

January – December 2013

Avon Community Navigation Progress Report



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January – December 2013 Avon Report Executive Summary: Selected Highlights

History

The Helping Her Live (HHL) program was conceived to decrease breast cancer disparities in Chicago by addressing the three keys to breast health: routine mammography, timely resolution of abnormal mammograms, and timely treatment for women with cancer. In 2013, the HHL team expanded from just four full time and two part time staff members to six full time and two part time staff members. With gracious funding from the Lynn Sage Cancer Research Foundation, we were able to hire two more Community Health Educators/Navigators (CHE) and expand our program into the southwest side of Chicago.

Outreach and Education

From January to December 2013, HHL staff presented 13 workshops, attended 19 health fairs, and participated in 37 woman-to-woman outreach activities (e.g., table set-ups, food pantries). HHL encountered 781 women in the community who have shared their demographic information with us by filling out a “pink sheet”. Of these women, 91% were 40 years old or older, 49% were African American, 4% were Puerto Rican, 39% were Mexican, and 3% were Other Hispanic. Sixty-four percent self-reported that they had either never had a mammogram or had not had a mammogram within the past 2 years and 77% were living in our target area.

Navigating Women to Services

In 2013, HHL navigators closed a total of 1641 requests. Of these 1641 closed requests, 1066 doctor’s appointment requests and 575 mammogram reminder requests were completed. **In 2012, our completion rate for doctor’s appointments was 60% (number successfully navigated to mammograms/total number of requests).** **In 2013, our completion rate was 73% (See Figure i).** Of the 575 completed mammogram reminders, 418 new requests for either another reminder or a doctor’s appointment were generated.

Figure i. HHL Performance Over Time (2010-2013)

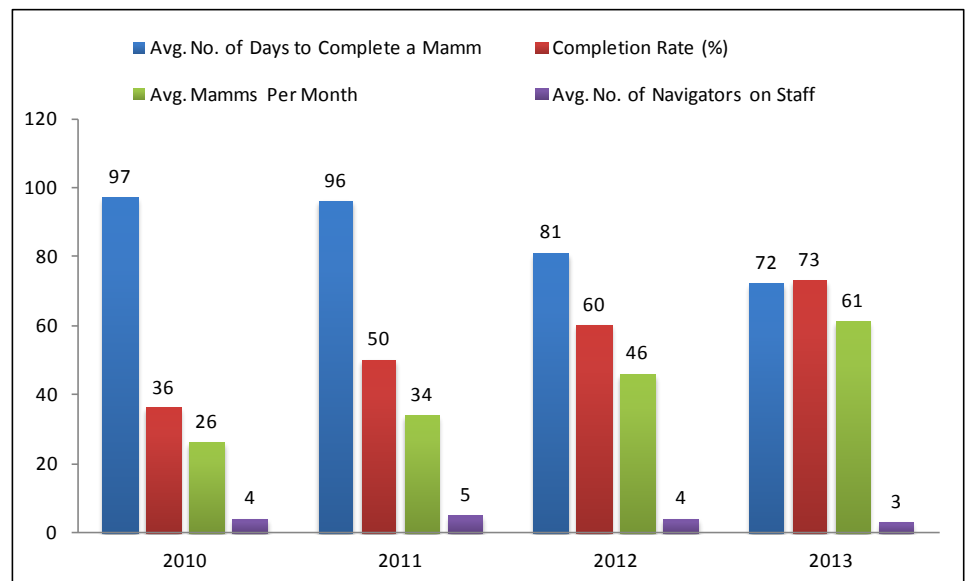
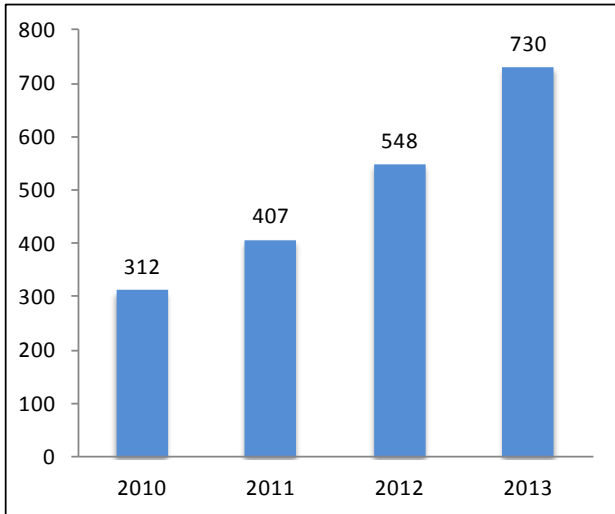


Figure ii. No. of Mammograms Completed Per Year: 2010-2013



Due to our success, we have raised our goal from completing 42 to completing 50 mammograms per month, for a total of 600 per year. Since 2010, we have helped almost 2000 women receive mammograms. **We now average 61 mammograms per month with nearly half of the staff we had in 2012, far surpassing our goal (See Figure i and Figure ii).**

Mammogram parties have helped us meet and exceed our goals to allow us to navigate women more quickly and easily because appointment times are already reserved. Women attending these parties get a chance to socialize and draw strength from each other to face any fears they may have of getting their mammogram. **In 2013, our average attendance rate for our mammogram parties is 78%. This is extremely impressive when compared to Mount Sinai Hospital's daily attendance rate that is near 50% for mammograms scheduled outside of a party.** We have had four mammogram parties at CDPH-West Town, with 26 women attending.

