

Breast Cancer

Breast Cancer Screening Disparities in Central Providence

What breast cancer looks like in Rhode Island

Breast cancer is one of the most commonly diagnosed cancer types in Rhode Island. It makes up 15% of all new cancer cases and 6-7% of cancer deaths annually.[i] More than 70% of women diagnosed in the state are between the ages of 50 and 79, with the average being age 65.[i] While the risk of developing breast cancer increases with age, it is not limited to people ages 50 and older. Although fewer women in Rhode Island are diagnosed between the ages of 20 and 49, they are more likely to have later-stage cancer at the time of diagnosis than women ages 50 and older because tumors in younger women tend to be more aggressive and cause a worse outcome.[i,ii]

How women of color are affected

The rates of new cases of breast cancer among Black and White women are similar; in fact, Black women's chance of developing breast cancer is 4% lower than that of White women.[i] The stark difference is that Black women are 40% more likely to die from it than White women.[iii] Black women are also more likely to get a particularly aggressive tumor type that is more common among women younger than age 40.[ii,iii] Black and Hispanic women get screened for breast cancer at equal or higher rates than other racial/ethnic groups, but they are more likely to delay getting follow-up diagnostic imaging after having an abnormal screening mammogram.[iv,v] It is important to have follow-up diagnostic imaging (like an ultrasound) soon after having a mammogram that is not normal.

The tumor type, coupled with not utilizing follow-up services at the same rates, leaves women of color in Rhode Island and across the nation more likely to be diagnosed with a later stage of breast cancer than White women,[i,vi] which results in poorer health outcomes.

Table 1. Central Providence characteristics compared to the state of Rhode Island

	Statewide (%)	Central Providence (%)
BIPOC	23.0	47.5
<200% FPL*	25.7	42.0
No Car Access	9.0	16.0
English-speaking Only	77.6	51.8

*Federal Poverty Level

Sourced from 2020 US Census Data

May 2023

Why is screening important?

The risk of unfavorable outcomes is very high when screening is delayed or skipped altogether. When cancer is found early, there is an increased chance of survival. Regular breast exams and mammograms are the best tools for early breast cancer detection and for having a higher chance of a favorable outcome.

Since Rhode Island has seen an increase in the number of breast cancer cases from Black, Indigenous, and people of color (BIPOC) women in recent decades, it is crucial that communities of color get screened regularly and have access to diagnostic services and high-quality treatment.[i]



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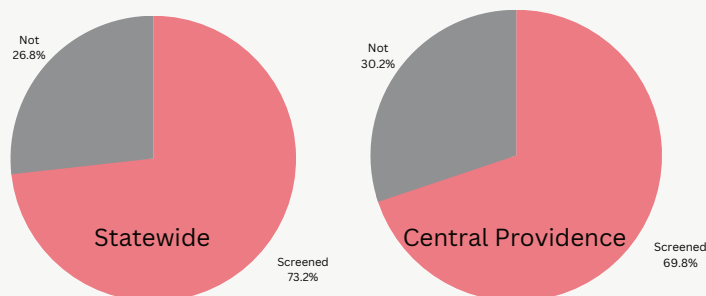


Central Providence characteristics and screening rates

Certain areas of Rhode Island have lower screening rates compared to the rest of the state. Central Providence is one area likely to have lower breast cancer screening rates than the state average. Consisting of ZIP Codes 02908 and 02909, Central Providence is home to a community with a higher percentage of people who are BIPOC, below the federal poverty level, and without car access compared to statewide percentages. Moreover, about 78% of people in Rhode Island only speak English, but slightly more than half of the people in Central Providence only speak English.[i]

In 2019, 73.2% of eligible women in the state were screened for breast cancer.[i] In Central Providence, the screening rate for breast cancer was slightly lower than this at 69.85% (see Figure 1).[x] Differences in language and varying cultural beliefs may be barriers to healthcare access.[i] RIDOH Data from: All Claims Payer Database. 2011-2019.

Figure 1. Rhode Island statewide breast cancer screening compared to Central Providence



Sourced from 2019 All Claims Payer Database

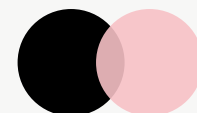
Suggestions to address these disparities

When diagnosed with any type of cancer—including breast cancer—women of color often face poorer outcomes than their White counterparts.[i] Because Central Providence is home to more BIPOC women than other areas of Rhode Island, there must be an intentional effort to produce culturally-appropriate materials that increase screening and reduce this disparity. Women of color must have the same access to high quality follow-up care that White women receive. Rhode Island Department of Health (RIDOH) Women's Cancer Screening Program, which offers services to eligible women with limited access to healthcare, works to improve equity in breast cancer screening.

It is important that cancer screenings for all women across the state rise, but especially important for women living in places like Central Providence who may face barriers to care due to language, socioeconomic status, limited transportation, and difference in cultural beliefs/norms. To address these issues, the Women's Cancer Screening Program and other healthcare providers will promote advertisements about their services in multiple languages, provide free bus passes, and utilize mobile mammogram trucks in the community after business hours for women who cannot easily miss work. Open conversations about breast cancer are also encouraged among families and friends to promote screening and positive outcomes if diagnosed. More information about the program can be found at

<https://health.ri.gov/programs/womenscancerscreening>

Or call the Women's Cancer Screening Program at 401-222-4324.



[i] The Burden of Breast Cancer in Rhode Island, Rhode Cancer Registry, Rhode Island Department of Health (2020). <https://health.ri.gov/publications/databriefs/2020BreastCancer.pdf>

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[iii] Breast cancer death rates are highest for black women—Again | breast cancer facts & figures, 2022-2024. (n.d.). Retrieved April 26, 2023, from <https://www.cancer.org/latest-news/breast-cancer-death-rates-are-highest-for-black-women-again.html>

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[v] Triple-negative breast cancer | details, diagnosis, and signs. Accessed April 26, 2023. <https://www.cancer.org/cancer/breast-cancer/about/types-of-breast-cancer/triple-negative.html>

[vi] Comparing breast cancer screening rates among different groups. Susan G. Komen®. Accessed April 26, 2023. <https://www.komen.org/breast-cancer/screening/screening-disparities/>

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[x] RIDOH. Data from: All Claims Payer Database. 2011-2019.

[xi] Howlader N, Noone A, Krapcho M, et al. SEER cancer statistics review, 1975–2012. National Cancer Institute. 2014;