# Evidence About Mobile Mammography

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| Derose K, 2002        | To assess women's receptivity to church-based mobile mammography | Survey | N = 1,117 women ages 50–80 from 45 Los Angeles County churches | Results:  
- 31.7% definitely use (mobile van at church); 21.9% probably use; 28.7% probably not; 17.6% definitely not  
- Odds higher for Spanish-speaking Latinas, English-speaking nonwhites, the uninsured and previously underscreened  
Conclusions:  
- Partnering with churches to provide mobile mammography offers potential to increase screening adherence for traditionally underscreened women. |
| Engleman K, 2002      | To examine whether geographic proximity to mammography facilities influences mammogram use | Retrospective cohort | N = 117,901 Kansas Medicare beneficiaries ages 65–79 | Results:  
- Mammography use was 57% in counties with only permanent facilities; 55% in counties with permanent and mobile sites; 53% in counties with only mobile sites; and 53% in counties with neither.  
Conclusions:  
- Adjusting for age, race and education level, the odds of receiving a mammogram were slightly lower for women residing longer distances from permanent facilities. |
| Flynn B, 1997         | To evaluate efforts to promote screening mammography among women in rural communities through community education interventions and low-cost mobile mammography services | Quasi-experimental | N = 7,123 women from two counties in rural upstate New York | Results:  
- Mammography use was higher among women in the program area (education plus mobile mammography) than control area (just mobile mammography).  
Conclusions:  
- Well-focused educational interventions for rural women can increase screening mammography when access and cost barriers are reduced. |
| Kim Y, 2004           | To test the effectiveness of a community-based intervention to increase mammography screening for Korean American women | Quasi-experimental, pre- and post-test, three-group design | N = 141 women ages 40–75 from urban Korean American communities in southern California | Results:  
- Women receiving peer group education and access to low-cost mammography via mobile van (experimental group) had significantly improved attitudes and knowledge about breast cancer screening.  
- Mammography use in experimental group was higher (87%) than in the mammography access-only group (72%).  
- Both groups had higher use than control group (47%).  
Conclusions:  
- An educational program that includes participant-focused research strategies and access to low-cost mammograms resulted in higher levels of screening. |
| Reuben D, 2002        | To compare the benefit of offering on-site mobile mammography in addition to an outreach program designed to increase mammography use by educating patients | Cluster randomized clinical trial | N = 499 women ages 60–84 | Results:  
- Women in the group offered access to on-site mammography and health education were more likely than those offered only education to undergo mammography within 3 months.  
- Gains from offering on-site mammography were shown for several ethnic and sociodemographic subgroups and were especially large for Asian American women.  
Conclusions:  
- Offering on-site mammography at community-based sites where older women gather is an effective method for increasing breast cancer screening rates among older women and may be particularly effective for some subgroups of women who traditionally have had low screening rates. |