Treatment Outcomes for African American Women With Breast Cancer: Does Income Matter? 
An Integrative Review of the Literature

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Introduction

In the U.S., the high mortality rate from breast cancer among African American women is of great concern. According to the National Center for Health Statistics (NCHS) (2013), the incidence of breast cancer is highest among European American women, with 124 women per every 1,000 experiencing breast cancer: with a death rate of 22 per 1,000. However, African American women have a disproportionately higher death rate of 31 per 1,000, despite having a lower incidence rate of 116 per 1,000 (National Center for Health Statistics 2013). In fact, African Americans have the highest death rates of any ethnic group as a result of breast cancer (National Center for Health Statistics 2013).

In the quest to find more information about African American women who have experienced breast cancer, the author had encountered difficulty finding evidence regarding income levels of African American women with breast cancer. More information was available about African American women with low socio-economic status (SES) than was available about African American women with high socio-economic status. The purpose of this review is to determine if treatment outcomes differed based on income. It is also important to identify common factors in the women's experiences with and survival from breast cancer.

Theoretical Framework

The unification of environmental influence and an individual is the basis of the bioecological theory (Bronfenbrenner and Ceci 1994). The model, developed by Bronfenbrenner, is the ideal framework for describing the relationships among health care providers, the social environment, and policies which have an interactional impact on the health of African American women (Bronfenbrenner and Ceci 1994). Furthermore, the biological model allows the opportunity to evaluate the ways in which all elements of a person's life— including influence from the physical environment— can interact to impact health.
The bioecological theory is made up of four components: microsystem, mesosystem, exosystem, and macrosystem (Bronfenbrenner and Ceci 1994). Immediate relationships within one's social network make up the microsystem (Bronfenbrenner and Ceci 1994). In this case, African American women's relationship with their physician represents a microsystem with an immediate influence. A mesosystem is a collection of the microsystems that create a collective affect (Bronfenbrenner and Ceci 1994). The women's relationships with all healthcare providers and their environmental encounters are examples of a collection of microsystems. Outside influences that create effects on an individual is the exosystem (Bronfenbrenner and Ceci 1994). Policies that guide the healthcare system's choices of administering care to patients reflect the exosystem. The macrosystem includes all system and cultural influences to create an effect (Bronfenbrenner and Ceci 1994).

Based on the model, it can be theorized that the early and/or persistent pressures placed on an individual can impact their health and development (Bronfenbrenner & Ceci 1994; Sallis, Owen, and Fisher 2008). Research has shown that persistent pressures can influence the offspring of the next generation (Bronfenbrenner and Ceci 1994; Sallis, Owen, and Fisher 2008). Sallis, Owen, and Fisher (2008) explains that changes in genetic expression can occur as a result of a direct connection between the cluster of social and physical factors and the genetic properties of an individual. Therefore, it is important to consider all aspects of the bioecological model when reviewing a disease such as breast cancer within a population such as African American women. This allows for a greater understanding of the health concern, as well as finding a ways to improve outcomes from breast cancer.

**Literature Review**

This research was completed using an integrative literature review methodology which is a type of literature review. With an integrative review, the author synthesizes scholarly information from different sources and integrates important concepts using a chosen framework (Torraco 2005). African American women and breast cancer are the focus of this review; therefore, the author examined articles that were both relatively new and old to obtain a wide range of information about the subject. A wider range of information allowed the author to construct a more in-depth analysis of the literature and to reach conclusions (Torraco 2005). As a result, this integrative review permits the reader to gain a better understanding regarding the complexities of African American women and breast cancer that are based on research evidence (Whittemore and Knafl 2005).
Methodology

For this integrative review process, a combination of keywords and terms were used to find books and articles. These terms included African American, women, breast cancer, income, health providers, healthcare system, rich, poor, and racism. The methodology consisted of several steps. First, the author searched through the Academic Search Premier, ERIC, PsycINFO, PubMed, ERIC and Science Direct databases for articles, which resulted in the review of more than sixty-two articles that were related to the topic. The article “Health-related Quality of Life of African American Breast Cancer Survivors Compared with Healthy African American Women” and the article “The Patient Protection and Affordable Care Act” were identified by using the Google Scholar search engine. These sources were used as supplemental information about breast cancer and healthcare.

