



METROPOLITAN CHICAGO
Breast Cancer Task Force

Uniting to End Disparity

Annual Report Back to the Community
Friday, November 11, 2011
Advocate Christ Hospital Conference Center
4440 W. 95th Street
Oak Lawn, Illinois

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Introduction

At our annual event last year, we revealed a startling statistic – that in Metropolitan Chicago, an African American woman’s chance of dying from breast cancer is 62% higher than her White counterpart. This disparity rate is among the highest in the nation. The Metropolitan Chicago Breast Cancer Task Force’s mission is to confront and eliminate this stark disparity. 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. Given the significant financial underpinnings of the healthcare delivery system and the challenges of everyday life that many living in less resourced areas of Chicago experience today, we do not anticipate this journey to be a short or easy one.

Yet, over the past year, we have seen many successes. In December 2010, Illinois became the first state in the nation to establish a State Breast Cancer Quality Board and 11 of the 19 members chosen by Governor Quinn are associated with the Task Force. The State of Illinois also announced that our Chicago Breast Cancer Quality Consortium project will go statewide beginning in January 2012. Health care providers throughout the state that submit their quality data to the Consortium will receive increased Medicaid reimbursement rates for mammography screening. This will be vital to improving the quality of breast care for all women in Illinois, especially those who are medically underserved.

But it is not enough for high quality care to merely exist. Women of color must have access to it. Therefore, in the past year, we continued our partnerships with respected community based organizations to educate women of color about breast cancer disparities and to encourage regular mammogram screenings. We linked medically underserved women with experts in breast cancer care and free or low cost mammograms through our Women Speak! Community Forums. We also continued our grassroots advocacy campaign by urging our state government to increase funding for the Illinois Breast and Cervical Cancer program, which provides free mammogram screenings and cancer treatment for the uninsured. During these tough financial times, avoiding large cuts to this program has been a small, though noteworthy, victory.

These positive outcomes re-energize our work and dedication to winning the battle against breast cancer disparities. We are confident that the efforts of our board, staff and Chicago area partners will result in many lives saved.

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 2010 – November 2011

October 2010	Sponsored a rally and march in downtown Chicago with 400 participants; Encouraged 2,132 individuals to sign a petition for increased funding of the Illinois Breast and Cervical Cancer Program (IBCCP)	The goal of the march was to generate support to increase funding for the IBCCP which currently funds only 13% of those who are eligible
December 2010	Sponsored Quarterly Meeting with Avon Grantees in Chicago to improve their breast cancer outreach and education work through collaboration and evaluation First State Breast Cancer Quality Board Meeting held	Data collected for all grantees showed that from January 1, 2010 to December 31 2010, the grantees educated 11,319 medically underserved women on breast health and breast cancer; referred 1,014 women to mammography services and 341 of those women received screenings.
February 2011	Consortium began its second cycle of data collection Began work with the Chicago Department of Public Health's "Beyond Pink" Breast Cancer Initiative to improve city-wide outreach and education	
March 2011	Sponsored 1 st Quarterly Meeting with Avon Grantees in the Chicago Area to improve work in breast cancer outreach and education through collaboration and evaluation	
April 2011	Launched 3 rd Season of our Breast Cancer Educational series on Cable Access Network Television (CAN-TV)	Guests included: West Side Health Authority, Midwest Asian Health Association, Recovery on Water and Mujeres Latinas En Accion
May 2011	Sponsored "Women Speak!" outreach and education event on the west side of Chicago	The Task Force educated and linked 100 medically underserved women with breast health and breast cancer experts; 29 women signed up for screening mammograms

Our Efforts (cont'd)

June 2011

Sponsored "Women Speak" outreach and educational event on the south side of Chicago

The Task Force educated and linked 200 medically underserved women with breast health and breast cancer experts; 50 women signed up for screening mammograms

Environmental Scans were completed at 27 Consortium sites

Sponsored 2nd Quarterly Meeting with Avon Grantees in the Chicago Area to improve work in breast cancer outreach and education through collaboration and evaluation

September 2011

Sponsored 3rd Quarterly Meeting with Avon Grantees in the Chicago Area to improve work in breast cancer outreach and education through collaboration and evaluation

Data collected from grantees showed that from January 1, 2011 through Sept 30, 2011, they educated 2,906 medically underserved women on breast health and breast cancer. 1,331 of them were referred for mammography services.

