

## REDUCING THE DISPARITY

### Chicago summit addresses local breast cancer death rates among African-American women



Panel Discussion: (from left to right) Sarah Gehlert, PhD, University of Chicago; Sheila Rogers, Y-ME of Illinois; Susan Nezda, MD, Centers for Medicaid and Medicare Services Region V; Jackie Burgess-Bishop, MBA, FACHE, American Cancer Society; Marc Hurlbert, PhD, Avon Foundation Breast Cancer Crusade; Ruta Rao, MD, Rush University Medical Center; Carol Ferrans, PhD, RN, University of Illinois at Chicago.

*A call to action to improve outcomes in Chicago and nationally*

LOCAL AND NATIONAL CANCER EXPERTS, healthcare providers, public health leaders and prominent breast cancer activists gathered in March at Rush University Medical Center to begin work on reducing the large disparity in breast cancer mortality between African-American and white women in Chicago.

The all-day summit tackled why African-American women continue to die of breast cancer at a much higher rate than white women, despite advances made to medical care during the last 20 years.

#### *Response to Sinai Urban Health Institute Report*

The Chicago Breast Cancer Summit is a response to the Sinai Urban Health Institute (SUHI) report issued in October 2006 that made local and national headlines about alarming disparities in breast cancer mortality rates between African-American women and white women in Chicago.

The breast cancer mortality rate for African-American women in Chicago is 68% higher than that of white women, a disparity that cannot be explained by genetics alone. The lack of progress for African-American women is compounded by the fact that white women have a higher incidence of breast cancer. From 1998 to 2002, the breast cancer incidence rate for African-American women was 126 per 100,000; the incidence rate for white

women was 149 per 100,000. Thus, although white women get breast cancer at a rate that is 18% higher, African-American women die from it far more often.

The report dramatically illustrates that while advances in mammography screening and breast cancer treatment in Chicago have benefited white women over the last 22 years, these advances have not helped reduce breast cancer mortality for African-American women.

The report is a wake up call to the entire medical community that more needs to be done to improve breast cancer awareness, access, screening and treatment.

#### *Three Hypotheses Explaining Disparities*

During the summit, cancer care experts delivered presentations and participated in working sessions aimed at addressing the three possible causes for disparities.

- Differences in the quality of mammography screenings for African-American and white women: *Mammography screenings received by African-American women may be of lesser quality.*
- Differences in access to timely screenings and treatment: *African-American women may be receiving fewer mammograms in general and in a less than optimal sequence.*
- Differences in the quality of breast cancer treatment: *African-American women may receive delayed or less effective treatment once breast cancer is diagnosed.*

In addition to explaining the three hypotheses for disparities in breast cancer mortality rates, national cancer foundations and cancer experts explored how the Chicago Breast Cancer Summit can serve as a national model for other cities to address healthcare crises.

Several prominent public health leaders chair the Chicago Breast Cancer Task Force: Ruth Rothstein, former chief of the Cook County Bureau of Health Services; Sister Sheila Lyne, RSM, CEO of Mercy Medical Center and past commissioner of the Chicago Department of Health; and Donna Thompson, CEO of Access Community Health Network.