**Methods**

- **Databases:** PubMed, CINAHL, Psych INFO and Web of Science
- **Publication Timeframe:** January 2005 to December 2017
- **Search string:** Key words were “breast cancer screening,” “mammography,” “repeat mammography,” and “African American” using Boolean operators

**Inclusion criteria:**
- published in a peer-reviewed, English-language journal
- conducted in the United States
- published between January 2005 and December 2017
- examined factors associated with breast cancer screening, screening intentions, repeat mammography
- Included African American women as majority

**Data Extraction:** Review matrix used

**Theoretical Framework:** Andersen’s behavioral model (ABM) which posits that use of healthcare services are determined by three factors: predisposing, enabling and need factors.

**Methodological Quality:** To assess the quality of studies used, each study was rated on conceptual and methodological characteristics. The criteria comprised of assessments on theoretical framework, study design, sample size and characteristics, measuring instruments, data analysis, as well as reporting reliability and validity. Better methodological quality is reflected in a higher MQS. The highest possible MQS was 20.

**Results**

**Study Characteristics**
- 24 studies met eligibility
- Majority of the studies (N=24) published between 2005 and 2008
- Almost half of the studies (N=11) used a theoretical framework with the most frequent being the Health Belief Model
- Majority of the studies (N=20) employed a cross-sectional design

**Methodological Quality Scores**
- The mean MQS was 12.2 (50-3.8) indicating that the studies were slightly above average in quality
- The MQS scores ranged from 5 to 18 (Median=12)
- Most of the studies (N=23) either developed or used a previously established instrument.

**Discussion**

Most of the identified factors are modifiable. Some factors were two-dimensional, being identified as both facilitators of and barriers to mammography. The most frequently identified factors were health insurance, beliefs, and fear and fatalism. Use of multifaceted, culturally tailored interventions, as well as social or religious cues may be warranted for this population.

**Limitations**

- Caution cannot be assumed
- One study was not exclusively African American
- Some eligible studies might have been unintentionally missed or omitted

**Conclusions**

Financial and cultural issues were important hindrances to breast cancer screening in African American women. Our findings highlight the importance of affordable healthcare for preventive health services as well as the relevance of culturally embedded issues to breast. Breast cancer screening interventions in this population should attend to barriers identified in this review.

**References**