Task Force Executive Director named White House Champion of Change in the Fight Against Breast Cancer

October 2011

Launched Task Force E-Newsletter; Launched 4th season of our Breast Cancer Educational series on CAN-TV

Guests include: Avon Walk Chicago, Cancer Treatment Centers of America, and Community Health

The Consortium distributed 2nd year site specific data reports to Consortium institutions

53 facilities received a site specific report

Our Grantees' Efforts

January 1 – September 30, 2011

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

Amani Trinity United Community Health Corporation *Breast Education Advocacy Counseling and Navigation* (BEACON) provides group and individual counseling services through their *Back-on-Track Warriors* group, which is led 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. Since January 1, 2011, BEACON has 58 completed mammography appointments and provided breast health information to over 1,304 women and men.

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 breast health outreach & education program has been integrated into their widely successful community events *El Día Del Niño* and *Target Free Weekend*. They continue to utilize the *Día de los Muertos / the Day of the Dead* exhibition to educate women on the importance of breast health and refer women for free mammography services. NMMA has a public service announcement on Radio Arte 90.5 WRTE-FM on breast health, which airs ten times a day, seven days a week with the potential to reach 500,000 individuals per airing.

Centro Comunitario Juan Diego (CCJD) has been in existence since 1994 and provides a variety of health promotion programs for the entire family unit. Their *Mujer a Mujer / Women to Women* Breast Education program consists of home visits with educational presentations and mammography referrals. The overall goal is to improve quality and access to breast health services in the Latino population of South Chicago. This year, they partnered with NMMA to develop an altar for their *Día de los Muertos / the Day of the Dead* exhibit in honor of all Hispanic women who have died of Breast Cancer. Since January 1, 2011, CCJD has provided 129 women with mammogram screenings and educated 504 community members on the importance of breast health.

Sisters Working It Out (SWIO) is the latest addition to the community based organizations that the Task Force funds. The program targets low income African American women who reside in Chicago's medically underserved communities by utilizing Community Health Workers to educate on breast health and provide mammography referrals. SWIO has distributed health education material to over 1,715 individuals, participated in 16 health advocacy actions, helped 29 women establish medical homes, and referred 58 women to the Access Community Health Network for mammography services.



Results of our second year of data collection show:

- **Substantial improvement in data quality**
- **Many institutions cannot demonstrate that they meet mammography quality benchmarks**
- **Generally, treatment providers were able to demonstrate that they met standards of care, but there were a few institutions that were not able to show that they met many of the treatment standards of care**
- **More detailed analysis is needed to differentiate between medical care issues compared to challenges with collecting high quality data and to identify practical solutions with respect to both types of challenges**

The Consortium staff assisted its partners in collecting data on the quality of mammography and treatment. There are 71 hospitals in Metropolitan Chicago that perform mammograms and 48 hospitals that treat more than 5 breast cancer patients per year. This year, we received data from 39 hospitals and their affiliated mammography clinics and 4 Chicago Department of Public Health clinics. In some instances, larger volume affiliated mammography clinics reported their data separately from their affiliated hospital. Therefore, we have 57 reporting entities of which 53 had data of sufficient quality for analysis. This represents an increase of 23% in reporting entities with data of sufficient quality for analysis over participation levels last year.

Results were distributed to participating providers showing them how they did and how they compared to others. We anticipate data from more providers over the next 2 months as we have data sharing agreements already in place with 47 hospitals and we will be working with some to improve the quality of data submitted. Therefore, these data will be updated at the end of the year and a final community report will be available in early 2012.

