



The Facts on Our Fight: Breast Cancer Disparities








Cancer affects everyone, but it doesn't affect everyone equally.

Certain groups of people are disproportionately burdened by breast cancer and experience greater obstacles to prevention, screening, treatment, and survival because of systemic factors that are complex and go beyond the obvious connection to cancer. These obstacles include structural racism, poverty, jobs with inadequate pay, low quality education and housing, and limited access to the healthcare system and insurance coverage.



Reducing cancer disparities across the cancer continuum and advancing health equity is an overarching goal of the American Cancer Society (ACS) and our non-profit, non-partisan affiliate, the American Cancer Society Cancer Action Network (ACS CAN). Health equity means that everyone has a fair and just opportunity to prevent, find, treat, and survive cancer.



In the U.S., research has shown that:

-  Breast cancer is the most commonly diagnosed cancer in women. Although Black women have slightly lower breast cancer incidence rates than White women, they have breast cancer death rates that are 40% higher.¹
-  Triple negative breast cancers have a poorer prognosis than other subtypes, in part because treatment advances have lagged behind. These cancers occur at twice the rate in Black women compared to White women in the US.²
-  Breast cancer is the most commonly diagnosed and leading cause of cancer death among Hispanic/Latina women in the U.S. Hispanic/Latina women are also much less likely to be diagnosed at an early stage than non-Hispanic White women.³
-  Among people who have cancer and have a limited income, those who live in states that did not expand Medicaid are 3.7 times more likely to be uninsured, and also less likely to be diagnosed with breast cancer at an early stage.³
-  Uninsured women 45 and older are half as likely to be up-to-date for their mammography screening when compared to women with private insurance or Medicaid.³

What also contributes to these disparities?

-  In a review of the scientific literature, **racial residential segregation contributed to poor cancer outcomes** in 70% of the studies. Living in segregated areas was also associated with increased chances of later-stage diagnosis of breast cancer and higher breast cancer mortality.⁴
-  **Racial bias and discrimination in health care and in every other aspect of society, as well as differences in insurance coverage, contribute to poor health** for many racial and ethnic groups, LGBTQ+ people, people with limited incomes, and people with disabilities, all of whom are at greater risk for breast cancer.⁵

1. Jemal A, Chieh Lin C, Davidoff A, Han X. Changes in Insurance Coverage and Stage at Diagnosis Among Nonelderly Patients With Cancer After the Affordable Care Act. *J Clin Oncol*. 2017;35(35):3906-3915.

2. American Cancer Society. Breast Cancer Facts & Figures 2019-2020. Atlanta: American Cancer Society, Inc. 2019

3. American Cancer Society. Cancer Prevention & Early Detection Facts & Figures Tables and Figures 2020. Atlanta: American Cancer Society; 2020.

4. Landrine H, Corral I, Lee J, Efrid J, Hall M, Bess J. Residential Segregation and Racial Cancer Disparities: A Systematic Review. *J Racial Ethn Health Disparities*. 2017;4(6):1195-1205. doi:10.1007/s40615-016-0326-9

5. Tello M. Racism and discrimination in health care: Providers and patients. *Harvard Health Blog*. Accessed March 2, 2021. <https://www.health.harvard.edu/blog/racism-discrimination-health-care-providers-patients-2017011611015>

Here are some ways ACS and ACS CAN are working to address breast cancer disparities and advance health equity.

RESEARCH

ACS is currently funding **61 health disparities research grants, reflecting \$49 million in research** to better understand what cancer disparities exist, what causes them, and how to decrease them.

ACS researchers publish papers which have been used to **inform or support public health policies**, cancer control initiatives, and cancer screening guidelines to reduce cancer disparities.

ACS' **Breast Cancer Facts and Figures** and more general **Cancer Facts and Figures 2021** provides updated breast cancer information including statistics on cancer occurrence and risk factors, as well as information about prevention, early detection, and treatment.

