

Ethnic Enclaves and Breast Cancer Stage at Diagnosis: A Residential History Analysis of New Jersey Hispanics

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Prior research acknowledges that residence in an ethnic enclave significantly impacts health outcomes, potentially providing a protective buffer for individuals residing in these communities. This study aims to expand this perspective by hypothesizing that a long-term residence in an ethnic enclave may have a protective effect against late-stage breast cancer (BC) diagnosis for Hispanic/Latina women. The study population comprised Hispanic/Latina New Jersey residents aged ≥ 18 years diagnosed with their first, histologically confirmed invasive breast cancer between 2011 and 2017 and with at least 10 years of residential histories ($N = 4,450$). Logistic regression was conducted to assess the odds of late-stage BC diagnosis by residence at diagnosis and duration of residence in ethnic enclaves after adjusting for age, marital status, and insurance coverage as well as census tract-level factors such as poverty, marginality score (reflecting percent foreign-born residents and those with limited English proficiency). Results indicate that patients living in Hispanic enclaves at diagnosis had higher odds of late-stage BC, though not statistically significant (OR 1.06 95%CI 0.92-1.21), while living in ethnic enclaves < 5 years had significantly higher odds of late-stage BC (OR 1.22 95%CI 1.008-1.49) compared to those never living in an enclave. Interaction terms revealed that residents in low-poverty enclaves did not exhibit a protective effect against late-stage BC compared to residents in low-poverty non-enclaves (OR 1.34 95%CI 1.03-1.71). Incorporating residential histories expands research possibilities to explore the impact of length of residence and population mobility across ethnic enclaves on cancer diagnosis.

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