

Annual Progress Report 2007-2008

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ANNUAL PROGRESS REPORT TO THE AVON FOUNDATION

In March 2007, the Avon Foundation awarded the Sinai Urban Health Institute (SUHI) of the Sinai Health System in Chicago \$1.9 million to address widening Black-White breast cancer mortality disparities in Chicago. The goal of this project is to explore why such disparities exist and to develop an innovative new intervention in two minority communities that will serve as a model to be translated to other communities in Chicago and beyond. This Progress Report to the Avon Foundation reflects the first 13 months (March 2007-April 2008) of activities.

During the first six months of project activities, our project team was involved in a city-wide effort to bring together leaders in the field and organize the Metropolitan Chicago Breast Cancer Task Force. The purpose of the Task Force was to better understand and identify solutions to improve quality and reduce disparities in breast cancer mortality. Our SUHI team was charged with synthesizing the ideas that emerged from the Task Force into a landmark report, which was released during Breast Cancer Awareness month (October 2007), and facilitating a coordinated response necessary to bring about policy and system-level change, all of which was supported with funds from the Avon Foundation.

In the second half of the year, SUHI has taken steps to organize and gather the necessary information to shape the planning of a comprehensive, evidence-based intervention in two Chicago communities. To start, we convened a dynamic group of social epidemiologists and health educators to guide this process. Next, we are implementing three assessments in Phase 1 of this project – a baseline survey of women, focus groups, and an institutional survey of processes. We anticipate completing the survey and focus groups by June 2008 and plan to begin implementation of some interventions in July 2008. In years 2-3 of this project, we will employ and evaluate several multi-level interventions, which will cumulatively achieve our project goal of improving health outcomes and reducing disparities in these communities.

In Section 1 of this Progress Report we summarize Project Activities including a detailed description and impact of the Metropolitan Chicago Breast Cancer Task Force and the new Helping Her Live Program. In Section 2 we describe the next steps in achieving our goals by outlining a proposed project work plan for the upcoming two years. Lastly, in Section 3, we present and summarize our Financial Report for the 11 month period, April 2007-March 2008.

SECTION 1: SUMMARY OF PROJECT ACTIVITIES

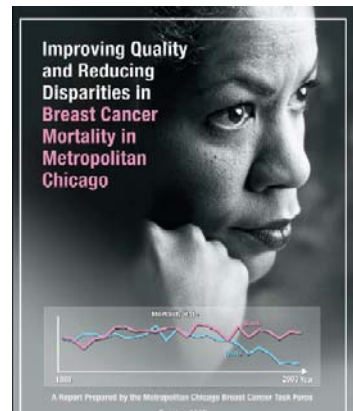
Metropolitan Chicago Breast Cancer Task Force, March-October 2007

Establishment

In October 2006, the Sinai Urban Health Institute reported findings on widening disparities in breast cancer mortality between Black and White women in Chicago, with Black women 68% more likely to die from breast cancer than White women (2003). In response to this startling disparity, SUHI, along with several other concerned stakeholders, held the Chicago Breast Cancer Summit on March 23, 2007 at Rush University Medical Center, Chicago, IL. The Summit convened over 200 researchers, providers, administrators, epidemiologists and other concerned stakeholders and, as one prominent health care leader stated, “It represented a historical moment for change in the delivery of breast health services.” The Summit was organized around three possible hypotheses to explain the breast cancer disparity in Chicago: access to mammography, quality of mammography and quality of treatment.

From this Summit emerged the Metropolitan Chicago Breast Cancer Task Force, which has for the first time ever brought together over 100 prominent leaders from all around the Metropolitan Chicago area to put their heads together to figure out how to fix this issue. The Task Force was charged with examining why these disparities exist and developing a Plan of Action to provide concrete recommendations on how to improve quality of breast health care for all women in Chicago. They produced a landmark Report released on October 17, 2007 (Figure 1) outlining 37 key recommendations to address the widening Black-White disparity in Chicago and to improve breast health outcomes for all women. Over 100 Task Force members contributed to this report and over 200 people came to support the press conference. To read more about the Summit, the Task Force and the Report, visit: www.chicagobreastcancer.org. Appendix A includes a copy of this Report.

Figure 1: Task Force Report Released October 2007



While the Task Force emerged out of the Breast Cancer Summit in March 2007 with a specific task of producing a report, it has sustained itself to ensure that these recommendations are

translated into reality. Since the October 17, 2007 press conference and report release, the Task Force has formed an elected Board of officers to guide future activities, established itself as a 501-c3 and secured funding for three of its ten funding proposals. This includes:

