

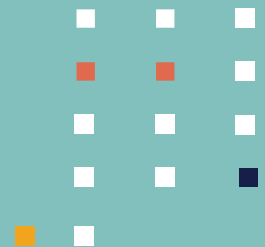
**RADIOLOGY HEALTH
EQUITY COALITION**



Community Outreach Guide

Positively impacting healthcare equity in radiology

Commit to Act



**RADIOLOGY HEALTH
EQUITY COALITION**



Contents

- Welcome 3
- Introduction to Community Health Outreach 4
- Disparities in Medical Imaging Access 5
- Making an Impact With Clinical Trials 8
- Resources to Address Barriers to Equitable Care 9
- Health Equity: A Collaborative Aim 10
- Roadmap to Collaboration 13
- Community Health Outreach Success Stories 14
 - Lung Screening in an Urban Setting 14
 - RAD-AID USA Women’s Health Access Program 15
 - Translated for Care 16
 - Improving Access for Women 17
 - Radiologists Partner With FQHCs 18
- Acknowledgements 19

Welcome

The need to positively impact health equity in radiology has never been greater.

While healthcare disparities have been with us for many years, the COVID-19 pandemic has magnified the disproportionate numbers of minorities and rural residents in the U.S. affected by barriers to care.

The inequities in radiologic care are staggering.

According to recent research published in the Journal of the American College of Radiology, 72% of racial and ethnic minority patients are not able to obtain the diagnostic imaging they need.¹

We're committed to act.

Eight major radiology organizations have come together to form the Radiology Health Equity Coalition. Our vision: to positively impact healthcare equity in the radiology arena and beyond.

Now.

This Community Outreach Guide shares actionable tools and resources to empower radiology professionals to drive improved outcomes for those impacted by healthcare disparities.

Get Started



“

Radiologists can and should play a leadership role in ensuring high-quality imaging care for all people, in screening, diagnosis, treatment planning and monitoring, and image-guided and interventional radiology treatments.”

Robert S. Pyatt Jr., MD, FACR

Chair of the American College of Radiology® (ACR®) Commission on General, Small, Emergency and/or Rural Practice

Member, Radiology Health Equity Coalition Workgroup on Community Health Outreach

Introduction to Community Health Outreach

Many individuals don't have access to the healthcare they need — and the gap is widening for those in disadvantaged communities. The COVID-19 pandemic magnified the disproportionate numbers of minorities and rural residents in the U.S. affected by barriers to care.

We are coming together to do something about it.

If we work together to connect people with the health resources they need, we can help residents take control of their health and improve the well-being of our entire community.

That's what community health outreach is all about. And it's especially critical for those impacted by regional, racial and economic-related healthcare disparities.

Radiologists have a critical role to play in closing the gaps.

Medical imaging impacts most patients at some point in their care journey. So, our specialty has the unique potential to be a unifying change agent across an inequitable healthcare system.

Radiologists can and should play a leadership role in ensuring high-quality imaging care for all people, in screening, diagnosis, treatment planning and monitoring, and image-guided and interventional radiology treatments.



“

The ACR, RSNA and our fellow coalition members recognize that radiologists are uniquely positioned to help eliminate disparities in healthcare, because medical imaging touches most patients at some point. Our consultative role across the care process, and particularly in medical education, creates an opportunity to drive systemic change to achieve consistent, high-quality and equitable care for all.”

Jinel A. Scott, MD, MBA

Radiological Society of North America (RSNA) Member Representative to the Radiology Health Equity Coalition



Disparities in Medical Imaging Access

Life expectancy is three years shorter, and heart disease, cancer and stroke death rates are significantly higher in rural areas than metropolitan areas.²

About 60 million people — or 20% of all individuals — live in rural areas, where they face unique access-to-care issues, such as lack of primary care doctors and specialists, lack of transportation and long drives to doctor's offices.³

22% of those in rural areas live within 30 minutes of a lung cancer screening center vs. 83% in urban areas.⁴

²<https://www.ruralhealthinfo.org/topics/rural-health-disparities#causes>

³<https://www.census.gov/library/stories/2017/08/rural-america.html>

⁴<https://pubmed.ncbi.nlm.nih.gov/30289107/>

72% of racial and ethnic minority patients are not able to obtain the diagnostic imaging they need.⁵

White patients received imaging during **51.3%** of their emergency room visits, whereas **black patients received imaging only 43.6% of the time.**⁶

