



METROPOLITAN CHICAGO  
**Breast Cancer Task Force**

*Uniting to End Disparity*

Annual Report Back to the Community  
Thursday, October 21, 2010

First United Methodist Church  
77 W. Washington St.  
Chicago, Illinois

## **Sponsors**

Avon Foundation for Women

Susan G. Komen for the Cure

The Field Foundation

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## **Sponsors of 2010 “Call to Action to Save Women’s Lives” Event**

The Chauncey and Marion D. McCormick Family Foundation Health Series  
at Chicago Foundation for Women

Sanofi Aventis

## INTRODUCTION

*"Of all the forms of inequality, injustice in health care is the most shocking and inhumane."*

Martin Luther King Jr.

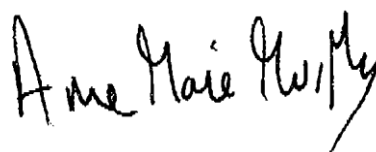
In 2008, the Metropolitan Chicago Breast Cancer Task Force developed the bold mission to reduce the racial, ethnic and class disparity in breast cancer death rates in Metropolitan Chicago. As the enclosed new research from the Sinai Urban Health Institute shows, Chicago has a long way to go to level the playing field of breast cancer health outcomes for women of color. Yet, armed with a dedicated board and staff, innovative ideas and unparalleled enthusiasm from a diverse group of partners within and outside of the health care arena, we have moved steadily toward our mission.

In 2009, the Quality Consortium, a project of the Task Force, became the nation's first Patient Safety Organization dedicated solely to breast health. With the federal protections provided by this designation, we have been able to forge inventive research with 55 area hospitals and the Chicago Department of Public Health regarding the quantity and quality of their mammography services and cancer treatment. In June 2010, we unveiled our first year of data from this research, a summary of which is enclosed in this report. Our work in this area continues as we enter into the second phase of data collection. Because we have partnered with seventy percent of the healthcare institutions that provide mammography services and cancer treatment in the Chicago land area, the results of our research will have a significant impact on the overall quality of care for breast health in Chicago.

While we clearly recognize the importance of quality mammography and cancer treatment, being able to access quality care in the first place is also vital to our mission. Therefore, in the past year, we have partnered with respected community based organizations to educate women of color on the disparity in breast cancer mortality and to encourage regular mammogram screenings. We also successfully picked up the mantle of advocacy by urging our state government to increase funding for free mammogram screening and cancer treatment programs for the uninsured.

Our comprehensive, three-pronged approach – research, outreach and advocacy – are critical to meeting our mission. Based on the success of the past year, we are confident that the efforts of our board, staff and Chicago area partners will result in victorious outcomes.

Sincerely,

A handwritten signature in black ink that reads "Anne Marie Murphy". The signature is written in a cursive, flowing style.

Anne Marie Murphy, Ph.D.  
Executive Director

## Our Efforts

### October 2009 - October 2010

- **October 2009**      56 health care institutions committed to participate in the Chicago Breast Cancer Quality Consortium

The original goal of the Consortium was to bring at least 10 hospitals in the Chicago area on board to measure the quality of care they deliver and improve quality where necessary. The Consortium has far exceeded this goal with 56 institutions including CDPH voluntarily joining this effort in quality improvement
- **October 2009**      The Task Force funded a new organization to do breast cancer outreach/education and programming for a total of 3 funded grantees

Our grantees work within Chicago communities of color to raise awareness about the importance of breast cancer screening, navigate women into care and provide education and support for women getting screened and those diagnosed with breast cancer. Our goal is to save lives by helping women get the best care as quickly as possible
- **December 2009**      The Task Force funded 2 additional organizations to do breast cancer outreach / education and programming for a total of 5 funded grantees
- **March 2010**      We began Quarterly Meetings with Avon Grantees in the Chicago Area to improve work in breast cancer outreach and education through collaboration and evaluation
- **March/April 2010**      \$4.9 million additional dollars was provided to the Illinois Breast and Cervical Cancer Program budget for the year ending June 2010

The Task Force initiated its Advocacy Campaign to increase funding for the Illinois Breast and Cervical Cancer Program.