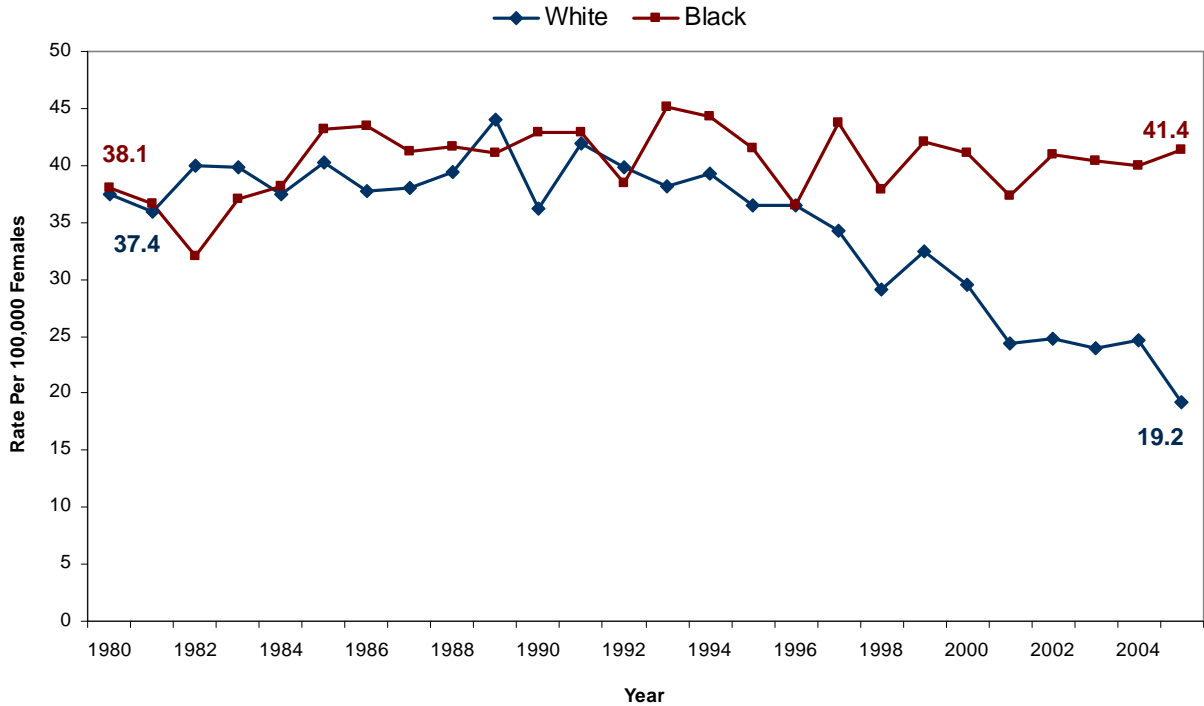
- \$1million for 3 years from the Susan G. Komen for the Cure Foundation to support the Quality Consortium; and
- \$1million for 3 years from the Avon Foundation to: (a) fund the office of the Task Force and (b) implement outreach activities to African American communities.

Epidemiology

SUHI's analysis of breast cancer mortality by race has been instrumental in stimulating similar analyses in other urban settings, including New York and Houston. Data from New York have been shown to be less severe than in Chicago, such that the Black-White disparity is only 11% compared to the 68% in Chicago in 2003. These data have been particularly significant to addressing the argument that biology may play a role in the disparities seen in Chicago. The fact that Black-White disparities are far less severe in New York suggests that genetics or the biology of the Black woman cannot be the cause of such extraordinary racial differences in mortality documented in Chicago.

A similar trend in Black-White disparities in breast cancer mortality exists in Houston. Dr. Whitman presented these findings at the Avon Foundation Breast Cancer Forum on February 4-6, 2008 in Houston, Texas. The data, analyzed by SUHI, indicate that Black women in Houston were 45% more likely to die from breast cancer than White women in 2004 and that the disparity is continuing to widen in Houston just as it is in Chicago. The data received a great deal of media attention in Houston and Avon is now trying to facilitate a Task Force for that city, built on the Chicago model. Several newspaper articles were written about the event and a description of the event can be found under "Recent News" at: www.chicagobreastcancer.org. A copy of a newspaper article from the front page of the Houston Chronicle can be found in Appendix B.

Figure 2. Black and White Breast Cancer Mortality Rates*, Chicago, 1980-2005



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

Lastly, breast cancer mortality data for the state of Illinois from 2005 became available data and SUHI (data analyzed by Teena Francois) took this opportunity to update the graph that has since been referenced by so many. While the Summit, the Task Force and all the activities that followed were inspired by the appalling 68% disparity between Black-White women from 2003, data indicate that the disparities have worsened. Chicago mortality data from 2005 indicate that there is now a 116% disparity in breast cancer between Black-White women (Figure 2). While the Black breast cancer mortality rate was slightly higher in 2005 than 1980, the White rate continued to decline, resulting in an even more disturbing disparity.

So, why aren't Black women benefiting from the same advances in medical technology and services that White women are? Why does the White rate continue to decline while the Black rate is stagnant or rises? Answers to these and many other questions are still open, but need to be answered. We hope that with continued support from the Avon Foundation, SUHI and its partners will begin to better understand this problem and find effective solutions to address it.

Dissemination

In addition to obtaining funds to sustain its work and make the recommendations a reality, members of the Task Force have made over a dozen of presentations at local community meetings and national breast cancer conferences. SUHI continues to receive calls about the Task Force activities and requests for presentations at local churches, community forums and other events.

We believe that people have been moved and energized by the work of the Task Force and will continue to learn more about the problem and to find solutions. For instance, Nurse Maria Altamirao, Special Programs Coordinator of the AV Regional Liaison-Partners In Care Foundation, heard Dr. Whitman's presentation at the Avon Foundation Annual Meeting in Houston and asked to use his slides and materials at an African American Breast and Cervical Cancer Awareness Forum held on February 15, 2008 in Lancaster, California. Over 50 African Americans aged 40 years and over attended and the local media covered the event. Such events exemplify how communities, even those beyond Metropolitan Chicago, are organizing and mobilizing to be more aware of best breast health practices and how others (unbeknownst to us or the Task Force) are beginning to tell this story of unjust disparities in their own words. While we cannot always track every email, conversation or presentation, we are certain the torch ignited by the data at last year's March Summit will continue to burn and be passed along, enlightening and inspiring all those it passes.

