2011 Avon Report

Community Navigation Progress Report

(September 2010 – May 2011)

Avon Foundation Grant #05-2007-004

Gaining Control of Breast Cancer

Tomando Control Sobre El Cáncer Del Seno

Bijou Hunt, MA

Steve Whitman, PhD

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Sinai Health System

Sinai Urban Health Institute

Mount Sinai Hospital, K-437

Chicago, IL 60608

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Section 1. The Helping Her Live Team

1a.) Introduction

Helping Her Live (HHL) was conceived in response to the enormous racial disparities in breast cancer mortality in Chicago uncovered by the Sinai Urban Health Institute (SUHI).[1,2] We at SUHI envisioned HHL as a community navigation program that would work in two of Chicago's poorest communities (all-Black North Lawndale and half-Black and half-Latino Humboldt Park) to help women from the community get mammograms and obtain timely diagnoses and treatment when required. HHL was funded by the Avon Breast Cancer Foundation from January, 2008 – October, 2010. We were then refunded for two more years. This is a progress report that covers approximately the period September, 2010 – May 2011 although exceptions to this interval are made for some data analyses.

1b.) Project Staff and Structure

The Principal Investigator for HHL is Steven Whitman, PhD. Whitman, the founding director of SUHI, is a social epidemiologist, specializing in racial and ethnic disparities in health. Directly below Whitman are three full-time supervisors. Bijou Hunt is the Evaluation Coordinator; Giselle Vasquez-Jones and Janeen Turner are both Supervisors of Program Initiatives. Hunt supervises the project's Research Assistant, Jackie Kanoon. Vasquez and Turner supervise the Community Health Educators (CHEs), Wanda Rodriguez, Celevia Taylor, Lowana West, LaRinda McKelvy, and Naomi Jimenez. Vasquez and Turner are thus responsible for coordinating all outreach and navigation activities in North Lawndale and East and West Humboldt Park. Gloria Seals is part-time on the project and is responsible for maintaining relationships throughout the North Lawndale community. Maria Natal serves as the administrative assistant for the project, arranging finances, meetings, appointments, etc. A complete organizational chart of all project staff is included here as Appendix A.

In February 2011, Ami Shaw, formerly the Project Director of HHL, resigned. Rather than filling the Project Director role with a replacement, we decided to form a collective leadership team, consisting of Whitman, Hunt, Turner, and Vasquez. The leadership team meets weekly to discuss project updates and strategies, thus ensuring that each member of the team is knowledgeable about and involved in all decisions.

Section 2. Outreach and Education

The HHL Project has always taken a unique approach to reaching and educating its target audience: we aim to reach women *where they are* – in the community. In order to accomplish this goal, we developed a variety of outreach methods which are discussed in detail below.

2a.) Strategies of Reaching Women

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[1] Hirschman J, Whitman, S, Ansell D, Grabler P, Allgood K. Breast Cancer in Chicago: Eliminating Disparities and Improving Mammography Quality. Chicago, Illinois: Sinai Urban Health Institute, October 2006.
[2] Whitman S, Ansell D, Orsi J, and Francois T. The Racial Disparity in Breast Cancer Mortality. *Journal of Community Health*, "Online First," December 28, 2010. 36(4):588-596.

HHL's strategies for reaching women can be divided into two types: active outreach strategies and passive outreach strategies. Active outreach strategies include workshops, events, and woman-to-woman activities, while passive outreach strategies include kiosks, hotline, referrals, and HMO. Workshops include small- or large-group educational sessions. Events include health fairs and HHL-hosted forums. Woman-to-woman includes one-on-one canvassing, door-to-door, and table set-ups. Kiosks are touch-screen computers placed in various venues throughout the target areas. The hotline is a toll-free number which women may call for information/education or to obtain HHL services. A referral is completed any time an individual requests services on someone else's behalf. HMO was an outreach strategy whereby we obtained a list of Harmony and Family Health Network HMO clients and attempted to reach women who we thought may need HHL services.

During each type of contact, women are given the opportunity to fill out a "pink sheet" (See Appendix B), requesting a service (either an appointment with a doctor or a mammogram reminder), providing basic demographic information, and authorizing HHL to look at their medical record.

Active Outreach Strategies

Active outreach strategies encompass activities where HHL staff actively attempt to enroll women into the program. They do so by going out into the community where potential clients are and educating and recruiting women.

<u>Workshops</u>

HHL's educational workshop, titled, "*Breast Health Awareness*," is a 45 minute flip-chart based presentation conducted in a large- or small-group setting by a trained facilitator. The complete workshop typically includes an extensive dialogue around breast health and was designed based on attitudes and knowledge findings from our baseline survey. The aim is to educate women on the importance of getting their routine screening, and emphasis is place on early detection, timely resolution of abnormal mammograms, and the urgency of immediate treatment. Information on the delivery of care and where and how to get low-cost services is also presented.

<u>Events</u>

The HHL staff both attend and host a multitude of events throughout the year. Events hosted by HHL include two community forums – one each in North Lawndale and Humboldt Park and the HHL Walk (see insert on next page for details about these events). Additionally HHL staff attend various community events, put on by community partners and organizations, like health fairs, back to school fairs, festivals/parades, etc. During these types of events, the staff actively seek to identify women who would be in need of a mammogram or who could benefit from other HHL education and/or assistance.

<u>Woman-to-woman</u>

HHL staff also attempt to reach women we may miss at workshops and events by doing one-on-one canvassing, going door-to-door, and doing table set-ups. One-on-one canvassing takes place in various venues throughout the community such as grocery stores, laundromats, and even out on the street. Table set-ups involve bringing an information table and HHL materials to distribute to women at churches, senior apartments, food pantries, and medical clinic waiting rooms. The door-to-door (D2D)

Community Forums

In October 2010, HHL hosted two Community Forums – one in North Lawndale and one in Humboldt Park. The 2010 North Lawndale Community Forum was held in partnership with the United Baptist Church on Saturday October 23, 2010. The program began with an opening prayer by the associate pastor of the church, praise dancing by the church's dance ministry, and several testimonies by four African American breast cancer survivors. The program also included distinguished guests such as President Emeritus of the Cook County Board of Commissioners, Ms. Bobbie L. Steele, and Dr. Angell Jones, breast surgeon from Mount Sinai Hospital. In an effort to support community businesses, breakfast was catered by Alice's Restaurant, a soul food restaurant from the Austin area. Several volunteers from the Metropolitan Chicago Breast Cancer Task Force, Greater Galilee Missionary Baptist Church, United Baptist, and other community members supported the event by decorating, serving breakfast, and registering attendees. Women who were interested in a mammogram were given the opportunity to sign up for an appointment on site with an HHL staff member. Overall, the large breakfast forum was very successful. One hundred and twenty women attended the program. The survivor testimonials were powerful and unforgettable. Due to the success of this program and the community's anticipation of this annual event, the Health Minister of United Baptist would like for this event to be repeated in 2011. The vision is that next year's event will have the theme "North Lawndale Churches United Against Breast Cancer". The date is tentatively set for Saturday October 29, 2011.

Helping Her Live held a second breast health forum at Community Health Clinic (CHC) on Tuesday, October 26th, 2010. Program Speakers for the evening included an internal medicine physician, Dr. Kimbra Bell from Northwestern Memorial Hospital and a three-year breast cancer survivor, Floridalma Rivera. Guests of the event enjoyed a free dinner catered by Passions Cuisine. Additionally, each guest was presented with a gift bag with educational brochures, pamphlets, planners, breast cancer ribbons, and AVON jewelry. One distinctive feature of this year's Humboldt Park breast health forum is that guests were able to receive a clinical breast exam and their mammography referrals the very same day by a primary care provider or nurse practitioner who donated their time. If guests were not an existing patient of CHC, they had an opportunity to sign up for a primary care appointment on site with one of HHL's community health educators.

Both forums created a community space for women, family members, friends and neighbors to learn and ask questions about breast cancer and sign up for breast health services. Furthermore, both forums were tremendously successful in galvanizing the communities HHL serves. We are very proud of the collective efforts that were made to make these events a success and look forward to continuing to partner with the community to have equally successful events next year.

campaign consists of staff visiting each home in our target communities in an attempt to locate women in need of services. Note that while door-to-door is a woman-to-woman type of outreach, D2D numbers are presented separately for purposes of consistency and comparison of data. D2D is not done year-round; therefore, it is not possible to compare woman-to-woman outreach efforts across time when D2D numbers are included.

Passive Outreach Strategies

Passive outreach strategies include approaches to outreach that are less driven by staff going out in search of women and more driven by allowing women to come to us.

Kiosks

One such strategy for reaching women was just recently launched. "My Pink Agenda" utilizes computer kiosks to reach women in the North Lawndale and Humboldt Park communities. Women who access the kiosk complete a brief survey, which includes some basic demographic information and a series of questions to assess knowledge about and barriers to breast health. The kiosk prints a tailored magazine for each woman and allows her via an attached phone to contact the HHL hotline to gain access to services.

Hotline

The HHL Hotline is a toll-free number which connects callers directly to HHL staff. Callers may be an existing client, calling in response to an annual reminder card, for example; or someone who heard about the program through a friend or saw an ad in the paper. In other words, hotline calls come in via a wide array of venues. For each call, we track how the caller learned of the hotline.

Referrals

A referral to the HHL program is defined as a request for services that is made by an individual on behalf of someone else. One example of this was what occurred during SUHI's Block by Block (BxB) Project's campaign. The SUHI staff working on the BxB campaign were going door-to-door, assessing residents for diabetes. Because they were working in the same areas targeted by HHL, BxB staff would complete a referral when they met eligible women who were interested in HHL's services. The other main source of referrals to HHL comes from homeless shelters in the area, where case managers often complete paperwork to refer women for services. Again, for each type of referral, we track the source of the referral.

HMO

As detailed in the 2010 report, HHL attempted a partnership with Harmony Health Plan (HHP), a Medicaid HMO serving Chicago, to help women with insurance get routine mammograms. Through HHP, HHL obtained a list of women living in our target areas who had no record of a recent mammogram. HHL staff attempted to contact these women to offer them navigation services. This strategy was largely unsuccessful, due in large part to the fact that over 90% of the phone numbers provided by HHP were disconnected or wrong numbers. However, efforts to revitalize this effort, which has great potential, are currently under way.

