

# Gilead Oncology Corporate Giving Program

## Summary of Impact: Interim Report

Published March 2024



### Toward Health Equity in Breast Cancer Care

Data collected from March 1, 2023 to December 15, 2023

This report summarizes evaluation data from the 11 grantees who were midway through their grant periods as of December 15, 2023.<sup>1</sup> A final report, inclusive of data from all 24 grantees, will be available in 2025.

### \$7.6M in grants to 24 U.S. organizations

to provide patient navigation services to people with breast cancer, with a focus on people diagnosed at a young age, those with metastatic breast cancer, and those with triple-negative breast cancer.



### Why is this work important?

- Breast cancer affects more women in the U.S. than any other type of cancer.<sup>3</sup>
- It is estimated in 2022 there will be 290,560 new breast cancer diagnoses and 43,780 breast cancer-related deaths.<sup>3</sup>
- There are alarming disparities in breast cancer care, rooted in social determinants of health, such as access to care and economic security.

**This grantee cohort is directly improving access to breast cancer care through culturally relevant patient navigation services designed to remove obstacles to care and empower patients to be active participants in their health care journey.**

### Spotlight on Grantee Successes

Through culturally competent care, strategic partnerships that recognize the whole patient, and a health equity lens, grantees have expanded patient access to breast cancer care. Three examples are highlighted below.

#### Decrease in patient no-show rates

At **MedStar Health**, appointment reminders, transportation assistance, and support with mental health and financial barriers helped reduce annual no-show rates from 11% to 8% among BIPOC (Black, Indigenous, and People of Color) breast cancer patients in Baltimore, MD.



#### 100% of patients start treatment in <30 days

At **Harris Health Systems** in Harris County, TX, 100% of 64 medically underserved women with new breast cancer diagnoses started treatment within 30 days, with support from their patient navigators.



#### 85% of patients referred for financial support

**Sharsheret's LINK Program** navigators successfully referred 82 patients throughout the U.S. to a key partner, Patient Advocate Foundation, where they received support to address the financial toxicity that frequently accompanies a cancer diagnosis.



1. Grantees represented in this report: Asociación Latina de Asistencia y Prevención, MedStar Health, George Washington University, Harris County Hospital, Mary Bird Perkins Cancer Center, Nueva Vida, Shanti Project, Sharsheret, Vietnamese American Cancer Foundation, Virtua Health Foundation, Young Survival Coalition.
2. Base map from Open Street Map. <https://www.openstreetmap.org/>
3. Toward Health Equity Oncology: A Focus on Breast Cancer Care. 2022 U.S. Funding Opportunity Announcement from Gilead Corporate Giving.



## Patient navigation improves care engagement

### 6,057 patients

(across six grantees<sup>4-9</sup>) received navigation and related services to support engagement in breast cancer care.

### Major navigation successes have included:

- Decreased no-show rates<sup>6,7</sup>
- Timely treatment starts for newly diagnosed patients<sup>6</sup>
- Improved uptake of mammograms among African American women<sup>9</sup>
- Reduced barriers to care, by addressing financial toxicity,<sup>5,8</sup> mental health,<sup>4,5</sup> and basic needs such as transportation and food<sup>5</sup>



## Partnerships are essential for meeting patients' holistic needs



MedStar Health leveraged **21** partnerships and made **214** referrals—with a completion rate of **92%**—to partners for support such as food assistance.



Sharsheret collaborated with Patient Advocate Foundation to provide who conducted **111** insurance navigation sessions to help with denials of care, out-of-pocket costs, disability insurance applications, and more.



Young Survival Coalition's **9** active partnerships allowing them to bring their EMPOWER initiative to Black, Latinx, Asian and LGBTQIA+ survivors and thrivers.



Shanti's **more than 11** partnerships help them provide patients with services to address basic needs, including financial, transportation, and food assistance.



## Education and mental health support add value for patients

### Education

**505** African American women received breast cancer screening education at Virtua, strengthening the community trust needed for navigation to be successful.

### Knowledge

**323** Vietnamese American Cancer Foundation patients received breast health education from bilingual program staff, and **73%** reported increased knowledge.

### Well-being

**73%** of survivors at Asociación Latina de Asistencia y Prevención reported improved sense of well-being after attending 6 mental health sessions.

## Building Sustainable Programs

### The George Washington University Cancer Center's program will continue post-grant.

GWU hired and trained 27 Neighborhood Health Ambassadors as community health workers to improve their reach with African immigrant, African American, Latino, and queer communities. 19 NHAs have completed all requirements (100-hour training, 44-hour practicum and vendor registration) to be paid as outreach ambassadors for the GW Cancer Center. The program represents a promising pilot model to reach the Cancer Center's priority populations. The university has committed to fund the program after the grant period.

### Grantee Christus St. Vincent in the News

Christus St. Vincent's Gilead-funded Native Health Navigator Program was highlighted in [New Mexico News](#). Senior Research Nurse Olivia Sloan, who is herself Native American, saw a need during COVID to build bridges with the Native American community. "That's where a \$350,000 grant from Gilead Sciences came into play which could help thousands of Native Americans battling a cancer diagnosis across the state," according to the article.

#### Patient navigation services provided:

4. Mary Bird Perkins Cancer Center (204 Black patients)
5. Nueva Vida (79 Latina patients)
6. Harris County (64 newly diagnosed patients)
7. MedStar (72 patients)
8. Sharsheret (5,608 patients)
9. Virtua (30 patients)



# ALAS-Wings

## Increasing access to culturally and linguistically relevant care for Latina Breast Cancer Survivors

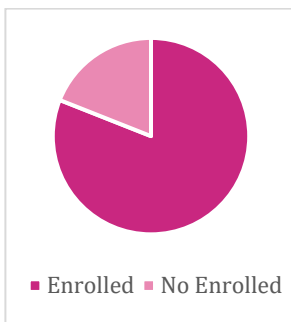
Impact report for 3/1/2023 and 8/31/2023]



### About Us:

ALAS is Spanish speaking organization dedicated to empowering underserved Latina breast cancer survivors. ALAS promotes breast health awareness and provides medical and mental health education and emotional support programs to Latina breast cancer survivors and their families. 325 unique women have received 597 services including presentations, yoga, group psycho-education sessions and individual therapy sessions.

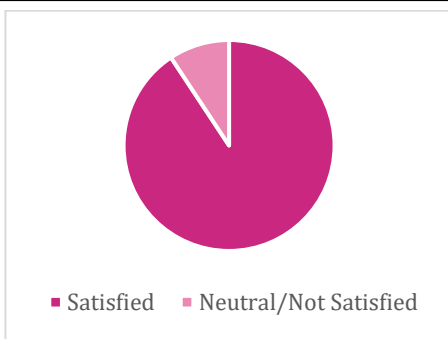
### 81% of women who enroll in the program from all women reached.



Starting early in 2022, ALAS hired an intake coordinator to begin reaching out to survivors who had attended one or more of the organizations programs to assess satisfaction and unmet needs. Over the past year, that roll has evolved into a patient navigator position and has allowed ALAS to expand the ways it enrolls and serves women who reach out for services. The navigator has also helped the organization be able to document the number of women who enroll in ALAS services and for how long they stay connected to the organization.

Since the beginning of the grant term, ALAS' enrollment rate is 81%.

### Percentage of participants who report satisfaction with ALAS program offerings.



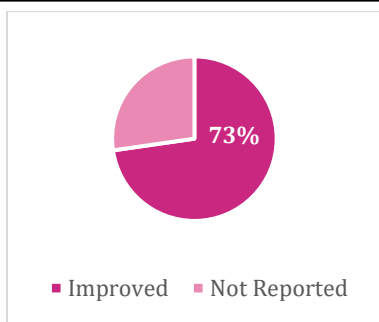
*To date, 91 of ALAS participants report satisfaction with program offerings.*

*This is an important marker of success for the organization given the sensitivity and weight of the issues involved. Patients, Survivors and Caregivers grapple with a myriad of issues once a breast cancer diagnosis has been received. ALAS has established an array of education, mental health and other services to address the primary factors contributing to poor outcomes for Latinas.*

*This is a measure that the organization is keenly aware of and seeks to continue to improve data point that facilitate understating what clients need and want.*

*For questions about the data provided here, contact [Teena Francois-Blue] at [alas-wings@francoisblueconsulting.com]*

**Percentage of survivors who report an improved sense of well-being sessions.**



*73% of ALAS survivors report improved sense of well-being after attending 6 mental health sessions.*

This is a new metric for the organization. It is based on the population of survivors who are in active therapy with an individual therapist. Last year, ALAS staff began noticing a slight shift in attendance of group psycho-education session by those in individual therapy sessions. The intake coordinator was able to explore further with survivors. She found that survivors reported no longer needing group sessions once they been seeing their individual therapist for several sessions. The survivors reported not only satisfaction, but they felt resolved in the challenges they were facing prior to therapy.

# GW Cancer Center

## Strengthening Community Reach and Equity by Engaging Neighborhoods (SCREEN)

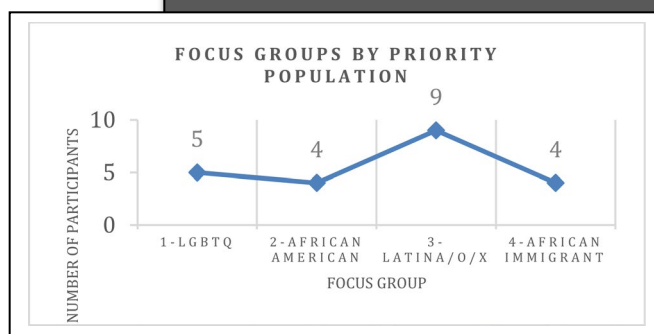
Impact report for March 1, 2023-November 15, 2023



### About Us:

The George Washington Cancer Center (GWCC) is part of the George Washington University and a pillar of a globally recognized academic medical center that embraces the challenge of eliminating health disparities and transforming health care to enrich and improve the lives of those communities in which it serves. As such, the Strengthening Community Reach and Equity by Engaging Neighborhoods (SCREEN) project aims to improve the health of four priority populations in the Washington, DC region: African immigrant, African American, Latina, and queer communities. Through this project, we are using a novel approach of leveraging members of the community as Neighborhood Health Ambassadors who have received 100-hours of Community Health Worker training to build long-term community capacity in cancer prevention and screening knowledge. With the support of NHAs, we hope to see community members increase physical activity, reduce tobacco and alcohol, increase fruit and vegetable intake and get people back to cancer screening after COVID-19. Additionally, we are also hosting focus groups to conduct message testing with priority population representatives to tailor messaging for education materials and communication campaigns.

### Participants in Focus Groups



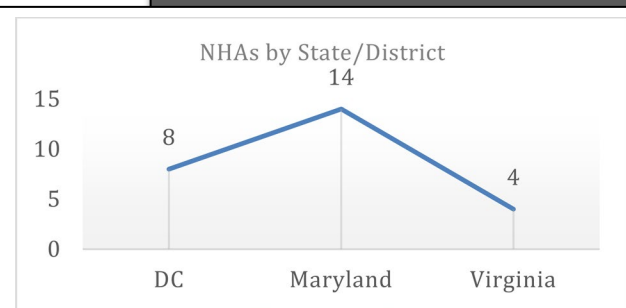
The goal of each focus group was to ensure representation of our respective priority populations—African American, African Immigrant, LGBTQ, and Latina/o/x—in order to provide timely feedback to help inform health promotion and screening messaging for our upcoming campaign.

