



METROPOLITAN CHICAGO
Breast Cancer Task Force

Uniting to End Disparity

All women deserve an **EQUAL** chance at **SURVIVAL**

Screening **saves** lives

Annual Report Back to the Community
November 1, 2012



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HOSPITALS PROVIDING MAMMOGRAMS TO BEYOND OCTOBER!

Rush University Medical Center: 200
University of Chicago: 200
St. Bernard Hospital: 150 to Screen to Live
Roseland Hospital: 100
University of Illinois: 100
Alexian Medical Brothers: 50
Rush Oak Park: 50
Advocate Christ: 35
Advocate South Suburban: 15
Northwestern Memorial: through partners

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Introduction

In April of this year, Dr. Steve Whitman, Director of the Sinai Urban Health Institute, along with Jennifer Orsi at the Metropolitan Chicago Breast Cancer Task Force and Marc Hurlbert at the Avon Foundation for Women published a new study “The racial disparity in breast cancer mortality in the 25 largest cities in the United States.” Chicago’s disparity in survival for African American women was among the highest in the country. Yet, there were cities with large populations of African American women that had far lower disparity rates, suggesting that this inequality does not have to exist.

In our view, health disparities are created by an inequitable healthcare system and they **can** and **should** be eliminated. This perspective drives the work of the Metropolitan Chicago Breast Cancer Task Force. Our mission is to confront and eliminate the disparity to ensure that every woman, regardless of race, ethnicity or neighborhood, has an equal chance at survival.

This year our dedicated board and staff pioneered new initiatives with a diverse group of partners within and outside of the health care arena. In doing so, we have moved steadily toward our mission. Given the significant financial underpinnings of the healthcare delivery system, state and federal budget cuts and the everyday challenges experienced by those living in less resourced areas of Chicago, we do not anticipate this journey to be a short or easy one.

New study shows Chicago’s disparity in survival for African American women among the highest in the country and that this inequality does not have to exist!

This community report highlights the 3 main areas of our work:

Community Outreach and Education:	Through our Screen to Live program, CAN TV series and other community based events, we are building awareness about the importance of early detection and screening mammography, linking women to free services and navigating them onward if they need follow up care and treatment.
Improving Quality and Access:	Through our Chicago Breast Cancer Quality Consortium project, we are mapping out breast care resources in the Chicagoland area and improving women of color’s access to them. We are identifying patient care delivery problems and helping institutions to fix them through quality improvement solutions.
Grassroots Advocacy:	Through our Screening Saves Lives Campaign, we are building a vigorous coalition to support funding for free breast healthcare services for uninsured women and advocating for improvements to the healthcare delivery system so that all women have access to the highest quality of care.

We believe that these 3 areas work together to build positive change. If we navigate women to poor quality healthcare, we do them a disservice. If we create inaccessible, high quality healthcare, we drive up disparities. If we identify areas that need change without building public support for such change, then we fail. This is why we weave together patient centered research and quality improvement with community outreach and education, while also building grass root coalitions to create positive outcomes for all women. These positive outcomes re-energize our work and dedication to winning the battle against breast cancer disparities

Sincerely,



Anne Marie Murphy, Ph.D.
Executive Director

¹ Whitman, S., Orsi, J., and Hurlbert, M. The racial disparity in breast cancer mortality in the 25 largest cities in the United States. Cancer Epidemiol, 36: e147-51.

Inequity in the Distribution of Healthcare Resources is at the Heart of Breast Cancer Disparities

The Case of Access to Mammography

The purpose of screening mammography is to catch breast cancer early when it can be treated successfully. Most women who have their breast cancer found by a screening mammogram survive.

In Chicago, African American women are less likely to have their breast cancer detected by a screening mammogram and are more likely to have it found when it is more advanced. Lack of access to high quality mammography services for African American women in Chicago may be one reason for Black women's higher death rate. We wanted to explore this potential cause of breast cancer disparities.