Project News and Funding Updates

Helping Her Live has become a more prominent and well-known patient navigation program in the city. This combined with the decreasing funding for state and federal mammography services and increasingly complex requirements for receiving a free or low-cost mammogram has resulted in HHL seeing an influx in referrals from other navigation programs, clinics and fellow Avon grantees including the Metropolitan Chicago Breast Cancer task Force (Screen to Live) and Westside Health Authority (Every Woman Counts). **In 2013, three breast navigation programs and one clinic referred 337 people to us! This has been an exceptional collaboration considering that for the entire year of 2012, we only had 88 people referred to us in total.**

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. Our goal is to give every woman we navigate the tools and sense of empowerment to share her breast health knowledge and experience with her mother, sisters, friends and neighbors. We are confident that our proven metrics will help other navigation programs in Chicago and across the county prevent breast cancer and save women's lives.

Section 1. The Helping Her Live Team

1a.) Project History

In 2007, researchers at the Sinai Urban Health Institute published groundbreaking findings pertaining to the nature of the racial disparity in breast cancer mortality in Chicago. The data revealed vast disparities in the rates at which White versus Black women in Chicago were dying of breast cancer. The researchers showed that, despite their higher incidence of breast cancer, White women were much less likely to die from the disease than Black women¹ (2005-2007 Rate Ratio = 1.62²). In addition to this mortality disparity, both Latinas and Black women are diagnosed at more advanced stages of breast cancer than White women³. Between March and June 2008, we surveyed 2,200 women age 40 and over in two predominantly African American and Latino community areas of Chicago (North Lawndale and Humboldt Park). The purpose of the survey was to gather information that would guide the design of the HHL program. Although 73% of women on the survey self-reported a mammogram in the last 2 years, only 45% of these self-reports were documented in the medical record, highlighting the vulnerability of these community areas.⁴

Given what we know about breast cancer mortality disparities, the importance of routine mammography, the correlates of mammography screening, and the differences in screening by race and ethnicity, a project like HHL is literally a matter of life and death. The population we serve experiences substantial disadvantages that make routine mammography far less attainable. The HHL team strives to improve this situation by doing outreach and education and navigating eligible women to mammography, and then to a definitive diagnosis and treatment when necessary. To pursue this, we work in very vulnerable communities of color on the west and southwest sides of Chicago. They are North and South Lawndale, Humboldt Park, East and West Garfield Park, Austin, Brighton Park, West Lawn, West Elsdon, Gage Park, Archer Heights and Chicago Lawn.

¹ Hirschman J, Whitman S, Ansell D. The Black:White Disparity in Breast Cancer Mortality: The Example of Chicago. *Cancer Causes Control*, 2007. 18(3):323-333.

² Prepared by the Sinai Urban Health Institute, 2012.

³ Halpern, M. T., Bian, J., Ward, E. M., Schrag, N. M. and Chen, A. Y., Insurance status and stage of cancer at diagnosis among women with breast cancer, *Cancer*, 2007,110: 403–411.

⁴ Allgood KL, Rauscher G, Whitman S, Vasquez-Jones G, and Shah A. Validating self-reported mammography use in vulnerable communities: findings and recommendations, Accepted for publication in *Cancer Epidemiology, Biomarkers & Prevention*, 2014.

1b.) Project Staff and Structure

In 2013, the HHL team expanded from just four full time staff and two staff members that worked part time or less on the project to six full time and two part-time staff members. With gracious funding from the Lynn Sage Cancer Research Foundation, we were able to hire two more Community Health Educators/Navigators (CHE) and expand our program into the southwest side of Chicago. We hired one English speaker and are in the process of hiring another bilingual CHE. The Principal Investigator for HHL is Dr. Steven Whitman. Directly below Dr. Whitman is Dr. Chela Sproles, who is the Program Director. Sproles supervises Jackie Kanoon, the Supervisor of Program Initiatives. Kanoon supervises the Community Health Educators: Oreletta Garmon, Melinda Medina, Maria Trujillo and Jana Stringfellow-Estell. Sproles is thus responsible for the overall management of the program and coordinating all outreach activities and Kanoon oversees the navigation review and program evaluation. Maria Natal serves as the administrative assistant for the project, arranging finances, meetings, appointments, etc.

