

# Updates on the Road to Breast Health Equity

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- Have received grants from Genentech and ACS/Pfizer for breast health equity research

- Review barriers to breast care for minority women that affect cancer outcomes
- Discuss research updates in our breast health equity initiatives

Review of the Literature

# DISPARITIES IN BREAST CARE

- According to the American Cancer Society “The reason for racial disparities is largely driven by decades of structural racism leading to a higher risk of lower socioeconomic status.”
- Although poverty and the social determinants of health are major determinants of disparities in care, Black women have other factors that play a major impact in their decreased survival.

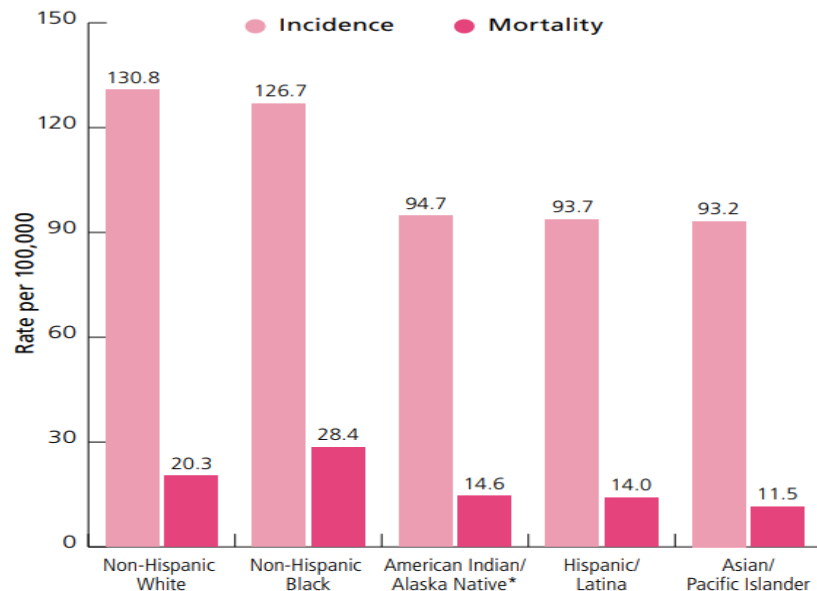
Yedjou et al. Health and racial disparity in breast cancer. Adv Med Biol.2019. 1152:31-49  
[Cancer Facts & Figures 2022](#)

# Breast Cancer Mortality in Black Women

- **Black women are more likely to die from breast cancer than any other group**
- They are 41% more likely to die from this disease than their White counterparts despite similar incident rates.

[Cancer Facts & Figures 2022](#)

Figure 3. Female Breast Cancer Incidence (2012-2016) and Death (2013-2017) Rates by Race/Ethnicity, US

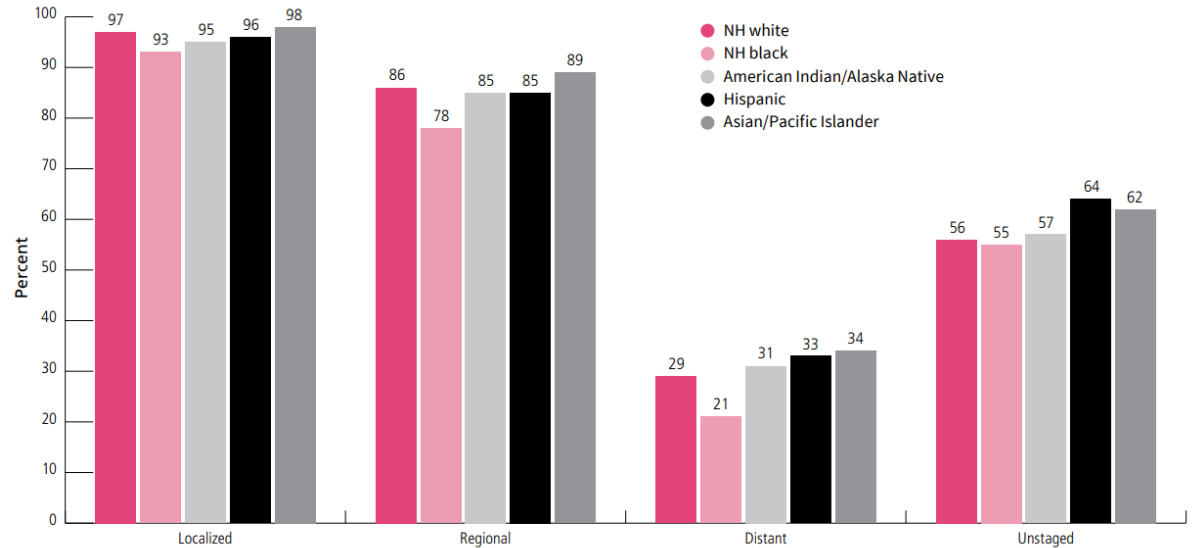


\*Statistics based on data from PRCA counties. Note: Rates are per 100,000 and age adjusted to the 2000 US standard population.