  - Persuaded the Illinois House Health and Human Services Appropriation Committee to have a hearing on IBCCP
  - Staged a variety of demonstrations
  - Collected over 2000 signatures on a petition drive
- **April/June 2010**      Launched a 13 week educational series on Cable Access Network Television (CAN-TV) that covered a variety of breast cancer awareness topics

CAN-TV show topics included the vital importance of mammogram screening for women of color, myths about the screening process, and information on state and local programs that provide low and no cost screening services to uninsured women

Rebranded the Task Force by developing new logo, tag line and key messages as well as an organizational brochure
- **June 2010**      The Chicago Breast Cancer Quality Consortium collected data from 37 of the 56 committed sites

- **June 2010**      The Chicago Breast Cancer Quality Consortium held its 1<sup>st</sup> Consortium Symposium “Improving Quality and Reducing Disparities in Breast Cancer Care and Outcomes”

Representatives from over 60 health care institutions and organizations registered to attend the symposium where we presented the first year’s data and held open discussions and brain-storming sessions about how to move forward with quality improvement
  
- **June 2010**      The Consortium distributed site specific data reports to Consortium institutions
  
- **July 2010**      The Task Force secured an additional \$500,000 in funding from Susan G. Komen for the Cure for quality improvement with Consortium institutions
  
- **July 2010**      In collaboration with Susan G. Komen for the Cure-Chicago Affiliate, the Task Force held two grant writing workshops to train and assist community based organizations in their efforts to secure funding from local and national foundations
  
- **August 2010**      The Task Force rolled out its new website to give women the tools they need to access breast care services, learn about events going on in Chicago and advocate for increased funding of programs that offer free mammogram screenings and cancer treatment
  
- **October 2010**      Launched our new CAN-TV series for Breast Cancer Awareness month to highlight the continued need to address breast cancer disparities
  
- **October 2009-  
October 2010**      Sponsored and/or participated in over 25 community events, including health fairs, fund-raising walks, informational forums and educational sessions

Continued our advocacy campaign by collecting and sending post cards to legislators in support of the Illinois Breast and Cervical Cancer Program

## Our Grantees' Efforts

The Metropolitan Chicago Breast Cancer Task Force (MCBCTF) currently funds five community organizations to work in the area of breast cancer health disparities. Below is a brief description of each program:

**Sister's Embracing Life (SEL)** has been serving the west side of Chicago since 2001 by providing a holistic approach to breast cancer health education. Services include outreach and education, community navigation, and support group and counseling services for survivors and family members. Program staff attends screening and treatment appointments with clients. This year from January through September 2010, SEL has disseminated over 2000 Breast Cancer literature packets, held 18 support group meetings and navigated over 44 women into screening and treatment services.

**Amani Trinity United Community Health Corporation** *Breast Education Advocacy Counseling and Navigation* (BEACON) created the *Back-on-Track Warriors* support group which provides group and individual counseling services by a breast cancer survivor from the African American community. The program keeps an active list of women who are given reminders and transportation stipends for mammography appointments. BEACON has 71 completed mammography appointments and provided breast health information to over 585 women and men since January 2010.

**Chicago Women's Health Center (CWHC)** has been providing gynecological health care since the 1970's to women and trans people on a sliding scale. The organization has been able to build partnerships with Chicago Public Schools, Renaissance Social Services and Sarah's Circle to offer 41 breast health education workshops this year to vulnerable populations such as homeless persons and domestic violence victims. CWHC has recently added Spanish workshops to reach more women of color and is in the final stages of creating culturally appropriate health education materials with the Young Women's Empowerment Project.