Access can mean many things. This year we collaborated with researchers at University of Illinois and looked at geography - how close women were to mammography sites and to mammography resources that have been found to improve cancer detection. We looked at where mammogram facilities are, where digital mammogram machines are, and where radiologists specializing in reading mammograms are compared to where a large proportion of African American women (>50%) live. We also looked at where some of these resources are relative to where socially disadvantaged and less affluent people live.

Social Disadvantage – This looked at families living in poverty, families receiving public cash assistance or food stamps, people who are unemployed, and families with female headed households with children.

Affluence – This looked at the percentage of families with incomes of \$100,000 or more, adults with at least a college education, and adults with a white-collar job. We mapped the locations of all the mammography facilities in the 6-county metropolitan Chicago area that existed in 2010.

We overlaid a census tract-level (US 2010) map of women 40 and older by race to show areas where there was a high concentration of African American women aged 40 and older. We also created 1- and 3-mile (city vs. non-city, respectively) buffers around facilities to calculate the percentage of women over age 40 who lived near a mammography facility. Additionally, we characterized each census tract according to social advantage/disadvantage and more or less affluent.

What we found:

Our results showed that areas with **high concentrations of African American women** aged 40 years and older were less likely to be:

- Near any mammography facility (70% vs. 75%)
- Near a facility with at least one digital machine (59% vs. 71%)
- Near a facility that had at least one radiologist dedicated to mammography (61% vs. 68%)

Socially disadvantaged census tracts when compared to socially advantaged census tracts were less likely to be located near:

- Any mammography facility (47% vs. 66 %)
- Facilities with digital machines (32% vs. 53%)
- American College of Radiology accredited Breast Imaging Center of Excellence (7% vs. 36%)
- Facilities with at least one breast imaging-dedicated radiologist (31% vs. 60%)

Less affluent census tracts when compared to more affluent census tracts were less likely to be located near:

- Any mammography facility (30% vs. 77%)
- Facilities with digital machines (16% vs. 61%)
- American College of Radiology accredited Breast Imaging Center of Excellence (1% vs. 37%)
- Facilities with at least one breast imaging-dedicated radiologist (27% vs. 71%)

Areas with higher concentration of African American women, over the age of 40, had less access to digital screening machines and radiologists who specialized in reading breast images.

Conclusion:

We can see quite clearly that the best breast cancer screening resources are less geographically available to those who are poor, socially disadvantaged or African American. The Task Force is taking a variety of approaches to tackling these issues. One approach is to provide training opportunities to safety net venues. Another is to persuade companies to donate or philanthropic organizations to fund sophisticated, high quality equipment at safety net venues. Another is to partner higher resourced facilities with lower resourced facilities so that women diagnosed with breast cancer have access to full service breast centers where their care can be fully coordinated. Given the financial underpinnings of our healthcare system, these efforts are not without challenges. But with a community spirit and determination, we believe we can make progress.

Screening Matters!

The fact that mammography resources are inequitably distributed, as we outlined in the previous pages, is made even more troubling by the results of a new study published this August that highlights the connection between disparities in breast cancer outcomes and a lack of regular mammography.

The Task Force collaborated with Rush University Medical Center and Northwestern Memorial Hospital to collect and analyze hospital data on women diagnosed with breast cancer between 2001 and 2006. The point of the study was to determine if getting a screening mammogram at least every 2 years affected disparities in breast cancer outcomes between African American (AA) and Caucasian women. This year, the results of the study were published in the journal *Breast Cancer Research and Treatment*. Researchers came to the following conclusions:

1. When women receive mammograms at least every 2 years (regular screening), there was little difference between African American and Caucasian women with respect to their stage of diagnosis.
2. African American women who had been diagnosed with breast cancer and previously had regular screening mammograms were more likely to have easier to treat cancers than African American women who had more than 2 years between mammograms (irregular screening). When the cancers are easier to treat, there is a higher likelihood of survival.
3. Finally, the study found that race was not related to survival among those who received regular screening. However, among women who did **NOT** get regularly screened, a higher proportion of African American women died compared to Caucasian women.

