311!

- **For uninsured or underinsured women**, call the New York State Cancer Services Program Referral Hotline (866) 442-CANCER
- **National Cancer Institute:** Call toll free at (800) 4-CANCER or visit www.cancer.gov
- **American Cancer Society:** Call toll free at (800) ACS-2345 or visit www.cancer.org

Recommendations

Mammograms are strongly recommended every one to two years for all women 40 years of age and older.

- Call 311 for help in finding mammography testing sites, more information about screening recommendations and breast cancer, or to find a regular doctor.
- Free or low-cost mammograms are available to uninsured or underinsured women through state and city programs. Call 311 for more information.
- Women with a family history of breast cancer should talk to their health care provider about whether they should get mammograms before age 40 and how often to get screened.

Health care providers should encourage female patients to get mammograms and other preventive screenings.

- Check if women are up to date with their mammography screenings, including women age 65 and older. If patients need screening, make appropriate referrals and encourage women to get timely screenings.
- Remind women of the importance of developing a consistent breast cancer screening regimen starting at age 40.
- Ensure that women with abnormal screening results receive immediate follow-up care.
- Assess patient barriers to getting recommended screenings and help to address concerns by clearly explaining the importance of the preventive screenings and what to expect when getting screened.

Governments, employers, foundations and community-based organizations should support cancer prevention and control efforts.

- Support programs to ensure that women receive effective care and timely follow-up.
- Expand culturally sensitive programs targeting those less likely to get screened, such as Asian women.

Call 311 for Health Bulletins and other publications about cancer screening tests or visit nyc.gov/health.

The New York Health and Hospitals Corporation (HHC) offers mammograms at little or no cost. For a screening location near you, call 311 or visit nyc.gov/hhc.

A report from the New York City Community Health Survey

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