39% of U.S. women without health insurance had a mammogram in the past two years vs. **75% of those with health insurance.**⁷



⁵Patient Race or Ethnicity and the Use of Diagnostic Imaging: A Systematic Review; Colwell, Narayan, Ross; February 22, 2022DOI: <https://doi.org/10.1016/j.jacr.2022.01.008>

⁶Schrager J.D., Patzer R.E., Kim J.J., et al. Racial and ethnic differences in diagnostic imaging utilization during adult emergency department visiting in the US, 2005-2014. *J Am Coll Radiol.* 2019; 16: 1036-1045

⁷<https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/breast-cancer-facts-and-figures/breast-cancer-facts-and-figures-2019-2020.pdf>

Hispanic women are 40% more likely to be diagnosed with cervical cancer, and **20% more likely** to die from it compared to non-Hispanic white women.⁸

Black women are **42% more likely to die from breast cancer** than white women.⁹

Black men are 52% more likely to die from colorectal cancer than white men.⁹

Black Americans with diabetes are **three times more likely** to have a limb amputated than others.¹⁰

Asian Americans are **twice as likely** to die from stomach cancers, eight times more likely to die from hepatitis and have a tuberculosis rate more than **30 times higher** than white Americans.¹¹



⁸<https://www.itnonline.com/content/hologic-launches-20m-initiative-tackle-racial-disparities-healthcare>

⁹<https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/cancer-facts-and-figures-for-african-americans/cancer-facts-and-figures-for-african-americans-2016-2018.pdf>

¹⁰<https://features.propublica.org/diabetes-amputations/black-american-amputation-epidemic/>

¹¹<https://www.healthgrades.com/right-care/symptoms-and-conditions/8-conditions-with-higher-risk-for-asian-americans>

Making an Impact With Clinical Trials

One approach for improving health equity is to ensure that clinical research is more inclusive. It is well documented that making clinical trials more accessible to marginalized groups results in improved health outcomes for medically underserved populations.

TMIST Trial Minority Recruitment: A Health Equity Step Forward

Among the fastest growing National Cancer Institute (NCI)-sponsored trials of the COVID-19 era, the Tomosynthesis Mammographic Imaging Screening Trial (TMIST) is more than halfway to its recruiting goal of 128,905 participants. Yet, more sites and participants are needed.

Among the more successful large clinical trials ever at attracting Black participants, more than 20% of U.S. women in the study are Black. This growing rate is far higher than the average Black cohort in [NCI-funded trials](#) (9%).

TMIST is the first randomized trial to study whether digital breast tomosynthesis ([DBT](#)) may outperform (2D) [digital mammography](#) in reducing advanced breast cancers — those more likely to kill women. The study is also creating the world's largest curated dataset of breast cancer screening clinical data, images and biospecimens to help researchers

