UIC PUBLIC HEALTH

From Population Data to Program Action

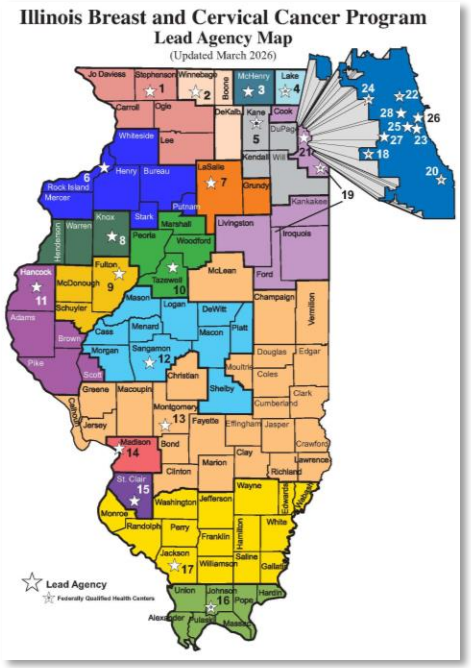
How Illinois turns data into actionable information to support continuous quality improvement (CQI)

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Illinois Breast and Cervical Cancer Program (IBCCP)

- IBCCP administered by Illinois Department of Public Health since 1995
- 28 lead agencies (LAs), including health departments, FQHCs, and CBOs/hospitals ensure coverage of Illinois's 102 counties
- Evaluation team from UIC SPH has served IBCCP since 2012



IBCCP Evaluation Objectives

Document activities engaged in within the NBCCEDP key strategies

Track changes over time in breast and cervical cancer screening in Illinois

Assess LA activities

Assess outcomes

Document implementation and effectiveness of adopted EBIs

Obtain input and feedback from key communities of focus, partners, and providers

Track changes over time in provider knowledge and engagement in EBIs

Evaluation Activities & Data Sources

Evaluation Activity	Y1	Y2	Y3	Y4	Y5
Screening Outcome Analysis	X	X	X	X	X
BRFSS Analysis: Screening Trends in Illinois		X		X	
Maps: Cancer incidence and mortality		X		X	
Maps: IBCCP-Eligible Populations	X		X		X
Maps: % Screened through IBCCP	X		X		X
Lead Agency Survey		X		X	
Populations of Focus Survey			X		
Provider Survey	X		X		
Interviews with LA Coordinators			X		
Interviews with Partners	X				X
Interviews with Populations of Focus		X		X	
Community Navigation Analysis	X	X	X	X	X