A total of 4 focus groups took place between November 13<sup>th</sup>-16<sup>th</sup>. We aimed to recruit 6-8 participants, anticipating 25% attrition and a goal of having at least 5 people per group actually attend each group.

The first focus group reached 5 participants (100% of anticipated reach), while the second focus group reached 4 participants (80% of anticipated reach). The third focus group reached 9 participants (180% of anticipated reach). The fourth focus group reached 4 participants (80% of anticipated reach). Of the 22 focus group participants, roughly 36% of respondents were out of the catchment area based on demographic data captured. We suspect this number might be closer to 45% based on responses during the actual focus group. We are planning to conduct a 5th focus group with a mix of our priority populations and a focus on recruiting in-catchment intersectional LGBTQ participants. We will also have our national partners provide feedback to refine our collateral messaging.

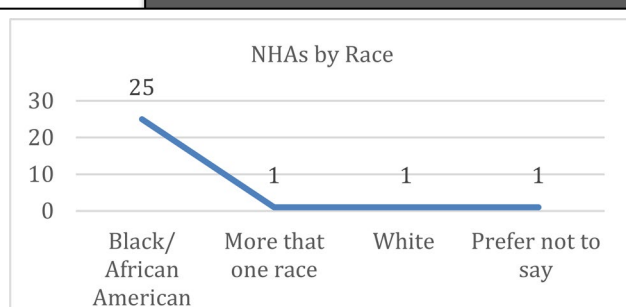
*For questions about the data provided here, contact Shayla Scarlett at [Shayla.scarlett@gwu.edu](mailto:Shayla.scarlett@gwu.edu).*

## NHA Trainees by State/District



Our original goal was to recruit 36 community members from African immigrant, African American, Latino, and queer communities in the DC region and train them on evidence-based CHW curricula to establish a Neighborhood Health Ambassador (NHA) network. We received more than 75 applications and selected 36 NHAs, but we were only able to enroll 28 community members after the scope of commitment was confirmed. 27 NHAs completed the 100-hour training and 26 have been retained from the District of Columbia (n=8, 31%); Maryland (n=14, 54%); and from Virginia (n=4, 15%).

## NHA Cohort by Race, Ethnicity, and Sexual Orientation



The majority of our participants (89%) identified as Black/African American, with roughly 32% of participants from an African country of origin and 2 individuals who identified as Latina. In terms of sexual orientation, the majority of NHAs identifies as straight, while 1 individual identified as Gay/Lesbian and 1 individual identified as bisexual.

*For questions about the data provided here, contact Shayla Scarlett at [Shayla.scarlett@gwu.edu](mailto:Shayla.scarlett@gwu.edu).*



# Harris County Hospital District Gilead

Impact report for August 2023 to October 2023

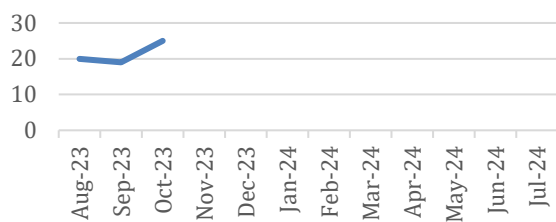


## About Us:

Harris Health System provides healthcare to the members of Harris County; many of whom are underinsured. Our organization's strategy is to help as many patients as possible in order to maintain and improve the health of our community. The Gilead program has contributed to this goal by allowing us to provide individualized care for 64 newly diagnosed breast cancer patients since the start of the program.

## 64 Patients Enrolled in the Gilead Program

Program Enrollments



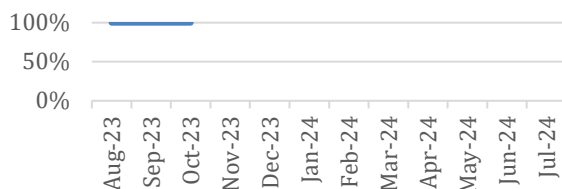
The Gilead Program at Harris Health System has helped 64 patients in the first quarter of enrolling patients.

The first quarter of the Gilead program was necessary for setting up the program within our organization and hiring and training the patient navigators who are currently keeping in contact with patients. However, even with the first quarter of the program being utilized for setup of the program, we are already on track to surpass our goal of reaching 126 patients newly diagnosed with breast cancer.

There is significant need in Harris County to reach an underserved population. Having the ability to assist patients newly diagnosed with breast cancer is a great help to the community.

## 100% of Patient Treatments Started within 30 Days

Percentage of Treatments Started within 30 Days

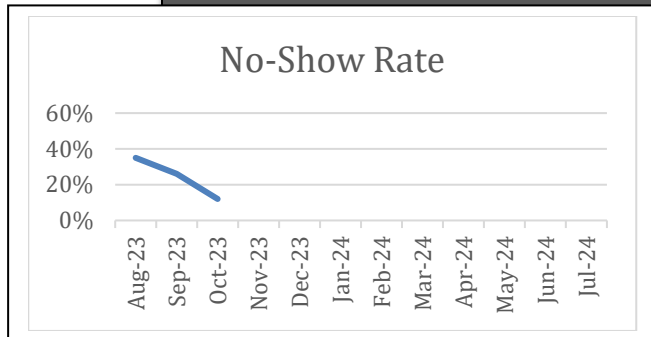


The ability to provide treatment quickly following diagnosis of breast cancer is important in achieving a positive outcome for our patients.

Patients who are newly diagnosed with breast cancer face a tough and unfamiliar process of scheduling appointments and beginning a treatment process which can be confusing and cause anxiety and stress.

Through the work of our patient navigators, the patients on the Gilead program are better able to move through their treatment process. Having a direct relationship with their navigator who is there to answer questions and remind them of appointments is of great value.

### Percentage of Patients with No-Show Appointments Declined from 35% to 12%

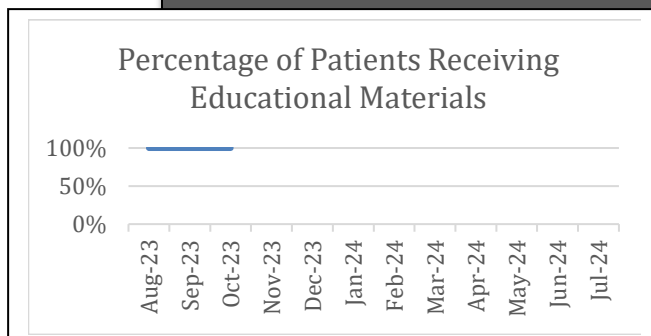


No-Show Appointments can result in delayed patient care. It is important that patients attend appointments to continue on the road to recovery.

With the help of the patient navigators to remind patients of their appointments and help them to reschedule when necessary, patients are better able to continue on their treatment schedule and are more likely to reach recovery.

The percentage of patients who do not show for appointments is declining. Having direct contact with their assigned patient navigator helps to remind them of their appointments and to cancel and reschedule appointments as necessary to stay on their treatment schedule.

### 100% of Patients Received Educational Materials



Patients newly diagnosed with breast cancer face a situation that is new and stressful. Receiving information on the treatment process and resources available to them is important in their recovery.

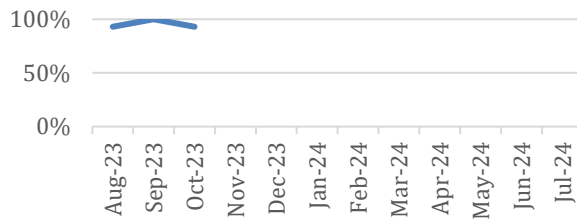
We have a large population of underserved patients in Harris county. These patients not only need information about their cancer diagnosis and treatment process but also a list of resources available to them in their community that can help them while they are receiving treatment.

Harris Health has compiled a list of educational materials and community resources that can assist our patients during their treatment. These resources include help with food, utilities, and even emotional support. These resources enable patients to find help close to their home.



**On average, 95% of Patients Report that the Educational Materials were Helpful**

Educational Material Rating



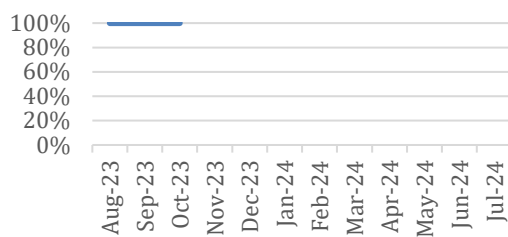
Providing patients with educational materials and community resources that they provide value to them personally is paramount.

Compiling a list of educational materials and a list of community resources that the patient feels are valuable is of great importance. Our organization has collaborated to find the best resources to help our patients.

Overall feedback from our patients on the Gilead program is that the materials and resources that we provide has helped them to find assistance close to their home resulting in reduced stress during their treatment.

**100% of Patients Report Excellent Service from their Patient Navigator**

Patient Navigator Rating



Our patient navigators reduce the stress levels of our patients and provide them with a caring person who is knowledgeable about their treatment process and navigating the health system.

Our patients rate their assigned navigators with the highest possible ratings. They appreciate having a designated person that is knowledgeable about their treatment and cares about their recovery.

# Mary Bird Perkins Cancer Center and The Institute for the Advancement Minority Health Improving Breast Cancer Equity

Impact report for 3/1/2023-10/31/2023



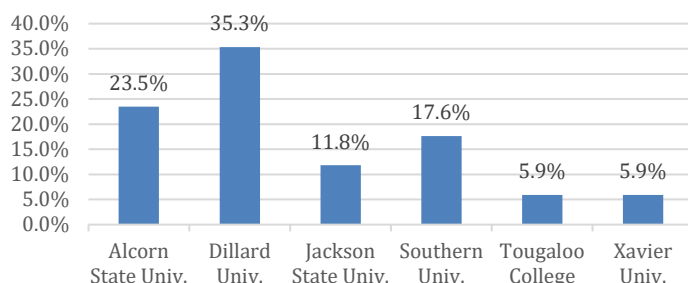
## About Us:

**MBPCC:** For more than 50 years, Mary Bird Perkins Cancer Center has worked relentlessly to improve survivorship and lessen the burden of cancer in eastern Louisiana and southwestern Mississippi. Our project provides a multi-level intervention to impact disparities in breast cancer care focused on African-American/Black individuals with breast cancer including triple negative breast cancer (TNBC).

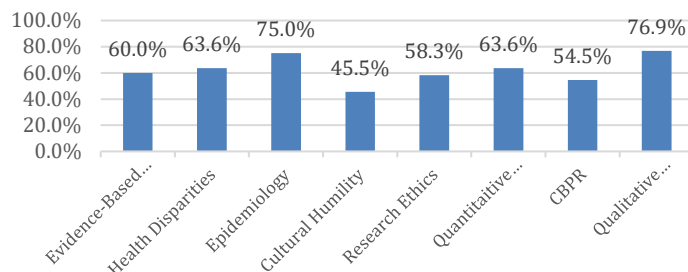
**IAMH:** The Institute for the Advancement of Minority Health is a 501(c)3 non-profit, public health organization dedicated to improving the lives of vulnerable, disadvantaged minority individuals in Mississippi. The Institute aims to develop and implement population-based projects that are community-based and community-led.

