

Addressing Racial and Ethnic Disparities in Breast Cancer

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Mujer a Mujer/Woman to Woman

Facilitating access to breast cancer screening for high risk women through culturally appropriate, peer-to-peer outreach, navigation and screening

Community at Risk: Bridgeport

- High mortality rates
- 60% minority
- Low income/high poverty: higher rates for people of color
- Healthcare professional shortage areas

Health Disparities

- Lack of health insurance
- Lack of regular healthcare provider or contact with doctor prior to diagnosis even among women with Medicare coverage
- Lower rates of breast cancer screening even among women with Medicare coverage
- Higher mortality rates for minorities

Women Served

- Women needing help accessing healthcare services due to language, cultural, financial and other barriers
- Undocumented and other populations without insurance or access to preventive care
- Homeless, mentally challenged

Outreach

- Outreach designed to reach individuals who are high risk, who may never have had or do not routinely get screening
- Group and one-on-one education
- Multi-site
- Appointments scheduled at outreach
- Educational and contact materials in English/Spanish
- Incentives for completing appointments, staying in touch and returning for services

Locations

- Women/family centered: Mercy Learning Center; Center for Family Justice; Cardinal Shehan Center
- Food pantries, homeless shelters
- Places of employment
- Church-based services
- Schools: young women enlisted as healthcare ambassadors to the adult women in their families
- Cultural, educational and other organizations serving Latinas and African-Americans
- Health fairs for targeted communities (seniors, Latinas, African-Americans, homeless)

Navigation

- Bilingual Patient Navigator provides personal assistance from community to clinic
- Streamlined and timely access to free and low cost screening, diagnostic and treatment services
- Financial screening: public and private aid available
- Center of reference for questions and further management of care
- Referrals to Nurse Navigators for strategic case management of advanced services
- Tracking database: client contact, aid, appointments, results

Staffing

- Lay educators
- Bilingual Patient Educator/Navigator
- Volunteer women of color
- Survivors
- Community Education Coordinator

“I felt like we were good girlfriends sharing information, especially because we spoke in Spanish, my native language.”

Annual Goals

- Outreach: 3,000+
- Financial assistance for screening: 1,000
- Navigation: 200
- Increased completion rate

Barriers: Ignoring the signs

- *“When it comes to a woman’s health, it’s always tomorrow, even when she feels a lump or other change in her body, a warning sign that she needs to see a doctor.”*
- *“Women are busy taking care of their families, not themselves*

Barriers: Financial

- *“I didn’t want to rack up bills I couldn’t pay for; even an installment plan would have been too much. So I let it go. I trusted I’d be all right.”*

Barriers: Misconceptions

- *I had thought when you heard the word ‘cancer,’ that was it. She [the Navigator] explained that women return to their lives after breast cancer. She told me about women with more advanced cancer than mine who were doing well. She told me my life wasn’t over. She gave me hope.”*

Overcoming Barriers

Outreach at Holy Rosary Food Pantry

- 48-year-old woman who had never had a mammogram
- “Feeling something” for three years
- Conversation with Bilingual Educator
- Given appointment with NPBCC surgeon within the week
- Diagnosed
- Mastectomy
- Currently still in treatment
- Receives financial aid for services and bills incurred outside of treatment
- Receives incentives to return for services

Saving Lives

Outreach at Mercy Learning Center

- Young Spanish-speaking woman with a palpable lump
- Sought medical care and was told the lump was “probably nothing” and to return to the doctor in six to eight months
- Bilingual Educator schedules an appointment at NPBCC clinic
- Diagnosed with stage 3 breast cancer
- Recovering from a mastectomy

Breast Cancer Action

Educate, Organize, Take Action

Presented by:

**Sahru Keiser, MPH
Education and Mobilization
Coordinator
Breast Cancer Action**



**BREAST
CANCER
ACTION**



**“We don’t live single-
issue lives.”**

– Audre Lorde

Our Mission & Vision

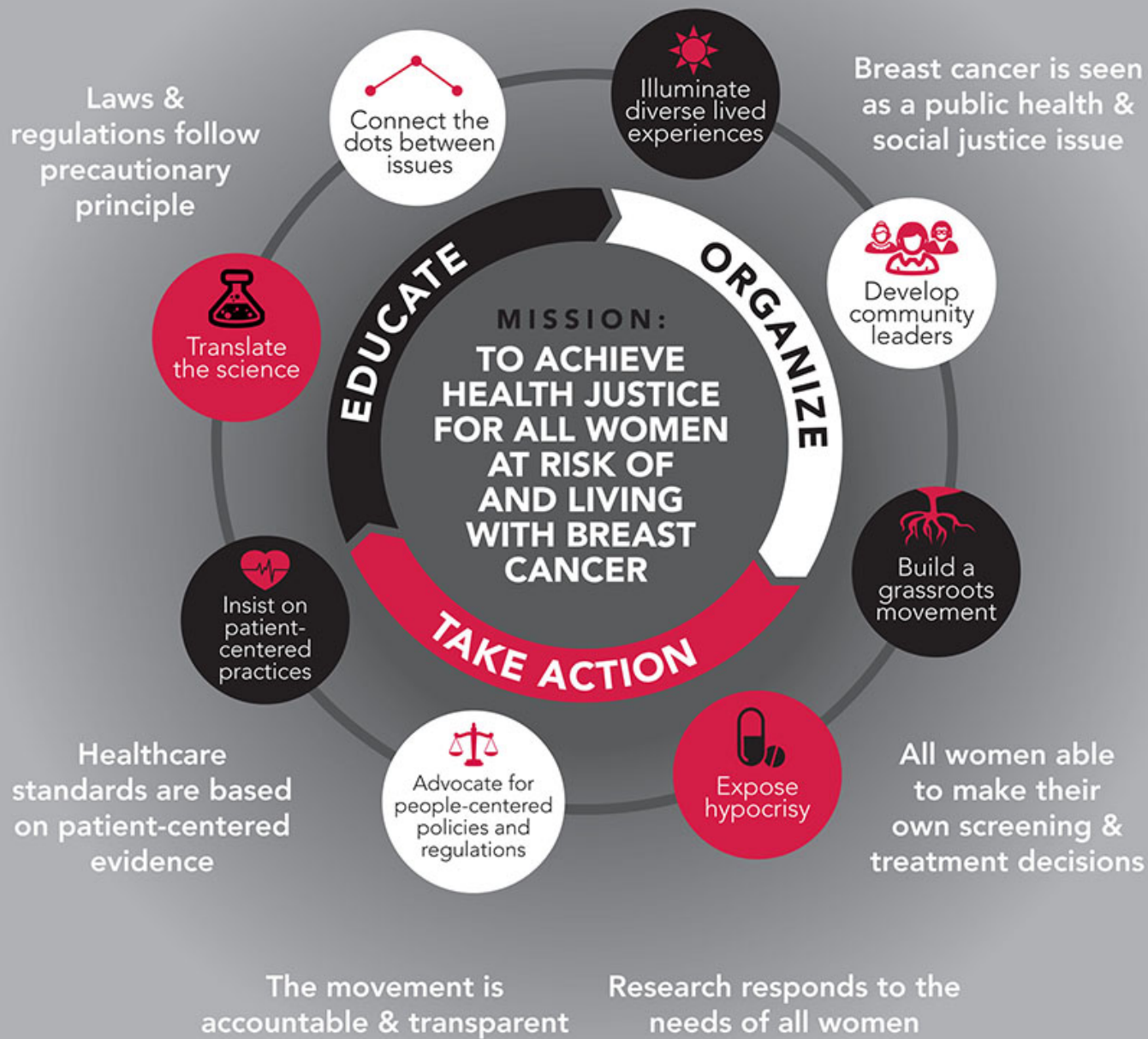
Breast Cancer Action's mission is to achieve health justice for all women at risk of and living with breast cancer

VISION: A world where lives and communities aren't threatened by breast cancer.

Our Commitment to Social Justice

- Unequal burden of disease
- Root Causes
- Intersectionality
- Allyship

THEORY OF CHANGE



Issue Areas

- (1) Breast Cancer Screening, Diagnosis and Treatment**
- (2) Root Causes of Breast Cancer**
- (3) Pink Ribbon Marketing and Culture**

Unequal Burden of Disease

- Highest incidence among white women
- Black women are 40% more likely to die
- Latina women are 20% more likely to die
- WOC also experience greater financial decline
- Can't explain these differences due to screening

Some of our work

- **Breast Cancer Screening Recommendations**
- **California Healthy Nail Salon Collaborative**
- **Community Leaders for Change**
- **Unbiased, Evidence-Based Information**

Breast Cancer Action

Challenging Assumptions. Inspiring Change.

For further questions, please contact me at skeiser@bcaction.org

If you would like to view our new strategic plan, visit our website at: www.bcaction.org



C-Change

Collaborating to Conquer Cancer



Geographic Intervention Project (GIP)
*Collaborating to Address Cancer Health
Disparities on the MS Gulf Coast*

Tasha B. Moses, MPA
Director, Strategic Initiatives & Communications

C-Change is...

- Unique (3 sector membership organization)
- Member-driven
- Convener
- Catalyst
- Committed to long-term, systemic change

Members include...