This study is important because it confirms what researchers already believed to be true: regular screening can save lives, African American women benefit from regular screening and regular screening can reduce disparities in death.

² Grabler et al (Aug 2012) *Breast Cancer Res. Treatment* "Regular screening mammography before the diagnosis of breast cancer reduces black:white breast cancer differences and modifies negative biological prognostic factors."

Screening saves lives.

Improving Access to Mammography Resources



A Brand New Sophisticated Digital Mammography Machine at Roseland Hospital

Addressing access to mammography resources is a key aspect of the Task Force's work. In exciting news, earlier this year Phillips Healthcare donated a brand new micro-dose digital mammogram machine to Susan G. Komen for the Cure®. Ambassador Brinker suggested that the machine be placed in Chicago and that the Metropolitan Chicago Breast Cancer Task Force select a good venue.

We conducted a successful Request for Proposals, looking for a safety net venue where the machine could have the most impact. We wanted to find a site where uninsured and publicly insured women could access this wonderful new machine. After careful consideration, we chose Roseland Hospital as the machine's new home. As we go to press with this report, the machine is on route to Roseland and should be operational by mid November.

New micro-dose digital mammogram to provide quality screenings where needed the most.

Roseland is an area with a high breast cancer mortality rate and great need for improved access to mammography. This will be the first digital mammography machine in Roseland. To celebrate this wonderful new resource, Roseland Hospital is donating 100 free mammograms for uninsured women for our Beyond October! initiative. We are excited to cut the ribbon with Dian Powell and her team at Roseland Hospital on this new community resource for women's health.

Improving Quality

Breast Imaging Boot Camp

In addition to improving access to mammography machines, we must also improve the quality of mammography-- particularly in areas serving women of color-- if we want to ensure the best chance at survival.

There are two parts to a high quality mammogram:

1. **A good image:** A mammography technologist works with a patient to compress a breast enough to be able to see all of the breast tissue on the mammogram and positions the woman so that all the tissue is seen on the film. This compression and position by technologists is a vital part of ensuring that the mammogram detects breast cancer when it is present.
2. **A good read:** Reading mammograms requires a lot of expertise. Research studies have found that radiologists who are specially trained (e.g. Fellowship trained breast imaging specialists) and those who read a lot of mammograms (dedicated breast imaging radiologists), tend to read mammograms more effectively.



The Breast Imaging Boot Camp is a new initiative that we launched this year to address the first component of improving mammography quality, namely training mammography technologists in compression and positioning to obtain the best image possible.

The idea for this training came from our work over the past year and a half, funded by Susan G. Komen for the Cure®, in which we visited 26 mammography facilities across Metropolitan Chicago. We interviewed staff about their processes in navigating a woman from a screening mammogram, through diagnosis and on to treatment. These interviews included discussions with radiology technologists responsible for performing mammograms on the patient. During interviews with radiology technologists, we asked about the amount of compression was best and what was the least compression that could be used when taking a mammogram. While increased compression may cause a patient discomfort, if the compression is not sufficient, breast cancers can be missed. After looking at the responses, we found a large difference in radiology technologists' understanding of what was a standard for compression. This difference between sites highlighted an opportunity for clearer guidelines and education.

To address these findings, we hosted a pilot Breast Imaging Boot Camp to provide free training for radiology technologists in the areas of positioning and compression since both are important components in image quality. We retained Louise Miller RTRM, who is an internationally renowned mammography technologist trainer, to lead the boot camp, provide all of the education and develop the curriculum.

Breast Imaging Boot Camp Components:

4 hour educational seminar: The 4 hour seminar was free, open to radiology technologists from sites participating in the Consortium and CEUs were available. Louise Miller covered techniques in positioning and compression and their importance in image quality.

Hands on Training: A select group of radiology technologists received hands on training with Louise Miller for one full day. During the hands on training they received direct instruction while performing mammograms on patients and were able to compare the images afterward to see the improvements.