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, including conducting workshops, attending events like community forums and health fairs, doing table set-ups and one-on-one canvassing at local churches, schools, food pantries, etc. We also set up a hotline and a referral system to enable women to reach us. During each type of contact, women are given the opportunity to fill out a “pink sheet”, 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.

We carefully assess our outreach efforts through a number of evaluation measures, as we want to ensure that we are spending time in outreach activities that are most effective at reaching eligible women in need of services. We are then able to compare our various outreach activities to determine which is most effective and then maximize our time on more effective outreach activities (see Table 4). To our knowledge, no other project has ever utilized such a broad array of approaches and attempted to gather such precise evaluative evidence. In 2013, we published a paper entitled “Metrics for the Systematic Evaluation of Community-Based Outreach” in the Journal of Cancer Education.⁵ We

⁵Hunt B, Allgood K, Sproles C, Whitman S. Metrics for the Systematic Evaluation of Community-Based Outreach, *Journal of Cancer Education*, 2013. DOI 1007/s13187-013-0519-4

introduced the metrics that we created and shared data from our own project in an effort to help others understand how to do similar evaluations of their own outreach efforts.

2a.) Reaching our Target Audience

Table 1 provides a description of the 781 women we encountered in the community who have completed a “pink sheet”. We use this data to ensure that we are reaching our target audience.

Notably, of the women we met between January and December 2013 who completed a pink sheet: (a) 91% were 40 years old or older; (b) 49% were African American; 4% were Puerto Rican; 39% were Mexican; and 3% were Other Hispanic; (c) 94% were either uninsured or publicly insured; (d) 64% self-reported that they had either never had a mammogram or had not had a mammogram within the past 2 years; (e) 77% were living in our target area.

Table 1. Demographics of Outreach Participants, January 2013 – December 2013.

		Total 2013	
		Contact Sheets N= 781	Valid Percent
Age	40+ Valid N	692 763	91%
Race	A. African American B. Puerto Rican C. Mexican D. Other Hispanic E. Other Race Valid N	347 28 276 24 28 703	49% 4% 39% 3% 4%
Insurance	1. Uninsured 2. Public Insurance 3. Private Insurance Valid N	503 160 45 708	71% 23% 6%
Mammogram History Women >=40	1. Mamm within 2 years 2. Mamm 2+ years ago 3. Never Had Mamm Valid N	230 258 144 632	36% 41% 23%
Participants in Project Area	1. Yes 2. No Valid N	649 132 863	77% 23%

*Note: Valid N is the number of clients who answered the question on the pink sheet. Some questions may be left blank, therefore making the Valid N less than the total N of clients.

2c.) Outreach and Education Productivity

Our attempts to evaluate the success of HHL’s outreach efforts drastically improved in late-2010 with the development of a new database and new measures of productivity (discussed in detail in our

January 2012 report). In this section, we will briefly discuss the productivity outcomes from the outreach work we have done over the past twelve months.

Table 2 provides a summary of the three types of active outreach efforts for the period January to December 2013. Across this 12-month period, HHL staff presented 13 workshops, attended 19 activities, and participated in 37 woman-to-woman outreach activities (e.g., table set-ups, food pantries). Service demand (Valid requests/Total Requests) was near or above 90% for all three types of outreach activities. Ninety-five percent of requests were valid (a pink sheet requesting either a doctor’s appointment or a mammogram reminder – not a pink sheet where the woman has indicated that she does not need any help at this time). **Compared to this time last year, we have conducted markedly less outreach. However, our average number of mammograms per month has increased from 42 in 2012 to 61 in 2013, in spite of doing less outreach. This remarkable increase is due to our improved targeted outreach measures, which enable us to track both the hours and number of staff members involved as well as the number of mammograms resulting from each outreach event.** These measures will be discussed in Sections 2c and 4.

Table 2. Productivity of Outreach Efforts: January 2013 – December 2013.

		Total: January - December 2013	
		Freq	% of requests
Workshops	Total No.	13	
	Attendees	330	
	No Asst	16	13%
	Doc Apts	89	72%
	Mam Rems	19	15%
	Valid Reqs	108	87%
	Total Reqs	124	
Events	Total No.	19	
	Attendees	538	
	No Asst	2	1%
	Doc Apts	120	90%
	Mam Rems	12	9%
	Valid Reqs	132	99%
	Total Reqs	134	
Woman to Woman	Total No.	37	
	Attendees	691	
	No Asst	5	2%
	Doc Apts	193	88%
	Mam Rems	22	10%
	Valid Reqs	215	98%
	Total Reqs	220	

Hotline & Referrals

Data for the remaining two types of outreach, Hotline and Referrals, is presented in Table 3. Since the last report, HHL has received an increase in referrals for clients needing mammograms from clinics and other navigation programs. This will be discussed further in Section 4a.