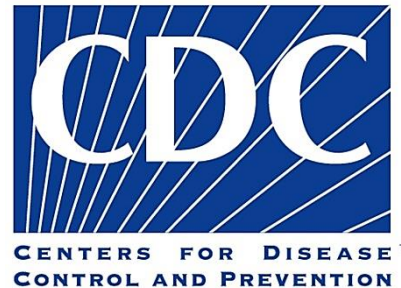
State Farm



**NATIONAL
CANCER
INSTITUTE**

Lilly

Robert Wood Johnson
Foundation



Johnson & Johnson





HEALTH CARE SEPARATE

Today, more than 50 percent of Americans and 75 percent of Californians without health care coverage are people of color. Uninsured men, women, and

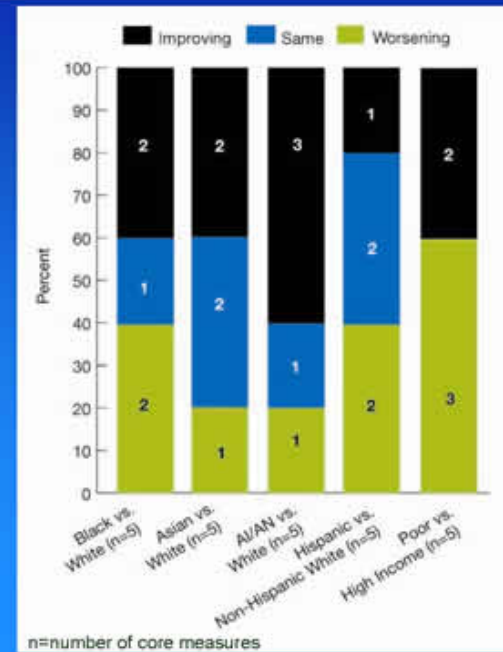


Access to Health Care

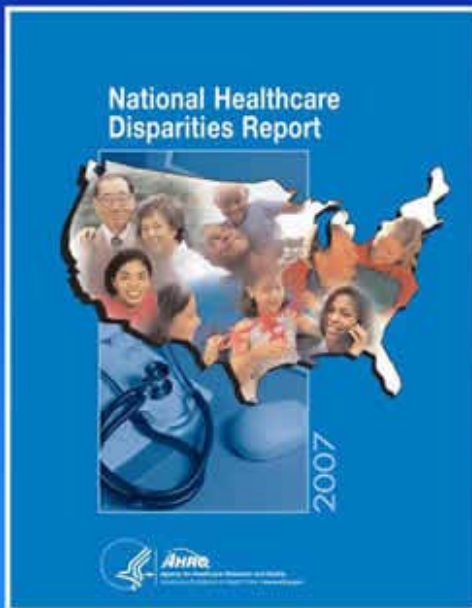
UNEQUAL TREATMENT

CONFRONTING RACIAL AND ETHNIC

- Disparities in access to care are staying the same or increasing



2007 National Healthcare Disparities Report (NHDR)



Progress is being made, but many of the biggest gaps remain

Released March 3, 2008



Implementing a National Cancer Health Disparities Strategy

AWARENESS!

Harnessing
the POWER of
C-change

▶ **ACTIONS**

the WHY...
the HOW...

MESSAGES

- fixing healthcare where it starts
- Educated choices
- Within our power

Community Driven Empowerment
...where we eat, sleep, work, play, pray

Geographic Intervention Project (GIP)

To develop and promote a sustainable model for reducing cancer health disparities experienced by communities across the nation that is:

- Focused on evidence-based actions
- Community-driven
- Scalable
- Transferable

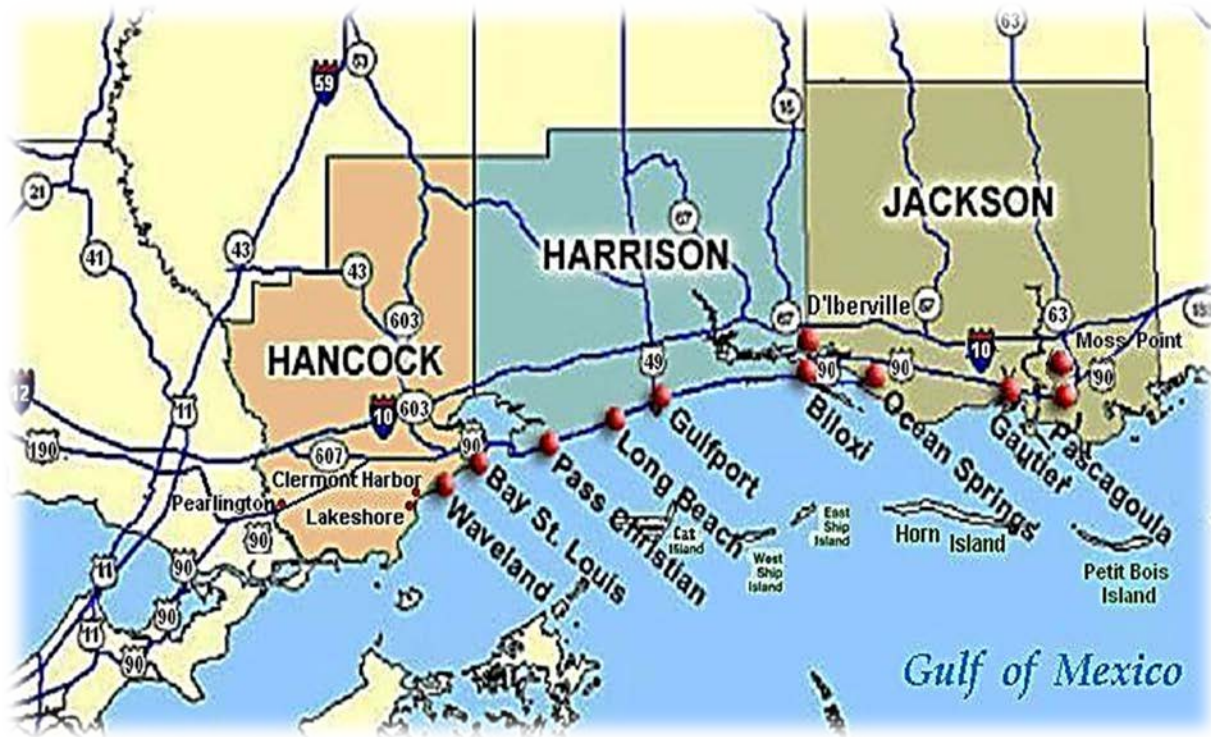
Uncovering the Root Cause(s)



