



According to the Institute of Medicine...

Racial Health Disparities are:

“...Differences in the treatment provided to members of different racial or ethnic groups that aren't justified by the underlying health conditions or treatment preferences of the patient” (p.130)[4].

Patient Barriers Contributing to Racial Disparities [11]:

Institutional Barriers

Health insurance
Available healthcare facilities
Geographic region

Clinical and Provider-Centered Barriers

Patient/provider relations
Inaccurate screening tools
Treatment patterns

Patient-Centered Barriers

Socioeconomic status
Cultural or religious beliefs
Social Support

Fact Sheet: Racial Disparities in Breast Cancer & African American Women



- Breast cancer is the most common cancer among women worldwide, and is the leading cause of cancer for African American women [1].
- Although U.S. White women are more likely to be diagnosed with breast cancer during their lifetime, African American women are more likely to die from breast cancer [1].
- The relative 5-year survivor rate for African American female breast is 79%, compared to 92% for White female breast cancer [3,4,9].
- The National Cancer Society estimates that only 25% of this disparity can be attributed to biological factors due to African Ancestry, leaving the remaining 75% of attributable factors to be either clinical or socioeconomic in nature [9].
- African American women are more likely high risk cancer tumors, which are less- or non-receptive to common endocrine therapies [5,6,9].
- African American women are twice as likely to be diagnosed with triple-negative breast cancer (TNBC) than White women, particularly among women under age 45 [5,6,9].
- Breast cancer mortality and survivorship are proven to be highly associated with socioeconomic status, including factors such as health insurance status, educational attainment, employment status, and poverty [1,7].
- African American breast cancer patients, particularly those covered by Medicaid, report reduced adherence to screenings, resulting in more advanced disease and tumor biology at time of diagnosis [1].
- 21% of African Americans are uninsured, compared with 13% of Whites [1].
- Research suggests that the gap in breast cancer mortality rates began to widen once screening and treatment technology advanced in the 1980's, making these services less available to African Americans due to low-income or low-socioeconomic status [8].
- 75% of clinical visits for African American patients are with White providers, or “racially discordant”. Due to inherent racial bias on behalf both patient and provider, these visits are reported to be less positive and productive, shorter in length, include fewer attempts at relationship building, include less decision-making by the patient, and are verbally dominated by the physician [10].