

Proposal Summary
Meeting Date: 10/15/2019

Metropolitan Chicago Breast Cancer Task Force Request # 115764

Project Title:	Equal Hope, Equal Care: Eliminating Cervical Cancer in Chicago
Duration:	36 months
Request Amount:	\$600,000
Recommended Amount:	\$600,000 (1:1 matching component)
Program Area:	Health and Rehabilitation\Education / Support Services
Population Served:	Cancer Patients / Families
Type of Support:	Program Support\New Program Initiation
Location:	Chicago, IL
Staff:	Rosa Berardi

Organizational Background

The Metropolitan Chicago Breast Cancer Task Force (Task Force) was established in 2008 after research showed that African American women in Chicago were dying at a significantly higher rate from breast cancer, compared to white women. From 2005-2007, Chicago had one of the nation’s highest breast cancer disparities. African American women were 62% more likely to die from breast cancer, compared to white women, even though they were diagnosed less often. After a decade of implemented quality improvement projects, navigation programs and advocated policy changes, lead to a 39% decline in the death rate. Due to the work of the Task Force, Chicago has had the largest breast cancer mortality decline among black women of any major city in the United States.

Building upon the effort to impact breast cancer disparities, the Task Force will launch Equal Hope, with programming in three main areas. Equal Hope, community health programs; Equal Care, formerly the Chicago Breast Cancer Consortium; and Equal Voice for advocacy and public policy. Equal Hope’s programs will address systemic barriers to care and aim to reduce racial, ethnic, and class disparities in women’s cancer outcomes in Metropolitan Chicago (Cook and collar counties).

Finances

	Budget	Actual	Actual
	06/30/2019	06/30/2018	06/30/2017
Revenues	1,574,843	953,352	1,440,372
Expenses	1,390,215	1,284,532	1,291,670
Surplus (Deficit)	184,628	(331,180)	148,702
Net Assets		1,593,468	1,924,648

Annual Revenue Sources

Grants	54.1%
Fees	0
Government	20.8%
Private Support	5.9%
Earned Income	0
Other	19.2%

Program Description

When the Task Force looked at preliminary epidemiologic data across the 10 cities in the United States with the highest African American populations, it discovered that while the cervical cancer mortality disparity has been decreasing across the United States from 1999 to 2013, in Chicago the disparity has been growing. In 1999, black women in Chicago died of cervical cancer at a rate 77% higher than white women. By 2013, this death gap had grown to 147%.

In 2006, the Food and Drug Administration (FDA) approved a vaccine against the virus that causes cervical cancer, i.e. the Human Papillomavirus (HPV). In 2018, FDA approved an enhanced vaccine, which guards against 9 strains of HPV.

Cervical cancer was previously one of the most common causes of death for American women. More than half of cervical cancer cases are detected in women who have never been screened or have not been screened as recommended in guidelines. While the cervical cancer death rate in the US has dropped significantly with the development of the vaccination for the HPV and the use of the Pap test (identifies pre-cancerous lesions), there are still variations in the incidence of cervical cancer and mortality rates.

Through the Eliminating Cervical Cancer in Chicago project, the Task Force will establish an evidence-based set of programs to understand the landscape of care; establish a navigation program; and understand the incidence of cervical cancer and mortality across Chicago. Across the continuum of cervical cancer care, there are four major aspects where intervention makes a significant difference: vaccination, screening, diagnosis and treatment. With vaccination against the virus, cervical cancer is 100% preventable. The FDA recommends girls and boys be vaccinated starting at 11 years of age and recommends vaccinations for individuals up to 45 years of age. To encourage vaccination for the recommended age group, the Task Force will conduct outreach activities, develop educational materials, social media and other means. The Task Force will collaborate with a variety of organizations to help increase vaccination rates as recommended by the FDA.

Through screening of women 20 years of age and above, pre-cancer lesions can be identified and treated before cancer develops, and an early diagnosis and recommendation for treatment can be made. Physicians at Rush, University of Chicago and Northwestern report seeing many women who are unfortunately dying of a cancer that is 100% preventable. The Task Force will form a multi-institution collaborative with an advisory group comprised of experts in cervical cancer. This group will be tasked with coming to consensus and developing metrics for quality improvement to influence national guidelines for screening.