Community Meetings

HHL staff attend 2-3 community meetings each month. The goal in attending these meetings is not to directly connect to clients; rather our presence at these meetings allows HHL to establish and maintain partnerships with community-based organizations, local government officials, and other important members of the community. Such meetings have given HHL the opportunity to market the HHL program and learn of other potential community partnerships.

2b.) Reaching our Target Audience

Using the information collected on the "pink sheet", we are able to describe the women we are reaching through our various outreach efforts. Note that we only have this information for women who complete the "pink sheet"; HHL staff encounter many more women who do not go on to provide us with their demographic information.

Table 1 provides a description of the women we have encountered in the community who have completed the "pink sheet". We have several aims in terms of a target audience. First, we want to reach women who are 40 years old and above. During this period, 87% of the women who completed a pink sheet met this criterion. Second, we aim to reach minority (non-white) women, particularly African American and Hispanic women. Between September 2010 and May 2011, 58% of outreach participants completing a pink sheet were African American; 18% were Puerto Rican; 18% were Mexican; and 5% were Other Hispanic. Third, we aim to assist women who are either under- or uninsured. During this period, 63% of the women who completed a pink sheet were either uninsured or publicly insured. Our fourth goal is to reach women who have either never had a mammogram or who have not had a mammogram within the past 2 years. During this period, about 40% of women completing a pink sheet met these criteria. Finally, we aim to reach women residing in our target communities on the west side of Chicago. Of the women we met during this period, nearly 80% lived in the target area.

Table 1. Demographics of Outreach Participants, September 2010 – May 2011.

		Pink Sheets N= 891	Valid Percent
Age	40+	768	87%
	Valid N	885	
Race	A. African American	478	58%
	B. Puerto Rican	145	18%
	C. Mexican	151	18%
	D. Other Hispanic	40	5%
	Valid N	826	
Insurance	1. Uninsured	334	40%
	2. Private Insurance	314	38%
	3. Public Insurance	189	23%
	Valid N	837	
Mammogram History Women >=40	1. Mamm within 2 years	443	61%
	2. Mamm 2+ years ago	187	26%
	3. Never Had Mamm	95	13%
	Valid N	725	
Participants in Project Area	1. Yes	685	78%
	2. No	195	22%
	Valid N	880	

2c.) Outreach and Education Productivity

Our attempts to evaluate the success of HHL's outreach efforts have recently improved with the development of a new database and new measures of productivity. Now, in addition to merely counting the number of workshops or events we attended, we can more carefully assess how productive we were in our outreach efforts and use this information to help us strategize for the future. Below we will first present data on all types of outreach and then we will discuss each type in turn.

A Note on Definitions and Measures
Over the years, we have used various measures to assess our productivity. However, we were constrained by the design of our original Microsoft Access database (DB) and the measures were not adequate. Under the leadership of our new Evaluation Manager, Bijou Hunt, we carefully designed and built a new DB that would allow us to more accurately measure all our outcomes, including our productivity. Prior to her departure, Ami Shah was instrumental in developing these outreach productivity measures, which we intend to use to guide all future outreach work.

Our new productivity measures provide a mechanism for making comparisons across months and assessing how well we're doing in reaching women and generating requests for services. In order to facilitate understanding of our new measures, we'll first provide definitions. We define an **attendee** as any woman HHL staff spoke with during an outreach event/activity. We define a **contact** as a completed pink sheet. Recall that a pink sheet is the form on which a woman provides her demographic information, requests a service (or states that she does not need any help at this time), and authorizes HHL staff to view her medical record.

Our first measure, **outreach productivity**, is the percentage of attendees at each type of outreach event/activity who complete a pink sheet. This measure thus reveals how many of the women we come into contact with go on to fill out a pink sheet. Our second measure, **service demand**, is the percentage of pink sheets that contain a valid request. A **valid request** is a pink sheet requesting either a doctor's appointment or a mammogram reminder – not a pink sheet where the woman has indicated that she doesn't need any help at this time. A successful outreach activity would be one in which both outreach productivity and service demand were high.

Active Outreach Efforts: September 2010 – May 2011
Table 2 provides a summary of the 3 types of active outreach efforts for the period September 2010 to May 2011. Across this 9-month period, HHL staff presented 58 workshops, hosted or attended 21 events, and participated in 86 woman-to-woman activities.

<u>Workshops</u>
Between September 2010 and May 2011, HHL staff gave 58 workshops, reaching 772 women (about 13 women per workshop). Workshops thus provide an ideal setting for educating women on the topic of breast health. In terms of how productive workshops are at reaching women and enrolling them into the program, the new measures shed light on these questions. Of the 772 women with whom HHL spoke to at workshops, 289 completed a pink sheet. **Outreach productivity** for workshops was thus 37% (289/772). Of the 289 pink sheets that were completed, 162 were **valid requests** (requests for either a

doctor's appointment or a mammogram reminder). Therefore, the **service demand** for workshops was 56% (162/289). This means that about one-third of women who attend workshops fill out a pink sheet and well over half of these women request a service from HHL.

Events

Between September 2010 and May 2011, HHL staff attended or hosted 21 events, reaching 1,057 women (about 50 women per event). Events provide a good opportunity for high volume education and outreach. Of the 1,057 women with whom HHL spoke to at events, 280 completed a pink sheet.

Outreach productivity for events was thus 26% (280/1057). Of the 280 pink sheets that were completed, 242 were **valid requests** (requests for either a doctor's appointment or a mammogram reminder). Therefore, the **service demand** for events was 86% (242/280). This means that about one-quarter of women who attend events fill out a pink sheet and nearly nine in ten of these women request a service from HHL.

Woman-to-woman

Between September 2010 and May 2011, HHL staff participated in 86 woman-to-woman (W2W) activities, reaching 2,608 women (about 30 women per activity). Woman-to-woman activities provide a good opportunity to seek out women we may miss with other outreach efforts. Of the 2,608 women with whom HHL spoke during W2W activities, 225 completed a pink sheet. **Outreach productivity** for W2W activities was thus 9% (225/2608). Of the 225 pink sheets that were completed, 211 were **valid requests** (requests for either a doctor's appointment or a mammogram reminder). Therefore, the **service demand** for W2W activities was 94% (211/225). This means that while less than 10% of women reached via W2W activities fill out a pink sheet, nearly all of those completing a pink sheet request a service from HHL.

Table 2. Productivity of Outreach and Education Efforts: September 2010 - May 2011.

		September 2010			October 2010			November 2010			December 2010			January 2011		
		Freq	% of requests	% of attendees	Freq	% of requests	% of attendees	Freq	% of requests	% of attendees	Freq	% of requests	% of attendees	Freq	% of requests	% of attendees
Workshops	Total No.	10			18			1			7			5		
	Attendees	71			339			6			68			65		
	No Asst	21	57%	30%	35	43%	10%	0	0%	0%	18	78%	26%	12	36%	18%
	Doc Apts	6	16%	8%	34	41%	10%	2	100%	33%	4	17%	6%	11	33%	17%
	Mam Rems	10	27%	14%	13	16%	4%	0	0%	0%	1	4%	1%	10	30%	15%
	Valid Reqs	16	**43%**	23%	47	**57%**	14%	2	**100%**	33%	5	**22%**	7%	21	**64%**	32%
	Total Reqs	37		**52%**	82		**24%**	2		**33%**	23		**34%**	33		**51%**
Events	Total No.	6			2			3			1			2		
	Attendees	520			195			100			50			35		
	No Asst	7	6%	1.3%	28	21%	14.4%	0	0%	0.0%	0	0%	0.0%	0	0%	0.0%
	Doc Apts	79	68%	15.2%	54	40%	27.7%	6	100%	6.0%	5	83%	10.0%	1	20%	2.9%
	Mam Rems	31	26%	6.0%	54	40%	27.7%	0	0%	0.0%	1	17%	2.0%	4	80%	11.4%
	Valid Reqs	110	**94%**	21.2%	108	**79%**	55.4%	6	**100%**	6.0%	6	**100%**	12.0%	5	**100%**	14.3%
	Total Reqs	117		**23%**	136		**70%**	6		**6%**	6		**12%**	5		**14%**
Woman to Woman	Total No.	18			19			7			6			13		
	Attendees	592			510			514			188			275		
	No Asst	0	0%	0	0	0%	0	0	0%	0	1	13%	0.005319	0	0%	0
	Doc Apts	21	84%	4%	21	95%	4%	18	100%	4%	4	50%	2%	18	86%	7%
	Mam Rems	4	16%	1%	1	5%	0%	0	0%	0%	3	38%	2%	3	14%	1%
	Valid Reqs	25	**100%**	4%	22	**100%**	4%	18	**100%**	4%	7	**88%**	4%	21	**100%**	8%
	Total Reqs	25		**4%**	22		**4%**	18		**4%**	8		**4%**	21		**8%**

Table 2 cont'd. Productivity of Outreach and Education Efforts: September 2010 - May 2011.

