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Breast Cancer Disparities among African American Women Corresponding to Health Service Barriers

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Abstract

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MA, Ashford University, 2009

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Dissertation Submitted in Partial Fulfillment
of the Requirements for the Degree of
Doctor of Philosophy
Health Services

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Abstract

African American women tend to experience higher health disparities in cancer-related illness than any other female population in the United States. The purpose of this qualitative case study was to identify and examine access-related barriers that play a significant role in the decision-making process of this population when seeking breast cancer health services. The central research question explored the effect that barriers to health care have on African American women in the Southeastern region of the United States. Secondary research questions explored the role the Patient Protection and Affordable Care Act of 2010 has on improving access to affordable, quality breast cancer screening services for the sample population. A critical theory lens of racism and ethnicity provided conceptual framework for this case study. Significant findings identified barriers to accessing breast cancer related health services as personal, community, social, systemic, and institutional. Personal barriers identified were related to access, autonomy, and benefits of the Affordable Care Act. Social barriers corresponded to cultural, financial burden, funding, health conditions, insurance, role within the family self-discovery, and spirituality. Community barriers included access, advocacy, and autonomy. Systemic and institutional barriers consisted of doctor listening, doctor's rapport, doctor treatment, lack of trust, and benefits of the Affordable Care Act. Implications for social change included bringing awareness of the need to establish a Breast Cancer Resource Center in the region to engage this population in preventive measures, improve health outcome and reduce health disparities.

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Dedication

This dissertation is dedicated to my late mother, Cary Lee Jamerson who as a single mother, born and reared in rural Arkansas, instilled the value of a college education in my siblings and me. Though she acquired only a 10th grade education, she knew that education was the passport for her children in bettering their lives and those around them. I also dedicate this dissertation to my children and grandchildren (Nanas' Babes) who have believed in me and cheered me on every step of the way. Finally, I could not have accomplished any of this had it not been for my Lord and Savior, Jesus Christ who according to Jeremiah 29:11 knew the plans He had for me and that I would follow that plan by the leading and guidance of the Holy Spirit.

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Chapter 1: Introduction to the Study

Background of the Problem

The purpose of this qualitative study was to examine access barriers that African American women encountered when seeking health care services corresponding to breast cancer related health disparities in the United States. This study was conducted in several cities centrally located in the south-eastern region of San Bernardino County in southern California. San Bernardino is the largest county per geographical area, the 5th most populous county in California and the 12th most populous county in the U.S., according to the 2010 Census Bureau (U.S. Census Bureau, 2014). Research areas included the cities of Fontana, Ontario, Rancho Cucamonga, Rialto and San Bernardino, California. Study participants included African American women ages 21 to 50 who had been diagnosed with some form of breast cancer and had sought out and received breast cancer related treatment with follow-up services in these cities. Barriers to accessing health care services were identified as social or attitudinal, cultural, environmental, financial, geographical, language, religion, spiritual and structural. Social determinants to health included racism, discrimination, stress, a lack of insurance and socioeconomic status (Tian, Goovaerts, Zhan, Chow & Wilson, 2012).

African American women were reported to have a higher rate of late stage diagnosis of cancer, which accounted for lower survival rates and higher mortality rates after diagnosis among all minority groups according to Tian et al. (2012). Tian et al. (2012) further reported that African American women had a greater chance of being diagnosed with late stage breast cancer and were less likely to undergo surgical treatments as mandated by the 2000 National

Comprehensive Cancer Network Standards. These standards are considered the most comprehensive set of standards that govern cancer treatment in the U.S. (Tian et al., 2012).

Statement of the Problem

African American women have higher death rates from breast cancers than other women, according to the Centers for Disease Control and Prevention (CDC, 2012). The U.S. Office of Management and Budget defined African American as a person having origins in any of the African American racial groups of Africa, as posited by Rastogi, Johnson, Hoeffel & Drewery Jr. (2011). Included in this racial category were those individuals who checked the box Black, African American, or Negro according to the 2010 Census questionnaire (Rastogi et al., 2011). African American women have the highest death rates of all ethnic groups and are 40% more likely to die from breast cancer than white women (CDC, 2012). African American women experienced challenges or barriers and had different treatment experiences than white women (CDC, 2012). Social determinants were identified as barriers that impacted the health outcomes of African American women.

African American women though diagnosed less often than Caucasian women had higher incidence of breast cancer and 30-40% of African American women diagnosed with breast cancer were under the age of 50 in comparison to 20% of Caucasian women in the same age group (Sturtz, Melley, Mamula, Shriver & Ellsworth 2014). The 5-year survival rate for African American women was 77% which was significantly lower than 90% for Caucasian women once diagnosed with breast cancer (Sturtz et al., 2014). African American women were also identified as having the lowest survival rate across all ages, tumor stages, subtypes and the age adjusted mortality rate for any ethnic group studied according to Sturtz et al. (2014).

Research Questions

1. What role, if any, do barriers to accessing health care have on breast cancer screening related health disparities among African American women seeking health care services in San Bernardino County?
2. Since implementation of the Patient Protection and Affordable Care Act of 2010, has there been any change in the ability to access affordable, preventive, and quality breast cancer screening health related services screening among African American women?

Purpose of the Study

The purpose of this study was to examine breast cancer related health disparities among African American women corresponding to access barriers when seeking health care services. Included in this exploration was the role of social determinants and the role of the Patient Protection and Affordable Care Act of 2010 in reducing and/or eliminating health disparities. Case study, as a qualitative methodology, relies on a naturalist form of inquiry from information rich cases according to Miles, Huberman, and Saldaña (2014). This method of inquiry led to extended contact with a given community through purposeful observation and in-depth interviewing while focusing on the perspectives of individuals and the interpretation of their world as posited by Miles et al. (2014).

Theoretical Framework

The theoretical framework used in this qualitative study was a critical theory which focused on empowering African American women to transcend the constraints placed on them as a result their race, class, and gender (Creswell, 2009). Critical race theory was also used in this qualitative case study in an effort of identifying whether racism as an underlying variable and, if so, how its effects in U.S. society might play a significant role in the higher health disparities among this female population relative to breast cancer related health.

Exploring a critical theory encompassed an integration of a human rights-based approach (World Health Organization [WHO], 2014) that was driven by seven principles:

1. Availability
2. Accessibility
3. Acceptability
4. Quality of facilities and services
5. Participation
6. Equality
7. Non discrimination

This approach was adopted by the WHO and the Office of the High Commissioner for Human Rights (OHCHR) whose aim was the realization of the right to the highest attainable standard of health for all (WHO, 2014). Employing this conceptual approach sought to explore ways to achieving certain health outcomes through a participatory, inclusive, transparent, and responsive process (WHO, 2014). Employing a critical theory lens examined the social struggles, political advocacy and historical problems of dominations that have plagued African American women because of system, provider, and patient related barriers (Bromley, May, Federer, Spiegel & Oijen, 2014).

These theories were tested as a method for answering the research questions. According to Maxwell (2013), conceptual theories consist of two concepts joined by a proposed relationship. The conceptual framework focused on the concept of access barriers and the relationship that these barriers had on breast cancer related health disparities among African American women. The intent of the research was to examine how developed theories related to prior theories and the importance of these concepts on this present and future study.

Operational Definitions

Disparity

Disparity as defined by the Institute of Medicine (IOM) constituted the "difference in access or treatment provided to members of different racial or ethnic groups that is not justified by the underlying health conditions or treatment of patients" (Wang, Shi, Nie & Zhu, 2013, p. 1). This difference in access or treatment of ethnic groups had been a focal topic for *Healthy People 2020* and *2010* in its goal to eliminating health disparities among ethnic and racial groups where these disparities were related to access to treatment or care (Wang et al., 2013).

Access Disparity

Access related disparities in accessing treatment of care was defined as barriers that are present which prevents or delay treatment or care of certain ethnic and racial groups (Wang et al., 2013). Eliminating access disparities to improve access to care required an emphasis being placed on ethnic racial groups with poorer health statuses as posited by Wang et al. (2013).

Social Determinants of Health

Social determinants of health were those variables that socially affected the health of a population. These variables included policies and other interventions that targeted the social conditions instead of medical conditions and/or behavioral change of individuals or groups (Carter-Pokras, Offutt-Powell, Kaufman, Giles & Mays, 2012)

Assumptions, Limitations, Scope, and Delimitations

Assumptions

One assumption of this study was that late stage detection of breast cancer among African American women was attributed to their lack of resources which included insurance. This assumption was based on the premise that if insurance was not an issue, then African American women would seek preventive breast health screening. A secondary assumption was that the lack of resources prevented African American women from seeking early detection measures which included mammograms. A tertiary assumption was that access barriers inhibited African American women from seeking preventive breast health related services contributing to an increase in health disparities. Other contributing factors to access disparities included education, race, insurance, ethnicity, health insurance status, income and demographic characteristics that also included health status according to Wang et al. (2013).

This study was needed to explore these assumptions to examine whether education, insurance, and other social determinants correlated to higher breast cancer health disparities among African American women. Further investigation from this study established whether insurance or the lack of insurance was an associated factor relative to access barriers that led to higher health disparities.

Limitations

The limitations of this study included limiting the sample to research participants residing in San Bernardino County. Another limitation was that of researcher bias where the perception of the researcher is that African American women who had limited resources, or lack a formal education, were less likely to seek preventive breast cancer screening. Other limitations included determining whether racial and income-related disparities were dependent or independent of health disparities among African American women. Finally, another prevailing limitation was establishing a definitive role that the Patient Protection and Affordable Care Act of 2010 has had in eliminating access barriers and that this legislation improved breast cancer health disparities for African American women.

Scope

The scope of this study was to identify and examine access barriers and their relationship with social determinants as underlying variables for increased breast cancer health disparities among African American women. I identified information rich cases among research participants as a way of determining whether cultural factors played a significant role in higher health disparities of African American women. Though breast cancer survival rates had significantly improved in the U.S. over the past 10-15 years, African American women still reported poorer survival rates (Akinyemiju et al., 2013). These findings also suggested that counties with a larger percentage of African Americans, also had women with higher hazards for breast cancer mortality according to Akinyemiju et al. (2013). This study sought to examine this premise by presenting a case study of research participants from San Bernardino County, the largest county in the U.S., which also has a large percentage of African American women which examined whether these women had higher hazards for breast cancer.

Delimitations

The purpose for selecting this topic of study was to examine whether barriers to accessing breast cancer related health services and treatment played a significant role in health outcomes. The selected population was African American women as this ethnic population have higher mortality and poorer health outcomes from breast cancer than Caucasian women (Akinyemiju et al., 2013). The research design was a qualitative case study that focused on the culture, values, and mores of this female population and whether these constructs played a significant role in the health disparities of African American women residing in certain communities in San Bernardino County.

Significance of the Study

This qualitative case study was important because of the new knowledge generated from collected data and research findings from information rich cases which filled the gaps in previous literature relative to breast cancer disparities among African American women. According to information published by the IOM (2011), African Americans experience worse health care access encounters which included utilization and health outcomes in comparison to Caucasian (Parish, Swaine, Son, & Luken, 2013). Included in this population were African American women who were diagnosed more commonly for breast cancer which is the second leading cause of death for this sub-population group (Parish et al., 2013).

This study provided a significant understanding of cancer-related health disparities in African American women, which directly or indirectly corresponded to barriers when accessing health care services. The publication of information from this completed study will empower African American women by enhancing their knowledge of screening for breast cancer related illnesses, prevention, treatment, and follow-up care. This study examined effective ways for health care providers to discuss breast cancer screening in a culturally sensitive manner with these female patients (Bromley et al., 2014).

Religion and spirituality was identified in recent literature as two variables that served as access barriers for African American women seeking breast cancer screening (Best, Spencer, Hall, Friedman, & Billings, 2015). However, gaps in existing literature suggested that health communication messages aimed at incorporating the cultural elements of African American women relative to religion and spirituality was limited and lacked empirical support (Best et al., 2015). Findings from this qualitative study has filled these gaps while providing foundational and empirical evidence of current best practices.

This case study sought to fill these and other gaps with information rich experiences lived by this population subgroup that should bring about social change in health care communication during breast cancer screenings for African American women. Evaluation methods included ways to engage patients that eased or eliminated their fears associated with breast cancer screening to include mammograms and other preventive cancer-related screenings. Future implications included the role that the Patient Protection and Affordable Care Act of 2010 has had on eliminating health disparities for all U.S. populations. Understanding the variables that contributed to poor health outcomes of African American women for breast cancer related health disparities fostered an effective understanding of the need for more community-based programs focusing on the unmet needs of this subpopulation.

Improving the health of African American women through education, advocacy, and engagement in community-based programs solidified a foundation for promoting effective social change in the form of improved health outcome for African American women (Clemans-Cope, Kenney, Buettgens, Carroll & Blavin, 2012). Better health outcomes would be fostered through preventive health care services at the community level, a reduction in breast cancer related health disparities and increased access to affordable, quality health services in collaboration with the Patient Protection and Affordable Care Act of 2010 for this ethnic population (Clemans-Cope et al., 2012).

Summary

Intensive screening and early detection efforts were attributed to the recent declines in breast cancer mortality (Mishra, DeForge, Barnet, Ntiri & Grant, 2012).

Though breast cancer mortality has significantly declined in the U.S. over the past 10-15 years (Akinyemiju et al., 2013), African American women still experienced higher mortality.

There remained significant racial/ethnic disparities in the incidence, mortality, screening, practices, treatment patterns, and early detection of breast cancer despite these improvements among African American women (Mishra et al., 2012). Investigating these factors brought a better understanding of the higher mortality rates of African American women and added new knowledge to existing empirical studies. Chapter 2 encompassed historical literature that highlighted the importance of preventive breast cancer health screening that included mammograms as a way of reducing health disparities and mortality rate of African American women diagnosed with breast cancer.

Chapter 2: Literature Review

Introduction

Health is not only a state of mind, but also an individual and societal issue that impacts the lives of members in any community. *Healthy People 2020* asserted that having an equal opportunity to make healthy choices is deserving of every American to ensure choices that lead to good health (Mishra et al., 2012). These choices are influenced by social determinants of health where environmental factors directly affect the lives of those within that community from the time of birth to death (Mishra et al., 2012). These determinants are categorically described as economic, educational, community, health care, and environmental, which may serve as barriers for African American women seeking breast cancer health related services.

To eliminate the effects of social determinants of health in this ethnic population, Healthy People 2020 (Mishra et al., 2012) developed objectives which included several overarching goals. These goals included (a) the elimination of preventable diseases, (b) achievement of health equity, (c) elimination of health disparities, and (d) the promotion of healthy behaviors (Mishra et al., 2012). Health inequities or inequalities, according to the WHO (2012), are avoidable and must be eliminated. Health inequalities are societal constructs that must be identified, addressed, and eradicated as they directly affect the lives of individuals by the imposed risk of illness and interventions employed to treat these illnesses (WHO, 2010).

The most common form of cancer among African American women is breast cancer (Banning, 2011). Though African American women have lesser incidences of breast cancer, they have higher mortality and are diagnosed in later stages than Caucasian women (Banning 2011).

Research Strategy

In this qualitative research study, I employed a case study approach which used semi structured interviews to investigate the perceived access barriers of African American women in a study of 10 women relative to breast cancer health. This research strategy addressed the views of African American women in select communities of San Bernardino County and their experiences with breast cancer health screening, treatment, and services.

Review of Literature

Definitions

Problem*:* The most common form of cancer malignancy among women in the United States is breast cancer (Danforth, 2013). This health disparity is more prevalent for African American women than Caucasian women, according to historical research data reported by the CDC (Danforth, 2013). This problem has led to higher mortality for African American women where the presence of breast cancer manifested at younger ages and in later stages (Danforth, 2013). Significant differences in the biological characteristics of tumors for African American women played an important role in the outcome of this disparity as posited by Danforth (2013). African American women have the highest death rates of all ethnic groups and are 40% more likely to die from breast cancer than white women (CDC, 2012). Breast cancer is a deadly disease that has affected women of different races, ethnicities, social status, and religious beliefs as posited by Banning (2011). Researchers have failed to provide an understanding of the poor health outcomes and the pathways that has hindered the biomedical approach providing limited attention as to the sources of health disparities of African American women (Lekan, 2009).

Without an understanding of the pathways that have led to poor health outcomes of African American women more research is needed to bring about a better understanding of the problem.

Health disparities*:* Historical research indicated that of the ethnic populations (Hispanic, Non-White Hispanics, Asians, Native Americans, and African American) interviewed, 43% of this the population reported limited knowledge of breast cancer awareness and screening (Banning, 2011). This female population also reported little knowledge about the important aspects of breast cancer and the relevant effects of breast cancer (Banning, 2011). The IOM defined disparity as the difference or variance in access or treatment to individuals of varying racial/ethnic groups, not justified by their underlying health conditions or treatment as posited by Wang, Shi, Nie, and Zhu (2013). According to Banning (2011), African American women, though reported lower incidences of the disease, often reported more advanced stages and more aggressive forms of the disease. The survival rate for African American women differed from that of Caucasian women (Banning, 2011). These inequities in health among African American women and other women were avoidable (WHO, 2010).

These findings highlighted the need for more understanding on how African American women and other female populations conceptualized cancer (Banning, 2011). This conceptualization further identified a need for greater breast cancer health awareness in order to mitigate health disparities associated with this population. Review of the literature also addressed a range of barriers that could impede breast cancer screening behavior of African American women. Some of the reported barriers included individual, institutional/community, and systemic barriers (Wang et al., 2013).

Access disparities. Barriers were present when accessing breast cancer screening for African American women (Sturtz, Melley, Mamula, Shiver & Ellsworth, 2014). These disparities, as demonstrated in empirical studies by Wang et al., (2013), were identified as race/ethnicity, health insurance status, income, and certain demographic characteristics have further given rise to access disparities for this subpopulation. Access disparities were further confounded by historical data which reported information generated from studies using Caucasian women instead of African American women (Sturtz, Melley, Mamula, Shriver & Ellsworth, 2014).

Other limitations of past research identified the possibility of selection bias in clinical trials and the provision of equal access to health care services for African American women (Sturtz et al., 2014). Despite the advances made relative to breast cancer medicine and treatment, current research highlights the fact that preventative methods, diagnosis, and treatment services are not accessible to all Americans (Zonderman, Ejiogu, Norbeck & Evans, 2014). Health disparities for minorities have been linked to access barriers, such as health insurance, access to care, and culture, as posited by Zonderman et al., (2014). Race/ethnicity, income, demographic characteristics, and health status have also been equated as contributing factors to access disparities according to Wang, Shi, Ni & Zhu (2013). Access barriers were identified by each of the research participants in this case study which were illuminated in historical research.

Access Limitations

Access limitations and other limitations of previous research have failed to explain the impact that recent health care reform has had on eliminating health disparities of African American women. Once full implementation of the Patient Protection and Affordable Care Act of 2010 has occurred, further research is needed to determine the viability of this legislation (Tariq, Latif, Zaiden, Jasani & Rana, 2013). The relationship between the removal of access; individual, systemic barriers; and universal health care insurance was explored in this study to examine whether health insurance did improve health outcomes for African American women seeking breast cancer related health services.

Since historical studies predated the implementation of universal health care insurance coverage as introduced by the Patient Protection and Affordable Care Act of 2010, current research examined this relationship to identify a decrease in breast cancer health disparities of African American women. Future research was needed to determine if the Patient Protection and Affordable Care Act of 2010 decreased health disparities relative to breast cancer screening for African American women. Current research suggested that “an unknown number” of women living with breast cancer goes undetected because of their limited access to mammograms as a direct result of a lack of health care coverage (Tariq et al., 2013, p. 507). Though it is not yet known whether access to health care insurance has led to better health outcomes for African American women diagnosed with breast cancer, measures must be taken by political, public health and health care professionals to improve accessibility, heighten awareness, and enhance patient attitudes towards breast cancer screening for African American women and other female populations (Tariq et al., 2013).

Prevalence of Breast Cancer Disparities among African American Women in California

According to statistical data reported by Siegel, Ma, Zou, and Jemal (2014), the state of California reported higher incidences and mortality with lower survival rates for female breast cancer patients than all of the other states in the United States. Breast cancer incidence rates for

California from 2006-2010 (as reported in 2014) were 122.0 per 100,000, with age adjusted, to the 2000 U.S. standard population (Siegel et al., 2014). The mortality rate from these breast cancer cases reported were 21.9 per 100,000 with age adjusted to the 2000 U. S. standard population (Siegel et al., 2014). This compilation came from statistical data reported by the National Cancer Institute, the CDC, the North American Association of Central Cancer Registries, and the National Center for Health Statistics (Siegel et al., 2014). Certain social determinants to health, such as limited access to higher quality of treatment, longer waits in follow-up treatment for abnormal mammograms, as well as a higher prevalence of aggressive tumor characteristics, and a higher prevalence of comorbidities, were attributed to the high breast cancer mortality rate among African American women (Siegel et al., 2014).

Access Barriers, Health Risks, and Mortality and Health Implications

Individual Barriers

Individual barriers included, but were not limited to, (a) a lack of resources, (b) a lack of trust in personal physician, (c) limited knowledge of breast cancer screening, (d) and simply being an African American female, according to Dean et al. (2014). These barriers, coupled with social determinants, increase the likelihood that African American women are more likely to die from breast cancer than Caucasian or other non-Caucasian women (Dean et al., 2014). However, the presence of demographic characteristics and physical resources did not fully explain breast cancer screening disparity further suggesting that other social factors were present (Dean et al., 2014). This gap warranted more examination as to the identification of these social factors and their prevalence for African American women (Dean et al., 2014). Developing an understanding of these social factors and their relationship as determining factors relative to African American women receiving breast cancer screening fostered a better understanding of the racial and ethnic cancer disparities among this population as posited by Dean et al. (2014).

Other individual barriers included a lack of trust for the medical profession, low literacy, low or limited health literacy, economic constraints, multiple comorbidities, certain behavioral and social issues, as well as transportation needs (Zonderman et al., 2014). One qualitative study identified other individual barriers that included pain experienced by research participants undergoing a mammography (Mishra, DeForge, Barnet, Ntiri, & Grant, 2012).

Associated with this barrier were social determinants of health which included health insurance coverage and poverty as primary indicators of disparities related to mammography usage (Mishra et al., 2012). However, Healthy People 2020*,* in consortium with the U.S. Department of Health and Human Services, addressed social determinants of health as "one of its overarching goals for the decade" (Mishra et al., 2012, p. e430). By identifying social determinants of health in association with barriers as an overarching goal, these entities were working in tandem in their effort of decreasing or eliminating health disparities for African American women.

Addressing these determinants of health laid a foundation that promoted social and physical environments of equitable health for all, as posited by Mishra et al. (2012). Understanding the role that these and other barriers played in inhibiting the health outcomes of African American women seeking breast cancer health screening can assist public health and health care providers in finding ways to eliminate these barriers. Eliminating these and other barriers that attributed to the breast cancer disparity of African American women is a social and economic need that must be addressed to improve the health outcome of this sub-population.

Systemic Barriers

Systemic barriers included institutional, structural, and individual racism towards this population had its roots from slavery in the U.S. which fostered both social and economic inequalities in the lives of African American women (Dean et al., 2014). These variables weighed heavily on the health of African American women, which in turn fostered higher health disparities across the cancer spectrum. Other social determinants identified were socio-economic status, poverty, and a lack of insurance were intervening variables related to the presence of breast cancer screening for African American women. Instances where these variables were present yielded results that indicated a lack of preventive screening in comparison to those whose income was higher and when insurance was present.

Systemic racism was viewed from various theoretical approaches. Feagin and Bennefield (2014) examined the systemic racism theory while assessing decades of empirical research that focused on racism in the U.S. health care and public health system.

Other systemic barriers were asserted by Fayanju, Elmore and Margenthaler (2014) included inappropriate conduct of clinical and administrative staff which often led to delays in referrals and stage related diagnosis. These system related barriers impacted the health of minority populations causing significant delays in follow-up services and immediate intervention for late stage diagnosis. Delays in treatment was linked to higher mortality rates for minority populations because of a lack of clinical attention given to advanced breast cancer that should have been addressed in a timely manner (Fayanju, Elmore & Margenthaler, 2014).

Community Barriers

Community barriers were identified as issues relative to safety, neighborhood health literacy, education, and the fear of exploitation (Zonderman et al., (2014). The eradication of these barriers would allow for transparency from public health and other health care professionals. Researcher-based barriers were identified as the most difficult ones to address according to Zonderman et al. (2014). The difficulties posed by these barriers included personal biases of the researcher, a lack of community membership and community perspective (Zonderman et al., 2014). These and other barriers must be subjugated to vanquish health disparities of this at-risk population in an effort of improving their health outcomes while decreasing the breast cancer mortality rate of African American women. Within the context of community barriers surfaced cultural barriers that included spirituality as a mechanism for coping with illness once diagnosed (Mishra et al., 2012).

Physical Risks

One of the known physical risks relative to breast cancer was that African American women experienced deadlier forms of breast cancer and at younger ages than Caucasian women (Zonderman et al., 2014). The severity of these tumors once detected led to higher death mortalities for this at-risk population. This study was important to explore why the physical risks for African American women were more severe than for Caucasian women.

Cultural Competence

Historical data expounded on the importance of understanding cultural competence while establishing foundational relationships with patients as a way of improving health outcomes (Zonderman et al., 2014). Cultural competence was extremely important in cancer prevention due to the emotional and psychological effects on health outcomes. Best practice approaches need to be employed to gain trust, dispel fears while eliminating mistrust, and obtain true informed consent for breast cancer screening among minorities, the poor as well as people with low educational attainment which categorizes a high percentage of African American women (Zonderman et al., 2014).

Mortality

Multiple comorbidities, (a) obesity, (b) hypertension, and (c) diabetes mellitus were identified as co-factors in the increase in mortality rates among African American women diagnosed with breast cancer (Zonderman et al., 2014). The presence of these and other multiple chronic conditions weighed heavily on the development and implementation of effective cancer prevention strategies and these issues must be addressed. An ongoing effort must be made by breast cancer prevention practitioners, public health officials and political leaders in confronting the issues posed by comorbid illnesses (Zonderman et al., 2014). Other factors that gave rise to mortality rates of African American women included late detection, social barriers, social injustice and cultural issues (Registe & Porterfield, 2012).

Though breast cancer is the second leading cause of cancer related deaths among women, it is the leading cause of cancer related deaths among African American women (Mishra et al., 2012). This higher death mortality was attributed to numerous barriers and social determinants of health. These barriers included access barriers at the individual, institutional/community, and systemic level which must be identified, addressed and eliminated.

Previous research identified poverty, cultural, and social injustice as determinants of breast cancer related mortality coupled with access barriers, lack of primary care physician, existing comorbidities, and the presence of other chronic health conditions (Mishra et al., 2012). The presences of these intervening variables gave rise to increased mortality rates of African American women once diagnosed with breast cancer.

Affordable Care Act Benefits

Intervention activities included current legislation in the passage of the Patient Protection and Affordable Care Act of 2010. This legislation once fully implemented sought to reduce differences in un-insurance rates by race and ethnicity while eliminating health disparities (Clemans-Cope, Kenney, Buettgens, Carroll & Blavin, 2012). By expanding the state Medicaid programs, establishing health insurance exchange marketplaces, widening employer group health plans, and individual subsidized plans, the Affordable Care Act seeks to educate, empower and engage consumers on the importance of obtaining health care coverage or face penalties for non-compliance.

Advocacy Programs that Failed and Why They Failed

Further research focused on the Massachusetts 2006 reform initiative which the Affordable Care Act was modeled after by emphasizing the complexities related to this federal legislation according to Clemans-Cope et al. (2012). Though the high breast cancer mortality rate among African American women attributed to a higher prevalence of comorbidities, a longer time to follow-up after an abnormal mammogram, less access to high-quality treatment, and a higher prevalence of aggressive tumor characteristics, the Massachusetts 2006 reform documented a reduction in the rate of un-insurance among racial groups (Clemans-Cope et al., 2012). However, the 2006 state legislation failed to identify a reduction in racial and ethnic differentials in coverage due in part to vast improvements among non-minorities and low baseline rate of un-insurance in the state of Massachusetts (Clemans-Cope et al., 2012). Supporters of the Affordable Care Act were confident that it would reduce racial and ethnic differentials in coverage thereby improving access to care which would increase breast cancer health screening for African American women. This increase would bring about earlier detection efforts among health care practitioners of late stage tumors which would foster better treatment plans that could bring about improved health outcomes for African American women. Improving the health outcomes of this ethnic population would decrease their health disparities as well which is a shared social responsibility.