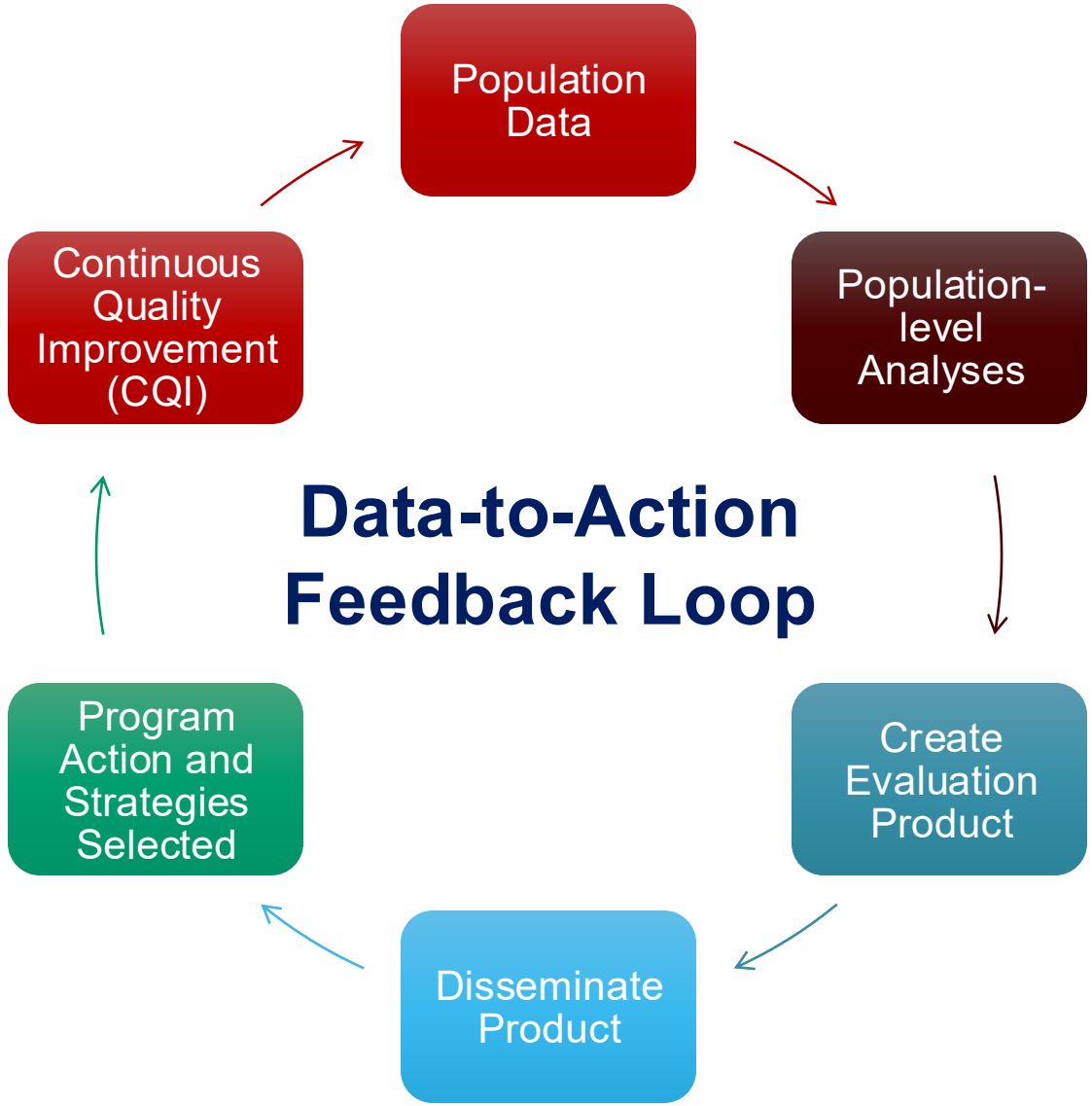
Data Sources

- Minimum Data Elements
- Behavioral Risk Factor Surveillance System
- Illinois State Cancer Registry
- NCI State Cancer Profiles
- Small Area Health Insurance Estimates
- Chicago Health Atlas
- Illinois State Geological Survey
- Program Data
- Primary Data Collection

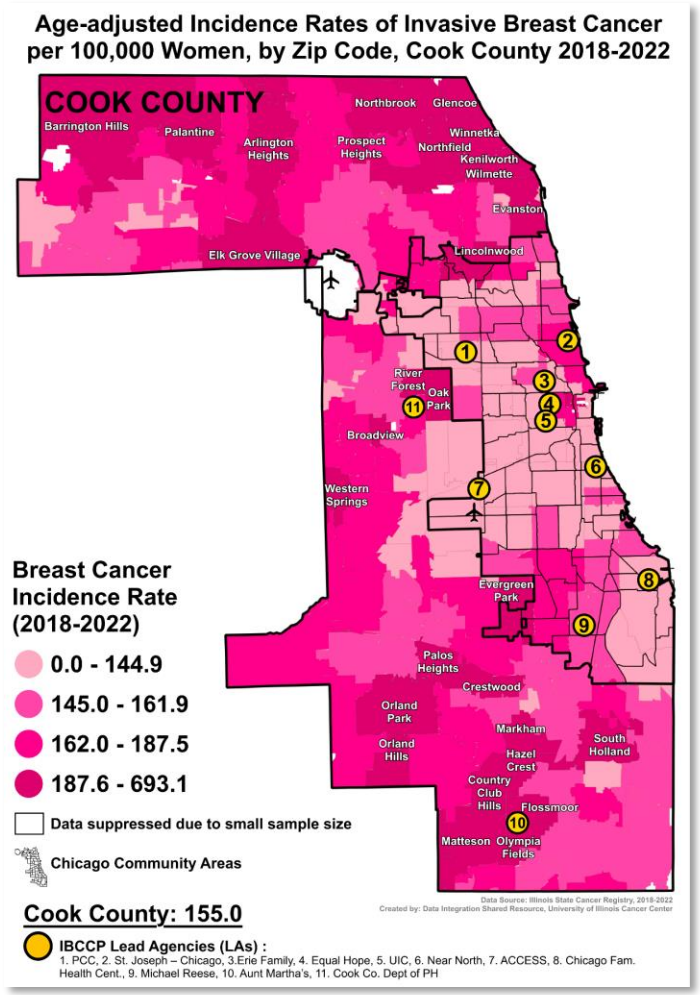
Why We Implement CQI In Our Evaluation Work