Train the Trainer program: Train the Trainers will become positioning specialists who can work with staff at any site on correcting on-going problems. They will be able to help set up an ongoing Quality Positioning Program for facilities which will assure a higher level of excellence in the mammography department. They will also be able to train new mammographers.

Over 100 radiology technologists attended the Breast Imaging Boot Camp and it received high ratings from all attendees. The Consortium is in the process of planning an evaluation of the Boot Camp to know how the training impacted image quality. We hope to repeat this training in the future.

Improving Access through Advocacy



This year we had our first day of advocacy at the General Assembly in Springfield, Illinois on April 25, 2012. With generous funding from the Chicago Foundation for Women, we took 61 women (and men!) on a bus from Chicago to Springfield. Working with our friends from the Susan G. Komen affiliates in Illinois, who also attended, we met with 24 lawmakers and the Governor, who is pictured above. One of the lawmakers described our group as “fierce women advocates.”

**Fierce women advocates:
our first day of advocacy
at the General Assembly
in Springfield.**

We advocated for funding for the Illinois Breast and Cervical Cancer Program (IBCCP), which funds mammograms and Pap tests for uninsured women and also diagnostic tests and treatment when needed. The Governor's proposed budget would have cut this program by \$3.3 million. Due to our efforts in Springfield, along with our testimony at the House and Senate appropriations committee hearings and general advocacy campaign, which led to over 1200 letters and phone calls going to lawmakers and the Governor, this cut was halved and unlike other programs, IBCCP was not subjected to an additional 4% across the board cut.

We are very proud of our “Fierce Women Advocates” and all that they accomplished. If you would like to join our fierce warriors, you can sign up as an advocacy volunteer on our website at: www.chicagobreastcancer.org.

Past Advocacy Comes to Fruition

In 2009, with the help of Representative Greg Harris, we successfully passed Illinois' first breast cancer disparities reduction legislation. Public Law 95-1045 had a wide array of provisions designed to:

- Improve women's access to mammograms especially women on Medicaid
- Reduce financial barriers to getting a mammogram – eliminating co-pays for mammograms for privately insured women
- Requiring insurance companies to cover pain medications when necessary for women with breast cancer
- Establishing a patient navigation program for women with breast cancer in Medicaid
- Setting up the nation's first state expert board for breast cancer screening and treatment quality
- Increasing the reimbursement rate for mammography providers who serve women on Medicaid

Some of these provisions were implemented immediately. Others took some planning. In 2011, the State established the nation's first expert board for breast cancer screening and treatment quality. Eleven of the members of that board are associated with the Task Force. The board met many times and worked on the details of implementing some of the Medicaid provisions of the law. In addition, a new law was passed in 2011 to strengthen original legislation. This new law (Public Law 97-1045) tied the increased reimbursement rate for mammography providers to submission of mammography screening quality data to the Task Force's project the Chicago Breast Cancer Quality Consortium.

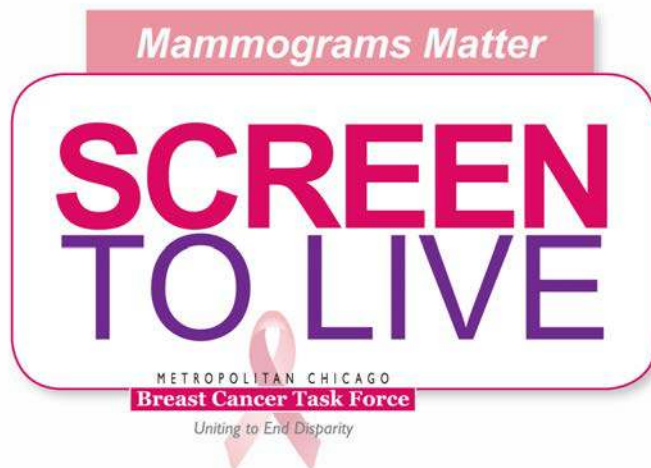
Our Mammography Quality Program goes Statewide!

