NAACP

CLOSING THE GAP

Breast Cancer Awareness and Prevention Handbook

October 2026





ROADMAP TO THIS HANDBOOK

ABOUT THIS HANDBOOK 1

INTRODUCTION: THE BASICS 2

Signs & Symptoms: What to Look For 4

Diagnosis: Know What Comes Next 5

Types of Breast Cancer 6

Treatment: Know Your Options 7

RISK FACTORS FOR BREAST CANCER: THE BIG PICTURE 10

Risk Factors You Cannot Change 10

Risk Factors You Can Change 11

BREAST CANCER DISPARITIES: UNDERSTANDING THE GAP 12

EVERYDAY ADVOCACY: CLOSING THE GAP 14

TOOLS AND RESOURCES: BREAST CANCER PREVENTION & HOLISTIC HEALTH 15

Mammography Screening Resources 15

Find Health Care 15

Financial Assistance 16

Patient Navigation & Emotional Support 16

Survivorship 16

CONCLUSION: WE FIGHT 17

Find more resources on health education, equity, and advocacy at:
https://naacp.org/issues/health-wellbeing

ABOUT

This Handbook

What Is This Handbook Designed to Do?

This awareness and prevention handbook is designed to educate and empower people and communities by increasing awareness of breast health and the importance of prevention and early detection of possible cancer symptoms. It addresses the barriers that marginalized communities often face, including the social and environmental factors that can make it harder for people to live their healthiest lives. These factors—often called social determinants of health—include things like access to healthy food, safe places to play and be active, quality health care, education, transportation, and housing. They further contribute to delayed screening, delayed detection, later-stage diagnosis, and preventable deaths.

In this guide, we provide practical resources and actionable strategies to help people and communities overcome systemic barriers, access preventive care, and take charge of their health and well-being.

What Do We Hope This Handbook Will Achieve?

We aim to advance health literacy among NAACP members and leaders, community stakeholders, and individuals living in historically marginalized communities with education about the everyday conditions that lead to breast cancer and breast cancer disparities. By naming systemic factors like health care provider bias, gaps in access to quality care, limited access to screening and specialty care, inadequate insurance coverage, and a lack of culturally responsive health care options, this handbook seeks to equip the community with the knowledge and resources to overcome these barriers and advocate for their personal health and the health of their communities.



The Basics

To better understand how to support your health and community health, some basic information about breast cancer and health trends is useful to know.

Breast Cancer Facts and Trends

Breast cancer is the growth of abnormal cells that form tumors in the breast. If left untreated, the tumor can spread throughout a person's body and cause death. Breast cancer doesn't just happen in women; although rare, men can get breast cancer and they account for less than 1% of all breast cancer diagnoses in the US.[1] People of all races and ethnicities are affected by breast cancer, but historically marginalized populations, including Black women, experience significant disparities in screening, treatment, and outcomes compared to their White peers.[2] Although there has been progress in identifying the root causes of breast cancer disparities, much more work remains to eliminate these disparities.

Breast cancer is the most common cancer and leading cause of death in women.



About 1 in 8

women in the US will be diagnosed with breast cancer in their lifetime.[3]



~382,640

American women this year will be diagnosed with breast cancer.[4]



38% more likely

Black women are more likely to die from breast cancer than White women.[5]

Delayed diagnoses, limited access to quality care, lack of health insurance or underinsurance, implicit bias, and higher rates of conditions such as obesity, diabetes, and high blood pressure—which can complicate treatment and affect outcomes—all contribute to the disparities Black women face. These trends emphasize the need for earlier screening, prompt follow-up, and equitable access to all-around health care.[6]

1 Shockney, L. D. (2026, April 6). *Male breast cancer: Signs, symptoms, treatment & more.* National Breast Cancer Foundation. https://www.nationalbreastcancer.org/male-breast-cancer/

2 Malhotra, P. (2026, January 20). *Understanding breast cancer racial disparities.* Breast Cancer Research Foundation. https://www.bcrf.org/about-breast-cancer/breast-cancer-racial-disparities/

3 American Cancer Society. (2026, June 24). *Key statistics for breast cancer*. https://www.cancer.org/cancer/types/breast-cancer/key-statistics.html

4 Shockney, L. D. (2026, July 1). *Breast cancer facts & stats 2026 - incidence, age, survival, & more.* National Breast Cancer Foundation. https://www.nationalbreastcancer.org/breast-cancer-facts/

