



# **Colorado Prevention Alliance Cancer Screening Work Group**

**Mammogram Research**

May 2012

*Prepared by:*



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# Background & Objectives

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## Background

In the United States, there has been a dip recently in Breast Cancer Screening rates among women. Regular screening rates have been on the decrease over the past few years, even though there has been a mandate where all mammograms no longer require a copay. The Colorado Prevention Alliance, Cancer Screening Work Group and their partners are interested in understanding from women (who have received mammograms previously but have not received one in at least three years) why they have not engaged in regular screenings, and what their experiences with mammograms have been, in order to maximize participation.

## Objectives

The overall objective of this qualitative research was, therefore, to assist the Colorado Prevention Alliance, Cancer Screening Work Group and their partners in understanding the key motivators and obstacles women face when deciding whether or not to get a mammogram. The main objective is to gain insight on why women who have gotten screened in the past have stopped getting re-screened or are delaying getting re-screened.

# Background & Objectives, cont'd.

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## Objectives, cont'd.

To this end, the input and feedback from these women was solicited to:

- Understand current attitudes and feelings regarding regular mammogram screening.
- Understand the current feelings and emotions that surround Breast Cancer screening.
- Understand the barriers and obstacles women face when it comes to regular mammogram screenings.

To provide clear feedback to Colorado Prevention Alliance, Cancer Screening Work Group and their partners on how messaging and communication could be leveraged to improve participation in receiving mammograms on a regular basis.

# Methodology and Discussion Protocol

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## Methodology

A series of two (2) focus group sessions were conducted with the following segments:

- One Focus Group with Females between the ages of 50-59.
- One Focus Group with Females between the ages of 60-69.

Each respondent met the following screening criteria:

- All to have received at least one mammogram in the past.
- All to have not received a mammogram in at least three years.
- All to be currently covered by Commercial Health Insurance, Medicare or Medicaid.
- All to have had continual Health Insurance coverage for at least the past three years.

Each focus group consisted of seven to eight participants and lasted for approximately one (1) hour and thirty (30) minutes.

\*\*It is important to note, we originally planned to have up to 4 minorities (African American, Hispanic) per group—due to difficulty in locating minorities that qualified with our recruiting specifications, we ended up with 2 to 3 minorities per focus group session.

# Methodology and Discussion Protocol, cont'd.

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## Discussion Protocol

Each session began with an initial psycho-drawing exercise where participants' created an image that captured the feelings and emotions surrounding mammograms.

The rest of the session was focused on the following topics and exercises:

- ⊙ A discussion on attitudes towards mammograms– their impressions and experiences with them, as well as their sense of how much mammograms cost.
- ⊙ A discussion regarding the challenges / barriers to receiving regular mammograms.
- ⊙ An exercise where respondents were broken into teams and asked to create the ideal mammogram experience.
- ⊙ A discussion regarding thoughts on what would be the most effective messaging / communication strategies to reach women just like themselves.
- ⊙ A final exercise where respondents were once again broken into teams and asked to pretend it was their job to get women just like themselves genuinely interested and motivated to receive regular mammograms. What would they do to achieve this?

# Executive Summary & Recommendations

# Executive Summary

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- Mammograms consistently evoke negative reactions; they are something that women are afraid of and avoid.
  - For many, the procedure is seen as extremely painful and produces much anxiety.
    - Respondents reported being “brought to tears” from the pain they experience during the procedure.
    - *Nothing* about the experience is enjoyable, soothing or inviting – from the technicians to the ambiance, to the machines themselves.
    - The whole process is seen as cold, impersonal and embarrassing. Respondents feel a lack of control and very vulnerable during the process.
    - Waiting a long time for test results makes respondents uneasy.
    - A lack of convenience also adds stress to the process. Respondents perceive that it is difficult to schedule the mammogram during working hours which creates another barrier to getting one.

## Executive Summary, cont'd.

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- The health risks of getting a mammogram are unclear; some believe they may do more harm than good due to the radiation.
- Respondents are not well-educated about mammograms which also effects their likelihood of not getting one.
  - Women do not know if they are effective, necessary or safe.
  - Women do not know how often to get them.
  - Many believed that mammograms could be further spaced apart as they aged (i.e.: 40 year old women need them on a more regular consistent basis, but 65 year old women need them less often- especially if past mammograms were clear).
  - The type of reminder messages they receive (mostly from insurance companies) are not motivating.
    - Respondents would prefer a letter or phone call directly from their doctors.
  - Women do not know how much mammograms cost and that they can get them for free if insured.

