BREAST CANCER ACTION

Health is Not Just Healthcare: Inequities in Breast Cancer

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There are differences in how specific communities experience and are impacted by breast cancer incidence, mortality and survival. These disparities stem from a complex interplay of economics, power, racism and discrimination that lead to a variety of social injustices, including major inequities in healthcare.

The majority of work in the health field aimed at addressing disparities in breast cancer incidence and outcomes fails to pay enough attention to these complex yet critical social injustice dynamics.

The purpose of this factsheet is to articulate the complexity that link differences in breast cancer incidence, prevalence, and mortality with the social injustices people experience in their lives, and help to better identify interventions that move beyond increased mammography and access to care.

Definitions:

Inequities: Social injustices – political, economic, and racial inequalities – that lead to disparities in breast cancer incidence and outcomes.

Disparities: Differences in breast cancer incidence, prevalence & mortality that exist among specific population groups in the U.S.

Health equity: A commitment to racial and social justice by promoting just and equitable breast cancer outcomes.

Underserved: Marginalized populations such as women of color, low-income communities, etc.

Race: A socially and culturally determined- not biologically based- factor that is used in scientific research.

Breast Cancer Action (BCAction) recognizes that a number of diverse communities including young, old, gay, transgender, disabled, immigrants, and under-educated are disproportionately and uniquely impacted by breast cancer. However, due to available data (and lack thereof) on inequities in breast cancer, this factsheet is focused primarily on race and class.

Over the last 30 years, the gap in mortality from breast cancer between racial groups has *widened*.[i] The Center for Disease Control and Prevention (CDC) currently assesses that black women are 40% more likely to die from breast cancer then white women.[ii] Latina and Samoan women are also more likely to die from breast cancer despite the fact that women in these ethnic communities have a lower incidence of the disease compared to white women.[iii]

Genetic Links

Despite the ongoing search for a genetic answer to breast cancer disparities, BRCA mutations are the only *known* genetic link to an increased risk of breast cancer, and the prevalence of BRCA mutations is similar in white and black communities.[iv] Contrary to common belief, research has shown that genetic predisposition (testing positive for the BRCA gene or a family history) is not the driving force behind the majority of breast cancer diagnoses. Therefore, we can conclude that disparities in breast cancer cannot be *fully* explained by genetic predisposition.[v]

Inequities vs. Disparities

Disparities in breast cancer outcomes among different racial and ethnic communities are based on the inequities of a complex interplay of social & economic factors such as where we live, work, learn and play as well as dynamics of power and influence. The important role of social and economic disadvantage such as injustices in opportunity and access to resources as well as structural barriers to receiving high quality healthcare can no longer be ignored.

Studies have long shown that medical care has had a limited impact on health outcomes, with only 10-15% of all preventable mortalities being avoided given timely and effective healthcare.[vi,vii] To make any headway in addressing the remaining 85-90% of preventable deaths, we need to address the very real impact on women's health that both the social determinants of health and the institutionalized determinants of health have on women before, during and after a breast cancer diagnosis.

This disturbing upward trend demands that we look beyond the common, mainstream focus on screening rates, access to healthcare, treatment differences and

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genetic differences, and examine the social and political inequities that cause these disparities in breast cancer.

Social Determinants of Health: Where We Live, Work, Learn and Play

Before a woman receives a breast cancer diagnosis, there are numerous health risk factors, called the "social determinants of health", that play a role in her diagnosis. These determinants are the social and economic conditions in which we live, work, learn and play and create the realities in which we make behavior choices. For example, different geographic communities have different social advantages or disadvantages that determine the available options you draw from when we make our health and lifestyle choices. Similarly, social class—the way in which people are grouped into a set of hierarchical social categories – plays a huge role. Social class is closely tied to race/ethnicity, dynamics of political and institutional power, and our proximity and access to decision makers, which all combine to inform health outcomes.[viii] Across the board and at every income level, there is an unequal burden of disease on non-white communities.[ix]

Neighborhood Context & Early Life Experiences

Exposure to environmental toxins at critical windows of a person's development can have profound impacts on breast cancer risk.[x,xi] Reynolds, et al states that "[g]eographic location is one of the strongest predictors of breast cancer incidence."[xii] There is evidence that race plays a large role in the placement of industrial facilities, disproportionally exposing low-income communities to high rates of toxic chemicals.[xiii] Along with these environmental exposures, other social disadvantages that children grow up with, such as poverty and lack of community resources, lays a critical foundation for their health outcomes throughout their lifetime.[xiv]

Geographic concentrations of poverty result in the creation of unhealthy neighborhoods characterized by fewer options for high quality education, fewer job opportunities, substandard housing, racially and economically segregated neighborhoods, and a lack of community and social support. [xv,xvi]

We can conclude that where you live has a significant impact on your access to resources, as well as your exposures to environmental toxins, and timing of these exposures matters.