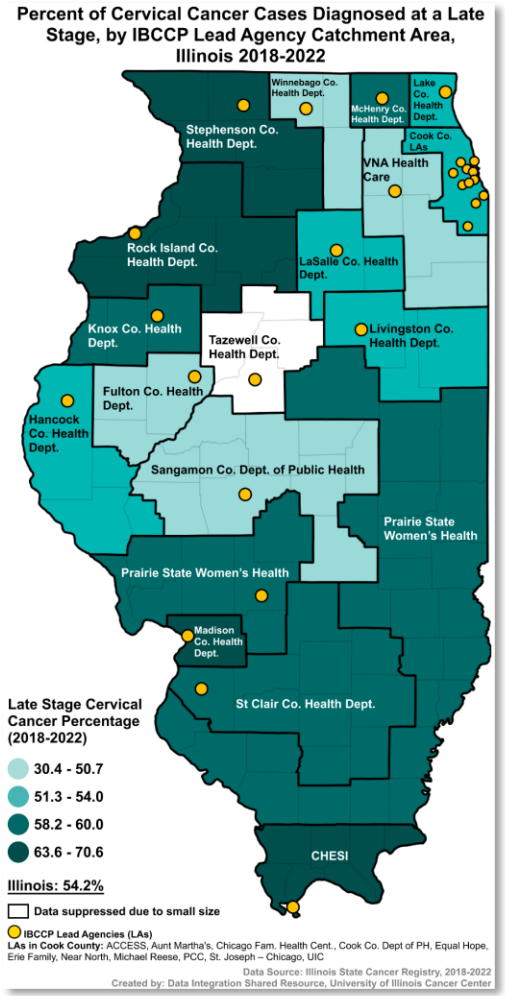
- To be responsive to partners' questions:
  - Where should we focus outreach?
  - Which communities may be experiencing increasing cancer burden?
  - How do we allocate limited resources?