Sources: Incidence – NAACCR, 2019. Mortality – National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention, 2019.

- The 5-year relative cancer survival increased from 39% to 68% for Whites and from 27% to 63% for Blacks
- For breast cancer, the 5-year relative survival is 92% for Whites and 82% for Blacks

Figure 11. Five-year Breast Cancer-specific Survival Rates (%) by Stage at Diagnosis and Race/Ethnicity, US, 2009-2015



Survival rates are based on patients diagnosed during 2009-2015 and followed through 2016.

Source: SEER Program, 18 SEER registries, National Cancer Institute, 2019.

[Cancer Facts & Figures 2022](#)

# Why do Black women have lower breast survival?

- Unequal access to quality care
- Disparities in timely screening and diagnostic testing
- Less localized breast cancers at diagnosis (57% in Blacks vs 67% in Whites)
- More aggressive tumor biology (twice as likely to have triple negative breast cancers and higher risk of inflammatory breast cancer)
- Socioeconomic and other social determinants of health as competing barriers to care
- Epigenetics – interaction of social stressors and genetic expression
- Comorbid conditions and obesity

<https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/cancer-facts-and-figures-for-african-americans/cancer-facts-and-figures-for-african-americans-2019-2021.pdf>

Robbins, JA et al. Factors that contributed to Black-White disparities in survival among nonelderly women with breast cancer between 2004 and 2013. *J Clin Oncol.* 2018;36(1):14-24.

Siddharth, S. et al. Racial disparity and triple-negative breast cancer in African-American women: a multifaceted affairs between obesity, biology and socioeconomic determinants. *Cancers.* 2018;10.

Coughlin SS, Yoo W, Whitehead MS, Smith SA. Advancing breast cancer survivorship among African-American women. *Breast Cancer Res Treat.* 2015;153(2):253-261. doi:10.1007/s10549-015-3548-3

Joshi et al. Epigenetic determinants of racial disparity in breast cancer. *Cancers* 2022, 14(8), 1903; <https://doi.org/10.3390/cancers14081903>

[Cancer statistics for African American/Black People 2022 - Giaquinto - 2022 - CA: A Cancer Journal for Clinicians - Wiley Online Library](#)



# Disparities through the continuum of care

- Black women have:
  - younger age at diagnosis
  - the highest risk of being diagnosed with metastatic breast cancer, regardless of stage at diagnosis
  - shorter relapse-free intervals
- Regardless of race, living in neighborhoods with high neighborhood deprivation index led to shorter survival
- Black men have a higher risk of having breast cancer of any subtype
- The care that these women receive is also fraught with inequitable care
  - Poor communication with providers, lack of support services, limited access to care
  - Disparities in treatment received and completion of therapy
  - Black survivors particularly note less access to post treatment culturally appropriate services

Reeder-Hayes, K. E., Wheeler, S. B., & Mayer, D. K. (2015, May). Health disparities across the breast cancer continuum. In *Seminars in oncology nursing* (Vol. 31, No. 2, pp. 170-177). WB Saunders.

Lee Smith J, Hall IJ. Advancing Health Equity in Cancer Survivorship: Opportunities for Public Health. *Am J Prev Med*. 2015;49(6 Suppl 5):S477-S482. doi:10.1016/j.amepre.2015.08.008

Yedjou CG, Sims JN, Miele L, et al. Health and Racial Disparity in Breast Cancer. *Adv Exp Med Biol*. 2019;1152:31-49. doi:10.1007/978-3-030-20301-6\_3

[2022 Cancer Facts & Figures Cancer for African American/Black People | More Black Women Die from Breast Cancer Than Any Other Cancer](#)

[Cancer statistics for African American/Black People 2022 - Giaquinto - 2022 - CA: A Cancer Journal for Clinicians - Wiley Online Library](#)

DOI: 10.1200/JCO.2021.39.15\_suppl.1084 *Journal of Clinical Oncology* 39, no. 15\_suppl (May 20, 2021) 1084-1084.