Findings and Suggestions

Current findings suggested an association with favorable clinical outcomes and the pathological stages of tumors were directly related to breast cancer screening measures (Registe & Porterfield, 2012). Further research data reported by the American Cancer Society in tandem with the U.S. Preventive Service Task Force affirmed the key to finding, locating and detecting breast cancer at the earliest treatable stages was breast cancer screening according to Registe & Porterfield (2012). These findings suggested that breast cancer screening to include self-breast exams, mammograms, and clinical breast exams would proactively improve survivability and lessen existing disparities for African American women (Registe & Porterfield, 2012). Barriers including individual, systemic, community, and racism were associated with limited access to preventive measures which fostered the prevalence of breast cancer health disparities for this ethnic population leading to poorer health outcomes.

Observational Studies

Historical studies identified various yet similar variables that were constant drivers giving rise to the difference in mortality rates of African American women. These overarching constructs included but were not limited to socio-economic status, access to health insurance, preventive care, and high-quality cancer treatments (Dash et al., 2015). The prevalence of risk factors differed among African American and Caucasian women which called for further research of these two populations. This observational study highlighted the need for additional primary prevention approaches for breast cancer related health of African American women to definitively determine the higher mortality rates for African American women according to Dash et al., (2015).

One quantitative study (Sheppard, Hurtado-de-Mendoza, Song, Hirpa & Nwabukwu, 2015) focused on breast cancer health screening awareness, knowledge, and perception, highlighted the need for better interventions where the primary intent was to engage and educate African American women on the importance of breast cancer health screening.

This study affirmed that African American women reported lowered screening rates than Caucasian women (Sheppard et al., 2015). This research study highlighted “culturally targeted interventions developed through community-based participatory research” were warranted to meet the un-met needs of this population (Sheppard et al., 2015, page 521). Targeting the un-met needs of this ethnic population at the community level would enlighten health care and public health professionals on the factors impacting breast cancer screening, the attitudes, perception, and awareness embraced by this population.

Community/System Based Approaches

Historical data suggested some community and system-based approaches to breast cancer prevention for African American women were unsuccessful. The lack of success from these programs called for prevention and early treatment strategies that were culturally appropriate in addressing the needs of this targeted population and those at greater risk of developing the disease (Zonderman et al., 2014). Screening and early detection strategies were proven to be elemental in decreasing the advanced stages of diagnosed cases among this population. However, screening strategies must be “culturally and linguistically appropriate” and administered by culturally trained professionals who are sensitive to the educational needs of African American women as (Zonderman et al., 2014, p. S90). This system-based approaches that focused on the specific unmet needs of this population through increased awareness, screening, and literacy would prove noteworthy in decreasing breast cancer related health disparities.

Observational Studies Supported by Theories

Systemic Racism Theory

The systemic racism theory was espoused by Feagin and Bennefield (2014) identified several major aspects of U.S. racism that were present in the health care delivery systems and public health institutions. These dimensions included: 1) the dominant racial hierarchy, 2) comprehensive white racial framing, 3) individual and collective discrimination, 4) social reproduction of racial -material inequalities, and 5) racist institutions integral to white domination of Americans of color (Feagin & Bennefield, 2014, p. 7). Americans of color including African American women have suffered economically, been impoverished, and experienced unhealthy outcomes because of this system. While research focused on health disparities of Americans of color, the results were not conclusive due to the lack of attention given to the white practitioners who exhibited racism throughout their practice (Feagin & Bennefield, 2014). As a result, the root causes of the problems were not scientifically addressed, and the unjust practices have continued.

Historical findings suggested that this white racial framing was perpetuated throughout major practices of white practitioners, public health personnel, and researchers that operated treatment and services within the U.S. health care delivery system. As a result of the prevalence of this white racial framing, African American women as well as other Americans of color were unjustly treated, denied treatment, experimented on, and excluded from major clinical trials. A result of these discriminatory and exclusionary practices were higher health disparities among African American women, further marginalizing this ethnic group.

With the advancement of white racial framing came the misappropriation of resources by these white elites which in turn disproportionately affected the health care needs of African American women and other ethnic groups in the U.S. (Feagin & Bennefield, 2014). Gaps in the literature identified a need for health care researchers and practitioners to better identify and eliminate both the individual and systemic white racial framing that exists in the U.S. health care delivery and public health systems for better health outcomes of ethnic minorities.

Over the past decade major developments were made to increasing recognition that "equity is a fundamental component of quality care" (Chin et al., 2012, p. 992). One theoretical lens which was utilized in this movement was a disparities reduction framework. This lens provided a systematic plan for organizations focused on reducing and eliminating racial and ethnic disparities in health care and public health services according to Chin et al. (2012).

Included in this plan were interventions for enhancing informed decision making as well as quality of life among ethnic minorities (Chin et al., 2012). A major construct of this framework called for a reliance on mainstreaming efforts that reduces health disparities by insisting on routine quality components instead of being marginalized (Chin et al., 2012). Once quality was conceptualized with the integration of equity, fundamental changes within the U.S. health care delivery, and public health systems could target specific ethnic populations. Included in this effort should be specific health care needs of African American women to include breast cancer health related screening, treatment and services.

Sojourner Syndrome

As a group, African American women experienced earlier onset of chronic disease, had poorer quality of health, and relatively more years of disability than Caucasian women according to Lekan (2009). In an effort to examining the factors that yielded these results, researchers explored the Sojourner Syndrome as a way of bringing about a better understanding of these disparities. This framework explored the relationship and role of gender, race, class, and age as variables that characterized the social injustices and plight that African American women had endured since slavery (Lekan, 2009). The inequities imposed on this ethnic sub-population further proliferated the burden and unequal benefits that African American women faced.

Weathering Effect

The weathering effect was a conceptual framework which proposed that African American women were more likely to experience early health deterioration because of their cumulative disadvantage, extended duration, and exposure in low-income environments (Love, David, Rankin & Collins Jr., 2010). However, antecedent research postulated that the weathering effect was non-existent for African American women who had transcended a poverty-stricken life and resided in non-poor environments (Love et al., 2010). The cumulative exposure to hardship, exclusionary practices from their social, economic, and political experiences was manifested by their worsening health conditions gave rise to the weathering effect for African American women seeking health services. Love et al. (2010) posited efforts to eliminate racial inequalities for this female population which included immediate changes in their economic and social environments which must be extended over their lifetime and perhaps over multiple generations.

Geronimus (2001) further posited that historical research identified this female population as having lived through the cumulative impact of repeated stressors placed upon them by society because of structural barriers in their quest for achievement and well-being. This theoretical framework further postulated that African American women experienced higher mortality and poor health outcomes due to having to cope with stressors imposed upon them by society as a re their race, ethnicity, gender and socio-economic status.

To attain equitable and optimal health for this ethnic population this conceptual framework was evaluated in research that sought to circumvent its effects at the clinical, public health, social policy formation and political advocacy level.

Research Gaps and Limitations in the Literature Reviewed

Gaps

The U.S. Preventive Services Task Force (USPSTF) denoted clinical preventive services of Grades A or B were covered provisions inclusive in the Patient Protection and Affordable Act of 2010 (ACA) Zonderman et al. (2014). These provisions sought to eliminate access barriers associated with the lack of insurance and low income which historically had been identified as significant barriers for women and minorities seeking breast cancer screening (Zonderman et al., 2014).

However, data reported by the USPSTF was based on information reported from non-Hispanic whites and not African American women which highlighted the need for relevant data of breast cancer screening for this minority population. This gap in research further highlighted the need for empirical research data collected from minority populations by cancer prevention specialists. Researchers must specifically focus on future research that is culturally sensitive to meeting the needs of African American women in an effort of improving preventive screening methods while yielding information rich data.

Other studies have failed to identify an association between race, ethnicity, socioeconomic status, and follow-up compliance as barriers among minority women when seeking breast cancer screening (Hess, Lee, Fish, Daly & Cress, 2015).

Limitations

Limitations identified in other studies included a deficiency of “linguistically and culturally diverse providers” as a barrier for minority women seeking breast cancer screening and follow-up treatment (Ragas et al., 2014 p. 516). This assertion supported the need for more minority health care providers. Improving cultural competency of health care providers and allied health professionals was also identified as a concurrent need for improving breast cancer screening and follow-up treatment for minority women. Another limitation of this specific study failed to include African American women therefore, limiting the generalizability of this and similar studies (Ragas et al., 2014). To examine and address breast cancer related health disparities, future research must target, select, and report findings that were inclusive of African American women.

Selection bias and provision of equal access to breast cancer related health services was identified as a limitation in a study as posited by Sturtz et al. (2014). Specific protocols must be employed that targets, recruits, and retains African American women for community-based programs designed to reduce breast cancer health disparities for this minority population through preventive screening and timely follow-up treatment.

Summary

Literature reviewed in this chapter predated the implementation of the Patient Protection and Affordable Care Act of 2010 thereby limiting the impact of this legislation in eliminating access barriers, decreasing health disparities while improving health outcomes. Historical research failed to develop a relationship with a lack of insurance and breast cancer health disparities. However, research studies did identify African American women with lower educational and socio-economic status experienced higher mortality and poorer health outcomes once diagnosed with breast cancer. This qualitative case study sought to provide new knowledge while answering the research questions by examining whether access barriers played a significant role in higher health disparities for African American women seeking breast cancer screening health services.

Chapter 3: Research Method

Introduction

A review of historical literature highlighted the need for additional studies that took a qualitative approach to examining breast cancer disparities among African American women. Though historical data revealed a marked decrease in breast cancer related deaths, the mortality rates for African American women in the U.S. remained higher than that of white women (Akinyemiju et al., 2013). Research analysis from a recent quantitative study revealed that African American women had a higher (53%) chance of dying from breast cancer in comparison to white women and a 32% likelihood of dying from other causes of cancer (Akinyemiju et al., 2013).

Further review of historical research revealed that African American women had a higher propensity of being diagnosed with breast cancer at later stages and were more likely to die from the disease in comparison to other minorities and racial groups (Holmes, Opara, & Hossain, 2010). This higher prevalence of breast cancer further explained the lower survival rates among African American women in comparison to Caucasian women (Holmes et al., 2010). However, certain variables had been associated with these disparities. These variables included limited access, lower quality of health care services and clinician biases in treating African American women with proven aggressive therapy (Holmes, Opara, & Hossain, 2010).

This chapter include various aspects of the research design and rationale. Also, in Chapter 3, I discussed the role of the researcher, designated research questions, the study context recruitment strategy, and the data collection and analysis procedures. Appendix A lists a detailed description of the interview questions protocol.

Research Design

The research methodology consisted of a qualitative research design, examining the culture of African American women and the perceived barriers they encountered when seeking breast cancer related health care services. I received approval from the Institutional Review Board at Walden University, approval number 10-11-16-0325330 was used to conduct this study. I used a case study research design to examine their perceptions through a critical theory lens of racism and ethnicity. As recommended by Patton (2002), I used a critical theory lens to examine the social issues of power, justice, and matters of race, class, gender, religion, and other social constructs of the cultural composition of this ethnic population. Purposeful observation of the culture of African American women brought a better understanding of the perceived barriers encountered which may bring about sustainable change thereby reducing breast cancer related health disparities.

Rationale for Research Design

The rationale for a case study research design was to explore the culture of African American women while understanding whether culture played a significant role in the prevalence of breast cancer related health disparities. A critical theory lens elucidated the injustices imposed upon African American women because of their gender, ethnicity, socioeconomic status, and spiritual beliefs encountered while seeking breast cancer screening health services. Addressing the injustices encountered by this ethnic group, while elucidating the social inequalities of power, brought an increased understanding of their health disparities. The role of theories sought to explain the relationship between constructs in translating concepts into a visual picture or in developing central themes which were tested from the literature (Creswell, 2009). The collaborative and participatory approach of critical theory sought to “connect theory with action” (Patton, 2002, p. 549) while engaging in exploratory efforts of bringing about social change.

Bringing about a social change-oriented approach to breast cancer related health services for African American women could foster better engagement of this ethnic population by increasing awareness of preventive methods proven to decrease health disparities. This decrease in health disparities for African American women could bring about positive social change for this female population.

Role of the Researcher

To properly position my role as the researcher within a case study investigation of African American women seeking breast cancer related health care services, it was imperative to acknowledge the vulnerability and marginalization of this female population. As such, recruitment of prospective research participants posed a challenge for various reasons. Some of the reasons for their vulnerability was despondency because of racism, a distrust of medical professionals, as well as their cultural and spiritual beliefs. These variables were examined based on observational findings, and interviews of research participants once consents were obtained.

Feminist Role

A feminist role espoused the importance of gender in societal and cultural issues while orienting the qualitative study in this direction, as posited by Patton (2002). Through this role I sought to understand how gender shaped or affected the understanding and actions of African American women and the perceived barriers they encountered when seeking breast cancer related services. A feminist role brought “a sense of connectedness and equality between the researcher and the researched” (Patton, 2002, p. 129). This sense of connectedness increased awareness of the cultural, social, and ideological perspectives of the one conducting the research while examining the same of those being researched (Patton, 2002). This production of new knowledge brought about liberation and empowerment through the transformation of knowledge for African American women (Patton, 2002).

Reflexive Role

By using a case study methodology, I was positioned in a role of reflexive subjectivity where constant reflective and self-critical processes was employed in the collection and analysis of data (Bloomberg & Volpe, 2012). This reflexive role identified the researcher and the research participants as a monogamous entity (Bloomberg & Volpe, 2012). According to Bloomberg and Volpe (2012), through data collection and data analysis the interpretation of their "constructed meaning becomes interwoven" (p. 35). The clarification of ideas was notated in the forms of memos, computer notes, and journals. This allowed the me to reflect on the clearer meaning of gathered information which brought about a better understanding of the topic (Maxwell, 2013). Understanding the topic, setting, and views of each research participant provided rich information that further strengthened the phenomenon. The process of journaling, copious note-taking, and creating memos provided me with clearer reflections from the onset and throughout the entire qualitative study. Organization of thoughts and ideas allowed for accessible and retrievable information to reflect upon as a means of clarifying ideas (Maxwell, 2013).

Interpretive Role

An interpretive role was employed with the intent of exploring the meaning of situations, and or conditions (Bloomberg & Volpe, 2012) of African American women relative to access barriers when seeking breast cancer related health services. Understanding the events, experiences, and actions of these research participants provided a greater understanding of the realities of this ethnic population (Maxwell, 2013). Focusing on the beliefs, process, and meaning of the lived experiences of African American women when confronted with access barriers provided an interpretive approach to the research. An interpretive role is foundational in qualitative research of social sciences as posited by Maxwell (2013). Employing an interpretive role further sought a continual theory testing process making sense of collected data as posited by Maxwell (2013). In data analysis, interpretation took what was significant in the findings and attached meaning by offering explanations while drawing on conclusions that imposed order on rival explanations that surfaced during the research (Patton, 2002). The role of the researcher became one of ownership, making clear the distinction between interpretation and description, (Patton, 2002). Description is tantamount during data collection, just as interpretation is in data analysis (Patton, 2002).

Research Questions

1. What role, if any, does barriers to accessing health care have on breast cancer screening related health disparities among African American women seeking health care services in San Bernardino County?
2. Since implementation of the Patient Protection and Affordable Care Act of 2010, has there been any change in the ability to access affordable, preventive, and quality breast cancer screening related health services among African American women?

Research Methodology

This was a case study research design. Case study research seeks to examine current, real life cases while gathering information not loss by time (Creswell, 2014). The selection of cases was purposeful, which relied on information-rich cases that yielded insight and understanding of the phenomenon (Bloomberg & Volpe, 2012). The purpose of this study was to examine breast cancer related health disparities among African American women corresponding to access barriers when seeking health care services. Included in this exploration was the role of social determinants and the role of the Affordable Care Act in reducing and/or eliminating health disparities.

Case study as a qualitative method of inquiry accounted for extended contact with a given community in a naturalistic setting, through purposeful observation, while focusing on the perspectives of individuals and the interpretation of their world (Miles, Huberman, & Saldaña, 2014). This unstructured approach allowed me the flexibility of letting themes to develop out of the research while analyzing multiple data sources.

Participants of the Study

The population consisted of 10 African American females, ages 21-50, residing in designated clustered communities within the south-eastern region of San Bernardino County in southern California. All research participants were voluntarily, and I recruited them through purposeful sampling of the population from local churches, community health care centers and beauty salons. Written permission was obtained from all research participants, as recommended by Creswell (2013).

Gaining Access to Participants

I gained access to the research site through a systematic network of negotiations with the gatekeepers of those sites once approval had been obtained from the Institutional Review Board at Walden University. Research sites identified for this qualitative case study included some faith-based organizations, community health centers, and beauty salons. Establishing a collaboration of trust was on-going to establish a rapport and relationships with research participants (Maxwell, 2013). This process required some renegotiation in an effort of establishing a trusting relationship with research participants whose cases could provide rich information to ground the study.

Researcher-Participant Relationship

The researcher-participant relationship was fostered in an ethical manner that promoted the collection of rich data that was instrumental in answering each of the research questions as recommended by Maxwell (2013). While realizing that the relationship between the researcher and the participant was one that was in constant evolution, I considered the complexity and recognition of change as it evolved.

The role of the researcher as the instrument was critical and every measure was employed to guard against researcher bias. The essential aspect of the researcher-participant relationship was the development of a working research partnership that proved essential in producing useful information (Maxwell, 2013). This relational relationship among researcher and participant advocated a method of participatory collaboration that guarded against the perception of intrusion on behalf of the research participants (Maxwell, 2013).

One method that was employed to guard against researcher bias to accurately represent the perspectives of research participants, as posited by Bloomberg and Volpe (2012), was "member checks" (p. 113). To ensure an accurate account of information supplied by each research participant, I submitted transcribed summaries of conclusive findings derived from each interview to the research participants. Revisions and/or deletion of transcribed interviews occurred to ensure accuracy of data collected as the need arose because of responses from research participants.

Another approach I employed was a participatory approach where the researcher and research participants worked collaboratively in a relational partnership as (Maxwell, 2013). Establishing this collaborative partnership set a foundation of trust where the researcher and research participants exhibited open communication.

Measures for Ethical Protection

While establishing measures that protected the ethical aspect of the research, an interpretive style of participation among the researcher and research participants was established from the onset. According to Maxwell (2013) this type of relationship was useful for both the researcher and research participants as it contributed to both a personal and social transformation. Another ethical concern that was considered was the perception of research participants and their understanding of the role of the researcher. Anticipating the concerns that research participants had while thoroughly explaining the purpose of the research in a way that was clearly understandable was imperative to ensure that all ethical matters were addressed. As a female researcher researching female participants who were diagnosed with breast cancer, it was important that a collaborative approach to gain an understanding of their experiences, while a level of trust, was also established. I implemented the following measures to ensure that research participants were not placed at risk while participating in the research study:

- I ensured that each participant was suitable for the case study by utilizing an Interview Protocol (see Appendix A).

- I explained the scope and nature of the study to each participant as part of the Informed Consent Process.
- I developed a simple Consent Form that was easily understood by all research participants whether they had a formal education or lack any formal education.
- To ensure the safety of all participants, interviews were conducted at local faith-based organizations and community health clinics during normal business hours (see Appendix B).
- I openly explained the right of refusal or to withdraw from the research study to each participant to eliminate any perceived pressure or coercion.

While conducting this proposed case study, I ensured that all ethical and Institutional Review Board guidelines of Walden University were adhered to and upheld. All collected data was securely stored and disseminated appropriately.

Recruitment Strategy

Strategies for recruiting research participants included posting flyers at local faith-based organizations, community health centers and beauty salons. A description of the flyer is included in the Appendices. Information rich cases were sought out to ground the case study while addressing the research questions. Specific interview questions were designed to gather detailed information needed in answering each research question. Informed consent forms were presented and explained to each research participant, explaining the purpose and intent of the research.

Copies of the signed consent forms were supplied to each participant who requested a copy. Recruitment included purposive sampling of 10 information rich cases to reach saturation.

Inclusion Criteria

Inclusion criteria included a system of screening and selecting research participants for this proposed case study who had been diagnosed with breast cancer. Research participants ranged in age from 21-50 years, residing in one of the designated cities in San Bernardino County who had been diagnosed with breast cancer. An informational flyer was posted in designated faith-based organizations and community health centers asking for African American women who had been diagnosed with breast cancer to voluntarily participate in the research study. Once consents were signed by each research participant, measures were taken to protect the confidentiality of these women and to ensure their right to privacy. The selection process focused on women who had insurance, as well as those who lacked insurance coverage, using purposive sampling.

Purposeful sampling provided multiple perspectives from information rich cases that could purposefully inform the central phenomenon of this case study (Creswell, 2013). Creswell (2013) asserted the inclusion of no more than four information rich cases were needed to provide maximum variation for this case study. Maximum variation sampling was achieved by selecting research participants who provided an array of variation in this chosen population that proved most relevant to this case study (Maxwell, 2013).

Obtaining a sampling from participants with these variables brought validity to the study while addressing the research questions. This inclusion criteria were established which allowed for the evaluation of breast cancer screening encounters of each research participant while ensuring their confidentiality and privacy. Findings were made available and accessible thus ensuring the ethical aspect of informing the public of the research findings (Patton, 2002).

Data Collection Procedures

Data collection procedures included face-to-face interviews and the use of audio tape recording for each face-to-face encounter. All interviews were conducted at the convenience of each participant, in a safe environment while ensuring confidentiality and privacy. Some of the places where the interviews were conducted included interview or conference rooms at each of the faith-based organizations and community health centers, either prior to or after their services. Informed consent was obtained prior to data being collected. Semi-structured, open-ended questions were utilized to gather in-depth information from the face-to-face interviews. Research participants were asked to list the last four digits of their telephone number instead of their actual name on each of the Interview Protocol Questionnaires (Stadtlander, 2015). The results of each participant were entered into a spreadsheet and entered into my computer. Once all results were entered into the spreadsheet, the results were hand coded and categorized into varying themes. These themes were identified and categorically listed separately on a Table which were included in the Appendices. While analyzing collected data, I checked to see if there were any that deviated from the norm and those cases were reviewed for contrasting themes. These themes were discussed with my dissertation committee to determine whether this data was to be included in the research.

I utilized hand coding of interview question results to document my thoughts from each of the face-to-face interviews. Triangulation of data increased validity of this qualitative case study. The initial strategy was to establish a protocol for collecting data at the research site during face-to-face interviews, observation in the field, telephone interviews, and recorded group interviews. I developed an interview and observation protocol, and guide as posited by Creswell (2013). I patterned my template like the one highlighted by Creswell (2013, p. 165) to include the following;

- The time of the interview
- Date
- Place
- Interviewer
- Interviewee (last 4 digits of telephone number)
- Position of interviewee
- A brief description of the research project
- Six to seven open-ended interview questions

The same protocol was used for telephone and tape-recorded interviews. With tape recorded interviews, I ensured that I had the most current technology available to sufficiently tape record the interviews while filtering out excess noise. I also ensured that all audio equipment was "sensitive to the acoustics of the room" (Creswell, 2013, p. 164). Interview results were tracked based on the type of interviews conducted and entered into an Excel spreadsheet for organization and categorization prior to analyzing collected data. Field notes were also transcribed, coded, and re-coded as needed, and then entered into the spreadsheet prior to entering the data into a computerized software program for analysis purposes. All data was stored on a spreadsheet then entered into an Excel spreadsheet and stored in my computer.

Data Analysis

The data analysis plan used in this qualitative case study consisted of hand coding of interview questions, categorization of field notes, and audio taped interviews. Data collected at each site was further hand coded and categorized. Analyzing of all collected data was conducted by the researcher (Creswell, 2013).

Data analysis was conducted by entering hand coded data from each site location into an Excel spreadsheet. A Table of identified themes was developed in a Word document and included in the Appendices.

Verification of Findings

To ensure verifications of findings, steps were taken to ensure quality, trustworthiness, and credibility including the reduction of bias. Once I received answers to my interview questions, I began to categorize the data based on the actual answers of the interviewees. In doing so I tried to specifically "refer to the correctness or credibility of a description, conclusion, explanation, interpretation" on what each interviewee included in their responses (Maxwell, 2013, p. 122). In a case study research design validity refers to the premise that an idea is not only well grounded but also well supported (Creswell, 2013). By ensuring credibility of the responses of the interviewees, I guarded against the potentiality of researcher bias. Being an African American female and embarking upon a qualitative research design that examined African American women in a naturalistic setting, I was required to "decide what specific validity threats were most serious and plausible, and what strategies were best able to deal with these" (Maxwell, 2013, p. 125). The focus was not limited to preventing validity threats but rather understanding what they were, where they were, and how I might be influencing them and how my actions affected validity based on my inferences (Maxwell, 2013). This ensured trustworthiness, quality, and credibility of my research by self-assessing my inferences.

Creswell (2013) stated establishing strategies that required prolonged field engagement, triangulation of data sources, and detailed or thick description of collected data were effective and established strategies for ensuring credibility, trustworthiness, and quality in qualitative research. In a naturalistic setting the researcher was looking for "confirmability rather than objectivity" (Creswell, 2013, p. 246). In looking for confirmability and dependability in the research, an audit process was employed Creswell (2013).

However, Maxwell (2013) established the development of a validity checklist which also included long term involvement through observation of research participants, the collection of rich data, validating responses of respondents, informal intervention if needed, comparison, and triangulation as effective strategies for ensuring quality in qualitative research design was imperative. By employing a detailed checklist, the qualitative researcher was better prepared for identifying threats as they surfaced and invalidated them while seeking a deeper understanding of the phenomena under study.

Summary

This proposed qualitative case study employed a critical theory, reflexive, and feminist approach to identifying and examining information rich cases of African American women diagnosed with breast cancer and the access barriers they had experienced when seeking breast cancer health services. Utilizing this approach, I recruited, selected, and interviewed research participants who provided information rich cases from certain cities in the eastern section of San Bernardino County. Informed consent procedures were established and implemented to ensure that all research participants were voluntarily participating and that their information was safely gathered and confidentially secured.

The overarching research question that was directing this proposed qualitative case study was: What role, if any, did barriers to accessing health care have on breast cancer related health disparities among African American women seeking health care services in San Bernardino County? A secondary question also guided by this study further grounded the central inquiry of this qualitative case study. Data analysis procedures included the use of computerized software and coding to gather, manage, and disseminate collected data. Coding of collected data was completed utilizing a reflexive and interpretive form of analysis. Triangulation was also used to ensure trustworthiness and rigor of this qualitative case study.

Chapter 4: Results

Introduction

The purpose of this qualitative case study was to examine breast cancer health disparities among African American women corresponding to access barriers when seeking health services. Included in this exploration was the role of social determinants and the role of the Patient Protection and Affordable Care Act of 2010, also referred to as the Affordable Care Act, in reducing and/or eliminating health disparities. A qualitative case study methodology was employed which advanced a naturalist form of inquiry from information rich cases as asserted by Miles, Huberman, and Saldana (2014).

The research questions comprised of one central question and a secondary question. Central RQ: What role, if any, does barriers to accessing health care have on breast cancer screening related health disparities among African American women seeking health care services in San Bernardino County? Secondary RQ: Since implementation of the Patient Protection and Affordable Care Act of 2010, has there been any change in the ability to access affordable, preventive, and quality breast cancer screening related health services among African American women?

The case study method of inquiry as a methodology in qualitative research provided extended contact with a designated population area within the south-eastern region of San Bernardino County through face-to-face interviews, while focusing on the perspectives of the research participants and the interpretation of their world, (Miles, Huberman, & Saldana, 2014). Data were collected through face-to-face interviews using open ended interview questions. The interviews were audiotaped using the most efficient technology that provided clarity of sound and diction. All audio taped interviews were transcribed, and the data was stored in my computer and is password protected. Data was enumerated as Research Participant 1-10 and the informed consent form, interview questions, and transcribed interview results were attached and stored together for each research participant. I used hand coding to code each transcribed interview. The coded information was entered into an Excel spreadsheet for each of the codes that were identified. From this list of codes came a list of findings of eight varying, yet interrelated themes that emerged.

The conceptual framework employed in this qualitative case study was critical theory which focused on empowering African American women to transcend the constraints placed on them as a result of their race, class, and gender, according to Creswell (2009). Critical race theory was also utilized in this qualitative case study in an effort to understand the perspectives and issues that the research participants faced. Included in this understanding was an exploration of racism and whether it played a significant role in the health disparities among this female population relative to breast cancer related health services.

Setting

I conducted this study in various cities located in the south-eastern regions of San Bernardino County in southern California. The case study was originally limited to Community health clinics in partnership with San Bernardino County Department of Public Health and three churches. However, after numerous recruitment attempts, I realized that these partnering sites were not yielding the participants needed to complete the study. I made the decision to expand my recruitment efforts and obtained approval from the Internal Review Board at Walden University to include other faith-based organizations, beauty salons, and nails salons within the same geographical area. These additional recruitment sites yielded the additional participants needed to reach saturation.