Table 3. Hotline and Referral Outreach Efforts: January - December 2013.

	2013
Hotline Calls	78
by word of mouth	37
from community partners	11
by all others	30
Referrals	315
from HHL Activity	44
from SUHI other	12
from WHA/EWC	82
from Task Force	7
from ACS/Stroger	70
from LCHC	100

2c.) Time Spent in Outreach and Education

In July 2011, we began tracking the time our staff was spending in all outreach and education activities. For each activity, we track both the hours and number of staff members involved. This allows us to compare across activities how many outreach hours are spent per pink sheet, per valid request, and per mammogram.

Table 4 is an example of how we track this data. The activities are broken out by type. For each activity, we report the number of pink sheets in which: a doctor’s appointment was requested; a mammogram reminder was requested; no assistance was requested. We also report the number of outreach hours (OR Hours) per pink sheet, and per completed mammogram. Finally, we report the outcomes of the requests for doctor’s appointments, which can include: Mammogram Complete; Info Sent; Unable to Contact (UTC); Other; or Remain Open for cases which have not yet been closed.

An ideal outreach activity is one in which both the hours per pink sheet and the hours per completed mammogram (hours/mamm) are low, and the mammograms completed (mamm complete) is high. We have now compiled enough data of this type to be able to make comparisons and discern which types of outreach are most productive and even within type, which venues yield the best results. This helps us plan future outreach. For example, the health fair at Friendship Baptist Church was a worthwhile outreach activity, with less than an hour of outreach (0.6) per completed mammogram. In contrast, Marillac House Food Pantry is not as worthwhile, with 2 hours of outreach needed per completed mammogram.

Table 4. Measuring Productivity: Time Spent in Outreach and Hours Required per Task by Outreach Type/Venue.

	Doc Appt		Reminder		Total	OR Hours	Hours	Hours	Mamm Complete	Info Sent	UTC	Other	Remain Open
	Freq	%	Freq	%			PS	Mamm					
Events (Health Fairs)													
<i>Friendship Baptist Church Health Fair 7/13/13</i>	14	93	1	7	15	4.5	0.3	0.6	7	1	3	2	1
<i>Hope Fest 7/27/13</i>	22	96	1	4	23	16.5	0.7	1.5	11	2	9	0	0
<i>NW Hope Fest 8/3/13</i>	10	77	3	23	13	7	0.5	2.3	3	3	3	0	1
<i>Association House Health Fair 8/10/13</i>	5	83	1	17	6	7	1.2	--	0	0	2	3	0
<i>Star Rock MB Church 8/10/13</i>	4	67	2	33	6	7	1.2	--	0	1	3	0	0
<i>39th District Back to School Health Fair 8/16/13</i>	8	100	0	0	8	7	0.9	1.4	5	1	0	1	1
<i>BVM Breast Cancer Fundraiser 10/20/13</i>	9	90	1	10	10	3.5	0.4	0.9	4	0	0	2	3
One on One (informal outreach, some food pantries)													
<i>YMCA Food Pantry 10/5/13 and 11/2/13</i>	11	85	2	15	13	5.5	0.4	--	0	0	1	2	8
Workshops													
0													
<i>Every Woman Counts 6/19, 7/17 and 9/18/13</i>	50	100	0	0	50	8.5	0.2	0.2	43	0	5	0	2
<i>Pilsen Education Summit 10/19/13</i>	4	40	6	60	10	3	0.3	--	0	0	3	0	1
<i>Salvation Army Women's Group 12/6/13</i>	7	100	0	0	7	7	1.0	3.5	2	1	3	0	1
Table Set Ups (e.g. Job Fairs, Food Pantries)													
<i>Siempre Bella 5/11/13</i>	10	100	0	0	10	8	0.8	0.9	9	0	1	0	0
<i>CDTES 9/6/13</i>	7	100	0	0	7	7	1.0	3.5	2	1	3	0	1
<i>Marillac House Food Pantry 9/27 and 10/25/13</i>	13	100	0	0	13	6	0.5	2.0	3	0	7	2	1
<i>YMCA Parent's Group 10/2/13</i>	5	83	1	17	6	1.5	0.3	--	0	2	1	1	1
<i>Amor de Dios Food Pantry 11/21/13</i>	10	83	2	17	12	1.5	0.1	--	0	1	2	0	7
<i>Sister House 12/4/13</i>	3	50	3	50	6	1	0.2	--	0	0	0	0	3

Section 3. Navigating Women to Services

In addition to our extensive outreach and education efforts, the HHL team is equally concerned with effectively navigating the women we meet to and through services. Women requesting an annual reminder are sent a postcard one month before they are due for their annual mammogram to remind them to schedule their appointment. For those women who reside in our area, we then make a follow-up phone call to confirm mammography receipt and offer navigation services to those who have not yet completed their mammogram and need assistance. These clients, along with those who request help scheduling an appointment at the initial point of contact, are assigned a navigator who will provide one-on-one assistance with the navigation process.