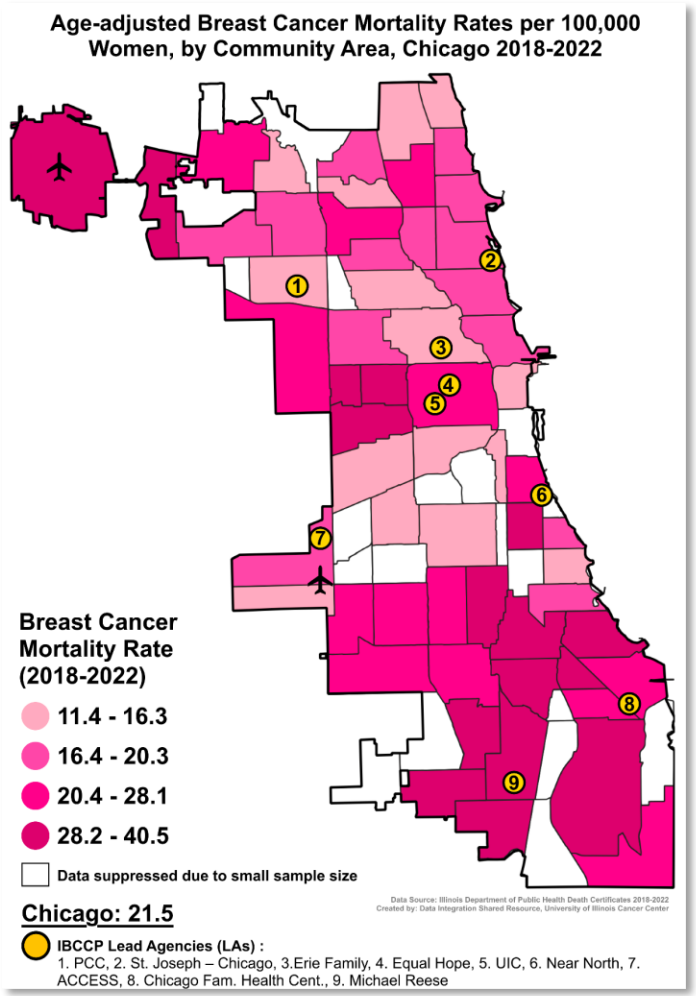
- To turn evaluation data into something that can be used by people making decisions in real time
  - Data used proactively to guide program strategy and activities
  - Analyses are not an endpoint; they are fed directly back into program operations