Research participants were interviewed at a site location of their choosing which included their home, work office, and Starbucks. Each interview was conducted in a secured and private meeting area.

Demographics

The population consisted of 10 African American women, ages 21-50, residing within the south-eastern region of San Bernardino County in southern California. All research participants were voluntary, and I recruited them through purposeful sampling of the population from local churches, community health care centers, beauty and nail salons. Purposeful sampling was used in this qualitative inquiry by selecting individuals for this study that would provide rich information about the phenomenon that would bring insight about their lived experiences (Patton, 2002). Table 1 highlights the demographic information collected during the face-to-face interviews.

Table 1-

Demographics of Data Collection

Pseudonym	Age at Diagnosis	Marital Status	Number of Children	History of Cancer	Number of Years Cancer Free
Abby	30	Single	0	Unknown	3
Beatrice	32	Single	0	Unknown	2
Chloe	38	Married	1	Yes	2
Deborah	30	Single	0	Yes	2
Eunice	50	Single	0	Yes	5
Grace	49	Widowed	2	No	3
Hannah	47	Married	3	Yes	5
Ivory	35	Married	2	Unknown	5
Joy	27	Married	2	Yes	2

The charts included within the demographics represents the age of each research participant, their marital status, and their employment status at the time of diagnosis.

Figure 1. Age at time of diagnosis

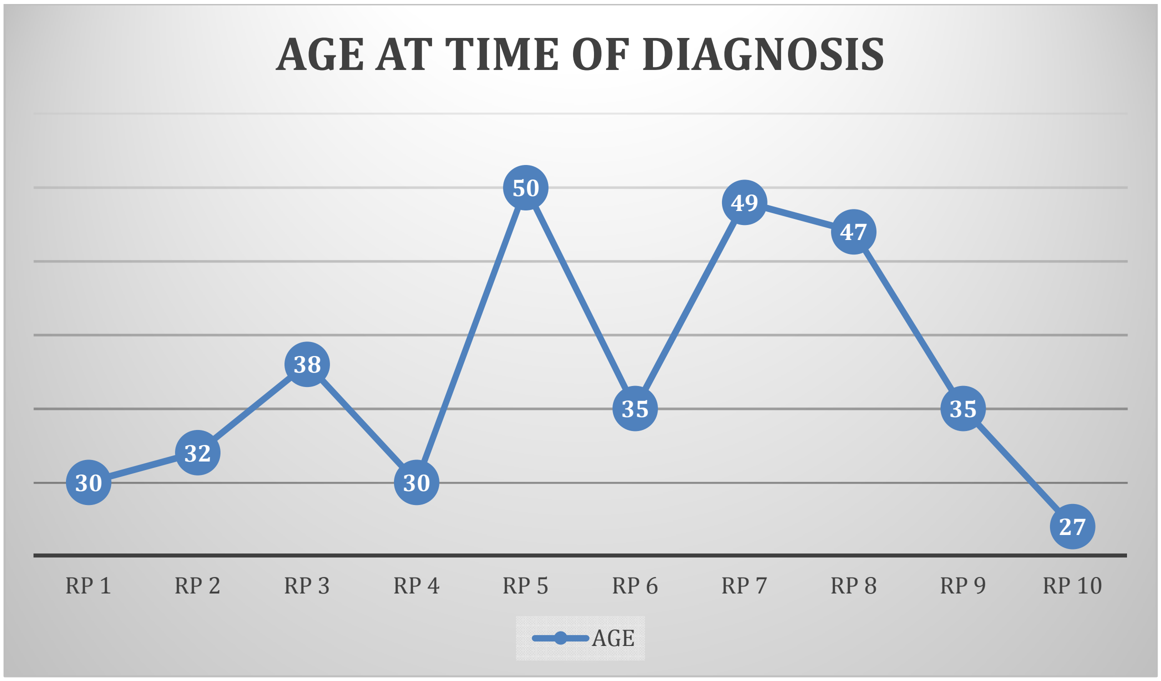


Figure 2. Marital status at diagnosis

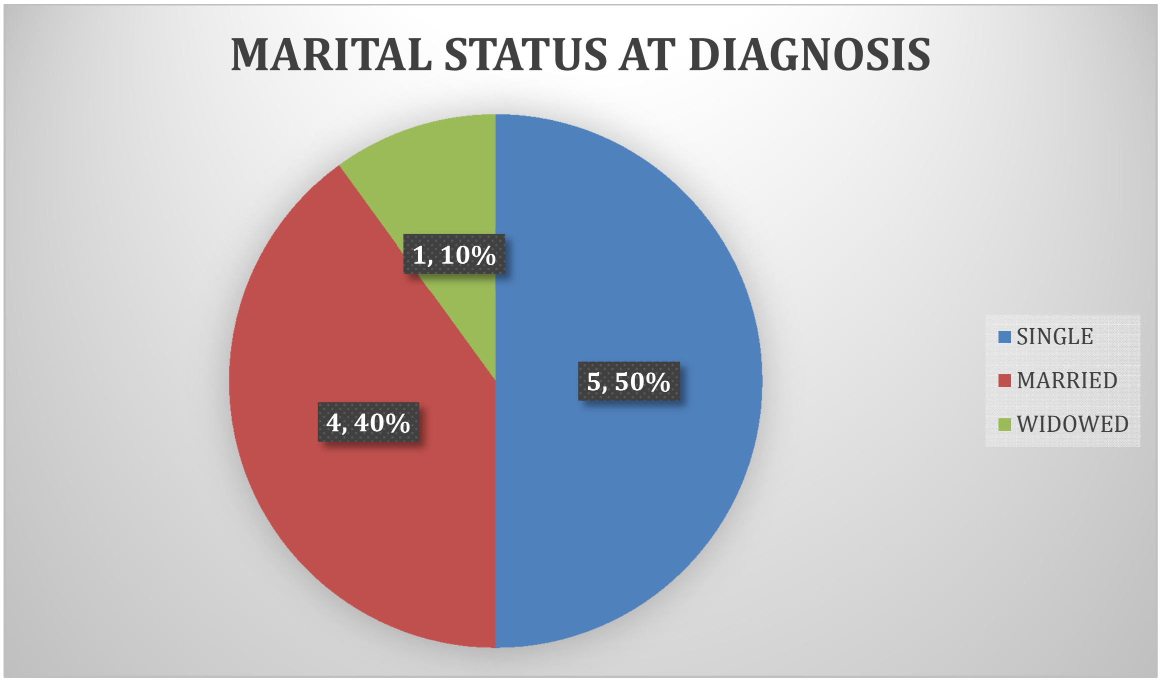
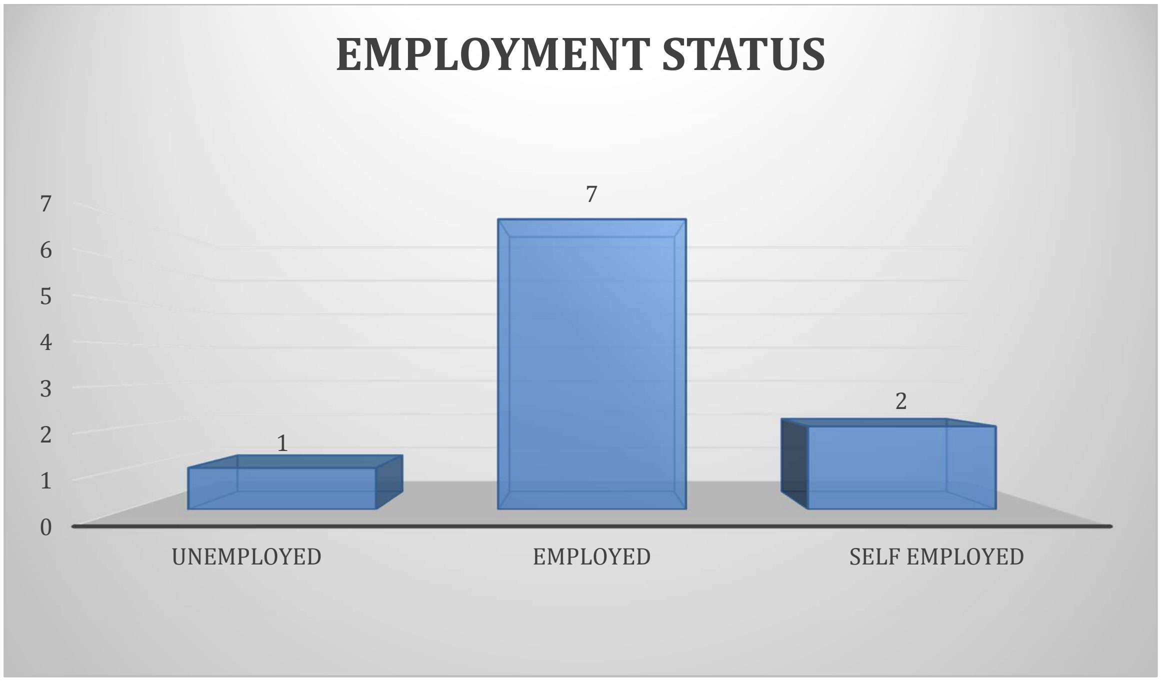


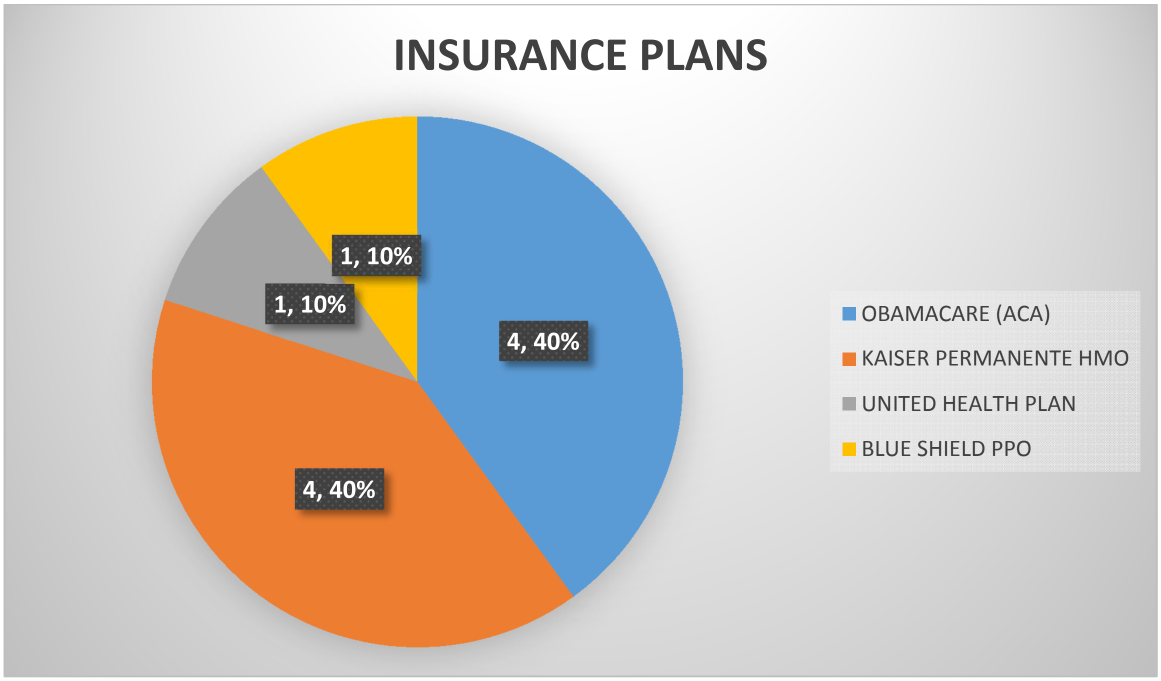
Figure 3. Employment status



Each of 10 research participants (*N*=10) reported having the following insurance coverage at the time they received breast cancer related health services:

- Research participants 1, 4, 5 and 10 each reported having coverage under the Affordable Care Act.
- Research participants 2, 3, 7 & 8 each reported having Kaiser Permanente HMO insurance coverage.
- Research participant 6 reported having United Health Plan
- Research participant 9 reported having Blue Shield PPO

Figure 4. Type of insurance plan



Data Collection

Data were collected during face-to-face interviews once I met with each research participant in a location of their choosing. Each meeting location was sufficient to ensure the confidentiality and privacy of each research participant.

Each face-to-face interview lasted about one hour in duration. There was minor variation from the data collection procedure as highlighted in Chapter 3. The variation was that there were no telephone interviews and no follow-up interviews conducted. Each research participant opted not to meet for a second time to go over their interview results and each interview was in person and face-to-face. One unusual circumstance I encountered during data collection was the need for a change in procedures which was initiated to expand my recruitment efforts. I requested a change in procedures to include placing flyers in faith-based organizations, beauty salons, and nail salons located in the geographical area on my IRB application. This change was necessary which improved recruitment of research participants. In assessing the needs as the researcher, it was very difficult securing research participants in the manner initially indicated in my IRB application. This change allowed for the completion of recruiting the needed research participants to obtain saturation.

Data Analysis

The data analysis plan used in this qualitative case study consisted of hand coding of interview questions, categorization of field notes, and transcription of audio-taped interviews. Once interview results were transcribed, each interview question was inductively hand coded and categorized for recurring themes from each research participant interview results.

I analyzed all the collected data and the following are some of the specific codes that emerged related to the themes:

- Access
- Autonomy
- Barriers
- Benefits of Obamacare
- Culture
- Physician Credentials
- Physician Listening
- Physician Rapport
- Physician Treatment
- Financial Burden
- Funding
- Health Conditions
- Insurance
- Obamacare
- Role within Family
- Self-Discovery
- Spirituality

The full list of codes and categorization of themes can be found in Appendix C and D.

Themes

From the data analysis of these in-depth interviews, eight major themes emerged.

- Culture of African American Women
- African American Women’s Perception of Treatment by Health Care Providers
- African American Women Knowledge of Practice by Health Care Providers
- Treatment of African American Women Administered by Health Care Providers
- African American Women Roles’ Within the Family
- Spiritual Well Being of African American Women
- African American Women’s Insurance Related Factors
- African American Women’s Knowledge and Perceived Influence of the Affordable Care Act/Obamacare

There were no discrepant cases that were factored into the data analysis of this case study. Table 2 provides a concise over view of the emergent themes from each of the research questions.

Table 2

Emerging Themes from Data Collection

Research Question	Interview Question	Themes
What role, if any do barriers to accessing health care services have on breast cancer screening related health disparities among African American women seeking health care services in San Bernardino County?	What factors do you consider when selecting a health care provider? What do you expect when you go to the doctor? How did you know that you had breast cancer? What prevents you from seeking breast cancer related health services? What would improve your ability to obtain health services? What other health conditions do you have? What health care coverage do you currently have? Have you received health services since diagnosed with breast cancer? How often do you go to the doctor as a result of your health condition? What would improve your ability to obtain these health services?	Culture of African American women - This theme called attention to the role that culture has in the lived experiences of African American women seeking breast cancer related health services. African American women's perception of treatment by health care providers - All 10 research participants (RP) voiced their perception of the treatment they received by their health care providers. African American knowledge of practice by health care providers - This theme highlighted the knowledge of African American women relative to the credentials and specific practice of their health care provider. Treatment of African American women administered by health care providers

(table continues)

Since implementation of the Patient Protection and Affordable Care Act of 2010, has there been any change in the ability to access affordable, preventative and quality breast cancer related health services screening among African American women?	What do you know about the Patient Protection and Affordable Care Act of 2010 also known as Obamacare? Have you benefitted from the enactment of this law? Do you think it is important for every American to have access to affordable, quality health care services? If so, why?	- This theme identified the treatment administered by health care providers that African American women received related to breast cancer related health services. African American women roles within the family - This theme identified the roles of African American women within their families and their perception of the impact of their illness has had on their specific roles. Spiritual wellbeing of African American women - This theme examined the spiritual wellbeing of African American women and the influence it had on the decision-making process of this ethnic population when seeking breast cancer related health services. African American women insurance related factors - This theme explored African American women's experience with insurance related issues when seeking

(table continues)

breast cancer related health services. Included in this exploration were the elements relative to access, barriers, financial burden, funding and insurance.

African American knowledge and perceived influence of the Affordable Care Act/Obamacare - This theme examined African American women's knowledge and perceived influence of the Patient Protection and Affordable Care Act of 2010 also known and the Affordable Care Act/Obamacare on their experience when seeking breast cancer related health services.

Research Questions

The central and secondary research questions were answered by data collected during the interview process. Data collected during the interview process is listed verbatim in this section in response to each of the two research questions.

Research Question 1.

The research questions comprised of one central question and a secondary question. Central RQ1: examined the role that barriers to accessing health care has had on breast cancer screening related health disparities among African American women seeking health care services in San Bernardino County. From this research question, seven themes emerged. Secondary RQ2: Explored the role of the Patient Protection and Affordable Care Act of 2010, and its role in improving access to affordable, preventive and quality breast cancer screening related health services among African American women.

Theme 1

Culture of African American women. This theme proved highly significant in highlighting the culture of this female population relative to access, autonomy, barriers, culture, role within their family, self- discovery, and spirituality. Research participants (RP) revealed their experiences in the following narrations:

Research participant 1 questioned whether health care providers can relate to her family, speaking to the culture of African American women who are often accompanied by family members to their medical appointments.

Can they relate to your family? (RP1)

Research participant 2 narrated her response to this theme by indicating personal barriers African American women encounter due to their culture, lack of education and fear.

> Culture, they are uneducated, they are scared. They had reoccurrences and they were under or over treated. More studies need to be done on our culture. (RP 2)

Research participant 3 spoke to the everyday experiences of African American women and the self-imposed barriers they encounter daily relative to their culture.

> We are very busy, working fulltime jobs, some work 2 jobs. Time is a huge variable, if we could find a way to use less time, we would see more African American women in treatment. We create barriers, our priorities are different. (RP 3)

Research participant 5 articulated her response to personal and community barriers African American women experience as a result of their culture.

> Knowledge, they don't have the knowledge, scared of what will be told or what they will find out and fear, a major fear. As African American women we don't talk about it, for me it was talk about it. We don't have the platform like the Susan G. Komen that was founded by her sister. My mother did not tell me that she had cancer too, but I told my daughter that I had cancer. We need to talk to our young girls early then you can do something about it. (RP 5)

Research participant 6 spoke to the culture of African American women relative to their role within the family and how this weighs on them while dealing with their illnesses.

My position in my family is the one of a matriarch, which is another thing people have to understand which is your position in your family. Black women are pretty much matriarchal whether you have children or not. Though I have no children, I am the Aunt that everyone comes to when stuff hits the fan. I have to think about all things. If I have cancer, I have to be there for everybody and be strong for them too and that's what people don't understand. I don't think they understand that illness affects your role in the house (RP 6).

Theme 2

African American women's perception of treatment by health care providers. Included in this theme are the perceptions and inferences each participant made relative to the doctor listening to them, his or her rapport, the type of treatment they received, and whether they trusted health care providers to render to them quality care regardless of their race, socio-economic status, insurance, and their ability or inability to pay. Each of the participants expressed their perception of the treatment they received in the following manner.

Research participant 1 fired her doctor because he would not order a CT scan as she requested.

> I requested a CT Scan and the doctor said No, I went back to my Oncologist who ordered it and I fired my Primary Care doctor. (RP 1)

Research participant 4 perceived a lack of trust from her health care provider because she had to research information on her own that was not provided by her doctor.

> I think it's a lack of trust for sure. Trust, who do you talk to and who do you not talk to about it? They didn't explain nothing, they explained just enough to me, but I started researching things on my own. (RP 4)

Research participant 6 perceived that her doctor was not listening to her due to her occupation as a health care provider and did not honor her treatment request.

> Listen, for them to listen to me. My doctor did not do what I asked him to do so I fired him. I asked him to do wide margins versus non-wide margins and he didn't. I got a rash and I told my doctor because of the sulfa based antibiotic, but they would not listen, and I said, see I told you, but you wouldn't listen because I am a health care provider. (RP 6)

Research participant 7 discerned that her physician was not patient with her and was apathetic in her response to her.

> I want a provider who can really be patient with me, who can talk to me as if I'm a relative. I had an experience with a female doctor who told me that it was needless to get breast augmentation because I was going to be dead in 10 years. (RP 7)

Research participant 10 sensed that her health care provider was apathetic and uncaring about her medical condition by his responses to her.

> I felt like a number, I felt like he really didn't care about what I was having done, saying like yeah, yeah and not realizing like how big a deal this really is to me. So, I was like No, I want another doctor. That wasn't the first time that I had that kind of experience. (RP 10)

Theme 3

African American women knowledge of practice by health care provider. This theme illuminated the expectations of each research participant and their knowledge of the practice of the health care providers who provided them breast cancer related health services. Their expressed insight is highlighted below:

Research participant 2 shared her knowledge of practice by her health care provider and what was meaningful to her.

> Their Bio, center of focus, where studied, what type of practice, how long have they been in practice, value opinion of referring doctor. Accessibility to my files and history, older doctors, older doctors tend to be more experienced in working with different cultures. (RP 2)

Research participant 4 verbalized her knowledge of practice of her doctor and its importance to her receiving treatment.

> Age of the provider, familiarity, reliability, cultural sensitivity, older ones keep up with current research and protocols. Knowledgeable of disease and treatment. (RP 3)
>
> Their track record when it comes to surgical outcomes, number of deaths related to illness, their fees, natural way of medicating and their options because I am not a pill popper. (RP 4)

Research participant 5 voiced what was important to her relative to the practice of her health care provider.

> Their knowledge is so important. They've been around in the health care field; do they accept my insurance, how knowledgeable are they of African American Women. I need to know that you know about the thing African American Women encounter. (RP 5)

Research participant 7 verbalized what she expected and the knowledge of practice from her health care provider.

> I want them to diagnose me, I want them to give me the proper medicine and not give me all this off the wall medicine that is not going to heal me. (RP 7)

Research participant 8 voiced her expectations about the practice of her health care providers.

> I expect the doctor to tell me the truth and not to sugar coat stuff. Explain it so that I can understand it. (RP 8)

Research participant 10 echoed her concerns relative to the knowledge and practice of her health care provider.

> It's important to me that I am not treated like a number, I'm looking for competency, and be updated on information and processes and updated with research. (RP 10)

Theme 4

Treatment of African American women administered by health care providers. Research participants verbalized the frequency and purpose for the services rendered by their health care providers which included access, barriers, health conditions, insurance, and self-discovery, their experiences are included below:

Research participant 2 verbalized her perception of barriers to accessing treatment administered by her health care provider and the funding she had for these services.

> Another barrier from the point of diagnosis is treatment. Providing more access to care, due to pre-existing conditions, giving African American women an entry point to accessing care and help with physician relationships and navigating the system. I have Polycystic Ovarian Syndrome, spinal degeneration and breast cancer. I have Kaiser insurance, it has allowed me access to services. (RP 2)

Research participant 4 voiced her perception of treatment she received from her health care provider because of her Obamacare funding.

> I was actually supposed to be somewhere else for the surgical biopsy, but that doctor told his assistants to tell me that he couldn't see me because of the Obamacare. But the

> doctors and nurses over at the Ontario facility said what are they talking about, they do take Obamacare. The leaking was normal, but the bleeding was not normal. (RP 4)

Research participant 6 identified the perceived barriers she encountered relative to receiving treatment from her health care provider.

> The health care system, cultural barriers, kind of not understanding what is medicine versus the doctor's personal opinion. A lack of insurance, finances, not aware of their resources, they don't know where to go to get these tests done. Fat, considered obese, see that's another problem. I was in my 30s when I started getting mammograms because I noticed that there was something wrong and it was actually the breast that had cancer in it that I saw something wrong and I went in to get it checked. If you see something, say something. (RP 6)

Research participant 7 voiced her concern relating her health coverage to the health treatment she received and the perceived notion of fear African American experience in accessing care.

> If you don't have coverage its expensive. If I didn't have health coverage, I would probably be dead right now from breast cancer. Fear, I talk to a lot of women and they don't know that they can access mammograms for free. Their knowledge and access to getting a mammogram is limited because a lot of people don't have health coverage. Breast cancer shouldn't have to depend on your income and your color. I have diabetes, once I finish losing this weight, I won't have to take the medication because the more weight I lose, the more they taper down my medication. Kaiser, I had Kaiser also at the time of diagnosis. I had a breast reduction with my right breast. I had the breast reduction

> because I had a mass in my right breast. Then I had a big mass over the right breast and I asked the doctor to remove it and they said it was fatty tissue. (RP 7)

Research participant 9 relayed her thoughts on perception of barriers African American women face relative to her receiving treatment from heath care providers.

> Accessibility, more of a push and more money in the health of the patient instead of the marketing. Going into the inner cities instead of waiting for African American women to come to us and affordable health care and transportation. They are scared, don't want to know. It might be financial maybe due to cost too, they may not be able to take off work. I am overweight due to being placed on steroids, but I have no other illnesses, I have had blood clots. I have Blue Cross PPO, its expensive but I budget for it and I wear my hair natural and don't get my nails done to save money. I knew something wasn't right when I found a boil under my left arm that would never heal for months. I had sharp pain from my left breast that radiated to my back and I had a very, extremely irregular menstrual cycle. (RP 9)

Research participant 10 identified perceived barriers that African American encounter and the issues facing them as they seek and receive treatment.

If finances were not an issue, just making sure it is accessible. Like having it so that people don't have to travel too far to get access. Also, having people that have the information share it with them so that there's not many barriers. Some of the barriers includes an understanding of all of this to us because it is so overwhelming which is a lot to take in as some health care providers are not competent or compassionate. I had to navigate the health care system for myself. Currently I don't have any other health conditions, nothing that I am aware of

> at the moment. When I got diagnosed, I got insured through Medi-Cal. I didn't have any insurance and had been denied insurance due to a pre-existing condition with breast cancer. I couldn't get insurance because I had had breast cancer and because I am now with a pre-existing condition I could not get insurance due to having had breast cancer. I found the lump. I was 27 the first time I was diagnosed, and I have had it twice. (RP 10)

Theme 5

African American women's roles within the family. Research participants verbalized their lived experiences in seeking breast cancer related health services and the impact of these experiences on their specific roles within their families. Their perception was characterized by their experience relative to advocacy, autonomy, culture, and financial burden and role within the family.

Research participant 1 verbalized her perception of the barriers that impact the role of African American women in their family relative to seeking breast cancer health services.

> Funding is scarce, women don't know the statistics relative to African American women who have breast cancer, information is quantitative not qualitative. Fundamental right for women to have access to care. After I took the initiative, because my primary care physician would not work with me and I had to go to an Oncologist on my own. Time, valuable time away from work that you have to make up. Worrying about being replaced on your job. We are not first in our own priorities and we put others before us and our health needs. Because of the business of life, again I was 38 years old with a 13-year old son. The year of my initial diagnosis, I lost 4 women to different things which resulted in death (RP 2)

Research participant 3 identified situations that present as personal and social barriers for African American women in their role within their family.

> We are very busy, working a fulltime job, some work 2 jobs. Time is a huge variable, if we could find a way to use less time, we would see more African American women in treatment. We create our own barriers our priorities are different. There's the financial burden of being off work, how long will I be off, how much does Temporary Disability pay, my household expenditures do not change. (RP 3)

Research participant 5 provided insight about African American women and their role within their family relative to sharing health care information with family other members.

> As African American women, we don't talk about it. My mother did not tell me that she had cancer too, but I told my daughter that I had breast cancer. I did not have insurance at the time of diagnosis, I paid cash to see my Gynecologist. I was told Every Woman Counts Program would help and that there were other programs out there that would help, and I sought them out. We need to talk to our young girls early because if you know early then you can do something about it. (RP 5).

Research participant 6 identified perceived barriers that African American women experience relative to their role within their family.

> Not understanding the healthcare system which is extremely fragmented, and resources are not in our community. You have to look at how do I get there, how do I get the resources. And I don't like the Republicans' health care plan because it takes away too many peoples' access to care. My position in my family is the one of a matriarch, which is another thing people have to understand which is your position in your family. Black

> women are pretty much matriarchal whether you have children or not. Though I have no children, I am that Aunt that everyone comes to when stuff hits the fan. I have to think about all things. If I have cancer, I have to be there for everybody and be strong for them too and that's what people don't understand. I don't think they understand that illness affects your role in the house. (RP 6)

Research participant 8 asserted her thoughts on the perception that African Americans have of themselves and those that others impose on them.