5 Malhotra, P. (2026, January 20). *Understanding breast cancer racial disparities.* Breast Cancer Research Foundation. https://www.bcrf.org/about-breast-cancer/breast-cancer-racial-disparities/

6 Doose, M., Steinberg, M. B., Xing, C. Y., Lin, Y., Cantor, J. C., Hong, C.-C., Demissie, K., Bandera, E. V., & Tsui, J. (2021). Comorbidity management in Black women diagnosed with breast cancer: The role of primary care in shared care. *Journal of General Internal Medicine, 36*(1), 138–146. https://doi.org/10.1007/s11606-020-06234-x

Risk Levels and Screening Guidelines

Screening guidelines for breast cancer have changed from the past.[7] Medical organizations and advocacy groups[8] now recommend that women with average risk for breast cancer begin screening with mammograms at age 40. While some experts disagree on how often to screen, the consensus is: **women with average risk should have—or be offered—annual mammograms starting at age 40.**

Women at high risk are defined as those with certain gene mutations (e.g., BRCA mutations), a history of early-age chest radiation, or a lifetime breast cancer risk of 20% or greater. Women with these risks should be first screened between ages 25 and 30.[9] In this scenario, a breast MRI is the first-line screening tool, in addition to a mammogram.[10] Otherwise, women with dense breasts and average risk may be screened with mammography and either a breast ultrasound or abbreviated breast MRI as advised by their physician.[11]

Personal and family history are an important part of understanding your breast cancer risk and earlier screening options. Genes are inherited, which is why family history matters. Talk to a doctor about your relevant medical history and about being tested for breast cancer gene mutations to identify your risk.[12]



The American College of Radiology (ACR) recommends that all women, especially Black women, have a formal breast cancer risk assessment by age 25 to see if they need earlier or more intensive screening.



7 American Cancer Society. (n.d.). *ACS breast cancer screening guidelines.* https://www.cancer.org/cancer/types/breast-cancer/screening-tests-and-early-detection/american-cancer-society-recommendations-for-the-early-detection-of-breast-cancer.html

8 US Preventive Services Taskforce. (2024, April 30). *Breast cancer screening: Final recommendation statement.* https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/breast-cancer-screening

9 American College of Radiology. (2023, May 3). *New ACR breast cancer screening guidelines for high-risk women.* https://www.acr.org/News-and-Publications/Media-Center/2023/New-ACR-Breast-Cancer-Screening-Guidelines-call-for-earlier-screening-for-high-risk-women

10 Monticciolo, D. L., Newell, M. S., Moy, L., Lee, C. S., & Destounis, S. V. (2023). Breast cancer screening for women at higher-than-average risk: Updated recommendations from the ACR. *Journal of the American College of Radiology, 20(*9), 902–914. https://doi.org/10.1016/j.jacr.2023.04.002

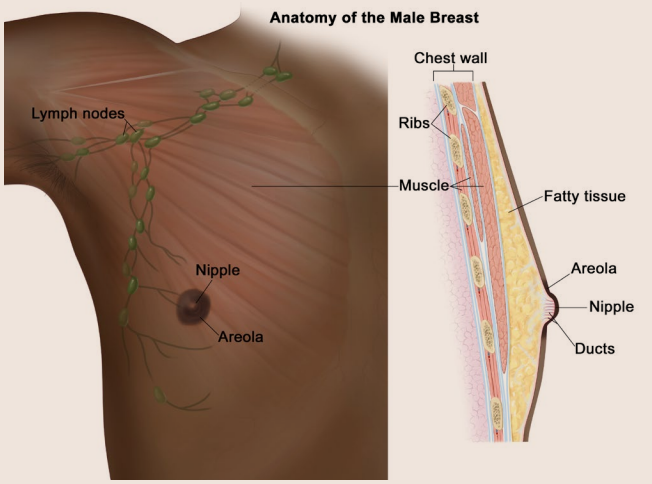
11 Myers, MD, K. S. (2026, March). My doctor says I have dense breasts: What are dense breasts? Johns Hopkins Medicine. https://www.hopkinsmedicine.org/health/expert-qa/my-doctor-says-i-have-dense-breasts