The GIP is different because...

- NOT a pilot project
- 10 + year investment
- Leverage resources of members with boots on the ground
- Community-driven

The Community = Mississippi Gulf Coast

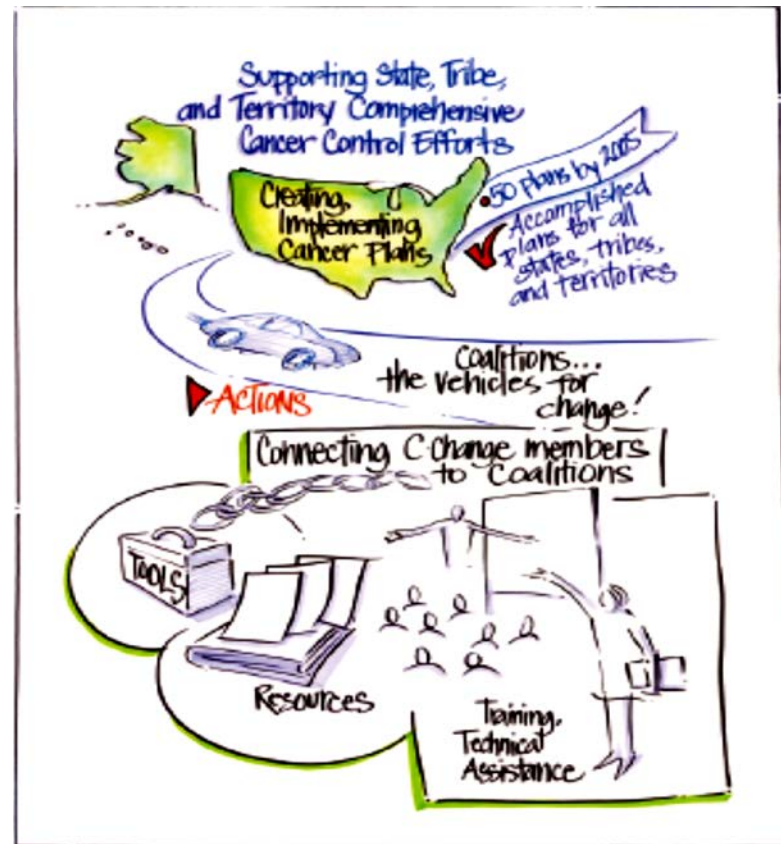


Our Approach



Additional Disparities Efforts... Comprehensive Cancer Control (CCC)

- 50 states + District of Columbia
- 8 American Indian/Alaska Native Tribal Programs
- 10 Pacific Island Jurisdictions



Four Lines of Business =

1. Research
2. Risk Reduction (prevention)
3. Assuring Quality Cancer Care
 - Disparities
 - Cancer Workforce
 - Value (Pain & Palliative Care)
4. Comprehensive Cancer Control (CCC)

Contact information...



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obrigado

Dank U

Merci

mahalo

Köszí

спасибо

Grazie

Thank
you

mauruuru

Takk

Gracias

Dziękuję

Děkuju

danke

Kiitos

- More webinars on this topic?
- New topics you want to tackle or learn more about?
- Innovative work that you want to share?
- A question you want to pose to your colleagues?

Contact us at equity@gih.org



Attend the GIH Fall Forum,
an annual gathering for funders interested in health policy.

Visit www.gih.org for details and to register.