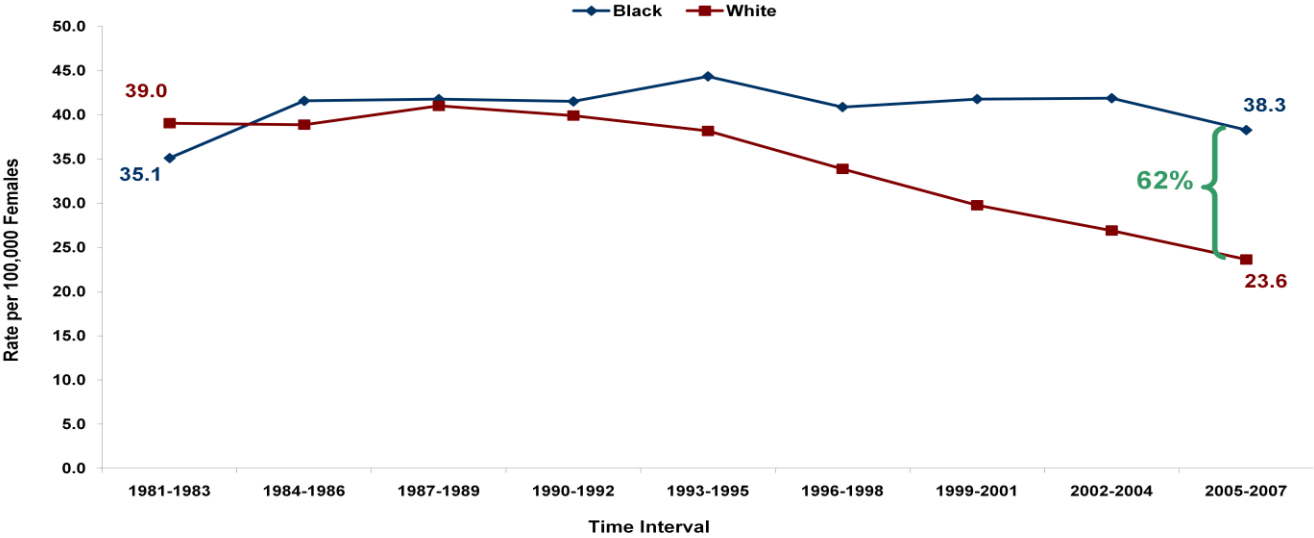
**The National Museum of Mexican Arts (NMMA)** is the largest Latino cultural organization in the United States. The museum provides exhibitions, artistic programming and educational development to the City of Chicago and in particular the communities of Pilsen and Little Village. Their focus is on outreach and education which they have integrated into their widely successful community events *El Día Del Niño* and *Target Free Weekend*. They also utilized the *Día de los Muertos / the Day of the Dead* opening exhibition to provide outreach services and refer women for free mammography services. NMMA has produced and recorded a public service announcement for Radio Arte 90.5 WRTE-FM on breast health which is being aired ten times a day, seven days a week with the potential to reach 500,000 individuals per airing.

**Centro Comunitario Juan Diego (CCJD)** is the latest addition to the community based organizations that the Task Force funds. They have maintained strong health promotion programs targeted towards women and families. Their *Mujer a Mujer / Women to Women* Breast Education will consist of home visits with educational presentations and mammography referrals with the overall goal to improve quality and access to breast health services in the Latino population of South Chicago.

# Brand New Data

The breast cancer mortality rates in Chicago for White women were actually higher than for Black women in the early 1980s. Then the rates for White women went down dramatically but the rates for Black women did not go down at all; in fact they increased a little over this 26 year interval. At the end of the graph we can see that the death rate from breast cancer for Black women was 62% higher than for White women.

## Black and White Breast Cancer Mortality Chicago, 1981-2007



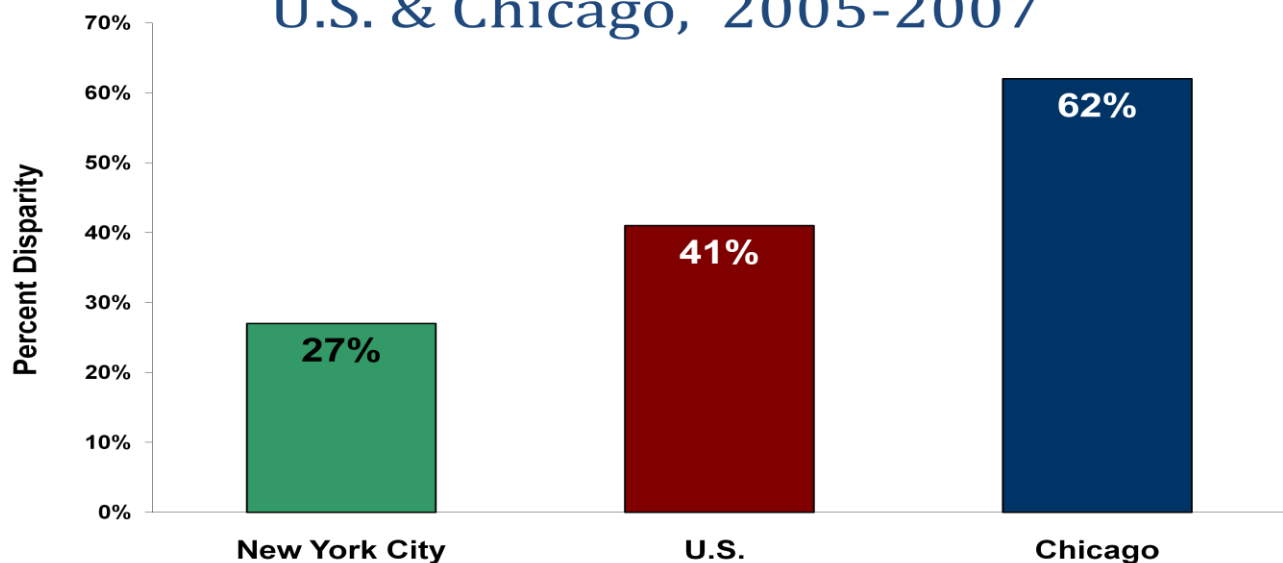
Age-Adjusted Female Breast Cancer Mortality for Chicago, Per 100,000 Population