While reviewing scholarly articles, selected references were used to find additional articles on similar topics. Next, the author visited the university’s health librarian for guidance in searching for additional categories in other databases. The selected sources needed to fit the specific criteria to breast cancer which included informative facts about the following: breast cancer, African American women who experienced breast cancer, and economic factors that may have played a role in cancer outcomes. Any sources that did not meet the criteria were excluded for this review.

Background information about breast cancer was also included as it provided context for readers who are not familiar with the effects of breast cancer. Furthermore, the background information would facilitate understanding regarding the perspectives of breast cancer patients and provide a foundation for readers who may be new to the topic. This allows for the discussion of disadvantages that may affect the cancer treatment and survival of African American women with breast cancer. An additional search was also conducted using Google Scholar with the following key terms: African American, women, breast cancer, income, health providers, and healthcare system. As a result, both were searched separately. Another recommended source was “Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care” which is an article that focused on the healthcare industry while considering ethnicity and gender as working factors. The author also analyzed information obtained from books and government-sponsored websites using the aforementioned keywords.

Table 1 lists the most important studies for this paper and briefly describes the major components of the studies. These components include article title, purpose, and findings. The strength of each source depends on the amount of information it provides about breast cancer while focusing on African American
women and their income. A source is weak if it provides information on either of these disadvantages, finances, or treatment; and a source is moderate if it provides information about a combination of disadvantage, finances, or treatment. Finally, a source is considered strong if there is information used for disadvantage, finances, along with treatment. The strongest sources were included in Table 1 and this article.

Table 1. Studies of disadvantages, finances, and treatments affecting African American Women

<table>
<thead>
<tr>
<th>Title</th>
<th>Purpose</th>
<th>Results</th>
</tr>
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<tbody>
<tr>
<td>Effects on Social Injustice on Breast Health-Seeking Behaviors of Low-Income Women. Academic Journal of Health Promotion (Bowen et al. 2013)</td>
<td>What occurs after low-income women receive an abnormal breast screening</td>
<td>There is an increase of stress due to low employment and lack of insurance</td>
</tr>
<tr>
<td>Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care (Institute of Medicine 2002)</td>
<td>A review paper about health disparities</td>
<td>A combination of actions from patients and healthcare providers factor into patients becoming underserved</td>
</tr>
<tr>
<td>Disentangling the effects of race/ethnicity and socioeconomic status of neighborhood in cancer stage distribution in New York City (Islami et al. 2013)</td>
<td>To investigate the association between stage of cancer at diagnosis with neighborhood</td>
<td>Late stage diagnosis is correlated with race and ethnicity</td>
</tr>
<tr>
<td>Socioeconomic status and racial and ethnic differences in functional status associated with chronic diseases (Kington and Smith 1997)</td>
<td>To examine the relationships between wealth and income and selected racial and ethnic differences in health</td>
<td>Socio-economic status is correlated with African American and Hispanic populations as well as chronic diseases</td>
</tr>
<tr>
<td>Socioeconomic and racial differences in treatment for breast cancer at a low-volume hospital (Kong et al. 2011)</td>
<td>To determine whether nonwhite or low-SES patients are disproportionately treated in low-volume hospitals</td>
<td>One potential reason for breast cancer diagnosis among minorities is remoteness from advanced medical facilities</td>
</tr>
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</table>
Table 1. Studies of disadvantages, finances, and treatments affecting African American Women (continued)

