HEALTH IS NOT JUST HEALTHCARE

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INTRODUCTION

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 inequalities 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 fact sheet is to articulate the complexity that links 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.

Breast Cancer Action (BCAction) recognizes that a number of diverse communities including those with varying age, gender identity, disabilities, and education status are disproportionately and uniquely impacted by breast cancer. Due to current and rapidly changing data on inequalities 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. The Center for Disease Control and Prevention (CDC) currently assesses that Black people assigned female sex at birth are 40% more likely to die from breast cancer than white. Latina and Samoan people assigned female sex at birth are also more likely to die from breast cancer despite the fact that people in these ethnic communities have a lower incidence of the disease compared to their white counterparts.

GENETIC LINKS

About 5 – 10% of breast cancers are considered to be hereditary and the most common involve BRCA mutations.[1] People assigned female at birth with either a BRCA1 or BRCA2 mutation have up to a 7-in-10 chance of getting breast cancer by age 80.[2] 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.

INEQUALITIES VS. DISPARITIES

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

Many individuals do not have easy access to affordable health care, as health insurance is oftentimes too expensive, and limited health care resources further prevent people from seeking out both preventative and emergency medical treatment. Lack of health insurance can negatively impact one's health, as uninsured adults are less likely to receive preventative services for chronic conditions, including diabetes, cancer, and cardiovascular disease.

Although adequate insurance and easy access to health care can play a large role in one's health outcome, there are larger social determinants that further impact human health. This disturbing upward trend demands that we look beyond the common, mainstream focus on screening rates, access to healthcare, treatment differences and genetic differences, and examine the social and political inequalities that cause these disparities in breast cancer.

SOCIAL DETERMINANTS OF HEALTH: WHERE WE LIVE, WORK, LEARN AND PLAY

Before a person receives a breast cancer diagnosis, there are numerous health risk factors, called the "social determinants of health," that play a role in their diagnosis. These determinants are the social and economic conditions in which we live, work, learn, and play, and together, they 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 one draws from when making choices regarding their overall health and lifestyle. 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. Across the board and at every income level, there is an unequal burden of disease on non-white communities.

NEIGHBORHOOD CONTEXT & EARLY LIFE EXPERIENCES

Exposure to environmental toxins during critical windows of a person's development can have profound impacts on breast cancer risk. There is evidence that race plays a large role in the placement of industrial facilities, disproportionately exposing low-income communities to high rates of toxic chemicals. Along with these environmental exposures, other social disadvantages that children grow up with, such as poverty and lack of community resources, plays a critical foundation for their health outcomes throughout their lifetime.

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.

Based off these factors, we can conclude that where one lives has a significant impact on their access to resources, their exposure to environmental toxins, and the timing of these exposures.

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 suggestive evidence of risk. 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.

INEQUALITIES 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; 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% of breast cancers discovered by mammograms may be cases of overdiagnosis.[3] This means that about one in seven people assigned female sex at birth who were told they had breast cancer after mammography screening received unnecessary treatment. The implication of these results is that tens of thousands of people in the U.S. each year undergo surgery, radiation and chemotherapy for non-life-threatening cancers.

The recognition of overdiagnosis in breast cancer is becoming a more widely accepted concept. Mammography has significant limitations. By understanding these limitations we can begin to think

INEQUALITIES IN BREAST CANCER: WHERE TO GO FROM HERE? (CONTINUED)

more broadly about how to address inequities in breast cancer and move beyond the simple solutions of mammography and access to care.

Communities of color have substantially higher numbers of uninsured people 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 people 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 inequalities. 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 inequalities we find in the disease are similarly complex. Strategies to eliminate inequalities, 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 inequalities in breast cancer require policies that increase and 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 inequalities. 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 systematic changes that will end health inequalities.

The goal of health equity is the highest level of health for everyone. Addressing inequalities 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 institutional power affect who enjoys good health and who does not, as well as whether or not communities are engaged in the decision-making processes that will ultimately affect their resources and overall health.

REFERENCES

[1] https://www.cancer.org/cancer/breast-cancer/risk-and-prevention/breast-cancer-risk-factors-you-cannot-change.html
[2] https://www.cancer.org/cancer/breast-cancer/risk-and-prevention/genetic-testing.html
[3] https://www.bmj.com/content/376/bmj.o581