> Having affordable health coverage allows us to not worry if we have to get sick because to be sick and to have to worry makes the problem double. You see what we have to understand is that as Black people there is a lot of us Blacks who allow us to go untreated. We like to say it’s the White man, but it’s not all together, cause some of us we don’t want to identify as African Americans. We are not the strong towers that they think we are. We need help just like Caucasian women do and I really think that they need to start alleviating doctors that make a difference in a negative way. (RP 8)

Research participant 10 addressed the role of African American women with the family and the perceived importance that they themselves place on their role.

> For me, when you are the caretaker and you are in that role you say ok, I'll get through it, I will take care of me and I think that's really one of the biggest barriers for Black women are to lean on one another. The inability to pay for it. There is no reason in the world why we shouldn't have access to health care and be able to lose everything we have just to be healthy. It definitely affected my role, just in the sense that now I would have to have people take care of me and that wasn't normally my role. I was normally kind of leading

> everything and I had to kind of sit down and be supported through that experience. My family did extremely well with this though. (RP 10)

Theme 6

Spiritual wellbeing of African American women. The factors influencing this theme included culture and spirituality. Research Participants revealed their perception in the following manner;

Research participant 4 verbalized thoughts regarding the role spirituality has in her life relative to her purpose and calling in life.

> My life is not my own, God has called my life to feed, cultivate, cover, catapult and connect others to their destiny and dreams across the world, because of what God has called me to do. Man does not come before God, if He says let it go then let it go. We have to be obedient to Him. It was nobody but God. (RP 4)

Research participant 5 shared a life experience relative to her response to being diagnosed with breast cancer and the reliance on her spiritual well-being.

> We take No too easy. The Lord spoke to me, He said "This is not for you, this is for you to help other women and I am going to give you what you need". Philippians 4 says I can do all things through Christ who strengthens me, with that and knowing that I can be a healthy person, I can be healthy, I can get a Yes. (RP 5)

Research participant 6 verbalized the impact that her spirituality had on her decision-making process in accessing breast cancer related health services.

> I already knew that I had cancer, but my faith had assured me of that already and I believe that the Lord had already prepared me because I already knew I had cancer. I

> went to church before the procedure and asked my pastor to pray for me. So, they prayed for me and one of the mothers came up to me and said, you ready and I said you know too huh, so that's what led me to getting everything done. (RP 6)

Research participant 7 asserted her perception of the impact spirituality has had on the decision making of African American women relative to accessing breast cancer treatment.

> I had a friend who had breast cancer too, she was afraid, and she didn't have the surgery, she didn't have any treatment and she just relied on God and that he would heal her. She took no pills and totally relied on God and her faith. So far, she's cancer free, she has had no treatment, she had no surgeries and she said I am not taking those pills. She said no, I am just going to rely on God and stand on my faith and that's what she did, and when she went back for her checkup, she was cancer free. God is so good because of my children and my church family that helped me through this cancer. (RP 7)

Research participant 8 asserted her lived experiences and the impact her spirituality has had on her health care provider.

> Each time my doctor asked me how I was doing, I would say that I am blessed and highly favored. He said all of the tests we ran on you, it shows that nothing is there. He said, I'm trying to understand, and I am going to start using your words now, "Blessed and Highly Favored". He said this is unreal because you shouldn't have walked into my office today. (RP 8)

Theme 7

African American women's insurance related factors. Included in this exploration were the elements relative to access, barriers, financial burden, funding, and insurance. These variables were verbalized by Research Participants in the following manner;

Research participant 3 verbalized her perception of health funding and the perceived systemic barriers African American women encounter.

> Health care is a privilege everyone should have access to health care either affordable or preferably free. Funding is scarce, due to pre-existing conditions, they need help with deductibles, there are financial barriers. Insurance co-payments and no insurance. More funding, more resources, more access to treatment. More resources due to low income, more access. I have Kaiser insurance, it has allowed me access to services. (RP 2)

Research participant 3 asserted her perception of the financial burden African American women encounter when accessing breast cancer related health services.

> There's the financial burden of being off work, how long will I be off, how much does temporary disability pay, my household expenditures do not change. I am still in active treatment with Kaiser health insurance. (RP 3)

Research participant 6 voiced her perception of cultural barriers that African American women experience when faced with insurance related issues.

> A lot of people don't know how to talk to their insurance company. A lot of education we have to do for our people, a lot of education. There is a lot more people with health care coverage now, is may not be the best but its health care. The health care system, cultural barriers, kind of not understanding what is medicine versus the doctor's personal opinion.

> A lack of insurance, finances, not aware of their resources, they don't know where to go to get these tests done. Not understanding the healthcare system which is extremely fragmented, and resources are not in our community. You have to look at how do I get there, how do I get the resources. And I don't like the Republicans' health care plan because it takes away too many peoples' access to care. I have United Health, a plan through my employment. I have always had coverage just felt an urge to get better coverage, I would have been broke with the other coverage, I needed some better coverage. Health care is like finances, somebody have to educate you. (RP 6)

Research participant 7 expressed her thoughts on the impact of insurance related factors in the lived experiences of African American women.

> If you don't have coverage its expensive. If I didn't have health coverage I would probably be dead right now from breast cancer. Fear, I talk to a lot of women and they don't know that they can access mammograms for free. The knowledge and access to getting a mammogram is limited because a lot of people don't have health coverage. Breast cancer shouldn't have to depend on your income and your color. Yes, I need Obamacare, I cannot afford $900 anymore, that's bigger than my care note, that's my tax bill and more. I couldn't afford it, it was too expensive. I had to pay $916 a month for 3 years and when Obamacare came in then I got it lowered. Yes, I have Kaiser. (RP 7)

Research participant 9 asserted her perception of the impact of insurance related factors on African American women and some of the barriers they encounter.

> Accessibility, more of a push and more money in the health of the patient instead of the marketing. Going into the inner cities instead of waiting for them (African American

> women) to come to us and affordable health care and transportation. They are scared, don't want to know. It might be financial maybe due to cost to they may not be able to take off work. It’s expensive, accessibility, more of a push and more money in the heal of the patient instead of the marketing. I have Blue Cross PPO, its expensive but I budget for it and I wear my hair natural and don’t get my nails done to save money. (RP9)

Research participant 10 asserted her perception of personal, community and systemic barriers impacting African American women with pre-existing conditions and their ability to navigate the health care system relative to insurance related factors.

If finances were not an issue, just making sure it is accessible. Like having it so that people don't have to travel too far to get access. Also having people that have the information share it with them so that there's not many barriers. Some of the barriers includes an understanding of all of this to us because it is so overwhelming which is a lot to take in as some health care providers are not competent or compassion. I had to navigate the health care system myself. The inability to pay for it. There is no reason in the world why we shouldn't have access to health care and be able to lose everything we have just to be healthy. I actually have or would call it Obamacare. I am covered because I have a pre-existing condition. So, I was not able to get insurance prior to having breast cancer the second time. Fortunately, I was able to get Obamacare before being diagnosed a second time. When I got diagnosed, I got insured through Medi-Cal. I didn't have any insurance and had been denied insurance due to a pre-existing condition with breast cancer. I couldn't get insurance because I had had breast cancer at 27 and because I am now with a pre-existing condition I could not get insurance due to having had breast cancer. (RP 10)

Research Question 2

Research question two explored the role of the Patient Protection and Affordable Care Act of 2010, and its role in improving access to affordable, preventive and quality breast cancer screening related health services among African American women. One theme emerged from this research question.

Theme 8

African American women's knowledge and perceived influence of the affordable care act. Research participants expressed their experiences relative to these constructs access, advocacy, barriers, benefits of Obamacare, financial burden, funding, and Obamacare in the following manner;

Research participant 1 voiced her perception of the influence that the Affordable Care Act has had on African American families.

> Families won't have to worry about the stress of coming up with the money for the surgeries which could cause other health issues. It helps individuals that have compromised income, missing income, they don't have a job or are on a fixed income. I have Covered California through Obamacare. A lot of people would be dead if they did not have it. A Republican who opposed Obamacare but is in support of it now because it saved his life. (RP 1)

Research participant 2 expressed her knowledge of the Affordable Care Act and the influence is has had on African American women accessing treatment for breast cancer health.

> Providing more access to care, due to pre-existing-existing conditions, giving African American women an entry point to accessing care, help with physician relationships and

> navigating the system. Now I am 100 % covered. I did not have Kaiser coverage not until I got the Affordable Care Act. The idea of repealing the ACA is a death sentence for these survivors. Health care is a privilege everyone should have access to, health care either affordable or preferably free. Funding is scarce, due to pre-existing conditions, they need help with deductibles, there are financial barriers. More funding, more resources, more access to treatment. More resources due to low income, more access. Before the ACA, I had no insurance then I got insurance, now I am 100% covered. (RP 2)

Research participant 4 expounded on her perception of the impact the Affordable Care Act has had on African American women accessing breast cancer treatment.

> If we don't fight for what we need then no change will happen. Like Obamacare, if it was not in existence I don't know if I would be here. It's amazing, for me it literally saved my life and having it expedited the process. Its giving life to those who normally would have a death sentence. It is giving life to those who normally would not have it. Thank God for Obamacare. It normally takes 6 months to get the type of treatment it only took 2 and Obamacare expedited my care whereas regular insurance wouldn't have and the lives of other families and children. All of this was done at no cost to me, this would have cost me probably hundreds of thousands of dollars. So, everything got approved as a result of my Obamacare. Insurance is too expensive for the average American. They had to get all of the paperwork approved under Obamacare in San Bernardino to get it approved. (RP 4)

Research participant 6 verbalized the perceived influence that the Affordable Care Act has had on improving the ability of African American women to obtain breast cancer services.

> A lot of education we have to do for our people, a lot of education. There is a lot more people with health care coverage now, it may not be the best but its health care. I think where we need to amp up the resources is in the community, outreach to the people in the community is where President Obama was good at and those things are important to people. There are more people with health care coverage now. It may not be the best kind, but it is health care. Not understanding the healthcare system which is extremely fragmented, and resources are not in our community. You have to look at how do I get there, how do I get the resources. And I don't like the Republicans' health care plan because it takes away too many peoples' access to care. I know you have to know the system to get better care. Patient education will get you better care. President Obama increased volume without increasing the services. I think some of the resources are not in our community. (RP 6)

Research participant 7 shared her views on the impact of the Affordable Care Act and her perception it has had on her life and the lives of other African American women.

> If you don't have coverage its expensive. If I didn't have health coverage I would probably be dead right now from breast cancer. Fear, I talk to a lot of women and they don't know that they can access mammograms for free. The knowledge and access to getting a mammogram is limited because a lot of people don't have health coverage. Breast cancer shouldn't have to depend on your income and your color. I sure have benefited from Obamacare, I have been taken care of by the best. But just having Obamacare because of my health and I know that am alive today because of God and my medical coverage that services me at Kaiser. I need Obamacare, I cannot afford $900

> anymore. Yes, I need Obamacare, I couldn't afford it (health care). It was too expensive. It’s a struggle if you don’t have health care. When my husband was alive, he carried me on his insurance, but he's been gone for 6 years, I pay out of my own pocket. (RP 7)

Research participant 9 provided insight on the perceived impact that the Affordable Care Act has had on improving access to care for African American women.

> I know that it is about being able to get better care, to have better studies on health and the ability to make better choices about your health. Obamacare gave you a better choice. I have employees who now have health coverage as a result of Obamacare. Being healthy has helped them benefit from Obamacare. It also helps care takers with their parents' insurance, we've all benefitted from it as a society. (RP 9)

Research participant 10 verbalized her perception of the Affordable Care Act and the impact it has had on providing access to African American women with pre-existing medical conditions.

What I know about it is that I as a pre-existing condition and that I can still be covered. That was the most important thing that I needed to know about it. The inability to pay for it. There is no reason in the world why we shouldn't have access to health care and be able to lose everything we have just to be healthy. I actually have or would call it Obamacare. I am covered because I have a pre-existing condition. So, I was not able to get insurance prior to having breast cancer the second time. Fortunately, I was able to get Obamacare before being diagnosed a second time. (RP 10)

Issues of Trustworthiness

To ensure verification of findings, steps were taken to ensure quality, trustworthiness, and credibility including the reduction of bias. Once I received answers to the interview questions, I coded the data based on the actual answers of the interviewees, then I categorized the data by codes and finally developed the themes. In doing so, I tried to specifically "refer to the correctness or credibility of a description, conclusion, explanation, interpretation" on what each interviewee included in their responses (Maxwell, 2013, p. 122). In a case study research design validity refers to the premise that an idea or is not only well grounded but also well supported (Creswell, 2013). By ensuring credibility of the responses of the interviewees, I guarded against the potentiality of researcher bias by representing the subjective findings of each research participant verbatim. Being an African American female and embarking upon a qualitative research design that examined African American women in a naturalistic setting required me to "decide what specific validity threats were most serious and plausible, and what strategies were best able to deal with these threats" (Maxwell, 2013, p. 125). The focus was not limited to preventing validity threats but rather understanding what they were, where they were, and how I might be influencing them and how my actions affected validity based on my inferences (Maxwell, 2013). This process ensured trustworthiness, quality, and credibility of my research by self-assessing my inferences.

Credibility

To ensure verifications of findings, and establishment of credibility while ensuring quality, and trustworthiness I recorded the answers of each interviewee verbatim. I audiotaped each face-to-face interview and hand coded the data based on the actual answers of the interviewees. In a case study research design validity refers to the premise that an idea or thought is not only well grounded but also well supported (Creswell, 2013). I supported each theme from the actual answers based on the codes that surfaced from the responses of each research participant. To ensure credibility of the responses of the interviewees, I guarded against the potentiality of researcher bias by remaining objective in the reporting of my findings. In doing so, I made every attempt to record the research results as they were presented by each research participant and I did not interject my personal thoughts, ideas or tried to influence any of the responses of the interviewees.

Transferability

To ensure transferability research participants provided rich information about their lived experiences when accessing breast cancer related health services. These information rich experiences resulted from a combination of audio-taped interviews, verbatim transcription of interviews, my field notes and memoing. Direct quotes from each transcribed interview (N=10) provide information rich descriptions and memoing ensured a means of self-evaluation which proved helpful during data analysis.

Dependability

Dependability was established by use of audio recordings which was used during data collection. Each research participant gave consent to be recorded during the interview. The use of current technology provided a means of reviewing interview results to ensure accurate transferability of results and as a means to safely and securely storing collected data.

Summary

This chapter summarized eight themes that surfaced in this qualitative case study. These themes represented the objective responses of each of the 10 research participants (*N*=10) in response to the interview questions. The primary finding of this research study was the perception that barriers to accessing breast cancer were present for each of the research participant when seeking breast cancer related health services. Their perception of barriers influenced the type of services, manner which services were rendered, and the method of payment utilized for the care they received while addressing the research questions;

1. What role, if any, do barriers to accessing health care have on breast cancer related health disparities among Black women seeking health care services in San Bernardino County?

   Research participants identified barriers to accessing health care as personal, social, community, systemic, and/or institutional. These barriers were extracted from the codes that kept surfacing from the actual responses of each interviewee in their response to the interview questions. As the codes surfaced, several repetitive themes began to develop. The perceived barriers identified by research participants were personal barriers where African American women self-imposed barriers on themselves as a result of their culture, a lack of trust from health care providers, a lack of knowledge, fear in not wanting to know their test results, their role within the family, a lack of finances, and spirituality where they relied on their faith in God for their healing rather than traditional treatment modalities. Community barriers identified were access, a lack of resources, limited help in navigating the fragmented health care system and a needed platform like the Susan G. Komen Foundation that specifically speaks to the unmet needs of African

American women. Systemic or institutionalized barriers included their doctor not listening to them, the treatment they received from their health care provider, the credentials of their doctor, and their doctor unwillingness to accept their specific health insurance.

2. Since implementation of the Affordable Care Act, has there been any change in the ability to access affordable, preventive and quality breast cancer health screening among Black or African American women?

   Research participants verbalized their perception of the role that the Affordable Care Act has had on access to affordable, preventive, and quality breast cancer related health services among this female population. Research results identified the perceived barriers African American women encounter when seeking breast cancer related health services and the need for mitigating these barriers which were identified as personal, social, community, systemic, and institutional. The research participants whose perception was that they benefitted from the Affordable Care Act indicated that they would not be alive if they did not have Obamacare. This determination was made from the responses of four of the ten research participants. Each of the four research participants who reported having Obamacare, indicated that they did not have health coverage before the Affordable Care Act and/or due to their pre-exiting health condition, they would not have been able to qualify for any other health coverage and perceived this legislation as beneficial based on their specific health care needs.

While addressing each of the research questions, the research methodology was aligned with the results of this qualitative case study. According to the lived experiences of each of the research participants, perceived barriers to accessing health care were identified as having an impact on the health disparities among African American women seeking health care services in San Bernardino County.

Research participants verbalized their perception of the role that the Affordable Care Act has had on access to affordable, preventive and quality breast cancer related health services among this female population. Research results identified the perceived barriers African American women encountered when seeking breast cancer related health services and the need for mitigating these barriers which were identified as personal, social, community, systemic and institutional. Chapter 5 addresses the purpose and nature of the study and why the study was conducted as well as providing a summary of the findings. This chapter will also provide evidence that confirms, disconfirm or extend knowledge in the discipline. This final chapter will further provide a comparison of what was found in Chapter 2 while interpreting the findings. Further findings will include limitations, recommendations, and the implication for future study including social change implication of this study and the need for the allocation of more community resources to include funding and legislation similar to the Affordable Care Act of 2010.

Chapter 5: Interpretation of Findings

The purpose of this qualitative case study was to examine access barriers that African American women encountered when seeking health care services corresponding to breast cancer related health disparities in the United States. This study was conducted in several cities centrally located in the south-eastern region of San Bernardino County in southern California. San Bernardino is the largest county by geographical area, the fifth most populous county in California and the 12th most populous county in the U. S., according to the 2010 Census (U.S. Census Bureau, 2014). Research areas included the cities of Fontana, Ontario, Rancho Cucamonga, Rialto, and San Bernardino, California. Study participants included African American women ages 21 to 50 who had been diagnosed with some form of breast cancer and had sought out and received cancer-related treatment with follow-up services in these cities. Recent literature (Passmore, Williams-Parry, Casper, & Thomas, 2017) identified barriers to accessing health care services among African American women fall into three categories: (a) confusion regarding recommendations for screening and risk., (b) family responsibilities to include caregiving, and (c) fear. Coupled with these factors were the perceptions that health promotion was prioritized for Caucasian women and the perception that breast cancer as “White women’s disease” (Passmore et al., 2017, p. 730). Social determinants to health included racism, discrimination, stress, a lack of insurance and socioeconomic status (Tian et al., 2012).

The nature of this study was to examine breast cancer related health disparities among African American women corresponding to access barriers when seeking health care services. Included in this exploration was the role of social determinants and the role of the Patient Protection and Affordable Care Act of 2010 in reducing and/or eliminating health disparities.

Case study as a qualitative methodology relied on a naturalist form of inquiry from information rich cases (Miles, Huberman, & Saldaña, 2014). This method of inquiry led to extended contact with a given community through face-to-face interviewing while focusing on the perspectives of individuals and the interpretation of their world (Miles et al., 2014). This study was conducted to investigate whether barriers to accessing breast cancer related health services played a significant role in the higher health disparities experienced by African American women. Recent literature highlighted data from 50 of the largest US cities confirmed the trend that racial disparities are increasing while identifying underlying variables giving rise to this increase which included lower socioeconomic status, comorbidity, and disparity in access to care and treatment (Monzavi-Karbassi, Siegel, Medarametla, Makhoul, & Kieber-Emmons, 2016).

Significant Findings

I identified barriers to accessing breast cancer health services were personal, community, social, systemic, and institutional. Personal barriers I identified were related to access, autonomy, and benefits of the Affordable Care Act. Social barriers corresponded to cultural, financial burden, funding, health conditions, insurance, role within the family, self-discovery, and spirituality. Community barriers included access, advocacy, and autonomy. Systemic and institutional barriers consisted of doctor listening, doctor's rapport, doctor treatment, lack of trust, and benefits of the Affordable Care Act.

I identified these barriers because of the actual responses from each research participant which surfaced as codes that led to the development of eight significant themes from the collected data. The themes remained consistent among each research participant. The codes continuously surfaced in the transcribed responses of each research participant from their answers to the interview questions which developed into key findings.

Research Question 1

What role, if any, do barriers to accessing health care have on breast cancer related health disparities among African American women seeking health care services in San Bernardino County?

The interview questions elucidated the barriers to accessing affordable, quality health care which were voiced by each research participant. Current research explores elements that influenced the decisions of African American women to screen or not to screen for breast cancer while exploring avenues to screening in addition to barriers in an effort of increasing screening among this ethnic population (Passmore et al., 2017). The barriers identified in this qualitative research were the decision to screen or not to screen, the roles of caregiving and mistrust of the medical profession (Passmore et al., 2017). The findings from this current literature confirms my findings relative to the role of caregiving and mistrust of the medical profession which surfaced in Themes 2 and 5 in this case study. Passmore et al. (2017) sought to identify barriers to screening other than basic access to care.

Theme 1: Culture of African American women. Research participants verbalized placing more value on their roles as caregivers for their families while neglecting their unmet health needs which surfaced as a cultural barrier. Research participants further conveyed a mistrust of the medical profession relative to their delays in treatment and follow-up appointments. Other factors known to influence African American women's survival rate are affected by both cultural and economic barriers to care (Dietze, Sistrunk, Carboni, O'Regan, &

Seewaldt, 2015). This current literature identified cultural barriers as unsafe neighborhoods, stress, and obesity, where the economic barriers identified were disparities in income, poor health insurance, and education (Dietze et al., 2015). The findings of this current literature confirm my findings where research participants identified comorbidities in their health which were present at the time or during their breast cancer diagnosis. Insurance-related issues also confirmed my findings which research participants identified as factors when accessing breast cancer related health services.

Theme 2 - African American women's perception of treatment by health care provides. One qualitative study (Passmore et al., 2017) identified confusion among African American women in their perception of their physician's recommendations and risk of screening. Several women in the study questioned why screening was recommended beginning at age 40 for all racial and ethnic groups and that the guidelines for screening were confusing.

Theme 3 - African American women knowledge of practice by health care providers. Included in one qualitative study (Passmore et al., 2017) was the uncertainty of African American women in their knowledge of practice of their health care provider. This lack of knowledge gave way to delays in treatment among this female population, specifically unscheduled screenings and follow-up appointments. This literature resonated with the responses from research participants relative to whether their physician was kept abreast of current treatment and research relative to their illness which affected their decision to seek follow-up services.

Theme 4 – Treatment of African American women administered by health care providers. Delays in treatment, lack of access to oncology care, and disparities in income have been linked to poor survival rates for African American women (Dietze et al., 2015). Other factors included delays in diagnosis, treatment, and follow-up which were identified as barriers to accessing health care among African American women.

Theme 5 – African American women's roles within the family. The role of African American women within the family often made it difficult for them to find time to go to their doctor's appointments. The role of care giver provided more difficulty for this female population in prioritizing their health concerns making it difficult for these women to focus on their own health needs (Passmore et al., 2017). Current literature supported this theme by identifying the priority that African American place on their specific roles within their families.

Theme 6 – Spiritual well-being of African American women. Spirituality and the spiritual beliefs of African American women have been identified as an important factor in these cancer survivors as result of their relationship with God (Mollica & Newman, 2014). This qualitative study utilized the social ecological model as a framework which supported the reliance and inclusion of spirituality as it played a protective role for breast cancer survivors at the interpersonal level (Mollica & Newman, 2014). This theme was consistent among several research participants (N=7) who had relied on their faith to get them through their cancer experience.

Theme 7 – African American women's insurance related factors. This theme highlighted insurance factors that were present when African American women sought breast cancer related health services. Current research focused on health services consistently revealed that cost is a significant barrier to health care utilization, specifically for preventive services (Adepoju, Preston, & Gonzales, 2015). This associated cost has been identified as "an overwhelming barrier for low-income populations" (Adepoju et al., 2015, p. S666). Highlighted in this literature was the conjecture that further steps in health care reform need to be taken to "eliminate differential access to care and closing the knowledge gap in prevention health service utilization" (Adepoju et al., 2015, p. S666). This projection could potentially prove beneficial in reducing breast cancer health disparities for this minority population.

Research Question 2

Since implementation of the Patient Protection and Affordable Care Act of 2010, has there been any change in the ability to access affordable, preventive, and quality breast cancer screening health related services screening among African American women?

Theme 8 – African American women's knowledge and perceived influence of the affordable care act/Obamacare. The Patient Protection and Affordable Care Act of 2010 offered the assurance of reducing health disparities for all U.S. populations by improving access to care and promoting access to equitable and efficient care (Adepoju et al., 2015) Four research participants asserted that they had no insurance prior to the Affordable Care Act and their perception was that it significantly improved their quality of life after being diagnosed with breast cancer. The research participants (*N*=4) that benefitted from the Affordable Care Act indicated that they would not be alive if they had not had Obamacare since they had a pre-existing health condition, as they would not have qualified for any other health coverage. The Affordable Care Act eliminated the pre-existing condition restriction and provided Medicaid expansion for to millions of low-income adults since the legislation was ratified in 2010 (Golberstein, Gonzales, & Sommers, 2015). Current literature affirmed that the Affordable Care Act/Obamacare early insurance expansion in California for low-income populations was associated with significant health coverage increases with a reduction in out of pocket health care spending (Golberstein et al., 2015). This study also concluded that low-income adults in California who met the income eligibility requirements under the Affordable Care Act “may be healthier than many low-income adults previously insured by Medicaid” (Golberstein et al., 2015, p. 7). However, future research is needed to assess whether the ACA is accomplishing what it purported to do in affecting insurance rates, making access to care equitable and reducing health disparities by identifying barriers that remain for low-income beneficiaries under the Medicaid expansion plan in California.

Interpretation of Findings

Systemic Racism Theory

Systemic racism theory as a theoretical lens found is roots in historical literature that critically looked at race and the impact it has had on people of color dating back to slavery which surfaced in the health care industry during the civil rights movement (Feagin & Bennefield, 2014). The impact of racism as examined through this lens illuminated five key components and the extensive impact of systemic racism in the medical and public health world (Feagin & Bennefield, 2014). The five components characterizing this theoretical lens included;

- Dominant racial hierarchy
- Comprehensive white racial framing
- Individual and collective discrimination
- Social reproduction of racial-material inequalities
- Racist institutions integral to white domination of Americans of color (Feagin & Bennefield, 2014)

Feagin and Bennefield (2014) further attributed systemic racism theory as impacting Americans of color due to pervasive discrimination and racial inequities they experience when seeking health care services. Each of the characterizing components of systemic racism theory were present in the findings reported by each of the research participants. Several research participants verbalized their experiences with white racial framing and collective discrimination based on the treatment they received by their health care providers. Research participants reported being told by their health care providers that they didn't take their insurance under the Affordable Care Act, when they normally did; one was told she didn't need breast augmentation because she would be dead in 10 years and another one was told they didn't have her test results after 3 weeks of waiting which delaying her treatment. Research participants verbalized the need for more health care workers of color and those who are culturally sensitive to their health care needs.

Faden and Powers (2011) provided empirical evidence of systemic injustices when they identified the need for improvement in the wellbeing of African American women while combatting the densely knitted patterns that comprise multiple core elements of well-being relative to systemic injustices of being poor, black and a woman when she spoke as the 2011 Charles W. Bodemer Lecturer while expounding on the Twin Aims Theory. My study supported the literature based on the responses from research participants who experienced delays in treatment, inconsistent treatment, and insufficient treatment because of their health care provider not listening to their concerns and not accepting their insurance under the Affordable Care Act. According to Dean et al. (2014) systemic barriers weigh heavily on the health of African American women which originated from slavery and included institutional, structural, and individual racism. Current literature and the findings from this qualitative case study illuminates the continued presence of barriers African American women encounter relative to accessing breast cancer related health services in southern California and the need to mitigate these barriers in an effort of improving health outcomes, eliminating access barriers, and reducing health disparities while decreasing the mortality rates for this female population.

Limitations of Study

The limitations of this study included limiting the sample population to research participants residing in south eastern region of San Bernardino County. Purposeful sampling of this population did not allow for empirical generalization from a sample to the general population (Patton, 2002). The purpose of purposeful sampling was to select information rich cases that would “illuminate the questions under study” (Patton, 2002, p. 46). Researcher bias was another limitation where the perception was that African American women who have limited resources were less likely to seek preventive breast cancer related health services. However, there was no personal and professional information about the researcher that needed to be reported which would affected data collection analysis and interpretation of findings (Patton, 2002).