Prior to making any appointments, the navigator gathers the necessary information required to appropriately meet the client's needs. This includes an assessment of the client's insurance status and financial eligibility for different state-funded programs, whether the client has a current medical home, and whether the client has any clinic preferences. Once this has been established, the navigator will assist in scheduling and re-scheduling (when necessary) appointments, ensuring the client attends her appointments, and providing support to the client to help her overcome any barriers that may stand in the way of her completing her mammogram. Finally, the navigator ensures that the client receives the results of her mammogram before the request can be closed.

3a.) Helping Her Live Service Requests

Table 5 presents a summary of requests closed between January and December 2013. In 2013, HHL navigators closed a total of 1641 requests. Of these 1641 closed requests, 1066 doctor's appointment requests and 575 mammogram reminder requests were completed. **In 2012, our completion rate for doctor's appointments was 60% (number successfully navigated to mammograms/total number of requests). In 2013, our completion rate was 73%.** Of the 575 completed mammogram reminders, 418 new requests for either another reminder or a doctor's appointment were generated.

Table 5. Total Navigation Requests Closed in 2013	Totals
Doc Appts	1066
<i>Complete</i>	794
Screening Mamms	661
-Normal (No Cancer)	530
-Abnormal (Cancer)	2
-Abnormal (No Cancer)	86
-Follow Up Needed	43
-Results unknown	43
Diagnostic Services only	69
-Normal (No Cancer)	68
-Abnormal (Cancer)	0
-Follow Up Needed	12
-Results unknown	1
Out of Area, Info Sent	64
<i>Incomplete</i>	272
Unable to Contact	177
Refused Services	40
All Others	55
Completion Rate	73%
Mamm Reminders	575
New Requests Generated	418

Due to our success, we have raised our goal from 42 to 50 completed mammograms per month, for a total of 600 per year (See Figure 1). Since 2010, we have helped almost 2000 women receive mammograms (See Figure 2). **We now average 61 mammograms per month with nearly half of the staff we had in 2012, far surpassing our goal. Our improvement over time will be discussed further in Section 4.**