<table>
<thead>
<tr>
<th>Title</th>
<th>Purpose</th>
<th>Results</th>
</tr>
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<tr>
<td>Ethnic differences in breast cancer survival: status and determinants (Maskarinec et al. Sen 2011)</td>
<td>To present relevant studies for all major US racial/ethnic groups and discuss underlying causes of disparity</td>
<td>The health hierarchy has Caucasians at the top (with the exception of Japanese American women); Hawaiians and Latinos are at the center, and African Americans are at the bottom</td>
</tr>
<tr>
<td>The Structuring of Ethnic Inequalities in Health: Economic Position, Racial Discrimination, and Racism (Nazroo 2003)</td>
<td>The inadequate measurement of ethnicity, lack of good data on socioeconomic position, particularly data that address life-course issues</td>
<td>Health inequality is correlated with society’s ongoing racism, discrimination, and socioeconomic status</td>
</tr>
<tr>
<td>Surveillance mammography use after treatment of primary breast cancer and racial disparities in survival (Nurgalieva et al., 2013)</td>
<td>To examine whether surveillance mammography reduces racial disparities in survival among elderly breast cancer survivors following active treatment for breast cancer</td>
<td>There is a need for eliminating the effects health disparities have on racial groups in addition to surveillance mammography helping detect breast cancer</td>
</tr>
<tr>
<td>Racial differences in outcomes of triple-negative breast cancer (Pacheco et al. 2013)</td>
<td>To examine the literature regarding survival outcomes</td>
<td>When African American and European American groups were given like treatment and follow-up, their race was not significant in treatment outcomes</td>
</tr>
<tr>
<td>Health-related quality of life of African American breast cancer survivors compared with healthy African American women (Von Ah et al. 2012)</td>
<td>The purpose of this study was to compare health-related quality of life of African American women</td>
<td>There are immeasurable factors which contribute to the treatment outcomes of women of the African American population</td>
</tr>
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Analysis of Findings

While reviewing the literature, the author noted recurring concepts that became the focus for the paper. These concepts included health inequity; culture and health; healthcare cost and insurance; and genetics. These aforementioned concepts also led to the discussion of care and availability, treatment results, and genetics; these factors were also found to have effects on the survival of African American women with breast cancer. The concepts are further discussed below and serve as possible biocultural factors that contribute to the health disparities among African American women experiencing breast cancer.

Health Inequity

Health inequity can impact African American women and their health journey within the healthcare system. According to The Institute of Medicine (IOM) (2002), medical coverage and assistance from healthcare providers may generally be available to all who are covered, but differences exist in care received by European American patients and patients of color. For example, a study by Islami et al. (2013) revealed that African Americans and Hispanics living in New York were more likely than whites to be diagnosed with later staged cancers, regardless of their neighborhood or socioeconomic status. African Americans becoming diagnosed with later stage cancers is but one of many health inequalities within society.

In addition to receiving delayed diagnoses for cancer, ethnic diversity amongst healthcare providers is also an issue (Institute of Medicine 2002). The ethnic make-up of healthcare providers from minority backgrounds is underrepresented and does not reflect the population they serve. It is acknowledged by The Association of American Medical Colleges (AAMC) (2006) that minorities are not represented well in numbers within healthcare, and African American doctors are only at 3.3 percent of the physician population, and Native American doctors are the lowest at .03 percent. As a result, the interactions between providers and patients may be challenged due to cultural and language barriers (Institute of Medicine 2002). Furthermore, research has shown that bias among healthcare providers towards patients of color has resulted in inferior care because of stereotyped perspectives about certain ethnic groups and their responses to health and illness (Institute of Medicine 2002). All patients still need healthcare services; however, they must still rely on the healthcare system and healthcare professionals that may exhibit bias and deliver unequal treatment. A proposed strategy to address this issue is to increase the diversity of the healthcare workforce. The Association of American Medical Colleges (2006) has demonstrated that most minorities go to serve underrepresented groups, and patients respond positively to the care of
doctors’ from minority groups. Doctors who are of a minority background may have enhanced understanding of patients with similar backgrounds (Association of American Medical Colleges 2006).

The Nation’s Health news journal published an interview with Michael Marmot, a prominent epidemiologist, who spoke of inequality along with distribution of healthcare in Western countries (McGill 2013). He further emphasized that inequality is due to the impact of unequal financial and tax distributions (McGill 2013). It has been proposed that a market-driven healthcare system creates an environment in which insurance providers drive the use of incentives. This strategy saves costs while sacrificing the quality of treatment; particularly for vulnerable populations such as people who are uninsured or lack the social capital to leverage resources (Institute of Medicine 2002).