Another prevailing limitation was establishing a definitive role that the Patient Protection and Affordable Care Act of 2010 has had in eliminating access barriers and whether this legislation improved breast cancer health disparities for African American women. Research findings illuminated the perceived impact this legislation has had in alleviating personal, structural, and systemic barriers African American women encountered when seeking health services.

Recommendations

Recommendations for future studies should include current data reported by the (USPSTF) to include African American women by highlighting the need for relevant data of breast cancer screening and related health services for this minority population. Gaps in historical research included data reported from non-Hispanic Whites and not African American women as reported by the USPSTF (Zonderman et al., 2014). Future research must be culturally sensitive that seeks to address the unmet needs of African American women to mitigate the health disparities and mortality rates of this minority population relative to access barriers when seeking breast cancer related health services. Further studies should provide empirical data that identifies an association between race, ethnicity, socioeconomic, status and follow-up compliance as barriers among minority women when seeking breast cancer related health services as posited by Hess, Lee, Fish, Daly & Cress (2015). Future studies must also target, select and report findings that are inclusive of African American women to include provision of equal access to breast cancer related health services which has been limited in historical studies (Sturtz et al., 2014).

Implications for Social Change

Implications for social change includes establishing a Breast Cancer Resource Center in San Bernardino County that targets the unmet needs of African American women by centralizing needed resources that are readily available to the community. These resources should include a systematic process that centralizes all of the community resources, Non-Profit Agencies, County agencies, and Breast Cancer Navigators that targets African American women in order to collaborate their navigation efforts from breast cancer screening, health services, to survivorship.

There needs to be a collaboration of community and institutional efforts that includes a support system for breast cancer survivors and their care providers that alleviates the burdens brought on by treatment.

Further implications of social change include the need for improving the health of African American women through education, empowerment, and engagement in community-based programs which solidifies a foundation of promoting effective social change relative to better health outcomes for African American women. Better health outcomes and the elimination of health disparities for all U. S. population has been a pointed directive of the Patient Protection and Affordable Care Act of 2010.

A critical theory approach was utilized which encompassed a human rights-based approach that supported the realization of the right to the highest attainable standard of health for all as championed by the WHO (WHO, 2014). Employing this theoretical lens examined the social struggles, political advocacy, and historical problems of domination that have plagued African American women relative to system, provider, and patent related barriers (Bromley et al., 2014). This conceptual framework focused on the concept of access barriers and the relationship that these perceived barriers had on breast cancer related health disparities among African American women.

Recommendations for Practice

Recommendations for future practice would include the establishment of a Breast Cancer Resource Center centrally located in San Bernardino County that would provide needed resources for the specific un-met needs of African American women seeking breast cancer related health services. This center would serve as a nucleus for integrating and linking all of the available community resources needed to assist African American women navigate the fragmented health care delivery system, provide access to free mammogram screening, information on financial assistance for household expenses, transportation to and from appointments, survivorship services, and support services for family members assisting breast cancer patients. This resource center would be the first of its kind in a county where the needs are great for African American women seeking access to breast cancer related health services.

Conclusion

This qualitative case study explored the lived experiences of African American women and their perception of barriers to accessing breast cancer related health services in the south-eastern region of San Bernardino County. A critical theory approach was utilized which encompassed a human rights-based approach that supported the realization of the right to the highest attainable standard of health for all as posited by WHO (WHO, 2014). Employing this theoretical lens examined the social struggles, political advocacy, and historical problems of domination that have plagued African American women relative to system, provider, and patent related barriers (Bromley et al., 2014). This conceptual framework focused on the concept of access barriers and the relationship that these perceived barriers had on breast cancer related health disparities among African American women.

A critical racism lens utilized in this qualitative case study highlighted several problematic thrusts that included, 1) challenges to accessing care, 2) building trust among African American women with health professionals, 3) contributing factors to health disparities among African American women, 4) cultural competence and 5) best practices within the community to include a focus on survivorship for women of color. A collaborative approach to reducing breast cancer health disparities among African American women should include access to affordable, quality service, an understanding of the cultural belief system of this population and a holistic approach to health services that could better engage and encourage this population which could result in lower health disparities, a reduction in mortality rates and better health outcomes.

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Appendix A: Interview Questions and Protocol

Date: ___________________________

Place: ____

Interviewer: Dianne Jamerson

Interviewee: ____

Position of Interviewee: Walden University PhD Cohort

Description of the Project:

To examine barriers that African American women experience when seeking health care services in correlation to health disparities and social determinants for this racial population.

Research Question:

Is there a correlation between health disparities and social determinants for African American women as a result of access barriers when seeking breast health care services?

Confidentiality Statement:

This interview will last for approximately 20 minutes. It is strictly voluntary. All of your responses will be confidential. I asked you to sign a consent form for this interview which included audio-taping. However, your verbal consent has been noted. I will be taking notes during the interview and will provide you with a transcript of the interview and a copy of my notes for your review should you request a copy. Should you see anything that isn't correct, please let me know. If you feel uncomfortable with any of the interview questions and choose not to answer, please let me know and it will be noted. Should you wish to conclude the interview at any time please let me know and I will respect your choice and conclude the interview. The interview should take no longer than 20 minutes, are you ready to proceed with the interview?

Time Interview began: ____________

Interview Questions:

1. What factors do you consider when selecting a health care provider?

2. What do you expect when you go to a doctor?

3. What are your expectations of health care professionals?

4. What health care coverage do you currently have?

5. Have you received health services since diagnosed with breast cancer?

6. How often do you go to the doctor as a result of your health condition?

7. What do you know about the Patient Protection & Affordable Care Act of 2010?

8. Why do you think this law was passed and implemented?

9. Have you benefitted from the enactment of this law?

10. Do you think it is important for every American to have access to affordable, quality health care services? If so, why or why not?

Thank you for participating in this interview. I know that your time is valuable, and I appreciate your willingness to participate in this study.

Time Interview concluded: _________.

Appendix B: Invitation Flyer

School of Health Services
Walden University

AFRICAN AMERICA PARTICIPANTS ARE NEEDED FOR RESEARCH IN BREAST CANCER RELATED HEALTH SERVICES

I am looking for volunteers to take part in a study of:
Breast Cancer Disparities among African American Women Corresponding to Barriers When Seeking Health Services

As a participant in this study all interviews and responses will be confidential and anonymous. Your participation will involve **only 1** session, each of which is approximately 20 to 25 minutes.

For more information about this study, or to volunteer for this study,
Contact:
XXXXXXXXXXXX
School of Health Services
At
Phone: XXX-XXX-XXXX or XXX-XXX-XXXX

Email: [redacted] **and** [redacted]

The study has been reviewed and approved by the Institutional Review Board of Walden University.

Appendix C: Table of Codes and Themes

Culture of African American Women	**African American Women's Perception of Treatment by Health Care Providers**	**African American Women Knowledge of Practice by Health Care Providers**	**Treatment of African American Women Administered by Health Care Providers**	**African American Women Roles' Within the Family**	**Spiritual Well Being of African American Women**	**African American Women's Insurance Related Factors**	**African American Women's Knowledge and Perceived Influence of Affordable Care Act/Obamacare**
Codes Access Autonomy Barriers Culture Role within Family Self-Discovery	**Codes** Access Barriers Dr. Listening Dr. Rapport Dr. Treatment Lack of Trust	**Codes** Dr. Credentials	**Codes** Access Barriers Health Conditions Insurance Self-Discovery	**Codes** Advocacy Autonomy Culture Financial Burden Role within the Family	**Codes** Access Autonomy Role within Family	**Codes** Access Barriers Financial Burden Funding Insurance	**Codes** Access Advocacy Barriers Benefits of Obamacare Financial Burden Funding Obamacare
RP 1 – Access Can they relate to your family? Autonomy I felt a lump. I do my own self breast exams at home and I felt a lump in my left breast. Barriers If my insurance is stopped. Culture	***RP 1*** - Access If they keep my Obamacare. Barriers If my insurance is stopped. Dr. Listening I requested a CT Scan and the doctor said No, I went back to my Oncologist who ordered it and I fired my Primary Care doctor. Dr. Rapport Treated as humanly as	***RP 1*** – Dr. Credentials - Their Bio, center of focus, where they studied, what type of practice, how long have they been in practice, value opinion of referring doctor.	***RP 1*** - Access If they keep my Obamacare. Barriers If my insurance is stopped. Health Conditions Have had everything done such as Chemo, Radiation Therapy, Physical Therapy, Lymph nodes dissections and Mastectomy-bilateral. I don't have any, rather healthy. I have	***RP 1*** – Advocacy Families won't have to worry about the stress of coming up with the money for the surgeries which could cause other health issues. Autonomy I felt a lump. I do my own self breast exams at home and I felt a lump in my left breast.	***RP 1*** – Access Can they relate to your family? Autonomy I felt a lump. I do my own self breast exams at home and I felt a lump in my left breast. Role Within Family Families won't have to worry about the stress of coming up with the	***RP 1*** - Access Can they relate to your family? Barriers If my insurance is stopped. Financial Burden Families won't have to worry about the stress of coming up with the money for the	***RP 1*** - – Access Can they relate to your family? Advocacy Families won't have to worry about the stress of coming up with the money for the surgeries which could cause other health issues. Barriers If my insurance is stopped.

Can they relate to your family? Role Within Family Families won't have to worry about the stress of coming up with the money for the surgeries which could cause other health issues. Self-Discovery I felt a lump. I do my own self breast exams at home and I felt a lump in my left breast.	possible, felt as if you were only a number, rushed through the exam, Dr. Treatment Diagnosed the end of 2014 and have had everything done such as Chemo. Mastectomy-bilateral, the right side was preventive, Radiation Therapy, Physical Therapy on my left arm due to lymph nodes dissections. Lack of Trust The more patients she had the more money she made.		had gall stones removed. Insurance Covered California through Obamacare. Self-Discovery I felt a lump. I do my own self breast exams at home and I felt a lump in my left breast.	Culture Can they relate to your family? Financial Burden Families won't have to worry about the stress of coming up with the money for the surgeries which could cause other health issues. Role within the Family Families won't have to worry about the stress of coming up with the money for the surgeries which could cause other health issues.	money for the surgeries which could cause other health issues.	surgeries which could cause other health issues. Funding Covered California through Obamacare.	Benefits of Obamacare It helps individuals that have comprised income, missing income, they don't have a job or are on a fixed income. Financial Burden Families won't have to worry about the stress of coming up with the money for the surgeries which could cause other health issues. Funding Covered California through Obamacare. Obamacare A lot of people would be dead if they did not have it. A Republican who opposed Obamacare but is in support of it now because it saved his life.
Culture of African	**African American**	**African American**	**Treatment of African**	**African American**	**Spiritual Well Being**	**African American**	**African American**

American Women	**Women's Perception of Treatment by Health Care Providers**	**Women Knowledge of Practice by Health Care Providers**	**American Women Administered by Health Care Providers**	**Women Roles' Within the Family**	**of African American Women**	**Women's Insurance Related Factors**	**Women's Knowledge and Perceived Influence of Affordable Care Act/Obamacare**
Codes Access Autonomy Barriers Culture Role within Family Self-Discovery	**Codes** Access Barriers Dr. Listening Dr. Rapport Dr. Treatment Lack of Trust	**Codes** Dr. Credentials	**Codes** Access Barriers Health Conditions Insurance Self-Discovery	**Codes** Advocacy Autonomy Culture Financial Burden Role within the Family	**Codes** Access Autonomy Role within Family	**Codes** Access Barriers Financial Burden Funding Insurance	**Codes** Access Advocacy Barriers Benefits of Obamacare Financial Burden Funding Obamacare
RP 2 – Access Another barrier from the point of diagnosis is treatment. Providing more access to care, due to pre-existing-existing conditions, giving African American women an entry point to accessing care, help with physician relationships and navigating the system. Autonomy	***RP 2*** - Access Another barrier from the point of diagnosis is treatment. Providing more access to care, due to pre-existing-existing conditions, giving African American women an entry point to accessing care, help with physician relationships and navigating the system. Barriers A County medical facility. I know the treatment history of County facilities and I know lots	***RP 2*** – Dr. Credentials Accessibility to my files and history, older doctors, older doctors tend to be more experienced in working with different cultures.	***RP 2*** – Access Another barrier from the point of diagnosis is treatment. Providing more access to care, due to pre-existing-existing conditions, giving African American women an entry point to accessing care, help with physician relationships and navigating the system. Barriers A County medical facility. I know the treatment history of County facilities and I know lots of women who	***RP 2*** – Advocacy Funding is scarce, women don't know the statistics relative to African American women who have breast cancer, Information is quantitative not qualitative. Fundamental right for women to have access to care. Autonomy After I took the initiative, because my primary care physician would not	*RP* ***2*** – Access Another barrier from the point of diagnosis is treatment. Providing more access to care, due to pre-existing-existing conditions, giving African American women an entry point to accessing care, help with physician relationships and navigating the system. Autonomy After I took the initiative,	***RP 2*** – Access Another barrier from the point of diagnosis is treatment. Providing more access to care, due to pre-existing-existing conditions, giving African American Women an entry point to accessing care, help with physician relationships and navigating	***RP 2*** - Access Another barrier from the point of diagnosis is treatment. Providing more access to care, due to pre-existing-existing conditions, giving African American women an entry point to accessing care, help with physician relationships and navigating the system. Advocacy Funding is scarce,

After I took the initiative, because my primary care physician would not work with men and I had to go to an oncologist on my own. Barriers A County medical facility. I know the treatment history of County facilities and I know lots of women who have suffered needlessly. Transportation. Doctors not working together. Culture Culture, they are uneducated. They are scared. they had reoccurrences and they were under or over treated. More studies need to be done on our culture. Role within Family	of women who have suffered needlessly. Transportation. Doctors not working together. Dr. Listening For them to listen, already know my medical history. Must have an open ear. Dr. Rapport Understanding. Treatment has to be respectful, open to differences she may have than other patients. Dr. Treatment There should be later clinic hours and Saturday and clinic hours would help a lot. Flexibility of hours with care/treatment, providing later hours. Lack of Trust I wouldn't trust my health to a County facility. They have one plan for every woman and they have no funding, miscommunication		have suffered needlessly. Transportation. Doctors not working together. Health Conditions Polycystic Ovarian Syndrome, spinal degeneration and breast cancer. Insurance I have Kaiser insurance, it has allowed me access to services. Self-Discovery I had a lump in my right breast and my nipple had become inverted, I lost 60 pounds, was larger in the chest and I noticed the differences.	work with men and I had to go to an oncologist on my own. Culture Culture, they are uneducated. They are scared. they had reoccurrences and they were under or over treated. More studies need to be done on our culture. Financial Burden Health care is a privilege everyone should have access to health care either affordable or preferably free. Funding is scarce, due to pre-existing conditions, they need help with deductibles, there are financial barriers. Role within the Family Time, valuable time away from work that you have to make up. Worrying	because my primary care physician would not work with men and I had to go to an oncologist on my own. Row within Family Time, valuable time away from work that you have to make up. Worrying about being replaced on your job. We are not first in our own priorities and we put others before us and our health needs. Because of the business of life again I was 38 years old with a 13-year old son. The year of my initial diagnosis, I lost 4 women to different things which resulted in death.	the system. Barriers A County medical facility. I know the treatment history of County facilities and I know lots of women who have suffered needlessly. Transportation. Doctors not working together. Financial Burden Health care is a privilege everyone should have access to health care either affordable or preferably free. Funding is scarce, due to pre-existing conditions, they need help with deductibles, there are	women don't know the statistics relative to African American women who have breast cancer, Information is quantitative not qualitative. Fundamental right for women to have access to care. Barriers A County medical facility. I know the treatment history of County facilities and I know lots of women who have suffered needlessly. Transportation. Doctors not working together. Benefits of Obamacare Now I am 100 % covered. I did not have Kaiser coverage not until I got the Affordable Care Act. The idea of repealing the ACA is a death sentence for

Time, valuable time away from work that you have to make up. Worrying about being replaced on your job. We are not first in our own priorities and we put others before us and our health needs. Because of the business of life again I was 38 years old with a 13-year old son. The year of my initial diagnosis, I lost 4 women to different things which resulted in death. Self-Discovery I had a lump in my right breast and my nipple had become inverted, I lost 60 pounds, was larger in the chest and I noticed the differences.	about being replaced on your job. We are not first in our own priorities and we put others before us and our health needs. Because of the business of life again I was 38 years old with a 13-year-old son. The year of my initial diagnosis, I lost 4 women to different things which resulted in death.	financial barriers. Funding Insurance co-payments and. no insurance. More funding, more resources, more access to treatment. More resources due to low income, more access. Insurance I have Kaiser insurance, it has allowed me access to services.	these survivors. Financial Burden Health care is a privilege everyone should have access to health care either affordable or preferably free. Funding is scarce, due to pre-existing conditions, they need help with deductibles, there are financial barriers. Funding Insurance co-payments and. no insurance. More funding, more resources, more access to treatment. More resources due to low income, more access. Obamacare Before the ACA, I had no insurance then I got insurance, now I am 100% covered.

Culture of African American Women	African American Women's Perception of Treatment by Health Care Providers	African American Women Knowledge of Practice by Health Care Providers	Treatment of African American Women Administered by Health Care Providers	African American Women Roles' Within the Family	Spiritual Well Being of African American Women	African American Women's Insurance Related Factors	African American Women's Knowledge and Perceived Influence of Affordable Care Act/Obamacare
Codes	**Codes**	**Codes**	**Codes**	**Codes**	**Codes**	**Codes**	**Codes**
Access Autonomy Barriers Culture Role within Family Self-Discovery	Access Barriers Dr. Listening Dr. Rapport Dr. Treatment Lack of Trust	Dr. Credentials	Access Barriers Health Conditions Insurance Self-Discovery	Advocacy Autonomy Culture Financial Burden Role within the Family	Access Autonomy Role within Family	Access Barriers Financial Burden Funding Insurance	Access Advocacy Barriers Benefits of Obamacare Financial Burden Funding Obamacare
RP 3 - Access There are some Breast Cancer Buddies and Nurse Navigators to help us but women don't know about it. There needs to be a booklet that speaks to Women of Color about the resources that are available. Autonomy Provider flexibility, late appointment	***RP 3*** - Access There are some Breast Cancer Buddies and Nurse Navigators to help us, but women don't know about it. There needs to be a booklet that speaks to Women of Color about the resources that are available. Barriers Because of time, a lack of time. We are very busy, working a fulltime job, some work 2 jobs, Time is a huge variable,	***RP 3*** – Dr. Credentials Age of the Provider, familiarity, reliability, cultural sensitivity, older ones keep up with current research and protocols. Knowledgeable of disease and treatment.	***RP 3*** - Access There are some Breast Cancer Buddies and Nurse Navigators to help us, but women don't know about it. There needs to be a booklet that speaks to Women of Color about the resources that are available. Barriers Because of time, a lack of time. We are very busy, working a fulltime job, some work 2 jobs, Time is a huge variable, if we could find a way to use less	***RP 3*** – Advocacy There needs to be a way to accommodate women for treatment and visits, so it does not take away from their work, home and there should be later clinic hours. Develop a Resource Guide for Women of Color letting them know that there is help available. Autonomy	***RP 3*** - Access There are some Breast Cancer Buddies and Nurse Navigators to help us, but women don't know about it. There needs to be a booklet that speaks to Women of Color about the resources that are available. Autonomy Provider flexibility, late appointments, to be able to go to your designated	*RP 3* - Access There are some Breast Cancer Buddies and Nurse Navigators to help us, but women don't know about it. There needs to be a booklet that speaks to Women of Color about the resources that are available. Barriers	***RP 3*** - Access There are some Breast Cancer Buddies and Nurse Navigators to help us, but women don't know about it. There needs to be a booklet that speaks to Women of Color about the resources that are available. Advocacy There needs to be a way to accommodate women for treatment

s, to be able to go to your designated doctor and to get in and out without long waits. There is no reason why women should not be receiving treatment. Barriers Because of time, a lack of time. We are very busy, working a fulltime job, some work 2 jobs, Time is a huge variable, if we could find a way to use less time, we would see more AAM in treatment. Culture - We are very busy, working a fulltime job, some work 2 jobs, Time is a huge variable, if we could find a way to use less time, we would see more AAM in treatment. We create barriers. Our	if we could find a way to use less time, we would see more AAM in treatment. Dr. Listening Time, flexibility and communication. Dr. Rapport Honesty, frankness, thoroughness. Time, flexibility and communication. Flexibility of hours with care and treatment, providing later hours. Dr. Treatment I see my doctor every 3 months due to micro calcification, they are keeping an eye on my chest wall, I had a double mastectomy. Lack of Trust We create our own limits, we place barriers on ourselves, its cultural. I was 38 years old with a 13-year old son and I had to think about who was going to get him where he needed to be.		time, we would see more AAM in treatment. Health Conditions Diabetes, hypertension, and weight related diseases. Insurance Kaiser insurance. Self-Discovery I found it because my nipple was bleeding, had swollen lymph nodes.	Provider flexibility, late appointments, to be able to go to your designated doctor and to get in and out without long waits. There is no reason why women should not be receiving treatment. Culture - We are very busy, working a fulltime job, some work 2 jobs, Time is a huge variable, if we could find a way to use less time, we would see more AAM in treatment. We create barriers. Our priorities are different. Financial Burden There's the financial burden of being off work, how long will I be off, how much does Temporary Disability pay, my household expenditures does not change.	doctor and to get in and out without long waits. There is no reason why women should not be receiving treatment. Role within Family I was 38 years of age with non-Familia (no one in my family with a history of breast cancer).	Because of time, a lack of time. We are very busy, working a fulltime job, some work 2 jobs, Time is a huge variable, if we could find a way to use less time, we would see more AAM in treatment. Financial Burden There's the financial burden of being off work, how long will I be off, how much does Temporary Disability pay, my household expenditures does not change. Funding I am still in active treatment with Kaiser health insurance.	and visits, so it does not take away from their work, home and there should be later clinic hours. Develop a Resource Guide for Women of Color letting them know that there is help available. Barriers Because of time, a lack of time. We are very busy, working a fulltime job, some work 2 jobs, Time is a huge variable, if we could find a way to use less time, we would see more AAM in treatment. Benefits of Obamacare Education is important. Health care is a privilege, everyone should have access to health care either affordable or preferably free.

priorities are different. Role within Family I was 38 years of age with non-Familia (no one in my family with a history of breast cancer). Self-Discovery I found it because my nipple was bleeding, had swollen lymph nodes.				Role within the Family I was 38 years of age with non-Familia (no one in my family with a history of breast cancer).		Insurance Kaiser insurance.	Financial Burden There's the financial burden of being off work, how long will I be off, how much does Temporary Disability pay, my household expenditures does not change. Funding I am still in active treatment with Kaiser health insurance. Obamacare It was awesome and amazing because a lot of women have been able to receive treatment. It is only as effective as we use it and you must know your body.
Culture of African American Women	**African American Women's Perception of Treatment by Health Care Providers**	**African American Women Knowledge of Practice by Health Care Providers**	**Treatment of African American Women Administered by Health Care Providers**	**African American Women Roles' Within the Family**	**Spiritual Well Being of African American Women**	**African American Women's Insurance Related Factors**	**African American Women's Knowledge and Perceived Influence of Affordable**

							Care Act/Obamacare
Codes Access Autonomy Barriers Culture Role within Family Self-Discovery Spirituality	**Codes** Access Barriers Dr. Listening Dr. Rapport Dr. Treatment Lack of Trust	**Codes** Dr. Credentials	**Codes** Access Barriers Health Conditions Insurance Self-Discovery	**Codes** Advocacy Autonomy Culture Financial Burden Role within the Family	**Codes** Access Autonomy Role within Family Spirituality	**Codes** Access Barriers Financial Burden Funding Insurance	**Codes** Access Advocacy Barriers Benefits of Obamacare Financial Burden Funding Obamacare
RP 4 – Access I began getting letters in the mail saying you are cleared, schedule the date to get the surgery done. So, they approved everything all at no cost to me. Autonomy But because I was anxious to see if I had cancer or not was like, no tell him that they said he does take my insurance. I kept calling them and I went in for my check up	***RP 4*** - Access I began getting letters in the mail saying you are cleared, schedule the date to get the surgery done. So, they approved everything all at no cost to me. Barriers I kept calling them and I went in for my check-up and it took about 3 weeks. Lack of knowledge, nobody takes about it, nobody really talks about it. I had never done a breast exam in my entire life. Dr. Listening To be listened to what my needs are instead of what their degree tells them and	***RP 4*** – Dr. Credentials Their track record when it comes to surgical outcomes, number of deaths related to illness, their fees, natural was of medicating and their options because I am not a pill popper.	***RP 4*** - Access I began getting letters in the mail saying you are cleared, schedule the date to get the surgery done. So, they approved everything all at no cost to me. Barriers I kept calling them and I went in for my check-up and it took about 3 weeks. Lack of knowledge, nobody takes about it, nobody really talks about it. I had never done a breast exam in my entire life. Health Conditions Since I am healthy, and I don't like going to the doctors, it needs to be	***RP 4*** – Advocacy I kept calling them and I went in for my check-up and it took about 3 weeks. More of us becoming educated and working in the field. If more of us were in this field, then we can help more people. Autonomy But because I was anxious to see if I had cancer or not was like, no tell him that they said he does take my insurance. I kept calling them and I went in for my check up and it was 3 weeks before	***RP 4*** - Access I began getting letters in the mail saying you are cleared, schedule the date to get the surgery done. So, they approved everything all at no cost to me. Autonomy But because I was anxious to see if I had cancer or not was like, no tell him that they said he does take my insurance. I kept calling them and I went in for my check up and it was 3 weeks before I knew anything.	***RP 4*** - Access I began getting letters in the mail saying you are cleared, schedule the date to get the surgery done. So, they approved everything all at no cost to me. Barriers I kept calling them and I went in for my check-up and it took about 3 weeks. Lack of knowledge, nobody takes about it, nobody	***RP 4*** - Access I began getting letters in the mail saying you are cleared, schedule the date to get the surgery done. So, they approved everything all at no cost to me. Advocacy I kept calling them and I went in for my check-up and it took about 3 weeks. More of us becoming educated and working in the field. If more of us were in this field, then we can help more people.

and it was 3 weeks before I knew anything.

Barriers
I kept calling them and I went in for my check-up and it took about 3 weeks. Lack of knowledge, nobody takes about it, nobody really talks about it. I had never done a breast exam in my entire life.

Culture
My mom got tired of all this and she went to the window and went in. My mom was livid because we already had the results and they were not giving them to us. I think its fear, people especially when we are raised in the church. I think it's a lack of trust for sure.

to be open and willing to hear her heart and what I feel would be best for her.

Dr. Rapport
I expect to be treated with love, and care not to be treated like a number. I expect to be treated like a person, like a woman in need of something knowledgeable.

Dr. Treatment
They said we are going to run some tests, do some things. They sent me to the Cancer Research Center, I had to get a Mammogram, Ultra Sound and a breast Ultra Sound. The Mammogram revealed the mass.

Lack of Trust
I think it's a lack of trust for sure. Trust, who do you talk to and who do you not talk to about it? They didn't explain nothing, they explained just enough to me, but I started

more of a requirement than regular or routine appointments. I have no regular scheduled appointments.

Insurance
I was actually supposed to be somewhere else for the surgical biopsy, but that doctor told his assistants to tell me that he couldn't see me because of the Obamacare. But the doctors and nurses over at the Ontario facility said what are they talking about, they do take Obamacare, they do take your insurance.

Self-Discovery
I had a leaking from my left breast. I felt something in there and I went to a check-up the following week. The leaking was normal, but the bleeding was not normal.

I knew anything.

Culture
My mom got tired of all this and she went to the window and went in. My mom was livid because we already had the results and they were not giving them to us. I think its fear, people especially when we are raised in the church. I think it's a lack of trust for sure.

Financial Burden
Thank God for Obamacare. It normally takes 6 months to get the type of treatment it only took 2 and Obamacare expedited my care whereas regular insurance wouldn't have and the lives of other families and children.

Role within the Family

Role within Family
If my mom wasn't there, I probably wouldn't have gotten the results as quickly as I did.

Spirituality
My life is not my own, God has called my life to feed, cultivate cover, catapult and connect others to their destiny and dreams across the world, because of what God has called her to do. Man does not come before God, if He says let it go then let it go. We have to be obedient to Him. It was nobody but God.

really talks about it. I had never done a breast exam in my entire life.

Financial Burden
Thank God for Obamacare. It normally takes 6 months to get the type of treatment it only took 2 and Obamacare expedited my care whereas regular insurance wouldn't have and the lives of other families and children.

