

Chicago racial disparities in breast cancer mortality significantly higher than national average

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Disparities in breast cancer mortality continue to be unacceptably high in Chicago and significantly larger than the national average according to new data released today at a rally sponsored by the Metropolitan Chicago Breast Cancer Task Force. The Task Force also announced results of the first year of data collection by the Chicago Breast Cancer Quality Consortium, which found many hospitals in Chicago are not meeting accepted quality standards.

The Sinai Urban Health Institute has been tracking mortality data since it first brought attention to the problem in 2006 and can now better demonstrate long-term trends. In the early 1980s, although the [breast cancer](#) mortality rates for white women in Chicago were higher than that of black women, the disparity between the two was comparatively low, only about 9%. Then, rates for white women went down dramatically but the rates for black women did not go down at all; in fact, they increased. Disparities began to widen dramatically in the early 90s and continued to widen through 2007. From 2005 through 2007, the death rate from breast cancer for black women was an average of 62% higher than that for white women.

These levels continue to be much higher than [breast cancer mortality](#) disparities found across the United States (41%), and in New York City (27%).

At the rally held at the First United Methodist Church, The Chicago Breast Cancer Quality Consortium, a project of the Task Force, also released new data collected during its first year.

In 2009, the Quality Consortium became the nation's first federally designated Patient Safety Organization dedicated solely to breast health. With the federal protections provided by this designation, 55 hospitals and the Chicago Department of Public Health signed up in 2009 to join the Chicago Breast Cancer Quality Consortium project and share quality data to identify deficits and implement strategies to improve [breast cancer screening](#) and treatment and reduce disparities. This represents 70 percent of Metropolitan Chicago hospitals.

"We have achieved a remarkably high level of participation in this quality data sharing project, which is entirely voluntary," said Dr. David Ansell, chair of the Task Force and Chief Medical Officer, Rush University Medical Center. "This demonstrates a very strong commitment on the part of our medical community to impact on the overall quality of care for breast health in Chicago and gives us every reason to believe that this project will have a significant long-term impact."

In this first phase of data collection, the Consortium received screening data from 37 hospitals and treatment data from 19 hospitals. The Consortium analyzed the results and provided individual reports to each participating hospital showing them how they did and how they compared to all the others.

The current data shows that there are many opportunities for improvement.

- About 60% (22 of 37) of reporting facilities reporting were able to demonstrate that they met the quality standard for finding cancers. The quality standard is defined as finding between 4 and 9 cancers for every 1,000 mammograms.
- About one-third (12 of 37) of reporting facilities were able to demonstrate that they met the quality standard for early detection, or finding cancer when it is still small. The quality standard is defined as at least 30% of detected breast cancers should be very small or low-risk.
- About one-third (6 of 19) of reporting facilities were able to demonstrate meeting the standard for timely treatment. The quality standard is defined as 80% of patients receive treatment for breast cancer within 30 days of diagnosis.

Moving forward, the Consortium will continue to collect quality data from an increasing number of participating hospitals and will continue to assist them with successfully implementing this new data collection process

Following the rally, hundreds of women marched to the [Chicago](#) offices of the governor at the Thompson Center to demand increased funding for the Illinois Breast and Cervical Cancer Program (IBCCP).

Only 1 out of 8 uninsured Illinois women over age 40 is currently funded to receive a mammogram through the program. In Illinois, there are 300,000 uninsured women eligible for the IBCCP, but in FY09 and FY10, the program was funded to serve about 40,000, or only 13% of eligible, uninsured women.

"Every woman should have the same access to affordable mammograms and high quality care regardless of her race or ethnicity, where she lives, how much [money](#) she has or her insurance," said Dr. Anne Marie Murphy, Executive Director of the Task Force. "Too many African-American and other women of color are dying. In Illinois we have a program, IBCCP, which is supposed to provide free mammograms to all uninsured women, but the program is severely underfunded. We know the dire [budget](#) challenges we face in Illinois, but sacrificing women's lives is not an acceptable budget solution."