Cutting costs could also mean that the healthcare providers become limited in their ability to provide high quality healthcare. Marmot further stated that there is involuntary inequality in child development and job attainment (McGill 2013). The inequalities work together with healthcare to create disadvantages structured by policies that western governments implement (McGill 2013). A high demand for a better quality environment and long-term health may be caused by addressing the ways people in society view one another and what they need to be healthy (McGill 2013). Once people recognize the social inequalities around them, they will then be able to connect the inequalities to themselves and increase the demand for more quality healthcare.

**Culture and Health**

It is important to consider culture when examining certain factors that may contribute to the rate of survival among African American women with breast cancer. A study by Paxton et al. (2013) focused on co-morbid issues in older and obese African American women. Issues such as high cholesterol, hypertension, and diabetes have possibly been caused by below average physical activity and plenty of television (Paxton et al. 2013). Diet and stress are factors that affect the health of African Americans due to customs and background. African Americans have a history of consuming a less than healthy diet, including animal leftovers such as chitterlings, due to food availability and survival extending from an era of enslavement (Trescott 2003).

There is one drawback; psychosocial reasons for co-morbidities may have been responsible for the sedentary tendencies of African Americans (Paxton et al. 2013; Nazroo 2003). According to Nazroo, social stress, such as racism, also has an impact on minorities. Stress takes a toll on the body and can contribute to co-morbid diseases (Ranabir and Reetu 2011). Ranabir and Reetu (2011) explained that hormones change during stress as the body’s means of survival. Stress affects the hormones catecholamines and glucocorticoids, as well as
cortisol, which is associated with abdominal fat (Ranabir and Reetu 2011). This level of change in the body, due to stress, could be a possible cause for multiple health issues among African American women.

African Americans have a history of mistrust with the healthcare system and may not seek treatment because of discrimination, travel, and cost (Skloot 2010). A case of health inequity can be further substantiated with the experience of an African American woman named Henrietta Lacks. Lacks was originally from Virginia and was hospitalized at Johns Hopkins hospital in the 1940s for cervical cancer (Skloot 2010). The case was significant in that one of Lacks' physicians took samples of her cells without her permission or knowledge (Skloot 2010). Lacks' cells were subsequently sold and distributed worldwide for research and resulted in scientists benefiting financially and academically from her cells (Skloot 2010). However, Lacks and her family were never notified of these actions, nor did they benefit from them (Skloot 2010). Lacks' experience happened during a time when her family had limited resources and when segregation and discrimination were common occurrences, which discouraged African Americans from visiting medical facilities (Skloot 2010).

Many African Americans have a history of unhealthy relationships with the healthcare system (Freimuth et al. 2001). A study by Freimuth et al. (2001) and a description from a Britannica (2012) encyclopedia recognized the Tuskegee Syphilis Study as an unforgettable mark on African American history. Six hundred African American men were used by the Public Health Service in a U.S. government sponsored university study of the syphilis disease without the men's knowledge. The entire length of the study lasted from 1932 to 1972 (Britannica 2012; Freimuth et al. 2001). Approximately 100 men who were part of the Tuskegee syphilis study died because they were denied available treatment, even when penicillin was discovered as an effective treatment for syphilis ten years before their death (Freimuth et al. 2001).

Another goal of the Tuskegee study was to learn if African American men had more cardiovascular problems as opposed to neurological problems when compared to European American men (Britannica 2012; Freimuth et al. 2001). Other examples of unethical research includes African American patients who were abused when experimented on with harmful chemicals such as radiation and even dissected in some southern states (Freimuth et al. 2001; Harris et al. 1996). Together, these historical cases highlight important reasons for mistrust among African Americans towards the healthcare system.