Funding
All of this was done at no cost to me, this would have cost me probably hundreds of thousands of dollars. So, everything

Barriers
I kept calling them and I went in for my check-up and it took about 3 weeks. Lack of knowledge, nobody takes about it, nobody really talks about it. I had never done a breast exam in my entire life.

Benefits of Obamacare
If we don't fight for what we need then no change will happen. Like Obamacare, if it was not in existence I don't know if I would be here. It's amazing, for me it literally saved my life and having it expedited the process. Its giving life to those who normally would have a death sentence. It is giving life to those who normally would not have it.

Financial Burden

Role within Family If my mom wasn't there, I probably wouldn't have gotten the results as quickly as I did. Self-Discovery I had a leaking from my left breast. I felt something in there and I went to a check-up the following week. The leaking was normal, but the bleeding was not normal. Spirituality My life is not my own, God has called my life to feed, cultivate cover, catapult and connect others to their destiny and dreams across the world, because of what God has called her to do. Man does not come before God, if He says let it go then	researching things on my own.	If my mom wasn't there, I probably wouldn't have gotten the results as quickly as I did.	got approved as a result of my Obamacare. Insurance is too expensive for the average American. Insurance I was actually supposed to be somewhere else for the surgical biopsy, but that doctor told his assistants to tell me that he couldn't see me because of the Obamacare. But the doctors and nurses over at the Ontario facility said what are they talking about, they do take Obamacare, they do take your insurance.	Thank God for Obamacare. It normally takes 6 months to get the type of treatment it only took 2 and Obamacare expedited my care whereas regular insurance wouldn't have and the lives of other families and children. Funding All of this was done at no cost to me, this would have cost me probably hundreds of thousands of dollars. So, everything got approved as a result of my Obamacare. Insurance is too expensive for the average American. Obamacare They had to get all of the paperwork approved under Obamacare in San Bernardino to get it approved.

let it go. We have to be obedient to Him. It was nobody but God.							That Asian doctor I told you about walked all of the paperwork through and expedited the process.
Culture of African American Women	**African American Women's Perception of Treatment by Health Care Providers**	**African American Women Knowledge of Practice by Health Care Providers**	**Treatment of African American Women Administered by Health Care Providers**	**African American Women Roles' Within the Family**	**Spiritual Well Being of African American Women**	**African American Women's Insurance Related Factors**	**African American Women's Knowledge and Perceived Influence of Affordable Care Act/Obamacare**
Codes Access Autonomy Barriers Culture Role within Family Self-Discovery Spirituality	Codes Access Barriers Dr. Listening Dr. Rapport Dr. Treatment Lack of Trust	Codes Dr. Credentials	Codes Access Barriers Health Conditions Insurance Self-Discovery	Codes Advocacy Autonomy Culture Financial Burden Role within the Family	Codes Access Autonomy Role within Family Spirituality	Codes Access Barriers Financial Burden Funding Insurance	Codes Access Advocacy Barriers Benefits of Obamacare Financial Burden Funding Obamacare
RP 5 - Access Knowledge, they don't have the knowledge, scared of what will be told or what they will find	***RP 5*** – Access Knowledge, they don't have the knowledge, scared of what will be told or what they will find out and Fear, a major fear. As African	***RP 5*** – Dr. Credentials Their knowledge is so important They've been around in the health care field, do they accept my insurance, how	***RP 5*** – Access Knowledge, they don't have the knowledge, scared of what will be told or what they will find out and Fear, a major fear. As African	***RP 5*** – Advocacy We don't have the same platform like the Susan G. Komen that was founded by her sister.	***RP 5*** - Access Knowledge, they don't have the knowledge, scared of what will be told or what they will find	***RP 5*** - Access Knowledge, they don't have the knowledge, scared of what will be told	***RP 5*** - Access Knowledge, they don't have the knowledge, scared of what will be told or what they will find

out and Fear, a major fear. As African American women we don't talk about it for me it was to talk about it. We don't have the same platform like the Susan G. Komen that was founded by her sister. Autonomy I deserve the best, I deserve the best healthcare out there. If it means that I need to go the extra mile, then that's what I need to do. Location does not matter, willing to go as far as it takes to get the best healthcare. Barriers Not talking about it enough to others. Becoming so privatized that your privacy	American women we don't talk about it for me it was to talk about it. We don't have the same platform like the Susan G. Komen that was founded by her sister. Barriers Not talking about it enough to others. Becoming so privatized that your privacy becomes a barrier that it doesn't allow you to share this knowledge you have and its beneficial for us as African American women. They can't limit themselves and what the system says, there is money out there for breast cancer. Dr. Listening When they asked me "Can I take your cancer and research it". I said "Ok, what are you doing with it, where are you taking it and why is it being used?", I want to know how it is going to be done and	knowledgeable are they of African American women. I need to know that you know about the things African American women encounter.	American women we don't talk about it for me it was to talk about it. We don't have the same platform like the Susan G. Komen that was founded by her sister. Barriers Not talking about it enough to others. Becoming so privatized that your privacy becomes a barrier that it doesn't allow you to share this knowledge you have and its beneficial for us as African American women. They can't limit themselves and what the system says, there is money out there for breast cancer. Health Conditions I am healthy, Oh and I got high blood pressure, I almost forgot. I had vertigo and they put me in therapy for that and of course all of my blood work was done there. Insurance	We should have a platform just as big if not bigger to raise money and fight for us. That's so important. Autonomy I deserve the best, I deserve the best healthcare out there. If it means that I need to go the extra mile, then that's what I need to do. Location does not matter, willing to go as far as it takes to get the best healthcare. Culture Knowledge, they don't have the knowledge, scared of what will be told or what they will find out and Fear, a major fear. As African American women we don't talk about it for me it was to talk about it. We don't have the same platform like	out and Fear, a major fear. As African American women we don't talk about it for me it was to talk about it. We don't have the same platform like the Susan G. Komen that was founded by her sister. Autonomy I deserve the best, I deserve the best healthcare out there. If it means that I need to go the extra mile, then that's what I need to do. Location does not matter, willing to go as far as it takes to get the best healthcare. Role within Family My mother did not tell me that she has cancer too, but I told my daughter that I had breast cancer. We need to talk to our young girls early	or what they will find out and Fear, a major fear. As African American women we don't talk about it for me it was to talk about it. We don't have the same platform like the Susan G. Komen that was founded by her sister. Barriers Not talking about it enough to others. Becoming so privatized that your privacy becomes a barrier that it doesn't allow you to share this knowledge you have and its beneficial for us as African American women. They can't	out and Fear, a major fear. As African American women we don't talk about it for me it was to talk about it. We don't have the same platform like the Susan G. Komen that was founded by her sister. Advocacy We don't have the same platform like the Susan G. Komen that was founded by her sister. We should have a platform just as big if not bigger to raise money and fight for us. That's so important. Barriers Not talking about it enough to others. Becoming so privatized that your privacy becomes a barrier that it doesn't allow you to share this knowledge you have and

becomes a barrier that it doesn't allow you to share this knowledge you have and its beneficial for us as African American women. They can't limit themselves and what the system says, there is money out there for breast cancer. Culture Knowledge, they don't have the knowledge, scared of what will be told or what they will find out and Fear, a major fear. As African American women we don't talk about it for me it was to talk about it. We don't have the same platform like the Susan G. Komen that was founded by her sister. My mother did not tell	how is it going to be used to provide better care for my people. Dr. Rapport Honesty, tell me the truth. Tell me what it is and let me be able to make the decision. Give me my options. Looking for him to do more research, ask somebody else in your field seek more knowledge. Dr. Treatment At first, I saw my doctor every 2-3 times, ow it’s been in remission for 5 years so every quarter. I see an Oncologist, Gynecologist, Plastic Surgeon which are all at City of Hope. Lack of Trust We don’t seek it, we don't seek it. We take no too fast. No has been that word for our life. History has said no so we go with no. Philippians 4 says I can do all things through Christ	I went to the City of Hope and that is an expensive place. My doctor was persistent in getting me the best care and told me that I was going to City of Hope and I said ok, I am going to City of Hope. Self-Discovery I did my mammogram, when I felt some discomfort, I asked him to do a breast exam and he did. It was not normal for me to have soreness in that area. I am very aware of my body and I will call him for anything that is going on.	the Susan G. Komen that was founded by her sister. My mother did not tell me that she had cancer too, but I told my daughter. Financial Burden I did not have insurance at the time of diagnosis. I paid cash to see my Gynecologist. I was told Every Woman counts Program would help and that there were other programs out there that would help, and I sought them out. Role within the Family My mother did not tell me that she has cancer too, but I told my daughter that I had breast cancer. We need to talk to our young girls early because if you know early then you can do	because if you know early then you can do something about it. Spirituality The Lord spoke to me, He said "This is not for you, this is for you to help other women and I am going to give you what you need". Philippians 4 says I can do all things through Christ who strengthens me, with that and knowing that I can be a healthy person, I can be healthy, I can get a Yes	limit themselves and what the system says, there is money out there for breast cancer. Financial Burden I did not have insurance at the time of diagnosis. I paid cash to see my Gynecologist. I was told Every Woman counts Program would help and that there were other programs out there that would help, and I sought them out. Funding I have Exclusive Care insurance through my employer. Insurance I went to the City of Hope and	its beneficial for us as African American women. They can't limit themselves and what the system says, there is money out there for breast cancer. Benefits of Obamacare I have benefitted from Obamacare through Every Woman Counts Program. Financial Burden I did not have insurance at the time of diagnosis. I paid cash to see my Gynecologist. I was told Every Woman counts Program would help and that there were other programs out there that would help, and I sought them out. Funding

me that she had cancer too, but I told my daughter. Role within Family My mother did not tell me that she has cancer too, but I told my daughter that I had breast cancer. We need to talk to our young girls early because if you know early then you can do something about it. Self-Discovery I did my mammogram, when I felt some discomfort, I asked him to do a breast exam and he did. It was not normal for me to have soreness in that area. I am very aware of my body and I will call him for anything that is going on. Spirituality	who strengthens me, with that and knowing that I can be a healthy person, I can be healthy, I can get a Yes.			something about it.		that is an expensive place. My doctor was persistent in getting me the best care and told me that I was going to City of Hope and I said ok, I am going to City of Hope.	I have Exclusive Care insurance through my employer. Obamacare I know very, very little. I know it's out there, haven't used it. I don't know if Every Woman Counts Program falls under that cause I do have that for my cancer.

The Lord spoke to me, He said "This is not for you, this is for you to help other women and I am going to give you what you need". Philippians 4 says I can do all things through Christ who strengthens me, with that and knowing that I can be a healthy person, I can be healthy, I can get a Yes.

Culture of African American Women	**African American Women's Perception of Treatment by Health Care Providers**	**African American Women Knowledge of Practice by Health Care Providers**	**Treatment of African American Women Administered by Health Care Providers**	**African American Women Roles' Within the Family**	**Spiritual Well Being of African American Women**	**African American Women's Insurance Related Factors**	**African American Women's Knowledge and Perceived Influence of Affordable Care Act/Obamacare**
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Access Autonomy Barriers Culture Role within Family	Access Barriers Dr. Listening Dr. Rapport Dr. Treatment Lack of Trust	Dr. Credentials	Access Barriers Health Conditions Insurance Self-Discovery	Advocacy Autonomy Culture Financial Burden	Access Autonomy Role within Family Spirituality	Access Barriers Financial Burden Funding Insurance	Access Advocacy Barriers Benefits of Obamacare

Self-Discovery Spirituality				Role within the Family			Financial Burden Funding Obamacare
RP 6 – Access A lot of people don't know how to talk to their insurance company. A lot of education we have to do for our people, a lot of education. There is a lot more people with health care coverage now, is may not be the best but its health care. Autonomy Because it is my body and we have to talk about it, what needs to be done, why it needs to be done to determine the best practice and what's the rationale. Because it's my body, I am not just to turn it over to you. Barriers The health care system, cultural barriers, kind of not understanding	***RP 6*** - Access A lot of people don't know how to talk to their insurance company. A lot of education we have to do for our people, a lot of education. There is a lot more people with health care coverage now, is may not be the best but its health care. Barriers The health care system, cultural barriers, kind of not understanding what is medicine versus the doctor's personal opinion. A lack of insurance, finances, not aware of their resources, they don't know where to go to get these tests done. Dr. Listening	***RP 6*** – Dr. Credentials Knowledge, experience, their availability. They have to be knowledgeable and experienced in what my issue is.	***RP 6*** - Access A lot of people don't know how to talk to their insurance company. A lot of education we have to do for our people, a lot of education. There is a lot more people with health care coverage now, is may not be the best but its health care. Barriers The health care system, cultural barriers, kind of not understanding what is medicine versus the doctor's personal opinion. A lack of insurance, finances, not aware of their resources, they don't know where to go to get these tests done. Health Conditions Fat, considered obese, see that's another problem. Insurance denied Health, a plan through my	***RP 6*** Advocacy I think where we need to amp up the resources is in the community, outreach to the people in the community is where President Obama was good at and those things are important to people. Autonomy Because it is my body and we have to talk about it, what needs to be done, why it needs to be done to determine the best practice and what's the rationale. Because its my body, I am not just to turn it over to you. Culture One of my friends went with me and she took the day off, she held my hand and she stayed the	***RP 6*** - Access A lot of people don't know how to talk to their insurance company. A lot of education we have to do for our people, a lot of education. There is a lot more people with health care coverage now, is may not be the best but its health care. Autonomy Because it is my body and we have to talk about it, what needs to be done, why it needs to be done to determine the best practice and what's the rationale. Because it's my body, I am not just to turn it over to you. Role within Family My position in my family is the one of a	RP 6 Access A lot of people don't know how to talk to their insurance company. A lot of education we have to do for our people, a lot of education. There is a lot more people with health care coverage now, is may not be the best but its health care. Barriers The health care system, cultural barriers, kind of not understanding what is medicine versus the doctor's personal opinion. A lack of insurance, finances, not aware of their resources,	***RP 6*** - Access A lot of people don't know how to talk to their insurance company. A lot of education we have to do for our people, a lot of education. There is a lot more people with health care coverage now, is may not be the best but its health care. Advocacy I think where we need to amp up the resources is in the community, outreach to the people in the community is where President Obama was good at and those things are important to people. Barriers The health care system, cultural

what is medicine versus the doctor's personal opinion. A lack of insurance, finances, not aware of their resources, they don't know where to go to get these tests done.

Culture
One of my friends went with me and she took the day off, she held my hand and she stayed the entire day with me. A lot of education is needed for our people.

Role within Family
My position in my family is the one of a matriarch, which is another thing people have to understand which is your position in your family. Black women are pretty much matriarchal whether you have children or not. Though I

Listen, for them to listen to me. My doctor did not do what I asked him to do so I fired him. I asked him to do wide margins versus non-wide margins and he didn't. I got a rash and I told my doctor because of the sulfa based antibiotics, but they would not listen, and I said see I told you, but you wouldn't listen because I am a health care provider.

Dr. Rapport
Willing to work with me, have to work together. Be respectful of me as I am of them, be available and to answer my questions, understand you're not just another diagnosis.

Dr. Treatment
Every year I have an Ultra Sound.

Lack of Trust

employment. I was making good money, but I needed better health insurance and if you don't work you don't get paid.

Self-Discovery
I was in my 30s when I started getting mammograms because I noticed that there was something wrong and it was actually the breast that had cancer in it that I saw something wrong and I went in to get it checked. If you see something, say something.

entire day with me. A lot of education is needed for our people.

Financial Burden
Not understanding the healthcare system which is extremely fragmented and resources are not in our community. You have to look at how do I get there, how do I get the resources. And I don't like the Republicans' health care plan because it takes away too many peoples' access to care.

Role within the Family
My position in my family is the one of a matriarch, which is another thing people have to understand which is your position in your family. Black women are pretty much matriarchal

matriarch, which is another thing people have to understand which is your position in your family. Black women are pretty much matriarchal whether you have children or not. Though I have no children, I am that Aunt that everyone comes to when stuff hits the fan. I have to think about all things If I have cancer, I have to be there for everybody and be strong for them too and that's what people don't understand. I don't think they understand that illness affects your role in the house.

Spirituality
But my faith had assured me of that already and I believe that the Lord had already prepared me

they don't know where to go to get these tests done.

Financial Burden
Not understanding the healthcare system which is extremely fragmented, and resources are not in our community. You have to look at how do I get there, how do I get the resources. And I don't like the Republicans' health care plan because it takes away too many peoples' access to care.

Funding
United Health, a plan through my employment. I have always had coverage just felt an urge to get better

barriers, kind of not understanding what is medicine versus the doctor's personal opinion. A lack of insurance, finances, not aware of their resources, they don't know where to go to get these tests done.

Benefits of Obamacare
There are more people with health care coverage now. It may not be the best kind, but it is health care.

Financial Burden
Not understanding the healthcare system which is extremely fragmented, and resources are not in our community. You have to look at how do I get there, how

have no children, I am that Aunt that everyone comes to when stuff hits the fan. I have to think about all things If I have cancer, I have to be there for everybody and be strong for them too and that's what people don't understand. I don't think they understand that illness affects your role in the house.

Self-Discovery
I was in my 30s when I started getting mammograms because I noticed that there was something wrong and it was actually the breast that had cancer in it that I saw something wrong and I went in to get it checked. If you see something, say something.

They didn't listen to me and that was upsetting me. So, they told me when I go to the doctor that I needed to be the patient and not tell the doctor what to do. A fear and a mistrust and you don't know what they are giving you in clinical trials, you could be a placebo.

whether you have children or not. Though I have no children, I am that Aunt that everyone comes to when stuff hits the fan. I have to think about all things If I have cancer, I have to be there for everybody and be strong for them too and that's what people don't understand. I don't think they understand that illness affects your role in the house.

because I already knew I had cancer. Isn't to church before the procedure and asked my Pastor to pray for me. So, they prayed for me and one of the Mothers came up to me and said, you ready and I said you know too huh, so that's what led me to getting everything done.

coverage, I would have been broke with the other coverage, I needed some better coverage. Health care is like finances, somebody have to educate you.

Insurance
United Health, a plan through my employment. I was making good money, but I needed better health insurance and if you don't work you don't get paid.

do I get the resources. And I don't like the Republicans' health care plan because it takes away too many peoples' access to care.

Funding
United Health, a plan through my employment. I have always had coverage just felt an urge to get better coverage, I would have been broke with the other coverage, I needed some better coverage

Obamacare
I know you have to know the system to get better care. Patient education will get you better care. President Obama increase volume without increasing the services.

<u>Spirituality</u> But my faith had assured me of that already and I believe that the Lord had already prepared me because I already knew I had cancer. Isn't to church before the procedure and asked my Pastor to pray for me. So, they prayed for me and one of the Mothers came up to me and said, you ready and I said you know too huh, so that's what led me to getting everything done.							I think some of the resources are not in our community.

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Access Autonomy Barriers Culture	Access Barriers Dr. Listening Dr. Rapport	Dr. Credentials	Access Barriers Health Conditions	Advocacy Autonomy Culture	Access Autonomy Role within Family	Access Barriers Financial Burden	Access Advocacy Barriers

Role within Family Self-Discovery Spirituality	Dr. Treatment Lack of Trust		Insurance Self-Discovery	Financial Burden Role within the Family	Spirituality	Funding Insurance	Benefits of Obamacare Financial Burden Funding Obamacare
RP 7 - Access If you don't have coverage its expensive. If I didn't have health coverage I would probably be dead right now from breast cancer. Autonomy Nothing would prevent me from seeking breast cancer related health services, if I got breast cancer I want to seek out everything that will help me. Barriers Fear, I talk to a lot of women and they don't know that they can access mammograms for free. The knowledge and access to getting a mammogram is limited because a lot of people don't have	***RP 7*** - Access If you don't have coverage its expensive. If I didn't have health coverage I would probably be dead right now from breast cancer. Barriers Fear, I talk to a lot of women and they don't know that they can access mammograms for free. The knowledge and access to getting a mammogram is limited because a lot of people don't have health coverage. Breast cancer shouldn't have to depend on your income and your color. Dr. Listening	***RP 7*** – Dr. Credentials I want them to diagnose me, I want them to give me the proper medicine and not give me all of this off the wall medicine that no going to heal me.	***RP 7*** - Access If you don't have coverage its expensive. If I didn't have health coverage I would probably be dead right now from breast cancer. Barriers Fear, I talk to a lot of women and they don't know that they can access mammograms for free. The knowledge and access to getting a mammogram is limited because a lot of people don't have health coverage. Breast cancer shouldn't have to depend on your income and your color. Health Conditions I have diabetes, once I finish losing this weight, I won't have to take the medication, because the more weight I lose, the more they taper down my medication.	***RP 7*** – Advocacy If you are an African American women with money, that rides, I hope this helps women, especially women of color. I am not ashamed of it and I don't know why God allowed this to happen to me, but I use this breast cancer situations to talk to every woman. Autonomy Nothing would prevent me from seeking breast cancer related health services, if I got breast cancer I want to seek out everything that will help me. Culture I had a friend who had breast cancer, she	***RP 7*** Access If you don't have coverage its expensive. If I didn't have health coverage I would probably be dead right now from breast cancer. Autonomy Nothing would prevent me from seeking breast cancer related health services, if I got breast cancer I want to seek out everything that will help me. Role within Family I am the only one in my family with cancer. They did a genealogy study on me and nobody down my blood line had cancer but me. Spirituality	***RP 7*** - Access If you don't have coverage its expensive. If I didn't have health coverage I would probably be dead right now from breast cancer. Barriers Fear, I talk to a lot of women and they don't know that they can access mammograms for free. The knowledge and access to getting a mammogram is limited because a lot of people don't have health coverage. Breast cancer shouldn't have to depend on your	***RP 7*** - Access If you don't have coverage its expensive. If I didn't have health coverage I would probably be dead right now from breast cancer. Advocacy If you are an African American women with money, that rides, I hope this helps women, especially women of color. I am not ashamed of it and I don't know why God allowed this to happen to me, but I use this breast cancer situations to talk to every woman. Barriers Fear, I talk to a lot of

health coverage. Breast cancer shouldn't have to depend on your income and your color. Culture I had a friend who had breast cancer, she was afraid, and she didn't have the surgery, she didn't have any treatment and she just relied on God and that he would heal her. She took no pills and totally relied on god and her faith. So far, she's cancer free, she has had not treatment, she had no surgeries and she said I am not taking those pills. She said no, I am just going to rely on God and stand on my faith and that's what she did, and when she went back for her checkup, she was cancer free.	I expect them to listen to me and what I am talking about. Because if you listen to the patient you'll get to know them and find out what's going on with their body from A-Z, you get to know that person by not just listening and talking to them. Dr. Rapport A woman, her ethnicity, their kindness, understanding and ability to talk to them freely and getting to know them. Dr. Treatment I see one doctor for hormone therapy every 6 months, once a year I see my breast cancer doctor/specialist and then every 6 months for my Primary Care Doctor. Lack of Trust I expect them to listen to me and what I am talking about.		Insurance Kaiser, I had Kaiser also at the time of diagnosis. Self-Discovery I had a breast reduction with my right breast, had a breast reduction because I had a mass in my right breast. Then I had a big mass over the right breast and I asked the doctor to remove it and they said it was fatty tissue.	was afraid, and she didn't have the surgery, she didn't have any treatment and she just relied on God and that he would heal her. She took no pills and totally relied on god and her faith. So far, she's cancer free, she has had not treatment, she had no surgeries and she said I am not taking those pills. She said no, I am just going to rely on God and stand on my faith and that's what she did, and when she went back for her checkup, she was cancer free. Financial Burden Yes, I need Obamacare, I cannot afford $900 anymore, that's bigger than my care note, that's my tax bill and more.	I had a friend who had breast cancer, she was afraid, and she didn't have the surgery, she didn't have any treatment and she just relied on God and that he would heal her. She took no pills and totally relied on god and her faith. So far, she's cancer free, she has had not treatment, she had no surgeries and she said I am not taking those pills. She said no, I am just going to rely on God and stand on my faith and that's what she did, and when she went back for her checkup, she was cancer free. God is so good because of my children and my Church family that helped me through this cancer.	income and your color. Financial Burden Yes, I need Obamacare, I cannot afford $900 anymore, that's bigger than my care note, that's my tax bill and more. Funding I couldn't afford it, it was too expensive. I had to pay $916 aa month for 3 years and when Obamacare came in then I got it lowered. Yes, I have Kaiser. Insurance Kaiser, I had Kaiser also at the time of diagnosis.	women and they don't know that they can access mammograms for free. The knowledge and access to getting a mammogram is limited because a lot of people don't have health coverage. Breast cancer shouldn't have to depend on your income and your color. Benefits of Obamacare I sure have benefited from Obamacare, I have been taken care of by the best. But just having Obamacare because of my health and I know that am alive today because of God and my medical coverage that services me at Kaiser. I need Obamacare,

Role within Family

I am the only one in my family with cancer. They did a genealogy study on me and nobody down my blood line had cancer but me.

Self-Discovery

I had a breast reduction with my right breast, had a breast reduction because I had a mass in my right breast. Then I had a big mass over the right breast and I asked the doctor to remove it and they said it was fatty tissue.

Spirituality

I had a friend who had breast cancer, she was afraid, and she didn't have the surgery, she didn't have any treatment and she just relied on God and that he would heal

Role within the Family

I am the only one in my family with cancer. They did a genealogy study on me and nobody down my blood line had cancer but me.

I cannot afford $900 anymore.

Financial Burden

Yes, I need Obamacare, I cannot afford $900 anymore, that's bigger than my care note, that's my tax bill and more.

Funding

Yes, I need Obamacare, I cannot afford $900 anymore, that's bigger than my care note, that's my tax bill and more.

Obamacare

I couldn't afford it (health care). It was too expensive. It’s a struggle if you don’t have health care. When my husband was alive, he carried me on his insurance, but he's been gone for 6 years, I pay out of

her. She took no pills and totally relied on god and her faith. So far, she's cancer free, she has had not treatment, she had no surgeries and she said I am not taking those pills. She said no, I am just going to rely on God and stand on my faith and that's what she did, and when she went back for her checkup, she was cancer free. God is so good because of my children and my Church family that helped me through this cancer.							my own pocket.

Culture of African American Women	**African American Women's Perception of Treatment by Health Care Providers**	**African American Women Knowledge of Practice by Health Care Providers**	**Treatment of African American Women Administered by Health Care Providers**	**African American Women Roles' Within the Family**	**Spiritual Well Being of African American Women**	**African American Women's Insurance Related Factors**	**African American Women's Knowledge and Perceived Influence of Affordable Care Act/Obama care**
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Autonomy Barriers Culture Role within Family Self-Discovery Spirituality	Barriers Dr. Listening Dr. Rapport Dr. Treatment Lack of Trust	Dr. Credentials	Barriers Health Conditions Insurance Self-Discovery	Autonomy Culture Financial Burden Role within the Family	Autonomy Role within Family Spirituality	Barriers Financial Burden Funding Insurance	Advocacy Barriers Benefits of Obamacare Financial Burden Funding Obamacare
RP 8 – Access Had I had to pay for that, I don't think we would have made it because I was off work. They had a program and they pay for your medication. Kaiser has a program that allows us to waive the cost off medications. Autonomy I expect the doctor to tell me the truth and not to sugar coat stuff. Explain it so I can understand it. I expect them to listen. Barriers Race, African Americans not wanting to be identified with us. They don't want to know what's wrong or what's going on with them. They just don't want to know, it’s a negative to know. Culture	***RP 8*** - Access Had I had to pay for that, I don't think we would have made it because I was off work. They had a program and they pay for your medication. Kaiser has a program that allows us to waive the cost off medications. Barriers Race, African Americans not wanting to be identified with us. They don't want to know what's wrong or what's going on with them. They just don't want to know, it’s a negative to know. Dr. Listening I expect them to listen. Because I feel if they are listening and they really hear and	***RP 8*** – Dr. Credentials I expect the doctor to tell me the truth and not to sugar coat stuff. Explain it so I can understand it.	***RP 8*** - Access Had I had to pay for that, I don't think we would have made it because I was off work. They had a program and they pay for your medication. Kaiser has a program that allows us to waive the cost off medications. Barriers Race, African Americans not wanting to be identified with us. They don't want to know what's wrong or what's going on with them. They just don't want to know, it’s a negative to know. Health Conditions I had a lumpectomy at the first diagnosis. Then a double mastectomy with the third. I had Osteo and Rheumatoid Arthritis due to the tumors that were in my back and I have asthma. Insurance	***RP 8*** Advocacy Having affordable health coverage allows us to not worry if we have to get sick because to be sick and to have to worry makes the problem double. Autonomy I expect the doctor to tell me the truth and not to sugar coat stuff. Explain it so I can understand it. I expect them to listen. Culture You see what we have to understand is that as Black people there is a lot of us Backs who allow us to	***RP 8*** - Access Had I had to pay for that, I don't think we would have made it because I was off work. They had a program and they pay for your medication. Kaiser has a program that allows us to waive the cost off medications. Autonomy I expect the doctor to tell me the truth and not to sugar coat stuff. Explain it so I can understand it. I expect them to listen. Role within Family We are not the strong towers that they think we are. We need help just like Caucasian women do and I really think that they	***RP 8 -*** Access Had I had to pay for that, I don't think we would have made it because I was off work. They had a program and they pay for your medication. Kaiser has a program that allows us to waive the cost off medications. Barriers Race, African Americans not wanting to be identified with us. They don't want to know what's wrong or what's going on with them. They just don't want to know, it’s a negative to know.	***RP 8 -*** Access Had I had to pay for that, I don't think we would have made it because I was off work. They had a program and they pay for your medication. Kaiser has a program that allows us to waive the cost off medications. Advocacy Having affordable health coverage allows us to not worry if we have to get sick because to be sick and to have to worry makes the problem double. Barriers Race, African Americans not wanting to be

You see what we have to understand is that as Black people there is a lot of us Backs who allow us to go untreated. We like to say it's the White man, but it's not all together, cause some of us we don't want to identify as African Americans.