Policy

On Friday, February 29, 2008, Illinois State Representatives Greg Harris, Toni Berrios, LaShawn Ford and Beth Coulson and State Senators Jacqueline Collins, Iris Martinez and Heather Steans held a press conference supporting House Bill 5192, which proposes to comprehensively enact four recommendations put forth by the Metropolitan Chicago Breast Cancer Task Force in its October 2007 Report. Several SUHI staff attended this event and found that once again, the breast cancer mortality data are driving change at many levels. This remarkable event exemplifies how advocacy groups and policy makers are helping to create a supportive environment to ensure resources are available to make the Task Force's recommendations a reality. (To learn more about the bill and track its progress, visit www.ilga.gov.)

In addition, the Task Force has helped to institute mammography quality measures. As recommended by the American College of Radiology, mammography centers have been asked to monitor their quality. However, few do this because there are no established reporting mechanisms in place. To address this, the Task Force has encouraged hospitals and mammography centers to collect and report on core quality measures to which they will hold themselves accountable. The Sinai Health System and Mercy Hospital are proud to say they are taking this first step. By measuring quality they demonstrate their commitment to improvement in care for the women and communities they serve and hope other institutions in the Metropolitan Chicago area will join them. Pursuing this on a city-wide basis will be the primary task of the Quality Consortium, which was one of the key recommendations from the Task Force report.

Lastly, several newspaper articles have been written about the Summit, the Task Force and the key findings from the Report. As they emerge, we update the www.chicagobreastcancer.org website and inform all Task Force members. Many of these have been synthesized into a single packet and are included as Appendix C.

Helping Her Live: Gaining Control of Breast Cancer, November 2007-present

While racial and ethnic disparities in breast cancer mortality are worsening in Chicago, best practices to eliminate them have yet to be established. As part of this award from the Avon Foundation, SUHI will conduct an in-depth study of two Chicago communities and translate findings into a comprehensive, community based breast cancer intervention aimed at improving screening, reducing delays in diagnoses and treatment, and ultimately reducing breast cancer mortality.

The two targeted communities are Humboldt Park and North Lawndale. Humboldt Park is a mixed community that is half Black, a quarter Mexican and a quarter Puerto Rican. North Lawndale is a predominately Black community. To respect the racial and ethnic diversity of these communities, the project will be implemented in what we consider to be four sectors: (1) North Lawndale and (2) West Humboldt Park, two mainly African American areas; and (3) East Humboldt Park Mexican and (4) East Humboldt Park Puerto Rican.

Getting Organized

One of the first tasks in starting this project was creating our team. In the fall of 2007, we received over 100 resumes for the Health Education Coordinator position. We reorganized ourselves internally and ended up with a diverse, knowledgeable and energetic group of eight team members. Appendix D includes an organizational chart of the project staff. We currently have full-time equivalent of a Project Coordinator for each of the four target Sectors, a research assistant and administrative assistant and will be hiring additional lay-health educators starting July/August 2008 to assist in implementing the interventions. We benefit from the expertise and experience of other SUHI and Sinai staff who have been working on the Sinai Avon Safety Net-Mammography project (2005) and we have been collaborating with them most effectively. More specifically, we have collaborated with the Sinai Navigator program data manager (Kristi Allgood), Sinai navigators and other Sinai health outreach workers for overall coordination of care. In addition, we have a senior advisor and professor from the University of Illinois at Chicago - School of Public Health, Dr. Garth Rauscher, who serves as a consultant to the project.

Lastly, in addition to the extensive team at Mount Sinai Hospital and SUHI, we are working collaboratively with several community based partners, the Puerto Rican Cultural Center, Centro Sin Fronteras, West Humboldt Park Development Council and the Sinai Community Institute, with whom SUHI has signed a Memorandum of Understanding, outlining goals and expectations.

To begin planning for this Avon Community Grant, we consider our project in three phases (Figure 3).

Figure 3. Helping Her Live Program Timeline and Phases

Phase 1: Assessment and Planning, January-June 2008

Phase 2: Intervention Implementation, July 2008-June 2010

Phase 3: Evaluation and Wrap Up, July-October 2010

Phase I: Assessment and Planning

In the planning phase of this project, our team created a name and logo that would best represent the project. The name, as mentioned earlier, is “*Helping Her Live: Gaining Control of Breast Cancer in Humboldt Park and North Lawndale*” and the logo is still being finalized.

From January-May 2008, SUHI will complete three assessments to inform the intervention design:

- (a) A comprehensive baseline survey to explore women's history and experience with breast cancer screening and treatment;
- (b) Focus groups to examine how and why women lack access to and experience delays in receiving optimal breast cancer screening and treatment; and
- (c) Institutional assessments with hospitals, clinics and mammography facilities to understand contributing barriers and make recommendations toward system-level policy improvements.

We are gathering information to learn about barriers to receiving care, attitudes towards receiving a mammogram and other breast health services, experiences of survivors and institutional challenges to providing optimal coordinated services. Information from these three assessments will be used to design a comprehensive community based intervention to be implemented in Phase 2.

