

Stand Against Cancer: An Illinois Breast and Cervical Cancer Screening Program

Integrating public health and primary care can both improve quality of care for a population and lower health costs. Both components of the health system share a common goal of health improvement, have similar funding streams and resources, and share many partnerships. If aligned, public health and primary care working together could achieve lasting, substantial improvements in individual and population health in the United States. State and territorial health agencies can make a significant impact in this area by decoding the key elements for successful integration, which can then be shared with others to promote further integration efforts, increase healthcare quality, lower costs, and improve overall population health.

The Illinois Department of Public Health (IDPH) collaborated with a community health network, churches, and community organizations to increase breast and cervical cancer screening and diagnosis rates in the greater Chicago area.

BACKGROUND

Cancer is the leading cause of death for adults aged 45 to 64 in Illinois and the second most common cause of death in the state.¹ Breast cancer is the most common form of cancer in women and an estimated 1,600 Illinois women died of breast cancer in 2012.² Black women and uninsured women show significantly higher mortality rates than white women or insured women due to delayed diagnosis and less access to treatment.³ In Chicago, an African-American woman has a 62 percent greater chance of dying from breast cancer compared to a Caucasian woman.

Access Community Health Network (ACCESS) is Chicago's largest provider of primary healthcare and offers primary and preventive care in nearly 40 community health center locations throughout Chicago and the surrounding suburbs.⁴ Accredited by the Joint Commission, ACCESS serves as a medical home to nearly 200,000 patients each year.⁵ Almost 25 percent of ACCESS patients have no form of health insurance.

Aim of the Integration:

To address existing disparities in breast and cervical cancer screening and diagnoses in urban parts of Illinois.

OVERVIEW OF THE INTEGRATION EFFORT

In 2003, the Illinois legislature funded the Stand Against Cancer (SAC) program through IDPH in response to public recognition and community advocacy expressing dissatisfaction with existing disparities in breast and cervical cancer screening and diagnosis.⁶ IDPH was chosen to administer the grant and helped define the project's vision, while ACCESS was chosen to implement the program in a partnership that originally included other Chicago-based federally qualified health centers (FQHCs), 25 churches, and several community organizations. SAC originally provided the following services: (1) free community-based breast and cervical cancer education at local churches and community agencies; (2) program-supported breast and cervical cancer screenings, (e.g., clinical breast exams and pap smears at local community health centers); (3) referrals for program-supported mammograms at partner hospitals; (4) transition support for diagnostic testing and procedures through the Illinois Breast and Cervical Cancer Program; and (5) navigation through the Illinois Treatment Act (an

act for qualifying low income, uninsured women that will pay for surgical and medical interventions for breast and cervical cancer).⁶ During the program's first years, community health educators worked with community partners, pastors' wives, and congregational health ministries to provide educational lessons on preventive cancer screenings and refer women to ACCESS community health centers or partner FQHCs for clinical breast exams, pap smears, and mammogram referrals for uninsured women.⁶

ACCESS implements SAC at all of its Cook County sites, where primary care providers conduct cervical and breast cancer screenings and make referrals for follow-up and treatment.⁶ ACCESS also managed subcontracts with other community health centers to implement the project until program changes allowed these centers to contract directly with the State.⁶ Additional current partners include Mount Sinai Hospital, local churches, various community organizations, and the American Cancer Society.⁶ Since 2003, ACCESS has received almost \$16 million to implement SAC and the state provided additional funds to support treatment services for women in Illinois through the Illinois Treatment Act.

The Pin a Sister/Examine Comadre campaign evolved out of SAC to educate Illinois women about the risks of breast and cervical cancer, and promote the life-saving advantages of screening and early detection.⁶ This program is organized around Mother's Day through Illinois churches and encourages thousands of women to access early detection through pledging to screen for breast cancer.⁶ During the Pin-a-Sister ceremony, women in the church pin a pink ribbon on breast cancer survivors and the survivors in turn pin a pink ribbon on the rest of the women in the congregation.⁶

RESULTS/BENEFITS

Since its inception, ACCESS has closely evaluated the processes and outcomes for all participants and participating FQHCs in the Chicago metropolitan area. Evaluations assess the degree to which the program makes a difference, including outreach efforts through screenings and diagnosis for patients with abnormal screening results.⁶ In two years, SAC provided more than 46,000 screenings, detected some 4,000 abnormal results, and diagnosed more than 150 cancers and pre-cancers in low-income uninsured women.⁶ The cost per detection and nurse case management support through treatment was estimated at \$32,600.⁶ A recent shift to electronic health records at all 40 ACCESS sites facilitates the ongoing SAC evaluation. The project measures success by the number of screenings provided, time to abnormal resolution/diagnosis, connections to treatment, returns to screening, and nurse-case management.⁶

SAC's goal of providing primary care cancer screening service and support for uninsured women has not changed, but program evaluation results have led to important program modifications. These modifications have responded to institutional challenges and been tactical in nature, such as reducing public outreach in response to increased program visibility and awareness among uninsured women. Staff also addressed and monitored high call back rates, false positives, timely service, and lost-to-follow-up rates.⁶ Evaluation has determined that nurse case-management in support of clinical services provides valuable real-time clinical information on choices available for women and the implications of those choices.⁶ Nurse-case management has demonstrated significant improvement on time to diagnosis, diagnostic resolution, and initiation of treatment among participants in comparison to national breast and cervical cancer performance metrics.⁶



INFRASTRUCTURE TO SUPPORT COLLABORATION AND SUSTAINABILITY

The ongoing relationships between ACCESS and faith-based organizations within communities have been instrumental to the project's success. Many of these organizations stand as anchors within neighborhoods and are committed to the health of the congregations and communities they serve.⁶

Over its duration, program and clinical staff have fostered a gradual and steady increase in the number of patients who participate in annual screenings. SAC's nurse-case management has been instrumental in these efforts. Funding for the project is determined annually, and the program's sustainability will depend on availability future resources. SAC has demonstrated improvement in cancer screening rates: Over a two- to three-year period, the project has seen an increase from 12 percent to 22 percent of women who are screening annually. As healthcare payment structures evolve, team-based care that supports patients' decision making will become increasingly important in coordinating systems. ACCESS is currently planning to assess whether SAC has changed the relationships that patients have with the overall healthcare system, and evaluate if the program encourages patients to develop a consistent relationship to a source of primary care.

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¹ Illinois Department of Public Health. "Illinois Comprehensive Cancer Control Plan, 2012-2015." August 2012. Available at http://www.idph.state.il.us/cancer/IL_CCC_Plan_2012-2015.pdf. Accessed 7-18-13.

² American Cancer Society. Surveillance Research. "Cancer Facts & Figures 2013." Available at <http://www.cancer.org/acs/groups/content/@epidemiologysurveillance/documents/document/acspc-036845.pdf>. Accessed 7-18-13.

³ Duke Community and Family Medicine. Stand Against Cancer Case Study. Case study prepared July 17, for inclusion in the Practical Playbook.

⁴ Access Community Health Network. "About Access." Available at <http://www.accesscommunityhealth.net/about>. Accessed 7-18-13.

⁵ *Ibid.*

⁶ Duke Community and Family Medicine. Stand Against Cancer Case Study. Case study prepared July 17, 2013 for inclusion in the Practical Playbook.