Role within Family
We are not the strong towers that they think we are. We need help just like Caucasian women do and I really think that they need to start alleviating doctors that make a difference in a negative way.

Self-Discovery
I was in pain, I had a lot of pain, had a lot of pain. This was unusual pain, the first time in 1988, the second time in 2001, the third time in 2003.

Spirituality
Each time my doctor asked me how I was doing, I would

understand what I am going through they won't come off with that type of answer.

Dr. Rapport
I want a provider who can really be patient with me, who can talk to me as if I m a relative. I had an experience with a female doctor who told me that it was needless to get breast augmentation because I was going to be dead in 10 years.

Dr. Treatment
I see my Oncologist and I see my Family Medicine doctor when there is any pain, and as needed. I had my Gall Bladder and my Appendix removed, during my second bout with cancer.

Lack of Trust
If they don't know how to treat me as a relative, then I feel that they

I have Kaiser. I had I at the time of diagnosis and I have had Kaiser for 52 years.

Self-Discovery
I was in pain, I had a lot of pain, had a lot of pain. This was unusual pain, the first time in 1988, the second time in 2001, the third time in 2003.

go untreated. We like to say it's the White man, but it's not all together, cause some of us we don't want to identify as African Americans.

Financial Burden
Even if we both had been working at that time we wouldn't have been able to afford it because they were giving me Chemo treatment and Chemo pills and it was $1,000 for a bottle of Chemo pills.

Role within the Family
We are not the strong towers that they think we are. We need help just like Caucasian women do and I really think that they need to start alleviating doctors that

need to start alleviating doctors that make a difference in a negative way.

Spirituality
Each time my doctor asked me how I was doing, I would say that I am blessed and highly favored. He said all of the tests we on you, it shows that nothing is there. He said, I'm trying to understand, and I am going to start using your words now, "Blessed and Highly Favored". He said this is unreal because you shouldn't have walked into my office.

Financial Burden
Even if we both had been working at that time we wouldn't have been able to afford it because they were giving me Chemo treatment and Chemo pills and it was $1,000 for a bottle of Chemo pills.

Funding
Had I had to pay for that, I don't think we would have made it because I was off work. They had a program and they pay for your medication. Kaiser has a program that allows us to waive the cost off medications.

Insurance
I have Kaiser. I had I at the time of diagnosis and I have had Kaiser for 52 years.

identified with us. They don't want to know what's wrong or what's going on with them. They just don't want to know, it's a negative to know.

Benefits of Obamacare
I don't know anything about it, only what I hear on the news and what I hear is that it is okay, but I doesn't go as far enough.

Financial Burden
Even if we both had been working at that time we wouldn't have been able to afford it because they were giving me Chemo treatment and Chemo pills and it was $1,000 for a bottle of Chemo pills.

say that I am blessed and highly favored. He said all of the tests we on you, it shows that nothing is there. He said, I'm trying to understand, and I am going to start using your words now, "Blessed and Highly Favored". He said this is unreal because you shouldn't have walked into my office.	are not going to give me the proper care. They had told me that my cancer had not come back but I got very, very sick and we were in the Caribbean. The other doctor just brushed me off. They don't trust the doctors.			make a difference in a negative way.		<u>Funding</u> Had I had to pay for that, I don't think we would have made it because I was off work. They had a program and they pay for your medication. Kaiser has a program that allows us to waive the cost off medications. <u>Obamacare</u> I don't know anything about it, only what I hear on the news and what I hear is that it is okay, but I doesn't go as far enough.

Culture of African American Women	**African American Women's Perception of Treatment by Health Care Providers**	**African American Women Knowledge of Practice by Health Care Providers**	**Treatment of African American Women Administered by Health Care Providers**	**African American Women Roles' Within the Family**	**Spiritual Well Being of African American Women**	**African American Women's Insurance Related Factors**	**African American Women's Knowledge and Perceived Influence of Affordable Care Act/Obama care**
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RP 9 – Access Accessibility, more of a push and more money in the health of the patient instead of the marketing. Going into the inner cities instead of waiting for them (African American women) to come to us and affordable health care and transportation. Autonomy I would never not seek out health services	***RP 9*** **-** Access Accessibility, more of a push and more money in the health of the patient instead of the marketing. Going into the inner cities instead of waiting for them (African American women) to come to us and affordable health care and transportation. Barriers They are scared, don't	***RP 9*** **-** Dr. Credentials Experience, their specialty, I check their interviews, the reviews of the physicians and referrals from friends and family, accurate information and accurate diagnosis.	***RP 9*** **-** Access Accessibility, more of a push and more money in the health of the patient instead of the marketing. Going into the inner cities instead of waiting for them (African American women) to come to us and affordable health care and transportation. Barriers They are scared, don't want to know. It might be financial maybe due to cost to they may not be able to take off work.	***RP 9*** – Advocacy My daughter was misdiagnosed from age 10-12 so from then on, I have been an advocate for choosing my own health care provider. By talking about it, seeking out resources, finding out about it. I had to seek stuff out.	***RP 9*** - Access Accessibility, more of a push and more money in the health of the patient instead of the marketing. Going into the inner cities instead of waiting for them (African American women) to come to us and affordable health care and transportation. Autonomy I would never not seek out	***RP 9*** - Access Accessibility, more of a push and more money in the health of the patient instead of the marketing. Going into the inner cities instead of waiting for them (African American women) to come to us and affordable health care	***RP 9*** - Access Accessibility, more of a push and more money in the health of the patient instead of the marketing. Going into the inner cities instead of waiting for them (African American women) to come to us and affordable health care

for breast cancer. I had to force my doctor to give me a Mammogram at the age of 30 and I have learned to always be positive about women health. You have to talk about it a little bit and open up about it. Barriers They are scared, don't want to know. It might be financial maybe due to cost to they may not be able to take off work. Culture The stigma, as a culture we are told not to talk about it but to keep it private. Embarrassment, even in our churches, we are taught to think of it as punishment. We have different type of breast cancer. Our bodies are different, we have bigger burrs, thighs, legs and breasts, that's where our hormones are in our butt, legs and thighs.	want to know. It might be financial maybe due to cost to they may not be able to take off work. Dr. Listening Do they have a listening ear is also important? Dr. Rapport Knowledge, their bed side manner if its good or not, do they make me feel comfortable. Dr. Treatment I am still in maintenance, every 2-3 months I see my Oncologist team. I see my Primary Care physician once a year and everything is done at City of Hope. Lack of Trust My daughter was misdiagnosed from age 10-12 so from then on, I have been an advocate for choosing my own health care provider.		Health Conditions I am overweight due to being placed on steroids, but I have no other illnesses. I have had blood clots. Insurance I have Blue Cross PPO, its expensive but I budget for it and I wear my hair natural and don’t get my nails done to save money. Self-Discovery I knew something wasn't right when I found a boil under my left arm that would never heal for 3 months. I had sharp pain from my left breast that radiated to my back and I had a very, extremely irregular menstrual cycle.	You have to talk about it and open up a little bit about it. Autonomy I would never not seek out health services for breast cancer. I had to force my doctor to give me a Mammogram at the age of 30 and I have learned to always be positive about women health. You have to talk about it a little bit and open up abet about it. Culture The stigma, as a culture we are told not to talk about it but to keep it private. Embarrassment, even in our churches, we are taught to think of it as punishment. We have different type of	health services for breast cancer. I had to force my doctor to give me a Mammogram at the age of 30 and I have learned to always be positive about women health. You have to talk about it a little bit and open up about it. Role within Family I budget for it and I wear my hair natural and don't get my nails done to save on money. Spirituality Even in our churches, we are taught to think of it as punishment. I have no other health conditions, God is good!	and transportation. Barriers They are scared, don't want to know. It might be financial maybe due to cost to they may not be able to take off work. Financial Burden It’s expensive, accessibility, more of a push and more money in the heal of the patient instead of the marketing. Funding I have Blue Cross PPO, its expensive but I budget for it and I wear my hair natural and don’t get my nails done to save money. Insurance I have Blue Cross PPO, its expensive	and transportation. Advocacy My daughter was misdiagnosed from age 10-12 so from then on, I have been an advocate for choosing my own health care provider. By talking about it, seeking out resources, finding out about it. I had to seek stuff out. You have to talk about it and open up a little bit about it. Barriers They are scared, don't want to know. It might be financial maybe due to cost to they may not be able to take off work. Benefits of Obamacare I know that it is about being able to get better care, to

Role within Family I budget for it and I wear my hair natural and don't get my nails done to save on money. Self-Discovery I knew something wasn't right when I found a boil under my left arm that would never heal for 3 months. I had sharp pain from my left breast that radiated to my back and I had a very, extremely irregular menstrual cycle. Spirituality Even in our churches, we are taught to think of it as punishment. I have no other health conditions, God is good!	breast cancer. Our bodies are different, we have bigger burrs, thighs, legs and breasts, that's where our hormones are in our butt, legs and thighs. Financial Burden It's expensive, accessibility, more of a push and more money in the heal of the patient instead of the marketing. Role within the Family I budget for it and I wear my hair natural and don't get my nails done to save on money.	but I budget for it and I wear my hair natural and don't get my nails done to save money.	have better studies on health and the ability to make better choices about your health. Obamacare gave you a better choice. I have employees who now have health coverage as a result of Obamacare. Being healthy has helped them benefit from Obamacare It also helps care takers with their parents' insurance, we've all benefitted from it as a society. Financial Burden It's expensive, accessibility, more of a push and more money in the heal of the patient instead of the marketing. Funding I have Blue Cross PPO, it's

							expensive but I budget for it and I wear my hair natural and don't get my nails done to save money. Obamacare I know that it is about being able to get better care, to have better studies on health and the ability to make better choices about your health. Obamacare gave you a better choice.
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RP 10 – Access
If finances were not an issue, just making sure it is accessible. Like having it so that people don't have to travel too far to get access. Also having people that have the information share it with them so that there's not many barriers.

Autonomy
I want to make sure that I am getting the best resources and the best that is available for me at that time. I had to navigate the health care system myself.

Barriers
Some of the barriers includes an understanding of all of this to us because it is so overwhelming which is a lot to take in as some health care providers are not competent or compassion. I had to navigate the health care system myself.

Culture
For me, when you are the

RP 10 –
Access
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Barriers
Some of the barriers includes an understanding of all of this to us because it is so overwhelming which is a lot to take in as some health care providers are not competent or compassion. I had to navigate the health care system myself.

Dr. Listening
I expect to be treated with compassion.

Dr. Rapport
I expect to be treated with compassion. I

RP 10
Dr. Credentials
It's important to me that I am not treated like a number. I'm looking for competency, and be updated information and processes and updated with research.

RP 10 – Access
If finances were not an issue, just making sure it is accessible. Like having it so that people don't have to travel too far to get access. Also having people that have the information share it with them so that there's not many barriers.

Barriers
Some of the barriers includes an understanding of all of this to us because it is so overwhelming which is a lot to take in as some health care providers are not competent or compassion. I had to navigate the health care system myself.

Health Conditions
Currently I don't have any other ones, nothing that I am aware of at the moment.

Insurance
When I got diagnosed, I got insured through Medi-Cal-Cal. I didn't have any insurance and had been denied insurance due to a pre-existing condition with breast cancer. I

RP 10 –
Advocacy
I think always or anytime you can have a Resource Center and some additional information to share with women with predicaments with cancer is helpful.

Autonomy
I want to make sure that I am getting the best resources and the best that is available for me at that particular time. I had to navigate the health care system myself.

Culture
For me, when you are the caretaker and you are in that role you say ok, I'll get through it, I will take care of me and I think that's really one of the

RP 10 -
Access
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Autonomy
I want to make sure that I am getting the best resources and the best that is available for me at that particular time. I had to navigate the health care system myself.

Role within Family
It affected my role, just in the sense that now I would have to have people take care of me and that wasn't normally my role. I was normally kind

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Access
If finances were not an issue, just making sure it is accessible. Like having it so that people don't have to travel too far to get access. Also having people that have the information share it with them so that there's not many barriers.

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Advocacy
I think always or anytime you can have a Resource Center and some additional information to share with women with predicaments with cancer is helpful.
Barriers
Some of the barriers includes an understanding of all of this to us because it is so overwhelming which is a

caretaker and you are in that role you say ok, I'll get through it, I will take care of me and I think that's really one of the biggest barriers for Black \women are to lean on one another.

Role within Family
It definitely affected my role, just in the sense that now I would have to have people take care of me and that wasn't normally my role. I was normally kind of leading everything and I had to kind of sit down and be supported through that experience. My family did extremely well with this.

Self-Discovery
I found the lump. I was 27 the first time I was diagnosed, and I have had it twice.

Spirituality
The first time came about when I was coming from Northern California and I

expect competent workers, I mention that because I have been in situations where I felt that they didn't know as much as they should and were not at the levels where they should be and that worried me.

Dr. Treatment
I go to a doctor more than I would like, at least once every other month. I finished my last treatment, I was like so tired of the doctors and having to go so much.

Lack of Trust
I felt like a number, I felt like he really didn't care about what I was having done, saying like yeah, yeah and not realizing like how big a deal this really is to me. So, I was like no, I want another doctor. That wasn't the first time that I had

couldn't get insurance because I had had breast cancer and because I am now with a pre-existing condition I could not get insurance due to having had breast cancer.

Self-Discovery
I found the lump. I was 27 the first time I was diagnosed, and I have had it twice.

biggest barriers for Black \women are to lean on one another.

Financial Burden
The inability to pay for it. There is no reason in the world why we shouldn't have access to health care and be able to lose everything we have just to be healthy.

Role within the Family
It definitely affected my role, just in the sense that now I would have to have people take care of me and that wasn't normally my role. I was normally kind of leading everything and I had to kind of sit down and be supported through that experience.

of leading everything and I had to kind of sit down and be supported through that experience. My family did extremely well with this.

Spirituality
The first time came about when I was coming from Northern California and I did not have medical insurance. When I got the diagnosis, I got insured through Medi-Cal-Cal. The support services that were in place at the time in California, covered everything. It was a blessing not to have to stress about that situation, because I was completely caught off guard at 27.

The inability to pay for it. There is no reason in the world why we shouldn't have access to health care and be able to lose everything we have just to be healthy.

Funding
I actually have or would call it Obamacare. I am covered because I have a pre-existing condition. So, I was not able to get insurance prior to having breast cancer the second time. Fortunately, I was able to get Obamacare before being diagnosed a second time.

Insurance
When I got diagnosed, I got insured through Medi-Cal-Cal. I didn't

lot to take in as some health care providers are not competent or compassion. I had to navigate the health care system myself.

Benefits of Obamacare
What I know about it is that I as a pre-existing condition and that I can still be covered. That was the most important thing that I needed to know about it.

Financial Burden
The inability to pay for it. There is no reason in the world why we shouldn't have access to health care and be able to lose everything we have just to be healthy.

Funding
I actually have or

did not have medical insurance. When I got the diagnosis, I got insured through Medi-Cal-Cal. The support services that were in place at the time in California, covered everything. It was a blessing not to have to stress about that situation, because I was completely caught off guard at 27.	that kind of experience.			My family did extremely well with this.		have any insurance and had been denied insurance due to a pre-existing condition with breast cancer. I couldn't get insurance because I had had breast cancer and because I am now with a pre-existing condition I could not get insurance due to having had breast cancer.	would call it Obamacare. I am covered because I have a pre-existing condition. So, I was not able to get insurance prior to having breast cancer the second time. Fortunately, I was able to get Obamacare before being diagnosed a second time. Obamacare I actually have or would call it Obamacare. I am covered because I have a pre-existing condition. So, I was not able to get insurance prior to having breast cancer the second time. Fortunately, I was able to get Obamacare before being diagnosed a second time.

Appendix D: Table of Codes

Codes	**RP 1**	**RP 2**	**RP 3**	**RP 4**	**RP 5**
Dr. Rapport/Treatment	Treated as humanly as possible, felt as if you were only a number, rushed through the exam,	Understanding. Treatment has to be respectful, open to differences she may have than other patients.	Honesty, frankness, thoroughness. Time, flexibility and communication. Flexibility of hours with care and treatment, providing later hours.	I expect to be treated with love, and cares not to be treated like a number. I expect to be treated like a person, like a woman in need of something knowledgeable.	Honesty, tell me the truth. Tell me what it is and let me be able to make the decision. Give me my options. Looking for him to do more research, ask somebody else in your field seek more knowledge.
Dr. Credentials'	Their Bio, center of focus, where they studied, what type of practice, how long have they been in practice, value opinion of referring doctor.	Accessibility to my files and history, older doctors, older doctors tend to be more experienced in working with different cultures.	Age of the Provider, familiarity, reliability, cultural sensitivity, older ones keep up with current research and protocols. Knowledgeable of disease and treatment.	Their track record when it comes to surgical outcomes, number of deaths related to illness, their fees, natural was of medicating and their options because I am not a pill popper.	Their knowledge is so important They've been around in the health care field, do they accept my insurance, how knowledgeable are they of African American women. I need to know that you know about the things African American women encounter.
Dr. Listening	I requested a CT Scan and the doctor said no, I went back to my Oncologist who ordered it and I	For them to listen, already know my medical history. Must have an open ear.	Time, flexibility and communication.	To be listened to what my needs are instead of what their degree tells them and to be open and	When they asked me "Can I take your cancer and research it". I said "Ok, what are you doing

	fired my Primary Care doctor.			willing to hear her heart and what I feel would be best for her.	with it, where are you taking it and why is it being used?", I want to know how it is going to be done and how is it going to be used to provide better care for my people.
Lack of Trust	The more patients he had the more money she made.	I wouldn't trust my health to a County facility. They have one plan for every woman and they have no funding. Miscommunication.	We create our own limits, we place barriers on ourselves, its cultural. I was 38 years old with a 13-year-old son and I had to think about who was going to get him where he needed to be.	I think it's a lack of trust for sure. Trust, who do you talk to and who do you not talk to about it? They didn't explain nothing, they explained just enough to me, but I started researching things on my own.	We don't seek it, we don't seek it. We take no too fast. No has been that word for our life. History has said no so we go with no. Philippians 4 says I can do all things through Christ who strengthens me, with that and knowing that I can be a healthy person, I can be healthy, I can get a Yes.
Spirituality				My life is not my own, God has called my life to feed, cultivate cover, catapult and connect others to their destiny and dreams across the world, because of what God has called her to do. Man does not	The Lord spoke to me, He said "This is not for you, this is for you to help other women and I am going to give you what you need". Philippians 4 says I can do all things through Christ who strengthens me,

				come before God, if He says let it go then let it go. We have to be obedient to Him. It was nobody but God.	with that and knowing that I can be a healthy person, I can be healthy, I can get a Yes.
Culture	Can they relate to your family?	Culture, they are uneducated. They are scared. they had reoccurrences and they were under or over treated. More studies need to be done on our culture.	We are very busy, working a fulltime job, some work 2 jobs, Time is a huge variable, if we could find a way to use less time, we would see more AAM in treatment. We create barriers. Our priorities are different.	My mom got tired of all this and she went to the window and went in. My mom was livid because we already had the results and they were not giving them to us. I think it’s fear, people especially when we are raised in the church. I think it’s a lack of trust for sure.	Knowledge, they don't have the knowledge, scared of what will be told or what they will find out and Fear, a major fear. As African American women we don't talk about it for me it was to talk about it. We don't have the same platform like the Susan G. Komen that was founded by her sister. My mother did not tell me that she had cancer too, but I told my daughter.
Role Within the Family	Families won't have to worry about the stress of coming up with the money for the surgeries which could cause other health issues.	Time, valuable time away from work that you have to make up. Worrying about being replaced on your job. We are not first in our own priorities and we put others before us and our health	I was 38 years of age with non-Familia (no one in my family with a history of breast cancer).	If my mom wasn't there, I probably wouldn't have gotten the results as quickly as I did.	My mother did not tell me that she has cancer too, but I told my daughter that I had breast cancer. We need to talk to our young girls early because if you know early then

		needs. Because of the business of life again I was 38 years old with a 13-year-old son. The year of my initial diagnosis, I lost 4 women to different things which resulted in death.			you can do something about it.
Self-Discovery	I felt a lump. I do my own self breast exams at home and I felt a lump in my left breast.	I had a lump in my right breast and my nipple had become inverted, I lost 60 pounds, was larger in the chest and I noticed the differences.	I found it because my nipple was bleeding, had swollen lymph nodes.	I had a leaking from my left breast. I felt something in there and I went to a check-up the following week. The leaking was normal, but the bleeding was not normal.	I did my mammogram, when I felt some discomfort, I asked him to do a breast exam and he did. It was not normal for me to have soreness in that area. I am very aware of my body and I will call him for anything that is going on.
Autonomy	I felt a lump. I do my own self breast exams at home and I felt a lump in my left breast.	After I took the initiative, because my primary care physician would not work with men and I had to go to an oncologist on my own.	Provider flexibility, late appointments, to be able to go to your designated doctor and to get in and out without long waits. There is no reason why women should not be receiving treatment.	But because I was anxious to see if I had cancer or not was like, no tell him that they said he does take my insurance. I kept calling them and I went in for my check up and it was 3 weeks before I knew anything.	I deserve the best, I deserve the best healthcare out there. If it means that I need to go the extra mile, then that's what I need to do. Location does not matter, willing to go as far as it takes to get the best healthcare.

Insurance	Covered California through Obamacare.	I have Kaiser insurance, it has allowed me access to services.	Kaiser insurance.	I was actually supposed to be somewhere else for the surgical biopsy, but that doctor told his assistants to tell me that he couldn't see me because of the Obamacare. But the doctors and nurses over at the Ontario facility said what are they talking about, they do take Obamacare, they do take your insurance.	I went to the City of Hope and that is an expensive place. My doctor was persistent in getting me the best care and told me that I was going to City of Hope and I said ok, I am going to City of Hope.
Barriers	If my insurance is stopped.	A County medical facility. I know the treatment history of County facilities and I know lots of women who have suffered needlessly. Transportation. Doctors not working together.	Because of time, a lack of time. We are very busy, working a fulltime job, some work 2 jobs, Time is a huge variable, if we could find a way to use less time, we would see more AAM in treatment.	I kept calling them and I went in for my check-up and it took about 3 weeks. Lack of knowledge, nobody takes about it, nobody really talks about it. I had never done a breast exam in my entire life.	Not talking about it enough to others. Becoming so privatized that your privacy becomes a barrier that it doesn't allow you to share this knowledge you have and its beneficial for us as African American women. They can't limit themselves and what the system say, there is money out there for breast cancer.

Obamacare	A lot of people would be dead if they did not have it. A Republican who opposed Obamacare but is in support of it now because it saved his life.	Before the ACA, I had no insurance then I got insurance, now I am 100% covered.	It was awesome and amazing because a lot of women have been able to receive treatment. It is only as effective as we use it and you must know your body.	They had to get all of the paperwork approved under Obamacare in San Bernardino to get it approved. That Asian doctor I told you about walked all of the paperwork through and expedited the process.	I know very, very little. I know it's out there, haven't used it. I don't know if the Every Woman Counts Program falls under that cause I do have that for my cancer.
Access	If they keep my Obamacare.	Another barrier from the point of diagnosis is treatment. Providing more access to care, due to pre-existing-existing conditions, giving African American women an entry point to accessing care, help with physician relationships and navigating he system.	There are some Breast Cancer Buddies and Nurse Navigators to help us, but women don't know about it. There needs to be a booklet that speaks to Women of Color about the resources that are available.	I began getting letters in the mail saying you are cleared, schedule the date to get the surgery done. So, they approved everything all at no cost to me.	Knowledge, they don't have the knowledge, scared of what will be told or what they will find out and Fear, a major fear. As African American women we don't talk about it for me it was to talk about it. We don't have the same platform like the Susan G. Komen that was founded
Advocacy	Families won't have to worry about the stress of coming up with the money for the surgeries which could cause other health issues.	Funding is scarce, women don't know the statistics relative to African American women who have breast cancer, Information is quantitative not qualitative. Fundamental right	There needs to be a way to accommodate women for treatment and visits, so it does not take away from their work, home and there should be later	I kept calling them and I went in for my check-up and it took about 3 weeks. More of us becoming educated and working in the field. If more of	We don't have the same platform like the Susan G. Komen that was founded by her sister. We should have a platform just as big if not bigger to raise money

		for women to have access to care.	clinic hours. Develop a Resource Guide for Women of Color letting them know that there is help available.	us were in this field, then we can help more people.	and fight for us. That's so important.
Funding	Covered California through Obamacare.	Insurance co-payments and. no insurance. More funding, more resources, more access to treatment. More resources due to low income, more access.	I am still in active treatment with Kaiser health insurance.	All of this was done at no cost to me, this would have cost me probably hundreds of thousands of dollars. So, everything got approved as a result of my Obamacare. Insurance is too expensive for the average American.	I have Exclusive Care insurance through my employer.
Health Conditions	Have had everything done such as Chemo, Radiation Therapy, Physical Therapy, Lymph nodes dissections and Mastectomy-bilateral. I don't have any, rather healthy. I have had gall stones removed.	Polycystic Ovarian Syndrome, spinal degeneration and breast cancer.	Diabetes, hypertension, and weight related diseases.	Since I am healthy, and I don't like going to the doctors, it needs to be more of a requirement than regular or routine appointments. I have no regular scheduled appointments.	I am healthy, Oh and I got high blood pressure, I almost forgot. I had vertigo and they put me in therapy for that and of course all of my blood work was done there.
Benefits of Obamacare	It helps individuals that have comprised income, missing income, they	Now I am 100 % covered. I did not have Kaiser coverage not until I got the Affordable	Education is important. Health care is a privilege, everyone should	If we don't fight for what we need then no change will happen. Like Obamacare, if it	I have benefitted from Obamacare through the

	don't have a job or are on a fixed income.	Care Act. The idea of repealing the ACA is a death sentence for these survivors.	have access to health care either affordable or preferably free.	was not in existence I don't know if I would be here. It’s amazing, for me it literally saved my life and having it expedited the process. It’s giving life to those who normally would have a death sentence. It is giving life to those who normally would not have it.	Every Woman Counts Program.
Financial Burden	Families won't have to worry about the stress of coming up with the money for the surgeries which could cause other health issues.	Health care is a privilege everyone should have access to health care either affordable or preferably free. Funding is scarce, due to pre-existing conditions, they need help with deductibles, there are financial barriers.	There's the financial burden of being off work, how long will I be off, how much does Temporary Disability pay, my household expenditures does not change.	Thank God for Obamacare. It normally takes 6 months to get the type of treatment it only took 2 and Obamacare expedited my care whereas regular insurance wouldn't have and the lives of other families and children.	I did not have insurance at the time of diagnosis. I paid cash to see my Gynecologist. I was told the Every Woman counts Program would help and that there were other programs out there that would help, and I sought them out.