**Healthcare Cost and Insurance**

A delay in the breast cancer diagnoses of African American and Hispanic communities has been an issue (Islami et al. 2013). It has been documented
that African Americans tend to experience a circular pattern of health related behaviors (Islami, et al. 2013). For example, an African American woman with low income will most likely face barriers to preventive services such as mammograms. This results in delayed diagnosis and treatment. Even with treatment, African American women often continued to experience barriers such as the ability to afford treatments (Bowen et al. 2013). Access to treatment can be affected by decisions that are made by health insurance providers (Vigen 2006). Vigen (2006) explained that insurance providers can place barriers by limiting certain benefits, co-pays and additional medical costs, and the option to not cover the patients' treatment costs. This type of politics in the healthcare system may not allow room for true equality and may encourage the distribution of more supportive healthcare to European American patients with higher incomes (Vigen 2006).

Holtz (2008) noted that other countries, including India and Japan, spend less than half the money that the U.S. spends on healthcare each year, yet the countries that spend less have results that may be superior. An example by Centers for Medicare and Medicaid Services (CMS) (2014) continue to show that in comparison to the countries previously mentioned, the U.S. spends a large amount on healthcare. The U.S. spends $6,815 for the health of all residence on average (Centers for Medicare and Medicaid Services 2014). However, the amount in healthcare spending does not align with life expectancy as the average life expectancy in the U.S. is approximately seventy-eight years as compared with seventy-nine years in other developed countries (Holtz 2008). In fact, the U.S. ranks 42nd in life expectancy at birth when compared with other countries (The World Factbook 2013). The history of spending in the U.S. may demonstrate a lesser quality of treatments for the average amount of money that is spent on healthcare (Vigen 2006).

There are times when barriers to healthcare may exceed the needs of African American women who have experienced breast cancer. A study by Bowen et al. (2013) on African American women with breast cancer found that they experience a circular pattern as shown in Diagram 1: lower socio-economic status, breast cancer diagnosis, and no treatment. The diagram demonstrates the cycle that places African American women in a vulnerable position. The oval at the top of the page represents the lower SES of the African American women. The oval in the center represents the breast cancer diagnosis of the women. The oval at the bottom of the page represents the lack of access to treatment, and is the last step of the cycle.
Diagram 1. African American Women socio-economic healthcare pattern

This diagram demonstrates the barriers African American women encounter when attempting to successfully utilize preventative care. African American women may go through this cycle, which starts over each time they seek treatment. This can be a disadvantage because of barriers to treatment and more treatment options for serious health situations. According to Kington and Smith (1997), African Americans are generally less wealthy than European Americans because access and opportunities are not equal due to socio-economic positions. An example is the contrast in average income between European Americans and African Americans; $57,009 and $33,321 respectively (DeNavas-Walt, Proctor, and Smith 2012). This example demonstrates that a difference in income may result in a difference in the quality of healthcare among minorities. It has been found that unequal wealth is directly linked with chronic diseases, despite personal choices (Kington and Smith 1997). One extra dollar in wealth does not change much for the wealthy, but it impacts the underprivileged 80 times more than the wealthy and 40 times more for income of the underprivileged (Kington and Smith 1997). Lack of wealth may contribute to breast cancer treatment issues involving African American women and their position in the healthcare system.

The financial impact of healthcare can be as significant as a patient receiving vital treatment itself. Many African Americans are disadvantaged economically, which adds to their inequality in healthcare. Disadvantage made by discrimination and harassment work together to shape the economy and
society with race-based influence (Nazroo 2003). It is not just an individual but a people that end up disadvantaged with no level position in this economy. Constraints on medical care may be vital when patients need to receive time-sensitive care for a disease that is on the increase. Kong et al.’s (2011) article described African Americans as being less inclined to visit hospitals with more medical technology because of distance and costs of treatment. However, Dai (2010) explained that a late diagnosis is a result of segregation among African American and European American populations, i.e. largely metropolitan Detroit and the rest of the U.S. and that distance from a preferred hospital are reasons for not attending treatment. Kong et al.’s study also mentioned that minorities could not attend the hospitals with more technology even if they were closer in proximity because of higher costs.