(a) Comprehensive Health Survey: A comprehensive health survey has been developed and is currently being implemented. The survey was designed from December 2007-January 2008; translated into Spanish, pilot tested and approved by the Institutional Review Board in February 2008. Data collection began on March 17, 2008. The specific objectives of the survey are:

1. To generate a baseline mammography screening estimate for the two targeted communities of Humboldt Park and North Lawndale;
2. To examine the extent to which self-report and medical documents (charts, electronic data, etc.) are in agreement; and
3. To gain specific information that will help shape and guide the planning of the intervention.

As discussed earlier, the two targeted community areas are divided into four sectors comprised of Black and Hispanic populations. North Lawndale and West Humboldt Park are predominately non-Hispanic Black and East Humboldt Park is predominately Latino

(Puerto Rican and Mexican). We aim to complete 500 surveys per sector, that is, 2,000 total completed surveys with women age 40 years and over that live in either of the target communities. Appendix E includes a copy of the complete survey, the screener, and the map.

To administer the survey we have contracted with and trained twelve dynamic interviewers from the communities/sectors. We received over 40 resumes in response to our call for interviewers, interviewed 25, and ultimately hired 10 extraordinary women as part-time interviewers. Most of the women are 40 years and over and bring a great deal of richness to the project.

We held two rounds of interviewer training, the first from March 11-13, 2008 and the second, on April 15, 2008 for our additional Spanish-speaking interviewers. The second round of training was intended for the Spanish-speaking interviewers and was a few weeks later than the first training due to funding delays from the state-funded Humboldt Park Breast and Cervical Cancer Health Partnership.[†] We currently have 13 interviewers (6 Spanish-speaking), all of whom have received 12 hours of interviewer training and HIPAA Certification.

It is important to note that while the interviewers were hired to complete surveys, they have been amazingly insightful and thoughtful in their feedback to the project. During the training and first few weeks of data collection, we received feedback from them on how to improve the survey instrument and recommendations on which venues to visit as possible points of data collection. We have also learned a great deal about the reality of poverty, the lack of available resources, and overall crime facing many living in these communities that we believe will better guide us in continuing our data collection and in planning the future interventions.

[†] Humboldt Park Breast and Cervical Cancer Partnership, of which SUHI is a member, wanted to provide 8-10 health educators as potential interviewers. However, because of funding delays by the State, these educators were not hired until April and only 2 have since joined our team. We thus identified other Spanish speaking interviewers and have since trained six who will be working in the Latino communities.

Data collection has been a rich and exciting period for the interviewers, the coordinators and the project. After exploring several options, we decided to use venue-based sampling as a means of identifying and recruiting women from the community to participate in the survey. To determine where to administer the survey, we obtained a comprehensive list of venues (e.g., salons, churches, grocery stores, laundromats, etc...), which served as the sampling frame. From the frame, we initially tried to randomly select venues based on type, location and capacity to serve women age 40 years and over. However, this is in an ideal world. Due to the reality of working in any community, we have since started to work with venues that are willing to cooperate and are receptive to allowing our interviewers to collect data, while monitoring venue type to ensure diversity.

Since March 17, 2008, the interviewers have been working diligently and collaboratively roughly 15-20 hours/week to complete 2,000 surveys (500 per sector). To date (April 30, 2008), we have completed 978 surveys at different churches, businesses, grocery stores, senior facilities, etc. With roughly 8 different venue types, we hope to achieve our goal by the end of May in each sector.

Preliminary findings from the survey were presented at an Appreciation Luncheon on April 21, 2008 at the Sinai Community Institute. The data indicate that women are on average 55 years of age and between 50-70% have had a mammogram within the last year, with the lowest rates in the Black community of West Humboldt Park and the Mexican community of East Humboldt Park. Data are consistent with what we know from other community health surveys.¹ Other interesting findings suggest that accessing mammograms may not be a problem but accessing primary care (or a regular source of care) is. In fact, interviewers tell us that even the question (which is standardized from many national surveys including BRFSS) of “do you have a usual source of care?” is confusing and often misleading to the interviewee who may not perceive “usual” care in the same manner as intended. In fact, some women seem to have had their most recent and only regular/routine primary care (including a mammogram) when in prison. Appendix F includes a copy of the slides shown at the Appreciation Luncheon, where we not only presented preliminary

¹ Sinai’s Improving Community Health Survey 2002-2003.

survey findings but also mapped the addresses of the women, highlighting our effectiveness of the spread and reach of women in the community.

(b) Focus Groups

We received IRB approval to conduct focus groups in May 2008 aimed at examining how and why women lack access to and experience delays in receiving optimal breast cancer screening and treatment. Nine focus groups will be conducted in the two African American sectors and one in the Latino community (combining Puerto Rican and Mexican). The focus groups will target three specific groups: breast cancer survivors, women who have routine mammograms (defined as two in the last five years) and women who have not had routine mammograms or never had a mammogram. Focus Group Guides are attached in Appendix G.

We are currently in the process of developing a screening mechanism to recruit women and identify venues to host them. We expect to obtain rich qualitative data on how women obtain and receive breast cancer screenings and/or follow-up treatment. The information will not only enhance our overall understanding of women's experiences, but will ultimately shape our formulation of the interventions in Phase 2 of this project.

