

## Community Health Care Report

**NAME OF ORGANIZATION:** A Silver Lining Foundation

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**MISSION:** To provide respectful and equal access to cost-free breast health testing through a network of partnerships with community, advocacy and healthcare organizations.

- 1. Identify the high risk/underserved and/or disadvantaged populations in the community(ies) that you serve and describe specifically the actions you have taken, based on relevant assessment data, to increase their accessibility to health services.*

Founded in 2002, A Silver Lining Foundation (ASLF) has evolved from a single outreach program connecting those in need of breast health resources and information to a funder of potentially life-saving breast health testing through five interrelated programs focused on breast health testing, supportive resources and information, and education.

ASLF serves disenfranchised, low income, minority, immigrant and refugee populations. These populations are chronically medically underserved for myriad reasons: the cost of health care and health insurance is out of their reach; restrictions based on age and documentation status; fear of deportation; language barriers; and misinformation.

In the city of Chicago, 20.6 percent (one of 4.8 residents) live in poverty based on data prior to the pandemic. The end of 2020 brought the sharpest rise in the U.S. poverty rate since the 1960s, according to data, with devastating impact on Chicago's already underserved communities. There is little evidence that those impacted are receiving appropriate testing necessary for good health outcomes. One certainty: women faced with income insecurity will forego their own health, including annual screenings, in favor of feeding and housing their families and/or prioritizing their children's health.

Most recent available statistics reflect ASLF's reach to a range of underserved populations: uninsured (90%); underinsured (10%); immigrant (72%); Hispanic (62%); Black (18%); Asian, Arab, Eastern European (<5% each). Further, women seeking assistance from ASLF come from 200+ diverse zip codes comprising underserved communities throughout Chicagoland.

By providing breast health testing through hospital partners, ASLF's bridges the gap regarding access to care. When Illinois went without a state budget from 2016 into 2018, clinics and FQHCs dependent on that funding had to reduce staff and programs and many closed their doors permanently. Those clinics and FQHCs that did survive were unable to deal with increased demand and decreased funding. As ASLF does not

accept federal, state or local government funding there was a resultant increase in the number of referrals from these clients previously served by closed organizations and those whose funding was decreased. Illinois remains a state in fiscal crisis with significant negative impact on funding for social services. Immigrant women are especially vulnerable. A 2018 Commonwealth Fund report states, "...numerous policies and protocols effectively block many immigrants from affordable health insurance coverage, including programs their tax dollars support, and degrade immigrants' considerable contributions to their communities and the nation's economy. Many lawfully present immigrants are ineligible to enroll in coverage through Medicaid during their first five years of legal residency, while undocumented immigrants are largely barred from public coverage overall." Of significance is the "fear factor." Many immigrants eligible to apply for health benefits do not because of fear of being deported.

The vast majority of women seeking assistance from ASLF are immigrants. In 2020, 72 percent of women served by BAMAM identified themselves as immigrant. Additionally, ASLF does not exclude based on testing need or age. Many funded programs provide screening mammograms but not diagnostic testing. Those programs also generally have age requirements; women must be between the ages of 40-65. ASLF has screened from aged 20 to 90. Aside from the systemic issues that exclude these populations from timely and affordable breast health testing and access to education and resources, these populations have been especially hard hit by the pandemic in terms of job/income loss and general health.

In terms of providing information and education, ASLF targets women of all ages and background and specifically targets young women (ages 15-19) in vulnerable communities. When women are taught from an early age proper breast self-exam and to advocate for themselves, they develop a sense of agency over their own health and are encouraged to share that message in their communities.

- 2. Describe specifically the strategies you have used to gather input from high risk, underserved and/or disadvantaged population and their leaders as a basis for programs or service development.*

ASLF works closely with community clinics and organizations that target and refer to the Foundation disenfranchised, low income, minority, immigrant, and refugee populations. ASLF thoroughly and continuously vets partner hospitals to ensure all women are treated with dignity and respect and receive the same treatment as privately insured patients. ASLF also works with many community organizations which, prior to the pandemic, invited us to speak at events throughout Cook County. Many of these events occurred annually allowing ASLF to be kept up to date regarding what is happening within a given community and to connect directly with leaders in those communities to assess need. When such events can safely resume, so will ASLF's participation. Language barriers are addressed with bilingual (Spanish) ASLF employees to meet the needs of the majority Hispanic women seeking assistance, as well as volunteers and/or community partners who provide bilingual support for the breast health testing programs

in Polish, Arabic and Asian languages. In selecting hospital partners, ASLF ensures the hospital has strong roots in its community and appropriate resources to serve that community.

- 3. Describe specific partnership with other providers and community-based organizations to promote continuity of health care for high risk/underserved and/or disadvantaged populations.*

ASLF has developed a network of referral sources and partnered with 15 area hospitals that administer breast health testing. These relationships have grown over the life of the Foundation and will continue to do so to meet evolving community need.