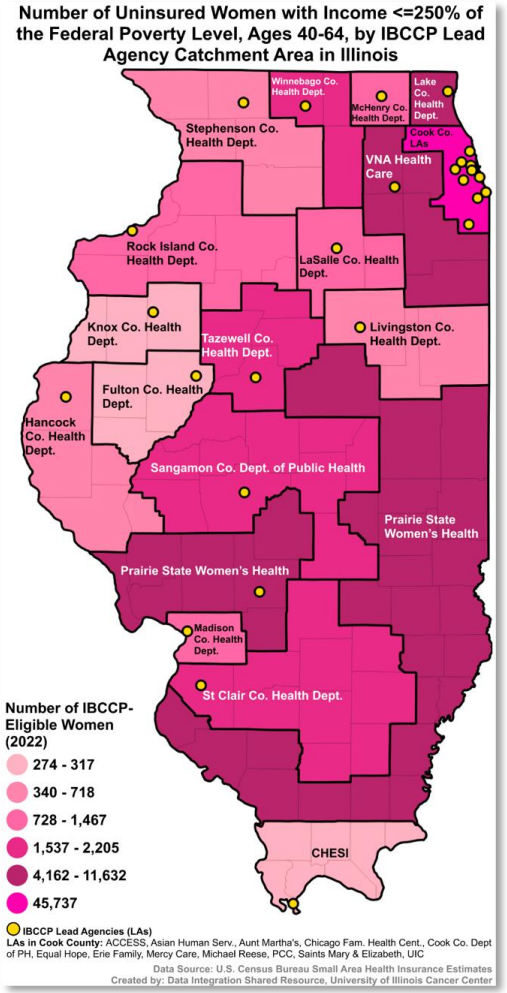
Evaluation Products

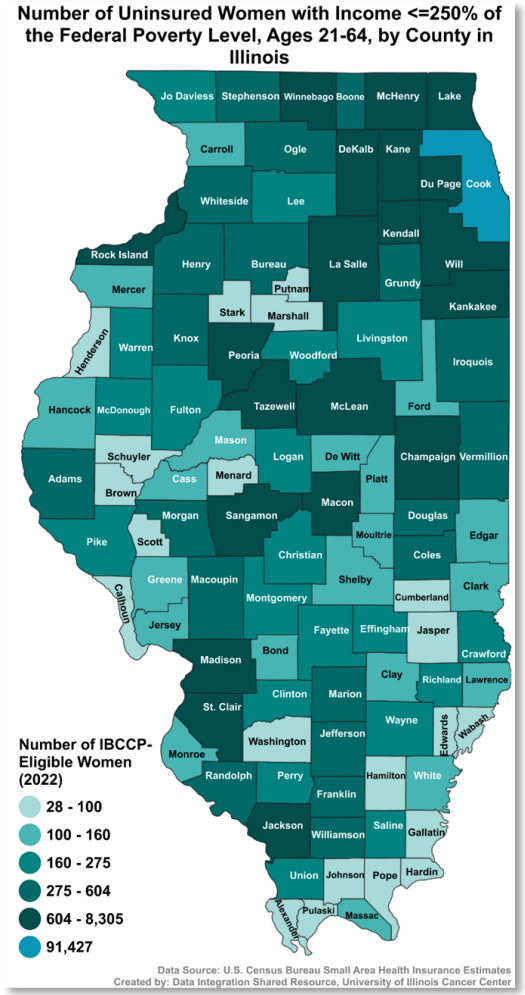


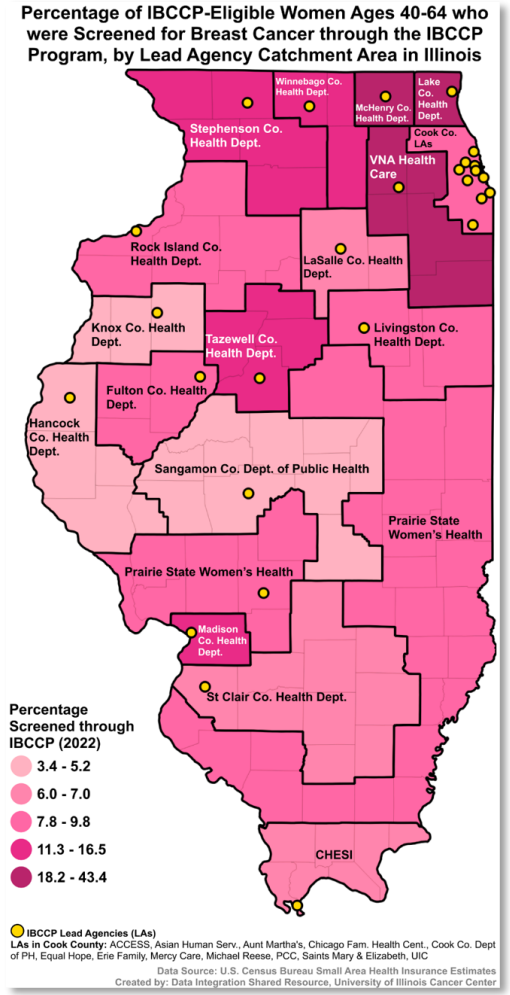




Evaluation Products







How Program Uses Evaluation Products

During community navigators (CNs) training

- To understand local cancer burden and can identify areas with high need
- To be able to explain local needs to community members and partners
- To connect outreach activities to larger population health goals

To support program decision-making and resource allocation

- Used to inform evaluation decisions
- Data-driven conversations drive program clinical providers, and community partners

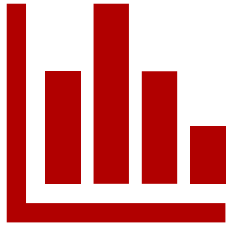
Impact

- Supports efficient use of program and evaluation resources
- Helps justify outreach and screening focus areas
- Program staff are consumers and translators of data, not just recipients of information

Lessons Learned



Keep analyses actionable; evaluation should focus on questions staff can act on



Visualization matters; maps and graphics get used far more than dense reports

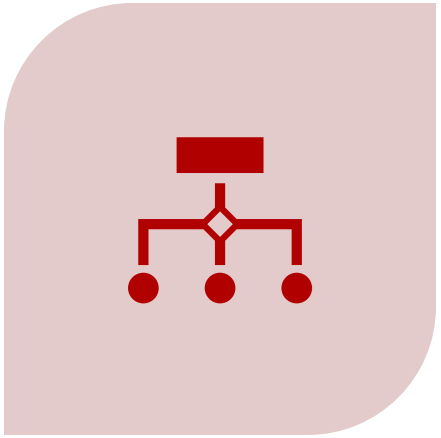


Relationships matter; ongoing conversations with staff ensures products meet actual needs