		February 2011			March 2011			April 2011			May 2011			Total: Sept 2010 - May 2011		
		Freq	% of requests	% of attendees	Freq	% of requests	% of attendees	Freq	% of requests	% of attendees	Freq	% of requests	% of attendees	Freq	% of requests	% of attendees
Workshops	Total No.	10			4			3			0			58		
	Attendees	119			63			41			0			772		
	No Asst	14	29%	12%	20	37%	32%	7	70%	17%	0	-	-	127	44%	16%
	Doc Apts	13	27%	11%	13	24%	21%	3	30%	7%	0	-	-	86	30%	11%
	Mam Rems	21	44%	18%	21	39%	33%	0	0%	0%	0	-	-	76	26%	10%
	Valid Reqs	34	**71%**	29%	34	**63%**	54%	3	**30%**	7%	0	**-**	-	162	**56%**	21%
	Total Reqs	48		**40%**	54		**86%**	10		**24%**	0		**-**	289		**37%**
Events	Total No.	2			1			3			1			21		
	Attendees	35			35			82			5			1,057		
	No Asst	0	-	-	0	-	-	3	33%	3.7%	0	0%	0.0%	38	14%	4%
	Doc Apts	0	-	-	0	-	-	4	44%	4.9%	1	100%	20.0%	150	54%	14%
	Mam Rems	0	-	-	0	-	-	2	22%	2.4%	0	0%	0.0%	92	33%	9%
	Valid Reqs	0	**-**	-	0	**-**	-	6	**67%**	7.3%	1	**100%**	20.0%	242	**86%**	23%
	Total Reqs	0		**-**	0		**-**	9		**11%**	1		**20%**	280		**26%**
Woman to Woman	Total No.	3			5			8			7			86		
	Attendees	82			102			125			220			2,608		
	No Asst	4	17%	5%	1	7%	1%	5	11%	4%	3	6%	1%	14	6%	1%
	Doc Apts	9	39%	11%	14	93%	14%	23	50%	18%	28	60%	13%	156	69%	6%
	Mam Rems	10	43%	12%	0	0%	0%	18	39%	14%	16	34%	7%	55	24%	2%
	Valid Reqs	19	**83%**	23%	14	**93%**	14%	41	**89%**	33%	44	**94%**	20%	211	**94%**	8%
	Total Reqs	23		**28%**	15		**15%**	46		**37%**	47		**21%**	225		**9%**

Door-to-Door

Recall that data from Door-to-Door, a type of W2W outreach, are presented separately for purposes of consistency and comparison of data. D2D is not done year-round; therefore, it is not possible to compare woman-to-woman outreach efforts across time when D2D numbers are included.

Figures 1 and 2 present data from the Door-to-Door campaign in East Humboldt Park (EHP) and North Lawndale (NL), respectively. The EHP D2D campaign took place between April 1, 2011 and May 31, 2011. The NL D2D campaign is in progress, but data for the month of June are shown here. Data for West Humboldt Park (visits to take place between August 1, 2011 – September 31, 2011) is not yet available.

Figure 1. East Humboldt Park

During the period April 1, 2011 – May 31, 2011, HHL staff visited 1,744 homes in the East Humboldt Park community. Of these, 104 homes were either unoccupied or the lot was vacant (6%). The remaining 1,640 homes were occupied residences (94%). Among the 1,640 occupied residences, 985 were either a locked gate or no one answered (60%). The remaining 655 homes were houses at which someone answered the door (40%). Among the 655 homes at which someone answered the door, 455 either refused or there was no one eligible for services in the home (69%). Another 99 homes did house an eligible person (according to whoever answered the door), but HHL staff was unable to contact the eligible individual (15%). The remaining 101 homes housed an eligible individual and HHL staff were able to speak to that person and complete a pink sheet. **Outreach productivity** for D2D in EHP was thus 15% (101/655). Of the 105 pink sheets completed on the D2D EHP campaign, 38 women requested a doctor's appointment (36%); 22 requested a mammogram reminder (21%); and 45 requested no assistance (42%). There were thus 60 **valid requests** (38 doctor's appointments + 22 mammogram reminders), putting the **service demand** for D2D EHP at 57% (60/105).

Figure 2. North Lawndale

During the period June 1, 2011 – June 30, 2011, HHL staff visited 454 homes in the North Lawndale community. Of these, 87 homes were either unoccupied or the lot was vacant (19%). The remaining 367 homes were occupied residences (81%). Among the 367 occupied residences, 266 either refused or there was no one eligible for services in the home (72%). Another home did house an eligible person (according to whoever answered the door), but HHL staff was unable to contact the eligible individual (<1%). The remaining 100 homes housed an eligible individual and HHL staff were able to speak to that person and complete a pink sheet. **Outreach productivity** for D2D in NL was thus 27% (100/367). Of the 105 pink sheets completed on the D2D EHP campaign, 54 women requested a doctor's appointment (51%); 21 requested a mammogram reminder (20%); and 28 requested no assistance (27%). There were thus 75 **valid requests** (54 doctor's appointments + 21 mammogram reminders), putting the **service demand** for D2D NL at 71% (75/105).

Figure 1. Flow Chart for Door to Door Activity: East Humboldt Park, April 1, 2011 – May 31, 2011.

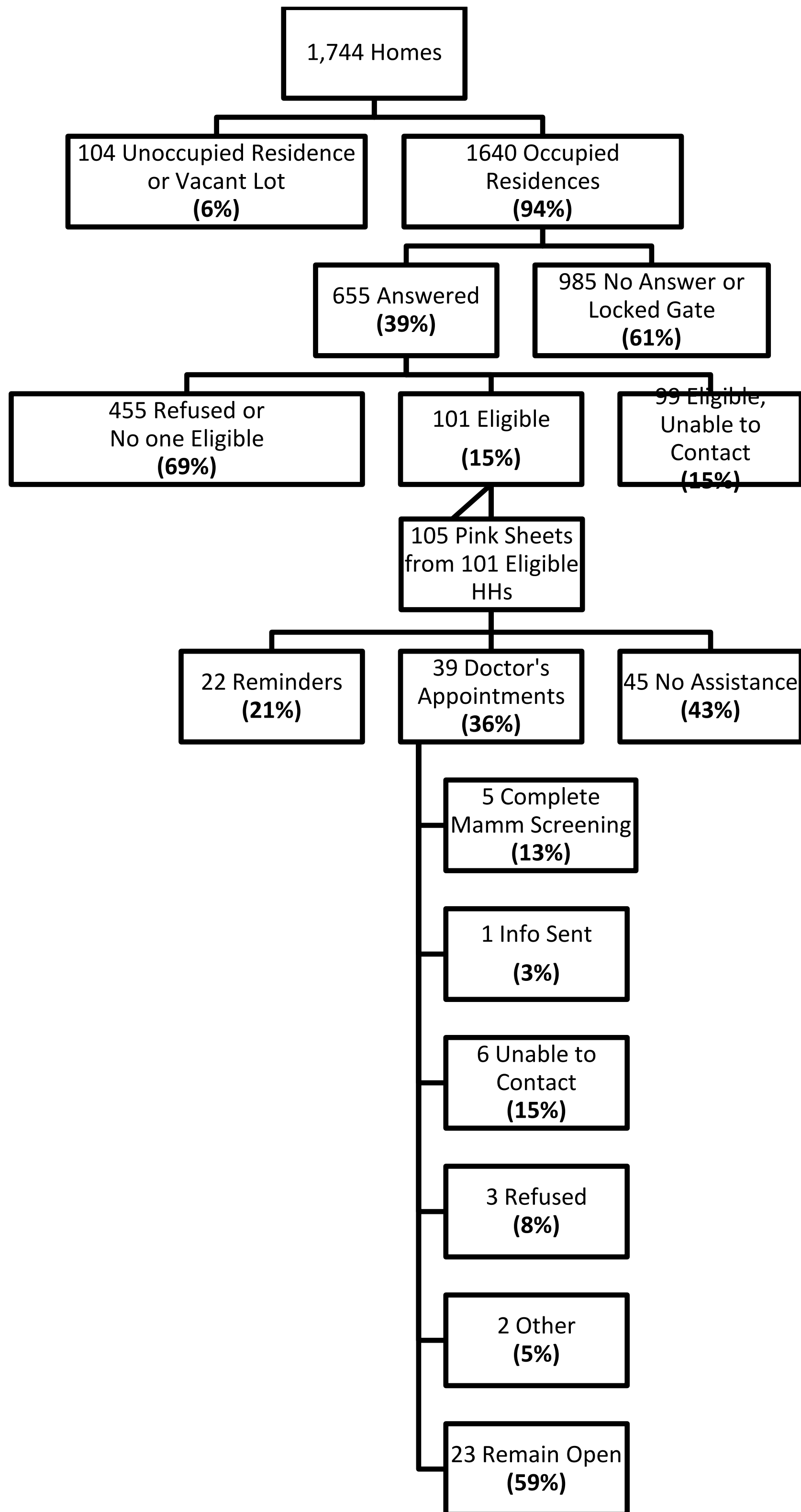
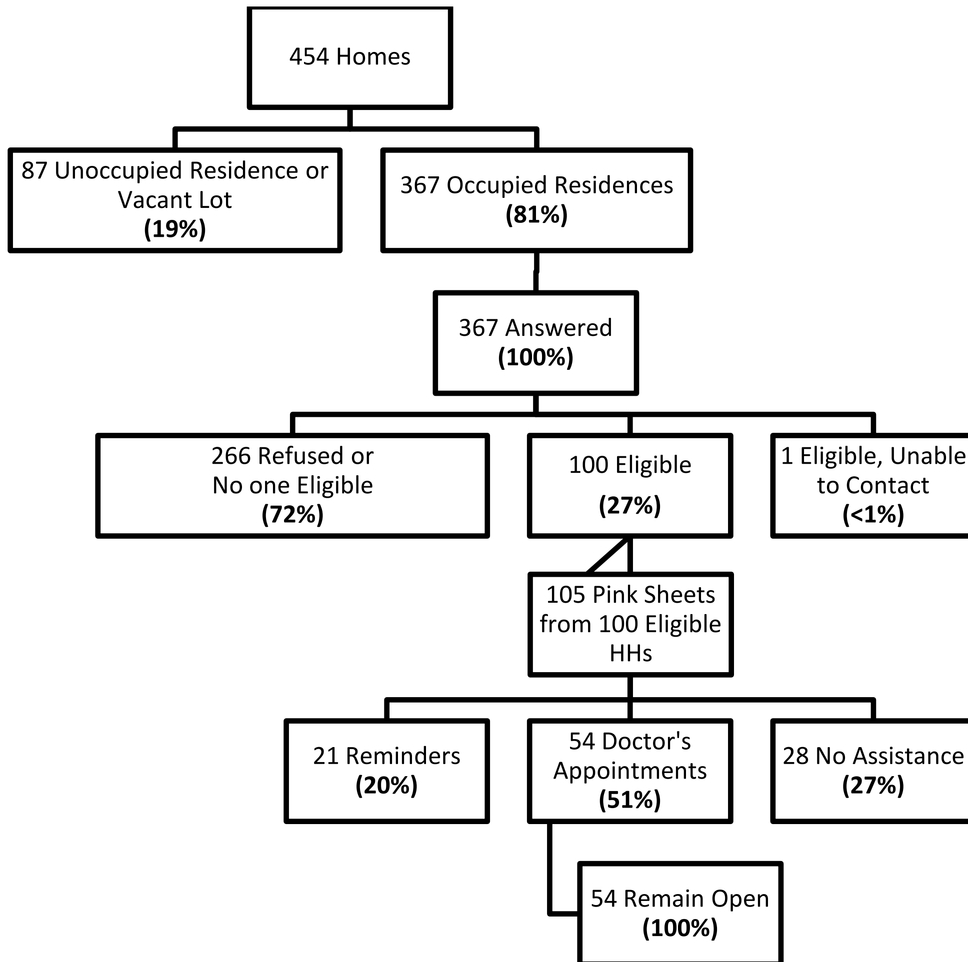


Figure 2. Flow Chart for Door to Door Activity: North Lawndale, June 1, 2011 – June 30, 2011.