Figure 1. Number of Mammograms Completed Per Month: January – December 2013

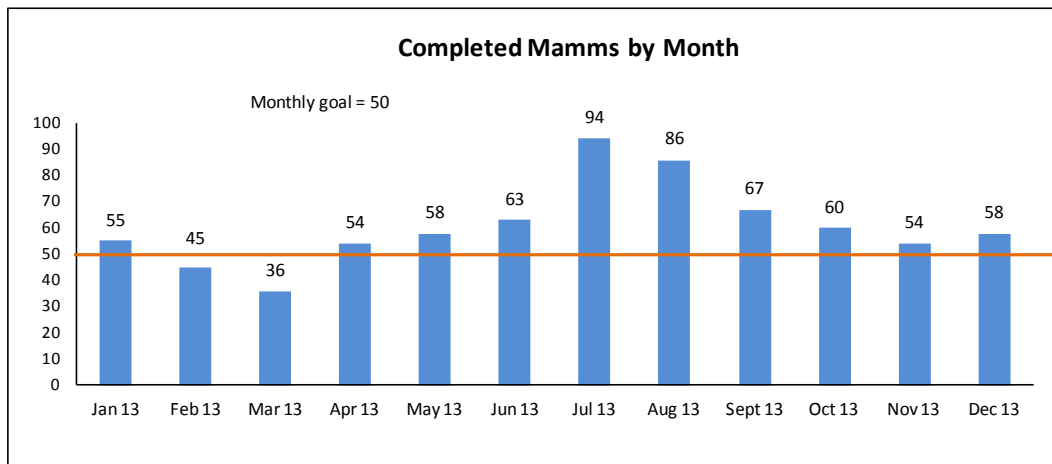


Figure 2. Number of Mammograms Completed Per Year: 2010-2013

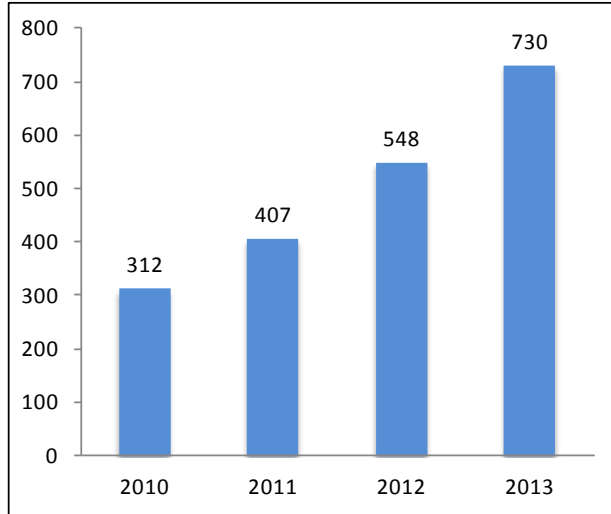


Figure 3 displays data summarizing the amount of time HHL staff spent navigating a client. The “Nav Completion Time” is the average number of days it takes to complete navigation efforts. During the 12-month period, it took an average of about 72 days to complete navigation for a client. This is not to say that a navigator spends every minute of the workday navigating one client; rather, it implies that it takes under 3 months to see the client through from when she asks for assistance to the point of a completed mammogram.

Figure 3. Average Number of Days to Complete a Mammogram: January – December 2013

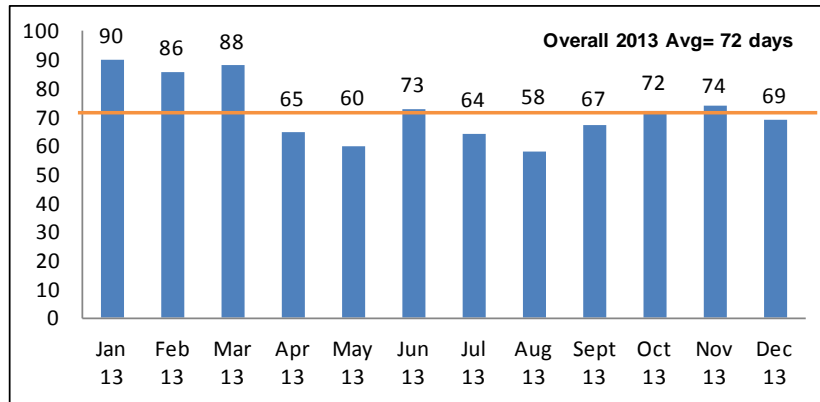


Table 6 displays the number of contacts needed to complete a mammogram. The “Client Contacts” is a measure of how many contacts each step of navigation requires. A contact is defined as any point where the navigator interacts with the patient such as a call, letter, text, email or in person visit. In 2013, it took 1.5 contacts to complete the Intake, 5.4 contacts to complete the PCP

appointment, and 6.5 contacts to complete the mammogram appointment. The total process took, on average, 13.4 contacts per client.

Table 6. Average Number of Contacts to Complete a Mammogram January-December 2013

	2013
Intake	1.5
PCP Appt	5.4
Mamm Appt	6.5
Completed Screening Process	13.4

3b.) Mammogram Parties

In 2011, HHL hosted its first mammogram parties at Mount Sinai Hospital (MSH) and the Chicago Department of Public Health (CDPH)-West Town clinic. The HHL staff reserved a block of times with the MSH Radiology and CDPH Mammography Departments and invited clients who already had a referral from their PCP to attend the party and complete their screening mammogram.

Mammogram parties have helped us meet and exceed our goals by allowing us to navigate women more quickly and easily because appointment times are already reserved. Women attending these parties get a chance to socialize and draw strength from each other to face any fears they may have of getting their mammogram. Table 7 summarizes how many women we have been able to schedule and who have attended our mammogram parties at Mount Sinai. **In 2013, our average attendance rate for our mammogram parties was 78%. This is extremely impressive when compared to Mount Sinai Hospital's daily attendance rate that is near 50% for mammograms scheduled outside of a party.** In 2013, we have also had four mammogram parties at CDPH, with 26 women attending.

Table 7. Mount Sinai Mammogram Parties

Date (n=14)	Scheduled	Attended	Show rate
1/17/2013	14	13	93%
2/14/2013	18	12	67%
3/7/2013	13	11	85%
4/4/2013	15	14	93%
5/2/2013	14	9	64%
5/23/2013	17	13	76%
6/6/2013	12	8	67%
6/20/2013	8	7	88%
7/18/2013	16	9	56%
8/8/2013	12	12	100%
9/12/2013	11	9	82%
10/10/2013	10	8	80%
11/14/2013	15	14	93%
12/12/2013	10	6	60%
Total	185	145	78%

Section 4. Project News and Highlights

4a.) *Becoming Leaders in the Field of Patient Navigation*

Referrals From Partner Organizations and Breast Navigation Programs

In the previous mid-year report, we highlighted the fact that Helping Her Live has become a more prominent and well-known patient navigation program in the city. This, combined with the decreasing funding for state and federal mammography services and increasingly complex requirements for receiving a free or low-cost mammogram, has resulted in HHL seeing an influx of referrals from other navigation programs, clinics and fellow Avon grantees. Table 8 displays the number of new clients we have received from Lawndale Christian Health Center (LCHC), the Stroger Breast Program funded by American Cancer Society (ACS) and two Avon grantees: Westside Health Authority (Every Women Counts) and Metropolitan Chicago Breast Cancer Task Force (Screen to Live). As seen from the table, not only are women referred to us by the organizations, but we also conduct outreach and workshops to enroll their navigation clients into our program.

