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Tackling Breast Cancer Disparities in Chicago through Breast Screening and Patient Navigation: the Mi-MAMO Program

Introduction

Although detection and treatment for breast cancer have improved in the United States, death rates are still 39% higher for African American than non-Hispanic White women. Studies show that women who are racial/ethnic minorities are more likely to experience diagnostic and treatment delays, have decreased access to quality breast care, have a higher likelihood of late stage cancer diagnosis, and experience a number of socioeconomic and health system barriers to care. Patient navigation is an evidence-based intervention that addresses patient barriers to breast care and prevents delays in cancer care from early detection to survivorship.

Community patient navigators are individuals, often from communities where patients live, who help reduce patient barriers by linking patients to needed resources and helping them navigate complex health care systems. The University of Illinois Cancer Center, University of Illinois Hospital & Health Sciences System (UI Health) including Mile Square Federally Qualified Health Center, with funding from the Chicago Department of Public Health (CDPH), developed a breast cancer screening and navigation program to tackle breast cancer disparities in Chicago among under-resourced women. The program is known as the Mile Square Accessible Mammogram Outreach and Engagement (Mi-MAMO) program.

Methodology/Findings/Results

The Mi-MAMO program provides mammography, diagnostic services, and patient navigation at no cost to uninsured or underinsured women.

In addition to clinical services, Mi-MAMO provides outreach and education, linkage to support services to overcome barriers to care, and referral to genetic counseling, clinical trials, survivorship and wellness resources. Between August 2017 (start of program) and

September 2020, 2090 individuals (including 9 men) received or are currently scheduled for breast cancer screening and/or diagnostic services. Sixty-two percent of individuals were uninsured and 95% of individuals were racial/ethnic minorities.

Among those screened, 28 women received a positive cancer diagnosis. Fifteen women diagnosed were 50 or younger, the youngest being 24 years of age. Additionally, the Mi-MAMO program provided 456 Lyft rides to patients with transportation barriers.

Conclusions

Patient navigation is shown to improve cancer-screening rates and reduce delays in care. It is integral to care coordination and provides linkages to needed social service and psychosocial support. Community outreach and education coupled with patient navigation can increase earlier stage cancer diagnoses; increase awareness, access and (use) of screening for multiple screenable cancers; link patients to medical homes and primary care providers; and improve reach to “hard to reach” patient populations. Women screened through Mi-MAMO had higher diagnostic service rates and cancer detection rates than national averages, demonstrating the increased need of quality, evidence-based patient navigation. Due to its proven effectiveness, policy initiatives should encourage reimbursement from funders, insurers, and health care institutions to minimize.

About Our Researcher

Vida Henderson, PhD, PharmD, MPH, MFA is a minority health and health disparities researcher with expertise in qualitative methodology, preventive health services utilization, community-based participatory research, health communication research, and women’s health. Her work at the UI Cancer Center focuses on early detection and prevention of screenable cancers and she oversees a number implementation research projects centered on cancer screening and patient navigation for breast, cervical, and colorectal cancer, as well as smoking cessation. She currently has an NIH NCI (K01CA248852) funded study aimed at promoting genetic counseling among African American women with hereditary risk for breast cancer. Her research is funded by private, federal, state, and local organizations.

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