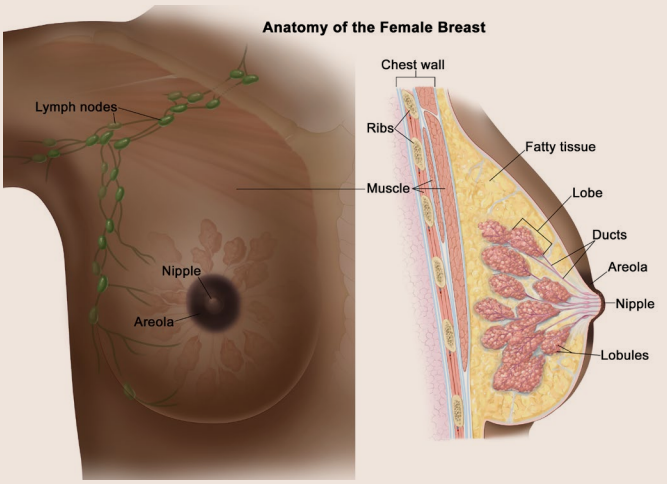
12 Shockney, L. D. (2026a, February 11). *Genetic testing for breast cancer.* National Breast Cancer Foundation. https://www.nationalbreastcancer.org/genetic-testing-for-breast-cancer/

Breast Cancer in Men[13]

Men can get breast cancer, too. Everyone, regardless of their biological sex has some breast tissue over the chest (pectoral) muscles. While breast cancer in men remains rare, thousands of men in the US are diagnosed each year. Men are more likely to die from breast cancer than women because they are less likely to assume a lump in their chest/breast tissue is cancer and are less aware of their risk for breast cancer overall. As a result, men often have delayed diagnosis and care.

The symptoms of breast cancer in men are a lot like the symptoms in women. If something doesn't look or feel right, seek medical attention.





SIGNS & SYMPTOMS: WHAT TO LOOK FOR

Breast cancer can cause a variety of changes in the breast, chest, or underarm area. Signs and symptoms of breast cancer may include a lump or change in the breast.[14] Exact symptoms can vary based on the type of breast cancer and how advanced it is. And some people have no symptoms at all, which is why cancer screening is so important.

Knowing what to look in your body for can help you notice changes early and seek medical care right away.



13 Shockney, L. D. (2026b, April 6). Male breast cancer: *Signs, symptoms, treatment & more*. National Breast Cancer Foundation. https://www.nationalbreastcancer.org/male-breast-cancer/

14 National Cancer Institute. (2025, December 2). *Breast cancer signs and symptoms*. U.S. Department of Health and Human Services, National Institutes of Health. https://www.cancer.gov/types/breast/symptoms

Signs & Symptoms Include:[15,16]



Breast Lump

- A lump in or near your breast
- Thickened area of skin that feels different from the surrounding tissue
- Swelling of all or part of a breast



Nipple Changes or Discharge

- Fluid or discharge that is not breast milk
- Changes in shape of the nipple, the direction it points, or if it flattens



Skin Changes in Breast Area

- Peeling, scaling, crusting, or flaking skin on the breast or areola
- Redness or darkening of the skin on the breast, nipple, or areola
- Skin rash
- Dimples or puckering
- Change in size, shape or appearance

It's important to have any new breast/chest mass, lump, or other changes checked by a doctor to find the cause and provide treatment if needed.[17] Some changes are not cancer, but getting them tested early helps ensure timely care.

If something feels different or persists, trust your instincts and seek medical attention.

DIAGNOSIS: KNOW WHAT COMES NEXT

Breast cancer is diagnosed through a combination of tests, such as a breast exam, annual mammograms, breast ultrasound, breast MRI, and a biopsy.[18] These tools and techniques help determine whether a breast change is harmless or something that requires treatment.

By knowing what happens during the diagnostic process, you might feel less afraid to get medical care when you need it, or when you have a concern. By following through with recommended imaging or procedures, you can catch any problems early and work with your health care team to plan the most appropriate treatment. The process may feel overwhelming, but these tests are routine and designed to detect and treat problems as early as possible.

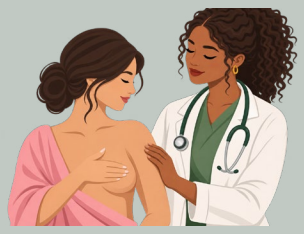
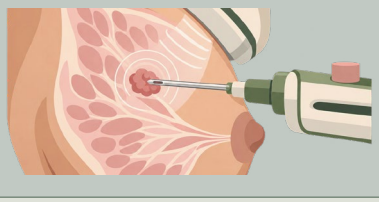
15 Mayo Foundation for Medical Education and Research. (2025a, July 26). *Breast cancer.* https://www.mayoclinic.org/diseases-conditions/breast-cancer/symptoms-causes/syc-20352470

16 National Cancer Institute. (2025, December 2). *Signs and symptoms of breast cancer.* https://www.cancer.gov/types/breast/symptoms