Kiosks

The kiosk project was only recently launched and so far no requests have been brought in by the kiosks. In this section, we provide data on those women who have used the kiosks (completed the assessment and printed a tailored breast health magazine).

Table 3 presents data collected from the kiosks for the period 5/17/2011 through 7/13/2011. During this time, one kiosk was housed in the Mount Sinai Hospital (MSH) lobby (5/17/21011 – 7/13/2011) and the other was housed at Rebaño Church (5/17/2011 – 6/26/2011) and then at Leamington Grocery Store (6/27/2011 – 7/13/2011). Data are presented for each site separately and also for all 3 sites together (Total). The focus in this section will be on the total numbers.

During this period, the two kiosks served 198 women. Of the 198 women served, 90 were under 40 years of age (45%) and 108 were 40 or older (55%). About half of the women who used the kiosks resided in one of our targeted communities (47%). The remaining women either lived outside of our target area (21%) or did not provide their zip code (32%). Among women using the kiosk who were at least 40 years of age, 60% had had a mammogram within the last two years; 16% had had a mammogram 2 or more years ago; and 24% had never had a mammogram. Pairing this group down further to examine women 40 and above and living in our target area, 57% had had a mammogram within the last 2 years; 27% had had a mammogram 2 or more years ago; and 16% had never had a mammogram.

Data for the remaining three types of passive outreach –Hotline, Referrals, and HMO – are presented in Table 4. Because these types of outreach are passive in nature, the measure of outreach productivity is not applicable here. All other measures are presented.

Passive Outreach Strategies: September 2010 – May 2011

Hotline

Between September 2010 and May 2011, HHL staff fielded 67 Hotline calls. Callers were most often requesting assistance in scheduling an appointment with a doctor (94%). Three women did not request any assistance (4%) and one woman requested a mammogram reminder (1%). The number of **valid requests** was thus 64. Overall **service demand** for hotline calls was 96% (64/67).

Referrals

Between September 2010 and May 2011, 32 women were referred for HHL services by community contacts. Thirty of these were requests for an appointment with a doctor (94%) and 2 were requests for a mammogram reminder (6%). All 32 requests were **valid requests**. **Service demand** was thus 100% (32/32).

HMO

As noted above, this outreach strategy was not particularly effective and was thus not pursed past September 2010. In that month, 2 women were reached, both of whom requested an appointment with a doctor (100%). Given that both requests were **valid requests**, **service demand** was 100% (2/2).

Table 3. Summary of Kiosk Data: 5/17/2011 – 7/13/2011.

	MSH 5.17-7.13		Rebano 5.17-6.26		Leamington 6.27-7.13		Total 5.17-7.13	
	Freq	**Percent**	**Freq**	**Percent**	**Freq**	**Percent**	**Freq**	**Percent**
Age								
Under 40	58	45	11	58	21	43	90	45
40 or over	72	55	8	42	28	57	108	55
Total	**130**	**100**	**19**	**100**	**49**	**100**	**198**	**100**
Race								
Black	65	50	0	0	43	88	108	55
White	9	7	4	21	1	2	14	7
Other	28	22	6	32	3	6	37	19
Do not wish to respond	7	5	4	21	1	2	12	6
Unknown	21	16	5	26	1	2	27	14
Total	**130**	**100**	**19**	**100**	**49**	**100**	**198**	**100**
Ethnicity								
Mexican	32	25	3	16	1	5	36	18
Puerto Rican	5	4	7	37	1	5	13	7
Other Hispanic/Latino	5	4	3	16	2	11	10	5
Non-Hispanic	62	48	0	0	41	216	103	52
Not Sure	7	5	1	5	3	16	11	6
Unknown	19	15	5	26	1	5	25	13
Total	**130**	**100**	**19**	**100**	**49**	**258**	**198**	**100**
Insurance Status								
No Insurance	21	16	1	5	11	22	33	17
Medicaid (HMO or other)	49	38	3	16	22	45	74	37
Medicaid (Pink Card)	9	7	0	0	2	4	11	6
Medicare	5	4	0	0	5	10	10	5
Private Insurance	29	22	1	5	8	16	38	19
Unknown	17	13	14	74	1	2	32	16
Total	**130**	**100**	**19**	**100**	**49**	**100**	**198**	**100**
Target Area								
In target area	49	38	4	21	40	82	93	47
Out of target area	25	19	10	53	7	14	42	21
Unknown	56	43	5	26	2	4	63	32
Total	**130**	**100**	**19**	**100**	**49**	**100**	**198**	**100**
Mamm Hx of Women 40+								
Mamm w/in 2 years	44	61	5	63	16	57	65	60
Mamm 2+ years ago	8	11	0	0	9	32	17	16
Mamm Never	20	28	3	38	3	11	26	24
Total	**72**	**100**	**8**	**100**	**28**	**100**	**108**	**100**
Mamm Hx of Women 40+ in Target Area								
Mamm w/in 2 years	17	61	2	67	13	52	32	57
Mamm 2+ years ago	5	18	1	33	9	36	15	27
Mamm Never	6	21	0	0	3	12	9	16
Total	**28**	**100**	**3**	**100**	**25**	**100**	**56**	**100**

Table 4. Hotline, Referral, and HMO Outreach Efforts: September 2010 - May 2011.

		September 2010		October 2010		November 2010		December 2010		January 2011	
		Freq	% of requests	Freq	% of requests	Freq	% of requests	Freq	% of requests	Freq	% of requests
Hotline	Callers	4		5		9		13		5	
	No Asst	0	0	0	0	2	22	1	8	0	0
	Doc Apts	4	100	5	100	7	78	12	92	5	100
	Mam Rems	0	0	0	0	0	0	0	0	0	0
	Valid Reqs	4	**100**	5	**100**	7	**78**	12	**92**	5	**100**
	Total Reqs	4		5		9		13		5	
Referrals	Referrals	2		1		3		3		12	
	No Asst	0	0	0	0	0	0	0	0	0	0
	Doc Apts	2	100	0	0	3	100	2	67	12	100
	Mam Rems	0	0	1	100	0	0	1	33	0	0
	Valid Reqs	2	**100**	1	**100**	3	**100**	3	**100**	12	**100**
	Total Reqs	2		1		3		3		12	
HMO	Reached	2		0		0		0		0	
	No Asst	0	0	0	-	0	-	0	-	0	-
	Doc Apts	2	100	0	-	0	-	0	-	0	-
	Mam Rems	0	0	0	-	0	-	0	-	0	-
	Valid Reqs	2	**100**	0	**-**	0	**-**	0	**-**	0	**-**
	Total Reqs	2		0		0		0		0	

Table 4 cont'd. Hotline, Referral, and HMO Outreach Efforts: September 2010 - May 2011.

		February 2011		March 2011		April 2011		May 2011		Total: Sep 2010 - May 2011	
		Freq	% of requests	Freq	% of requests	Freq	% of requests	Freq	% of requests	Freq	% of requests
Hotline	Callers	8		10		9		4		67	
	No Asst	0	0	0	0	0	0	0	0	3	4
	Doc Apts	8	100	9	90	9	100	4	100	63	94
	Mam Rems	0	0	1	10	0	0	0	0	1	1
	Valid Reqs	8	**100**	10	**100**	9	**100**	4	**100**	64	**96**
	Total Reqs	8		10		9		4		67	
Referrals	Referrals	0		3		3		5		32	
	No Asst	0	-	0	0	0	0	0	0	0	0
	Doc Apts	0	-	3	100	3	100	5	100	30	94
	Mam Rems	0	-	0	0	0	0	0	0	2	6
	Valid Reqs	0	**-**	3	**100**	3	**100**	5	**100**	32	**100**
	Total Reqs	0		3		3		5		32	
HMO	Reached	0		0		0		0		2	
	No Asst	0	-	0	-	0	-	0	-	0	0%
	Doc Apts	0	-	0	-	0	-	0	-	2	100%
	Mam Rems	0	-	0	-	0	-	0	-	0	0%
	Valid Reqs	0	**-**	0	**-**	0	**-**	0	**-**	2	**100%**
	Total Reqs	0		0		0		0		2	

2c.) Tracking Clients from Outreach through Navigation

In addition to tracking how many women we're reaching and how to best reach them, we've also begun to examine where the women we meet and enroll through our different outreach strategies are ending up in the process of navigation. This data helps us strategize where to concentrate our outreach efforts. In this section, we will examine the outcome data for women we met between 9/1/2010 – 2/28/2011. The reason we stop at February is so that there is sufficient time for the woman's case to be resolved. On average, it takes about 3 months for a woman to complete navigation so women we met after February 2011 are likely still being navigated. We will examine women we met at workshops, events, and through woman-to-woman activities (door-to-door presented separately).