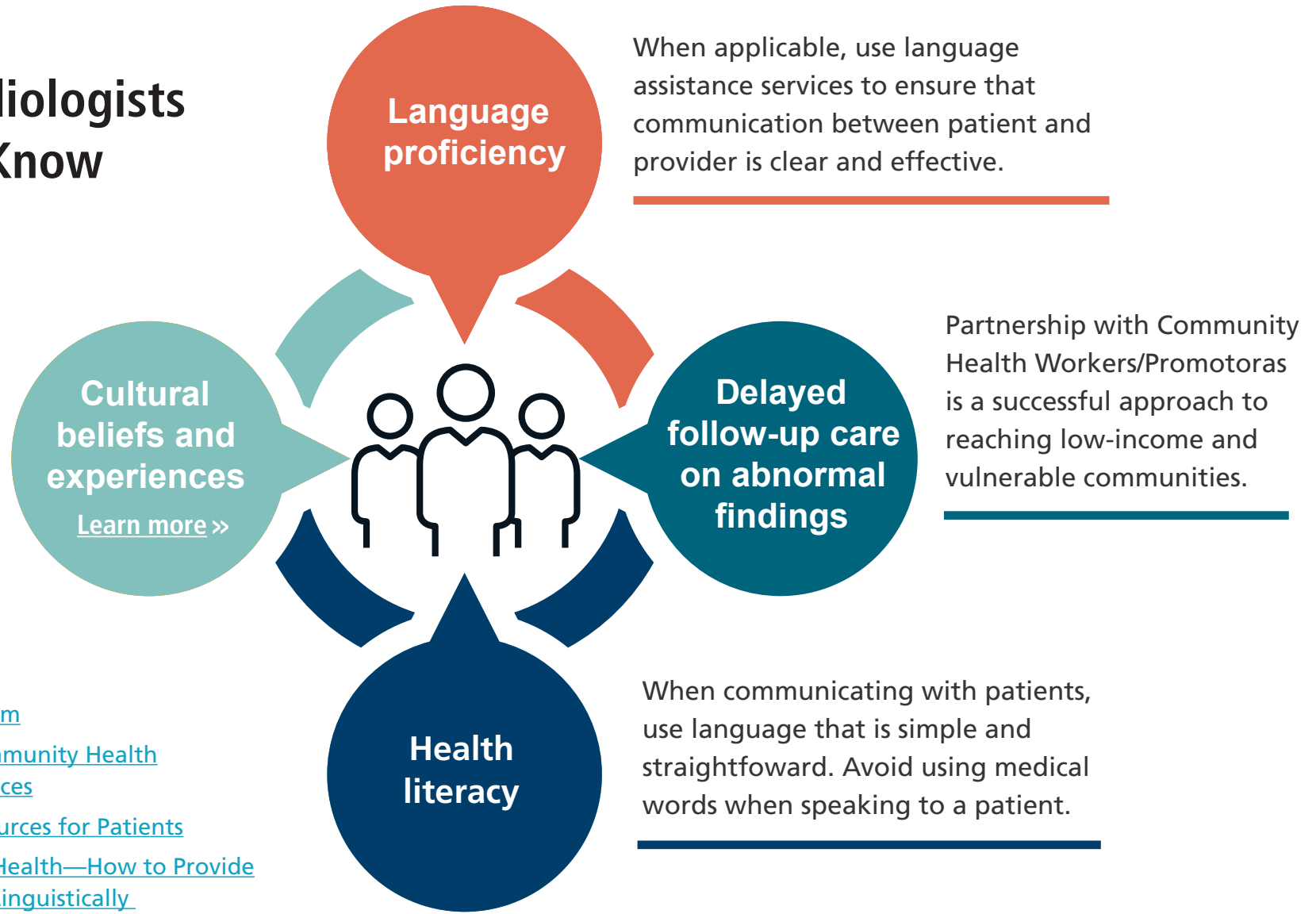
tailor future screening to a woman's individual risk. TMIST pays for mammography screening for women who qualify for charity care at a participating site, enabling screening of more women from underserved groups and areas.

Practices with tomosynthesis and digital mammography interested in taking part in TMIST should visit acr.org/TMIST, read this [card](#), watch this [video](#) and contact TMIST staff at tmist@acr.org.



Resources to Address Barriers to Equitable Care

What Radiologists Need to Know



Resources

- [AMIGAS Program](#)
- [Promotora/Community Health Workers Resources](#)
- [Radiology Resources for Patients](#)
- [Think Cultural Health—How to Provide Culturally and Linguistically Appropriate Services](#)
- [Think Cultural Health—RESPECT Model](#)

Health Equity: A Collaborative Aim

Partnerships are strategically vital for radiology organizations to embrace as they work towards expanding medical imaging access to underserved populations. Since medical imaging touches all areas of healthcare delivery, it makes sense that radiology plays a critical role in creating an equitable healthcare environment for all patients.

Partnering with a community health organization can be a mutually beneficial relationship for the radiologist, community health entity, and most importantly, patients. Agreeing to partner with an organization is not difficult, however, developing a sustainable collaborative relationship requires forethought, communication and transparency. Understanding the purpose of a strategic alliance is a critical preliminary step.

A partnership with a community health organization:

- Mobilizes expertise, resources and core strengths to enhance quality care for underserved patient populations.
- Develops a sustainable model to diminish health inequities.
- Removes duplication of efforts.



“

Since medical imaging touches every facet of patient care, it is vital that we address and rectify the issues surrounding barriers to radiologic care for patients. One way that radiologists can help advance health equity is to help implement strategies that can impact their community, and this could be accomplished by partnering with local community health organizations.”

