



# Breast Cancer Disparities Among Black Women in Rural Communities

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## Abstract

Breast cancer disparities among Black women in the United States remain a significant public health concern, particularly in rural communities where geographic and structural barriers further limit access to care. Although breast cancer incidence among Black women is similar to that of White women, Black women experience substantially higher mortality, and these inequities are intensified in nonmetropolitan settings (American Cancer Society, 2024). Black women living in rural communities face compounded disadvantages related to screening access, stage at diagnosis, treatment delays, financial barriers, and shortages in oncology infrastructure (National Cancer Institute, 2023; O'Neil et al., 2018). This brief examines the intersecting effects of race, rurality, and structural inequities on breast cancer outcomes and highlights evidence-based strategies to improve access, reduce delays in care, and advance health equity.

**Keywords** breast cancer disparities, Black women, rural health, health equity, cancer outcomes, access to care, structural determinants of health, oncology care

## Introduction

Breast cancer remains one of the most frequently diagnosed cancers among women in the United States and is the most commonly diagnosed cancer among Black women. Although incidence rates are similar between Black and White women, Black women experience significantly higher mortality rates (American Cancer Society, 2024). These inequities are present across geographic settings but are particularly severe in rural and remote communities, where access to timely screening, diagnosis, and treatment is often constrained (National Cancer Institute, 2023). For Black women living in nonmetropolitan areas, breast cancer outcomes are shaped by the combined effects of race, rural residence, economic disadvantage, and healthcare system limitations. These intersecting barriers contribute to later-stage diagnosis, delays in starting treatment, reduced access to evidence-based care, and poorer survival outcomes (O'Neil et al., 2018; Keegan et al., 2011). An intersectional approach is therefore essential for understanding how structural inequities produce disparities across the breast cancer care continuum.

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## Rural Context and Structural Conditions

Rural communities in the United States are typically defined by smaller population size, lower density, and greater distance from urban centers (Health Resources and Services Administration [HRSA], 2025). These regions often experience healthcare workforce shortages, hospital closures, and limited access to specialty care services, all of which contribute to inequitable cancer outcomes (National Cancer Institute, 2023). Compared with metropolitan areas, rural communities have fewer hospitals and providers, longer travel distances, and more limited access to oncology care (O'Neil et al., 2018). Approximately 20% of the U.S. population lives in rural areas, yet only about 3% to 7% of oncologists practice there (O'Neil et al., 2018). Black women living in rural areas experience compounded disparities and higher mortality rates, particularly in the Southern United States (Elser et al., 2018). These inequities reflect structural determinants that shape access to care and health outcomes.

## Screening, Diagnosis, and Treatment Disparities

Black women are more likely to be diagnosed with aggressive subtypes such as triple-negative breast cancer and are also more likely to experience delayed diagnoses due to reduced screening access (Warner et al., 2015; CDC, 2021). Rural areas have fewer mammography facilities, and transportation barriers further limit access to preventive services (O'Neil et al., 2018). Consequently, women in these communities are more likely to present with later-stage disease (National Cancer Institute, 2023).

Treatment disparities persist as well. Limited access to oncology specialists, radiation facilities, and surgical services in rural areas contributes to delays in treatment initiation (Keegan et al., 2011; O'Neil et al., 2018). Black women are less likely to receive guideline-concordant care and experience greater financial barriers that affect adherence to treatment (American Cancer Society, 2024).

## Structural Determinants of Health

Structural and social determinants, including healthcare infrastructure shortages, transportation limitations, financial instability, and systemic racism, play a central role in shaping disparities (National Cancer Institute, 2023). These factors interact to create cumulative disadvantage, increasing risk for delayed diagnosis and poorer outcomes (McGee et al., 2017; Neighborhood Disadvantage et al., 2023).



## Recommendations

Addressing breast cancer disparities among Black women in rural communities requires coordinated, multi-level strategies that improve access to care and address underlying structural inequities.

- **Expand Access to Screening** Increasing access to early detection is critical to improving outcomes. Mobile mammography programs and community-based screening initiatives can reduce geographic and transportation barriers, particularly in underserved rural areas (National Cancer Institute, 2023). These programs are most effective when paired with systems that ensure timely follow-up and continuity of care after screening.
- **Strengthen Rural Healthcare Infrastructure** Investment in rural healthcare systems is necessary to expand oncology capacity and reduce disparities in treatment access. Workforce development strategies, including loan repayment programs, rural training tracks, and partnerships between urban cancer centers and rural providers, can help address shortages of oncology specialists and improve access to guideline-concordant care (National Cancer Institute, 2023; O'Neil et al., 2018).
- **Scale Patient Navigation Programs** Patient navigation has been shown to reduce delays in diagnosis and improve access to treatment by addressing logistical, financial, and informational barriers (National Cancer Institute, 2023). Expanding culturally and geographically tailored navigation programs can help Black women in rural areas navigate complex healthcare systems, coordinate care, and improve treatment adherence.
- **Enhance Telehealth and Tele-oncology** Telehealth and tele-oncology services can improve access to oncology specialists in rural communities by reducing the need for travel and enabling timely consultations and treatment planning (National Cancer Institute, 2023). Expanding digital infrastructure and broadband access is essential to ensure equitable access to virtual care services.
- **Promote Community Engagement** Community-based approaches that involve trusted local leaders, faith-based organizations, and patient advocacy groups can improve outreach, education, and trust in the healthcare system (National Cancer Institute, 2023). These strategies are essential for addressing medical mistrust, increasing screening uptake, and supporting treatment adherence.

## Conclusion

Breast cancer disparities among Black women in rural communities are driven by the intersection of race, geography, and structural inequities. Although incidence rates are similar across racial groups, disparities in screening, diagnosis, and treatment contribute to significantly higher mortality among Black women (American Cancer Society, 2024; Keegan et al., 2011). These challenges are



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magnified in rural settings, where access to healthcare services is limited (O'Neil et al., 2018; National Cancer Institute, 2023). Addressing these disparities requires sustained investment in equitable, multi-level interventions that improve access to care across the cancer continuum. Strategies such as expanding screening programs, strengthening rural healthcare systems, implementing patient navigation, and reducing financial barriers are essential for improving outcomes and advancing health equity. Further research is needed to better understand the lived experiences of Black women in rural communities and to inform more effective, targeted interventions.

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