Key Takeaways



Evaluation supports CQI when there are intentional pathways for findings to inform program decisions and implementation



Evaluators play a unique role in helping programs use data to continually refine where and how they work, and who they reach



Data analysis can be embedded into ongoing program improvement and decision-making

Thank you

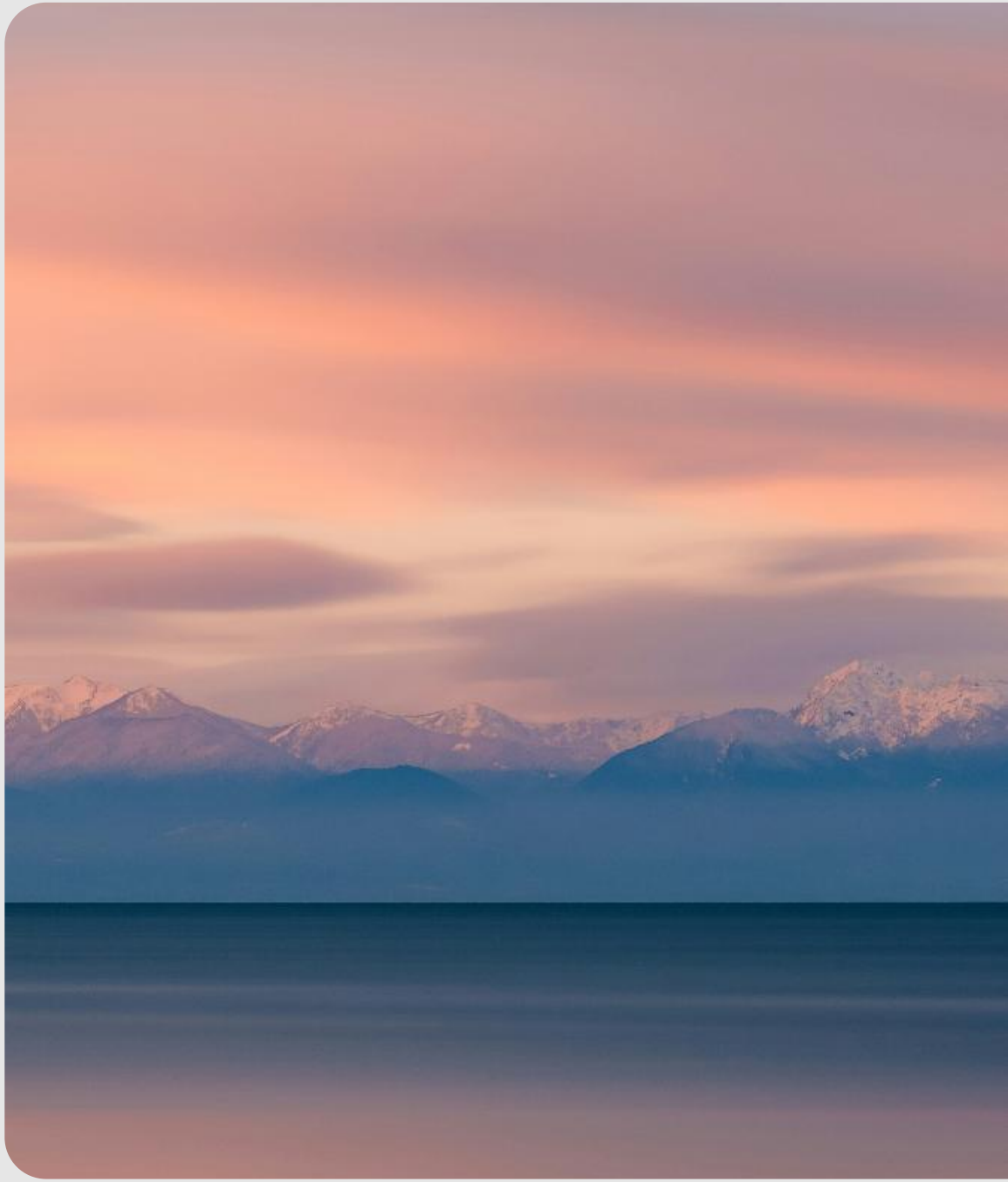
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SEARHC
SOUTHEAST ALASKA REGIONAL HEALTH CONSORTIUM