Workshops

Figure 3 displays navigation outcomes for women reached through workshops. Between 9/1/2010 and 2/28/2011, HHL staff had 225 contacts via workshops. Of these contacts, 55 women requested a mammogram reminder (24%); 70 women requested a doctor's appointment (31%); and 100 women requested no assistance (44%). Omitting duplicate requests for doctor's appointments (women with multiple workshop encounters/requests), 66 unique/individual women requested a doctor's appointment via a workshop. So far, 20 of these women have completed a mammogram (30%); 7 were unable to be contacted (11%); 8 refused service (12%); 9 were sent an information packet (14%); 5 were closed for other reasons (8%); and 17 are still being navigated (26%).

Events

Figure 4 displays navigation outcomes for women reached through events. Between 9/1/2010 and 2/28/2011, HHL staff had 270 contacts via events. Of these contacts, 90 women requested a mammogram reminder (33%); 145 women requested a doctor's appointment (54%); and 35 women requested no assistance (13%). Omitting duplicate requests for doctor's appointments (women with multiple workshop encounters/requests), 144 unique/individual women requested a doctor's appointment via an event. So far, 37 of these women have completed a mammogram (26%); 35 were unable to be contacted (24%); 12 refused service (8%); 18 were sent an information packet (13%); 20 were closed for other reasons (14%); and 22 are still being navigated (16%).

Woman-to-woman

Figure 5 displays navigation outcomes for women reached through woman-to-woman (W2W) activities. Between 9/1/2010 and 2/28/2011, HHL staff had 117 contacts via W2W activities. Of these contacts, 21 women requested a mammogram reminder (18%); 91 women requested a doctor's appointment (78%); and 5 women requested no assistance (4%). Omitting duplicate requests for doctor's appointments (women with multiple workshop encounters/requests), 88 unique/individual women requested a doctor's appointment via a W2W activity. So far, 16 of these women have completed a mammogram (18%); 25 were unable to be contacted (28%); 16 refused service (18%); 5 were sent an information packet (6%); 4 were closed for other reasons (5%); and 22 are still being navigated (25%).

Figure 3. Tracking Outreach to Navigation Outcomes: Workshops, 9/1/2010 – 2/28/2011.

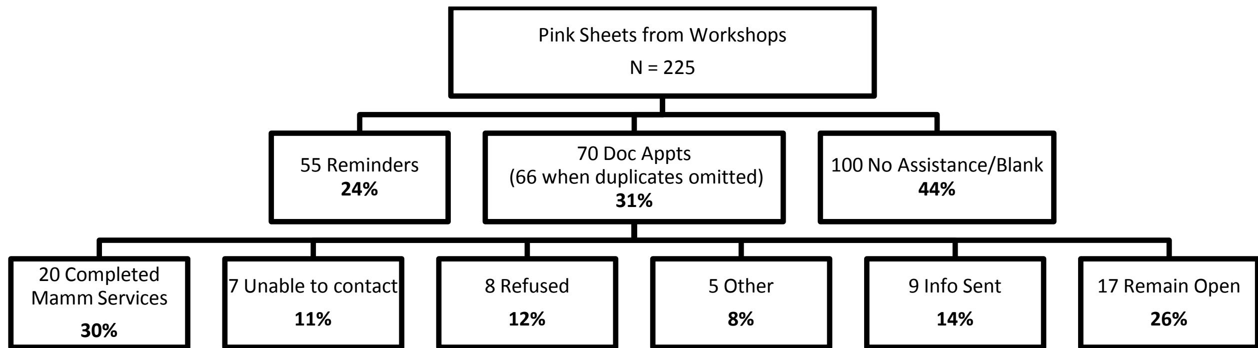


Figure 4. Tracking Outreach to Navigation Outcomes: Events, 9/1/2010 – 2/28/2011.

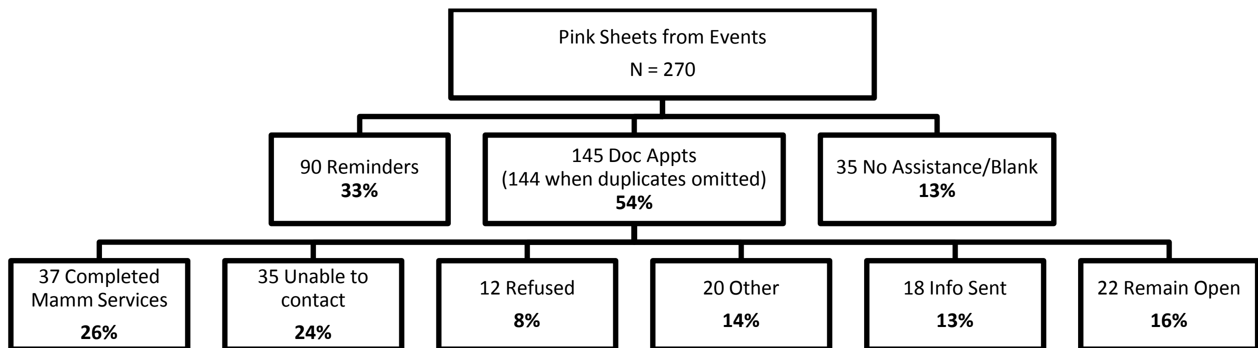
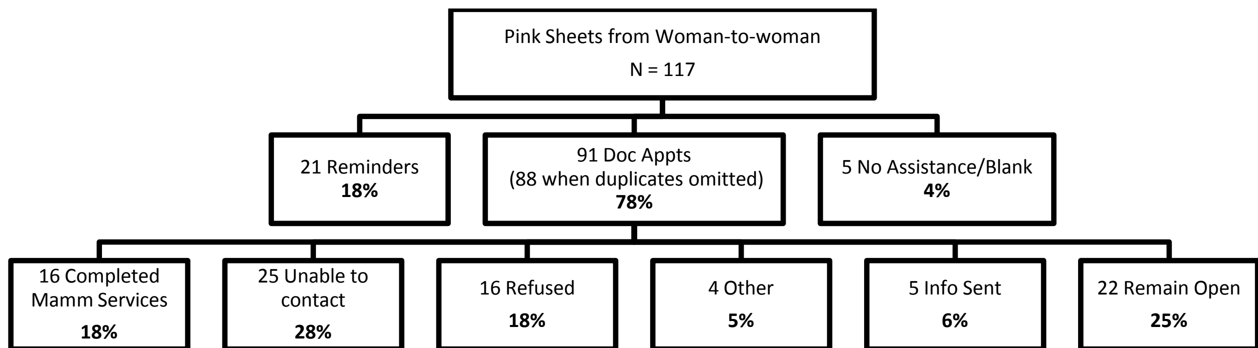


Figure 5. Tracking Outreach to Navigation Outcomes: Woman-to-woman, 9/1/2010 – 2/28/2011.



Door-to-door

Returning to Figure 1 (page 13), the lower half of the flow chart displays the navigation outcomes to date for women who requested a doctor's appointment via a D2D contact (N=38). So far, 1 woman has completed a screening mammogram (3%); 2 were unable o be contacted (5%); 2 refused service (5%); 2 were closed for other reasons (5%); and 31 are still being navigated (82%). Recall that it typically takes an average of 3 months to complete navigation. Since the EHP D2D campaign took place between April and May of 2011, most of these women have not been in navigation long enough that we would expect to have outcome data at this time. Similarly, all requests originating from NL D2D remain open at this time.

Kiosks

Because the kiosks have not yet brought in any requests, there are no data available on navigation stage for this type of outreach at this time.

Hotline

Figure 6 displays navigation outcomes for women who reached HHL through the hotline. Between 9/1/2010 and 2/28/2011, HHL staff received 44 service requests via the hotline. Of these contacts, 41 women requested an appointment with a doctor (93%) and 3 women requested no assistance (7 %). So far, 22 of these women have completed a mammogram (54 %); 5 were unable to be contacted (12 %); 3 were sent an information packet (7 %); 4 were closed for other reasons (10 %); and 7 are still being navigated (17 %).

Referral

Figure 7 displays navigation outcomes for women who were referred to HHL for services. Between 9/1/2010 and 2/28/2011, HHL staff received 21 referrals. Of these contacts, 19 women requested an appointment with a doctor (90%) and 2 women requested no assistance (10 %). So far, 3 of these women have completed a mammogram (16 %); 2 were unable to be contacted (11 %); 1 was sent an information packet (5 %); 2 were closed for other reasons (11 %); and 10 are still being navigated (53%).

HMO

Both women who requested an appointment with a doctor ultimately refused services.

Figure 6. Tracking Outreach to Navigation Outcomes: Hotline, 9/1/2010 – 2/28/2011.

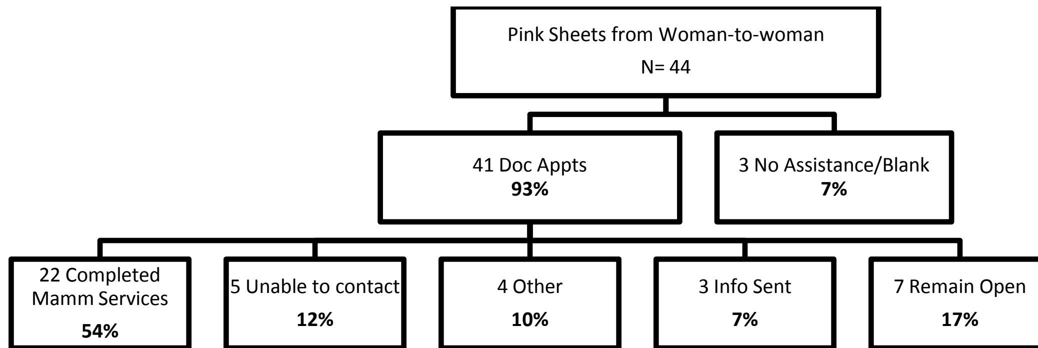
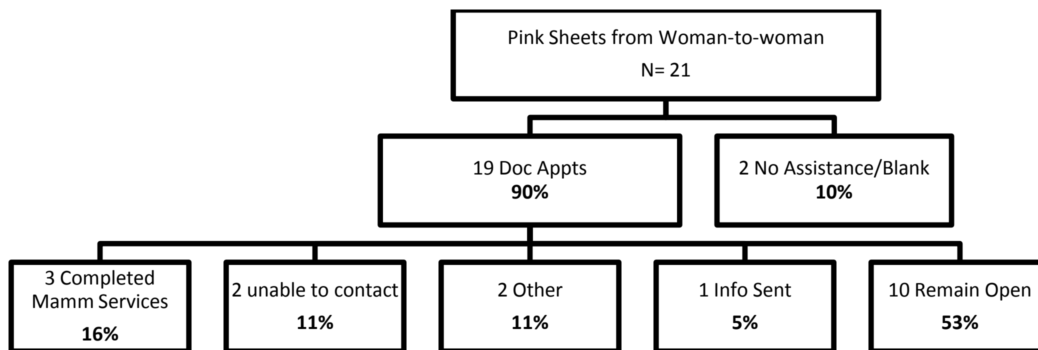


Figure 7. Tracking Outreach to Navigation Outcomes: Referral, 9/1/2010 – 2/28/2011.



