

WHAT WE'VE LEARNED ABOUT BREAST CANCER FROM THE CALIFORNIA IMMIGRANT COMMUNITY

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INTRODUCTION

Breast cancer is the most commonly diagnosed cancer globally.¹ It's the fourth-highest cause of cancer deaths in women* in the United States² and the leading cause of death in women globally.³ According to Global Cancer Facts and Figures released by the American Cancer Society in 2018, women living in upper-middle and high-income⁴ countries are more likely to be diagnosed with breast cancer than those living in low and lower-middle income⁵ countries. There is an increased breast cancer risk for women who migrate to the U.S. from countries with lower rates of breast cancer,⁶ and the risk for breast cancer increases the longer people stay in the U.S.⁷

IMMIGRANT:

A person living in a country other than that of their birth.

A COLLABORATIVE APPROACH

This fact sheet highlights the results of phase 1 of a collaborative research project titled "California Initiative to Prevent Breast Cancer in Immigrants," funded by the California Breast Cancer Research Program (CBCRP). For the first phase of this project, Breast Cancer Action (BCAction) served as the convener, and assembled three research teams and a scientific advisory panel that included researchers, educators, advocates, and clinicians with expertise in public health. One team focused on workplace and occupational risk factors, another on immigrants living in Latinx enclaves, and the third on immigrants

living in Asian enclaves. Over a period that spanned December 2021 through April 2023, the teams met, interviews were conducted, and data was collected. To put it all together, BCAction held a workshop with representatives from community organizations from throughout California, to begin to articulate the differences and similarities in the immigrant experience.

*A NOTE ABOUT GENDERED LANGUAGE

Breast Cancer Action prefers to use specific gender identities, such as cis-woman, trans-woman, non-binary, or gender expansive person, instead of gendered categories like "man" and "woman," which can erase or exclude the entirety of our identities. But when citing studies that use this type of gendered language, we do not alter the original language employed by the authors.

WHAT WE LEARNED ABOUT DISPARITIES IN IMMIGRANT COMMUNITIES

Discussions during the BCAction workshop revealed persistent barriers to healthcare access across communities. The research teams included representatives from Chinese, Vietnamese, Latinx, Pacific Islanders, Mexican, and other Indigenous communities in California. From these discussions, we determined that the following factors present significant barriers to healthcare, and contribute to the disparities in breast cancer diagnoses and treatment outcomes. →

WHAT WE LEARNED ABOUT DISPARITIES IN IMMIGRANT COMMUNITIES (CONTINUED)

- **Language barriers:** Many immigrants and their families do not speak or read English, making printed educational materials useless and communication challenging.
- **Socioeconomic status:** Many immigrant families live in poverty before making enough money to allow for upward mobility. Poverty results in elevated stress levels, poor housing conditions, malnutrition, and exposure to toxic chemicals in low-paying workplace environments, which increases the risk for illness and disease, including breast cancer.
- **Working Conditions:** Some immigrants, including both documented and undocumented, do not know their employee rights or employer responsibilities, and can be unaware of the social safety nets available to them. Employers sometimes fail to inform workers about workplace exposures, in that they provide resources that are inadequate, inaccessible, or not translated, if they provide these resources at all.
- **Medical costs:** The high cost of medical care discourages preventive visits to doctors, and many immigrants do not know they can obtain medical insurance in California, regardless of immigration status (65% of undocumented immigrants are uninsured). Many avoid seeing a doctor because they cannot afford it, or fear they won't be able to afford treatment if diagnosed with breast cancer.
- **Cultural, ethnic, and religious differences:** The ways in which education, healthcare, law enforcement, and banking systems work in the U.S. are complex and difficult to navigate and trust, particularly for people unfamiliar with them. Compounding these challenges is the fact that many employees and representatives of these institutions lack training in cultural competency and anti-racist practices. Additionally, family dynamics based on cultural perceptions can limit a person's ability to get treatment – including mammography screening– and the cultural stigma associated with mental health assistance can cause immigrants to avoid help for anxiety, stress, and fear.

THE COMPLEXITY OF TRACKING EXPOSURES DURING MIGRATION

People migrate for many reasons. They are often fleeing the violence and threats associated with war or drug cartels, escaping abuse or domestic violence, seeking employment and a pathway out of poverty, or hoping for the freedom to escape religious or cultural restrictions. Immigrants, including women, trans, nonbinary, and gender-expansive people, who may be escaping the traumas of war and abuse, must often travel, alone or with children, through harsh terrain under dangerous circumstances. Before arriving in the U.S., some people migrate to several different countries for various lengths of time. These varied migration patterns and accompanying stressors make it difficult to track the source of exposures to toxins related to breast cancer.