Nurgalieva et al. (2013) made clear that Health Maintenance Organization (HMO) and SES status could affect the option for African American women to receive adjuvant hormone therapy. Nurgalieva et al. (2013) further explained that this treatment saved lives but may not reach everyone, due to limited access (Nurgalieva et al. 2013). A study by Von Ah et al. (2012) found commonalities among African American breast cancer survivors, such as the women’s salaries being under $30,000 and medical coverage that was not comprehensive and was basic in nature. As a result, one’s income level was associated with the quality of healthcare coverage.

Rosenbaum (2011) described The Affordable Care Act (ACA) as health insurance by way of a new government program that covers almost everyone; including those living below the poverty line. The ACA also limits the insurance providers from the ability to select whom they can provide coverage. It is not permitted for providers to refuse coverage for patients; including those deemed as being high risk (Rosenbaum 2011). However, a drawback to the ACA program is its risk of being rejected by healthcare providers who do not wish to honor the health coverage in healthcare facilities nationwide. This potentially allows patients to be turned away, continuing the circular pattern introduced by Bowen et al. (2013), due to a discrepancy between the government and state laws.

The treatments for breast cancer that are offered to breast cancer patients can work successfully for African American women. Pacheco et al. (2013) and Nurgalieva et al. (2013) found that minorities who received the same treatment as European Americans and had a similar response to the treatment, suggesting that when African Americans are given the same breast cancer treatment as European Americans, they fare just as well (Pacheco et al. 2013; Nurgalieva et al. 2013). The findings of the two studies suggest that social issues leading to barriers in breast cancer treatment may be due to access to treatment and not a result of the treatment itself. Nurgalieva et al. (2013) and Paszat et al. (2009)
have highlighted the issue of access to the proper drugs and adjuvant hormone therapy, which can improve survival among breast cancer patients of African American and Hispanic ethnicities (Nurgalieva et al. 2013; Paszat et al. 2009).

Genetics
The author has also found that patterns in African American women being diagnosed with breast cancer are more complex than SES alone (Newman et al. 2002). Newman et al. (2002) presented the possibility of genetics setting the stage for African American women to have breast cancer, with the mutation of the BRCA gene as a contributing factor. Treatment for the BRCA gene's expression may reduce the numbers of African American women who are diagnosed with breast cancer. Treatments are one of the most important stages within the breast cancer journey, and the chance to receive treatment may be life changing for African American women.

According to Weaver, Meaney, and Szyf (2006), epigenetics allows us to look more closely at the environmental impact of stressors, resulting in effects on the health of individuals. Epigenetics is defined by Riggs as “the study of mitotically and/or meiotically heritable changes in gene function that cannot be explained by changes in DNA sequence” (Bird 2007, 396). Changes in gene expressions that are because of a stressful environment may help an individual to adapt to the stressful environment in the short term but may cause significant health problems in the long term (Weaver, Meaney, and Szyf 2006). The life experiences of one generation may cause certain gene expressions without changes to the DNA. Such gene expressions, as a result of experiences, may influence health either positively or negatively. Weaver, Meaney, and Szyf (2006) further explained that the subsequent generation's health status may be a result of stress from the previous generation. For example, in a study using rats as animal models, Weaver, Meaney, and Szyf (2006) demonstrated results of how rats that were exposed to stress experienced cellular changes in certain regions of their brains that negatively affected their responses to stress. Such a negative response to stress, as a result of life experiences, can theoretically be applied to humans. In terms of African American women who experience breast cancer, it is possible that the women's bodies respond to certain stressors from the environment, and as a result, these experiences may have altered gene expressions over time.

According to Danforth (2013), women of African descent in America became diagnosed with breast cancer because of genetic factors along with SES, and potentially, the availability of healthcare. Preventative healthcare may be limited by the women's income because general health care plans are limited in offering adjuvant therapy and are usually more available to patients with comprehensive healthcare plans (Nurgalieva et al. 2013; Paszat et al. 2009).
**LIMITATIONS**

This integrative literature review was conducted by the author, but the research did not include original data collection. The author was not able to identify specific studies that directly addressed the question about African American women with breast cancer and income levels. However, the author was able to identify four major concepts as discussed in the analysis that indirectly addressed the study’s question. Other work related to this topic may have been inadvertently omitted due to different keywords. In addition, not all articles in the review were solely about income, such as background information about breast cancer and African American women.