PARTNERSHIPS

With funding from the **National Football League (NFL)**, ACS is supporting Federally Qualified Health Centers (FQHCs) and safety-net hospitals in 32 cities as they help women of color and women with no insurance or who are underinsured get access to breast cancer screening, timely follow-up of abnormal mammograms, and timely access to care, regardless of their insurance status or ability to pay through the CHANGE (Community Health Advocates implementing Nationwide Grants for Empowerment and Equity) Program.

ACS is partnering with **Pfizer Global Medical Grants** to reduce the breast cancer mortality disparity between Black and White women and address disparities in the delivery of cancer care impacting outcomes for Black people facing cancer. ACS also received funding from Pfizer to advance breast health equity for Hispanic/Latinx communities in Los Angeles, CA.

The **Amate a Ti Misma/Love Yourself** free breast cancer screening campaign has been able to help more than 30,000 Hispanic/Latina women gain access to a lifesaving screening. Launched in 2006 in New York City, the annual Amate a Ti Misma campaign expanded to Philadelphia in 2014 and to Washington, D.C. in 2015. The weeks leading into Valentine's Day, Mother's Day, and **Making Strides Against Breast Cancer, Univision** networks encourage women to join them at local hospitals in New York City, Philadelphia, New Jersey, and Washington, D.C. where uninsured women can get a free mammogram. Univision also produces pro-bono PSAs encouraging women to get their mammograms or other free screenings.

ACS has partnered with **The Links, Inc.** to develop the Health Equity Ambassador Links (HEAL) program. ACS has trained more than 250 Links members as health equity ambassadors. These trained health equity ambassadors have delivered health equity information in communities. With help from an **Anthem Foundation** grant, in 2021, The Links, Inc. has committed to having another 500 ambassadors trained, which is expected to reach over 100,000 individuals in the next two years.

PROGRAMS, SERVICES, AND EDUCATION

ACS publishes **Breast Cancer Screening Guidelines** and other resources for healthcare professionals and the public on [cancer.org](https://www.cancer.org).

With funding from the **Robert Wood Johnson Foundation**, ACS is pilot-testing community projects across the U.S. that **explore, identify, and implement community-driven solutions** to advance health equity and address social determinants of health contributing to cancer disparities.

The **24/7 Cancer Helpline** provides support for people dealing with cancer and connects them with trained cancer information specialists who can answer questions and provide guidance and a compassionate ear.

ACS held **Breast Health Equity Summits in Virginia and North Carolina** focusing on the disparities across the breast cancer continuum (prevention, early detection, treatment, and survivorship) reaching hundreds of participants per summit. The statewide summits convened subject matter experts, health care providers, researchers, and other stakeholders to learn about the gaps in access for individuals based on race and ethnicity, geography, and socio-economic status in each state and discussed best practices for action in addressing these disparities.

ADVOCACY

ACS CAN is advocating for public policies to **reduce disparities and improve health outcomes at the local, state and federal levels**, including the following:

- ✓ Supporting the Center for Disease Control and Prevention's **National Breast and Cervical Cancer Early Detection Program (NBCCEDP)**, which provides community-based breast and cervical cancer screenings.
- ✓ **Improving access to health insurance and protecting provisions of the Affordable Care Act (ACA)** that specifically aid people of color, who are more likely to be diagnosed at advanced stages of disease and less likely to receive or complete treatment.
- ✓ Supporting policies that **ensure people of color with cancer are enrolled in clinical trials**. Representation in clinical trials is important because the studies help ensure that medicines and treatments are safe and effective for people of all racial and ethnic backgrounds.

To ACS and ACS CAN, health equity is essential to our mission. It's what we believe in, and it's a moral imperative if we are to achieve our vision of a world without cancer and meet our 2035 goal of reducing cancer mortality by 40%. Most importantly, **if we are to reduce cancer disparities, we need to listen to the experiences and perspectives of people with breast cancer, their caregivers, and their communities, and engage them in the fight against cancer every step of the way.** It will take all of us working together to do this.