USING DATA TO IMPROVE ACCESS TO CARE

A Five-Year Quality Improvement Journey in Southeast Alaska

Nicole Chamberlin, RN MSN
SEARHC Breast & Cervical Health Program



SERVICES MAP



Southeast Alaska encompasses approximately **33,500 square miles of land and water**, as well as **18,500 miles of shoreline** comprised of more than **1,000 islands**. With the largest temperate rainforest in the world and surrounded by ice fields, the region is home to more than **70,000 people** living in more than **30 communities**.

REGIONAL HOSPITALS



Mt. Edgecumbe Medical Center

Sitka, Alaska
Population: 8,689
427 employees



Wrangell Medical Center

Wrangell, Alaska
Population: 2,521
116 employees

REGIONAL CLINICS



Vintage Park Campus
Juneau, Alaska
Population: 32,094
94 employees



Haines Health Center
Haines, Alaska
Population: 2,526
76 employees



Ethel Lund Medical Center
Juneau, Alaska
Population: 32,094
140 employees



Alicia Roberts Medical Center
Klawock, Alaska
Population: 5,000
67 employees

THE ACCESS CHALLENGE

Reaching Remote Communities Across Southeast Alaska

- Many communities accessible only by boat or plane
- Several communities have no local mammography services
- Travel can require significant cost, coordination, and time
- Weather can further impact access to care

Women living in remote communities face greater barriers to breast cancer screening





FROM DATA TO ACTION

How SEARHC BCHP Uses QI and EBIs to Improve Access to Care

Continuous Quality Improvement Framework

Plan → Do → Study → Act

At every step we ask:

- Where are barriers occurring?
- What data supports the need for change?
- What intervention should we test?
- Did it improve access?

FROM EVIDENCE TO IMPACT

A Five-Year Quality Improvement Journey



YEAR 1
BRINGING CARE CLOSER TO HOME WITH MOBILE MAMMOGRAPHY

QUESTION

- How do we reduce barriers when communities have no local mammogram services?

EBI/QI ACTIVITY

- Contracted Mobile Mammography Services

LESSONS LEARNED

Bringing screening closer to home significantly improves access

- 206 mammograms were completed through mobile services
- Increased utilization compared to the year prior



YEAR 2
FINDING THE MOST EFFECTIVE OUTREACH STRATEGY

QUESTION

- What is the best way to connect women in remote communities with screening services?

EBI/QI ACTIVITY

- PDSA cycle for patient outreach

LESSONS LEARNED

The method of outreach matters

- Phone outreach was substantially more effective
- Shifted outreach efforts towards direct phone contact to strengthen navigation



YEAR 3
EVALUATING SCREENING MODELS

QUESTION

- For communities without mammography services which model works best?

EBI/QI ACTIVITY

- Patient navigation to promote self-directed screening
- Mammogram events

LESSONS LEARNED

Breast cancer screening volume declined when mobile mammography was not available



YEAR 4
EVALUATING SCREENING MODELS

QUESTION

- For communities without mammography services which model works best?

EBI/QI ACTIVITY

- RN Case Managers conducted targeted outreach aligned with significant community events to promote self-directed screening

LESSONS LEARNED

Utilizing a community approach paired with individualized navigation supports self-directed screening

- Primary barrier was travel
- Most were open to self-directed screening in a different community