Section 3. Navigating Women to Services

3a) Helping Her Live Service Requests

When HHL staff meet a woman in the community, they ask her to complete a Request Form, which we often refer to as the "Pink Sheet". This collects information on basic demographics, insurance status, mammography history, and the type of service being requested. As discussed previously, there are three options from which the woman may choose: request for an annual reminder, request for a doctor's appointment, or no services needed at this time.

Women may also use the "pink sheet" to request to host a workshop. When a workshop is requested, each HHL Sector Coordinator is responsible for following up with these requests and this is tracked as part of our outreach activities.

Annual Reminders

Requests for an annual reminder are entered into the HHL database and each month the list of women due for a mammogram next month is generated and reminder cards are mailed out (Figure 8). Cards are double-sided in English and Spanish. The reminder card is mailed out the month prior to the date of the next mammogram in order to give the woman adequate time to schedule and obtain the mammogram on her own. For women in our target area, the mailing is then followed up with a phone call by a CHE to ask women whether they received our reminder, whether they would like us to help them schedule an appointment for a mammogram, and when they plan to get their mammogram (if they do not need HHL assistance). HHL staff also then follow up with the client to confirm receipt of her annual mammogram and a new request is generated for next year's annual reminder (unless the client refuses services). The annual reminder process is thus completed once a woman is either navigated to her next mammogram or confirms that she received it on her own.

Figure 8. Annual Reminder Card

Doctor's Appointments

In the state of Illinois, the process for obtaining a mammogram involves several steps. A woman must:

- schedule an appointment with her primary care physician (PCP)
- attend her PCP appointment
- obtain a mammogram referral from her PCP
- schedule a mammogram appointment
- attend her mammogram appointment
- obtain the results of her mammogram
- schedule and attend a diagnostic mammogram appointment and obtain treatment if necessary

HHL staff may thus meet a woman at any of the steps in this process and requests for assistance with scheduling a doctor's appointment typically range from women needing: (1) a primary care appointment with follow-up mammogram appointments; (2) a mammogram appointment because they already have a referral in-hand; and/or (3) diagnostic or treatment services.

Prior to making any appointments, HHL CHEs gather the necessary information required to appropriately meet our client's needs. We first assess the client's insurance status and financial eligibility for different state-funded programs, particularly if a woman is uninsured. This information is tracked on an Intake Form. If a woman is insured and needs assistance getting a mammogram, we inquire further about her assigned medical home and help her obtain a referral. For each completed request, we track the date that: the request was made, the Intake is completed, the PCP visit is

Figure 9. Service Request Tracking Forms

- **Initial Service Request Form (Pink Sheet)** - *Demographics, date of last mammogram, insurance status, type of request, HIPAA/Authorization*
- **Intake Form** - *Financial Information to assess eligibility of various health programs or charity care if under or uninsured.*
- **Notes Sheet** – *Call and contact log – includes list of call dates/times, any letters mailed out to clients, conversations that navigators had with client, appointment times/dates including all rescheduled appointments*
- **Face Sheet** – *Final assessment of Request Number and next steps.*
- **Annual Reminder Follow-Up and Tracking** – *Tracks whether woman received annual reminder, whether she needs assistance getting a mammogram, and next steps for follow up annual reminder.*

completed, and the mammogram is completed. We also track the number of calls/contacts it takes to complete each appointment or step of the process. In addition, if/when diagnostic services are necessary; we track when the abnormal mammogram is resolved, the time to resolution, and ensure that all next steps are scheduled (e.g., six-month follow-up).

As mentioned earlier, each situation is unique and requires tailored navigation by our staff. The simplest scenario is when a woman has a screening referral and does not know where to go (or the referral does not specify where to go). In this case, we follow up with the medical provider to better understand where the woman has been referred to go, assist women in scheduling an appointment so she can get screened, and pay close to attention to where she goes to make sure she does not receive a bill.

Most often, however, the women we meet in the community are uninsured and have no screening mammogram referral. In this case, HHL staff help her get one. To obtain a referral, a woman must see a primary care physician or nurse who can conduct a clinical breast exam and write a screening (or sometimes diagnostic) mammogram referral. We typically schedule women at clinics that accept uninsured patients and are part of the Illinois Breast and Cervical Cancer Program or the Stand Against Cancer Program to obtain free to low-cost mammograms. She then visits a primary care physician,

establishes a medical home, obtains a referral, and is then ready to schedule her mammogram appointment.

More complicated scenarios arise when women call us because they have had an abnormal mammogram result and do not know what to do and/or were just diagnosed with cancer. Again, we have to work with the primary care physician to understand next steps of her care and to determine where women need to go to resolve her abnormal mammogram or obtain treatment given her insurance status and/or financial constraints (which is most often the case given our target communities).

For all client services, we measure several process indicators to track how long it takes to complete a given request and the amount of effort involved in completing (or closing) each request. We count the number of contacts made to complete each request by each step of the process (i.e., completed intake, complete PCP, complete mammogram, complete follow-up, received results). A summary of the basic forms used to assess need and track each request is presented in Figure 9 above.

3b) Provision of Breast Cancer Screening and Assuring Adequate Follow-Up

In Section 2, we discussed outreach productivity and the number and type of requests made between September 2010 and May 2011. Table 5 displays data for this time period, summed across all types of outreach. From this table, we can see that during this 9-month period, HHL contacts completed 1,011 pink sheets. Of these 1,011 contacts, 534 women requested a doctor's appointment (53%); 250 women requested a mammogram reminder (25%); and 227 women did not need services at this time (22%). Overall **service demand** for the period was thus 78% (534+250/1011). This means that nearly 8 in 10 women completing a pink sheet requested an HHL service.

Table 5. Service Requests by Request Type and Type of Outreach: 9/1/2011-5/31/2011.

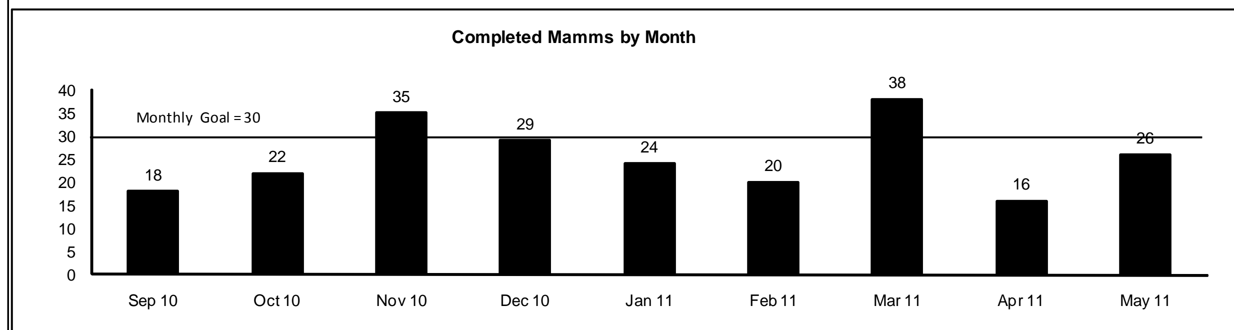
	Doc Appt		Reminder		No Assistance		Valid request		Total
	Freq	%	Freq	%	Freq	%	Freq	%	
Hotline	63	12	1	0.4	3	1	64	96	67
HMO	2	0.4	0	0	0	0	2	100	2
W2W	203	38	79	32	59	26	282	83	341
Workshops	86	16	76	30	127	56	162	56	289
Referral	30	6	2	0.8	0	0	32	100	32
Events	150	28	92	37	38	17	242	86	280
Total	**534**	**53**	**250**	**25**	**227**	**22**	**784**	**78**	**1011**

Women who request either a doctor's appointment or a mammogram reminder are carefully tracked in the new HHL database. Table 6 presents a summary of requests closed between September 2010 and May 2011. Our goal for the period was to complete 30 mammograms per month; we averaged 25 per month. Note that these are not all the same requests as those generated during this time period. Some of these clients will be the same women we met during this time and some will not. That is to say we do not close all the women we meet within the same month; as mentioned earlier, it typically takes about 3 months to successfully navigate a woman.

Figure 10 displays a flow chart, summarizing the data for the same period. During the 9-month period, HHL navigators closed a total of 805 requests. Of these 805 closed requests, 557 doctor's appointment requests were closed and 248 mammogram reminder requests were closed.

Table 6. Requests Closed Between 9/1/2010-5/31/2011.