Dr. Treatment	Diagnosed the end of 2014and have had everything done such as Chemo. Mastectomy-bilateral, the right side was preventive, Radiation Therapy, Physical Therapy on my left arm due to lymph nodes dissections.	There should be later clinic hours and Saturday and clinic hours would help a lot. Flexibility of hours with care/treatment, providing later hours.	I see my doctor every 3 months due to micro calcification, they are keeping an eye on my chest wall, I had a double mastectomy.	They said we are going to run some tests, do some things. They sent me to the Cancer Research Center, I had to get a Mammogram, Ultra Sound and a breast Ultra Sound. The Mammogram revealed the mass.	At first, I saw my doctor every 2-3 times, ow it’s been in remission for 5 years so every quarter. I see an Oncologist, Gynecologist, Plastic Surgeon which are all at City of Hope.
	RP 6	**RP 7**	**RP 8**	**RP 9**	**RP 10**
Dr. Rapport/Treatment	Willing to work with me, have to work together. Be respectful of me as I am of them, be available and to answer my questions, understand you're not just another diagnosis.	A woman, her ethnicity, their kindness, understanding and ability to talk to them freely and getting to know them.	I want a provider who can really be patient with me, who can talk to me as if I m a relative. I had an experience with a female doctor who told me that it was needless to get breast augmentation because I was going to be dead in 10 years.	Knowledge, their bed side manner if it’s good or not, do they make me feel comfortable.	I expect to be treated with compassion. I expect competent workers, I mention that because I have been in situations where I felt that they didn't know as much as they should and were not at the levels where they should be and that worried me.
Dr. Credentials'	Knowledge, experience, their availability. They have to be knowledgeable and experienced	I want them to diagnose me, I want them to give me the proper medicine and not give me all of this off the wall	I expect the doctor to tell me the truth and not to sugar coat stuff. Explain it so I can understand it.	Experience, their specialty, I check their interviews, the reviews of the physicians and referrals from friends and family, accurate	It’s important to me that I am not treated like a number. I'm looking for competency, and be updated information and

	in what my issue is.	medicine that no going to heal me.		information and accurate diagnosis.	processes and updated with research.
Dr. Listening	Listen, for them to listen to me. My doctor did not do what I asked him to do so I fired him. I asked him to do wide margins versus non-wide margins and he didn't. I got a rash and I told my doctor because of the sulfa based antibiotics, but they would listen, and I said see I told you, but you wouldn't listen because I am a health care provider.	I expect them to listen to me and what I am talking about. Because if you listen to the patient you'll get to know them and find out what's going on with their body from A-Z, you get to know that person by not just listening and talking to them.	I expect them to listen. Because I feel if they are listening and they really hear and understand what I am going through they won't come off with that type of answer.	Do they have a listening ear is also important.	I expect to be treated with compassion.
Lack of Trust	They didn't listen to me and that was upsetting me. So, they told me when I go to the doctor that I needed to be the patient and not tell the doctor what to do. A fear and a mistrust and you don't know what they are giving you in clinical trials, you could be a placebo.	I expect them to listen to me and what I am talking about.	If they don't know how to treat me a relative, then I feel that they are not going to give me the proper care. They had told me that my cancer had not come back but I got very, very sick and we were in the Caribbean. The other doctor just	My daughter was misdiagnosed from age 10-12 so from then on, I have been an advocate for choosing my own health care provider.	I felt like a number, I felt like he really didn't care about what I was having done, saying like yeah, yeah and not realizing like how big a deal this really is to me. So, I was like no, I want another doctor. That wasn't the first time that I

			brushed me off. They don't trust the doctors.		had that kind of experience.
Spirituality	But my faith had assured me of that already and I believe that the Lord had already prepared me because I already knew I had cancer. Isn't to church before the procedure and asked my Pastor to pray for me. So, they prayed for me and one of the Mothers came up to me and said, you ready and I said you know too huh, so that's what led me to getting everything done.	I had a friend who had breast cancer, she was afraid, and she didn't have the surgery, she didn't have any treatment and she just relied on God and that he would heal her. She took no pills and totally relied on god and her faith. So far, she's cancer free, she has had not treatment, she had no surgeries and she said I am not taking those pills. She said no, I am just going to rely on God and stand on my faith and that's what she did, and when she went back for her checkup, she was cancer free. God is so good because of my children and my Church family that helped me through this cancer.	Each time my doctor asked me how I was doing, I would say that I am blessed and highly favored. He said all of the tests we on you, it shows that nothing is there. He said, I'm trying to understand, and I am going to start using your words now, "Blessed and Highly Favored". He said this is unreal because you shouldn't have walked into my office.	Even in our churches, we are taught to think of it as punishment. I have no other health conditions, God is good!	The first time came about when I was coming from Northern California and I did not have medical insurance. When I got the diagnosis, I got insured through Medi-Cal-Cal. The support services that were in place at the time in California, covered everything. It was a blessing not to have to stress about that situation, because I was completely caught off guard at 27.

Culture	One of my friends went with me and she took the day off, she held my hand and she stayed the entire day with me. A lot of education is needed for our people.	I had a friend who had breast cancer, she was afraid, and she didn't have the surgery, she didn't have any treatment and she just relied on God and that he would heal her. She took no pills and totally relied on god and her faith. So far, she's cancer free, she has had not treatment, she had no surgeries and she said I am not taking those pills. She said no, I am just going to rely on God and stand on my faith and that's what she did, and when she went back for her checkup, she was cancer free.	You see what we have to understand is that as Black people there is a lot of us Backs who allow us to go untreated. We like to say it's the White man, but it's not all together, cause some of us we don't want to identify as African Americans.	The stigma, as a culture we are told not to talk about it but to keep it private. Embarrassment, even in our churches, we are taught to think of it as punishment. We have different type of breast cancer. Our bodies are different, we have bigger burrs, thighs, legs and breasts, that's where our hormones are in our butt, legs and thighs.	For me, when you are the caretaker and you are in that role you say ok, I'll get through it, I will take care of me and I think that's really one of the biggest barriers for Black women is to lean on one another.
Role Within the Family	My position in my family is the one of a matriarch, which is another thing people have to understand which is your position in your family. Black women are pretty much matriarchal whether you have children or not. Though I have no children, I am that Aunt that	I am the only one in my family with cancer. They did a genealogy study on me and nobody down my blood line had cancer but me.	We are not the strong towers that they think we are. We need help just like Caucasian women do and I really think that they need to start alleviating doctors that make a difference in a negative way.	I budget for it and I wear my hair natural and don't get my nails done to save on money.	It definitely affected my role, just in the sense that now I would have to have people take care of me and that wasn't normally my role. I was normally kind of leading everything and I had to kind of sit down and be supported through that experience. My

	everyone comes to when stuff hits the fan. I have to think about all things If I have cancer, I have to be there for everybody and be strong for them too and that's what people don't understand. I don't think they understand that illness affects your role in the house.				family did extremely well with this.
Self-Discovery	I was in my 30s when I started getting mammograms because I noticed that there was something wrong and it was actually the breast that had cancer in it that I saw something wrong and I went in to get it checked. If you see something, say something.	I had a breast reduction with my right breast, had a breast reduction because I had a mass in my right breast. Then I had a big mass over the right breast and I asked the doctor to remove it and they said it was fatty tissue.	I was in pain, I had a lot of pain, had a lot of pain. This was unusual pain, the first time in 1988, the second time in 2001, the third time in 2003.	I knew something wasn't right when I found a boil under my left arm that would never heal for 3 months. I had sharp pain from my left breast that radiated to my back and I had a very, extremely irregular menstrual cycle.	I found the lump. I was 27 the first time I was diagnosed, and I have had it twice.
Autonomy	Because it is my body and we have to talk about it, what needs to be done, why it needs to be done to determine the best practice and what's the	Nothing would prevent me from seeking breast cancer related health services, if I got breast cancer I want to seek out everything that will help me.	I expect the doctor to tell me the truth and not to sugar coat stuff. Explain it so I can understand it. I expect them to listen.	I would never not seek out health services for breast cancer. I had to force my doctor to give me a Mammogram at the age of 30 and I have learned to	I want to make sure that I am getting the best resources and the best that is available for me at that particular time. I had to navigate the

	rationale. Because it’s my body, I am not just to turn it over to you.			always be positive about women health. You have to talk about it a little bit and open up about it.	health care system myself.
Insurance	UnitedHealth, a plan through my employment. I was making good money, but I needed better health insurance and if you don't work you don't get paid. Health care is like finances somebody have to educate you.	Kaiser, I had Kaiser also at the time of diagnosis.	I have Kaiser. I had I at the time of diagnosis and I have had Kaiser for 52 years.	I have Blue Cross PPO, it’s expensive but I budget for it and I wear my hair natural and don’t get my nails done to save money.	When I got diagnosed, I got insured through Medi-Cal-Cal. I didn't have any insurance and had been denied insurance due to a pre-existing condition with breast cancer. I couldn't get insurance because I had had breast cancer and because I am now with a pre-existing condition I could not get insurance due to having had breast cancer.
Barriers	The health care system, cultural barriers, kind of not understanding what is medicine versus the doctor's personal opinion. A lack of insurance, finances, not aware of their resources, they don't know where	Fear, I talk to a lot of women and they don't know that they can access mammograms for free. The knowledge and access to getting a mammogram is limited because a lot of people don't have health coverage. Breast	Race, African Americans not wanting to be identified with us. They don't want to know what's wrong or what's going on with them. They just don't want to know, it’s a negative to know.	They are scared, don't want to know. It might be financial maybe due to cost to they may not be able to take off work.	Some of the barriers includes an understanding of all of this to us because it is so overwhelming which is a lot to take in as some health care providers are not competent or compassion. I had to navigate

	to go to get these tests done.	cancer shouldn't have to depend on your income and your color.			the health care system myself.
Obamacare	I know you have to know the system to get better care. Patient education will get you better care. President Obama increase volume without increasing the services. I think some of the resources are not in our community.	I couldn't afford it (health care), it was too expensive. It's a struggle if you don't have health care. When my husband was alive, he carried me on his insurance, but he's been gone for 6 years, I pay out of my own pocket.	I don't know anything about it, only what I hear on the news and what I hear is that it is okay, but I doesn't go as far enough.	I know that it is about being able to get better care, to have better studies on health and the ability to make better choices about your health. Obamacare gave you a better choice.	I actually have or would call it Obamacare. I am covered because I have a pre-existing condition. So, I was not able to get insurance prior to having breast cancer the second time. Fortunately, I was able to get Obamacare before being diagnosed a second time.
Access	A lot of people don't know how to talk to their insurance company. A lot of education we have to do for our people, a lot of education. There is a lot more people with health care coverage now, is may not be the best but its health care.	If you don't have coverage it's expensive. If I didn't have health coverage I would probably be dead right now from breast cancer.	Had I had to pay for that, I don't think we would have made it because I was off work. They had a program and they pay for your medication. Kaiser has a program that allows us to waive the cost off medications.	Accessibility, more of a push and more money in the health of the patient instead of the marketing. Going into the inner cities instead of waiting for them (African American women) to come to us and affordable health care and transportation.	If finances were not an issue, just making sure it is accessible. Like having it so that people don't have to travel too far to get access. Also having people that have the information share it with them so that there's not many barriers.

Advocacy	I think where we need to amp up the resources is in the community, outreach to the people in the community is where President Obama was good at and those things are important to people.	If you are an African American woman with money, that rides, I hope this helps women, especially women of color. I am not ashamed of it and I don't know why God allowed this to happen to me, but I use this breast cancer situations to talk to every woman.	Having affordable health coverage allows us to not worry if we have to get sick because to be sick and to have to worry makes the problem double.	My daughter was misdiagnosed from age 10-12 so from then on, I have been an advocate for choosing my own health care provider. By talking about it, seeking out resources, finding out about it. I had to seek stuff out. You have to talk about it and open up a little bit about it.	I think always or anytime you can have a Resource Center and some additional information to share with women with predicaments with cancer is helpful.
Funding	United Health, a plan through my employment. I have always had coverage just felt an urge to get better coverage, I would have been broke with the other coverage, I needed some better coverage.	I couldn't afford it, it was too expensive. I had to pay $916 aa month for 3 years and when Obamacare came in then I got it lowered. Yes, I have Kaiser.	Had I had to pay for that, I don't think we would have made it because I was off work. They had a program and they pay for your medication. Kaiser has a program that allows us to waive the cost off medications.	I have Blue Cross PPO, it's expensive but I budget for it and I wear my hair natural and don't get my nails done to save money.	I actually have or would call it Obamacare. I am covered because I have a pre-existing condition. So, I was not able to get insurance prior to having breast cancer the second time. Fortunately, I was able to get Obamacare before being diagnosed a second it
Health Conditions	Fat, considered obese, see that's another problem.	I have diabetes, once I finish losing this weight, I won't have to take the medication, because the more weight I lose, the	I had a lumpectomy at the first diagnosis. Then a double mastectomy with the third. I	I am overweight due to being placed on steroids, but I have no other illnesses. I have had blood clots.	Currently I don't have any other ones, nothing that I am aware of at the moment.

		more they taper down my medication.	had Osteo and Rheumatoid Arthritis due to the tumors that were in my back and I have asthma.		
Benefits of Obamacare	There are more people with health care coverage now. It may not be the best kind but it is health care.	I sure have benefited from Obamacare, I have been taken care of by the best. But just having Obamacare because of my health and I know that am alive today because of God and my medical coverage that services me at Kaiser. I need Obamacare, I cannot afford $900 anymore.	I don't know anything about it, only what I hear on the news and what I hear is that it is okay, but I doesn't go as far enough.	I know that it is about being able to get better care, to have better studies on health and the ability to make better choices about your health. Obamacare gave you a better choice. I have employees who now have health coverage as a result of Obamacare. Being healthy has helped them benefit from Obamacare It also helps care takers with their parents' insurance, we've all benefitted from it as a society.	What I know about it is that I as a pre-existing condition and that I can still be covered. That was the most important thing that I needed to know about it.
Financial Burden	Not understanding the healthcare system which is extremely fragmented, and resources are not in our community. You	Yes, I need Obamacare, I cannot afford $900 anymore, that's bigger than my care note, that's my tax bill and more.	Even if we both had been working at that time we wouldn't have been able to afford it because they were giving me	It’s expensive, accessibility, more of a push and more money in the heal of the patient instead of the marketing.	The inability to pay for it. There is no reason in the world why we shouldn't have access to health care and be able to lose everything we

	have to look at how do I get there, how do I get the resources. And I don't like the Republicans' health care plan because it takes away too many peoples' access to care.		Chemo treatment and Chemo pills and it was $1,000 for a bottle of Chemo pills.		have just to be healthy.
Dr. Treatment	Every year I have an Ultra Sound.	I see one doctor for hormone therapy every 6 months, once a year I see my breast cancer doctor/specialist and then every 6 months for my Primary Care Doctor.	I see my Oncologist and I see my Family Medicine doctor when there is any pain, and as needed. I had my Gall Bladder and my Appendix removed, during my second bout with cancer.	I am still in maintenance, every 2-3 months I see my Oncologist team. I see my Primary Care physician once a year and everything is done at City of Hope.	I go to a doctor more than I would like, at least once every other month. I finished my last treatment, I was like so tired of the doctors and having to go so much.
Dr. Rapport/Treatment	Willing to work with me, have to work together. Be respectful of me as I am of them, be available and to answer my questions, understand you're not just another diagnosis.	A woman, her ethnicity, their kindness, understanding and ability to talk to them freely and getting to know them.	I want a provider who can really be patient with me, who can talk to me as if I m a relative. I had an experience with a female doctor who told me that it was needless to get breast augmentation because I was going to be dead in 10 years.	Knowledge, their bed side manner if it’s good or not, do they make me feel comfortable.	I expect to be treated with compassion. I expect competent workers, I mention that because I have been in situations where I felt that they didn't know as much as they should and were not at the levels where they should be and that worried me.

Dr. Credentials'	Knowledge, experience, their availability. They have to be knowledgeable and experienced in what my issue is.	I want them to diagnose me, I want them to give me the proper medicine and not give me all of this off the wall medicine that no going to heal me.	I expect the doctor to tell me the truth and not to sugar coat stuff. Explain it so I can understand it.	Experience, their specialty, I check their interviews, the reviews of the physicians and referrals from friends and family, accurate information and accurate diagnosis.	It's important to me that I am not treated like a number. I'm looking for competency, and be updated information and processes and updated with research.
Dr. Listening	Listen, for them to listen to me. My doctor did not do what I asked him to do so I fired him. I asked him to do wide margins versus non-wide margins and he didn't. I got a rash and I told my doctor because of the sulfa based antibiotics, but they would listen, and I said see I told you, but you wouldn't listen because I am a health care provider.	I expect them to listen to me and what I am talking about. Because if you listen to the patient you'll get to know them and find out what's going on with their body from A-Z, you get to know that person by not just listening and talking to them.	I expect them to listen. Because I feel if they are listening and they really hear and understand what I am going through they won't come off with that type of answer.	Do they have a listening ear is also important.	I expect to be treated with compassion.
Lack of Trust	They didn't listen to me and that was upsetting me. So, they told me when I go to the doctor that I needed to be the patient and not tell the doctor	I expect them to listen to me and what I am talking about.	If they don't know how to treat me a relative, then I feel that they are not going to give me the proper care. They had told	My daughter was misdiagnosed from age 10-12 so from then on, I have been an advocate for choosing my own health care provider.	I felt like a number, I felt like he really didn't care about what I was having done, saying like yeah, yeah and not realizing like

	what to do. A fear and a mistrust and you don't know what they are giving you in clinical trials, you could be a placebo.		me that my cancer had not come back but I got very, very sick and we were in the Caribbean. The other doctor just brushed me off. They don't trust the doctors.		how big a deal this really is to me. So, I was like no, I want another doctor. That wasn't the first time that I had that kind of experience.
Spirituality	But my faith had assured me of that already and I believe that the Lord had already prepared me because I already knew I had cancer. Isn't to church before the procedure and asked my Pastor to pray for me. So, they prayed for me and one of the Mothers came up to me and said, you ready and I said you know too huh, so that's what led me to getting everything done.	I had a friend who had breast cancer, she was afraid, and she didn't have the surgery, she didn't have any treatment and she just relied on God and that he would heal her. She took no pills and totally relied on god and her faith. So far, she's cancer free, she has had not treatment, she had no surgeries and she said I am not taking those pills. She said no, I am just going to rely on God and stand on my faith and that's what she did, and when she went back for her checkup, she was cancer free. God is so good because of my children and my Church family that helped me through this cancer.	Each time my doctor asked me how I was doing, I would say that I am blessed and highly favored. He said all of the tests we on you, it shows that nothing is there. He said, I'm trying to understand, and I am going to start using your words now, "Blessed and Highly Favored". He said this is unreal because you shouldn't have walked into my office.	Even in our churches, we are taught to think of it as punishment. I have no other health conditions, God is good!	The first time came about when I was coming from Northern California and I did not have medical insurance. When I got the diagnosis, I got insured through Medi-Cal-Cal. The support services that were in place at the time in California, covered everything. It was a blessing not to have to stress about that situation, because I was completely caught off guard at 27.

Culture	One of my friends went with me and she took the day off, she held my hand and she stayed the entire day with me. A lot of education is needed for our people.	I had a friend who had breast cancer, she was afraid, and she didn't have the surgery, she didn't have any treatment and she just relied on God and that he would heal her. She took no pills and totally relied on god and her faith. So far, she's cancer free, she has had not treatment, she had no surgeries and she said I am not taking those pills. She said no, I am just going to rely on God and stand on my faith and that's what she did, and when she went back for her checkup, she was cancer free.	You see what we have to understand is that as Black people there is a lot of us Backs who allow us to go untreated. We like to say it’s the White man, but it’s not all together, cause some of us we don’t want to identify as African Americans.	The stigma, as a culture we are told not to talk about it but to keep it private. Embarrassment, even in our churches, we are taught to think of it as punishment. We have different type of breast cancer. Our bodies are different, we have bigger burrs, thighs, legs and breasts, that's where our hormones are in our butt, legs and thighs.	For me, when you are the caretaker and you are in that role you say ok, I'll get through it, I will take care of me and I think that's really one of the biggest barriers for Black women is to lean on one another.
Role Within the Family	My position in my family is the one of a matriarch, which is another thing people have to understand which is your position in your family. Black women are pretty much matriarchal whether you have children or not. Though I have no children, I am that Aunt that	I am the only one in my family with cancer. They did a genealogy study on me and nobody down my blood line had cancer but me.	We are not the strong towers that they think we are. We need help just like Caucasian women do and I really think that they need to start alleviating doctors that make a difference in a negative way.	I budget for it and I wear my hair natural and don't get my nails done to save on money.	It definitely affected my role, just in the sense that now I would have to have people take care of me and that wasn't normally my role. I was normally kind of leading everything and I had to kind of sit down and be supported through that experience. My

	everyone comes to when stuff hits the fan. I have to think about all things If I have cancer, I have to be there for everybody and be strong for them too and that's what people don't understand. I don't think they understand that illness affects your role in the house.				family did extremely well with this.
Self-Discovery	I was in my 30s when I started getting mammograms because I noticed that there was something wrong and it was actually the breast that had cancer in it that I saw something wrong and I went in to get it checked. If you see something, say something.	I had a breast reduction with my right breast, had a breast reduction because I had a mass in my right breast. Then I had a big mass over the right breast and I asked the doctor to remove it and they said it was fatty tissue.	I was in pain, I had a lot of pain, had a lot of pain. This was unusual pain, the first time in 1988, the second time in 2001, the third time in 2003.	I knew something wasn't right when I found a boil under my left arm that would never heal for 3 months. I had sharp pain from my left breast that radiated to my back and I had a very, extremely irregular menstrual cycle.	I found the lump. I was 27 the first time I was diagnosed, and I have had it twice.
Autonomy	Because it is my body and we have to talk about it, what needs to be done, why it needs to be done to determine the best practice and what's the	Nothing would prevent me from seeking breast cancer related health services, if I got breast cancer I want to seek out everything that will help me.	I expect the doctor to tell me the truth and not to sugar coat stuff. Explain it so I can understand it. I expect them to listen.	I would never not seek out health services for breast cancer. I had to force my doctor to give me a Mammogram at the age of 30 and I have learned to	I want to make sure that I am getting the best resources and the best that is available for me at that particular time. I had to navigate the

	rationale. Because it’s my body, I am not just to turn it over to you.			always be positive about women health. You have to talk about it a little bit and open up about it.	health care system myself.
Insurance	UnitedHealth, a plan through my employment. I was making good money, but I needed better health insurance and if you don't work you don't get paid. Health care is like finances somebody have to educate you.	Kaiser, I had Kaiser also at the time of diagnosis.	I have Kaiser. I had I at the time of diagnosis and I have had Kaiser for 52 years.	I have Blue Cross PPO, it’s expensive but I budget for it and I wear my hair natural and don’t get my nails done to save money.	When I got diagnosed, I got insured through Medi-Cal-Cal. I didn't have any insurance and had been denied insurance due to a pre-existing condition with breast cancer. I couldn't get insurance because I had had breast cancer and because I am now with a pre-existing condition I could not get insurance due to having had breast cancer.
Barriers	The health care system, cultural barriers, kind of not understanding what is medicine versus the doctor's personal opinion. A lack of insurance, finances, not aware of their resources, they don't know where	Fear, I talk to a lot of women and they don't know that they can access mammograms for free. The knowledge and access to getting a mammogram is limited because a lot of people don't have health coverage. Breast	Race, African Americans not wanting to be identified with us. They don't want to know what's wrong or what's going on with them. They just don't want to know, it’s a negative to know.	They are scared, don't want to know. It might be financial maybe due to cost to they may not be able to take off work.	Some of the barriers includes an understanding of all of this to us because it is so overwhelming which is a lot to take in as some health care providers are not competent or compassion. I had to navigate

	to go to get these tests done.	cancer shouldn't have to depend on your income and your color.			the health care system myself.
Obamacare	I know you have to know the system to get better care. Patient education will get you better care. President Obama increase volume without increasing the services. I think some of the resources are not in our community.	I couldn't afford it (health care), it was too expensive. It’s a struggle if you don’t have health care. When my husband was alive, he carried me on his insurance, but he's been gone for 6 years, I pay out of my own pocket.	I don't know anything about it, only what I hear on the news and what I hear is that it is okay, but I doesn't go as far enough.	I know that it is about being able to get better care, to have better studies on health and the ability to make better choices about your health. Obamacare gave you a better choice.	I actually have or would call it Obamacare. I am covered because I have a pre-existing condition. So, I was not able to get insurance prior to having breast cancer the second time. Fortunately, I was able to get Obamacare before being diagnosed a second time.
Access	A lot of people don't know how to talk to their insurance company. A lot of education we have to do for our people, a lot of education. There is a lot more people with health care coverage now, is may not be the best but its health care.	If you don't have coverage it’s expensive. If I didn't have health coverage I would probably be dead right now from breast cancer.	Had I had to pay for that, I don't think we would have made it because I was off work. They had a program and they pay for your medication. Kaiser has a program that allows us to waive the cost off medications.	Accessibility, more of a push and more money in the health of the patient instead of the marketing. Going into the inner cities instead of waiting for them (African American woman) to come to us and affordable health care and transportation.	If finances were not an issue, just making sure it is accessible. Like having it so that people don't have to travel too far to get access. Also having people that have the information share it with them so that there's not many barriers.

Advocacy	I think where we need to amp up the resources is in the community, outreach to the people in the community is where President Obama was good at and those things are important to people.	If you are an African American woman with money, that rides, I hope this helps women, especially women of color. I am not ashamed of it and I don't know why God allowed this to happen to me, but I use this breast cancer situations to talk to every woman.	Having affordable health coverage allows us to not worry if we have to get sick because to be sick and to have to worry makes the problem double.	My daughter was misdiagnosed from age 10-12 so from then on, I have been an advocate for choosing my own health care provider. By talking about it, seeking out resources, finding out about it. I had to seek stuff out. You have to talk about it and open up a little bit about it.	I think always or anytime you can have a Resource Center and some additional information to share with women with predicaments with cancer is helpful.
Funding	United Health, a plan through my employment. I have always had coverage just felt an urge to get better coverage, I would have been broke with the other coverage, I needed some better coverage.	I couldn't afford it, it was too expensive. I had to pay $916 aa month for 3 years and when Obamacare came in then I got it lowered. Yes, I have Kaiser.	Had I had to pay for that, I don't think we would have made it because I was off work. They had a program and they pay for your medication. Kaiser has a program that allows us to waive the cost off medications.	I have Blue Cross PPO, it’s expensive but I budget for it and I wear my hair natural and don’t get my nails done to save money.	I actually have or would call it Obamacare. I am covered because I have a pre-existing condition. So, I was not able to get insurance prior to having breast cancer the second time. Fortunately, I was able to get Obamacare before being diagnosed a second it
Health Conditions	Fat, considered obese, see that's another problem.	I have diabetes, once I finish loosing this weight, I won't have to take the medication, because the more weight I lose, the	I had a lumpectomy at the first diagnosis. Then a double mastectomy with the third. I	I am overweight due to being placed on steroids, but I have no other illnesses. I have had blood clots.	Currently I don't have any other ones, nothing that I am aware of at the moment.

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Benefits of Obamacare	There are more people with health care coverage now. It may not be the best kind but it is health care.	I sure have benefited from Obamacare, I have been taken care of by the best. But just having Obamacare because of my health and I know that am alive today because of God and my medical coverage that services me at Kaiser. I need Obamacare, I cannot afford $900 anymore.	I don't know anything about it, only what I hear on the news and what I hear is that it is okay, but I doesn't go as far enough.	I know that it is about being able to get better care, to have better studies on health and the ability to make better choices about your health. Obamacare gave you a better choice. I have employees who now have health coverage as a result of Obamacare. Being healthy has helped them benefit from Obamacare It also helps care takers with their parents' insurance, we've all benefitted from it as a society.	What I know about it is that I as a pre-existing condition and that I can still be covered. That was the most important thing that I needed to know about it.
Financial Burden	Not understanding the healthcare system which is extremely fragmented, and resources are not in our community. You	Yes, I need Obamacare, I cannot afford $900 anymore, that's bigger than my care note, that's my tax bill and more.	Even if we both had been working at that time we wouldn't have been able to afford it because they were giving me	It's expensive, accessibility, more of a push and more money in the heal of the patient instead of the marketing.	The inability to pay for it. There is no reason in the world why we shouldn't have access to health care and be able to lose everything we

	have to look at how do I get there, how do I get the resources. And I don't like the Republicans' health care plan because it takes away too many peoples' access to care.		Chemo treatment and Chemo pills and it was $1,000 for a bottle of Chemo pills.		have just to be healthy.
Dr. Treatment	Every year I have an Ultra Sound.	I see one doctor for hormone therapy every 6 months, once a year I see my breast cancer doctor/specialist and then every 6 months for my Primary Care Doctor.	I see my Oncologist and I see my Family Medicine doctor when there is any pain, and as needed. I had my Gall Bladder and my Appendix removed, during my second bout with cancer.	I am still in maintenance, every 2-3 months I see my Oncologist team. I see my Primary Care physician once a year and everything is done at City of Hope.	I go to a doctor more than I would like, at least once every other month. I finished my last treatment, I was like so tired of the doctors and having to go so much.