Closing the Breast Cancer Gap:
A Roadmap to Save the Lives of Black Women in America

NATIONAL CAPITAL AREA/WASHINGTON, D.C.

STEPS AWAY FROM NATION’S LEADERS,
BLACK WOMEN MORE LIKELY TO DIE FROM BREAST CANCER

Black Women More Likely to be Diagnosed Late in 5 out of 9 D.C.-area Counties

Deep and persistent inequities in breast cancer outcomes have been exposed by a new in-depth study from Susan G Komen. Although Black women in the National Capital MTA get screened at similar if not higher rates than white women, they’re consistently diagnosed at later stages and die from the disease at higher rates.

The reason for the inequity is unclear, but the study identified several factors that cause many Black women to delay follow-up health care. High out-of-pocket costs for diagnostic procedures are a substantial barrier. Distrust of the healthcare system is widespread. Shifting guidelines for screenings and changes in the referral process cause confusion within the community.

Fear may also play a significant role. Community members and patient navigators described cases in which the patient, their family and their community circle had been so impacted by cancer over the years that they were reluctant to follow up on an abnormal screening. Survivors also reported poorer care for Medicaid insurance and difficulty in getting a diagnosis because their symptoms were dismissed or not seen as urgent.

KEY TAKEAWAYS

• Black women are more likely than white women to be diagnosed at a later stage of breast cancer in five of nine National Capital area counties.
• Arlington County accounts for the most fatalities for Black women in the metro area, while also accounting for the least fatalities for white women. This suggests high-quality care is available in the county, but it may be unattainable for Black women due to cost, type of insurance or other barriers.
• The majority of Black women in the National Capital area live in Washington, D.C. and Prince George’s County, which lack access to affordable, high-quality care.
• During treatment, women are looking for a point person within their health system to help them make decisions.

“Two years ago, I started experiencing my breasts inverting and having pain. The radiologist said that it was just dense tissue. Finally, in February I said, ‘This is too much. I’m experiencing pain, breasts aren’t supposed to invert. There’s something wrong.’ So I went back, the radiologist had a fit. ‘I said, ‘I don’t care. We’re going to find out what’s wrong with me.’ They ordered a biopsy and that’s when it came out that I had Stage Four breast cancer.”
- Survivor

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