17 American Cancer Society. (2025, February 25). *Breast cancer signs and symptoms.* https://www.cancer.org/cancer/types/breast-cancer/screening-tests-and-early-detection/breast-cancer-signs-and-symptoms.html

18 National Cancer Institute. (2025, December 2). *How is breast cancer diagnosed?* U.S. Department of Health and Human Services, National Institutes of Health. https://www.cancer.gov/types/breast/diagnosis

Breast Cancer Diagnostic Tools Include:

Diagnostic Tool	Description
	**3D Mammogram** is an advanced X-ray of the breasts used to detect breast cancer. The procedure involves compressing the breast for a few seconds per view to ensure a clear image. *Usually recommended yearly for women (age 40+).*
	**Breast Ultrasound** uses sound waves to create images of what's going on inside the breast tissue. A breast ultrasound may give your health care team more information about any breast lumps.
	**Breast MRI** uses a magnetic field and radio waves to produce detailed images of the breast. These scans help the medical team distinguish between tissue in the body that is normal or diseased.
	A **Breast Exam** involves a doctor or other health care provider using the pads of their fingers to check your entire breast, underarm, and collarbone area for any lumps. A **Breast Self-Exam** involves looking at and feeling your breasts for lumps or swelling.
	**Breast Biopsy** is a test that involves removing tissue, or sometimes fluid, from the suspicious area. The cells are examined to confirm cancer.

TYPES OF BREAST CANCER

There are many different types of breast cancer, each with its own characteristics, prognosis, treatments, and origins in the breast.[19] The most common types of breast cancer are invasive ductal carcinoma (IDC) and invasive lobular carcinoma (ILC). Other types of breast cancer include ductal carcinoma in situ (DCIS), triple-negative breast cancer (TNBC), inflammatory breast cancer (IBC), and metastatic breast cancer (MBC), among other less common types.[20]

19 Sile, E. (2026, May 26). *Types of breast cancer: BCRF*. Breast Cancer Research Foundation. https://www.bcrf.org/about-breast-cancer/breast-cancer-types/

20 Shockney, L. D. (2026, February 11). *Genetic testing for breast cancer*. National Breast Cancer Foundation. https://www.nationalbreastcancer.org/genetic-testing-for-breast-cancer/

Special and Advanced Types

Triple-Negative Breast Cancer (TNBC): TNBC is a rare yet fast-growing and aggressive cancer that accounts for approximately 10–15% of all breast cancer cases.[21] TNBC is called triple-negative because these cells lack estrogen and progesterone receptors and HER2 proteins. Black women are twice as likely to be diagnosed with triple-negative breast cancer compared to White women, have the lowest survival rate, and are more likely to be diagnosed with later-stage disease than other women. [22]



Metastatic Breast Cancer (MBC): MBC is stage 4 cancer that has spread to other parts of the body, such as the bones or lungs.[23] Black women face a disproportionately higher risk of dying from metastatic and advanced breast cancer compared to White women. Black women are also more likely to receive a diagnosis of metastatic breast cancer and be younger at diagnosis than White women. [24]

The National Breast Cancer Foundation has more information on the different types of breast cancer in women and young women, as well as in men.

Genetic Testing

Shortly after a breast cancer diagnosis, your health care provider may offer genetic testing and counseling, especially if you are diagnosed at age 50 or younger, have triple-negative breast cancer, or have advanced/metastatic cancer. Genetic testing can help guide your treatment and surgery options.

Black and Brown women face multiple barriers to receiving and benefiting from genetic testing, counseling, and risk assessment tools, including that fewer health care providers refer them to these services, there is limited access to these resources, they are less aware of their value, and they may be receiving lower-quality health care overall.[25]

TREATMENT: KNOW YOUR OPTIONS

If you are diagnosed with breast cancer, your treatment plan will depend on the type of breast cancer you have and if it has spread. Your care team should also consider your overall health and preferences in a process known as **shared decision-making.**

---

21 Shockney, L. D. (2026, June 11). *Triple-negative breast cancer.* National Breast Cancer Foundation. https://www.nationalbreastcancer.org/triple-negative-breast-cancer/

22 DePolo, J. (2024, January 8). *Triple-negative breast cancer deadlier for Black women, partially due to lower surgery, chemotherapy rates.* Breastcancer.org - Breast Cancer Information and Support. https://www.breastcancer.org/research-news/triple-negative-breast-cancer-deadlier-for-black-women

