Barriers to Screening and Health Care

Many things may prevent Black and African American women from getting breast cancer screenings and prompt follow-up care after an abnormal mammogram. These barriers include, but are not limited to¹ ²:

**Health Care System Infrastructure**
- Lack of culturally-appropriate resources/care
- Long waits to get an appointment
- Limitations on services funded by federal or state programs, including:
  - Clinical breast examinations for low-income, uninsured women under the age of 40 not using state-funded contraceptive services
  - Diagnostic services for low-income, uninsured women under the age of 40 with abnormal clinical breast exam findings
  - Support services for women diagnosed with breast cancer, including support groups, wig banks, etc.

**Sociocultural Limitations**
- Lack of awareness of breast cancer risks and screening methods
- Lack of knowledge about the need to get screened
- Lack of knowledge about the availability of services and location of providers
- Lack of access to regular health care
- Inability to take time off work
- Childcare responsibilities
- Lack of transportation
- Anxiety about the procedure
- Embarrassment about exposing breasts
- Fear of finding cancer
- Literacy level and embarrassment about it
- Lack of trust for medical and social service systems

For suggested responses when your audience names barriers keeping them from screening, see *Barriers to Screening and Suggested Responses*.
Financial
• Lack of health insurance or funds to pay for screening, diagnostic tests and/or treatment
• Other financial priorities
• Inability to pay for transportation or childcare

NOTE
The goal of this Toolkit is to support you in your efforts to educate Black and African American communities about breast cancer, the need to get screened and the need to follow up after an abnormal mammogram result. If you or your organization has the capacity, you can also help women to overcome other barriers through program services or referrals/connections to other agencies. The Toolkit provides a sheet, called My Breast Health Resource List, where you can list and easily update contact information for programs and resources that you use or refer audience members to frequently.

Barriers to Breast Cancer Screenings Among African-American Women
Research on barriers to screening among African Americans has shown that differences in women’s reasons for not being screened depend on various personal and structural barriers. In a low-income Detroit community, for example, poor communication and a lack of patient education were related to lower breast screening rates in the previous two years. Personal barriers such as lack of trust and knowledge, as well as structural barriers related to lack of insurance, facilities and/or providers were also associated with reduced screening rates among African American communities. Studies have also found that African American women were more likely than white women to report cancer-related fears and worries as barriers to mammography screening.\textsuperscript{4,5}

There is evidence that African American women are more likely to express mistrust of the medical system and government programs. In one study, African American men and women expressed concerns that their race contributed to receiving lower-quality care. The study participants also believed that having lower-quality health insurance meant they would receive poorer care. In the same study, the participants believed that diagnosis and treatment would negatively impact their romantic relationships. Finally, the participants believed that treatment could cause the breast cancer to spread.\textsuperscript{6} For more information about mistrust in the medical system among this community, see Mistrust in the Health Care System Among Black and African Americans Communities.

Common Beliefs About Breast Cancer Among Black and African American Communities
In addition to personal and structural barriers to accessing breast cancer screenings, some Blacks and African Americans hold beliefs about breast cancer beyond those listed elsewhere in this Toolkit. These beliefs may contribute to Black and African American women reporting confusing and conflicting information about their risk for developing cancer.
Research has found that Black and African American women, along with Hispanic/Latinas, are more likely than white women to have misconceptions regarding breast cancer symptoms. For example, they are more likely to believe that a lump only needs to be checked if it is painful or if it grows larger.7

Myths concerning breast cancer outcomes, symptoms and risk factors may also pose a barrier to breast cancer screening among Black and African American women. One dominant common belief among these communities is fatalism (i.e., the belief that all events are determined by fate). Fatalism can deter breast cancer screenings if women believe that cancer outcomes have already been determined.

Another study addressing African American beliefs about breast cancer found that young women may believe their probability of developing breast cancer during early adulthood is lower than that of white women, especially if there was no family history of breast cancer.8 In addition, some of the women in this study perceived that their risk of developing breast cancer was lower given that African Americans were not well represented in breast cancer media campaigns. The women in this study emphasized that health communications should be personally relevant, culturally appropriate and easily accessible.

For more information about barriers to health care access among African and Caribbean immigrants to the U.S., including common beliefs, see Health Care Perceptions and Barriers to Access Among Black Immigrants.

**NOTE**

You can learn about myths and common beliefs by asking your audience what they know or have heard about breast cancer. Take these opportunities to dispel inaccurate information. You can use the Barriers to Screening and Suggested Responses resource to help you prepare responses to some of these barriers.

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