

Conference Abstracts

Trends and Disparities in Lifetime Mammography Screening Among 40-65 Year Old Women in the United States Using NHIS Data

Prity Lata Chakraborty, MPH MSC¹, Jin Mou, MD, MSc, MPH, PhD^{1a}

¹ Binaytara, 3380 146th Pl SE Suite 330, Bellevue, WA

Corresponding author

^a Jin Mou, MD, MSc, MPH, PhD, Binaytara, 3380 146th Pl SE Suite 330, Bellevue, WA, Email: jin.m@binaytara.org

Keywords: Mammography, Breast cancer screening, Health insurance, Screening disparities, Federal Poverty Level (FPL)

<https://doi.org/10.53876/001aa.129721>

International Journal of Cancer Care and Delivery

Vol. 6, Issue Supplement 1, 2026

Background

The COVID-19 pandemic severely tested preventive healthcare. This study assesses the stability of lifetime mammography use, an "age-mandated" screening behavior, to evaluate persistent disparities within the United States.

Methods

Nationally representative data from the 2019, 2021, and 2023 National Health Interview Survey (NHIS), among 40–65 y.o. women were analyzed. Multivariate survey-weighted logistic regression was adopted to examine "ever having had a mammogram". Adjusted odds ratios (aORs) were estimated for survey year, age group, education, race/ethnicity, rural/urban residence, U.S. region, and a four-level insurance–poverty variable using Federal Poverty Level (FPL).

Results

Overall weighted lifetime mammography use (LMU) rate was 86.9%, with no significant difference between 2021 (aOR=0.94, 95%CI: 0.82-1.06) or 2023 (aOR=0.97, 95%CI: 0.85-

1.11), and baseline in 2019. Women aged 50–59 and 60-65 had substantially higher odds (aOR=4.69, 95%CI: 4.11-5.35; aOR=9.65, 95%CI: 7.88-11.81, respectively) compared to 40-49. Uninsured women $\geq 100\%$ FPL did not differ significantly from uninsured women $< 100\%$ FPL (aOR=1.13, 95%CI: 0.79-1.63). Insured women had higher odds (insured $< 100\%$ FPL: aOR=2.68, 95%CI: 1.85-3.89; insured $\geq 100\%$ FPL: aOR=3.59, 95%CI: 2.57-5.03), compared to the uninsured and $< 100\%$ FPL group. Non-Hispanic Asian women had the lowest odds compared to Non-Hispanic White women (aOR=0.73, 95%CI: 0.58-0.91).

Conclusions

LMU among U.S. women aged 40–65 remained stable in 2021 and 2023 relative to 2019, contrasting with pandemic-era declines observed for time-sensitive screenings. Persistent insurance–poverty disparities indicate that eliminating coverage barriers remains central to equitable screening. Women from the Asian community should be prioritized for targeted campaigns.