% of students attending an HBCU that show an increase in knowledge and awareness about risk factors for breast cancer and breast cancer screening after participating in CRFT.

Representation Across HBCUs in the Cohort



Percentage of Knowledge Improvement by Session



## Why is this important?

The purpose of the Community Research Fellows Training Program is to assist community members in becoming better consumers of research. Training minority students to become researchers in the cancer field is important. Students can help identify solutions to address cancers that disproportionately impact minority populations. Therefore, every session of the Community Research Fellows Training Program included content on breast cancer research.

## Methods:

Participants were recruited from Historically Black Colleges and Universities (HBCUs). Participants attended one introduction session and nine (9) content sessions. A baseline, midline, and final survey were disseminated to all participants that captured knowledge, skills, and attitudes related to research. Knowledge gained was assessed at every session via pre- and posttest surveys.

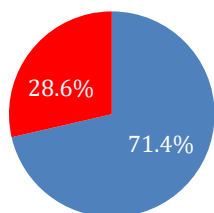
## Results:

Seventeen (17) individuals representing various HBCUs were selected to participate in CRFT through a competitive application process. Participants will complete the content sessions on 11/14/23, and the final overall assessment will be disseminated. The percentage of participants who gained knowledge across each of the content areas presented ranged from 45.5% to 76.9%.

For questions about the data provided here, contact Amanda LaGrange at [alagrang@marybird.com](mailto:alagrang@marybird.com)

% of students interested in breast cancer research/clinical trial research after participation.

Percentage of Students Interested in Breast Cancer Research or Clinical Trials

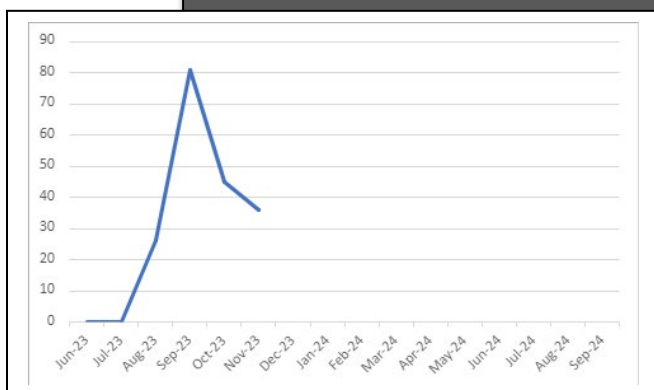


### Why is this important?

After participating in the Community Research Fellows Training program, 71.4% of students had a significant interest in learning about cancer research and clinical trials research. This is important because in minority communities there is a gap in minority researchers in many topic areas where disparities are the greatest. These students are a part of those communities, and can conceptualize dynamics that may get overlooked, and know the gate keepers and other stakeholders who have stories that often are left out. They are also trusted resources in their communities, particularly reflecting back on the history of research on marginalized communities.

One of the CRFT activities was to have students choose a topic that they were passionate about, pose a valid research question, and create a research study design. This activity has led to the discussion of implementing pilot research projects. Pilot projects will center around breast cancer research, thus engaging students who are interested in this area.

% of African-American/Black breast cancer patients utilizing ACS tool with MD for shared decision-making skills



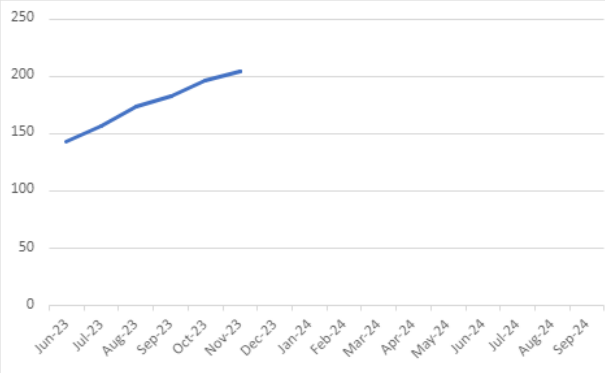
Each patient's situation is different, and talking frankly and openly with the oncology provider and the rest of the cancer care team is important. Offering a shared decision-making tool to patients provides them with the opportunity to be actively involved in their treatment decisions. This process allows the patients and the clinicians to collaborate to make health decisions about tests, treatments and care plans. Informed by both clinical evidence on the risks and benefits associated with the treatment options and a patient's preferences, values, and goals, shared decision making is a critical component of patient-centered care.

Since starting tracking in June 2023, we had a high of 81% of African-American/Black breast cancer patients utilizing the tool in September 2023. We made a big push in September with our staff to utilize these tools with our targeted population. By using RBA, we now have seen at least one month of decline and know that we need to review our process to ensure this tool is being utilized.

Tools such as the ACS tool we provide to African-American/Black breast cancer patients allows them to prepare for their treatment planning visit, structure their discussion with the care team, help increase the consideration of patient's preferences in clinical decision making and help patients and their families better understand and plan for their care experiences.

*For questions about the data provided here, contact Amanda LaGrange at [alagrange@marybird.com](mailto:alagrange@marybird.com)*

### # of African-American/Black breast cancer patients utilizing MBPCC Patient Navigation Program

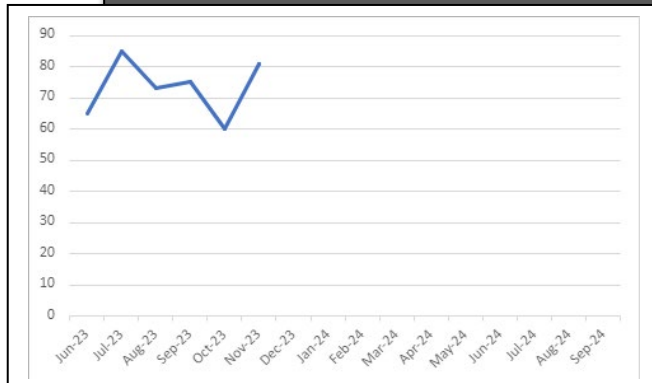


Patient navigation is particularly important for patients who experience disparities in cancer care and outcomes. Addressing barriers to care, providing culturally competent support, tackling socioeconomic challenges, empowering patients and working toward reduced disparities in treatment are all benefits of providing patient navigation to this targeted group of cancer patients.

Since June 2023 when we began utilizing the Results Based Accountability Framework, we have had 204 African-American/Black breast cancer patients enrolled in our patient navigation program. This represents 68% of the total population. The total population does include African-American/Black breast cancer patients in survivorship who come for their annual check-up. These individuals are not placed into navigation unless there is a recurrence.

We are continuing to track these individuals and provide supportive services to them to improve outcomes. We are also tracking the no show no call for the population to ensure that barriers are addressed and will be able to provide an update on this measure for our final report. By focusing on this population, we will improve health equity and reduce disparities in cancer care.

### % of African-American/Black breast cancer patients completing PHQ9



A cancer diagnosis is a life-altering event that can evoke a range of emotional responses, including anxiety, depression, fear and uncertainty. The PHQ-9 allows our patient navigation team to systematically access the emotional well-being of patients, enabling to identify and address psychosocial distress early on. This proactive approach contributes to better overall patient care and helps mitigate the negative impact of emotional distress on the treatment and recovery process.

A patient filled out a distress screening during her chemotherapy education visit. She checked off issues such as “concerns with children, concerns with finances, concerns with work, transportation, food insecurity, emotional concerns, etc.” This prompted a visit not only with a nurse navigator but also a social worker and dietitian.

The nurse navigator assisted with helping to navigate discussing disability leave with the patient’s employer and how to begin that process. She also explained in layman’s terms what her diagnosis entailed and what her treatment would be like.

We were also able to address transportation concerns by enrolling her in our transportation supportive services to bring her to and from the cancer center for treatment. We also were able to enroll the patient in the food pantry and established rapport with the dietician that later helped with chemo side effects and weight loss.

*For questions about the data provided here, contact Amanda LaGrange at [alagrang@marybird.com](mailto:alagrang@marybird.com)*

% of African-American/Black breast cancer patients receiving psychosocial care/counseling



In using the Results Based Accountability process, we realized there was a gap in psychosocial support in our Covington market. We contracted with a racially concordant counselor who is able to offer a breast counseling support group for African-American/Black breast cancer patients.

Since its inception on September 25, our support group initiative has made meaningful strides, bringing together a total of four groups with 14 attendees. Our patient navigation team personally called all African-American/Black breast cancer patients in active treatment to initiate the group. This gesture garnered resounding excitement that something like this existed, and that they had never had access to a support group like this before. We did find that transportation was a barrier for some patients and began offering Zoom links upon request.

Although small, the group has had a steady following, and one member has inquired about doing 1:1 counseling with the facilitator to increase her current support.

We are confident this support group will grow. Historically, support groups can take anywhere from 6 months to 1 year to have a consistent number of members attending. One of our participants has pledged to champion the cause, actively spreading the word within her community. She told us it was the first time she has had a group of women she feels safe and comfortable talking to.

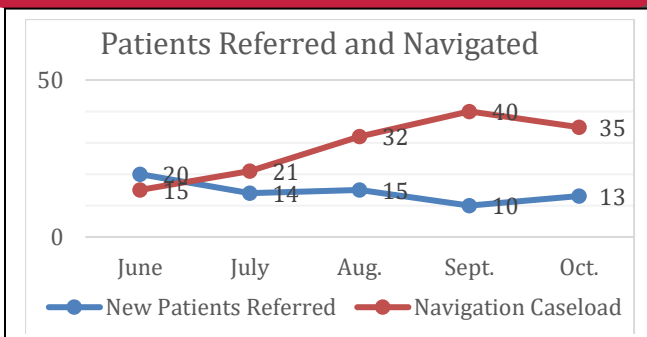
Information in our graph also includes 1:1 counseling support offered to the population. We have seen that patients who have been in the program longer are more receptive to psychosocial care/counseling than some of our newer patients. Nearly all of our targeted population is referred to counseling; however, many have other priorities that have taken precedence than taking the time to take care of themselves such as time at work, taking care of children, etc. We are in discussions with our counselors to see if there is a way to mitigate this issue.

# Health Equity in Breast Cancer Care through Navigation and Support

## About Us:

MedStar Health Cancer Network, a community cancer center in Baltimore City and Baltimore County seeks to improve quality of care to under-resourced and BIPOC breast cancer patients through tailored navigation and support services. We are looking for new community partners and resources.

## Number of Patients Assigned to Navigation Services



### *New Breast Patients Assigned to the Team*

It is important to understand the number of patients requiring additional supports and services. We continue to hone our new patient assignments to the navigation team. Not all patients need this service, and some patients only need a quick consult and not ongoing navigation.

In the future we will identify the length of time the average patient is navigated. We did not initially take into consideration the dramatic difference between the number of referrals and ongoing navigation numbers, but it is important to understand the percent of the population needing more help and we will continue to monitor.

Our goal to improve outcomes seems to be moving in the correct direction as evidenced by the number of patients being connected with resources in the community. These resources are helping to promote equity and remove some of the many barriers to care.

