

Executive Summary:

National cancer statistics demonstrate that women of specific racial and ethnic minority populations experience lower rates of cancer screening and/or higher rates of breast and cervical cancer morbidity and mortality than their white counterparts. In Boston, as in the country as a whole, breast cancer incidence is actually lower in African-American women as compared to white women, yet mortality rates from the disease remain higher. Nationally, African-American, Latina and Asian women exhibit higher incidences of cervical cancer than white women, and in Boston, mortality from cervical cancer among African-American women has been documented as twice that of white women. Asian women and recent immigrants tend to have lower cancer screening rates, due in part to limited access to primary care and distinct cultural beliefs and practices, which leads to later stage detection of the diseases and thus poorer outcomes. Many factors contribute to these disparities, only one of which is lower cancer screening rates; other factors include lack of access to health services, patient distrust, and possible provider bias.

In recent years Dana-Farber has enhanced its commitment to addressing disparities via a multi-pronged effort, including hiring a full-time Director of Health Disparities, convening an Executive Committee on Health Disparities, sitting on the Mayor's Task Force to Eliminate Health Disparities/ Hospital Working Group, and developing a business plan for the Institute dedicated to addressing disparities via both research and service initiatives. Two such initiatives aimed specifically at addressing breast and cervical cancer disparities do so by increasing access and reducing barriers to breast and cervical cancer screening for all women in the Greater Boston area: *Boston's Mammography Van* and the *Breast and Cervical Screening Collaborative*.

Established in 1998, the Breast and Cervical Screening Collaborative (BCSC) is a collaboration of the Dana-Farber Cancer Institute, Partners HealthCare System and 14 community health centers who collectively provide breast and cervical cancer screening and diagnostic follow-up services to approximately 1,400 uninsured and underinsured women over the age of 40 each year. In 2002, Dana-Farber partnered with the City of Boston to operate Boston's Mammography Van, providing mammograms to residents of Boston right in their neighborhood, regardless of ability to pay. The van provides mammograms to approximately 25 women per van day, and about 3,000 women per year.

Organization Size: N/A

Program/Initiative Descriptions:

Dana Farber/Partners Breast and Cervical Screening Collaborative: The Dana Farber/Partners Breast and Cervical Screening Collaborative (BCSC) is

comprised of the Dana-Farber Cancer Institute, Partners HealthCare System and fourteen health care centers in the Greater Boston area. The program is part of a national network funded by the Centers for Disease Control and is administered by the Department of Public Health in Massachusetts.

The Collaborative provides breast and cervical cancer education, screening, diagnostic, tracking and follow-up services to eligible women in their communities. The services are available to low-income women who are uninsured or underinsured. Emphasis is placed on reaching special populations of women, such as linguistic, ethnic, social and cultural minorities, as well as those who are medically underserved. Information about screening and education programs have been disseminated to the community through a number of different means, such as salons, florists, local stores, faith-based organizations, and minority and neighborhood-based media outlets.

Since its inception in 1998, the Collaborative has served over 6,000 women in total and approximately 1,400 women annually. Fifteen percent of those participating in screening mammography had an abnormal finding and of 5% of those with an abnormal screening mammography were diagnosed with breast cancer. Since the program began, 62 women have been diagnosed and treated for breast and/or cervical cancer.

Boston's Mammography Van: The mission of Boston's Mammography Van is to seek to reduce breast cancer morbidity and mortality, improve access to quality care, and address health disparities experienced by women of racial, ethnic and other minority populations in the City of Boston. Operated by the Dana-Farber Cancer Institute, in partnership with the Boston Public Health Commission, neighborhood health centers and community groups, Boston's Mammography Van provides mammography screening and breast health education to all women, regardless of ability to pay, with a priority on serving uninsured and underserved women right in their neighborhood.

As the only mobile mammography service in the Commonwealth of Massachusetts and one of only two in the New England region, Boston's Mammography Van maintains a priority on serving women who are uninsured, medically underserved, low-income, elderly, of ethnic minority background, and those generally not connected to the health care system. By virtue of this mission, the Van seeks to reduce the numerous cultural, linguistic, economic, and logistical barriers to mammography screening and to improve access by bringing the service right to women, where they live and work.