23 National Cancer Institute (2025, December 2). *Breast cancer types.* https://www.cancer.gov/types/breast/breast-cancer-types

24 Fletcher, J. (March 2024). *Facts about metastatic breast cancer for women of color.* Medical News Today. https://www.medicalnewstoday.com/articles/what-women-of-color-should-know-about-metastatic-breast-cancer

25 Olufosoye, O., Soler, R., & Babagbemi, K. (2024). Disparities in genetic testing for breast cancer among black and Hispanic women in the United States. *Clinical imaging, 107*, 110066. https://doi.org/10.1016/j.clinimag.2023.110066

Breast cancer treatment can affect both your physical and emotional well-being. Side effects may vary depending on the treatments you receive and can include changes to your body, fatigue, nausea, pain, or other physical and emotional challenges.[26]

Breast Cancer Treatment May Include:

Treatment Type	What it Does
Lumpectomy or Breast Conserving Surgery	Removes the cancer and some surrounding normal tissue while leaving most of the breast in place
Mastectomy	Removes the entire breast, including breast tissue
Radiation Therapy	Uses high-energy radiation to destroy cancer cells and reduce the chance of cancer returning
Chemotherapy	Uses powerful medicines to destroy cancer cells or slow their growth
Hormone Therapy	Blocks or lowers the effects of hormones such as estrogen and progesterone that can help some breast cancer cells grow
Targeted Therapy	Targets specific proteins or other features of cancer cells to slow or stop their growth
Immunotherapy	Helps the immune system recognize and attack cancer cells

Questions to ask if you are diagnosed with breast cancer:[27]

- Will I need any other tests before we can decide on treatment?
- What are my chances of survival?
- Do I need to see any other doctors or health professionals?
- Who else will be a part of my treatment team?
- If I'm worried about the costs and insurance coverage for my diagnosis and treatment, who can help me?
- What if the cancer comes back? What will my options be then?
- What are the side effects of treatment?

26 Shockney, L. D. (n.d.). *Breast cancer treatment options.* National Breast Cancer Foundation. https://www.nationalbreastcancer.org/breast-cancer-treatment/

27 American Cancer Society. (2026, July 23). *Understanding a breast cancer diagnosis.* https://www.cancer.org/cancer/types/breast-cancer/understanding-a-breast-cancer-diagnosis.html

YOUR VOICE MATTERS

This step in the breast cancer journey is very important. As the person diagnosed with breast cancer, **you have a voice in deciding which treatment is right for you**. You have the right to ask questions, understand your treatment options, and work closely with your health care team to decide on the best approach for you and your health.

After treatment, follow-up care helps your health care team monitor your health, address ongoing or late side effects, and provide support as you transition beyond active treatment. [28]



28 Shockney, L. D. (n.d.). *Breast cancer treatment options*. National Breast Cancer Foundation. https://www.nationalbreastcancer.org/breast-cancer-treatment/

The Big Picture

Breast cancer risk is shaped by a mix of personal traits (e.g., age, biological sex), family genetics, and lifestyle habits. The exact cause of breast cancer is unknown. Researchers have identified things that increase—or decrease—the risk of breast cancer. It's likely that breast cancer happens through a complex interaction of your genetic makeup, habits, and interactions with the world around you.[29]



RISK FACTORS YOU CANNOT CHANGE

These are breast cancer risk factors it's impossible or difficult to change:[30]

- **Having dense breast tissue.** This can sometimes make it hard to see tumors on a mammogram. Some studies suggest that Black women tend to have a higher amount of dense breast tissue than others, making them more likely to get breast cancer.
- **Family history of breast cancer**. Your risk of breast cancer may be higher if a close relative (e.g., your mother, father, sister, brother, daughter, or son) or several family members on either parent's side of the family have had breast cancer, and there is a history of other cancers such as ovarian, pancreatic, or prostate cancer.
- **Your biological sex and age**. Being a woman is the highest risk factor, and the chance of developing breast cancer increases as you age. Most breast cancers are diagnosed after age 50.
- **Your reproductive history—menstruation and menopause.** Starting menstrual periods before age 12 and starting menopause after age 55 expose women to hormones longer, raising their risk of getting breast cancer.[31]

29 Mayo Foundation for Medical Education and Research. (2025, July 26). *Breast cancer*. https://www.mayoclinic.org/diseases-conditions/breast-cancer/symptoms-causes/syc-20352470

30 Centers for Disease Control and Prevention. (2026, April 15). *Breast cancer risk factors*. https://www.cdc.gov/breast-cancer/risk-factors/index.html

