

Gender and race may shape how minority women address barriers to breast cancer screening

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Black women are more likely to be diagnosed at later stages of breast cancer partly due to barriers to timely screening mammography. Programs that use patient navigators—individuals who provide guidance to patients to help overcome various barriers to care—may reduce breast cancer disparities, but a study published early online in *Cancer*, a peer-reviewed journal of the American Cancer Society, indicates that such programs must consider how minority women's views on gender and race/ethnicity may affect how they seek help and support for their health needs.

Sage Kim, Ph.D., of the University of Illinois at Chicago's School of Public Health and UI Cancer Center, and her colleagues examined the rates at which women in a randomized clinical trial reported barriers to obtaining a screening mammogram. The trial, called the Patient Navigation in Medically Underserved Areas (PNMUA) study, randomly assigned [patients](#) to one of two groups; one group received a patient navigation support intervention and the other group served as a control.

Of the 3,754 women who received the patient navigation intervention, only a small proportion of women (14 percent) identified one or more barriers, which led to additional interactions with navigators who helped overcome barriers. Dr. Kim and her colleagues found that black women, women living in poverty, and women who reported high levels of distrust of the health care system were the least likely to report barriers, and

therefore were less likely to receive additional support. Comparatively, women who reported barriers were more likely to have additional contact with navigators and obtain a subsequent [screening mammogram](#).

The investigators noted that the ability to recognize barriers may determine women's likelihood of reporting barriers and consequently receiving additional support. For example, medical distrust due to past and current experiences of blacks, as well as social norms and images of women, may influence how black women deal with their own needs and interact with healthcare providers.

"Our findings suggest that [black women](#) and women living in poverty, who need patient navigation interventions the most, are in fact less likely to report their barriers to optimal care," said Dr. Kim. "Perhaps women who do not trust the health care system may not feel comfortable telling care providers about their barriers that could potentially affect the ways in which they engage in healthcare."

Dr. Kim noted that although patient navigation is known to be effective, it is important to understand how minority women and women living in difficult life circumstances interact with this intervention and improve services accordingly. She said, "If we don't, providers may have a false sense of security," she said. "They might incorrectly assume that women who do not report barriers are not in need of patient navigator support and are all doing well."

Dr. Kim stressed the need to enhance training of patient navigators and pay close attention to how patient [navigator](#) interventions are implemented, so that [women](#) are better able to seek out needed assistance. "It is not enough to implement a well-tested [intervention](#), because it might not be equally effective for all groups across race/ethnicity and economic conditions," she said.

More information: "Gendered and Racialized Social Expectations, Barriers, and Delayed Breast Cancer Diagnosis." Sage Kim, Anne Glassgow, Karriem Watson, Yamile Molina, and Elizabeth Calhoun. *Cancer*; Published Online: September 24, 2018. [DOI: 10.1002/cncr.31636](https://doi.org/10.1002/cncr.31636)

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