## Number of New Community Organizations Contacted



### *Number of New Community Organizations Contacted*

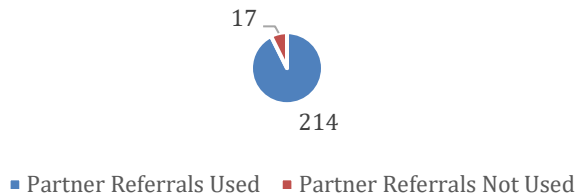
Community resources, particularly non-profits for cancer support, constantly change. Organizations providing support and assistance to our patient population tend to open and close frequently. We are committed to find new resources to assist patients in removing barriers to care and improve wellbeing. Since the implementation grant, we have identified 12 additional resources for our breast cancer patients in need. We will continue to form relationships with new community partners to make accessing support and assistance easier for our patients, thus reducing barriers to care.

We are developing targeted relationships with several community partners to promote quality of life and psychosocial outcomes for our patients. These organizations are eager to serve our population and to partner with us. We continue to brainstorm and strategize ways to accomplish this together.

*For questions about the data provided here, contact Billie Baldwin at [billie.j.baldwin@medstar.net](mailto:billie.j.baldwin@medstar.net)*

## Patients Using Community Partners

### Community Partner Usage



### *Patients Using Community Partners*

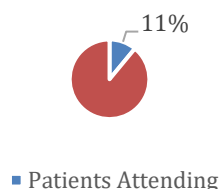
While we have been referring patients to Community Partners and Government Programs all along, we have not kept track of how many patients have used the Community Partners. We want to continue to track usage of resources. This is a quarterly measure as per our RBA measures submission. This represents the data for five months (June 23-Oct 23). We will separate out on a quarterly basis moving forward.

A total of 214 referrals to Community and Government Partners were made. Of those, patients followed through with 92% of the referrals. Without the added support of the CHAs and Social Worker funded by this grant, it is unlikely the follow through rate would be so high. The burden of completing applications and following up on services is too much for many patients, regardless of their need. Support for Serious Mental Illness is an area of need we are not able to provide, and some patients have not overcome this barrier. We continue to look for partnerships with trauma-informed agencies to address this need.

One of our patients received a gift card for food assistance just in time for Thanksgiving. This allowed her to have a meaningful Thanksgiving celebration with her two granddaughters which she otherwise would not have had. She was happy, thankful, and hopeful.

## Patients Attending Workshop

### Patients Attending Workshop



### *Patients Attending Facilitated Workshop*

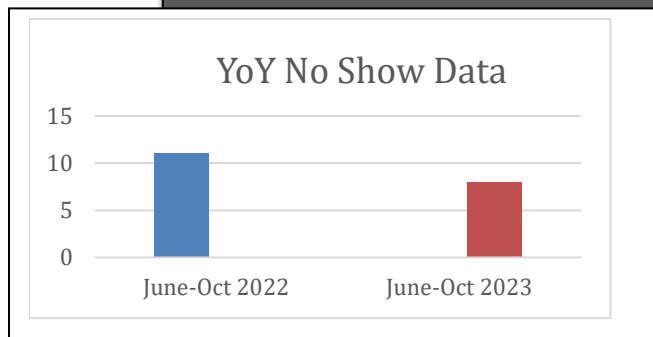
Part of our goal is to create relationships between patients needing support. Research shows connection is an important part of trauma recovery, healthy lives, and happiness. At the time of our first workshop, there were 35 active patients being navigated. Four of those had a language barrier and receive support services separately. We actively recruited patients to participate in our first workshop. Four patients attended. We plan to build on this successful cohort for our future workshops. As we have only had one meeting to date, this is the only data we have.

The rest of our six scheduled workshops are in the upcoming months. It took time to plan and arrange these meetings with the facilitator's busy schedule. While four patients may seem small, many support groups prior to the grant had zero attendance. We think this is a great place to start. Patients attending this group receive additional knowledge, skills, and understanding of their behavior and feelings during their cancer journey.

One patient who attended the workshop said she loved everyone in the group so much that she did not want to let new people attend. (She will, of course.)



## No Show Data



### *Patients Not Showing Up for Appointments*

Patients who are disengaged in their care or who face significant barriers to care miss appointments. Patients who regularly attend appointments, or who reschedule appointments when necessary complete treatment at higher rates. Regular attendance at appointments is also associated with more positive patient outcomes and lowered mortality. By providing reminders, and assistance with transportation, mental health, and financial barriers, we have lowered our Year over Year No Show Rate from 11.09% to 8.05%. We will continue to monitor the Year over Year No Show Rate Quarterly as agreed in our RBA Measure Submission.

While the no show rate is improving, there are still patients who are not coming to appointments. We have found several patients with serious and mostly undiagnosed mental health difficulties who are sporadic in their abilities to follow through with treatments and appointments. Finding a mental health partner able to address these needs would be helpful. There are few trauma-informed programs able to meet this need. We will continue to explore.

## Nueva Vida

### Addressing Cancer Disparities via Culturally Sensitive Patient Navigation among Medically Under Resourced Latinas.

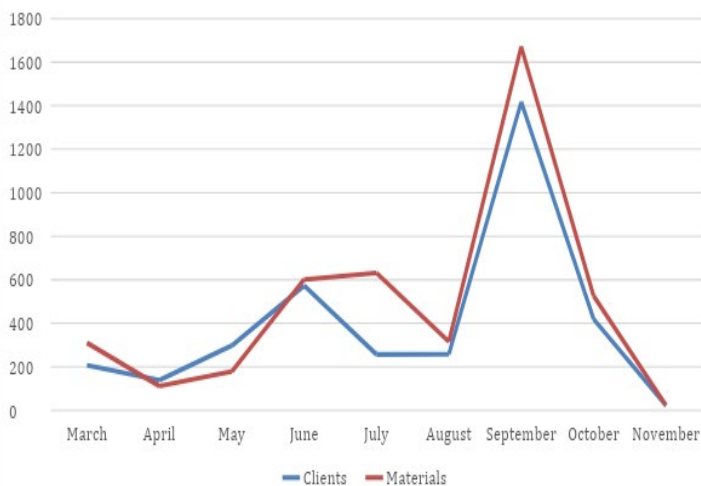
Impact report for March 1, 2023-December 15, 2023



**About Us:** The overarching goal of our project is to address cancer disparities utilizing culturally sensitive ethnic/language concordant patient navigation among medically underserved Latinas with breast and metastatic breast cancer through the cancer continuum. During this grant reporting period we served 4,019 duplicated

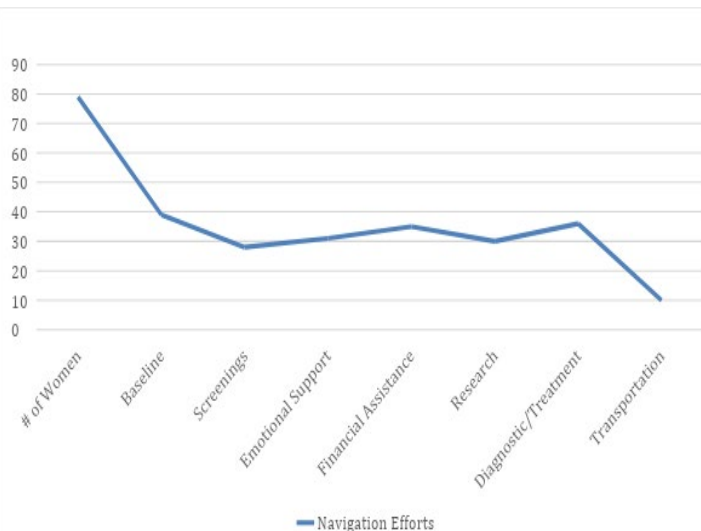
#### # of Latinas PNs & CHWs reach with education materials.

Outreach by PNs & CHWs



During this grant reporting period, Nueva Vida conducted 62 outreach & education events, (e.g., educational workshops, mammogram campaigns, waiting room charlas). A total of 3,590 Latinos were given 4,329 educational materials in the form of fact sheets and brochures, provided by the PN's & CHW'S at these events. Overall, Nueva Vida has seen an increase in its outreach & education events since COVID-19. This is especially important as we are now able to be in the community and provide our high-touch personal outreach.

#### # of Latinas with a BC Dx who are navigated into treatment

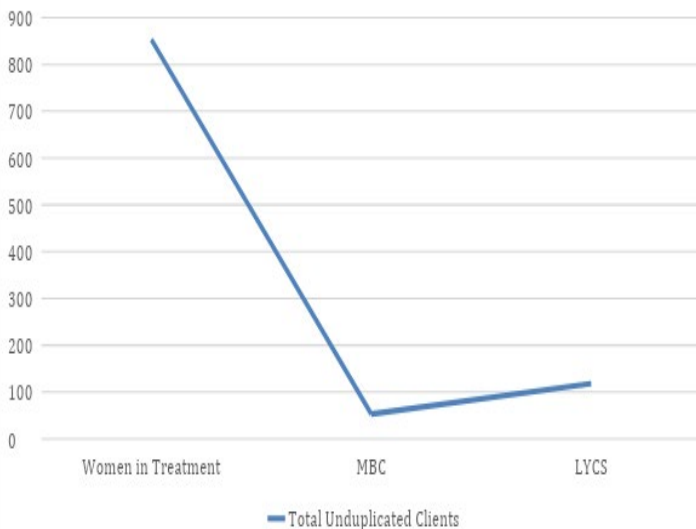


During this grant report period, Nueva Vida navigated 79 Latinas with breast cancer into 209 duplicated navigation efforts. Among these 79 Latinas, 39 were newly diagnosed or almost half at 49%. This is very important, as we continue to see an increase in the number of Latinas newly diagnosed. These women have unique needs which can be shown by the number of women navigated into emotional support.

For questions about the data provided here, contact Laura A. Logie at [research@nueva-vida.org](mailto:research@nueva-vida.org)

## # of Latinas BC Patients who attend psychosocial Groups

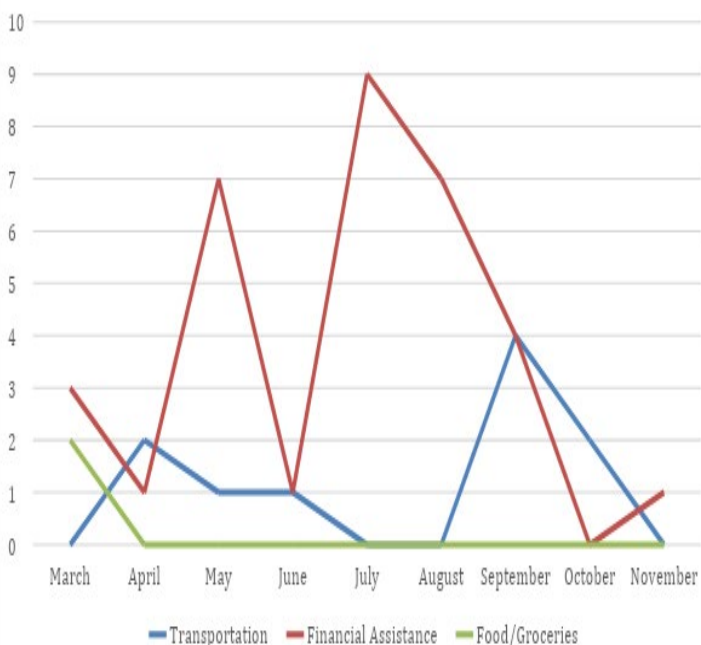
Total Unduplicated Clients who Attend Psychosocial Groups



Three separate psychosocial groups are identified. These include our Women in Treatment groups, our Latina Young Cancer Survivors (LYCS) group and Metastatic Breast Cancer (MBC) group. During the grant period 219 unduplicated breast cancer survivors attended psychosocial groups. Women in Treatment monthly mean=83, LYCS monthly mean=13, MBC monthly mean=6. For example, Roxana is a 43-year-old Latina with metastatic breast cancer, who attends all three groups each month. Importantly, our LYCS group has been a crucial support for Latinas <45 years of age, since limited groups held in Spanish are conducted for this population.