31 Shockney, L. D. (2026b, June 11). *Risk factors*. National Breast Cancer Foundation. https://www.nationalbreastcancer.org/breast-cancer-risk-factors/

RISK FACTORS YOU CAN CHANGE

These are breast cancer risk factors you can make decisions about, and change, to lower your risk:[32]

- **Being physically active**. Women who are not physically active have a higher risk of getting breast cancer.
- **Obesity after menopause**. Older women who are overweight or have obesity have a higher risk of getting breast cancer than those at a healthy weight.
- **Your reproductive history—when you give birth and the number of times you give birth**. One or more childbirths appear to be protective, but the age at first birth matters. Giving birth to a first child at an older age (over age 30–35) leads to a higher long-term risk of breast cancer than having a first child at a younger age.[33]
- **Drinking alcohol**. Studies show that a woman's risk of breast cancer increases with the more alcohol she drinks.
- **Taking hormones**. Combination hormone therapy (HRT) with estrogen and progesterone, when taken by women over 50 for 5 or more years, may slightly raise the risk of breast cancer. Rather, estrogen-only HRT can lower breast cancer risk in women with no family history of breast cancer.[34]
- **Birth control**. Birth control pills have a small increased breast cancer risk; however, they reduce the risk of ovarian and uterine cancer. Most studies on Depo-Provera and hormone-releasing IUDs have shown no link to breast cancer, while a few studies have shown a small possible increased risk. Data on the vaginal ring and birth control patch are limited but these do not appear to be linked to breast cancer.[35]

Understanding these risk factors can help you become more aware of your breast cancer risk and make informed choices about your health and screening. Talk to your provider about your personal history or risk, especially as new data has led to improved guidance concerning the use of hormone therapy.

For more information on risk factors related to weight that can be changed, see: Supporting Healthy Weight and Preventing Obesity: A Community Learning and Action Guide.

32 Centers for Disease Control and Prevention. (2026, April 15). *Breast cancer risk factors.* https://www.cdc.gov/breast-cancer/risk-factors/index.html

33 Susan G. Komen. (2025, December 23). *Breast cancer risk: Age at first childbirth.* https://www.komen.org/breast-cancer/risk-factor/age-at-first-childbirth/

34 DePolo, J. & Uscher, J. (2026, January 8). *Does HRT (hormone replacement therapy) increase breast cancer risk?* BreastCancer.org. https://www.breastcancer.org/risk/risk-factors/using-hormone-replacement-therapy

35 Susan G. Komen. (2025, December 24). *Factors linked to breast cancer risk.* https://www.komen.org/breast-cancer/risk-factor/factors-that-affect-risk/

Understanding The Gap

A disparity is an unfair difference—a lack of equality.[36]

Health disparities are directly related to unequal distribution of social, political, economic, health, and environmental resources.[37] Health disparities are a longstanding issue in the US, and leave some communities with higher rates of illness, suffering, and death, including Black and Brown communities.

The conditions where people live, learn, work, and age—known as social determinants of health—play an important role in the health disparities they face and their health outcomes. These conditions include economic stability, education access and quality, health care access and quality, neighborhood and built environment, and social and community context.

Differences in breast cancer types, access to quality care, timely diagnosis and treatment, and social conditions can all contribute to poorer outcomes for Black women and highlight the need for equitable cancer prevention, screening, detection, and treatment.[38]



36 Cambridge Dictionary. (n.d.) *Disparity*. https://dictionary.cambridge.org/us/dictionary/english/disparity

37 Centers for Disease Control and Prevention. (2024, November 9). *Health disparities*. https://www.cdc.gov/healthy-youth/health-disparities/index.html

38 Pleasant, V. (2024, March). A public health emergency: Breast cancer among black communities in the United States. *Obstetrics & Gynecology Clinics, 51*(1). 69-103. doi.org/10.1016/j.ogc.2023.11.001

Addressing Social Determinants of Health and Dismantling Systemic Racism

Enhancing breast cancer education and awareness
- Peer education programs (e.g., in churches, hair salons, etc.)
- Train healthcare practitioners in Black breast cancer disparities

Increasing access to and uptake of screening
- Mobile mammography units
- Screening mammography annually starting at age 40

Shortening time to diagnosis
- Same-day biopsy programs

Improving care and treatment
- Care navigators to address patient barriers
- More race-congruent oncology providers
- Increased reproductive endocrinologist referrals and subsidies

Increased tumor biology research
- More funding for triple-negative breast cancer
- More research on unique biomarkers

Increaed uptake of genetic counseling and testing
- Risk assessment at age 25
- Routine gathering of family history
- Referrals to genome-wide association study when indicated
- Enhanced culturally sensitive education about genetic counseling and testing

Addressing disparities in genomic research
- More funding for genome-wide association studies inclusive of African diaspora
- Incresead research toward variants of uncertain significance reclassification

Image used and adapted with permission from Versha Pleasant, MD, MPH.

