

## Issue Brief

### **Addressing the Complex Needs of Black and Hispanic Women with Metastatic Breast Cancer and Chronic Conditions**

#### **Introduction**

Black and Hispanic women diagnosed with metastatic breast cancer (mBC) often face a compounded health burden. Many are also living with chronic conditions such as diabetes, hypertension, and mental health disorders, which amplify the complexity of their care needs. A recent quantitative survey and qualitative Listening Lab, commissioned by the National Minority Quality Forum (NMQF), revealed the challenges these women experience across the healthcare system.

These findings are best understood through the Physical Laws Framework (PLF), a model developed by NMQF that grounds healthcare transformation in the physical laws that govern biology. PLF asserts that effective, equitable healthcare must align with six key principles: conservation of biological order, energetic efficiency, information transfer fidelity, temporal alignment, equilibrium restoration, and environmental foundation integrity. When healthcare systems violate these principles—through care delays, fragmented services, or poor communication—biological order breaks down, leading to worse outcomes. The issue brief below highlights where such violations are occurring for women with mBC and comorbidities—and how healthcare systems can be realigned with the physical laws of life.

#### **The Burden of Comorbidities**

According to survey data, 68% of respondents reported managing one or more chronic conditions in addition to mBC, most commonly mental health conditions (44.3%), high blood pressure (40.6%), and diabetes (34.4%). In the Listening Lab, participants described how cancer treatments worsened or triggered new health issues, such as deep vein thrombosis and lymphedema. These experiences reflect a failure to conserve biological order. When care is not integrated and treatment for one condition disrupts others, patients are forced to compensate for systemic disorder. True conservation requires coordinated, whole-person care that stabilizes, rather than fragments, biological systems.

#### **Medication Management and Adherence**

Managing multiple medications with varying schedules and side effects presents a daily challenge. Although 73.8% of women reported high adherence, nearly 44% were “very fearful” of missing a dose, indicating an undercurrent of anxiety and a lack of external support. This burden reflects a violation of energetic efficiency, as women must use significant personal energy to maintain adherence in the absence of system-level tools or guidance. Over half

(54.7%) reported experiencing side effects, which further depleted their capacity to manage care. PLF emphasizes that healthcare systems should reduce—not add to—the energetic demands placed on patients.

## **Gaps in Provider Communication**

Participants frequently reported breakdowns in communication with providers, including vague explanations of side effects and dismissive responses to treatment concerns. These experiences represent a direct violation of information transfer fidelity, a principle that stresses the need for accurate, timely, and complete information exchange. In biological systems, the failure of cells to communicate clearly can lead to dysfunction; the same is true in clinical systems. Inconsistent messaging and limited transparency put patients at risk and contribute to avoidable harm.

## **Caregiver Strain and the Dual Journey**

Caregivers—often daughters, granddaughters, or nieces—played an essential but under-supported role in the management of mBC. These individuals juggled their own physical and mental health needs while managing appointments, medication schedules, and emotional support for their loved ones. The resulting caregiver fatigue reflects a systemic failure to support energetic efficiency. Instead of receiving assistance, caregivers are left to expend critical energy navigating the same fragmented systems. This drain compromises both caregiver and patient health, demonstrating the need for structural reforms that recognize caregiving as part of the care ecosystem.

## **Mental Health and Emotional Support**

Participants described living with mBC as an emotionally taxing experience, often marked by fear, grief, and isolation. Despite these realities, access to culturally appropriate mental health services remained limited. PLF's principle of equilibrium restoration affirms that health is a state of dynamic balance—not simply the absence of disease. Support services that focus solely on physical symptoms, without addressing emotional and psychological distress, leave patients in a prolonged state of imbalance. Peer-led spaces rooted in shared cultural experience were seen as crucial to restoring this equilibrium.

## **Need for Culturally Tailored Support Systems**

Many participants engaged with online support groups but expressed concern about privacy, relevance, and a lack of cultural resonance. Some platforms, such as Facebook, were seen as accessible but insufficient. According to PLF's principle of environmental foundation integrity, optimal health outcomes require access to safe, supportive environments—both physical and virtual. When support spaces fail to reflect patients' cultural realities or provide emotional safety,

they undermine rather than uphold the conditions needed for healing. In addition, delays in access to timely information or services violate temporal alignment, a principle that recognizes the importance of syncing care with the body's natural biological rhythms.

## Recommendations

To better serve Black and Hispanic women living with mBC and chronic conditions, healthcare systems must align with the physical laws framework by implementing the following recommendations:

1. Conserve biological order by creating integrated treatment plans that account for the interactions between mBC and chronic conditions.
2. Promote energetic efficiency by eliminating administrative burdens, offering navigation support, and ensuring caregivers have access to practical resources.
3. Ensure information transfer fidelity through improved provider communication, culturally tailored health literacy tools, and bidirectional feedback loops.
4. Enhance temporal alignment by reducing delays in diagnosis, referrals, and treatment, especially when timing is critical to outcomes.
5. Support equilibrium restoration by embedding mental health services and wellness supports into cancer care models.
6. Uphold environmental foundation integrity by addressing transportation, food security, safe housing, and access to supportive online communities as biological imperatives, not social luxuries.

## Conclusion

Black and Hispanic women living with metastatic breast cancer and chronic conditions are navigating care systems that frequently disrupt the very biological order needed for healing. Through the lens of the PLF, these disruptions—whether they involve delayed care, incomplete communication, or unsupportive environments—are not simply operational failures but violations of fundamental laws that govern life itself.

Yet these violations are not inevitable. They are the result of design—and what is designed can be redesigned. By grounding future care models in the immutable physical principles outlined in PLF, healthcare systems can become not only more efficient and equitable but biologically attuned. In doing so, they will no longer ask these women to overcome the system to survive, but instead create a system built to support their survival.