Spanish translation available and provided by Sergio Hernández. Sergio identifies as an immigrant from the Canary Islands in Spain.

Esta ficha informativa también está disponible en español. <https://www.bcaction.org/what-weve-learned-about-breast-cancer-from-the-california-immigrant-community/>

NEXT STEPS FOR COMMUNITY ADVOCATES AND POLICYMAKERS

- We must invest more resources in the career specialty of psychosocial oncology. This field of study addresses the emotional, psychological, behavioral, and social issues related to a cancer diagnosis, and should also include those specific to various cultural and demographic groups. Our focus groups found that psychosocial support is sorely lacking, but on the rare occasion that it is available, community members find it to be invaluable.
- Healthcare in the U.S. is outrageously expensive, and often unaffordable for many Americans. National programs that significantly reduce healthcare costs and fees, without reducing quality and effectiveness, must be developed. Good quality of life, made possible by access to physical and mental health services, should be attainable for all people, regardless of immigration status, race, or socioeconomic status.
- Prevention is mandatory. This includes ending our dependence on fossil fuels, removing PFAS and other harmful chemicals from our personal care products, and severely reducing the levels of toxic chemicals released into the environment by refineries and manufacturing plants. Due to decades of racially-biased zoning practices, frontline communities where immigrants often live are disproportionately exposed to cancer-causing chemicals. Prevention starts with ending our involuntary exposure to these environmental toxins, if we're going to address and end the breast cancer crisis.

RESOURCES AND INFORMATION FOR IMMIGRANTS

Knowledge is power. Having a working knowledge of your healthcare options is crucial. From our focus group discussions, we learned that the following are resources immigrants can utilize to manage their breast and chest health:

- **Healthcare services:** Local clinics can connect us to healthcare services at a subsidized rate. The Free Clinic Directory can help locate free clinics and community health centers. <https://freeclinicdirectory.org>.
- **Financial support:** For those of us without health insurance or with limited financial resources, financial aid assistance may be available. If the administration at your local hospital can't provide information on financial assistance programs, use the Free Clinic Directory to search for these resources. As of March 2023, 41 states have expanded Medicaid to low-income individuals including immigrants. Learn more at [medicaid.gov](https://www.medicaid.gov) or check to see if you qualify for Medicaid through your state's government website, for example, at [CA.gov](https://www.ca.gov) or [Illinois.gov](https://www.illinois.gov).
- **While in treatment:** [CancerCare.org](https://www.cancer.org) provides many free online services, including education and support group meetings.
- **Self-care:** We know ourselves best. We know how much pain we are in, we know our medical history, and we instinctively know when something is not right. It is important we acknowledge these facts, and that the healthcare provider we are working with acknowledges these facts as well. The best treatment is obtained when we can communicate transparently and work collaboratively with healthcare providers.

For questions, additional information, or to speak with a supportive advocate, please contact Breast Cancer Action at info@bcaction.org or by phone at 415.243.9301.

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- ² Cancer Stat Facts. (2023). Retrieved from <https://seer.cancer.gov/statfacts/html/common.html#:~:text=Lung%20and%20bronchus%20cancer%20is%20responsible%20for%20the%20most%20deaths,common%20cause%20of%20cancer%20death>
- ³ World Cancer Research Fund. (2020). Breast cancer statistics. Retrieved from <https://www.wcrf.org/cancer-trends/breast-cancer-statistics/>
- ⁴ In this factsheet, we are using the World Bank's classification of world economies which includes four income groups: low, lower-middle, upper-middle, and high income. See the visual representation of countries and their classifications here: <https://datatopics.worldbank.org/world-development-indicators/the-world-by-income-and-region.html>
- ⁵ Ibid
- ⁶ Stoddard O.P. (2023). Breast Cancer Risk in Immigrants Phase 1 Report. Breast Cancer Action & California Breast Cancer Research Program. Read the report here: https://docs.google.com/document/d/1RG6_ctOTXL3MqXGncsohX4BgsvhCC26GxqKLKN18XPk/edit?usp=sharing
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