Closing the Gap

So, what do we do with all this information? Why is it important?

We use this knowledge to close the gap and:

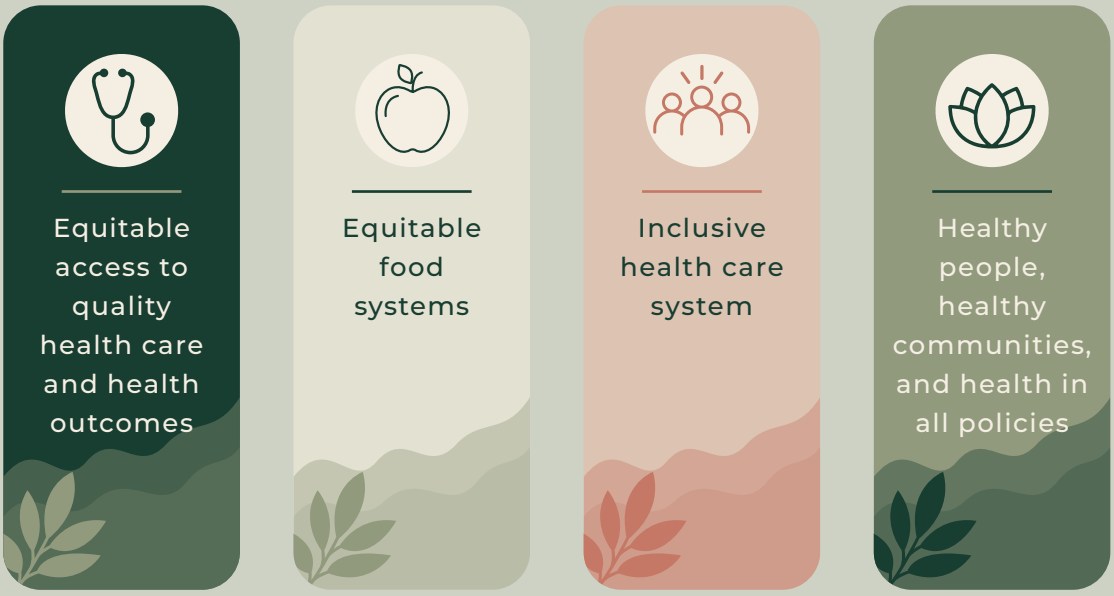
- To fight for those whose lives have been affected or lost to cancer.
- To change the social and systemic factors that contribute to disease.

Closing the gap and fighting breast cancer disparities in Black women requires:

- Better access to prevention, early detection, and high-quality treatment.
- Ensuring Black women have a real voice in the decisions that impact their health.
- Targeted funding for research and meaningful representation in clinical trials.
- Empowering communities with culturally tailored health education.[39]

We must demand to be able to see culturally responsive providers who understand the lived experiences of Black communities and practice socially fluent care.

CENTER FOR **HEALTH EQUITY PILLARS**



Learn about the four pillars of the NAACP Center for Health Equity and our policy priorities to save lives, improve community conditions, and change health care systems.

39 Vang, S., Margolies, L. R., & Maimone, S. (2020). Developing a culturally and linguistically targeted breast cancer educational program for a multicultural population. *Journal of Cancer Education, 35*, 1185–1191. https://doi.org/10.1007/s13187-019-01643-x

Breast Cancer Prevention and Holistic Health Support

Many people suffer because they are unaware of or do not have access to resources and tools to help them throughout their breast cancer journey. Here are resources for cancer screening, health care, financial assistance, patient navigation, emotional support, and survivorship (a person's health and life after a breast cancer diagnosis).

Having access to these resources means patients do not have to navigate breast cancer alone. By connecting patients with the right tools and support, we can help close gaps in care and improve outcomes.



MAMMOGRAPHY SCREENING RESOURCES

- National Mammography Program provides free breast cancer screening and diagnostic services to eliminate barriers for people with lower incomes or without full coverage health insurance. Through partner medical facilities across the US, people can receive 3D mammograms, ultrasounds, breast exams, and limited biopsies.
- American Cancer Society (ACS) Screening Recommendations provide the latest information on when and how often people should be screened based on their age, biological sex, and breast cancer risk.