Total Navigation Requests Closed by Month	Sep 10	Oct 10	Nov 10	Dec 10	Jan 11	Feb 11	Mar 11	Apr 11	May 11	Total
Total	**92**	**101**	**153**	**83**	**75**	**74**	**97**	**59**	**71**	**805**
Doc Appts	**67**	**80**	**107**	**57**	**49**	**55**	**60**	**33**	**49**	**557**
Complete	19	27	52	32	28	24	45	19	31	277
Screening Mamms	16	20	30	27	20	18	32	15	25	203
-Normal (No Cancer)	16	18	22	25	17	16	28	13	25	180
-Abnormal (Cancer)	0	0	0	0	0	1	0	0	0	1
-Abnormal (No Cancer)	0	2	5	2	2	0	3	1	0	15
-Follow Up Needed	0	0	3	0	1	1	1	1	0	7
Diagnostic Services only	2	2	5	2	4	2	6	1	1	25
-Normal (No Cancer)	1	1	5	2	4	1	6	1	1	22
-Abnormal (Cancer)	0	0	0	0	0	1	0	0	0	1
-Follow Up Needed	1	1	0	0	0	0	0	0	0	2
Out of Area, Info Sent	1	5	17	3	4	4	7	3	5	49
Incomplete	48	53	55	25	21	31	15	14	18	280
Unable to Contact	26	19	24	14	14	25	11	11	11	155
Refused Services	5	26	22	2	4	4	2	2	4	71
All Others	17	8	9	9	3	2	2	1	3	54
Mamm Reminders	**25**	**21**	**46**	**26**	**26**	**19**	**37**	**26**	**22**	**248**
Complete	25	21	46	26	26	19	37	26	22	248
New Requests Generated	19	18	38	17	19	8	28	16	12	175

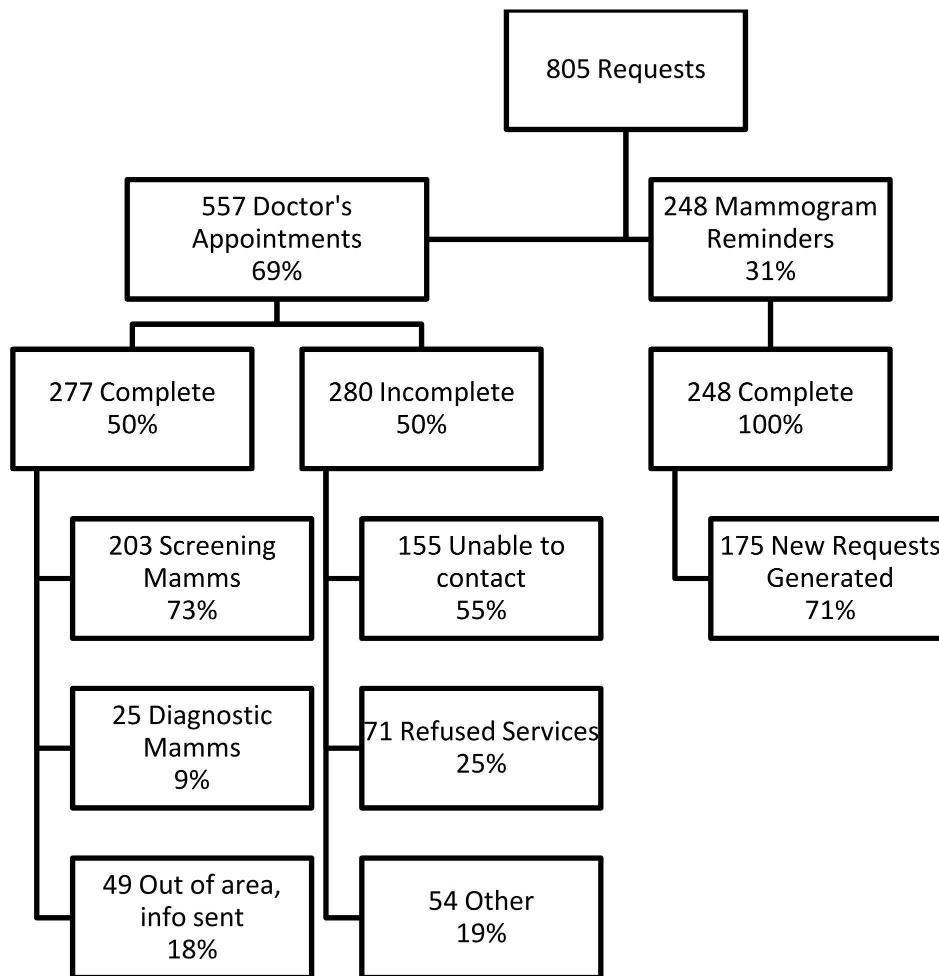


Nav Completion Time	Sep 10	Oct 10	Nov 10	Dec 10	Jan 11	Feb 11	Mar 11	Apr 11	May 11	Average
Avg # of Days to Complete Nav Efforts*	94	105	94	93	106	114	104	89	74	97

Client Contacts = Average # of Contacts to Complete Navigation Efforts*	
Intake	3.1
PCP Appt	6.5
Mamm Appt	3.9
Completed Screening Process	**13.5**

*Only includes women who complete screening or diagnostic mammogram

Figure 10. Flow Chart Summarizing Requests Closed between 9/1/2010 – 5/31/2011.



Doctor's Appointment Requests

HHL closed 557 doctor's appointment requests (DRs) between September 2010 and May 2011. Of these 557 DRs, 277 were completed (50%). Of these, 203 were screening mammograms (73%); 25 were diagnostic mammograms (9%); and 49 were information sent to out of area client (18%). The remaining 280 DRs were incomplete (50%). Of the 280 incomplete DRs, 155 were unable to contact (55%); 71 refused services (25%); and 54 were closed for some other reason (19%).

HHL navigators are not only responsible for meeting women *where they are* in the community through their outreach activities, but they are also responsible for tracking and ensuring HHL clients receive the services requested. To do this, navigators spend up to several weeks reaching out to women in order to do all of the following: assess the financial eligibility, enroll clients into appropriate programs to pay for services, schedule appointments, arrange for transportation if requested and make sure that clients get screened. Reaching the women, getting them scheduled and keeping them motivated enough to come in for care are what our navigators do best. HHL navigators' greatest challenge is getting those clients

that have not yet completed their primary care or mammogram appointment. To do this, they make numerous calls, encouraging women to come in, and attending appointments with clients. They also track each point of contact and describe their interaction with the client. Table 6 displays data which summarizes the amount of time HHL staff spend navigating a client. The "Nav Completion Time" is the average number of days it takes to complete navigation efforts. During the 9-month period, it took an average of 97 days to complete navigation for a client. This is not to say that a navigator spends every minute of the workday navigating one client; rather, it implies that it takes about 3 months to see the client through from the start of the process to the point of a completed mammogram. The "Client Contacts" is a measure of how many contacts each step of navigation requires. During this period, it took 3.1 contacts to complete the Intake; 6.5 contacts to complete the PCP appointment; and 3.9 contacts to complete the mammogram appointment. The total process took, on average, 13.5 contacts per client.

Most importantly and uniquely, HHL staff also meticulously track mammogram results, make sure women have received their results, and if/when diagnostic services or treatment for cancer is required, that women follow-through in a timely fashion. However, because HHL is not a health care provider we experience some limitations. For one, if a woman does not sign the back of the Pink Sheet, giving us permission to assess her medical records and/or speak to her medical provider, we cannot obtain the results of her screening. Second, we are not able to give women their results. So, we either contact the physician to be sure that they received the results from radiology and will follow-up with the client; or wait for the results to appear in the records and then follow up with the mammography facility to request a letter with results of the screening or diagnostic mammogram be mailed out to the client at their correct address.

Table 6 summarizes the outcomes of all screening and diagnostic mammograms obtained during the period 9/1/2010-5/31/2011. So far, one screening and one diagnostic mammogram have each detected a cancer. Client "A" had Stage 1 cancer; she had a lumpectomy, completed radiation in February 2011, and had a normal (BIRAD 2) diagnostic mammogram in May 2011. Client "B" had Stage 4 cancer; she had a mastectomy, completed chemotherapy in November 2010, completed radiation in April 2011, and will receive hormone therapy to reduce the risk of recurrence.

Other results included: normal (no cancer); abnormal (no cancer); and abnormal, needs follow-up. The process for follow-up mammograms has been revised slightly in order to avoid duplicating the work of Sinai's in-house navigators. All women requiring a follow-up appointment are assigned a mammogram reminder. However, women who are being navigated by the in-house navigators here at Sinai are not sent a reminder card, nor does HHL staff contact these women. We leave it to the in-house navigators to ensure that these women obtain follow-up services and we check up on these women through their medical record if given signed permission (HIPAA) to do so. If the in-house navigators are having difficulty contacting the women, HHL staff will offer to help in order to ensure that the woman completes her follow-up appointment. So far this system has worked well and in addition to avoiding duplicated work, it also helps us avoid overwhelming the client with too many contacts and sources of contact.

Section 4. New Approaches in Nascent Stages

4a) Targeting women who have had an abnormal mammogram or who have cancer

Two additional goals for the current grant cycle are: (1) to locate women who have had an abnormal mammogram and help them resolve it and, (2) to locate women who have been diagnosed with breast cancer and are in need of treatment. In August 2011, we will begin to develop a plan for meeting these goals. A few ideas which will be considered include: placing ads in community newspapers, specifically targeting women falling into these two categories; forming a relationship with Norwegian American Hospital to obtain a list of their patients who have had an abnormal mammogram and reaching out to these women.

4b) Using a "Drive By" Technique to follow-up with Women

As can be seen in Figure 5, 50% of requests for a doctor's appointment are closed without being completed (280/557). Of the 280 incomplete requests, over half are closed because HHL staff are unable to contact the client and therefore lose her at some point during navigation (155/280). In order to reduce the rate at which women are being lost, we are beginning a new initiative, which we call "Drive By". Any client who completes the Intake process, but whom HHL staff are then unable to contact will go on the drive by list. A member of the HHL staff will then visit the home of the woman to check in with her and attempt to re-establish contact and bring her back into navigation.

