Replicating Success: The Chicago Model to reduce racial disparities in breast cancer mortality.

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Public Abstract:
The Metropolitan Chicago Breast Cancer Task Force (the Task Force), through its various programs, including the Chicago Breast Cancer Quality Consortium (the Consortium) has established innovative, well defined methodologies for the ecological assessment of area breast care resources, variation in mammography quality, breast care needs and barriers or facilitators to optimal breast care quality at the healthcare systems level, particularly for women of color. These programs were established to analyze Chicago’s large and growing racial disparity in breast cancer mortality and devise interventions to reduce and eventually eliminate this disparity. In addition to the documented success of some of our interventions, a recent analysis of the breast cancer mortality trends in Chicago showed, for the first time, a decrease in the disparity between Black and White women [1]. Thus the Chicago model shows promise as a means for understanding root causes of a location’s disparity with a goal of positively intervening.

Susan G. Komen funding will allow the creation of a platform for disseminating this evidence-based success through a variety of means. Possible dissemination methods may include roundtables in cities with high disparities, webinars, or other presentations designed to engage interested participants in a discussion around disparities in breast cancer outcomes and to develop a plan of action, using lessons learned from Susan G. Komen’s investment in the Chicago Model. The project will utilize the knowledge gathered by the Task Force over the past 6 years and test a pilot replication site so as to transform the Task Force’s work into a rigorous, replicable methodological framework for analysis of any location with breast cancer disparities understanding that each location will vary in its environment and able to stimulate tailored solutions to address the challenges of each specific location with high breast cancer disparities.

The project will begin by choosing an initial replication pilot site and establishing a community wide advisory board with an on the ground team to implement the assessment. Intensive training would be provided by Consortium staff. Data collected would be analyzed by the Consortium so that direct comparisons can be made to the Chicago data. As additional funding becomes available, additional locations could join the replication efforts.