African American women and Latinas often experience suboptimal breast cancer care. This article describes providers’ self-rated skills in communication practices when working with African American women and Latinas diagnosed with breast cancer. Current literature reveals how providers are lacking in the ability to communicate with these patients and often fail to incorporate cultural beliefs into breast cancer care and treatment. This poor communication and failure to acknowledge cultural beliefs can be correlated with poor patient outcomes. In a study of providers’ perceptions of how they address the cultural beliefs of African American women and Latinas diagnosed with breast cancer, interviews with physicians, inpatient nurses, cancer clinic nurses, mammography technicians, and ultrasound technicians showed that they used the same approach for all patients, regardless of race, ethnicity, or culture but felt they practiced culturally sensitive care. Increased and improved cultural competence education is recommended for providers at all levels as a first step toward increasing culturally competent communications.

Susan Mott-Coles, DNP, RN, AOCN®, ACNP-BC, is an assistant professor in the School of Nursing at Vanderbilt University in Nashville, TN. The author takes full responsibility for the content of the article. The author did not receive honoraria for this work. The content of this article has been reviewed by independent peer reviewers to ensure that it is balanced, objective, and free from commercial bias. No financial relationships relevant to the content of this article have been disclosed by the author, planners, independent peer reviewers, or editorial staff. Mott-Coles can be reached at susan.m.coles@vanderbilt.edu, with copy to editor at CJONeditor@ons.org. (Submitted August 2013. Revision submitted September 2013. Accepted for publication September 20, 2013.)

Key words: minorities; health disparities; African American; Latina; breast cancer; culture; cultural competence; culturally sensitive communications; breast cancer treatment

Review of the Literature

Breast cancer is the leading cause of cancer-related death among Latinas and African American women (American Cancer Society [ACS], 2012). In 2010, the U.S. population was comprised of 14.6% African American and 12.1% Hispanic/Latino people (U.S. Census Bureau, 2010). Although the age-adjusted incidence of breast cancer (per 100,000 U.S. women) was higher among Caucasian women aged 50 years and older (see Figure 1), late-stage diagnosis among African American women and Latinas was higher when compared with late-stage diagnosis in Caucasian women (ACS, 2012, 2013a) (see Figure 2). The ACS categorizes breast cancer survival by stage, showing that those diagnosed with localized disease have a 99% five-year survival rate, whereas those diagnosed with regional disease have only an 84% five-year survival rate (ACS, 2012, 2013a, 2014). Those women diagnosed with distant metastatic disease have only a 24% five-year survival rate. Therefore, African American women and Latinas are more likely to die from breast cancer than are Caucasian women (ACS, 2013b).