Section 5. Presentations & Publications

- Presentations given at the annual American Public Health Association meeting, 2010:

Title: Community-based navigation to improve breast health outcomes on the Westside of Chicago
Authors: Ami Shah, Kristi Allgood, Teena Francois, DeShuna Dickens, Giselle Vasquez-Jones, Gloria Seals, Pauline McCaskill, Ana Rosa Garcia, Wanda Rodriguez, Celevia Taylor, Regina Flowers Agboola, Steve Whitman

Title: Breast cancer disparities: Examining concordance rates among self-reported mammography and medical records in an Urban Community
Authors: Giselle Vasquez-Jones, Kristi Allgood, Garth Rauscher, Steve Whitman, Ami Shah

- Presentations to be given at the annual American Public Health Association meeting, 2011:

Title: *Community Health Workers and Breast Health Navigation: An Innovative Strategy to Increase Breast Cancer Screenings in Chicago*
Authors: Giselle Vasquez, Janeen Turner, Bijou Hunt, Ami Shah, Kristi Allgood

Title: Knowledge of and Enrollment in Low Cost or Free Mammography Screening Programs in Two Underserved West-Side Chicago Communities
Authors: Kristi Allgood, Garth H. Rauscher, Ami Shah, Steve Whitman

Title: Reaching At-Risk Women to Promote Breast Cancer Screening on the Westside of Chicago
Authors: Bijou Hunt, Giselle Vasquez, Celevia Taylor, Wanda Rodriguez, Naomi Jimenez, Janeen Turner, Ami Shah

Title: A Navigation Resource Guide: Linking Underserved Women from Their Community to Breast Health Care
Authors: Celevia Taylor, Naomi Jimenez, Wanda Rodriguez, and Giselle Vasquez

Title: Productivity of Patient Navigators at a Safety-Net Hospital in Chicago
Authors: Kristi Allgood, Steve Whitman

- Publications

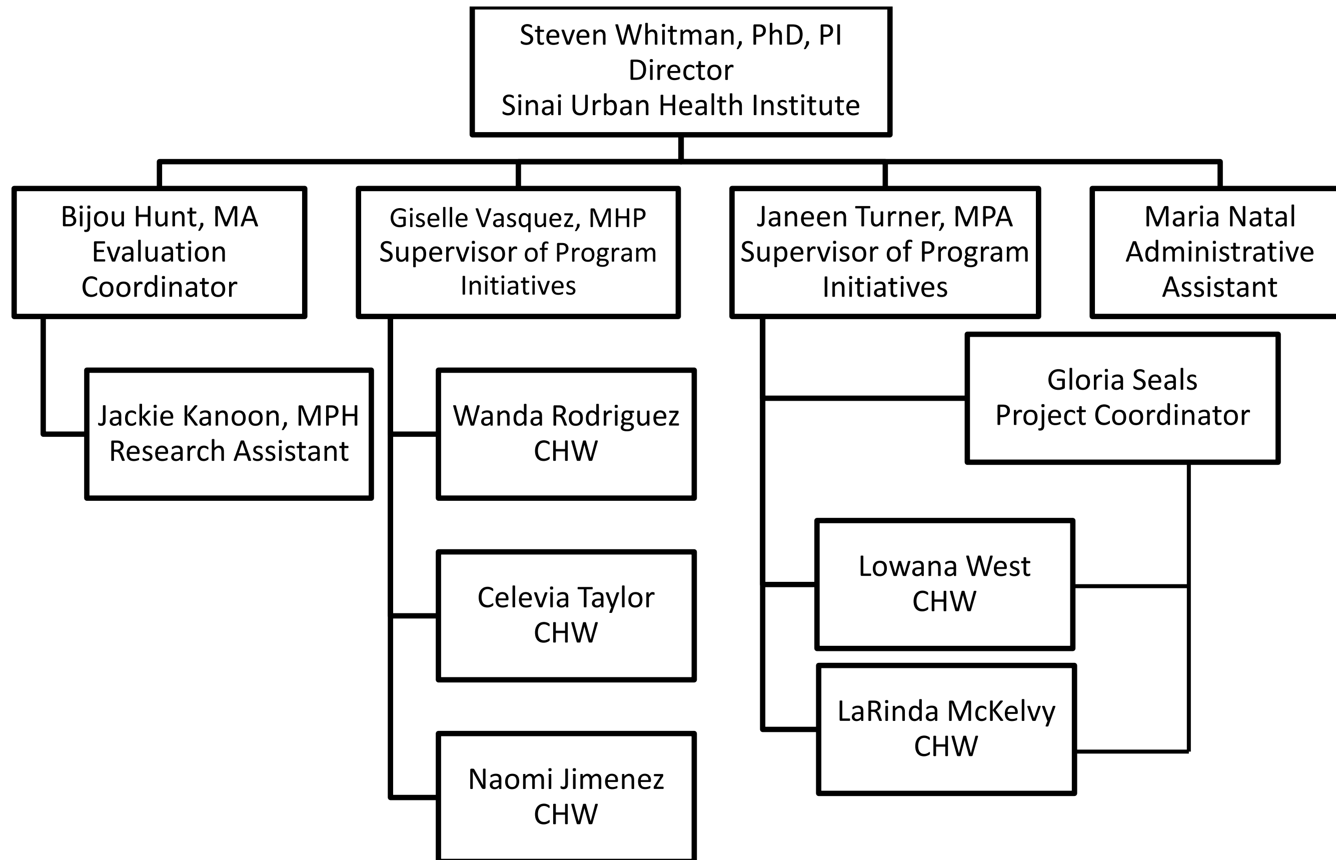
Garth H Rauscher, PhD, Kristi L Allgood, MPH, Steve Whitman, PhD, Emily Conant, MD. Differential access to screening mammography services by race/ethnicity and health insurance. J Women's Health, In Press.

Allgood KL, Rauscher GH, Whitman S. Screening Mammography Supply and Demand in Chicago: Can We Fulfill our Mission and our Promises? In: Dr. Laszlo Tabar [editor] Mammography. ISBN: 978-953-307-773-4. InTec, Rijeka, Croatia. In Press.

Section 6. Summary

This report has outlined the work done by the HHL Project over the past year. Our revised/updated database has permitted us to look at our data in new ways, which has been extremely helpful and provided insights into how to improve our approaches. We also feel that the revised database has facilitated a more effective navigation of clients. The team has worked hard to meet our goal of completing 30 mammograms per month and we're confident that we can sustain this effort. Nevertheless, we are constantly looking for new ways to reach women in need of the services we provide and to complete navigation for those who may present particularly challenging cases.

Appendix A. Helping Her Live Organizational Chart.



Appendix B.

HHL EVENTS FORM

SECTION A. CONTACT INFORMATION **Today's Date: ______ / ______ / _______**

Name: ____ **Date of Birth**: ______ / ______ / _______

Street Address: ____ **Zip code**: ________________

Phone: ____________________________________ **Alternative Phone**: ________________________________
(CIRCLE TYPE) HOME CELL WORK FAMILY FRIEND (CIRCLE TYPE) HOME CELL WORK FAMILY FRIEND

SECTION B. MAMMOGRAM HISTORY

1. **Are you**: ☐ Under 40 years old ☐ ***40 years or older***

2. Have you ever had a mammogram? ☐ YES ☐ NO

If YES, when was your last mammogram? ___________ / _____________
Month / Year

If you CANNOT remember exact date was it: ☐ Within the last 2 years? ☐ 2 or more years ago?

3. What type of Insurance do you have?

☐ No Insurance ☐ Public Insurance *(Medical Card, Pink Card, Medicaid, Medicare, VA)* ☐ Private Insurance *(HMO, PPO thru my/Spouse's Job)*

4. What race or ethnic group best describes you?

☐ African American ☐ Puerto Rican ☐ Mexican ☐ Other Hispanic ☐ Other Race

SECTION C. HOW CAN WE HELP YOU? (CHECK ALL THAT APPLY)

HHL SERVICES:

☐ Schedule a doctor's appointment **(PLEASE SIGN THE CONSENT ON THE BACK OF THIS PAGE)**

☐ Remind me of my next mammogram appointment

(I would like to be reminded on this date: ______________ /_______________
(Month) (Year)

Program Information and Breast Health Information:

☐ I want to host a breast health workshop in my home, church, neighborhood, etc.

Other:

☐ I do not need any assistance at this time

FOR HELPING HER LIVE STAFF USE ONLY:

USER ID: ________________ **CONTACT NO:** _______________ **MR NO:** ______ **DR NO:** ______

VENUE NAME: ____

TYPE OF ACTIVITY: ☐ Health Fair ☐ HHL Event

SECTOR: ☐ EHP ☐ WHP ☐ NL ☐ OTHER (*Specify*) : ____________________________

EDUCATOR INITIALS: _________________ **Updated: 9/24/10**

Thank You for Your Time. We may contact you in the future to make sure that you are receiving quality breast health care, including routine mammograms.

INFORMED CONSENT & HIPAA AUTHORIZATION FORM

The goal of the HELPING HER LIVE Program is to make sure that all women receive the best breast health care possible. We are committed to assisting women obtain their annual screening exams and appropriate follow up care.

By signing, I understand that HELPING HER LIVE:

- Services are FREE.
- Cannot pay for any screening exams but they will assist me in enrolling in free or low cost screening programs if I do not have insurance.

By signing, I give permission to the HELPING HER LIVE Program to:

- Help me get breast health services, when requested.
- Follow up with my healthcare provider(s), hospital, clinic, laboratory, and/or mammography facility about the breast health care, including my screenings, diagnostics exams and/or treatment received through this program.
- Collect information from me such as my age, income and insurance status to make sure I receive appropriate breast health care and for reporting purposes. **My personal information will not be used in any reports.**

If you decide not to sign this Authorization form, it will not affect your treatment, payment or enrollment in any health plans or your eligibility for benefits or HELPING HER LIVE services offered. Your information will be disclosed to the HELPING HER LIVE staff for the purpose stated above. Others who will have access to your information for this project include the Mount Sinai Hospital Institutional Review Board. Information will not be disclosed to groups outside of the Sinai Health System. This Authorization will expire on December 31, 2012, but can be terminated earlier if you decide to revoke your permission.

To Revoke (Take Back) Authorization:

You may revoke (take back) this authorization at any point during the project by writing to: Dr. Steve Whitman, Director, Sinai Urban Health Institute, S. California Ave. at 15th St., Room K-435, Chicago, IL 60608. In addition, you may call or email Dr. Whitman at: (773) 257- 5661 or whist@sinai.org.
For information on your rights as a study subject, you may contact Alan Channing, President & CEO, Sinai Health System at 773-257-6434.

______________________________	___________________________	__________________
Printed Name	**Signature**	**Date**