In 2013, three breast navigation programs and one clinic referred 337 people to us! This has been an exceptional collaboration considering that for the entire year of 2012, we only had 88 people referred to us. We believe that these referrals will continue to grow in 2014.

Table 8. Referrals from Partners January-December 2013

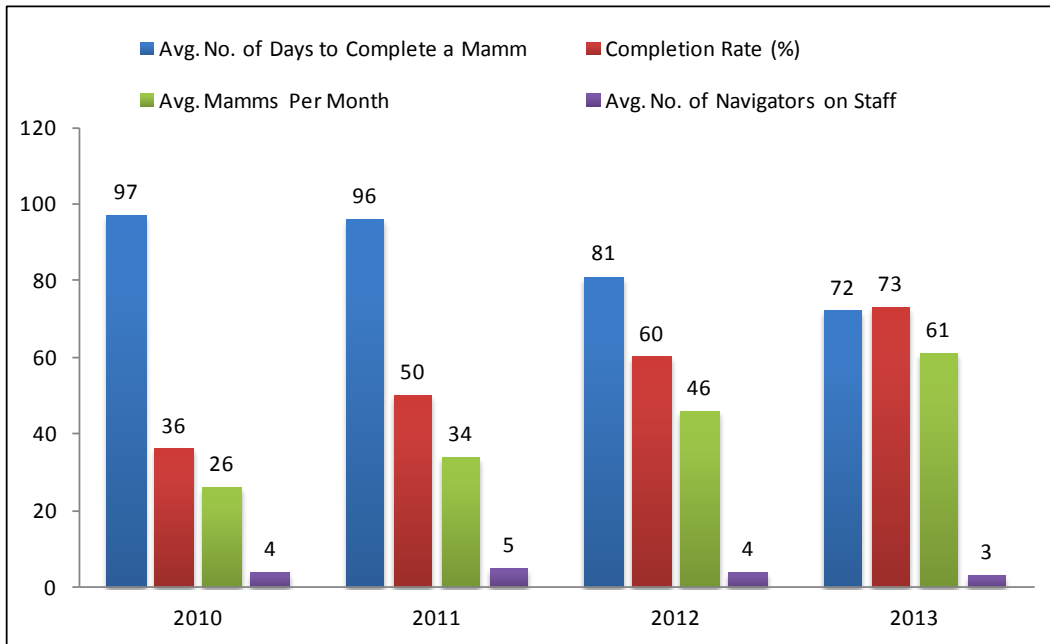
	WHA/EWC	ACS/Stroger Breast Program	Screen to Live/ Taskforce	LCHC	Total
Referrals	82	70	6	100	258
Workshop	50	0	0	0	50
Event	18	0	0	0	18
Hotline	1	1	0	9	11
Total	151	71	6	109	337

Developing Evidence-Based Best Practices for Community Navigation

Since our inception, we have sought to be the first community-based patient navigation program to develop rigorous evaluation metrics to ensure that we are efficiently reaching the most vulnerable women in terms of outreach and education, as well as to track if we actually helped them complete mammography services. As previously discussed, our outreach metrics were published in a peer-reviewed journal this past year. Currently, we are submitting a paper for publication that details our navigation metrics. Figure 4 highlights the vast improvements we have made in navigation over the past 4 years. **In 2010, we had on average a staff of four full time navigators (i.e. Community Health Educators). Each mammogram in 2010 took an average of over 3 months to complete (97 days) and**

HHL was averaging only 26 mammograms per month. In contrast, in 2013, we were able to complete an average of 61 mammograms per month in fewer than 75 days with a staff of only three. Our completion rate more than doubled over the same period, from 36% in 2010 to 73% in 2013. That means that 3 out of 4 qualified women we enrolled into our program had successfully completed a mammogram in 2013.

Figure 4. HHL Performance Over Time (2010-2013)



Our success lies in our dedication to developing evidence-based best practices for community-based patient navigation. HHL's greatest strength is our ability to adapt to the changing safety-net landscape of breast health services and overcome any barriers to access our clients might face. We have updated our navigation protocol to reflect these obstacles as well as to improve the timing of when to complete cases. We also set monthly goals for each Navigator to meet. Our Navigators go through in-depth training for education (i.e. conducting a breast health workshop and understanding the concepts being presented) and the navigation protocol. Each new hire is given weekly one-on-one time with the Supervisor of Program Initiatives to ensure that they understand the material and navigation process. After the initial 90 day period, one-on-one sessions are conducted once a month to maintain each navigator's case management performance. Each case is reviewed to ensure quality and to verify that each mammogram was actually completed. We are confident that our proven metrics will help other navigation programs in Chicago and across the country as we all work to eliminate the disparity in breast cancer mortality and save women's lives.