(c) Institutional Assessment

The third assessment for Phase 1 of the project involves studying local institutions and their delivery of care. We plan to explore how breast cancer screening and treatment is offered to women and to identify funding and system-level barriers to care. We have delved into the delivery of care at Mount Sinai Hospital and have started to understand how screening mammograms are funded. A list of questions have been developed as a starting phase for the Institutional Assessment but this has been put on hold until the survey and focus groups are completed. We believe that this assessment can be done even as the health education components of the intervention are being implemented sometime during June/July 2008.

In addition to these initial assessments, we will review the service provider focus groups completed by the Metropolitan Chicago Breast Cancer Task Force in 2007 along with the

feedback from the Town Hall meetings. We also plan to conduct a thorough literature review of successful projects addressing disparities in breast cancer mortality and morbidity and visit existing local and national programs of model breast cancer care programs to learn best practices in outreach and inreach.

Lastly, as part of our assessment, we will confirm self-reported mammography screening prevalence with medical records. Assuming that mammography screening is an effective tool in reducing breast cancer mortality, all women should benefit from it. The lack of progress for Black women in Chicago is particularly perplexing given that self-reported mammography screening rates have been the same for Black and White women in Chicago since at least 1996. Literature suggests that self-reported mammography rates (both on the phone and in person) may be problematic because poor and Black women tend to over-report mammography. However the extent of such over-reporting is not known for these two communities. Differences in self-reported screening mammography may contribute to later stage of diagnosis and treatment, thus leading to the high mortality disparity observed in Chicago. Understanding such differences has significant implications to evaluating any program aimed at changing breast cancer screening prevalence and to the overall surveillance of breast cancer screening.

Community Empowerment thru Mobilization and Outreach

In addition to the assessments planned in Phase 1, much other work has gone into building relationships, establishing necessary partnerships, and fostering a shared vision of how to address widening disparities in breast cancer mortality. We have engaged in several community outreach activities, some initiated by us and others by communities. In both cases, SUHI has done what it could to support and facilitate these endeavors while staying focused on our specific project goals. A few examples of such efforts are described below.

(a) Humboldt Park Breakfast, March 2008

Once again, in response to the widening disparities observed in breast health outcomes, the Latina community of Humboldt Park launched the Humboldt Park Cervical and Breast Cancer Partnership to support and promote community education activities in Humboldt Park. The Partnership is comprised of representatives from the Illinois Breast and Cervical

Cancer Screening Program (IBCCP), the Greater Humboldt Park Community of Wellness, Rebaño Compañerismo Cristiano Church, Pedro Albizu Campos High School/Alternative Schools Network, the Puerto Rico Federal Affairs Administration, the Puerto Rican Cultural Center and the SUHI.

On Friday, March 14, 2008, the Partnership, led by Helping Her Live Project Coordinator for East Humboldt Park, Lolita Lopez, hosted a community breakfast to raise awareness around and improve utilization of life-saving screening for breast and cervical cancer. The event honored Latina women of Humboldt Park who have fought and survived cancer, informed many others on where and how to access screening services and demonstrated a commitment to this initiative not only by the community but also by several policy makers. We mobilized through the various partner organizations, through four local senior living facilities, at churches, and through local businesses. More than 300 people convened in a local church (Rebaño Compañerismo Cristiano Church) in Humboldt Park, more than 75% of them being women from the community over the age of 40.

The keynote speaker, Dr. Aida Giachello, founder and director of the University of Illinois at Chicago JACSW Midwest Latino Health Research, Training, and Policy Center, spoke to all those present about the importance of women taking charge of their health and the critical role of community collaboration in addressing health disparities in breast and cervical cancer. Other prominent leaders who spoke included Steven Guerra, the highest ranking Latino in Illinois Governor Blagojevich's administration; Dr. Damon Arnold, Director of the Illinois Department of Public Health; State Senator Willie Delgado, State Senator Iris Martinez, and State Representative Cynthia Soto. All of the dignitaries addressed the audience urging them to get screened regularly and pledged to support and fight to bring necessary resources to the community. Lastly, Lisa Stevak, Helping Her Live Project Coordinator for East Humboldt Park, introduced Sinai's Helping Her Live program in the community.

The most compelling and inspiring stories came from the survivors, who shared their personal testimonies and struggles with cancer. They included Michael O'Grady, CEO of

Norwegian American Hospital; Maddi Elga Amill, Director of the Puerto Rico Federal Affairs Administration; Emma Lozano, Director of Centro Sin Fronteras; Cynthia Guerrero, and Wilma Santiago. The survivor testimonies helped to address the myths and fears associated with cancer and offered hope and encouragement to all those present. Rebaño's Pastora Lynette Santiago made powerful and insightful concluding remarks about faith, hope, and community in the process of confronting breast and cervical cancer. The event received media attention from various local newspapers and Spanish radio stations. It was sponsored by Norwegian American Hospital, Goya Foods, Banco Popular, Extra Newspaper, and Boca Ad Agency. The Breakfast was presented by the Illinois Department of Public Health in collaboration with the Illinois Department of Human Services and the Hispanic/Latino Health Initiative. (Appendix H includes a copy of the Breakfast Invitation and a newspaper article from this event.)

