INTRODUCTION

• In order to make health care more accessible and affordable to all individuals President Obama signed into law the Patient Protection and Affordable Care Act (ACA).
• In theory, the ACA should level the playing field, allowing all individuals equal access to care.
• While this is a step in the right direction we must be careful to note that access to care means more than just health insurance coverage.
• Access, while certainly including health insurance, also includes other nonfinancial aspects.

OBJECTIVE

To present thematic findings from interviews with African American women regarding their mammography experiences with an emphasis on the broad framework presented by Penchansky and Thomas in order to gain insight into how provision of health insurance via the Affordable Care Act fits into a larger scheme of access to care and its impact on health disparities research.

CONCEPTUAL FRAMEWORK

• Penchansky and Thomas assert that health care access reflects the fit between characteristics and expectations of the providers and the clients.
• Penchansky and Thomas group these characteristics into five A(s): affordability, availability, accessibility, accommodation, and acceptability.

METHODS

Setting
This is a qualitative study and secondary analysis of data from the Beliefs Regarding Mammography Screening Among Women Visiting the Emergency Department for nonurgent care. The study used a convenience sample of women presenting to the emergency department (ED) of a public university hospital in the southeastern United States.

Participants
• The sample consisted of 39 African American women (mean age 57)
• 61% or 24 women reported having a mammogram in the last year
• 39% or 15 women reported never having had a mammogram

Data Collection
• Semi-structured interview guide based on the Health Belief Model (HBM) framework.
• Obtained beliefs regarding the physical, psychological, and social barriers and benefits associated with mammography screening.

Analysis
• Qualitative description
• Following the initial reading of the comments textual summaries were developed.
• A more in-depth analysis was then conducted, where key phrases, sentences, and paragraphs were identified and coded.
• Meanings were formulated from the significant statements and then organized into clusters of themes with common meanings.

RESULTS

Based on our analysis, we identified barriers to mammography for each of the five dimensions of access to care: availability, accessibility, accommodation, affordability, and acceptability.

The findings are discussed and include definition of each subsection and comments to substantiate the relationship to the dimensions of access to care.

Availability

<table>
<thead>
<tr>
<th>Definition</th>
<th>Participant Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of Primary Care Doctor</td>
<td>Women have difficulty scheduling and getting appointments and referrals if they don’t have a primary care doctor.</td>
</tr>
<tr>
<td>Lack of Understanding</td>
<td>Women lacked knowledge about mammograms, breast cancer, mammography guidelines, etc.</td>
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</tbody>
</table>

Accessibility

<table>
<thead>
<tr>
<th>Definition</th>
<th>Participant Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transportation</td>
<td>Women did not have adequate transportation to and from appointments.</td>
</tr>
<tr>
<td>Childcare Issues</td>
<td>Women did not have childcare in order to go to mammography appointments.</td>
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Acceptability

<table>
<thead>
<tr>
<th>Definition</th>
<th>Participant Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Failed to Provide Information</td>
<td>In this study, comments were gathered from women who felt they were not provided with instructions on self-breast exams or importance of mammography screening.</td>
</tr>
<tr>
<td>Scheduling Difficulties</td>
<td>Women had difficulty scheduling time for a mammography because of conflicts in work and office hours.</td>
</tr>
<tr>
<td>Poor Experience with Physician’s Office</td>
<td>Women were embarrassed, mistrusted, or found staff rude at physician's office.</td>
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Affordability

<table>
<thead>
<tr>
<th>Definition</th>
<th>Participant Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of Insurance</td>
<td>Women did not have medical insurance to cover the costs of mammography.</td>
</tr>
<tr>
<td>Health Care Costs</td>
<td>Women simply did not have the money to pay for a mammogram, even women with insurance coverage had difficulty meeting costs of co-pays, or type of insurance was not accepted by mammography providers.</td>
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</tbody>
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DISCUSSION

• African-American women have a unique experience within the health care system.
• Penchansky and Thomas provided a broad theoretical framework for examining barriers to mammography uptake in African-American women.

• The complex and multifaceted term “access” plays a critical role in utilization of medical services in AA women.
• The interplay between availability, accessibility, accommodation, affordability, and acceptability greatly influences the uptake of mammography in African-American women.
• The intersectionality of these elements establishes that access to care encompasses more than just insurance coverage, and additional considerations must be taken into account when targeting cancer control and prevention interventions for African-American women.

IMPLICATIONS

• By applying the theoretical model of access to barriers to mammography screening the intricate webbing of the dimensions of access to care is realized.
• This further complicates and distorts the ability of the Patient Protection and Affordable Care Act to equalize health care.
• Therefore, cancer control and prevention research and policy should look at the totality of factors influencing “access to care” far beyond the unidimensional monetary component.

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