4b.) Lynn Sage Cancer Research Foundation and Expansion into the Southwest Side

In October 2013, the Lynn Sage Cancer Research Foundation awarded Helping Her Live a three-year \$240,000 grant to expand into the southwest side community areas of Chicago Lawn, Brighton Park, West Lawn, West Elsdon, Gage Park, and Archer Heights. So far, we have enrolled 70 southwest side women into HHL. In future reports, outreach and navigation outcomes for these community areas will be reported separately from the west side target area.

4c.) Barbara Bates

In October 2012, we partnered with the Barbara Bates Foundation and Barbara Bates hosted a fashion show with all of the proceeds going towards breast cancer prevention, education and research. Bates gave \$50,000 to strengthen the partnership between the Lynn Sage Foundation and the Helping Her Live program. That donation greatly assisted with the HHL outreach and navigation efforts of 2013. Bates promised to make the fashion show an annual event and this year raised another \$50,000. The Barbara Bates Foundation made a pledge of \$500,000 to Sinai Health System to fund the Barbara Bates Women's Center located within Mount Sinai Hospital. The proceeds from this year went towards the fulfillment of this pledge.

4d.) Future Funding

Since its inception, Helping Her Live (HHL) has been dependent upon grant funding to sustain itself. Through the years, the Avon Foundation for Women has been very committed to our program and we hope that they will continue to do so in the future. However, we recognize the need to diversify our funding sources and we will continue to explore and apply for other grants through funders such as Komen and the Amgen Foundation. In the next phases of our project, we will investigate how we can remain relevant and conduct meaningful evidence based work in the wake of the Affordable Care Act. This provides an innovative and important opportunity for us to assist women that are newly insured in building a robust bridge as the alternative to the broken system between community members (in this case low income, minority) with health care workers and the health care system.

For women who do not qualify for insurance under the ACA, such as undocumented women and legal residents that have not lived in the United States for five years, we will still need to help them access free or low cost mammograms. HHL would like to strongly advocate for increased funding for the state funded programs that currently assist thousands of un/under-insured women in obtaining mammography services. If funding for these programs continues to be cut, undocumented and non-

permanent resident women will no longer have access to screening and diagnostic services. In turn, these women could be diagnosed at later stages and the breast cancer mortality disparity could widen.

Section 5. Presentations & Publications

Presentations

On June 4, 2013, Dr. Sproles presented to Avon grantees about Helping Her Live. She gave a program overview but also discussed how we have been able to measure effective outreach and navigation. Afterwards, several of the grantees asked questions regarding our evaluation metrics. It seems to be a needed skill amongst many of the grantees.

Papers Published

Hunt B, Allgood K, Sproles C, Whitman S. Metrics for the Systematic Evaluation of Community-Based Outreach, *Journal of Cancer Education*, 2013. DOI 1007/s13187-013-0519-4

Papers Accepted for Publication

Allgood KL, Rauscher G, Whitman S, Vasquez-Jones G, and Shah A. Validating self-reported mammography use in vulnerable communities: findings and recommendations, *Cancer Epidemiology, Biomarkers & Prevention*, 2014.

Papers in development

Currently, we are working on three papers for publication. One paper will aim to highlight the importance of breast health programs conducting outreach and navigation in reaching underserved minority women. The second paper will be an in-depth description of our navigation measures and success. The third paper will discuss how the usage of mammogram parties can increase mammography utilization for hospitals and navigation programs.

Section 6. Summary

This report has outlined the work done by the HHL Project for the period January – December 2013. We have greatly exceeded our goal of 42 mammograms per month (504 a year) and are now averaging 61 a month (730 per year), with nearly half of the staff we had in 2012. The decreasing funding for state and federal mammography services and increasingly complex requirements for receiving a free or low-cost mammogram has resulted in HHL seeing an influx in referrals from other navigation programs, clinics and fellow Avon grantees.

Over the past six years, we have had the opportunity to experiment a great deal with various outreach strategies. We meticulously track our outreach efforts and use the evaluation metrics we developed in order to help us determine which are the best use of our time. We can now say that one

of the great strengths of our work is this ability to know how effective each of our outreach strategies is and, more importantly, through the dissemination of our findings, other projects can use our evaluation techniques as a model to determine which strategies work best in their target areas.

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. Our goal is to give every woman we navigate the tools and sense of empowerment to share her breast health knowledge and experience with her mother, sisters, friends and neighbors. We are confident that our proven metrics will help other navigation programs in Chicago and across the country prevent breast cancer and save women's lives.