Sadigh G, et al. Assessment of Racial Disparity in Survival Outcomes for Early Hormone Receptor–Positive Breast Cancer After Adjusting for Insurance Status and Neighborhood Deprivation: A Post Hoc Analysis of a Randomized Clinical Trial. *JAMA Oncol*. 2022;8(4):579–586. doi:10.1001/jamaoncol.2021.7656

# Disparities in screening and preventive care

- Regardless of ethnicity, race or insurance status, poverty is the factor that most negatively affects breast cancer screening rates
- Elder, Black and unmarried survivors less likely to obtain annual mammography
- Black breast cancer survivors less likely to receive preventive care such as cholesterol and bone density screening and flu vaccine
- Blacks and Latinos less likely to adhere to survivorship clinic visits and mammography guidelines
- Blacks 3X more likely to report at least one barrier to follow-up care compared to Whites

Keating NL, Landrum MB, Guadagnoli E, Winer EP, Zymanian JZ (2006) Factors related to underuse of surveillance mammography among breast cancer survivors. *J Clin Oncol* 24:85–94

Palmer N, R.A., Weaver, K.E., Hausler, S.P. et al. Disparities in barriers to follow-up care between African American and White breast cancer survivors. *Support Care Cancer* 23, 3201–3209 (2015). <https://doi.org/10.1007/s00520-015-2706-9>

C.F. Snyder, K.D. Frick, K.S. Peairs, et al. Comparing care for breast cancer survivors to non-cancer controls: a five-year longitudinal study. *J Gen Intern Med*, 24(2009), pp. 469-474.

Advani PS, Ying J, Theriault R, Melhem-Bertrand A, Moulder S, Bedrosian I, Tereffe W, Black S, Pini TM, Brewster AM (2013) Ethnic disparities in adherence to breast cancer survivorship surveillance care. *Cancer* 120:894–900. doi:[10.1002/cncr.28490](https://doi.org/10.1002/cncr.28490)

- Barriers to f/u care in White vs Black breast survivors:
  - Out-of-pocket costs (28 vs 51.6%)
  - Other health care costs (21.3 vs 45.2%)
  - Anxiety/worry (29.4 vs 51.6%)
  - Transportation (4.4 vs 16.1%)

Palmer, N.R.A., Weaver, K.E., Hauser, S.P. *et al.* Disparities in barriers to follow-up care between African American and White breast cancer survivors. *Support Care Cancer* **23**, 3201–3209 (2015). <https://doi.org/10.1007/s00520-015-2706-9>

# Financial burdens of survivorship

- High financial burden can negatively impact treatment choice, compliance and outcomes
- Black women report higher financial burden of their cancer (58%) vs Whites (39%)
  - Higher loss of income, health care costs concerns, transportation barriers, loss of job and insurance
- Minority women may take longer to return to work and have a higher percentage of job loss
- Being Black, older and having poor health increase risk of not returning to work

M.S. Mujahid, N.K. Janz, S.T. Hawley, J.J. Griggs, A.S. Hamilton, S.J. Katz. The impact of sociodemographic, treatment, and work support on missed work after breast cancer diagnosis. *Breast Cancer Res Treat*, 119 (2010), pp. 213-220

Correlates of return to work for breast cancer survivors. DOI: 10.1200/JCO.2004.00.4929 *Journal of Clinical Oncology* 24, no. 3 (January 20, 2006) 345-353.

Wheeler, SB, et al. Financial impact of breast cancer in Black versus White women. DOI: 10.1200/JCO.2017.77.6310 *Journal of Clinical Oncology* 36, no. 17 (June 10, 2018) 1695-1701.

Ramsey SD, Bansal A, Fedorenko CR, et al: Financial insolvency as a risk factor for early mortality among patients with cancer. *J Clin Oncol* 34:980-986, 2016

# Racial Disparities in Treatment

- In the military health system, Black women had increased breast surgical delays compared to Whites
- Black women less likely to have actionable genomic variations
- Access to targeted therapies decreased in minority and socioeconomically disadvantaged communities
- Black women had more delays in the start of treatment than White women regardless of socioeconomic status
- White women were more likely to complete neoadjuvant chemotherapy for breast cancer than non-white women

Hirko, K.A., Rocque, G., Reasor, E. *et al.* The impact of race and ethnicity in breast cancer—disparities and implications for precision oncology. *BMC Med* **20**, 72 (2022). <https://doi.org/10.1186/s12916-022-02260-0>

Egelhouse, Y. Racial Differences in Time to Breast Cancer Surgery and Overall Survival in the US Military Health System. *JAMA Surg.* 2019 Mar

Reeder-Hays, KE . Race and delays in breast cancer treatment across the care continuum in the Carolina Breast Cancer Study. *Cancer* 2019