The van operates three to four days per week, at a different community site each day, such as low-income housing developments, neighborhood health centers, faith-based organizations, a women's prison, homeless shelters and other community groups. Special efforts are made to reach the most hard-to-reach populations, including incarcerated, disabled, elderly, homeless, deaf,

immigrants, etc. Each Van screening day is the result of tremendous collaboration between Dana-Farber, Brigham and Women's Hospital, the Boston Public Health Commission, the Massachusetts Department of Public Health, and one or more community-based organizations in Boston. These organizations—which often have well-established and trusting relationships with the Van's target populations—conduct extensive outreach and recruitment, and schedule and plan the screening day, while Dana-Farber provides the clinical services and one-on-one breast health education, and handles the patient registration, billing and follow-up referral processes as needed.

In its first three years of operation, the van has provided more than 8,000 mammograms to approximately 5,000 women in the City of Boston. Approximately one-third of patients seen on the van are now "rescreens" from previous years, a percentage we hope to see increase. Eighty percent of the women seen on the van are uninsured or publicly insured; 90 percent are of ethnic minority backgrounds, including African-American, Caribbean, Latina, Eastern European, and Asian; and more than 50 percent speak a first language other than English. Of the 25 primary languages spoken by the Van's constituents, Spanish, Chinese-Cantonese, and Haitian Creole, are the most common after English. The Van places priority on providing services to Boston's Mattapan, Jamaica Plain, Roxbury, Dorchester, South End, Roslindale and Hyde Park diverse neighborhoods.

Approximately 6 percent of patients who receive a screening mammogram on the van require follow-up services, which are obtained throughout the Greater Boston area at the hospital or facility of the patient's or PCP's choosing. Van staff tracks all abnormal results and work closely with the community health centers, primary care providers, and the CDC/DPH program to ensure that every patient requiring follow-up receives such services in a timely manner and receives assistance with referrals, keeping appointments, and insurance coverage when necessary.

Establishment of Program/Initiative

- Dana Farber/Partners Breast and Cervical Screening Collaborative: 1998
- Boston's Mammography Van: May 2002

Racial or Ethnic Disparities Problem the Programs/Initiatives were Designed to Address

- Disparities in breast and cervical cancer morbidity and mortality for women of racial, ethnic, and other minority backgrounds, and, in Boston, particularly among African-American women.
- Lower breast and cervical cancer screening rates among underserved, uninsured, low-income, and non-English speaking women.

Major Objectives of the Programs

- Connect women who lack a primary care provider (PCP) to primary care
- Provide cancer screenings to women who are uninsured, low-income, or would be unlikely to obtain them otherwise
- Establish culturally-competent, community-based cancer education workshops
- Ensure women receive timely, quality follow-up services when indicated
- Detect breast and cervical cancers early, when they are most treatable
- Encourage women to obtain breast and cervical cancer screening services on an annual basis as part of their routine health care

Significant Results

- *The Breast and Cervical Screening Collaborative* provides screening to approximately 1,400 women per year. Since program inception, BCSC has served more than 6,000 individual women and 62 women have been diagnosed and treated for breast and/or cervical cancer.
- *Boston's Mammography Van* provides approximately 25 screening mammograms per van day and 3,000 per year. Since program inception, BMV has provided more than 8,000 mammograms to more than 5,000 women; 6 percent of van patients require follow-up services and 22 cases of breast cancer have been confirmed (March 2005).

External Partners in the Programs/Initiatives

- Dana-Farber Cancer Institute
- Boston-based Community Health Centers
- Boston Public Health Commission
- Massachusetts Department of Public Health
- YWCA of Boston/ Encore Plus
- American Cancer Society
- Latin American Health Institute
- Numerous community groups or organizations

Limitations or Problems Encountered

- Transience of populations served makes tracking patients and their follow-up services extremely challenging
- Ensuring adequate funding for continuation of the programs
- Lack of staff and financial resources at partnering community health centers and organizations
- High no-show rates among populations served
- Difficulty reaching and engaging the most 'hard-to-reach', i.e. those not currently connected to the health care system

Advice to Other Organizations That May Want to Start a Similar Program

- Develop strong partnerships with community groups and community organizations who reach the populations you seek to reach
- Ongoing communication with community partners, and opportunity for community input
- Clearly define roles and responsibilities of member organizations
- Implement appropriate Information System(s) in advance of program start-up
- Develop triage system to connect patients with a PCP for those who do not have one

Estimated Cost of the Programs To Date: N/A

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