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. We can conclude that:

- Data provided for the project came from a wide variety of different types of hospitals and their affiliated mammography clinics, including data from academic, community, public, safety-net, suburban and urban hospitals.
- 46% of hospitals providing mammography services and 4 Chicago Department of Public Health clinics submitted mammography data to this project so far this year. Many mammography facilities cannot demonstrate that they are meeting quality standards in mammography. More detailed analysis is needed to differentiate between care quality and data quality issues. Generous funding from Susan G. Komen for the Cure will facilitate this analysis and rapid cycle improvement projects in mammography quality.
- We received data from 42% of the hospitals in Metropolitan Chicago that provide treatment to at least 5 breast cancer patients per year.
- The majority of hospitals submitting treatment data were able to demonstrate that they are meeting treatment standards of care based on national guidelines. However, there are a few institutions that are not able to demonstrate that they meet many of these standards of care. More detailed analysis is needed to differentiate between care quality and data quality issues. Generous funding from Susan G. Komen for the Cure will facilitate this analysis and rapid cycle improvement projects in treatment quality.
- Our treatment measures focus on treatment initiation. For some treatments that take place over a long period of time, completing all the necessary treatment is important for best chances at survival and preventing reoccurrence. There is a growing body of literature that shows disparities in certain treatments' completion that can affect survival.
- There are a lot of opportunities for improvement

We are delighted that Susan G. Komen for the Cure is providing an additional \$500,000 grant 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;">Finding Cancer</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">• A well performing facility will generally find between 3 and 10 cancers for every 1000 screening mammograms.• About 60% (30 of 50) of our reporting entities met this standard.• The remaining 20 reporting entities were unable to show that they could meet this standard.
Category	% Facilities						
Meets Standard	60						
Not Shown to Meet Standard	40						
<p style="text-align: center;">Finding Cancer When It's Small</p> <table border="1"><thead><tr><th>Category</th><th>% Facilities</th></tr></thead><tbody><tr><td>Meets Standards</td><td>30</td></tr><tr><td>Not Shown to Meet Standard</td><td>70</td></tr></tbody></table>	Category	% Facilities	Meets Standards	30	Not Shown to Meet Standard	70	<p>Explanation:</p> <ul style="list-style-type: none">• At least 30% of breast cancers detected by screening mammography should be very small or low risk.• Less than one third (15 of 50) of our reporting entities met this standard.• The remaining 35 reporting entities were unable to show that they could meet this standard.
Category	% Facilities						
Meets Standards	30						
Not Shown to Meet Standard	70						
<p style="text-align: center;">Lost to Follow-up at Imaging</p> <table border="1"><thead><tr><th>Category</th><th>% Facilities</th></tr></thead><tbody><tr><td>Meets Standards</td><td>36</td></tr><tr><td>Not Shown to Meet Standard</td><td>64</td></tr></tbody></table>	Category	% Facilities	Meets Standards	36	Not Shown to Meet Standard	64	<p>Explanation:</p> <ul style="list-style-type: none">• An abnormal or suspicious screening mammogram result should always be followed by diagnostic imaging to help determine if the patient has breast cancer.• A little over one third (18/50) of our reporting entities met the standard and had a lost to follow-up rate of less than or equal to 10%.• The remaining 32 reporting entities were unable to show that they met this standard.
Category	% Facilities						
Meets Standards	36						
Not Shown to Meet Standard	64						