FIND HEALTH CARE

- Finding Cancer Care helps people find care providers and treatment centers. It helps to prepare a person for their appointment and make informed decisions about their treatment.
- ACS Health Insurance and Cancer explains insurance options for people with cancer, including employer-sponsored insurance, Affordable Care Act (ACA) marketplace plans, Medicare, and Medicaid.
    - ***Recent Update**:* The enhanced ACA premium tax credits expired at the end of 2025 after Congress did not renew them, which will result in higher marketplace premiums for many people in 2026.
    - ***Take Action!*** Reject harmful funding cuts. We need your voice to make a difference. Contact your Representatives today and demand that they protect Social Security, Medicare, Veterans benefits, and other social programs. Every voice matters.

FINANCIAL ASSISTANCE

- ACS Financial Assistance connects patients to support for treatment costs, transportation, food, housing, prescriptions, and other expenses.
- CancerCare Financial and Co-Pay Assistance provides limited financial help for cancer-related costs and treatment co-payments.
- Aflac Cancer Insurance gives direct cash payments to people with cancer through supplemental health coverage. These benefits can help cover deductibles, co-pays, transportation, lodging, childcare, and everyday household bills. You can ask your HR team if Aflac cancer insurance is available as part of your employee benefits.

PATIENT NAVIGATION & EMOTIONAL SUPPORT

- Susan G. Komen Patient Care Center has free navigation support to breast cancer patients, caregivers, and families. Komen navigators can help patients understand their diagnosis and find health care and financial resources.
    - Their program The Helpline offers emotional and social support for people with breast cancer and their loved ones, including support groups, counseling resources, and information to help patients cope with their diagnosis and treatment.
- ACS CARES® is a mobile app for patients and caregivers that links them with trained support specialists who help them find transportation, financial assistance, and health care. ACS also has a 24/7 cancer helpline for people with cancer, survivors, and caregivers.

SURVIVORSHIP

- Surviving Breast Cancer App is free to join and has over 300 live and on-demand programs for breast cancer survivors—supporting people from diagnosis through long-term survivorship, including those living with metastatic breast cancer.
- Cancer Survivorship Care Plans Video explains the unique phase in the cancer journey after treatment ends, and walks the audience through follow-up care guidance, survivorship care plans, and support groups to help survivors manage their health and adjust to life after cancer.
- OncoLife Survivorship Care Plan™ is an online questionnaire that helps a patient or health care professional create an individualized care plan for people surviving cancer.
- Together for Supportive Cancer Care is a website dedicated to supportive cancer care resources, including holistic services for patients and caregivers, and information about palliative care certification and policy advocacy groups.

The NAACP is working to promote access to supportive cancer care for all communities. See our resolution: Supporting Cancer Survivors and Survivorship Programs

CONCLUSION

We Fight Together

There are currently over 4 million breast cancer survivors in the United States.[40] With early detection, timely treatment, access to quality care, and the support of a strong health care team, there is hope beyond a diagnosis.

The fight against breast cancer is not only about treating the disease, but also about closing the gaps in community and clinical practice that prevent people from receiving appropriate screenings and high-quality care. Together, through awareness, advocacy, early detection, and action, we can move closer to a future where every person has an equal opportunity to survive and thrive.

The odds may be stacked against us, but they do not have to determine our outcomes. We advocate. We demand better. We support one another. We fight for ourselves, our loved ones, and our communities. We fight for early detection. We fight for equitable care. We fight for survival.



This is personal.

We know the fight.

We know the fear.

We know the strength it takes to keep going.

And we fight.

That's how we close the gap: not by accepting disparity as our destiny, but by turning awareness into action, action into advocacy, and advocacy into change.

We fight. And that's how we close the gap.

40 American Cancer Society. (2026, June 24). *Key statistics for breast cancer*. https://www.cancer.org/cancer/types/breast-cancer/key-statistics.html

*This handbook was written by **Black Women***

A woman who is the sister of a breast cancer survivor and an aunt of a niece who is fighting late-stage breast cancer.

A woman who is the granddaughter of a grandmother who fought breast cancer and is still fighting.

A woman in solidarity with survivors, fighters, and transitioned heroes.



To stay involved, join our
Monthly Health Leads Forum:

Questions? Contact us:
healthequity@naacpnet.org

NAACP