Jade Anderson, MD

American Medical Association Section Council on Radiology Member
Representative to the Radiology Health Equity Coalition

Characteristics of a Successful Partnership

Successful Partnership	Unsuccessful Partnership
Goals and objectives for each partner are clear and specific.	Goals are not defined; lack of clarity for shared purpose.
Governance and decision-making structure are established.	Boundaries and roles are not established.
Information sharing among stakeholders is frequent and substantive.	Communication and engagement among stakeholders is infrequent and sparse.
Flexibility in the partnership is embraced.	Not allowing for flexibility in the partnership.
Partnership is mutually beneficial.	Complementary strengths of each partnering organization are not identified.
Partnership agreements are carefully written and articulated.	Partnership agreements are vague.

Partnership Opportunities and Resources

[RAD-AID USA Women’s Health Access Program](#)
[Imaging for a Cause](#)

Imaging for a Cause is a non-profit foundation that coordinates communication between imaging centers and Federally Qualified Community Health Centers.

Partnership Assessment

Radiology Organization Partnership Readiness Assessment (ROPRA).

This tool can serve as a helpful guide for assessing your organizational readiness for community health partnering, defining your organization’s goals and selecting prospective partners.

Community Health Centers

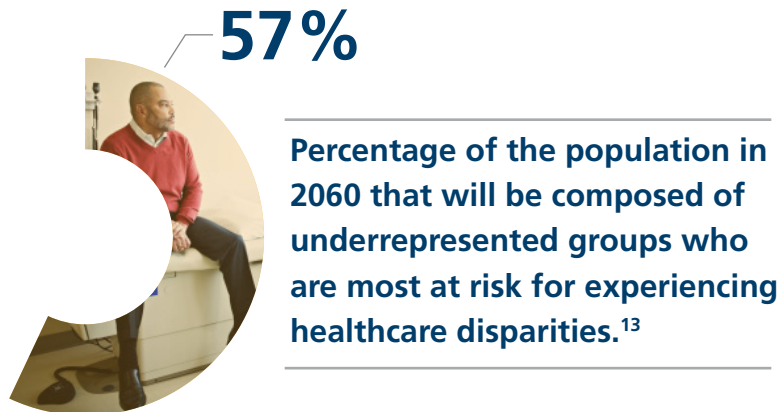
Health centers are community-based and patient-focused programs that offer comprehensive primary care to medically underserved individuals. Health centers typically provide access to integrated care and are uniquely structured to deliver coordinated care to patients in areas where geographic, cultural and economic barriers exist.

Federally Qualified Health Centers (FQHC)

- Health centers that receive federal funding from the Health Resources and Services Administration (HRSA).
- Must adhere to strict guidelines and must incorporate a sliding fee schedule.
- Community-focused and patient-centered. Types of Community Health Centers include Migrant Health Centers, Health Care for the Homeless and Health Centers for Residents of Public Housing.
- Governed by a board that is made up of a majority of patients (>51%).

FQHC Resources

- National Association of Community Health Centers®
[What is a Community Health Center](#)
- [Find a Health Center](#)
- [State and Regional Primary Care Association](#)
- [National Association of Community Health Centers](#)



- [Association of Asian Pacific Community Health Organizations](#)
- [Association of Clinicians for the Underserved](#)
- [State Level Health Center Data & Maps](#)
- [National Association of Community Health Centers Key Facts by State](#)
- [Key Health Center Data by State](#)
- [Creating Effective Hospital Community Partnerships to Build a Culture of Health](#)

Other Community-Based Organizations

In addition to Community Health Centers, there are a variety of community-based organizations that provide care to underserved groups. A great example is the Primary Care Coalition, a non-profit health organization located in the Greater Washington, DC area. PCC is a nonprofit healthcare organization that coordinates care for medically underserved populations in Montgomery County and Prince George’s County, MD. PCC aggregates funds to pay

for ancillary care for approximately 30,000 adults and children. Furthermore, PCC works with 10 clinics, including three FQHCs in the Greater Washington, DC area. Project Access, a PCC program, helps patients get easy access to specialty care including radiology.

This program has done a remarkable job building partnerships with radiology practices and departments in the Montgomery County, MD area. Their successful partnerships are attributed to negotiating a reduced payment rate for imaging services on behalf of their patients. Project Access is one of a multitude of nonprofit health organizations that have leveraged partnerships to achieve equitable care for all patient populations.