The Task Force will also develop focus groups and interview 4-6 primary care sites, gynecology practices, and gynecology oncology practices to assess the various barriers to care. With this information, they will develop and deploy a care process survey across Chicago to evaluate access and quality of screening, time to follow up post abnormal screen, quality of referrals to gynecology, adherence to guideline, diagnostic testing quality, and referral pathway to cancer programs for treatment. The final report will discuss best practices and develop recommendations for interventions and quality improvement. The Task Force will develop partnerships to provide access to cervical cancer screens and a pathway to diagnostic follow up with provider networks (e.g. ACCESS Community Health Network, Planned Parenthood, Erie Family Health, Mile Square, Community Health, Alivio Health Centers, Esperanza Health Centers).

The overall objectives of this project are to:

- Increase the number of vaccinations for individuals in the recommended age group
- Increase uninsured/under insured women's access to cervical cancer screening and vaccinations
- Reach 20,000 women with information about cervical cancer and its prevention
- Educate 10,000 women on the signs and symptoms of cervical cancer and how to prevent it
- Establish a multi-institution collaborative to improve the quality of cervical cancer care and remove barriers to optimal care

- Measure the quality of cervical cancer care processes across providers at the primary care and specialty level to identify opportunities for improvement.
- Disseminate information on cervical cancer and recommendations for eliminating cervical cancer in Chicagoland area.

Over the three-year period, the Task Force intends to establish Chicago's first citywide cervical cancer disparity reduction program. The program will address issues across the continuum of care and focuses on education, navigation, quality of care and barriers to high quality care. A long-term goal is to eradicate cervical cancer in Chicago in the next decade.

Strengths / Weaknesses

Strengths

- Task Force has a proven record of reducing breast cancer deaths in Chicago and will use the same approach to help reduce cervical cancer.
- Collaboration with gynecologist and oncologist at Rush, University of Chicago and Northwestern and service providers offers a method to gain consensus on quality improvement.
- By promoting and encouraging vaccinations against the HPV and conducting screenings, there is a potential to reduce and eventually eradicate the incidence of cervical cancer in the Chicago Metro area. (Developed countries have nearly accomplished this, such as Australia.)

Weakness

- Initiation and implementation of this project is heavily dependent on Coleman support.
- It will take years and a concerted effort by many partners to eradicate cervical cancer. The Task Force will be challenged to meet the budget without a defined fundraising plan.

Why Fund

This three-year request aligns with CFI's Cancer strategies 2, 3, and 4. While the Task Force is spearheading this project, collaboration with major Chicago hospitals and other service providers is essential to accomplishing the goals of this project. Based on Task Force's effective approach to reducing breast cancer deaths for African American women, which CFI supported, there is reason to believe that the Task Force can lead and be successful with this effort to impact the rate of vaccinations and screening to reduce and eradicate cervical cancer as well.

We recommend support of this project with a combination of direct and matching funds as follows:

Year 1 - \$250,000 – \$125,000 direct, \$125,000 matching

Year 2 - \$200,000 – \$100,000 direct, \$100,000 matching

Year 3 - \$150,000 – \$75,000 direct, \$75,000 matching

Prior Grants

Last Grant Date: 11/17/2016

Last Grant Amount: \$20,000

Number of Prior Grants: 3

Total Amount Granted: \$750,342

Grants Budget

Year 1

Year 2

Year 3

Expenditure Category	Recommendation	Other Sources	Total	Recommendation	Other Sources	Total	Recommendation	Other Sources	Total
Salaries & Fringes (FTE)	\$193,881	\$244,487	\$438,368	\$164,127	\$241,625	\$405,752	\$121,440	\$203,297	\$324,737
Travel	\$885	\$1,115	\$2,000	\$837	\$1,163	\$2,000	\$761	\$1,239	\$2,000
Supplies, postage, printing	\$4,744	\$6,141	\$10,885	\$4,921	\$6,079	\$11,000	\$4,394	\$6,606	\$11,000
Data Collection / Security Platform	\$5,127	\$5,873	\$11,000	\$3,892	\$7,558	\$11,450	\$3,840	\$7,860	\$11,700
Marketing & Communications	\$12,754	\$17,646	\$30,400	\$136	\$264	\$400			
Indirect Costs (15%)	\$32,609	\$41,289	\$73,898	\$26,087	\$38,503	\$64,590	\$19,565	\$32,850	\$52,415
Total	\$250,000	\$316,551	\$566,551	\$200,000	\$295,192	\$495,192	\$150,000	\$251,852	\$401,852