

## BACKGROUND

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Black women in the U.S. and in Boston have excess mortality from breast cancer compared to white women. The higher rates of mortality among black women with breast cancer compared to white women raises important questions about how multiple factors may intersect to result in higher death rates for black women. Differences in the prevalence of breast cancer risk factors by race or ethnicity raise the possibility of preventing racial and ethnic disparities by changing the prevalence of those risk factors. Research increasingly points to a relationship between breast cancer and obesity. In Boston, a higher percentage of black women in Boston are overweight and obese according to data from the CDC's Behavioral Risk Factor Surveillance System. It therefore is important to understand how women in the community understand and respond to the link between obesity and breast cancer.

Harvard Medical School's Center of Excellence in Women's Health was awarded a contract from the U.S. Department of Health and Human Services' Office on Women's Health to conduct a literature review and qualitative study to increase understanding of black women's attitudes and responses to evidence that there is a link between obesity and breast cancer risk.

## ACTIVITIES

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### *Literature Review*

The Center of Excellence team conducted an extensive literature review and developed messages that summarize the major findings from the studies.

### *Community Meeting*

The messages were shared at a community meeting with a coalition of black women who work collectively toward eliminating disparities in breast cancer mortality. The meeting not only provided education for the members of the coalition but also provided feedback as to how members of the coalition felt about the messages.

### *Messages*

The final research-based messages are:

- Women who store fat in their upper bodies and stomach are at greater risk for breast cancer.
- Some research suggests that women who are overweight around the time they start menopause have an increased risk for breast cancer. Also, women who are overweight or very overweight and have already gone through menopause have an increased risk for breast cancer. So, being overweight at the time of menopause or after menopause increases risk for getting breast cancer.
- Women who gain weight as adults and do not lose it have a higher risk of getting breast cancer.
- Women who eat a diet that contains a lot of unhealthy food AND who are not regularly active have an increased risk of getting breast cancer.
- Women who are very physically active have a lower risk of getting breast cancer.

### *Focus Groups and Analysis*

The Center of Excellence conducted focus groups in English and Haitian-Creole with black women in Boston to ascertain their feedback about the messages and their opinions about the link between breast cancer and weight. Women received \$25 stipends from non-contractual

funding sources. Participants had the opportunity to ask questions at the end of the focus groups. It was important to provide this time for debriefing and positive educational support as many women, especially from the English-speaking groups, were sensitive to the information that they heard and were discouraged. The Haitian-Creole group reacted to the messages much more positively. All of the women commented on the importance of having open forums to discuss health issues.

## EDUCATIONAL RECOMMENDATIONS

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- Clarify that the messages coming from the research are not death sentences, especially for English-speaking black women. Work to dispel fear about weight and cancer. Emphasize that increased physical activity and healthy eating reduce risks for many illnesses, and that even small changes are better than no changes.
- Emphasize that women can control some of their risk factors, even if there are hereditary components such as family history for cancer or inherited body shapes.
  - Clarify that increased physical activity, healthier eating, and weight loss—even if it is not from the abdominal area—are still good.
  - Address that not all cancer is hereditary.
  - Provide additional information on healthy weight for “apple-shaped” women.

- Messages should acknowledge that there are other risks for breast cancer in addition to weight, and perhaps the risks should be prioritized.
- Define and better explain healthy eating and physical activity. Acknowledge real and perceived barriers such as food costs and gym membership costs and provide concrete suggestions for overcoming the barriers.
- Develop age-based interventions.
- Women want more health information in general and would especially like to hear more about
  - Menopause
  - How to improve communication with healthcare providers
    - Provide guidance about asking questions
    - Provide information about what tests to get and when to get them
    - Provide an overview of patients' rights
  - Mammograms
    - Work to dispel fears and misinformation, especially for Haitian-Creole women
- Help women overcome barriers to scheduling and keeping yearly medical check-up appointments.
- English-speaking black women might benefit more from stages of change-based health interventions, as Haitian-Creole-speaking black women expressed virtually no hesitation to making changes (i.e., demonstrated higher self-efficacy). Whether Haitian-Creole-speaking black women would

have an easier time implementing change is unknown, however.

## RESEARCH RECOMMENDATIONS

- A larger comparative study between English-speaking black women and Haitian-Creole women would provide more information about the reasons behind the differential expressions of self-efficacy. The reasons Haitian-Creole women expressed readiness for change may include:
  - they believe that they can make the changes and are motivated to do
  - they feel less encumbered by or aware of barriers to change
  - they are more trusting of information
  - they are less willing to share skepticism in this setting
  - they are less exposed to problems with research and the medical community
  - the sample was too small and did not reflect diversity of views
  - and/or other reasons.
- While we recruited women aged thirty and over, we did not have any representation from women aged 30-40 at the focus groups. Findings might be different for this younger age group. This is especially important to prevent weight gain.



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## **Black Women's Attitudes about the Link between Breast Cancer and Obesity**

### *Project Summary and Recommendations*

Prepared by Harvard Medical  
School's Center of Excellence in  
Women's Health