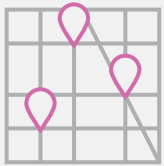


# Reducing Disparities in Women's Health Care

Equal Hope, formerly the Metropolitan Chicago Breast Cancer Task Force, has created a successful evidence-based model for understanding and reducing disparities in the diagnosis and treatment of breast cancer. The model described below can be used as Equal Hope expands its focus to more holistically help uninsured, underinsured, and publicly insured women gain access to higher quality care for cervical cancer, other cancers and even other diseases. This model has been cited by major medical journals as an effective way to address inequities in the healthcare system.



## STEP I Landscape Analysis

Rigorously assess the healthcare system for a specific health disparity. Map out where people go for service (i.e. capacity surveys), and for resources such as equipment, specialists, and Centers of Excellence and look at how this matches or often doesn't match where people of color and people with less income live.



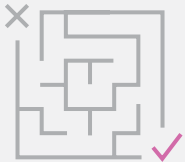
## STEP II Develop a Quality Scorecard / Consumer Report

Identify what constitutes the highest quality care that gets a person the best chance of survival with the fewest side effects. Collect quality data. Create an easily read and understood scoring report so that healthcare providers and facilities can see how they are doing and where they can improve.



## STEP III Create a Big Tent

Sign up all the healthcare providers/facilities to share quality data confidentially – everybody in and nobody out.



## STEP IV Assess how the Healthcare System Works in Real Life

Assess how the healthcare system works for or fails people with an illness. What are the touch points for a patient going through the system? What are the barriers? What helps patients get what they need?



## STEP V Listen and Learn from Patients

Listen to patients and the stories they tell about their experience with the healthcare system.



## STEP VI Design Evidence-based Interventions

*Only after looking at all the data and understanding the experience of patients*, targeted interventions can be created, tested and evaluated. Interventions might include patient outreach, education and navigation, and education of health care providers. To ensure long-lasting systemic change, policy advocacy may also be needed.