As a result of this event, SUHI has developed stronger relationships with several organizations in Humboldt Park including the Partnership and our other partner organizations in the Helping Her Live project, West Humboldt Park Development Council and Centro Sin Fronteras. Other outcomes include SUHI offering support to Norwegian American Hospital in Humboldt Park on submitting a grant to hire a community health educator/navigator and introducing the project to clinics in the area, which will be most helpful when we begin the medical abstractions and implementing the intervention.

(b) North Lawndale Lunch, April 2008

On April 9, 2008, the SUHI hosted a luncheon to better inform the community about its programs and to build partnerships with local businesses, service agencies and community-based organization for improved community health. Over 60 people attended this luncheon at which several SUHI programs were represented, including the Helping Her Live project. DeShuna Dickens, Helping Her Live Project Coordinator for North Lawndale, not only organized the event, but also introduced the program to the community and informed the audience on ways in which they could partner and promote these initiatives. Sinai's breast cancer navigators and representatives of the Sinai Avon Project were also present and had invited two survivors to share their stories. The survivor's words were most touching as

they described how one should get screened early and often, and how the Sinai Health System, with the support of its Avon-funded navigators, have never let them down. Fliers were available to all who attended on where to get a mammogram in the community and if anyone had any questions to contact the Navigator Coordinator. (Appendix I includes a copy of the flier we distributed along with the Helping Her Live presentation DeShuna Dickens gave at this event.)

As a result of this event, the Helping Her Live project made several new contacts and started to coordinate its work with other Sinai-led efforts. In the community, SUHI will build upon these new relationships to host a venue for data collection during the assessment phase and to host educational seminars or forums during the intervention phase of the project.

(c) West Humboldt Park

The Helping Her Live program has also been well-received in West Humboldt Park. The WHP Project Coordinator, Teena Francois, has been working with three dynamic interviewers to do outreach and inform the community about our work. In addition to getting buy-in from key venues for data collection, she has met with Alderman Walter Burnett of the 27th ward to introduce him to the Helping Her Live project and to explore potential opportunities to collaborate with him and other community organizations with which he has relations. As a result of her efforts, the project has benefited from contacts with six new community based organizations that serve our target population. In addition, the Helping Her Live project will be featured in an article for the Alderman's newsletter and in a 30 minute segment for CAN-TV. Governmental support of our work has opened many avenues to partner with the community and has resulted in our reaching women we may have otherwise missed.

In addition to building relationships with health care facilities, businesses and other stakeholders in the targeted sectors of the Helping Her Live project, our team has started to reach out to other local and national breast cancer education and advocacy groups like Y-Me, Gilda's Club, Sisters Working It Out (SWIO), Sisters Embracing Life and the

American Cancer Society (ACS). We have met with representatives from Y-Me to Gilda's to learn from and adapt their efforts to support breast cancer survivors and their new Latina initiative and as a result plan to work with Sinai's breast health service line to reinstate a survivor's support group that will serve not only Sinai's patients, but also the North Lawndale community. SWIO has shared their experiences in training their health educators, how to sustain community health worker program and their curricula, which includes information on how to address negative perceptions of obtaining screening and breast cancer in general. Lastly, we will be meeting with ACS to better understand their resource database so that we can either enhance it to meet our project needs or adapt it for our target communities. We will ultimately need a complete database of existing breast health resources and services, including where to access free mammography screening, where to access closest primary care and mammography screening facility, how to schedule an appointment, etc. SUHI will continue to bridge alliances like these and learn from past and present successes in the field as we embark on the Helping Her Live project this summer.

In summary, though the project intervention has not yet begun, we are currently laying the foundation for successful and effective implementation in Phase 2. By conducting the assessments we are gaining a better understanding of our target communities and by holding events we are starting to organize and mobilize the community. As we host events in the community and invite stakeholders to be partners in Helping Her Live, we believe the interventions will be community driven and owned. The relationships we are starting to build we hope will lead to a Project Advisory Board and will help us hire and train effective community health workers and leaders. Ultimately, as the intervention begins to take form, our vision is to have a sustainable program that will enable women in the community to easily access screening mammograms and ensure appropriate follow diagnostic and treatment services as needed.

SECTION 2. PROPOSED PROJECT WORK PLANS

As described above, we are in the development phase of the intervention and anticipate learning a great deal from the three assessments scheduled to be completed by June 2008. In general, results of the survey will inform us about routine screening practices in the community, access to primary care or usual sources of care, insurance coverage, knowledge and attitudes toward breast cancer and much more. The Focus Groups will likewise inform the intervention by helping us better understand the overall experiences that women have shared in obtaining routine or not (e.g., non-routine care); challenges women have faced if they have never had a mammogram; and lastly, the experiences of breast cancer survivors. To date, we have reviewed several articles, plan to make site visits, and have an idea of the different types of activities we plan to implement.

As we continue to study the problem and complete an assessment of the institutions, we will develop and implement comprehensive, evidence based multi-level interventions to improve breast health outcomes in the two targeted communities. To achieve this goal, we have drafted a work plan to guide our thinking and actions. The overarching goals, objectives and some proposed activities are listed below in draft form to give an idea of our next steps. As data are collected and synthesized, we will modify and prioritize our plans based on the findings from each assessment. Below is a draft of a proposed work plan for review. It is a work in progress and will be modified based on the findings of our assessments and further thinking.