## Executive Summary, cont'd

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- Women are confused by conflicting information they receive through the media and health practitioners about mammograms.
- “Mammogram Fatigue” (i.e. the thinking that if you had received clean readings on numerous past mammograms, regular screenings were less necessary or no longer needed) was evident, especially with our older respondents.
- Some respondents felt that regular mammograms were “less necessary” if they had no history of Cancer in their family.
- Respondents perceive that mammograms are not well-promoted or advertised, which they find surprising since Breast Cancer is such a large issue for women.
- Some respondents perceive that scare tactics would be the best approach to advertising. Others think that using humor would be more effective.
- Respondents do not understand that Susan G. Komen stands for breast cancer prevention or mammograms; they associate the organization primarily with breast cancer, breast cancer research, running events, the color pink and “ribbons” – it is more about Breast Cancer as a disease than prevention.

# Executive Summary, cont'd

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- It is important to point out that, only a handful of our respondents were adamant about never receiving another mammogram ever again. Most respondents did mention that they understood the importance of getting screened but often delayed the procedure due to the perceived cost, expense or since it was viewed as an uncomfortable. Interestingly, a few mentioned that eventually “guilt” would eventually get to them and they would try to motivate themselves to get a appointment.

# Recommendations

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- Consider finding ways to address the issue of pain incurred during the mammogram procedure.
  - Consider inviting the possibility of administering pain medication to take the edge off of the discomfort.
  - Consider funding research for more female-friendly machines or alternative technologies.
  - When/if new measures are put in place, consider advertising these advancements through doctors offices and other targeted means.
- Consider findings ways to make the procedure as pleasant and nurturing as possible.
  - Neck massages, relaxing music, a warm blanket or warm cookie... Anything that can make the experience more calming and enjoyable will help.
  - Again, when/if new measures are put in place, consider advertising these advancements through doctors offices and other targeted means.
- Consider addressing the perception that technicians have poor dispositions during the procedure. Perhaps training protocols need to be revisited to improve upon the experience of the recipient.

## Recommendations, cont'd

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- Consider encouraging doctors to send out mammogram reminders – either in the mail or by phone. Respondents prefer communications from a source they know and trust.
- Consider finding ways to make the procedure more convenient. After work hours, weekend hours, mobile screenings, screenings in the doctors' office all would help ease the stress of making and getting to an appointment.
- Consider tactics – whether TV advertising, brochures, web campaigns – that will educate women about mammograms – the appropriate frequency, the benefits and risks – in order to educate and dispel myths about mammograms. Consider making the communications branded by a reputable source to ensure credibility.
- Consider finding a woman to be a consistent “spokesperson” for mammograms who is perceived as strong and compelling.
- Consider further testing for future advertising to make sure the messaging is compelling to target audiences, since specific concepts were not presented in the groups. Consider exploring the play of evoking “fear” vs. humor to see what approach will best-speak to women who shy away from mammograms.

# Detailed Findings

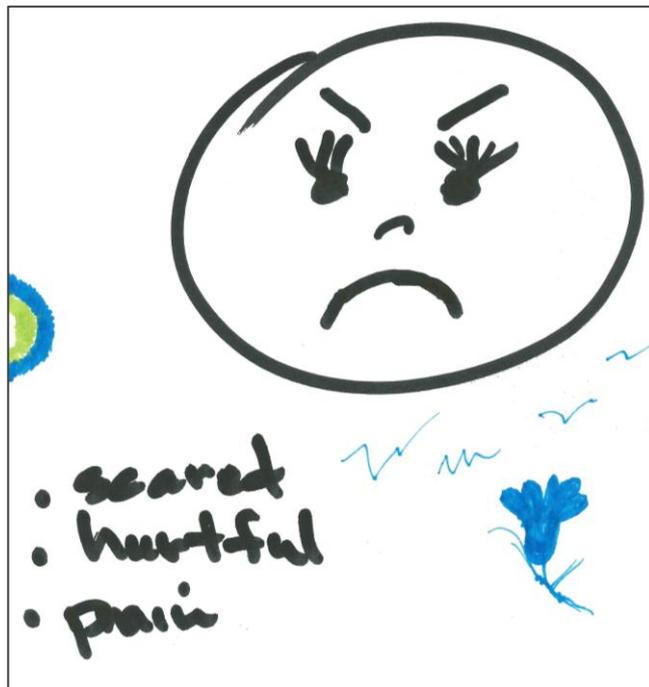
# Perceptions of Mammograms

*“I’d rather get a root canal.” (60-69)*

# Across groups, mammograms evoke negative associations with respondents.

Negative past experiences of mammograms have led them to be something women dread and avoid.