Knisely, Anne. Race is Associated with Completion of Neoadjuvant Chemotherapy for Breast Cancer. *Surgery*, 2018

Goel N, Kim DY, Guo JA, Zhao D, Mahal BA, Alshalalfa M. Racial Differences in Genomic Profiles of Breast Cancer. *JAMA Netw Open.* 2022;5(3):e220573. doi:10.1001/jamanetworkopen.2022.0573

- Blacks and Latinas underrepresented in clinical trials
- In clinical trials that led to FDA approval of new drugs in 2020, only 2 to 9% of Blacks and 0 to 9% of Latinos participated
- In a 2021 review of 12 clinical trials on oral chemotherapy drugs for BC, 2.1% participants were Black and 3.7% Latina
- Though Black women are 2X more likely to have TNBC, only 7% of participants in the Trodelvy trial were Black
- In a survey of 424 MBC participants of which 102 were Black, 83% noted they were interested in trials but 40% reported no one spoke to them about trials compared to 33% of non-Black participants

[Special Report: Increasing Racial Diversity in Breast Cancer Clinical Trial](#)

Walker et al. J Clin Oncol 40, 2022 (suppl 16; abstr 1014)

Ajewole VB, et al. Cancer Disparities and Black American Representation in Clinical Trials Leading to the Approval of Oral Chemotherapy Drugs in the United States Between 2009 and 2019. JCO Oncol Pract. 2021 May;17(5):e623-e628. doi: 10.1200/OP.20.01108. Erratum in: JCO Oncol Pract. 2021 Jul;17(7):459. PMID: 33974825; PMCID: PMC8120664.

# Healthy living and breast survivorship

- Maintaining a healthy weight and being physically active are suggested to improve survivorship and well-being but studies have found that:
  - Black breast survivors are more likely to be obese 5+ years post diagnosis
  - Less Black breast survivors (23% vs 36%) follow recommended physical activity guidelines
  - Black breast cancer survivors have a higher risk of dying from competing causes (37% vs 32.1% in Whites) as well as from their breast cancer (24.9% vs 18.3%)

White, L.A. Pollack, J.L. Smith, T. Thompson, J.M. Underwood, T. Fairley. Racial and ethnic differences in health status and health behavior among breast cancer survivors—behavioral risk factor surveillance system, 2009. *J Cancer Surviv*, 7 (2013), pp. 93-103.

Surbone, A., Halpern, M.T. Unequal cancer survivorship care: addressing cultural and sociodemographic disparities in the clinic. *Support Care Cancer* 24, 4831–4833 (2016). <https://doi.org/10.1007/s00520-016-3435-4>

Greenlee H, Shi Z, Sardo Molmenti CL, Rundle A, Tsai WY. Trends in Obesity Prevalence in Adults With a History of Cancer: Results From the US National Health Interview Survey, 1997 to 2014. *J Clin Oncol*. 2016;34:3133–3140. [PMC free article] [PubMed] [\[Google Scholar\]](#)

Nayak P, Paxton RJ, Holmes H, Thanh Nguyen H, Elting LS. Racial and ethnic differences in health behaviors among cancer survivors. *Am J Prev Med*. 2015;48(6):729-736. doi:10.1016/j.amepre.2014.12.015

Demark-Wahnefried W, Schmitz KH, Alfano CM, et al. Weight management and physical activity throughout the cancer care continuum [published correction appears in *CA Cancer J Clin*. 2018 May;68(3):232]. *CA Cancer J Clin*. 2018;68(1):64-89. doi:10.3322/caac.21441

Paxton RJ, Phillips KL, Jones LA, et al. Associations among physical activity, body mass index, and health-related quality of life by race/ethnicity in a diverse sample of breast cancer survivors. *Cancer*. 2012;118(16):4024-4031. doi:10.1002/cncr.27389

Tammemagi CM, Nerenz D, Neslund-Dudas C, Feldkamp C, Nathanson D. Comorbidity and survival disparities among Black and White patients with breast cancer. *JAMA*. 2005;294(14):1765-1772. doi:10.1001/jama.294.14.1765

Efforts in Camden and Brooklyn to Address Disparities

# IMPROVING EQUITY IN BREAST CARE



## Camden, NJ

- One of the poorest cities in the nation, with 37.4% of residents living in poverty
- Camden residents include 45.4% blacks and 48.5% Latinos with about 5.6% white.
- **Compared to Camden white women, Camden black women's 5-year survival was worse mortality rates higher and late-stage diagnosis higher**

## Brooklyn, NY

- Over 2.5 million residents
- 19.8% of persons in Brooklyn are living in poverty
- 36.4% of residents are white, 34.1% black and 19.1% Latino
- New York City noted higher death rates for breast cancer in black women
- **Brooklyn has the highest breast cancer mortality rates of the 5 boroughs**

# Goals for ACS/Pfizer Grant

- To improve breast cancer screening rates by 5% for black women in target communities in Camden, NJ and Brooklyn, NY by the end of the two-year grant.
- To decrease the number of black women with late stage cancer diagnoses by 5% in target communities in Camden, NJ and Brooklyn, NY by the end of the two-year grant.