Overarching Goals	
<i>Improve breast cancer outcomes and reduce breast cancer disparities in mortality in two Chicago communities and ultimately serve as a model for achieving this goal in other communities</i>	
<p><i>Overall</i></p> <ul style="list-style-type: none"> ▪ Reduce the % of women dying from breast cancer ▪ Reduce the % of women diagnosed w/ late stage breast cancer ▪ Improve breast health outcomes for all women in the two targeted communities 	
Goal 1: Gather quantitative and qualitative information to guide and inform the project plans at the individual, community and institutional level	
<i>Objective 1: Obtain baseline data on routine breast cancer screening, access to services, knowledge of and health beliefs about breast cancer and its care in the two target communities of NL and HP to inform the interventions in Phase 2.</i>	
<p><i>Activities:</i></p> <ul style="list-style-type: none"> ▪ Design a survey and get IRB approval to administer it ▪ Hire and train interviewers to complete 2,000 surveys, 500 per sector (Puerto Rican, Mexican, African American in HP and African American in NL) ▪ Analyze the data and interpret the findings in shaping the intervention ▪ Prepare a dissemination plan to inform the community about the findings and inform our team in designing the interventions in Phase 2 	<p><i>Process Measures:</i></p> <ul style="list-style-type: none"> ▪ % women who report having had a mammogram in the last 2 years ▪ % women who report having had 2 mammograms in the last 3 years ▪ % women who know where to go to get a routine mammogram ▪ % women who have a usual source of care ▪ % women who are insured ▪ % women who are aware of programs that support low cost/free mammogram service
<i>Objective 2: Obtain baseline information on knowledge and attitudes toward breast cancer, screening and care from focus groups with women who receive routine screening, women who never had a mammogram and breast cancer survivors.</i>	
<p><i>Activities:</i></p> <ul style="list-style-type: none"> ▪ Develop a protocol and prepare focus group guides for three groups of women – women who receive routine mammograms, never have had or do not receive routine mammograms and for breast cancer survivors ▪ Recruit, screen and schedule women into appropriate focus groups ▪ Complete 9 focus groups in May 2008 ▪ Analyze and synthesize focus group findings to inform the intervention and give feedback to the community 	<p><i>Process Measures:</i></p> <ul style="list-style-type: none"> ▪ Identify community level barriers to accessing screening ▪ Understand behaviors that encourage access to routine care ▪ Understand why women experience delays in receiving follow-up diagnostics and definitive diagnosis ▪ Understand why women over 40 never had a mammogram ▪ Explore how to get women a medical home ▪ Learn what types of supportive services are available and received by survivors
<i>Objective 3: Obtain baseline information from institutions serving our target communities on the services they provide and challenges they may face in offering optimal quality breast cancer care</i>	
<p><i>Activities:</i></p> <ul style="list-style-type: none"> ▪ Develop an institutional assessment for the various facilities offering services to women in these communities (e.g., hospitals, mammography facilities, and primary care clinics) ▪ Obtain IRB approval along with institutional buy-in to complete the 	<p><i>Process Measures:</i></p> <ul style="list-style-type: none"> ▪ Know where women can obtain free and low cost primary care services ▪ Learn where are they being referred for free and low cost mammograms in their community ▪ Learn how and how soon after their visit do women obtain the results

<p>surveys as needed</p> <ul style="list-style-type: none"> ▪ Develop relationships with each of these institutions and understand the processes involved in delivering care at each facility ▪ Understand of the barriers institutions face in following up and scheduling appointments with women 	<p>of their screening mammogram</p> <ul style="list-style-type: none"> ▪ Identify the type of follow up activities that the institution provides if there is an abnormal mammogram or follow up procedures are necessary ▪ Determine whether/if navigation services are offered and would be feasible
<p><i>Objective 4: Validate the self-reported mammography data and the implications of such health survey data on the surveillance of breast cancer screening</i></p>	
<p><i>Activities:</i></p> <ul style="list-style-type: none"> ▪ Develop a protocol and medical abstraction form to retrieve data and obtain IRB approval ▪ Work with medical facilities of interest (based on where women have accessed their last mammogram) to obtain medical charts and complete the abstraction ▪ Compare self-reported data to medical records 	<p><i>Process Measures:</i></p> <ul style="list-style-type: none"> ▪ Confirm self-reported data on women who have had a mammogram in the last 2 years according to medical records ▪ Confirm self-reported data on number of mammograms in the last 3 years
<p>Goal 2: Design and implement an evidence based intervention in the community that is effective in increasing screening and improving breast health outcomes</p>	
<p><i>Objective 1: Create a project brand and begin to inform and disseminate information about the project to the community about the project</i></p>	
<p><i>Activities:</i></p> <ul style="list-style-type: none"> ▪ Develop a project name ▪ Develop a logo for print materials and marketing of the project ▪ Meet with and maintain relationships with community stakeholders (e.g., churches, businesses, etc..) ▪ 	<p><i>Process Measures:</i></p> <ul style="list-style-type: none"> ▪ Developed a project name ▪ Developed a project logo ▪ Developed materials for dissemination (e.g., brochures, where/how to find/access services in your area, etc...)
<p><i>Objective 2: Empower communities with health information and data</i></p>	
<p><i>Activities:</i></p> <ul style="list-style-type: none"> ▪ Disseminate findings from the phase 1 assessments ▪ Publish or support 12 media outlets (3 in each sector) through local newspapers, television, billboards, etc... that promote positive messages about breast health and cancer care, etc... <i>(also contributes to Objective 1)</i> ▪ Hold community events and inform the community on ways in which they can contribute to improved breast health in the community ▪ Disseminate education messages and promote positive breast health messages to women and the community 	<p><i>Process Measures:</i></p> <ul style="list-style-type: none"> ▪ Developed materials with findings from the baseline assessments ▪ Several media outlets have introduced our project and informed women on where to access screening and breast health services ▪ Trained community health workers to educate the community and serve as liaison to accessing services
<p><i>Objective 3: Improve the knowledge and attitude toward breast cancer care in Humboldt Park and North Lawndale</i></p>	
<p><i>Activities:</i></p> <ul style="list-style-type: none"> ▪ Develop a curriculum to train Community Health Educators to promote positive breast health messages, improve attitudes and foster improved 	<p><i>Process Measures:</i></p> <ul style="list-style-type: none"> ▪ Increased in the number of women who are aware of breast health issues and how to care for their bodies