It is imperative that we take preventative action to reduce and eliminate practices that we *suspect* do harm to human health or the environment and have a suggestive evidence of risk[xvii], to protect everyone. While there may be a lack of direct cause and effect evidence linking these factors with the development of breast cancer, we have enough evidence to take preventative action.[xviii]

Inequities in Breast Cancer: Where to Go from Here?

Conventional solutions to reducing disparities in breast cancer focus heavily on promoting mammography and access to care, and fail to address underlying, persistent social injustices that lead to the differences in outcomes. Institutionalized hurdles; language and cultural barriers; discrimination related to class, race, citizenship;[xix] a history of exploitation and medical mistreatment creating a legacy of mistrust of the medical community; health literacy; lack of available and appropriate services; and transportation to services, all contribute to the growing disparities in outcomes throughout the breast cancer care continuum.

Mainstream cancer literature emphasizes the importance of early detection through mammography followed by early treatment and a focus on the discovery of a "cure" for breast cancer. However, recent studies now suggest that 15%-25% of breast cancers discovered by mammograms may be cases of overdiagnosis.[xx]

The recognition of overdiagnosis in breast cancer is becoming a more widely accepted concept. Otis Brawley, chief medical officer of the American Cancer Society, defines overdiagnosis as the discovery of: "[a] tumor that fulfills all laboratory criteria to be called cancer but, if left alone, would never cause harm."[xxi] Unfortunately, we still do not know which tumors will grow, spread and kill a woman and which will not. Brawley cautions all of us on the need "…to understand that mammography screening is imperfect and has significant limitations."[xxii] This important limitation encourages us to think broadly about how to address inequities in breast cancer; moving beyond the simple solutions of mammography and access to care.

Communities of color have substantially higher numbers of uninsured people[xxiii] and access to healthcare is incredibly important for managing illness and obtaining preventative health services.

Unfortunately, achieving universal access to care fails to acknowledge the institutionalized barriers that women continue to face even after they have access to healthcare. These institutionalized barriers may also result in subpar care.

Subpar care happens typically through:

- Under-treatment: Inadequate or insufficient treatment
- Over-treatment: Excessive treatment
- Mistreatment: Wrong or incorrect treatment

While creating healthcare access for all increases who *gets* care, the simple expansion of services without a focus on the quality, delivery and differential care of these services *does not* eliminate health inequities. Also, moving focus away from an individual's behavior and lifestyle choices, to issues outside an individual's control, such as institutional power and discrimination is vital.

Conclusion

Breast cancer is a complex disease and the disparities and health inequities we find in the disease are similarly complex. Strategies to eliminate inequities, in order to reduce disparities in breast cancer incidence, mortality and survival, requires a broader focus on the social and economic contexts in which we all live.

BCAction's work pushes to address and end breast cancer in ways far beyond the simple quick fix approach of increased screening and expanding access to healthcare. Broader solutions to eliminating inequities in breast cancer require policies that improve resources for schools in economically depressed neighborhoods; foster economic revitalization in low-income communities of color; and strengthen environmental protections and enforcement -- these are some of the ways to directly impact the root causes of breast cancer inequities. At BCAction, we demand change such as strong regulatory reform to reduce exposures to harmful environmental toxins in *all* communities and we will always advocate for the necessary systemic changes that will end health inequities.

The goal of health equity is the highest level of health for everyone. Addressing inequities and providing solutions requires a deep understanding of the circumstances that create severe injustices that lead to these disparities at each step along the breast cancer continuum. Breast Cancer Action looks deeply and honestly at the many ways that race, economic status, and political and intuitional power — things outside an individual's control — affect who enjoys good health and who does not, and whether or not communities are engaged in the decision-making processes that will ultimately affect their resources and overall health.

Resources

Webinars

BCAction: Reducing Inequities in Breast Cancer: Why Experience Matters *(Aug 2012)*
www.bcaction.org/resources/webinars/reducing-inequities-in-breast-cancer-why-experience-matters/

BCAction: Inequities in Breast Cancer: Race and Place Matter *(May 2012)*
www.bcaction.org/resources/webinars/nequities-in-breast-cancer-race-and-place-matter/

Reports

Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care. Report available for download: www.iom.edu/Reports/2002/Unequal-Treatment-Confronting-Racial-and-Ethnic-Disparities-in-Health-Care.aspx

Identifying Gaps in Breast Cancer Research: Addressing Disparities and the Roles of the Physical and Social Environment. Report available for download: www.cbcrp.org/sri/reports/identifyinggaps/gaps_full.pdf

Websites

Unnatural Causes: www.unnaturalcauses.org

Robert Wood Johnson Foundation, Commission for a Healthier America: www.commissiononhealth.org

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