

The oncology service at the University of Illinois Hospital & Health Sciences System (UI Health) provides the latest research with the best of care. Patients of UI Health benefit greatly because we are in an academic setting. It is our goal to bring the outcomes of our research discoveries to our patients and provide them with outstanding care. Our researchers and providers are also concerned with the disproportionate health burden facing minority populations in our primary service area. We offer multi-disciplinary cancer clinics for breast cancer, brain/neurological, gastrointestinal, genitourinary cancer, gynecological, head and neck cancer, liver, lung, and childhood cancer survivors, enabling our patients to be evaluated and treated by a team of specialists for excellent continuity of care. Additionally, the Center for Breast Care is NAPBC-accredited. Our specialty clinics serve the many and diverse needs of our patients, including a High Risk Cancer Clinic and Multidisciplinary Cancer Clinics (Head and Neck Cancer Clinic, Genitourinary Cancer Clinic, Breast Cancer Clinic, Childhood Cancer Survivorship Clinic).

Smoking Cessation and Lung Cancer Prevention Program

Rationale:

Chicago Department of Health (CDPH) has identified Mile Square Health Center (MSHC) catchment area as high priority areas for tobacco related issues.

Aims:

- Facilitate smoking cessation services in Mile Square and UI Health catchment areas.
- Individuals that want to quit smoking, refer them to QuitLine for assistance to quit.
- Provide education and remove barriers to access to low-dose computed tomography (LDCT) screening for MSHC patients.

National Guidelines used to design activity

The United States Preventative Task Force (USPSTF) Recommends Annual Screening for Lung Cancer with LDCT:

- Adults aged 55 to 80 years who have a 30 pack-year smoking history and currently smoke or have quit within the past 15 years.
- Screening should be discontinued once a person has not smoked for 15 years or develops a health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery.

<https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/lung-cancer-screening>

Participants (Target audience, # in attendance)

- MSHC and UI Health patient population.

Outcomes/Follow-up process for participants w/positive findings (Screening only)

- 319 patients and community members navigated to QuitLine.
- 2 patients completed Freedom From Smoking (FFS) program.
- 1 patient quit smoking.
- Participants qualified for LDCT referred to Lung Cancer Screening Program.

Effectiveness of Activity* (See description at end of page)

EFFECTIVENESS:

- Target was to engage 206 patients in 2018. Engaged and navigated 319 to QuitLine.
- Initiated and completed first Freedom From Smoking program.

RECOMMENDATION:

- Continue navigation services for MSHC and community outreach, education and referral to quitline.
- Secure funding for more navigators for facilitating FFS programs, and smoking cessation projects.

*Measured by the number of participants who changed their lifestyle at the end of the program (e.g., number who stopped smoking).

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Breast Health Services Program

Rationale:

Colorectal Cancer Screening Program at Mile Square Health Center (MSHC) provides services to 51 of Chicago's community areas that includes all the 20 community areas with the highest breast cancer death in South and Westside.

Aims:

- Provide free breast cancer screening to uninsured and underinsured women, and coordinate continuum of care.
- Address the low breast cancer screening rates for patients in the of UI Health and the Mile Square catchment areas.
- Address identified barriers in obtaining breast cancer screening and diagnostic care.

National Guidelines used to design activity

American Cancer Society Breast Cancer Screening and Early Detection Recommendation

- Women from ages 40 to 44 should have the choice to start annual breast cancer screening with mammograms if they wish to do so.
- Women from ages 45 to 54 should get mammograms every year.
- Women aged 55 and older can switch to mammograms every two years, or can continue yearly screening.
- Screening should continue as long as a woman is in good health and is expected to live 10 plus years.

<https://www.cancer.org/content/cancer/en/research/infographics-gallery/breast-cancer-screening-guideline.html>

Participants (Target audience, # in attendance)

Mile Square Health Center and UI Health patient population

- African American women
- Latina women

Outcomes/Follow-up process for participants w/positive findings (Screening only)

- 567 unique patients provided with screening & diagnostic services
- 146 diagnostic mammograms completed, of which 62 were initial diagnostic (patient first presented with symptoms)
- 16 biopsies completed
- 9 cancer diagnosis
- Patients with normal screening results provided with education for annual screening and navigated as needed
- Uninsurable patients diagnosed with cancer are referred to a Safety Net Community Hospital (Stroger) for care.
- All patients diagnosed with cancer are navigated into care.
- Provide support groups for survivors and their caregivers both in Spanish and in English (Spanish every third Thursday of the month and English every second Tuesday of the month).

Effectiveness of Activity* (See description at end of page)

EFFECTIVENESS: 306 was the target screen rate for 2018. Almost doubled the target.

RECOMMENDATION: Program surpassed the budget available for screening patients. More funding had to be secured to continue screening in 2018. For 2019, continue to seek funds for additional navigation and to cover cost of screening to meet the needs of the population.

* Measured by the rate of diagnosis made in the group screened. Measured by whether there is an increase in screening participation because of a new tool or communication strategy.

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Colorectal Cancer Screening Program

Rationale:

Mile Square Health Center (MSHC) clinics are located in neighborhoods carrying a disproportionate burden of cancer mortality disparities. Approximately 74% of MSHC patients are African American.

African Americans have the highest incidence and mortality rates of colorectal cancer screening.

Aims:

- Provide colorectal cancer screening and education to MSHC patients.
- Identify and address barriers in obtaining colorectal cancer screening and follow up care.

National Guidelines used to design activity

The American Cancer Society recommends screening for anyone with average risk starting at age 45.

Fecal Immunochemical Test (FIT) or Colonoscopy:

- Individuals in good health and with a life expectancy of 10 plus years should continue screening through the age of 75.
- People ages 76 - 85, the decision to be screened should be based on individual care. Anyone over 85 should no longer get colorectal cancer screening.

One is considered average risk if they do not have:

- Personal or family history of colorectal cancer, certain types of polyps or personal history of inflammatory bowel disease.
- A confirmed or suspected hereditary colorectal cancer syndrome, such as familial adenomatous polyposis (FAP) or Lynch syndrome (hereditary non-polyposis colon cancer (HNPCC)).
- Personal history of getting radiation to the abdomen (belly) or pelvic area to treat a prior cancer.

<https://www.cancer.org/cancer/colon-rectal-cancer/detection-diagnosis-staging/acs-recommendations.html>

Participants (Target audience, # in attendance)

Mile Square Health Center patients

Outcomes/Follow-up process for participants w/positive findings (Screening only)

30 day FluFIT Pilot Project was implemented on December 1, 2018 at Mile Square Health Center: Englewood Clinic

- 26 patients received FIT kit and colorectal cancer education.
- 11 of the FIT tests were completed within December.
- 2 positive FIT test results.
- Patients with positive test results are referred to UI Health for a colonoscopy.
- 13 of the 26 patients received flu vaccine.

Effectiveness of Activity* (See description at end of page)

EFFECTIVENESS:

- Baseline CRC screening rate at Englewood was 35.9%.
- Post implementation of FluFIT project, the overall screening rate improved to 37.3%. (1.4% increase within a month).

RECOMMENDATION:

- Program initiation was delayed due to budget, baseline data collection, and staff training.
- Continue FluFIT project in 2019, to address the low screening rate.

* Measured by the rate of diagnosis made in the group screened. Measured by whether there is an increase in screening participation because of a new tool or communication strategy.