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MAYOR EMANUEL ANNOUNCES DECREASING BREAST HEALTH DISPARITIES FOR CHICAGO'S AFRICAN AMERICAN WOMEN

Chicago ranked top among cities in reducing breast health disparities, invests \$700,000 in services to further decrease breast cancer mortality rate

Mayor Emanuel and the Chicago Department of Public Health (CDPH) today announced advances in breast health outcomes for African American women in Chicago. Chicago demonstrated the most progress in reducing racial disparities in breast cancer mortality compared to nine other cities with the largest African American population in the U.S., according to a new study published in Cancer Causes & Control, an international journal of studies of cancer in human populations.

"Chicago is showing the nation that when you work together to improve health, we can make a difference," Mayor Emanuel said. "Even with this progress, there is more work to be done. Every woman regardless of race or income deserves access to life-saving prevention and treatment services and we will not stop until that goal is achieved."

Between 1999 and 2013, the mortality rate from breast cancer among African American women in Chicago decreased by 13.9%. The disparity between African American and white women has been reduced by more than 20% during the same time frame.

"Alleviating structural inequity is a key component of Healthy Chicago 2.0," said Chicago Department of Public Health, Julie Morita, M.D. "Identifying the obstacles faced by African American women and working to remove them is how we save lives."

To further closer this gap, CDPH is investing \$700,000 in community partners to increase comprehensive breast health services for African American women and others who have faced historical obstacles to access. CDPH is partnering with Cook County Health and Hospital System, Rush University Medical Center, Mile Square Health Center of University of Illinois Hospital & Health Sciences System, Metropolitan Chicago Breast Cancer Task Force (MBCTF), Sinai Health System and Centro Comunitario Juan Diego to increase breast

cancer screenings and ensure that high-risk, medically underserved women receive high quality follow up and treatment.

These new investments help meet the goals outlined Healthy Chicago 2.0, the citywide health improvement plan, which includes increasing breast cancer screenings among older females by 5% and reducing breast cancer mortality among African Americans by 10%.

Even with this progress, disparities remain as African American women in Chicago have a breast cancer mortality rate 50% higher than Non-Hispanic White women despite similar rates of diagnoses. Public health officials and community partners recognize that structural inequities may lead to minority and low-income women to receive lower quality mammography services resulting in later stage diagnosis and poorer prognosis. Implementing targeted outreach and patient-supported healthcare navigation initiatives can help address these disparities, leading to earlier diagnosis and improved healthcare outcomes.

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