State and Regional Community Health Resources

- [State and Regional Primary Care Associations](#)
- [State Level Health Center Data & Maps](#)
- [State Level Health Center Data & Facts](#)

National Community Healthcare Organizations

- [National Association of Community Health Centers](#)
- [Association of Asian Pacific Community Health Organizations](#)
- [Association of Clinicians for the Underserved](#)

Local Health Department Directory

- [National Association of County and City Health Officials](#)
- [State Associations of County and City Health Officials \(SACCHO\)](#)

¹³Maldonado M., Fried E., DuBose T., et al. The role that graduate medical education must play in ensuring health equity and eliminating health care disparities. *Ann Am Thorac Soc.* 2014; 11:603-607

Roadmap to Collaboration



Know your organization's strengths and weaknesses.

Before you reach out to a community organization, you must honestly assess your organization's needs and gaps. This assessment will help your organization identify limitations assets in your practice and in turn, provide a clear idea of what imaging services your practice/institution can offer to the community health organization.



Identify key stakeholders.

Organizations in the community that serve medically underserved populations.
Research organization's goals and determine if it aligns well with your health equity goals.



Build trust through engagement and clear objectives.



If both parties agree to work together, develop a partnership agreement.



Make initial outreach to the community health organization.



Community Health Outreach Success Stories

Lung Screening in an Urban Setting

Radiologists in the Bronx lead a lung cancer screening program targeting an underserved, high-risk urban population.

Key Takeaways

- Inspired by the results of the National Lung Screening Trial, physicians at Montefiore Health System collaborated across disciplines to develop a lung cancer screening program to reduce mortality rates in their high-risk population.
- Screening program directors meet regularly with referring physicians throughout the hospital network to raise awareness and build trust.
- With automated enrollment forms and follow-up reminders in the electronic medical record system, the screening program reduces the burden of patient management for referring physicians.



[READ THE FULL CASE STUDY >>](#)

September 2019

Case Study: Lung Screening in an Urban Setting



Radiologists in the Bronx lead a lung cancer screening program targeting an underserved, high-risk urban population.

By Brooke Bilyj

Key Takeaways:

- Inspired by the results of the National Lung Screening Trial, physicians at Montefiore Health System collaborated across disciplines to develop a lung cancer screening program to reduce mortality rates in their high-risk population.
- Screening program directors meet regularly with referring physicians throughout the hospital network to raise awareness and build trust.
- With automated enrollment forms and follow-up reminders in the EMR system, the screening program reduces the burden of patient management for referring physicians.

David Feliciano's friend went to the doctor for what he thought was just a cough, but imaging revealed something much more serious: Stage 4 lung cancer. "By the time he finally got his lungs checked, it was too late, and four months later, he was gone," Feliciano says.

Feliciano, himself a former smoker, learned a valuable lesson from his friend's results: Lung cancer typically doesn't present symptoms until the advanced stages, when the disease is more difficult to treat and nearly impossible to cure. "You don't want to wait until you have symptoms to find out you need treatment. You want to catch it right away," says Feliciano, who smoked for 40 years. "That's why I get checked every year."

When it comes to lung cancer, early detection is lifesaving. Three-fourths of lung cancer cases aren't diagnosed until the disease has spread, reducing the five-year survival rate to just 5%.¹ But if lung cancer is detected early, the five-year survival rate can be as high as 90%.² Lung cancer screening programs, like the one Feliciano is enrolled in at Montefiore Health System in New York, aim to increase survival by catching lung cancer early.

"We have systems like mammography to detect breast cancer and colonoscopy to detect colon cancer, but lung cancer always lacked a screening pathway until we introduced low-dose CT (LDCT)," says Chirag D. Shah, MD, director of the pulmonary and critical care fellowship at Montefiore. "With a framework for lung cancer screening, we can really impact patient care."

Montefiore is located in the Bronx, which has the second-highest smoking rate of New York City's five boroughs. The hospital's screening program targets an ethnically diverse, underserved urban population at high risk for lung cancer. Since Montefiore's program launched in December of 2012, the system's radiologists have screened more than 2,200 patients and detected 55 cancers — about half of them Stage 1 and 2 lung cancer.



Linda B. Haramati, MD, MS, FACR, director of cardiothoracic imaging, and Andrea C. Furlani, MD, a cardiologist and future radiologist, review a chest scan at Montefiore Health System.

"Early stage disease is the most likely to be cured," says Linda B. Haramati, MD, MS, FACR, director of cardiothoracic imaging at Montefiore, who spearheaded the program's development. "By participating in a screening program, people with a smoking history have an opportunity to get ahead of lung cancer and seek life-saving treatment."