Hospital partners are selected in part for their proximity to and experience serving underserved communities throughout Chicagoland. ASLF's 15 partner hospitals are Advocate Christ Medical Center; Advocate Illinois Masonic Medical Center; Holy Cross Hospital; Ingalls Health System; AMITA Health Holy Family Hospital; AMITA Health Saint Francis Hospital; AMITA Health Saint Joseph Hospital (Elgin); Mercyhealth; Roseland Community Hospital; Saint Anthony Hospital; Mount Sinai Hospital; South Shore Hospital; Swedish Hospital; UI Health; West Suburban Medical Center.

ASLF's collaborations include health service providers (hospitals, FQHCs, clinics) and community organizations/partners providing health information, education and support services, all referring directly to ASLF. Areas/populations served by these partners are far reaching: Access Community Health Network, Asian Family Services, Greater Elgin Clinic, Helping Her Live, Old Irving Park Community Clinic, Mile Square Health Center, Centro de Salud, Lawndale Christian Health Center, Metropolitan Family Services, PCC Salud, Touhy Medical Center and VNA provide health services, including clinical breast exams, to low-income, uninsured minorities, immigrants and refugees throughout Chicago. Sisters Working It Out and Resurrection Lutheran Church reach out to people in some of Chicago's poorest Black communities. Hanul Family Alliance provides social and health services to Korean immigrants. The American Cancer Society, Gilda's Club Chicago, Imerman Angels, 311 City Services, Wellness House at Mile Square Clinic, NBC Chicago, WGN-TV, WLS-TV, Telemundo Chicago, and WGN 720AM provide awareness of and access to quality, culturally and linguistically appropriate breast health information, education and support services.

- 4. Provide two examples of how you have used the community-oriented approach to program development specified in the attached principles to develop a program of service for high risk/underserved or disadvantaged populations specified in the guidelines. Include in each description components of the current program and the following quantitative information for the most recent year available:*

*Number of clients served*

*Total amount budgeted by your organization for the program*

*Percent that program budget is of total agency budget*

*Percent of program budget that is directly reimbursed by third party payers*  
*Percent of program budget that is covered by public/private grants*

ASLF's **breast health testing programs** fund cost-free screening mammograms and diagnostic testing (diagnostic mammogram, ultrasound, breast MRI, and biopsy) when indicated. **Buy A Mom A Mammogram® (BAMAM)** funds the full spectrum of breast health testing for women (and men) who are uninsured, underinsured and/or ineligible for other breast health testing programs. An interrelated program, **Survive to Thrive** provides breast health testing and information based on the unique needs of breast cancer survivors. To administer breast health testing, ASLF partners with 15 hospitals located in diverse communities throughout the greater Chicagoland that are well resourced to serve vulnerable populations. Should there be a diagnosis of breast cancer, these partner hospitals ensure that anyone coming through ASLF's programs will receive cost-free treatment via public programs or the hospital's charity care programs. BAMAM was created in 2006 in response to community need. Increasing numbers of women were contacting ASLF seeking support to fund their screening mammograms. Learning there were limited options available, ASLF launched the BAMAM program to bridge this gap and subsequently added diagnostic testing for those women whose screening mammograms indicated further review. Survive to Thrive is an outgrowth of BAMAM, again responding to community need and request and recognizing that breast cancer survivors have unique needs when it comes to breast health testing.

- Number of clients served - since 2006, nearly 29,000 women (and men) have received information about and access to cost-free breast health testing
- Total amount budgeted by your organization for the program - as stated in our annual report, 70% of expenses (\$931,632) goes to programming.
- Percent that program budget is of total agency budget – 70%
- Percent of program budget that is directly reimbursed by third party payers – 0%
- Percent of program budget that is covered by public/private grants – 12%

Understanding the impact of health advocacy is multigenerational, ASLF developed **Keep aBreast**, an in-person multimedia presentation that includes a candid discussion among breast cancer survivors, educators and young women and teaches young women proper breast self-exam and to advocate for their health. If women are trained early to check their breast tissue, learn the signs of a potential problem and spread the information among family and community members, many lives could be saved. An estimated 12,000 young women are diagnosed with breast cancer annually in the United States and, every year, approximately 1,000 women under age 40 die from breast cancer. Nearly 80 percent of young women diagnosed with breast cancer find the breast abnormality themselves. By targeting young women in vulnerable communities early, ASLF is helping them develop a sense of ownership regarding their health outcomes. Additionally, we have learned these young women also serve as educational and cultural conduits in their respective communities as a result of what they have learned. Prior to the pandemic, this program has been presented at multiple high schools and community centers. It has expanded to include additional generations of

women at specifically identified gatherings. Given current COVID-19 restrictions, this program has been placed on temporary hold as ASLF explores avenues to create a virtual version of the presentation, which will enable the program to broaden its reach long-term.

- Number of clients served – 500+ annually (prior to the pandemic)
- Total amount budgeted by your organization for the program - \$5,000 annually
- Percent that program budget is of total agency budget - >1%
- Percent of program budget that is directly reimbursed by third party payers – 0%
- Percent of program budget that is covered by public/private grants – 100% private grant