YEAR 5
SUSTAINING & SCALING SUCCESSFUL STRATEGIES

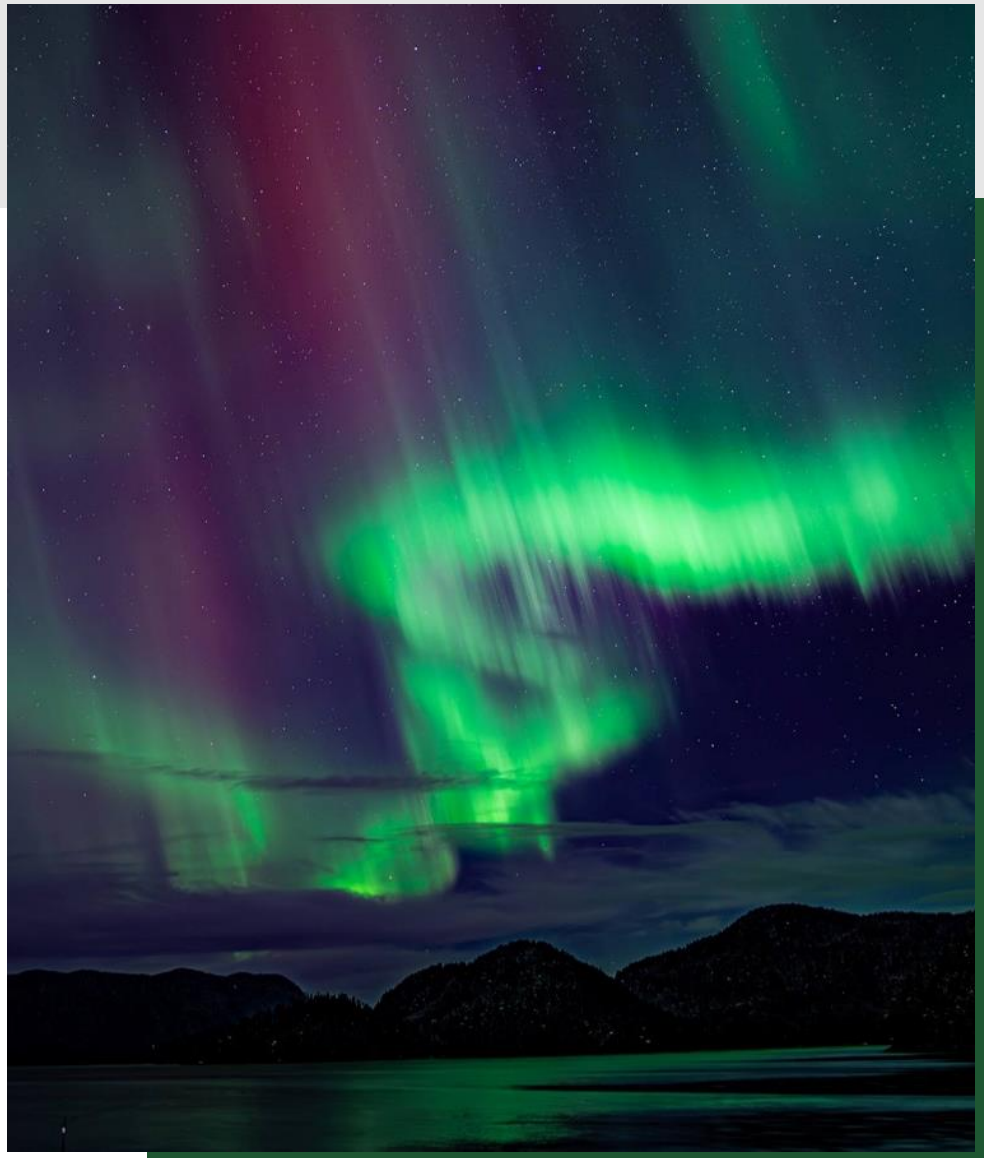
QUESTION

How can we move from isolated improvement projects to sustained systems that routinely identify and reduce barriers to care?

Program Priorities Include

- Continued individualized patient navigation
- Continued strategic outreach timing
- Continuing to partner with SEARHC to expand mammography access with mobile mammography services

KEY TAKEAWAYS



Lessons from the SEARHC Experience

- Data helps identify barriers to care
- Evidence-based interventions work best when evaluated and adapted
- Patient navigation reduces barriers to care
- Mobile mammography remains critical for many rural communities
- Health improves when screening services are designed around the realities of the people we serve

THANK YOU



SEARHC