Over the course of the past few months, we have been working on rolling out the nation's first breast cancer screening quality program in collaboration with the Illinois Department of Healthcare and Family Services. It is an exciting and challenging initiative that will directly improve the quality of mammograms across the State of Illinois. Mammography facilities and radiologists will be signing up for this new program. The facilities will be collecting mammography quality data to see how well they are detecting breast cancers and how good they are at finding small, early stage breast cancers at their most treatable size. We will be showing them how each compares to the others. If the data suggests that a facility is not doing so well, then we will be working with them to make improvements. Radiologists will also be reporting on how their practices operate and how they look at quality and engage in medical education to keep their skills up to date.

In addition to the mammography quality surveillance program, our partners at Mercy Hospital and St. Mary's Centralia have been working on developing a new patient navigation program for Medicaid.

“Every woman should have the same access to affordable mammograms and high quality care regardless of her race or ethnicity, where she lives, how much money she has or her insurance.”

Improving Access through Community Engagement!



While our Consortium project works hard every day to analyze the structural problems underlying breast cancer disparities in Chicago and to put solutions in place in our healthcare system, our community projects work to ensure that women can fully access a healthcare system that works for them.

This year, we launched **Screen to Live** -- a new community-based education, navigation and quality improvement program in the Englewood. It targets uninsured and publically insured African American women aged 40 and over for free mammogram screenings. The purpose of the program is to educate women through community based breast cancer events, link them to high quality, free screening services in the community and facilitate resources for follow up diagnostic and breast cancer treatment services, as needed. Our goal is to educate 800 women and navigate 400 of them to mammogram screening services.

We focused on Englewood because it has one of the highest breast cancer disparity rates in the city. We estimate that less than 25% of women over 40 in Englewood are getting regular mammograms. Yet, the community has valuable resources. Digital mammography is available at the two main health providers in Englewood – St. Bernard Hospital and the Chicago Department of Public Health's Englewood Clinic. Therefore, we partnered with these facilities for our program and navigate Screen to Live participants to these institutions. We are also working with these institutions to improve their quality of care so that women receive the best services possible. Mercy Hospital and Medical Center has also agreed to partner with us on this initiative by servicing program participants who need follow up care or breast cancer treatment. Importantly, all of these services are free!

We are encouraged by the warm response that Screen to Live has received from the community. To date, we have educated over 1,000 women in the neighborhood and navigated nearly 100 of them to services. Walgreens learned about our program and helped us promote it by attaching Screen to Live information to customer prescription packages at stores in or near Englewood. Finally, in the July 19, 2012, federal congressional record, Senator Richard Durbin highlighted the Task Force and St. Bernard's efforts to address breast cancer disparities in Englewood through the STL program.

If you or someone you know is an uninsured or publically insured woman living in Englewood and needs a mammogram, call our community navigator today at **312-942-1899** to schedule an appointment.

If you or your employer would like to financially support this program, please contact us or donate on our website: **www.chicagobreastcancer.org**. A digital screening mammogram costs approximately \$150.

Less than
**1 out of 4 women
in Englewood** is getting
screened for breast cancer.



Breast cancer is the most
**common cancer among
African American women.**



In Chicago, African American
women are **62% more
likely to die** from breast
cancer than White women.



Let's change these odds.



Mammograms Matter

**SCREEN
TO LIVE**

METROPOLITAN CHICAGO
Breast Cancer Task Force
Living to End Disparity

For more information, please call
the Metropolitan Chicago Breast Cancer
Task Force at **312-942-1899**.

FREE MAMMOGRAPHY SCREENINGS

*For Englewood Residents,
40 and Older and No Insurance.*

AVAILABLE HERE:

The Englewood Clinic
641 W. 63rd St.

St. Bernard Hospital
326 W. 64th St.

Sponsored by: The Illinois Department of Public Health Center for Minority Health Services,
The Field Foundation of Illinois, Chicagoland Area Affiliate of Susan G. Komen for the Cure and Telligen.

Screening for breast cancer saves women's lives.
NEW Digital (high quality) mammography is available. No referral needed.

