

Race, Power & Inequities

Paths to Prevention:

The California Breast Cancer Primary Prevention Plan

Breast cancer risk varies across racial, ethnic, sexual minority, and socio-economic groups. The reasons for these differences are both complex and not fully understood. However, awareness of these risks is critical so that women may take action to both reduce their risks and request their medical team monitor them for early detection. Community, nonprofit, and government leaders have power and responsibility to work to address these inequities and the underlying causes of increased breast cancer risk for people of color and sexual minorities.

Asian, Native Hawaiian and Pacific Islander Women	58% higher risk among US-born	<ul style="list-style-type: none"> Overall, this ethnic group has the lowest breast cancer risk but variations exist between sub-groups. U.S.-born Asian-Americans have a 58% higher risk than those who immigrated.
Black and African American Women	1.75x to 3x higher risk of aggressive triple negative cancer	<ul style="list-style-type: none"> Black women under age 44 are 2% to 59% more likely to be diagnosed with breast cancer than their White peers, depending on the study. Black women have a 1.75x to 3x higher risk of triple-negative breast cancer, a subtype that is more aggressive and more deadly. Institutional racism likely plays a role: Black women born in Jim Crow states (with enforced racial segregation) have a 41% higher risk of the estrogen receptor negative subtype compared to White women born in those states, and 9% higher than Black women born in other states.
Latina Women	Higher rates of more aggressive subtypes	<ul style="list-style-type: none"> Although young Latinas tend to have lower rates of breast cancer than non-Latina White women, Latinas with breast cancer have higher rates of more aggressive triple negative and HER2+ breast cancers. Among Latinas of Mexican ancestry, breast cancer risk factors may be shaped by where they live. English-dominant Mexican Americans were less likely to breastfeed, more likely to consume alcohol and more likely to have a high body mass index—all factors associated with increased breast cancer risk.
Native American Women	Limited data on risk	<ul style="list-style-type: none"> There is limited research into breast cancer risk for Native American women, especially research that looks at risk by region or tribe. Some studies have shown an increased risk among women from the Southern Plains, and Oklahoma specifically.

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Non-Heterosexual or Non-Cisgender People



Limited research suggests LGBTQ+ populations may have a 6-10% higher risk of breast cancer than their heterosexual or cisgender peers.

Some of this increased risk may be explained by lower birth rates and breastfeeding rates—both are protective against breast cancer.

Further research is needed to determine underlying causes.

Socio-Economic Status



A number of research studies suggest a link between economic status and breast cancer.

Lower income Latina women are more likely to be diagnosed with more aggressive triple negative and Her2+ breast cancers than the more common hormone receptor-positive subtype.

Other research suggests that higher income Asian and Pacific Islander, Black, Latina and White women were more likely to have hormone receptor positive breast cancers than the more aggressive triple negative type.

Interventions:

Paths to Prevention lays out systemic changes needed to reduce breast cancer across all populations, especially those that are marginalized. These interventions include:

- Creating accountability structures that address historical harm and trauma;
- Building power and capacity for women to drive societal change that reduces breast cancer risk;
- Expanding culturally appropriate education and awareness for breast cancer prevention;
- Supporting movements that address discrimination, marginalization, and oppression that can exacerbate breast cancer risk factors; and
- Expanding research to better understand how various social determinants of health impact breast cancer incidence and risk.