- Many described them as a “necessary evil”, “painful” and “traumatic”.
- For many, the “trauma” evoked by getting one is not worth it.



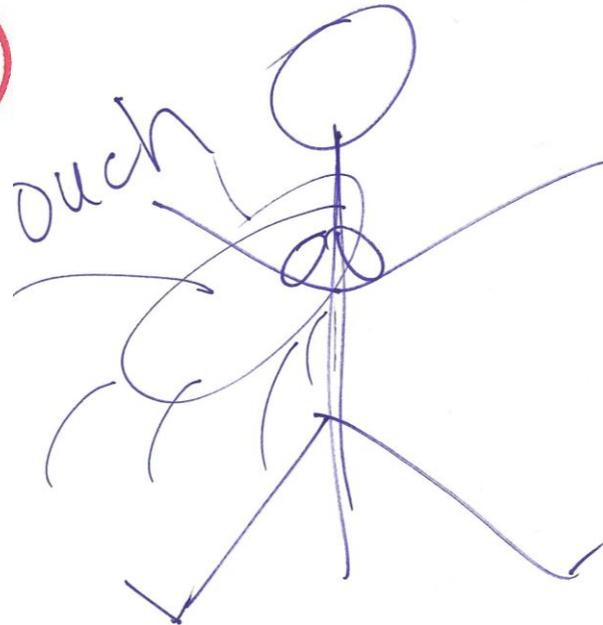
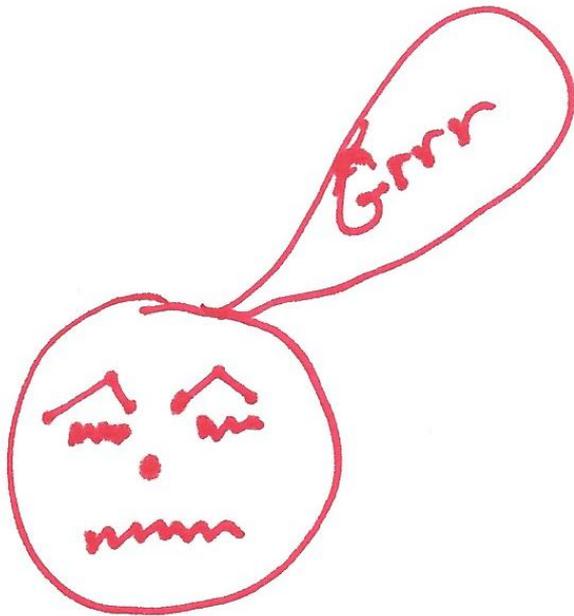
“I dread them. You just have to pretend you are having an outer body experience and pretend you are not there.” (60-69)

“I put them off. Don’t think about it. Don’t do it.” (60-69)

# Illustrative drawings reflect fear and apprehension around the procedure.

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The following drawings further illustrate respondents' feelings towards mammograms.



# Pain is the #1 reason women avoid mammograms.

Respondents across groups spoke of the pain induced by mammograms as being the primary barrier to repeating the procedure.

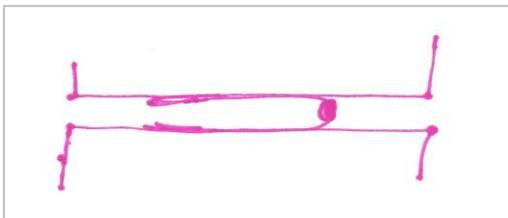
“They are very painful, like breath-taking painful. I am reluctant because of the pain.” (50-59)

“I haven’t been in a couple of years. Excruciating pain. Tears running down my face. I will not go back for 2-3 years, until I get scared.” (50-59)

I am guilty of not going for about three years because it hurt so bad.” (50-59)



Respondents credit the awkward design of the machine and well as the technicians’ insensitivity to the painful procedure.



“It’s a waffle maker!” (60-69)

“They smash it as far as they can. There’s a point where you’re like, ‘OK, that’s enough!’” (60-69)

# The experience is seen as uncomfortable and embarrassing.

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Respondents find the experience uncomfortable both physically and emotionally. Disrobing in front of strangers adds to their anxiety.

- Some wished there was a way to stay clothed during the procedure.