## Original plan

- To engage and train churches, cancer survivors and church navigators to promote awareness and increase access to screening
- To educate the professional and lay community through live CMEs and Podcasts
- To better understand barriers to care through community surveys

## Post COVID-19

- Churches and navigators first very interested but decreased engagement post COVID due to competing concerns
- Navigation training and monthly team meetings turned to virtual leading to difficulties with older navigators
- Screening mammography stopped → mobile mammography not available
- Podcasts unable to be recorded due to restrictions
- Instead:
  - Added focus groups to have better understanding of women's concerns post COVID
  - Surveys changed to phone interviews
  - Virtual education series added to reach and engage the target communities
  - Project delayed six months

# Church Navigator Program

## “Sister Give Me Your Hand”

### PROGRAM AT A GLANCE

#### An Integrated Approach to Breast Health Equity Grant

We are seeking churches in Camden City to participate in a  
**Breast Health Navigation Program**

The goal of the program is to improve breast cancer health outcomes for Black women. Even though fewer Black women get breast cancer, more die from the disease.

The “Sister Give Me Your Hand” program provides Navigation training to teach Black women how to help others navigate breast health wellness. The program also provides convenient access to screenings.

Financial Incentives are available for churches to host education and screening workshops; and for women to train as navigators, provide 1:1 or group education.

