

ELIMINATING DISPARITIES IN CARE

Case Study: Breast Health Outreach to Minority Women

Project goal: To increase breast cancer survival rates among African American, Latino and Asian/Pacific women through promoting early detection services and reducing barriers to screening and treatment.

Reason for project: In the past several years the minority group population has increased, underscoring the need to reduce health disparities for these women.

Demonstrable outcome: This outreach education program has reached more than 60,000 women teaching the importance of monthly, breast self-exams, annual physical check-ups and mammograms.

Sustained accomplishments: In addition to the increased community awareness of breast health, the program has detected 552 women in need of mammograms and connected them with patient navigators to ensure they receive the care they need.

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Organization: Overlook Hospital

Program: Breast Health Outreach to Minority Women

Location: Summit, NJ

Summary:

The Breast Health Outreach to Minority Women program uses a culturally sensitive, community-based approach to promote breast health education and awareness, increase early breast cancer detection and promote empowerment, professional supports and peer support among African American, Latino and Asian/Pacific women in Union County.

Q&A:

1. How did the organization's leadership know there were disparities in care, i.e., clinical data outcomes, HCAHPS survey, some other mechanism?

In the past several years, the minority group population in the community has increased, as has the need to reduce health disparities for these women. Breast health specifically was identified through a community advisory board and community health committee who met with community leaders to identify areas of need within the community. As a result of these meetings, as well as a health needs assessment, a Minority Health Committee was formed to specifically address disparities in care and develop the breast health initiative.

2. How did the organization plan interventions and implement the program?

A team of outreach workers, health educators and professionals, and others with African American, Latino and Asian/Pacific backgrounds, assist with education events and free screenings. They also assist women and their families in making appointments, arranging transportation and acting as a source of support.

Cultural sensitivity and knowledge regarding minority women and breast screenings are also taught to medical residents who then perform breast-screening sessions at free screening events.

These free screening events as well as education workshops are targeted toward African American and Latino women and held at various sites in the community. They include information on the importance of breast self-exam, the clinical breast exam and mammography.

The program also provides referrals for mammograms and physician visits when necessary. In its first full year, 594 women, 78 percent of whom were Hispanic, participated in these workshops and 131 were referred for mammograms.

3. What was the time frame, from conception to full implementation?

The Minority Health Committee formed in 1996 and began the Breast Health Program in 2002. The program continues to expand.

4. What were the results?

Since 2002, this outreach education program has reached more than 61,700 women. The program has motivated women to perform their breast self-exams on a monthly basis, taught participants to have an annual physical check-up and detected 3,767 women in need of mammograms.

5. How did the organization assess the outcomes?

The program is mainly an educational program, with a small clinical component. Community educators go into these communities and teach women to do self breast exams and share important information. Every time educators do a program, they fill out a report that details if it was an educational or promotional program as well as document how many people they saw, including their age and race.

Since 2004, the number of Hispanic women receiving education has tripled, and the number of women being referred for mammograms has increased by 10 percent.

6. Has there been a sustained improvement since implementation?

While the heart of the program is educational outreach, many minority women are afraid of having a negative care experience and it is often a barrier for them in accessing care. From the beginning, the program has provided cultural sensitivity training to the medical residents who provide free screenings but now, more is done.

To ensure that minority women have a positive health care experience, Overlook Hospital now provides cultural sensitivity training for its physicians and other health care personnel at the hospital.

7. What was the cost of the program (grant, etc.)?

In 2002, the Minority Health Committee partnered with the Susan G. Komen For The Cure, North Jersey Affiliate, who provided the initial grant money to begin the Breast Health Program. Komen has continued to fund the program through grants.

8. What other stakeholders (i.e., community groups) were involved?

In addition to working with Komen, New Jersey Cancer Education and Early Detection and the American Cancer Society, the program works closely with select high schools to reach teen women and teach them early the importance of breast health. Additionally, the program taps community leaders to become involved and coordinates with community organizations that also reach out to minority women.

9. What advice would you give other organizations wanting to improve care in similar ways?

Go where the population is. Go into laundromats, nail salons, hair salons, etc.

You also must understand their schedule – for many Latinas, they work six days a week, so the best day to reach them is Sundays. Immigrant communities are constantly moving therefore the outreach needs to be constant. Educators have to be women that relate to the women in the community. Put in place someone who can speak their language.

You need buy-in from community leaders. Reach out to community groups to ensure that you can provide ALL the pieces of the puzzle before achieving success. Know your area of service, know the organizations that are working in your community and partner with them – including other hospitals.