“I had an unpleasant experience where I thought I’d rather DIE then go through this again. It was so stressful. Walking around with lumps would have been less stressful.” (50-59)

“On a couple of levels it is uncomfortable. Being with someone you don’t know and the process is uncomfortable.” (60-69)

“It’s embarrassing from a modesty standpoint.” (60-69)

- Some also find the delay in getting the results to be an excruciating part of the process.

“You have to wait weeks for the results. You are besides yourself.” (60-69)

# Mammograms are viewed as difficult to schedule and make time for.

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Scheduling and getting to the appointment, in the context of their busy working lives, is another stressor.

- The process is seen as inconvenient, a “hassle”.
- Some women have to take unpaid time off to attend their appointments, which is also demotivating and challenging financially.

“It’s always been a total hassle to do it.” (50-59)

“I put it off because of making the appointment, going in...” (50-59)

“It’s really not convenient. I’ve had to go to multiple locations. I get lost easily.” (50-59)

“I don’t have paid time off so if I go I have to take off half a day and lose pay.” (60-69)

# Our respondents are not convinced that mammograms are necessary.

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Sources such as news stories or trusted alternative practitioners have led some to believe that mammograms may not be necessary.

“I’ve been hearing some things that they might not be necessary.” (50-59)

“I am resistant and ambivalent. I am not convinced it’s necessary and I’m not convinced it’s good.” (50-59)

- A lack of conclusive results, also plays into the belief that mammograms are not worthwhile.

“I haven’t been in a number of years and I haven’t gotten anything found.” (50-59)

“It’s inconclusive and they keep making you come back and be inconclusive.” (60-69)

INCONCLUSIVE SO WHAT'S THE POINT?

## Some even wonder if they are harmful.

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News or information about the potential harmful effects of mammograms also undermines motivation.

- Some respondents are aware that there are risks tied to being exposed to high levels of radiation.

“I question – is it necessary? There is some research about how healthy they are.” (50-59)

“I heard that you get as much radiation as one thousand chest x-rays. Countries who don’t screen have a lower rate of breast cancer.” (50-59)

- Mixed messages from the media also create confusion.

“The information is very confusing. You see all the ads on TV about the buddy check. And then there are breast cancer walks and ribbons being pushed. The there’s another day of ‘oops, maybe it’s not as bad as we thought.’” (50-59)

# Women without family history feel mammograms are less imperative.

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Respondents who do not have a family history of cancer believe that they are less at risk, and feel it is less necessary to get a mammogram.

“It doesn’t run in my family so it makes you wonder... Do I have to do this?” (50-59)

“I’m healthy and strong and I have no concern.” (60-69)

# Respondents are not aware of how often they should have a mammogram.

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Few respondents could accurately report how often one should get a mammogram.

- Some perceive that the older one is, the less necessary they are.

“I don’t know.” (50-59)

“I can’t remember.” (60-69)

“You don’t have to go as much as you get older.” (50-59)

Others noted that changing guidelines and the changes in medicine make it difficult to keep track of the current protocol.

“It seems like the guidelines change every couple of years.” (50-59)

“Medicine is a moving target.” (50-59)

“The guidelines are confusing. They change all the time. There is not a straight answer so I just don’t go.” (60-69)

# For most, cost is not a barrier.

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Most respondents reported that they either have a small co-pay or their mammograms are free; cost is therefore not the barrier for getting a mammogram.

- Respondents had no idea how much a mammogram costs.
- There was little awareness about the legislation that insured people get mammograms for free.

“I wasn’t aware of the mandate, I just thought it was free.” (50-59)

# What could be improved

*“There has GOT to be a better way to do it.” (50-59)*

## Respondents would like more control over the process.

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Respondents expressed interest in having more control during their mammogram.

“If I had more control I’d feel less trapped... If YOU were the one lowering the plate. I’d like to be in control – it would just be easier.” (50-59)

More caring, responsive technicians could also improve their experience.

“Teach people how to have concern.” (50-59)

“Better trained techs and people who don’t take it out on you if they are having a bad hair day.” (50-59)

# Better technology / machines that improved comfort would appeal.

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Respondents expressed surprise that better technology or better-designed machines have not been introduced into the process.

- A more ergonomically correct machine would be appreciated.
- Technology that could scan through one's clothes would also appeal.

“There is no breast in the world that is square. Make them shaped more like a breast so it can hold it.” (50-59)

“I like the wand idea.” (60-69)

“Not to have to disrobe, do it through clothes.” (50-59)

# A more soothing, “spa-like” environment would also be compelling.

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Respondents in both groups wished for a more soothing, spa-like environment to help them feel more relaxed and pampered.