## # of resources provided to cancer survivors including transportation, financial assistance and food provided.

# of Resources Provided to Cancer Survivors

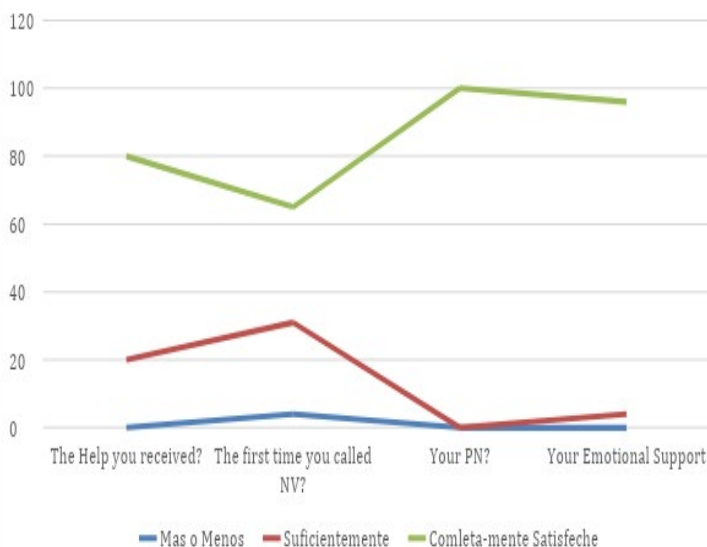


Patient Navigators utilize our resources to arrange transportation through Lyft, financial assistance in the form of checks, gift cards and food assistance via gift cards and delivered groceries.

**Case Study:** Arleth is a 42-year-old Honduran woman who lives in Maryland with her husband, sister, and two children for the last eight years. Arleth's treatment leaves her unable to work, and her husband is currently the sole supporter of the household. We met Arleth through an outreach event at Cava Restaurant and were able to support her by paying for car insurance and rent during her treatment.

## % of Latina breast cancer patients who are satisfied with their navigation experience

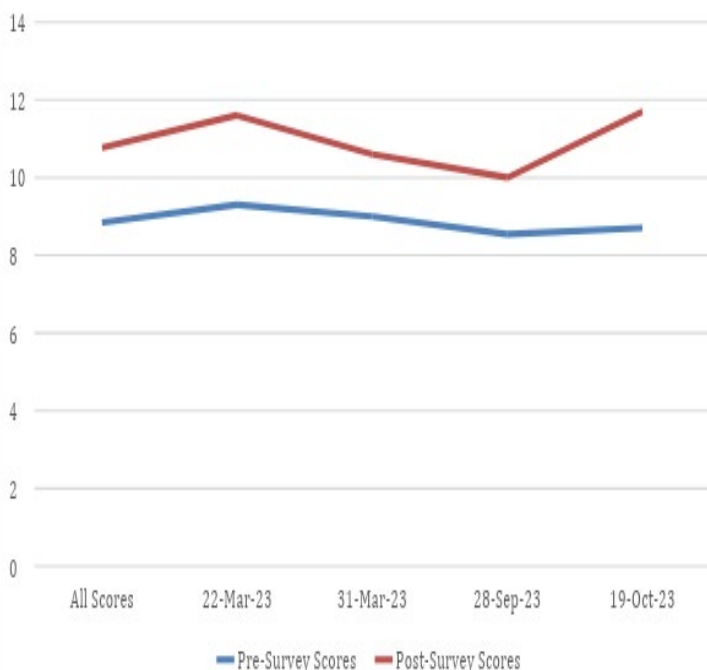
% of LBC Survivors Satisfied with their Navigation Experience



Twenty-six breast cancer survivors were surveyed on Saturday, October 21<sup>st</sup> at Nueva Vida's educational workshop conducted by one of NV's founders, Dr. Elmer Huerta. We asked 4 items on satisfaction. A) How satisfied were you with the help you received, B) How satisfied were you the first time you called NV in support of health, C) How satisfied were you with your PN in your case management, D) How satisfied were you with emotional support in your case management?

## % of Latinas with knowledge of breast cancer

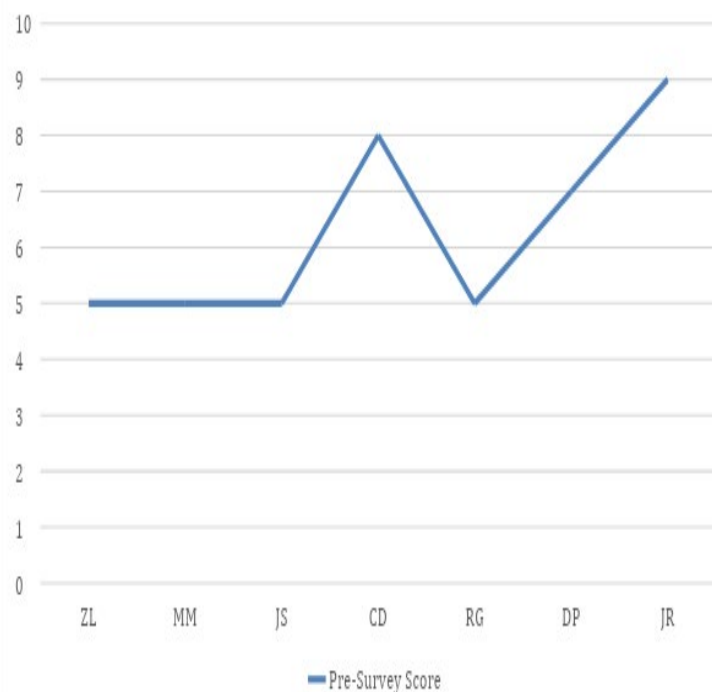
Latinas Knowledge of Breast Cancer



We assessed pre & post mean knowledge of breast cancer via a 7-item survey. A total of 63 Latinas were educated on breast cancer in 4 different mammogram campaigns. (3/22/2023, 3/31/2023, 9/28/2023, 10/19/2023). Example of survey questions included, (1) The chance of getting breast cancer increases with age, (2) Bruising, bumping or injuring the breast can cause cancer, (3) Breast cancer treatment is more likely to be successful if the cancer is caught earlier. Overall, there was an increase in knowledge of breast cancer for all scores and each mammogram campaign cohort. Mean pre & post scores for All Latinas increased from 8.84 to 10.77. On 3/22/2023 scores showed an increase from 9.3 to 11.6. On 3/31/2023 scores showed an increase from 9.0 to 10.6. On 9/28/2023 scores showed an increase from 8.54 to 10.0. Lastly on 10/19 scores increased from 8.7 to 11.7.

**% of Latina breast cancer patients who  
report good quality of life**

Latinas QOL Pre-Survey Scores n=7



The *Escala Sobre la Calidad de Vida DOLOR A RAZON DE CANCER – PACIENTE EL SOBREVIVIENTE DEL CANCER* was administered to breast cancer survivors in three groups, including Women in Treatment, LYCS & MBC between October 4, 2023 and November 6, 2023.

A total of 7 women completed the QOL pre-survey. Twenty (20) items assess 4 domains of QOL including (a) Physical well-being, (b) Psychological well-being (c) Social concerns, and (d) Spiritual well-being.

Interestingly, lower pre-scores were found among the younger and most recently diagnosed Latinas versus clients who have been with Nueva Vida's mental health support groups over the past 5 years. We will administer the 6-month QOL follow-up in April 2024. Unfortunately, we were behind the baseline administration of the pre-surveys, but anticipate no problems in administration of post surveys.

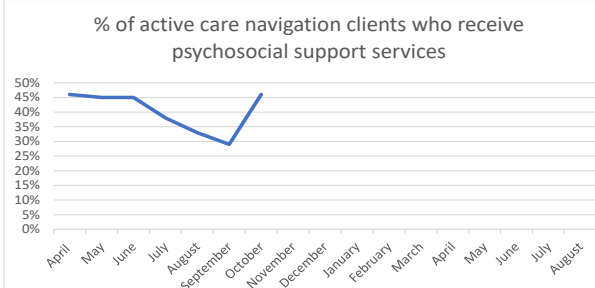
# Shanti Project Women's Cancer Program

Impact report for March 1, 2023 to October 31, 2023



Shanti Project reduces isolation, enhances health and well-being, and improves quality of life for individuals facing systemic inequities and barriers to care. Our Women's Cancer Program offers multilingual/multicultural services to support clients through their cancer journey and empower them to overcome linguistic, social, and financial obstacles. During the first eight months of the grant cycle, we have provided intensive care navigation and emotional and practical support to 188 clients with breast cancer.

## % of active care navigation clients who receive psychosocial support services

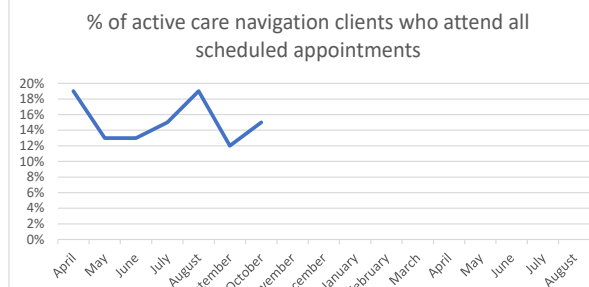


Shanti's care navigation services comprise intensive case management services with a specialized focus on psychosocial support.

At intake each client is assigned a Care Navigator who serves as their primary contact with Shanti. Though this relationship often resembles that of a client and a case manager, Shanti's holistic service model provides additional potential for psychosocial support. This support can be the most important of all the services Shanti provides.

For our client "Jasmine," the psychosocial support provided by her Shanti Care Navigator and Peer Support Volunteer has significantly helped her through her recurrence of breast cancer. She says, "It's very helpful for me to know that there's a community of people who care about others they don't even really know. They want to help and I love that energy!"

## % of active care navigation clients who attend all scheduled appointments



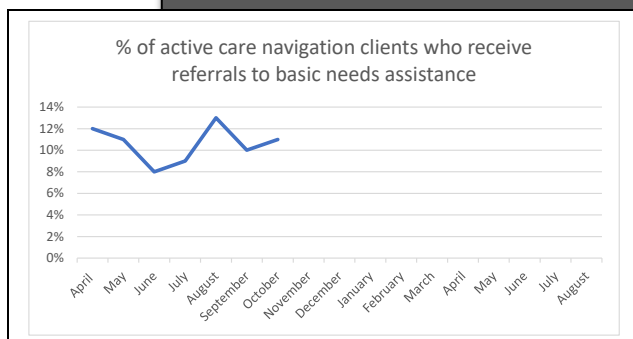
Post-pandemic, we are finding that clients are generally more interested in remote support. To increase the depth of connections with our clients, in late June we started to encourage them to meet us in person at least once after a phone/remote enrollment so that they know who their Care Navigator is and we can directly give them taxi vouchers and gift cards. During these meetings (whether in a client's home, at a medical appointment, or another site that the client is comfortable in), clients who have been reluctant to connect with other services tend to more open to potential referrals.