Prepared by The Sinai Urban Health Institute

## Brand New Data

In this graph we can see that the inequality of 62% in Chicago is much higher than for the US (41%) and New York City (27%). This means that there is something uniquely wrong with the breast health situation in Chicago. Something is broken and must be repaired quickly.

### Black and White Breast Cancer Mortality Disparity (3-year averages) New York City, U.S. & Chicago, 2005-2007



Prepared by The Sinai Urban Health Institute





## **Results of our first year of Data Collection show there is a lot of room for improvement**

**October 21, 2010**

This year, 55 hospitals and the Chicago Department of Public Health signed up to join the Chicago Breast Cancer Quality Consortium project. This represents 70 percent of Metropolitan Chicago hospitals. It is a truly wonderful level of participation in a project that is entirely voluntary and shows the strong commitment of Chicago's hospitals to improving breast health care for all.

The Consortium staff assisted its partners in collecting data on the quality of mammography and quality of treatment. The Consortium received screening data from 37 hospitals and treatment data from 19 hospitals. The results were analyzed and individual reports were given to each participating hospital showing them how they did and how they compared to all the others.

Experts from different hospitals joined the Consortium to pick out measures that would show if a hospital was providing the best breast cancer screening and the best breast cancer treatment. Here are the goals for each:

A high quality mammography program should:

- find breast cancer when it exists
- find breast cancer early and when it's small so that treatments can be more effective and the chance of survival is higher
- ensure that when a mammogram shows something suspicious that a woman gets follow up quickly

A high quality breast cancer treatment program should:

- Provide treatment as quickly as possible, which increases the chance of survival
- Provide radiation after breast conserving surgery, which increases the chance of survival
- Test patients for hormone receptors, which allows for more treatment options and better chance of survival

Conclusions:

The next two pages show results for the hospitals that provided data to the Consortium. What we can see from this data is:

- Many Metropolitan Chicago hospitals cannot demonstrate that they are meeting these quality standards
- There are a lot of opportunities for improvement

We are delighted that Susan G. Komen for the Cure has decided to give an additional \$500,000 for us to take a deeper look at quality and to provide free technical assistance to area facilities that need it.

### High Quality Mammography Programs should:

- Find cancer
- Find cancer when it's small
- Ensure that women with suspicious mammograms are followed in a timely fashion