Breast Health Series

Chicago Access Network Television (CAN TV)

In addition to our Screen to Live project, we also work hard to get the word out about Chicago's breast cancer disparity and what women need to know to have the best chance for survival. In the past year, we launched the 5th season of our Breast Health Series on Chicago Access Network Television (CAN TV), Channel 21. On Thursdays, from 4:30 pm until 5:00 pm, we had lively discussions with experts in breast health, survivorship, the latest breast cancer research, nutrition and a variety of other topics. Our series is a live call in show, which gives us the opportunity to connect with people in the community and answer questions about breast cancer related issues. Check out our fantastic guest list!

Topic	Guest
Breast Cancer Community Programs and Grant Opportunities	Leticia Kees Missions Manager Susan G. Komen for the Cure® Chicagoland Area Affiliate
Chicago's Avon Walk	Melissa Loeb Operations Manager Avon Walk for Breast Cancer
The Role of Faith and Spirituality in Breast Cancer Health	Rev. Percy McCray Director of Pastoral Care Cancer Treatment Centers of America
Young Women and Breast Cancer	Robyn Bumgarner Breast Cancer Survivor
Integrative Cancer Program	Kelly Walsh Little Company of Mary Hospital
The Extension for Community Healthcare Outcomes (ECHO) Program	Dr. Susan Hong Associate Professor of Medicine University of Chicago
The Importance of Having a Medical Home and Regular Breast Cancer Screenings	Dr. Babs Waldman Community Health
The Role of Faith and Spirituality in Breast Cancer Health	Dr. Christy Tangney Associate Professor, Dept. of Clinical Nutrition Rush University Medical Center
Young Women and Breast Cancer	Robyn Bumgarner Breast Cancer Survivor
Integrative Cancer Program	Charito Bularzik Patient Navigator Access DuPage

Annual Community Event Beyond October!



For our annual event this year, the Metropolitan Chicago Breast Cancer Task Force launched Beyond October! a free city-wide mammogram screening initiative with the goal of getting 500 uninsured women screened at health institutions across Chicago. As of the printing of this report, we had already secured over 700 free mammograms for uninsured women!

Why are we doing this new initiative? The State program (the Illinois Breast and Cervical Cancer Program) that provides free mammogram screenings to uninsured women currently covers only a fraction of those in dire need of these services, which leads to long waitlists and many women forgoing mammograms. In spite of our advocacy work in Springfield, the program sustained another cut this year and is expected to run out of screening funds long before the end of the fiscal year. This can only drive up disparities in survival here in Chicago as women of color are disproportionately uninsured and reliant on the state program for mammography services.

**Regular screenings
can reduce these poor
outcomes and disparity.**

To combat this crisis in mammogram funding for uninsured women, the Task Force has asked major mammography providers to donate free mammograms. So far the following hospitals have agreed to partner with us on this campaign -- Rush University Medical Center (200 mammograms), Rush Oak Park Hospital (50 mammograms), Roseland Hospital (100 mammograms), University of Illinois Hospital and Health Systems (100 mammograms), Alexian Medical Brothers (50 mammograms), Advocate Christ Hospital (35 mammograms), Advocate South Suburban (15 mammograms) and Northwestern Memorial Hospital (through their partners Erie Family Health, Near North Health Center and Community Health).

Women will be able to start signing up for free mammograms at the kickoff event and throughout the month of November by calling the Task Force's office at (312) 942-3368.

The Beyond October! initiative will conclude on December 1, 2012 with a celebration event at the National Museum of Mexican Art, located at 1852 W. 19th Street, Chicago, IL 60608 from 6 p.m. until 9 p.m.



Celebrating Life

Beyond October!
Closing Celebration

**Saturday,
December 1, 2012**



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

**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.

A large, stylized pink ribbon graphic is centered in the background, looping around the text.

METROPOLITAN CHICAGO

Breast Cancer Task Force

Uniting to End Disparity

The Metropolitan Chicago Breast Cancer Task Force

1645 W. Jackson Blvd., Suite 450

Chicago, IL 60612