<p>breast health care habits</p> <ul style="list-style-type: none"> ▪ Hire and train Community Health Educators from the community ▪ Host 16 community events (2 in each sector) over 2 years ▪ Hold at least 12 health education seminars (3 per sector) each year ▪ Promote routine breast cancer screening and access to routine primary care as part of the curricula 	<ul style="list-style-type: none"> ▪ Increased the proportion of women who know where to get a mammogram and how to access care ▪ Increased in the number of women who know where to go to access free/low cost mammograms ▪ Improved social norms and attitudes that women and the community have toward breast cancer ▪ Reduced community fears associated with breast cancer screening or treatment
<p><i>Objective 4: Improve access to quality breast health screening and services</i></p>	
<p><i>Activities:</i></p> <ul style="list-style-type: none"> ▪ Establish a hotline service for women to schedule a screening mammogram and/or any follow up services necessary ▪ Develop a protocol to refer women for free or low-cost mammograms and treatment as needed ▪ Work with existing professional organizations to help institutions measure and monitor quality measures as proposed by the Task Force ▪ Partner with primary care facilities to understand their processes and refer women appropriately to services ▪ Develop creative new ways to streamline breast health resources and services at the individual, provider and institutional level along the continuum of breast cancer care 	<p><i>Process Measures:</i></p> <ul style="list-style-type: none"> ▪ Increased the number of women who receive routine mammograms ▪ Increased the ways in which women can obtain breast cancer screening and follow up services ▪ Among women with an abnormal finding, reduced the time between screen and diagnostic mammogram ▪ Improved coordination of existing care available and offered to women in these communities ▪ Ensure that all women receive the results of their mammogram in a timely fashion
<p><i>Goal 3: Serve as a model for improved breast health services and reducing breast cancer mortality disparities</i></p>	
<p><i>Objective 1: Evaluate each intervention and document its success and challenges</i></p>	
<p><i>Activities:</i></p> <ul style="list-style-type: none"> ▪ Evaluate all interventions on successes and challenges ▪ Document all processes of implementing project activities 	<p><i>Process Measures:</i></p> <ul style="list-style-type: none"> ▪ Measure outcomes of all activities to determine impact and effectiveness ▪ Outline lessons learned from project activities for replication elsewhere

SECTION 3. FINANCIAL REPORT SUMMARY

Financials, April 2007-March 2008

As of March 2008, we have spent roughly half of the first year's award from the Avon Foundation. While the award was granted in March 2007, the project staff was not fully supported by this grant until December 2007 and the first charges were not made until May 2007. We anticipate greater spending of the budget as the intervention phase begins this summer 2008 and the planning phase comes to a close. A detailed Financial Report of expenses from April 2007-March 2008 is attached as Appendix J.

CONCLUSION

We hope this Progress Report highlights the tremendous work that has been done by SUHI and its staff through the Metropolitan Chicago Breast Cancer Task Force and the new *Helping Her Live Program: Gaining Control of Breast Cancer in Two Chicago Communities*.

We believe this Avon-funded project has national significance for the fight against disparities in health, as called for by Healthy People 2010, and local significance in saving the lives of many minority women. Lessons learned from the citywide Task Force report have already begun to be translated into effective policies and we anticipate the same from our community based intervention, which will serve as a model for eliminating breast cancer morbidity and mortality in Chicago and beyond.

APPENDICES

- A. Improving Quality and Reducing Disparities in Breast Cancer, Metropolitan Chicago Breast Cancer Task Force Report (October 2007)
- B. Newspaper Article on Avon Foundation Breast Cancer Forum in Houston, Texas (February 2008)
- C. Media Packet from Task Force Summit (March 2007), Press Packet and Media from Report Release Press Conference (October 2007)
- D. Helping Her Live Organizational Chart, SUHI Staff
- E. Baseline Survey, Screener and Map
- F. Preliminary Findings from Baseline Survey, Interviewer Luncheon (April 2008)
- G. Focus Group Guides
- H. Humboldt Park Breast and Cervical Health Partnership Breakfast Invitation and Newspaper Article (March 2008)
- I. Building Partnerships in North Lawndale Event Presentation and Flier for Distribution (April 2008)
- J. Financial Report, April 2007-March 2008