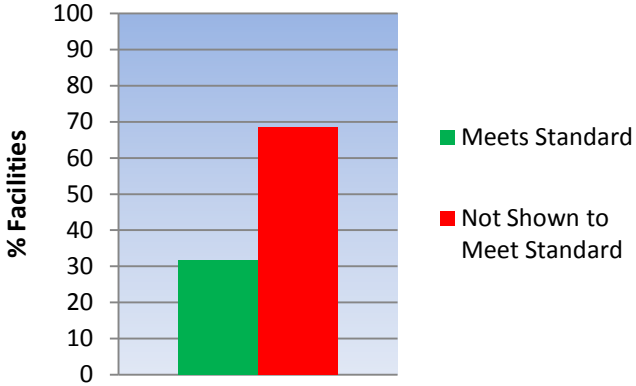
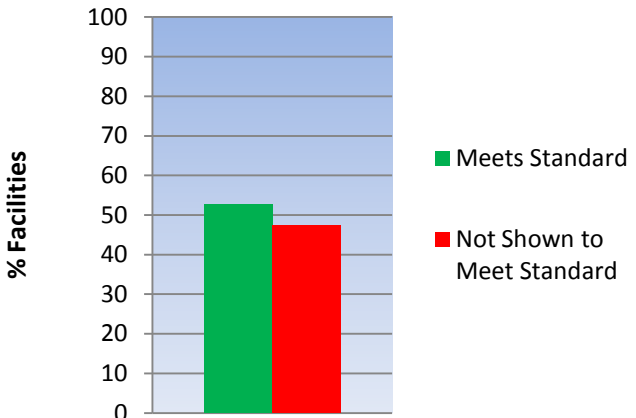
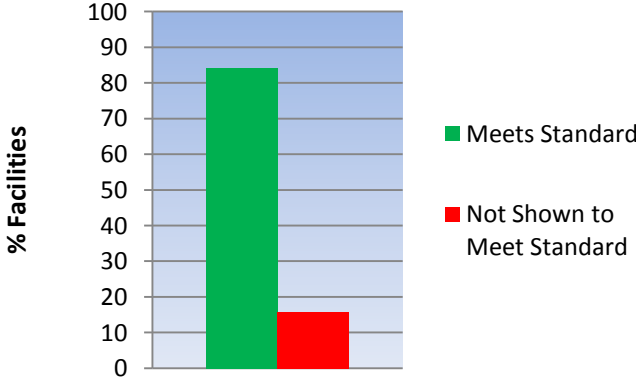
The Consortium collected data on measures to determine if facilities were in fact finding cancers, finding them small, and following up with women with suspicious mammograms.

<p style="text-align: center;"><b>Finding Cancer</b></p> <table border="1"><thead><tr><th>Category</th><th>% Facilities</th></tr></thead><tbody><tr><td>Meets Standard</td><td>60</td></tr><tr><td>Not Shown to Meet Standard</td><td>40</td></tr></tbody></table>	Category	% Facilities	Meets Standard	60	Not Shown to Meet Standard	40	<p>Explanation:</p> <ul style="list-style-type: none"><li>• A well performing facility will generally find between 4 and 9 cancers for every 1000 screening mammograms.</li><li>• About 60% (22 of 37) of our reporting facilities met this standard.</li><li>• The remaining 15 facilities were unable to show that they could meet this standard.</li></ul>
Category	% Facilities						
Meets Standard	60						
Not Shown to Meet Standard	40						
<p style="text-align: center;"><b>Finding Cancer When It's Small</b></p> <table border="1"><thead><tr><th>Category</th><th>% Facilities</th></tr></thead><tbody><tr><td>Meets Standard</td><td>33</td></tr><tr><td>Not Shown to Meet Standard</td><td>68</td></tr></tbody></table>	Category	% Facilities	Meets Standard	33	Not Shown to Meet Standard	68	<p>Explanation:</p> <ul style="list-style-type: none"><li>• At least 30% of breast cancers detected by screening mammography should be very small or low risk.</li><li>• About one third (12 of 37) of our reporting facilities met this standard.</li><li>• The remaining 25 facilities were unable to show that they could meet this standard.</li></ul>
Category	% Facilities						
Meets Standard	33						
Not Shown to Meet Standard	68						
<p style="text-align: center;"><b>Follow-up of Suspicious Mammograms</b></p> <table border="1"><thead><tr><th>Category</th><th>% Facilities</th></tr></thead><tbody><tr><td>Meets Standard</td><td>57</td></tr><tr><td>Not Shown to Meet Standard</td><td>44</td></tr></tbody></table>	Category	% Facilities	Meets Standard	57	Not Shown to Meet Standard	44	<p>Explanation:</p> <ul style="list-style-type: none"><li>• An abnormal or suspicious screening mammogram result should always be followed by a diagnostic imaging to help determine if the patient has breast cancer.</li><li>• More than half (21 of 37) of our reporting facilities met the standard and had a lost to follow-up rate of less than 20%.</li><li>• The remaining 16 facilities were unable to show that they met this standard.</li></ul>
Category	% Facilities						
Meets Standard	57						
Not Shown to Meet Standard	44						

**High Quality Breast Cancer Treatment should:**

- Provide timely treatment which increases the likelihood of survival
- Provide radiation after breast conserving surgery which increases the likelihood of survival
- Test patients for hormone receptors which allows for targeted treatment options

The Consortium also collected data to determine if facilities were providing timely treatment, radiation after breast conserving surgery and testing patient for hormone receptors. Three measures that we used to evaluate these are