**IMPLICATIONS**

Using the bioecological theory as a guiding framework, findings from this integrative review indicate that many factors, from genetics to culture and policies contribute to treatment outcomes of African American women with breast cancer. Diagram 2 demonstrates the experiences of African American women through the healthcare system and their experience with breast cancer. African American women are at the center of the diagram. Next, the relationships African American women have with their doctors which can influence the women's own experiences are presented as the next system. Then, environmental factors which contribute to the amount of pressures that impact health are presented. Finally, policies guiding treatment options that contribute to either solutions or limitations of the women are represented as the outermost circle. The experiences previously mentioned simultaneously impact African American women's health, and may contribute to their survival from breast cancer.

**Diagram 2: Healthcare bioecological system for African American Women**

![Diagram 2](image)

Ultimately, income can pose significant barriers that impact African American women's treatment outcomes. However, based on evidence, income similarities between African American women and European American women still posed
a difference in health with African American women having a higher likelihood of experiencing poorer health (Islami et al. 2013; Nazroo 2003). African American women do encounter more serious hardships with the aggressive nature of breast cancer than women of other ethnicities (National Center for Health Statistics 2013). Research has also indicated that survival of ethnically diverse patients could be positively impacted by similar medical treatments.

Newman et al. (2002) suggested making a change in the policy which may promote more economic advantage to disadvantaged groups (Newman et al. 2002). Socio-economic position may improve through policy, which promotes economic advantage and success to minority groups such as African Americans (Newman et al. 2002). Policy makers may add more of a push and realism to make economic advantage happen, such as Affirmative Action. The Affirmative Action policy would allow more opportunities for the advancement of minorities' who are underserved populations in our society. The more opportunity there is in this economy for minority groups such as African Americans, the more chances of wealth increasing for everyone and leading to opportunities toward comprehensive health plans that offer more treatments. More economic advantage means more money for minorities. More money for minorities leads to the affordability of better health insurance.

Another way to improve African American women’s health is to adopt ways that will help them gain control of non-genetic factors which may help to combat breast cancer. Eating healthy and exercising regularly is the first step to this population controlling their own health. Better nutrition contributes to the body functioning properly and effectively. Li, Fridinger, and Grummer-Strawn (2004) provided breast feeding as another way to decrease risks of breast cancer among African American women. The suppression of milk production may have a cancer-causing effect on women who have multiple children (Li, Fridinger, and Grummer-Strawn 2004). It is also noted by Mukhina et al. (2004) that African American women who had children earlier in life experienced a greater risk of breast cancer because of higher levels of mitogen IGF-1. Women accumulate hormones after each pregnancy, and this is a factor that contributes to high levels of mitogen IGF-1 (Mukhina et al. 2004). Keeping these facts in mind can help African American women make better choices and take control of their health.

Diversity among healthcare professionals may bring about cultural competence in healthcare systems due to improved communications and understanding between providers and patients (Tervalon and Murray-Garcia 1998). The concept of cultural humility, coined by Tervalon and Murray-Garcia (1998), may be an effective strategy in enhancing the understanding of the unique experiences that African Americans have. Cultural humility consists of patient-
focused interviewing and care, community based care and advocacy, and institutional consistency (Tervalon and Murray-Garcia 1998). Tervalon and Murray-Garcia (1998 emphasized that cultural humility is having self-awareness about our own values and biases and being constantly open to learning about other cultures without generalizing or stereotyping. Cultural humility places patients first, and by practicing cultural humility, healthcare providers can recognize and learn about each patient’s unique needs. Such an approach would better serve minority populations such as African American women (Tervalon and Murray-Garcia 2008).

In conclusion, it is important to keep in mind that the health of African American women is also influenced by larger societal forces such as their relationships within healthcare and their mistreatment within society. The more society moves toward equality in economics and health and lessens the emphasis on social hierarchy, the more likely we will have a society that is healthier and more successful. This is an investment that society must make as a whole in order to become successful in maintaining a healthy society.
REFERENCES