*For questions about the data provided here, contact Ai May Tan at [atan@shanti.org](mailto:atan@shanti.org)*

## % of active care navigation clients who receive referrals to basic needs assistance

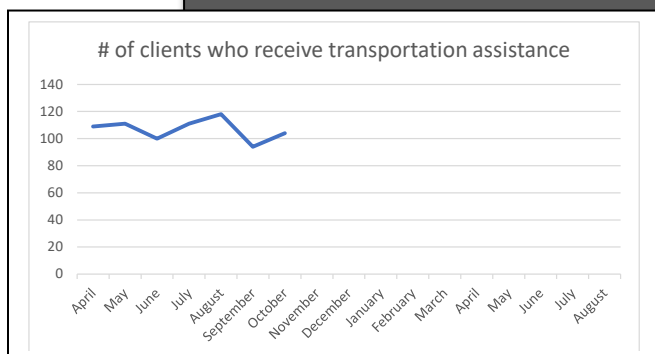
The completion of application paperwork for different types of services can be overwhelming for a client who is already dealing with mountains of medical paperwork. The Care Navigator provides hands-on and end-to-end support to ensure that clients receive resources in a timely manner.

When the Care Navigator visits clients in-person, this builds trust, and clients are more inclined to sign up for resources knowing that someone reliable will be overseeing the process on their behalf. In addition, application forms and verification documents contain sensitive information, and clients may not feel comfortable providing copies by mail when we have a remote phone intake.



## # of clients who receive transportation assistance

The distribution of taxi vouchers and ride share services appears to be stable since we started tracking. The dip and rise are related to the lack of taxi voucher supply as we wait for the taxi company to restock the vouchers. The dip in September likely has to do with lack of staff coverage as several staff members were out sick with the flu or covid in that month. Clients surveyed repeatedly share how valuable the transportation assistance is in helping them through their cancer journey.





# Sharsheret

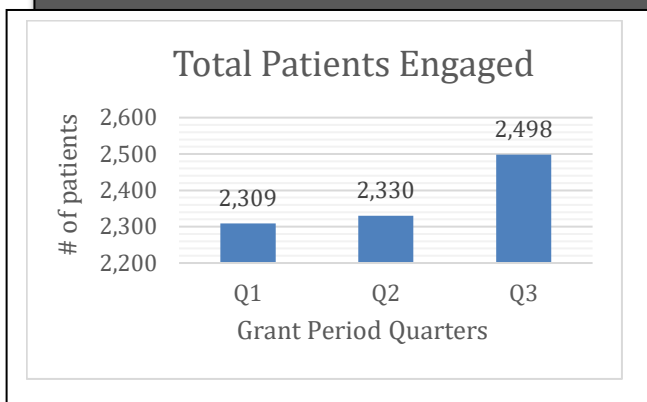
The LINK Program for Jewish Young Breast Cancer Survivors (YBCS) and Metastatic Breast Cancer (mBC) Patients  
Impact report for 3/01/2023 – 11/14/2023



## About Us:

Sharsheret, a national non-profit organization, improves the lives of Jewish women and families living with or at increased genetic risk for breast or ovarian cancer through personalized support and saves lives through educational outreach. Through this grant, the LINK Program, we address gaps in information and structured support services for Jewish YBCS and mBC patients, via peer support services, education that empowers patients to make informed treatment decisions, culturally sensitive patient navigation and financial wellness and insurance navigation interventions. To date, the program has reached 5,608 patients.

## Total # of patients engaged in the program



Mental health and emotional well-being are so intrinsically tied to a patient's overall treatment and outcomes. However, these pieces are often overlooked in the full structure of support and there are many gaps in information and structured support services for Jewish YBCS and mBC patients. Further, the support that exists is often not culturally relevant to address unique and personal psychosocial concerns and studies indicate that breast cancer information needs to be personally relevant and targeted to patients' age and culture to really have an impact. As the only organization that understands these barriers and is accepted by the insular Jewish community, Sharsheret through the implementation of the LINK Program aims to address these gaps and effectively reduce

disparities in survival and quality of life. Through engaging patients in this program, we can provide that necessary and culturally competent care, while educating about treatment options and empowering individuals to make informed decisions about their treatment plan.

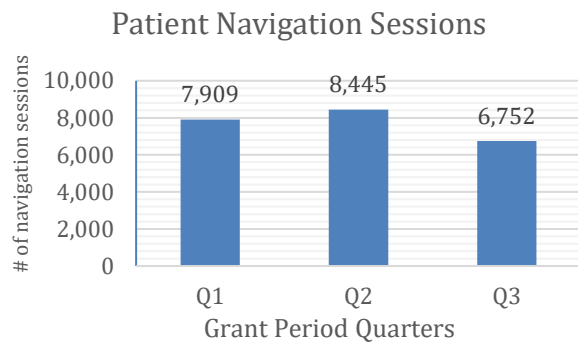
Understanding how critical it is to engage people in this program and reach as many individuals as we can, Sharsheret puts a great emphasis on our marketing and promotion geared towards the Jewish YBCS and mBC patients in order to increase and enhance and engage them in the program. We have a multi-modal communication strategy to communicate about The LINK Program, including paid media, social media, email marketing and website posts, as well as print media and press releases syndicated to the Jewish and cancer communities, dissemination of messaging through our Sharsheret Community Partners, participation and exhibiting at Jewish YBCS and mBC conferences and hosting national educational webinars. We encourage participants to share feedback that directly impacts our engagement strategies to ensure that all relevant stakeholders are aware of the navigation and support services available, thereby increasing engagement with the LINK Program.

Month to month, we see a steady increase in the number of people engaged in our program due to the various pieces of our communication strategy. While Q3 of the graph only expresses two months, not three, the numbers are already in an upward trend that we can attribute to the ovarian cancer and breast cancer awareness months, September and October respectively. These months tend to be higher months of engagement for Sharsheret, as there is a global effort to raise awareness about breast cancer.

The data shared in the graph indicates that our engagement strategies are working and the feedback we receive from participants solidifies the value of this program. "Thanks to you and your organization for your kindness during this difficult time. It is so reassuring to know that there are people out there helping us through navigating all of these issues that result as part of something we cannot control. I am so grateful, and if there is something that I can do to help other people by volunteering, sharing my story, etc. please let me know. Each one of you showed patience and compassion and made the journey very seamless." – Amanda ,56.

*For questions about the data provided here, contact Dina Muskin Goldberg at [dgoldberg@sharsheret.org](mailto:dgoldberg@sharsheret.org)*

## # of patient navigation sessions



The Jewish community has unique concerns and faces barriers to health that are often not addressed by the greater community. Providing culturally sensitive patient navigation and educational resources that address the unique concerns of Jewish YBCS and mBC patients and the intersection between Judaism and breast cancer is vital and Sharsheret's patient navigation sessions are able to do just that. Patient navigation sessions are able to provide a space to educate and empower patients to make informed decisions about their treatment options and explore and question the intersection of religion and cancer knowing that the person on the other side of the line understands their concerns. Sharsheret is uniquely

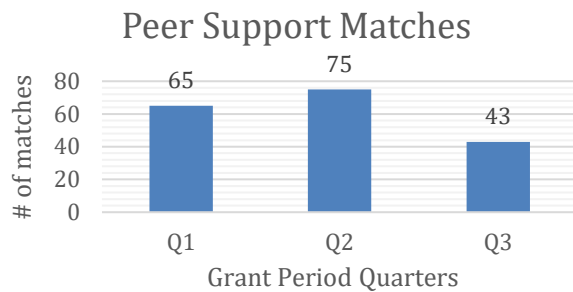
positioned to provide patient navigation sessions with culturally sensitive navigators who are trained to understand the unique religious and cultural concerns of Jewish YBCS and mBC patients. The impact of these sessions is so perfectly conveyed through the following quote: "When I got off the phone, I excitedly told my husband: 'So in this journey of ups and downs, this woman and organization are one of the brighter, light-filled, God-filled moments.' I am so grateful for the opportunity to speak with you. You truly listened and help me to feel like a person, and not just a medical diagnosis."

Ever since the October 7<sup>th</sup> Massacre and the outbreak of the Gaza war, the importance of the LINK Program and our patient navigation sessions has been amplified. Jewish patients are not only carrying the stress and emotional weight of their diagnoses and treatments but are also carrying the fear and anxiety of their family and friends living in Israel. Furthermore, with the uptick of antisemitism in the US and across the globe, patients are calling afraid to go to their treatments while wearing their star of David necklaces or with their obviously Jewish last names. One patient described it as follows: "The thought of calling another organization to address my current emotional state seemed impossible. I need a Jewish organization, a safe space to turn, where I know I'll be fully understood by the person on the other end of the line." We are so grateful that during these dark times, with Gilead's support, Sharsheret is able to support the Jewish YBCS and mBC community.

The graph above indicates the growing need and demand for our services, displaying a steady increase in the number of patient navigation sessions during the first two quarters. Sharsheret utilizes the communication strategies as detailed in the response above to promote our LINK Program and the available team of clinicians able to provide patient navigation sessions. In the promotion, we make clear that these sessions are not only culturally sensitive and fill a gap in meeting the emotional and mental health of the cancer journey, but also provide on-demand support. The accessibility of the sessions is another factor that makes them so important and allows us to reach so many individuals. In Q3 we see a dip in the number, and we attribute this decrease in numbers to two reasons, the first is that this data reflects only two months, not three months and second is that the Jewish high holidays took place in September and October and during this time Sharsheret's offices were closed. We expect the number to increase towards the end of Q3 as we see higher engagement in the month of November due to the lasting impact of breast cancer awareness month and we will continue to promote our services through in-person and online events, clinical referrals and social media as well as evaluate any feedback and current strategies to adjust our communication plans appropriately.

*For questions about the data provided here, contact Dina Muskin Goldberg at [dgoldberg@sharsheret.org](mailto:dgoldberg@sharsheret.org)*

## # of peer support matches



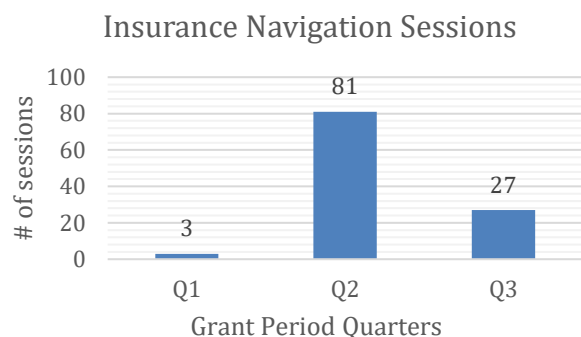
The peer support network is a critical component of the overall LINK program that not only provides peer navigator matches between individuals who share a similar experience, but also creates matches that consider religious observance and identity, so patients can reflect about the intersection of religion and cancer treatment and truly connect on a much deeper level. The peer support network is a growing need for our community and unique offering that reflects the overall value and mission of the LINK Program, to provide culturally relevant support.