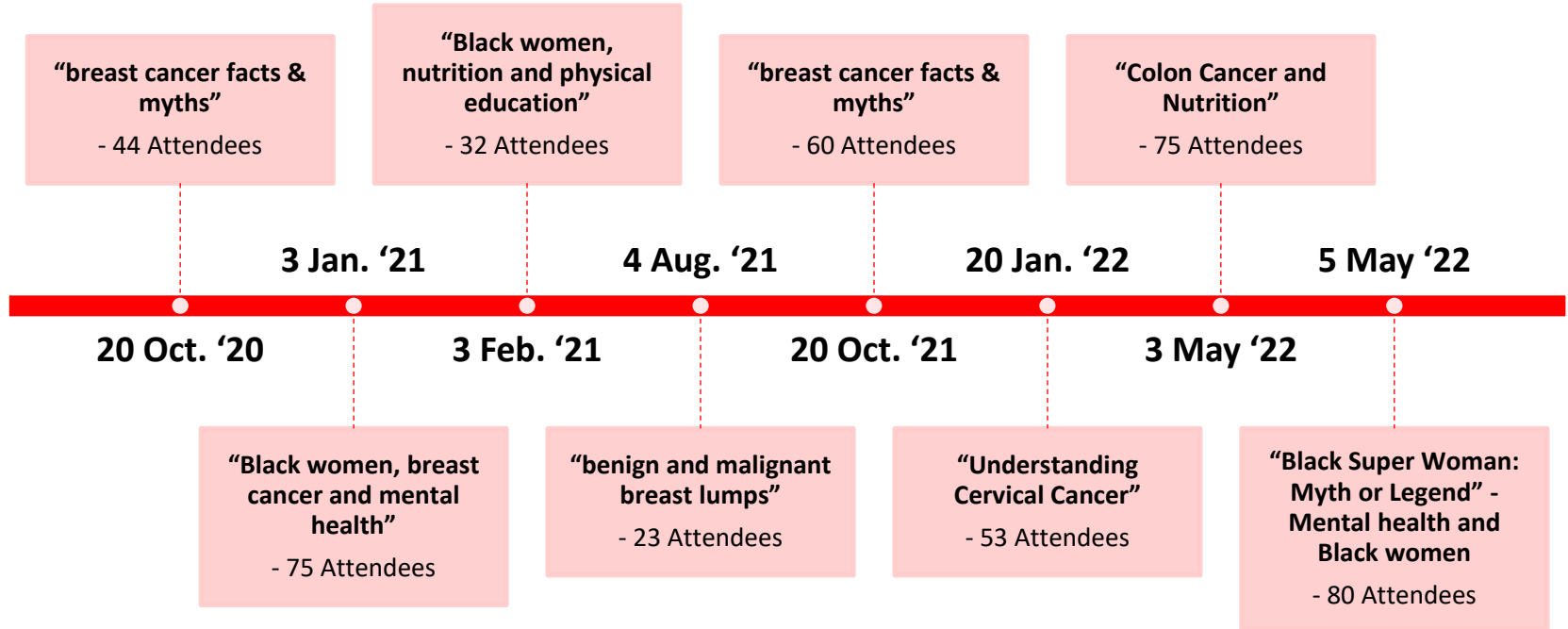


**FOR MORE INFORMATION**

Please contact Plyshette Wiggins, MPH  
Health Equity Program Assistant  
Phone: 856-968-7322  
Email: Wiggins-Plyshette@Cooperhealth.org

- Church navigator program
  - NY had a long-standing program and commitment from 5 churches and 12 navigators while Camden engaged 6 new churches and 3 navigators
  - The churches in NY were able to navigate 134 women to screening and Camden 36 women
  - Overall, the church program was not the focus of the grant post-COVID

# Virtual Community Education Series



'Sister Give Me Your Hand' Presents:

## Pink Table Talk

Topic: Facts and Myths about Breast Health

Featuring:  
Dr. Vivian Bea, Surgical Oncologist  
Dr. Evelyn Tanno, Medical Oncologist  
Dr. Courtney Babinson, Radiation Oncologist

Thursday, October 21<sup>st</sup> @ 6:30 PM



Registration: <https://bit.ly/SGMYHPinkTable>

Or watch via Facebook Live: [facebook.com/SistersGiveMeYourHand](https://www.facebook.com/SistersGiveMeYourHand)

Register for a chance to win a \$25 gift card!!!



MD Anderson Cancer Center | Cooper | NewYork-Presbyterian | Weill Cornell Medicine



## Breast Health Series

Virtual events at 6:30pm

December 10, 2020

How to keep breast healthy:  
Focus on mental and physical activity.

February 16, 2021

How to keep breast healthy:  
Focus on nutrition.

April 8, 2021

Genetic Testing

May 20, 2021

Breast Cancer Treatment Options

July 20, 2021

Improving and maintaining good health to prevent breast cancer

MD Anderson Cancer Center | Cooper | NewYork-Presbyterian Brooklyn Methodist Hospital | Weill Cornell Medicine Meyer Cancer Center



## Breast Health Series

Join us to learn from leading experts on ways to improve and maintaining good health to prevent breast cancer

Virtual events start at 6:30pm

March 1, 2021

How to keep breast healthy:  
Focus on mental health.

March 2, 2021

How to keep breast healthy:  
Focus on nutrition and physical activity.

April 8, 2021

I found a lump. Is this breast cancer?

Register for a chance to be entered in our raffle for one of three \$25 gift cards

Breast Health Series:

# I found a lump. Is it breast cancer?

A 'Sister Give Me Your Hand' virtual event  
Thursday, April 8, 2021 @ 6:30p

6:30p | Introductions

**Francesse Antoine, MPH** (NYP-Weill Cornell Medicine)



6:40p | Benign Breast Conditions

**Vivian J. Bea, MD, MBS, FACS** (NYP-Brooklyn Methodist)  
Section Chief, Breast Surgical Oncology  
Director of the Breast Program  
New York-Presbyterian Brooklyn Methodist Hospital  
Assistant Professor of Surgery  
Weill Cornell Medicine



7:00p | Malignant Breast Changes

**Teralyn Carter, MD** (MD Anderson Cancer Center @ Cooper)  
Breast Surgical Oncology  
MD Anderson Cancer Center @ Cooper  
Assistant Professor of Surgery  
Cooper Medical School of Rowan



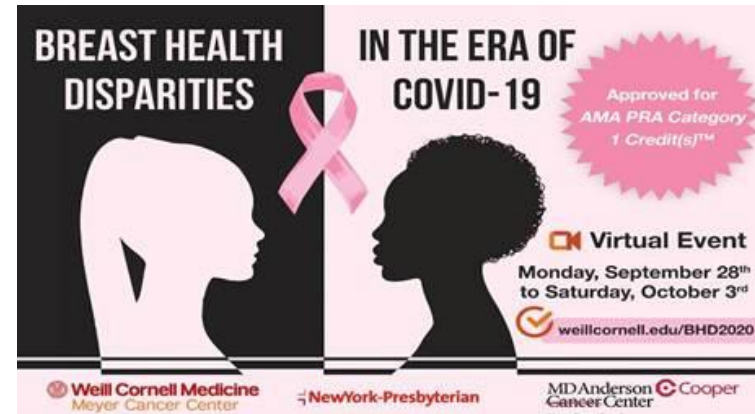
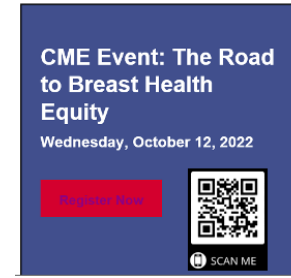
7:20p | Q & A