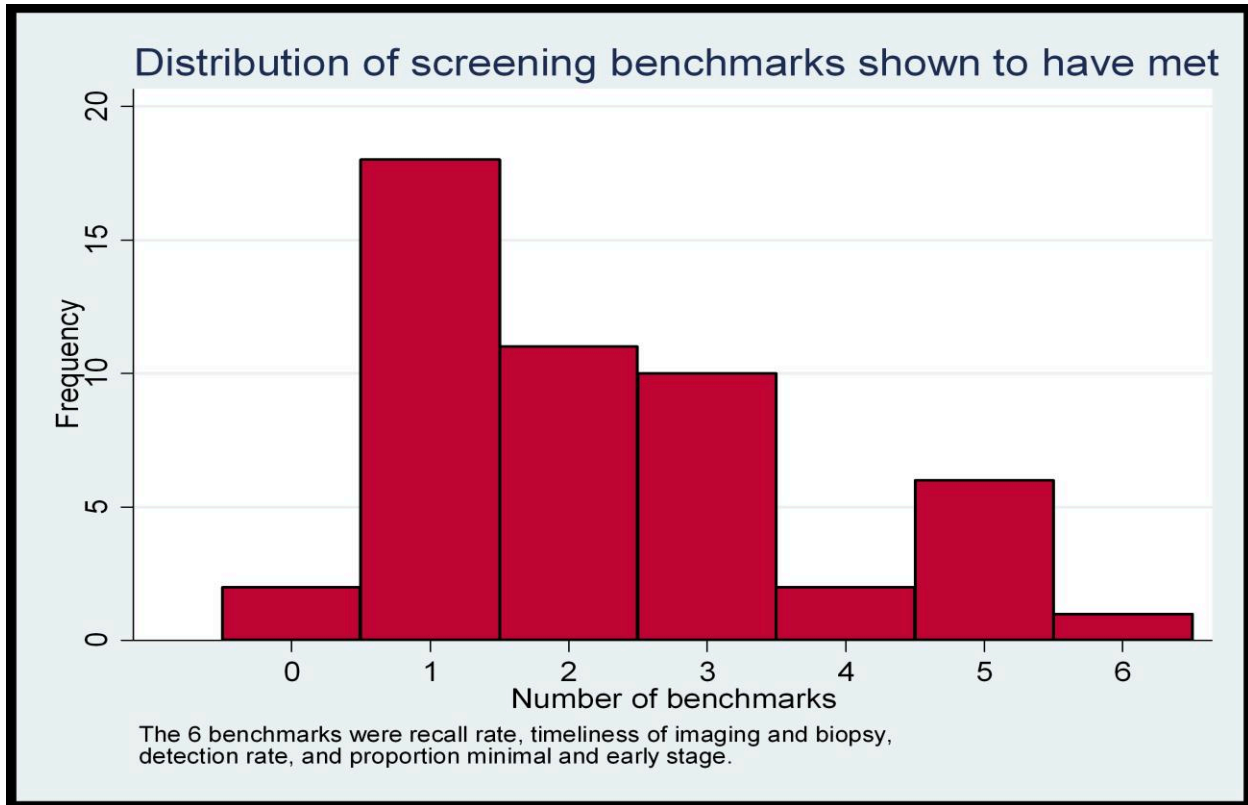
High Quality Breast Cancer Treatment should:

- 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

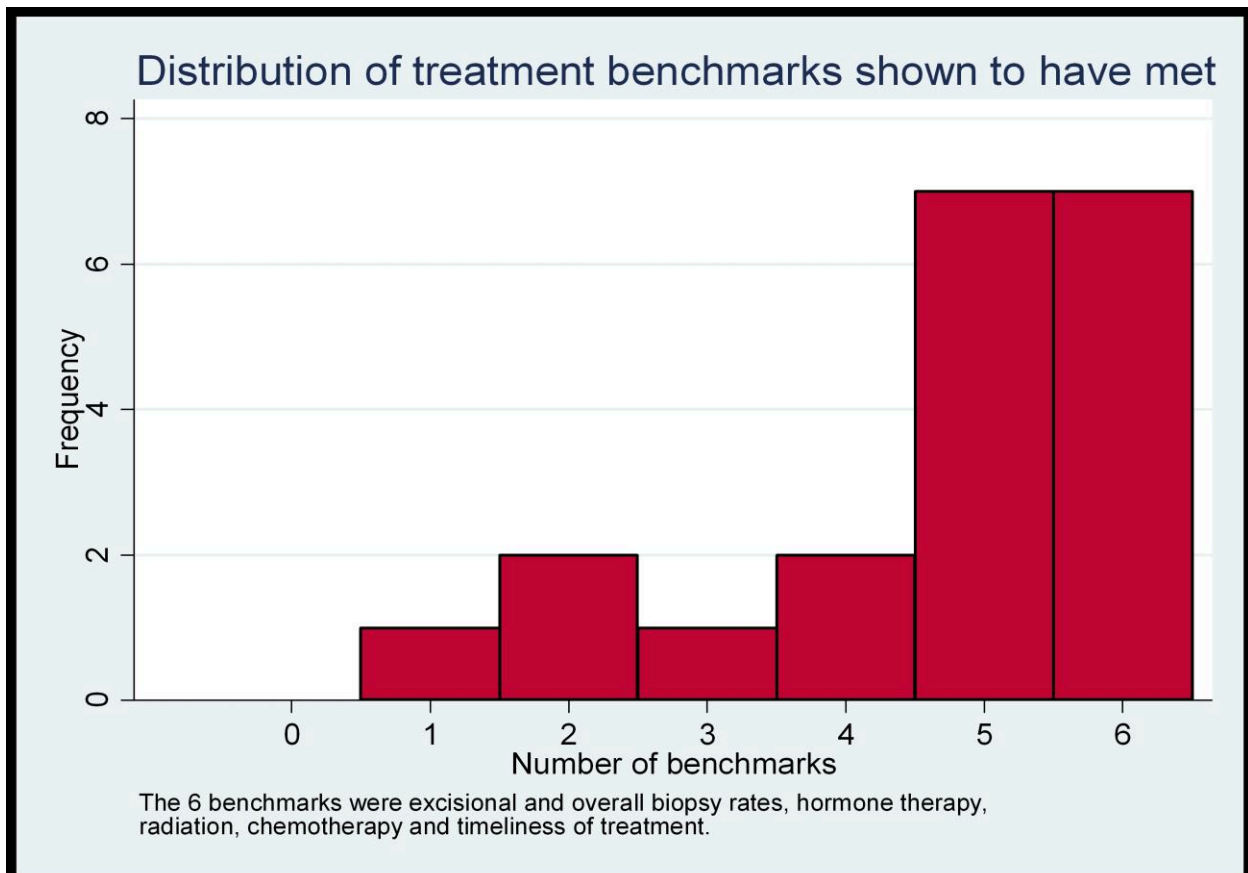
The Consortium also collected data to determine if facilities were providing timely treatment, radiation after breast conserving surgery and testing patient for hormone receptors. Three measures that we used to evaluate these are