Depending on where they are in their journey,

women may be trained to be the one providing support or can be the one receiving the support. Every match is uniquely tailored through careful consideration of every individual's needs, and while creating a match is a timely process, it is also one of the most fulfilling services we are able to provide. This quote touches on many different components of a match and the value of accounting for religion in providing tailored support: "We have such a great connection and so much in common --- it seems kismet or a shidduch [a good match in Hebrew]. For example, we both have strong religious and spiritual connections.... It allows us to speak at a very high level. She and I are both strong, empowered women who are articulate and know our minds. We have mutual respect and sharing and can talk openly. I lived in California near her for a long time, so I know the area and can speak that language, too. She is Filipino, and I am familiar with the culture, which I hope is a comfort to her. Although she is only 42 and I am 68, we connect (I am a young 68). She is a very special woman, and I feel honored to be part of her circle. I want to thank you for the opportunity to be a peer supporter. It enriches my life."

The peer support network is promoted through our LINK Program marketing and communication strategies as detailed in the measures above. In addition to the various marketing strategies, matches are often made during the one-on-one patient navigation sessions that our clinicians provide. We typically see a steady increase in the number of peer support matches as it's correlated to the number of patients engaged in the LINK program, as reflected in Q1 and Q2 of the graph. The decrease in the numbers for Q3 is due to this quarter only reflecting data from two months, not three, as well as less availability from the clinical team because our offices were closed for a portion of this time for the Jewish holidays. Additionally, for patients who observe the Jewish holidays this time can be particularly emotionally taxing and busy with family commitments and preparation so patients may be less inclined to participate in this program for these reasons. However, we expect the curve to continue to increase in November as our overall program engagement was up in this quarter. Our community understands the value of this program and through additional marketing and clinician referrals to train and engage more individuals we can ensure the number of peer support matches continues to increase.

## # of insurance navigation sessions



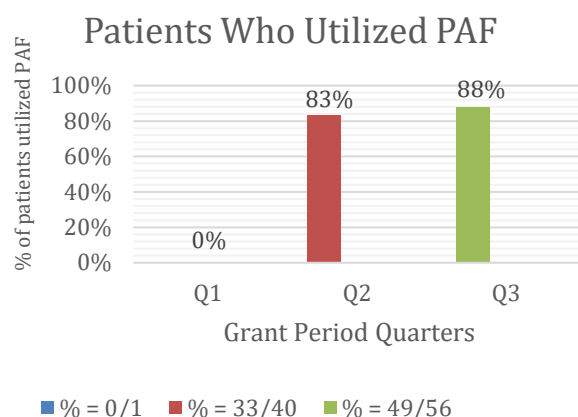
Financial toxicity and lack of understanding of insurance coverage is a significant barrier to access and care for those facing cancer. For Jewish patients, who have significantly higher costs of living due to the exorbitant cost of kosher food, real estate near synagogues and private religious day school, a cancer diagnosis is that much more financially crippling. Sharsheret understands this concern and gap in accessibility and as a result entered into a new formalized collaboration with the Patient Advocate Foundation (hereafter PAF) as an extension of Sharsheret's services. This collaboration and the sessions provided help to relieve the financial toxicity of cancer for YBCS and mBC patients, navigate

culturally relevant financial assistance programs and provide financial wellness education and tools to patients. By alleviating some of the stress and lack of understanding around financial wellness and insurance, we can help reduce these barriers to access and relieve some of the emotional stress that follows when facing this task alone.

While the grant period began March 1, 2023, this service for referrals between PAF and Sharsheret was not fully operational until May 2023. The first 60 days of the grant, much of the first quarter, was the launch period of the program and the first referral only began in mid-May. Once the program began, it really took off in Q2. As the program continued into Q3 and we had more experience referring patients to PAF, we realized that there was a need to change the types of referrals we were making, thus causing a dip in the data for Q3. We were initially referring patients for insurance related issues as well as financial assistance issues, however PAF's main expertise is insurance-based questions rather than general financial assistance. Starting mid-September, we decided that moving forward we would only refer patients for insurance related issues to ensure that those being referred will have their needs best served. Patients with general financial assistance questions are still being addressed through Sharsheret's internal financial assistance resource page, as well as our clinicians sharing about available funds, grants and our own financial assistance partnerships and resources. It is also important to note that we are still confident that this program is filling a gap in care, since the 27 referrals in Q3, which only accounts for two out of the three months, is still a significant number when accounting for just insurance related questions. We continue to receive positive feedback, such as this quote: "My case manager was so patient and kind. She listened to me and was able to connect me with the resources that I needed. She also communicated with the people on my care team about my eligibility! I'm very grateful for her support and service."

*For questions about the data provided here, contact Dina Muskin Goldberg at [dgoldberg@sharsheret.org](mailto:dgoldberg@sharsheret.org)*

## % of patients referred to PAF, who utilize PAF services



The new formalized collaboration with PAF as an extension of Sharsheret's services, as detailed in the response above, is an exciting and important initiative established through this grant. The collaboration provides insurance navigation case management, assisting Sharsheret patients with understanding their healthcare benefits; navigating issues related to their health insurance benefits, including denials of care, out-of-pocket costs, network issues and insurance options; financial concerns including cost of living expenses and medical expenses; assistance with filing applications for disability insurance and assistance with investigating options to get medical insurance coverage.

The process of a successful referral is best explained through the following case study delineating the steps that PAF took to find a resolution: *Sharsheret shared a patient who was diagnosed with stage four breast cancer who was seeking assistance with insurance enrollment and the cost of prescription medicines. PAF set up a consultation with the patient to educate her about the State Health Insurance Program which would assist her with appropriate plan selection. PAF then researched and provided her direct contact links to nine financial resources for prescription and other medical costs, as well as cost-of-living needs. PAF also contacted this patient's oncology navigator to coordinate their efforts on the patient's behalf and provide additional resource links as needed which included transportation to care and elder-care resources. PAF continued surveillance of the case with the patient and her oncology navigator until they confirmed that she was approved for a drug manufacturer's patient assistance program and would receive her medications for free.*

Through case studies, we've determined that a critical piece to resolving a case and utilizing the PAF service is the follow-up and continued surveillance that PAF provides to ensure a patient receives the necessary support. Navigating insurance is a challenging and confusing process, so the expertise, care and guidance that PAF provides is critical to a successful referral between Sharsheret and PAF.

During the first 60 days of the grant period, we were launching this new service and conducting trainings between Sharsheret and PAF. Once the program launched in May, Sharsheret was still learning what an appropriate referral looked like for PAF. As noted in the response above, we were referring patients for insurance and general financial issues which were not all appropriate for PAF. The data detailed in this graph is for cases that were closed, i.e. successfully connected and assisted the patient. Towards the end of Q1 when the program launched and we began referring patients, it seems those referred had concerns that PAF was unable to fulfill. This information helped us structure the types of referrals moving forward. Entering Q2 and continuing in Q3 we better understood what an appropriate referral to PAF looked like, which is explained by the percentage of callers who utilized the services increasing very quickly and continuing this upward trend. The feedback from those who have been assisted reaffirms that this is such an important offering, "This amazing organization [PAF] has helped me in more ways than you can imagine! My case manager called and followed up with me every week to see that I was able to resolve more issues. Without Patient Advocate Foundation I would not have the tools to understand this crazy life I am living right now. Thank you for your service and for helping me in every way you can!" Sharsheret's clinical team has conducted a more thorough internal training on the types of referrals that should be made to PAF and we will continue to ask questions and check-in with our contacts at PAF to ensure this continues to be a smooth and successful service.

For questions about the data provided here, contact Dina Muskin Goldberg at [dgoldberg@sharsheret.org](mailto:dgoldberg@sharsheret.org)

# Vietnamese American Cancer Foundation Breast Health Initiative

Impact report for June 1, 2023 to October 31, 2023



Vital Access Care Foundation

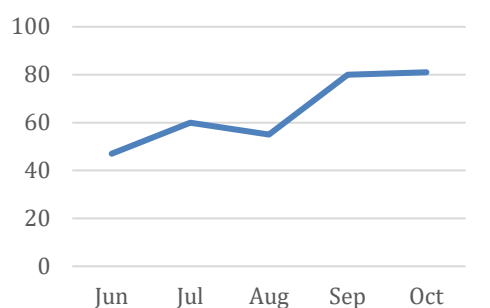
## About Us

The Vietnamese American Cancer Foundation (VACF) was founded in 1998 and is now the central hub for health-related information and support services, adhered to its commitment to health equity and reducing the barriers in social determinants of health (SDOHs) for all. To accomplish this, VACF offers evidence-based outreach and education, early detection, patient navigation, and patient care coordination, with a focus on cancer disparities in the community in a linguistically and culturally sensitive manner.

VACF's Breast Health Initiative serves the priority population of Asians, with a focus on Vietnamese Americans, an immigrant community with repressed screening rates and later stage cancer diagnoses due to cultural, linguistic, and socioeconomic barriers. It provides linguistically and culturally appropriate health education, screenings, care coordination, patient navigation, and psychosocial support to improve breast health outcomes of the vulnerable community through addressing various SDOHs.

*\*Notes: There are some RBA measures being reviewed on a quarterly basis, instead of a monthly basis. Since the program implementation phase started in June 2023, we do not have enough data of at least two (2) quarters to report in charts.*

## 323 Recipients of Breast Health Education

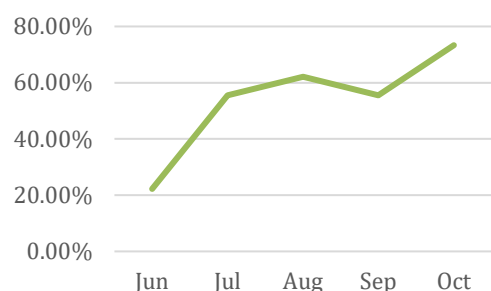


In the five (5) month implementation of the Breast Health Initiative from June to October 2023, the program has provided linguistically and culturally appropriate breast health education to **a total of 323** participants with an increase trend in the number of participants over the month. This result is important as it indicates an improvement in program visibility and community outreach efforts over the months.

This was accomplished through a combination of 3 group and 152 one-on-one sessions conducted by trained bilingual program staff and breast health specialists, either in-person at various sites where the targeted individuals live, learn, study, work and worship or virtual formats such as phone calls and webinars.

*For questions about the data provided here, contact Dung Hua at [dung.hua@vacf.org](mailto:dung.hua@vacf.org)*

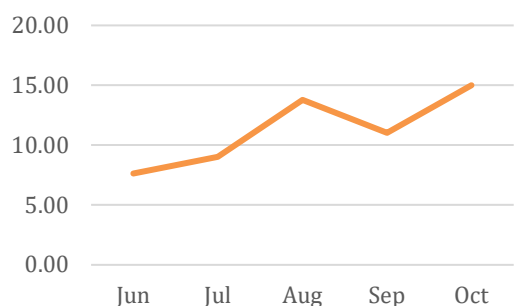
## 73.33% of Participants Reporting Increased Knowledge



The measure indicates the percentages of participants reporting an increase in breast health knowledge after attending a breast health education session, which helps the program implementation in tailoring educational activities that are most effective and ensuring the linguistically and culturally responsiveness to the targeted community.