“Add a spa experience. A neck massage, soothing music.” (50-59)

“They should give you something to relax. I am scared to hell to get it done.” (50-59)

“I once had a colonoscopy and they gave me a warm blanket, a cookie, got me to relax. The whole experience was so pleasant that I preferred it over the mammogram.” (50-59)

“It should have a more spa-like feeling.” (60-69)

Respondents liked the idea of teaming up with a friend or family member to make the experience for enjoyable.

“I was thinking I could take my daughter and we would go then have lunch and ice tea. Make it kind of pleasant.” (50-59)

## Better accessibility / convenience would help.

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Anything that would make the process more convenient would increase the likelihood of getting the procedure.

- A mobile screening service.
- A walk-in service.
- After hours and/or weekend hours.

“It would be really progressive if they had a portable mammogram machine. It’s a time thing.” (50-59)

“Get companies to pay for them to come in. It will save time and pay for itself.” (50-59)

“If you could just walk in when it’s convenient and they would take you right away.” (50-59)

“It could be part of your physical.” (60-69)

“I would be more likely to go after hours.” (60-69)

# A call from the doctors office or doctor's letter is a useful prompt.

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Respondents expressed an interest in personal communications from their doctor's – not their health insurance – reminding them to get a mammogram.

“I like a phone call from my doctor's office”. (60-69)

“I like the idea of a call from my doctor's office. If I get a letter, I toss it aside.” (60-69)

A letter specifically from my doctor, specifically to me!” (60-69)

# Communications Suggestions

*“They need someone like Flo. A consistent look.”*

# Respondents felt that more advertising on mammograms could be helpful

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Many respondents had not seen any mammogram commercials. They thought this might be helpful to spread awareness and encourage women to engage, and that they are currently under-advertised.

“I haven’t seen a mammogram commercial. Why don’t they do something if they really want to get the message out?” (50-50)

“I’ve seen colonoscopies on TV, but I haven’t seen anyone do a mammogram.” (50-59)

# A strong, respected spokesperson could be effective.

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Respondents felt that assigning a spokesperson to the cause would be effective.

- Some felt any “Flo-like” (the Progressive Insurance spokesperson) personality would do.
- Others felt that a Hollywood celebrity could be more compelling.

“They need someone like Flo. A consistent look.” (50-59)

“A lot of people want to do what celebrities do, so a celebrity endorsement.” (60-69)

# Some felt graphic pictures of a survivor would be powerful.

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Some respondents felt that showing real examples of people with breast cancer would be the most effective way to get women to take the issue seriously.

- Recent anti-smoking commercials were mentioned as examples.

“They should show what it is like – make it really awful.” (50-59)

“A beautiful person where she takes off her clothes and you see the scar on her flat breast.” (50-59)

“A commercial of a survivors story.” (60-69)

“It would have to be something that makes people pause – I like the idea of a real life story.” (60-69)

“Show a woman who has lost a breast.” (60-69)

# Others liked the idea of making a play on the importance of grandmothers “sticking around”.

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Some respondents preferred a lighter approach that showed the value of grandmothers sticking around for the benefit of their grandchildren.

“Make it funny.” (50-59)

“Develop that character of bringing back the value of having a grandma around.” (50-59)

## A variety of media could be considered.

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Respondents had subjective suggestions as to where the ads should be depending on their media habits.

- For some, television makes the most sense.

“It needs to be visual on TV because what you read you skim over and what you hear just goes through your ears.” (50-59)

“Do a commercial during “Dancing with the Stars”. (60-69)

- Others prefer online communications.

“I don’t watch TV so I’d want something on You Tube or the Internet.” (50-59)

“I don’t have a TV or watch TV.” (60-69)

## No one associated Susan G. Komen with mammograms or breast cancer prevention.

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In the minds of respondents, Susan G. Komen represents: Breast Cancer (dealing with the disease once diagnosed, rather than actively preventing it) Breast Cancer races, ribbons and pink merchandise. Prevention does not come across at all.

“I think of ribbons and running.” (50-59)

“You don’t think of mammograms. You think of breast cancer itself.” (50-59)

“Pink ribbons and walks.” (60-69)

“Any products you see that are pink – I see a vacuum cleaner that’s pink and think of that.” (60-69)

In all, even reluctant respondents sense the importance of mammograms, even if barriers keep them away.

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Respondents do sense that mammograms are important and would be likely to resume getting them if their issues and concerns were addressed and communicated.



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Thank you!

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