**Plyshette Wiggins, MPH** (MD Anderson Cooper)



# CME Program

- CME Program –virtual education
  - Target Audience: PCPS and other Health Care Professionals
  - 261 participants (133 physicians) in a six-day CME in 2020 and over 200 participants in a three-day CME in 2021
  - 150 participants 2022 over two-day course
- Fall 2022
  - NY: Changing the Narrative of Breast Health Equity - September
  - NJ: Road to Breast Health Equity
  - Positive feedback and interest in further CMEs and disparities education for PCPs and other health professionals





- Focus groups – newly added as church/navigator participation dropped
  - 33 Black women participated in six virtual focus groups from both NJ and NY
  - Of the women who participated, 90% had a mammogram in the past but only 66% had one in the past two years
  - Negative and positive influencers to screening

Journal of Racial and Ethnic Health Disparities  
<https://doi.org/10.1007/s40615-022-01332-4>



## Sister, Give Me Your Hand: a Qualitative Focus Group Study on Beliefs and Barriers to Mammography Screening in Black Women During the COVID-19 Era

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### Abstract

**Aims/Purpose** To evaluate current day challenges and beliefs about breast cancer screening for Black women in two diverse northeast communities in the midst of the COVID-19 pandemic.

**Background** Breast cancer is the second leading cause of cancer-related death in women in the USA. Although Black women are less likely to be diagnosed with breast cancer, they suffer a higher mortality. Early detection of breast cancer can be accomplished through routine screening mammography, yet the effect of the COVID-19 pandemic on mammography screening barriers and perception in minority communities is uncertain.

**Methods** Five focus group interviews were conducted as the first phase of a mixed method study across two heterogeneously diverse locations, Camden, New Jersey, and Brooklyn, New York.

**Results** Thirty-three women participated in this study; sixteen women were recruited at the New Jersey location and seventeen at the New York location. Only two thirds of the women stated that they had received a mammogram within the last 2 years. The major themes were binary: I get screened or I do not get screened. Subthemes were categorized as patient related or system related.

**Conclusions** Our findings on factors that affect breast cancer screening decisions during the COVID-19 era include barriers that are related to poverty and insurance status, as well as those that are related to medical mistrust and negative healthcare experiences. Community outreach efforts should concentrate on building trust, providing equitable digital access, and skillfully addressing breast health perceptions.

**Keywords** Breast cancer · Breast disparities · Mammography screening · Cancer prevention · Breast health · Social determinants of health · COVID-19 pandemic · African American women · Black women · Focus groups · Breast cancer screening · Breast cancer screening barriers · COVID-19 era · Disparities



- Major themes
  - I do get screened
  - I do not get screened
- Subthemes
  - Patient related (influenced a participant's decision-making)
  - System related (difficulty in participant's navigation or interaction with the health care system)

- I do get screened
  - Reasons to screen: knowledge to self-care, spirituality, and family history
  - Pain a common concern
  - System influencer: finding compassionate care
- I do not get screened
  - Reasons not to screen: socioeconomic factors, fear, fatalism, medical mistrust, mammography skepticism
  - Common concern: distrust of providers and health care system
- Confusion about screening intervals and no clear understanding of benefits a deterrent to screening
- Breast cancer screening decisions point that negative and positive influencers are not solely related to poverty and insurance status but to self-identifying as Black

- 296 Black women ages 40 to 88 with median age of 58 completed the survey from March 2021 to December 2021 and 277 of those surveys were eligible for the study (fully completed)
  - 82% US born
  - 52% employed
  - 73% had a college degree
- 256 of 277 of the women reported ever having had a mammogram, 174 (68%) within the last year (non-delayed) and 82 (32%) >1 year ago (delayed)
  - 56% of the non-delayed had private insurance vs 38% of the delayed



**Sister Give Me Your Hand Program**

**WE WANT YOUR FEEDBACK**

## Let Your Voice Be Heard

Even with advances in screening for breast cancer, Black women are more likely to die from the disease. We would like to engage women like yourself to know what are barriers to breast health screenings and care.