<p style="text-align: center;">Timely Treatment</p> <table border="1"> <thead> <tr> <th>Category</th> <th>% Facilities</th> </tr> </thead> <tbody> <tr> <td>Meets Standards</td> <td>75</td> </tr> <tr> <td>Does Not Meet Standards</td> <td>25</td> </tr> </tbody> </table>	Category	% Facilities	Meets Standards	75	Does Not Meet Standards	25	<p>Explanation:</p> <ul style="list-style-type: none"> • A woman should be able to begin her treatment for breast cancer within 60 days of being diagnosed. • About 75% (15/20) of our reporting facilities met the standard by reporting that at least 80% of their patients received timely treatment. • The remaining 5 facilities were unable to show that they could meet this standard.
Category	% Facilities						
Meets Standards	75						
Does Not Meet Standards	25						
<p style="text-align: center;">Radiation Recommended after Breast Conserving Surgery (lumpectomy)</p> <table border="1"> <thead> <tr> <th>Category</th> <th>% Facilities</th> </tr> </thead> <tbody> <tr> <td>Meets Standards</td> <td>70</td> </tr> <tr> <td>Does Not Meet Standards</td> <td>30</td> </tr> </tbody> </table>	Category	% Facilities	Meets Standards	70	Does Not Meet Standards	30	<p>Explanation:</p> <ul style="list-style-type: none"> • 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. • About 70% (14/20) of our reporting facilities met the standard by reporting that at least 85% of such patients were recommended for radiation therapy. • The remaining 6 facilities were unable to show that they could meet this standard.
Category	% Facilities						
Meets Standards	70						
Does Not Meet Standards	30						
<p style="text-align: center;">ER/PR Test Result Available</p> <table border="1"> <thead> <tr> <th>Category</th> <th>% Facilities</th> </tr> </thead> <tbody> <tr> <td>Meets Standards</td> <td>95</td> </tr> <tr> <td>Does Not Meet Standards</td> <td>5</td> </tr> </tbody> </table>	Category	% Facilities	Meets Standards	95	Does Not Meet Standards	5	<p>Explanation:</p> <ul style="list-style-type: none"> • 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. • Most of our reporting facilities (19 of 20) met the standard by reporting that at least 90% of their patients had their tumors tested for hormone receptors. • The remaining facility was unable to show that they could meet this standard.
Category	% Facilities						
Meets Standards	95						
Does Not Meet Standards	5						

Reporting Entities Meeting Key Screening Benchmarks



Facilities Meeting Key Treatment Standards of Care





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Breast Cancer Task Force

Uniting to End Disparity

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.