During the reporting period, data indicates an increasing trend in the percentage of participants who reported that they have an increase in breast health knowledge thanks to the program, ranging from 22.22% at the beginning of implementation to 73.33% in the latest month. This reflects our program's responsiveness in tailoring the education activities to meet the unique needs of the targeted population.

## 15% Average Increase in Knowledge of Participants



Through pre- and post- surveys, participants were asked a set of questions on their breast health knowledge and then were scored to measure the % of increase in their knowledge, following the education session.

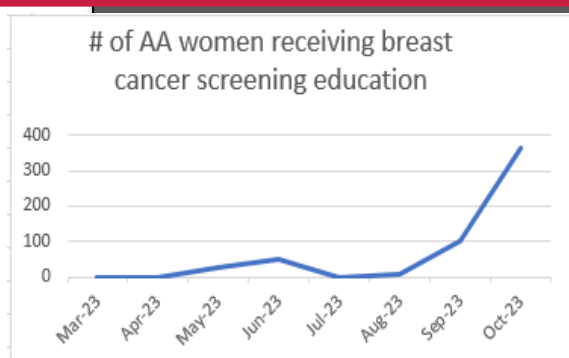
This outcome measure not only helps to identify the area of focus during education activities, but also to indicates how each participant is better off with their breast health knowledge after receiving education.

The chart shows an upward trend of average percentage increased in knowledge of participants from 7.63% among those receiving education in June, raising to 15% among those receiving education in October 2023. Notably, there were some participants that scored up to 75% better in the post survey after receiving the education.



**About Us:** The Virtua Breast Cancer Advocacy Program is a three-prong approach to care for our marginalized breast care patients; 1) the addition of a Financial Navigator that specializes in the reduction of financial toxicity that many of our patients experience prior to receiving a breast cancer diagnosis 2) an Oncology Nurse Navigator that connects patients to SDOH resources and medical appointments, and 3) the addition of a community health worker that focuses on educating women of color on the importance of breast cancer screening and navigates them to mammography appointments.

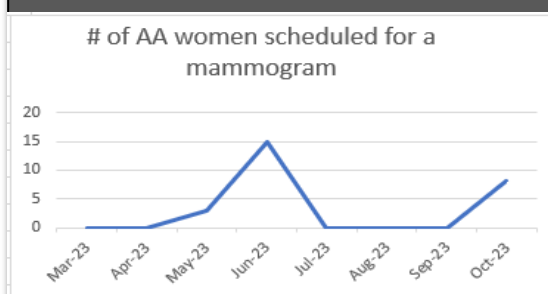
## # of AA Women Receiving Breast Cancer Screening Education



African Americans have a sordid relationship with healthcare due to the medical atrocities that they have and continue to face. As a result, African Americans are less likely to partake in preventative screenings and are often diagnosed late stage. It is the hope of this program that by strengthening trust between this community and the hospital we can begin to engage with black and brown members to provide education on the importance of breast cancer screening.

Our CHW conducted presentations to members of predominantly African American churches and learned the most common barriers preventing women from obtaining mammography screening were lack of insurance, lack of resources, lack of knowledge surrounding breast cancer risk and screening methods, fear of bad news, fear of pain during screening. Notable mentions were lack of transportation, lack of recommendation from a healthcare provider conveying the importance of being careened, and distrust of the health care system. This knowledge helped guide our conversation in subsequent presentations.

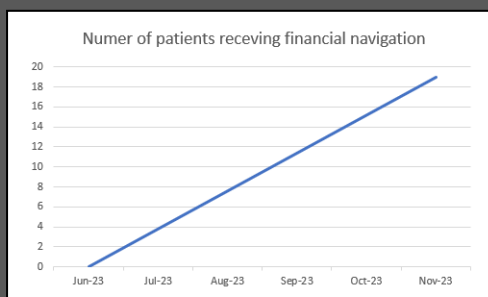
## # of AA Women Scheduled for a Mammogram



Although Caucasian women have higher incidence rates of breast cancer, research shows that African American women diagnosed with breast cancer die at twice the rate of their Caucasian counterparts. Our goal is to increase the breast cancer screening rates of African American women, so that if they are diagnosed with breast cancer, they are diagnosed at earlier stages increasing their chance of survival.

We had an applicant who onboarded the end of April. She was with us for two months before being offered another role. We were forced to re-hire for the position which yielded the dip in numbers. Our newest CHW onboarded with us the last week of August and we are already experiencing increases in screening rates.

## Number of Patients Receiving Financial Navigation



A significant barrier to care for patients with cancer is the high cost of treatment. Many patients are not aware of the assistance programs and resources available and even for those who are aware, the difficulty of navigating the applications for these resources amidst a cancer diagnosis presents a tremendous barrier to care.

Implementing a Financial Navigator role at Virtua has allowed us to support patients and overcome this barrier to care. Due to this being a new position, the hiring and onboarding process has taken longer than expected but we are already seeing the impact of this position for our patients. Our Financial Navigator was hired at the end of June 2023 and completed training and onboarding in September. Since then, she has already been able to support 19 patients by providing education and navigation and has already saved patients over \$22,000 in treatment costs. Now that she has fully onboarded, we expect that the number of patients she can support and the impact she will have will increase dramatically.

Our Financial Navigator breaks down the information in simple terms/step by step since it can be very overwhelming. She provides follow up calls which always leads to more questions from the patients, and she provides the appropriate education. Even the smallest amount of assistance she can provide is everything to our patients because most are unaware or overwhelmed. In the words of one of our patients, "Thank you, I had no ideas where to start."

## Young Survival Coalition

# EMPOWER Initiative

for Black, Asian,

Latinx and LGBTQ+ Young Adults with Breast Cancer

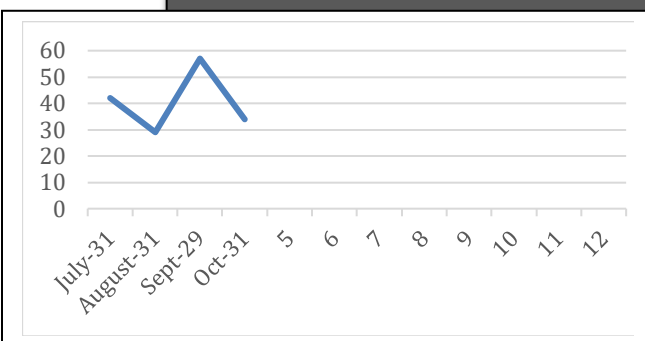
Impact report for 03/2023-11/2023



### About Us:

YSC's EMPOWER Initiative aims to decrease health disparities and improve health outcomes for Black, Latinx, Asian, and LGBTQIA+ people diagnosed with breast cancer under age 45 through the creation of culturally-adapted education, support systems and patient navigation. EMPOWER has served 2,466 individuals so far.

## 162 People Accessed Supportive Programs

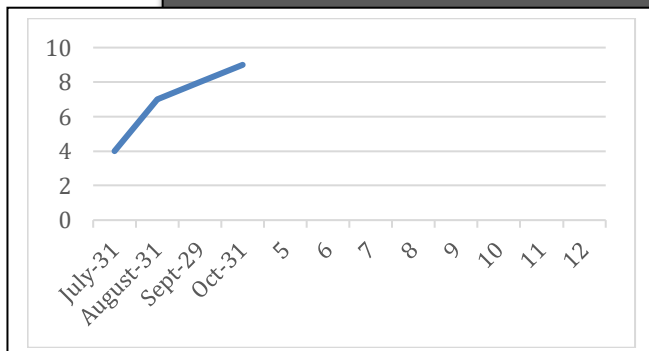


*Number of people who attended and accessed all supportive programs*

YSC experienced a spike in Empowered people accessing our supportive programs in September due to our Spanish speaking program, “Tan Joven per ova tengo la Meno. Que hacer cuando el tratamiento me induce la menopausia?” that addressed the concerns of medically-induced menopause at a young age.

Empowered Virtual Hangouts have consistent attendance yet we seek to reach more LGBTQIA+ young adults. Obtaining feedback that the current day of week and time isn't ideal, we will experiment with a new day/time for the support group and monitor the attendance.

## 9 Active Partnerships



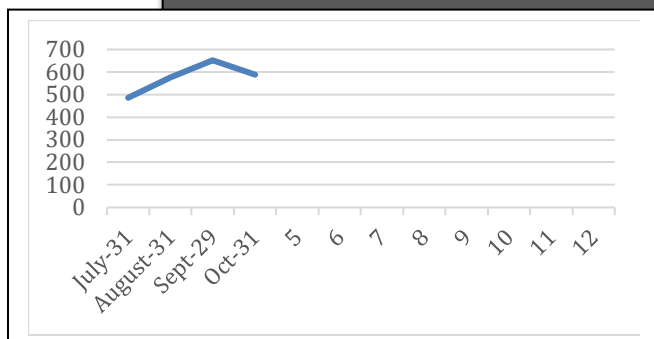
*Number of active partnerships engagement in delivering and sharing supportive initiatives*

Investing time in strategic partnerships that will share Empowered initiatives with Black, Latinx, Asian and LGBTQIA+ survivors and thrivers requires mutual sharing and YSC follow up. YSC cumulatively has 9 active partners and we are focused on trust-building and nurturing these relationships. Therefore, when we have new initiatives these key partners will engage.

For example, The Missing Pink, a new partner focused on people of color, published a YSC article, *Breast Cancer Beyond the Binary*, which showcased YSC as a welcoming safe space. And YSC is promoting the magazine on our social media channels.

*For questions about the data provided, contact Amanda Nixon at [anixon@youngsurvival.org](mailto:anixon@youngsurvival.org)*

## 2,304 People Engaged in Requests, Referrals, and Searches

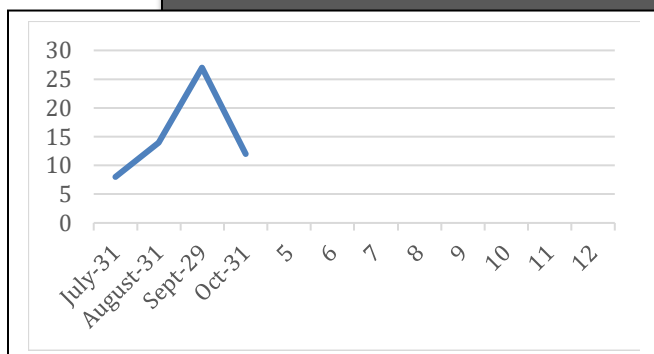


*Number of people who engaged in resource requests, referrals and searches*

YSC experienced a September spike with respect to Empowered people seeking resources, referrals and searching the YSC online database. The long-standing assumption that October is the busiest month at YSC can be reframed.

With this data in mind, YSC can revisit the educational content calendar to address common concerns and distribute programming to less busy months. The need for ramping up internal staff support is prior to the fall.

## 61 New SDoH Resources



*Number of new SDoH resources added to database*

In an effort to tailor navigation, YSC's Manager of Community Support is continually updating and adding Social Determinants of Health (SDoH) resources to the online database. She dedicates one day a month to research and collects feedback from end-users. She attended a SDoH webinar in September that resulted in nearly 30 new resources.

Encouraging a quality over quantity framework moving forward, YSC is in the process of analyzing how meaningful and accessible the SDoH resources are for Empowered populations.