**Who can participate in the survey?**

- African-American women 40 years and older

**What will you receive?**

- \$ Gift Card for survey completion

For More Information Please Contact:

**Take the Survey Now!**

MD Anderson Cancer Center Cooper University Health Care | Well Cornell Medicine | NewYork-Presbyterian

- Delayed women felt that “getting a mammogram would be inconvenient” compared to non-delayed (P=0.007)
- Delayed women felt more “likely that other health problems would keep you from having a mammogram” compared to non-delayed (P=0.02)
- Delayed women more likely to believe that if no symptoms present, no need to screen compared to non-delayed (P=0.007)
- 137 (54%) of all respondents felt that “racial discrimination in a doctor’s office is common
- 57% of all respondents reported “not at all” to “are you getting by financially”

- Getting Black women who are infrequently or never screened to participate in this study was a challenge
- Black women are getting mammograms done, but not yearly as recommended
- Barriers to less frequent screening are multifactorial
- Women with private insurance are less likely to get screened

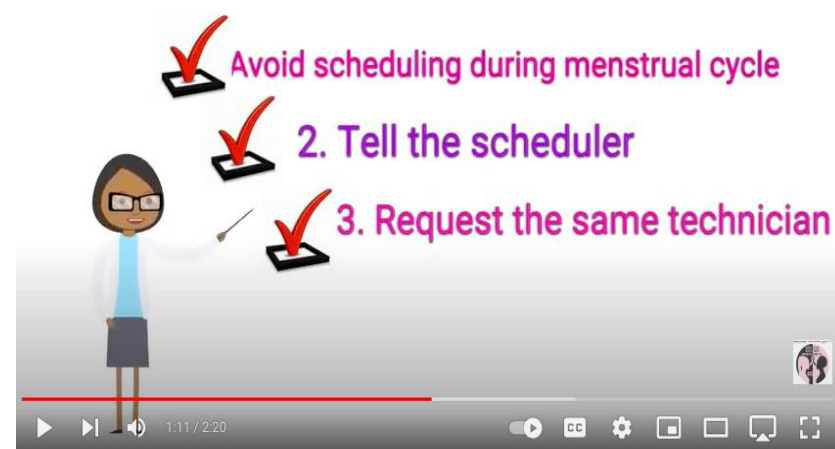
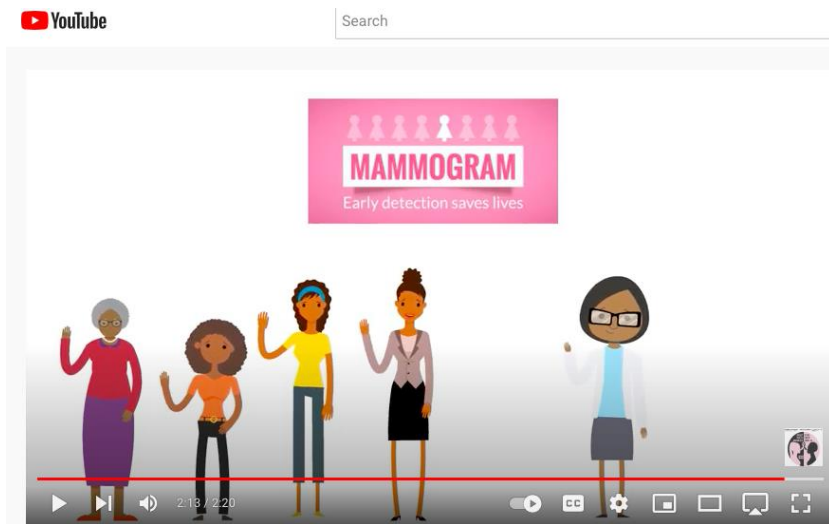
# Black Breast Health Matters Podcast

Provide Podcasts on breast cancer disparities, myths, genetics, risk reduction and prevention with plan to educate at least 200 community providers/health care workers

- Breast Cancer Myths and Facts Pink Table Talk
- Disparities in Mammography Screening
- Improving Breast Care Access
- Multidisciplinary Access
- Survivorship
- Barriers to Screening Breast
- Breast cancer Prevention/Integrative Health



- Developed animated videos for community women discussing importance of breast screening and ways of addressing discrimination in healthcare and coping with breast pain



# Sister, Give Me Your Hand Website Coming



- Developing a collaborative website with breast screening information, educational videos and social media ads



- Black and minority women have disparities in breast care throughout the cancer continuum
- More research is needed to better understand and address the intrinsic and extrinsic multifactorial impediments to equitable care and survivorship in Black women

Questions??????



*Thank you!*