<p style="text-align: center;"><b>Timely Treatment</b></p>  <p>A bar chart titled 'Timely Treatment' showing the percentage of facilities that meet or do not meet a standard. The y-axis is labeled '% Facilities' and ranges from 0 to 100 in increments of 10. There are two bars: a green bar representing 'Meets Standard' at approximately 32%, and a red bar representing 'Not Shown to Meet Standard' at approximately 68%.</p> <table border="1"> <thead> <tr> <th>Category</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Meets Standard</td> <td>32%</td> </tr> <tr> <td>Not Shown to Meet Standard</td> <td>68%</td> </tr> </tbody> </table>	Category	Percentage	Meets Standard	32%	Not Shown to Meet Standard	68%	<p>Explanation:</p> <ul style="list-style-type: none"> <li>• A woman should be able to begin her treatment for breast cancer within 30 days of being diagnosed.</li> <li>• About one third (6/19) of our reporting facilities met the standard by reporting that at least 80% of their patients received timely treatment in this manner.</li> <li>• The remaining 16 facilities were unable to show that they could meet this standard.</li> </ul>
Category	Percentage						
Meets Standard	32%						
Not Shown to Meet Standard	68%						
<p style="text-align: center;"><b>Radiation After BCS (Lumpectomy)</b></p>  <p>A bar chart titled 'Radiation After BCS (Lumpectomy)' showing the percentage of facilities that meet or do not meet a standard. The y-axis is labeled '% Facilities' and ranges from 0 to 100 in increments of 10. There are two bars: a green bar representing 'Meets Standard' at approximately 53%, and a red bar representing 'Not Shown to Meet Standard' at approximately 47%.</p> <table border="1"> <thead> <tr> <th>Category</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Meets Standard</td> <td>53%</td> </tr> <tr> <td>Not Shown to Meet Standard</td> <td>47%</td> </tr> </tbody> </table>	Category	Percentage	Meets Standard	53%	Not Shown to Meet Standard	47%	<p>Explanation:</p> <ul style="list-style-type: none"> <li>• Most women who have part of their breast removed as treatment for invasive breast cancer should also receive radiation therapy after their surgery, to increase their chances of survival.</li> <li>• About half (10/19) of our reporting facilities met the standard by reporting that at least 80% of such patients received radiation therapy.</li> <li>• The remaining 9 facilities were unable to show that they could meet this standard.</li> </ul>
Category	Percentage						
Meets Standard	53%						
Not Shown to Meet Standard	47%						
<p style="text-align: center;"><b>Hormone Receptor Testing</b></p>  <p>A bar chart titled 'Hormone Receptor Testing' showing the percentage of facilities that meet or do not meet a standard. The y-axis is labeled '% Facilities' and ranges from 0 to 100 in increments of 10. There are two bars: a green bar representing 'Meets Standard' at approximately 84%, and a red bar representing 'Not Shown to Meet Standard' at approximately 16%.</p> <table border="1"> <thead> <tr> <th>Category</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Meets Standard</td> <td>84%</td> </tr> <tr> <td>Not Shown to Meet Standard</td> <td>16%</td> </tr> </tbody> </table>	Category	Percentage	Meets Standard	84%	Not Shown to Meet Standard	16%	<p>Explanation:</p> <ul style="list-style-type: none"> <li>• Invasive breast cancers that have hormone receptors on them can be treated effectively with hormone therapy. To know if they have these receptors they need to get tested.</li> <li>• Most (16 of 19) of our reporting facilities met the standard by reporting that at least 90% of their patients had their tumors tested for hormone receptors</li> <li>• The remaining 3 facilities were unable to show that they could meet this standard.</li> </ul>
Category	Percentage						
Meets Standard	84%						
Not Shown to Meet Standard	16%						

Thank you to all of our partners who work with us every day to eliminate the injustice of health disparities in breast cancer here in Chicago.

If you are interested in financially supporting the efforts of the Metropolitan Chicago Breast Cancer Task Force, please visit our website where you can donate securely online:

[www.chicagobreastcancer.org](http://www.chicagobreastcancer.org)

You can make your donation in honor of a loved one if you choose. Or send your contribution to:

The Metropolitan Chicago Breast Cancer Task Force  
1645 W. Jackson Blvd., Suite 450  
Chicago, IL 60612

As a 501(C)3, your contribution is fully tax deductible.