Support for Screening

In 2011, the National Cancer Institute published the findings of the [National Lung Screening Trial \(NLST\)](#), which established the evidence to support lung cancer screening. The results revealed that annual LDCT screening could lead to a 20% reduction in lung cancer mortality rates, compared to standard chest X-rays.³

Around the same time, the Centers for Medicare and Medicaid Services selected Montefiore as one of 32 [Pioneer Accountable Care Organizations \(ACO\)](#). Under this model, Montefiore focused on providing enhanced care coordination and illness prevention for Medicare beneficiaries, so its administrators instantly saw the lung cancer screening program as a way to meet these goals and improve patient outcomes related to lung cancer. "Montefiore had just become an ACO, so it was a propitious moment to get everyone on board with

Continued on next page

Want more great examples of practice innovations? Visit www.acr.org/Case-Studies


RAD-AID USA Women’s Health Access Program

RAD-AID is a nonprofit charity (501c3) bringing radiology to medically underserved communities since 2008. The RAD-AID USA Women’s Health Access Initiative enhances breast and cervical cancer outcomes in underserved women by improving access to screening and diagnostic services.

Key Takeaways

- Disparities along racial lines in breast and cervical cancer outcomes are a preventable, yet undeniable truth in the U.S. Compared to White women, Black women with breast cancer are more likely to be diagnosed at a younger age, with more aggressive tumors and at a later stage.
- RAD-AID developed a resource-appropriate, sustainable strategy at pilot sites to reduce breast and cervical cancer disparities across the U.S.
- The program improves linkage to clinical care by integrating community and nursing navigation support to reduce the impact of structural barriers on women’s health.
- With partnership from local community organizations, the program supports community navigation to enhance the pipeline of accessible resources needed to reduce systemic barriers to care, such as lack of transportation or childcare support.

[LEARN MORE ABOUT THE INITIATIVE »](#)




A Nonprofit Public Service
RAD-AID.org
Radiology serving the world

SIGN UP FOR E-NEWS

DONATE

HOME
WHO WE ARE
WHAT WE DO
WHERE WE WORK
RESOURCE CENTER
PARTNERS
CHAPTERS


RAD-AID USA Women’s Health Access Program



RAD-AID and Breast Care for Washington (BCW) launching mobile 3D mammography for underserved areas of the DC metropolitan area, with support from Hologic.

Death rates from breast and cervical cancer are disproportionately high among women of color in the United States (Source: CDC). RAD-AID is teaming up with **Hologic** and **Black Women’s Health Imperative** (BWHI) to deliver innovative multidisciplinary women’s healthcare, including public health outreach, nursing and community navigation, breast and cervical cancer screening, radiology, and other medical services for women of color in the United States.

Mary’s Story
Share



Watch on
YouTube

Under Dr. John Scheel’s leadership of this initiative, our evidence-based approach will deliver breast cancer screening and diagnostic services in regions of the United States where healthcare inequalities disproportionately impact women of color. Our solution will serve patients by mobilizing RAD-AID’s 12,000+ volunteer radiologists, technologists, nurses, radiation oncologists/therapists, IT-professionals, health (nurse and community) navigators, and public health specialists for new service models that overcome racial barriers. [Apply here to Volunteer.](#)

Translated for Care

Radiologists create a translation tool that increases efficiency and improves the patient experience for greater health equity.

Key Takeaways

- Radiologists at Massachusetts General Hospital (MGH) leveraged artificial intelligence to develop a translation tool to enhance care and improve health equity among non-English-speaking patients.
- The web-based tool delivers common imaging exam instructions, such as “hold your breath,” in Spanish, and soon other languages, at the push of a button.
- Since MGH deployed the tool, preliminary data shows that exam times are more predictable for standard chest X-rays while enhancing the patient experience.

[READ THE FULL CASE STUDY >>](#)

March 2021

Case Study: Translated for Care



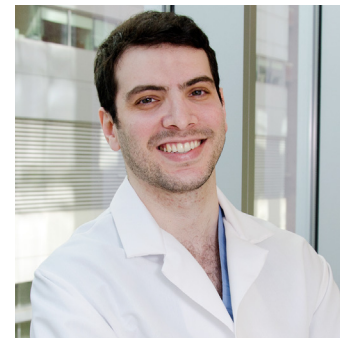
Radiologists create a translation tool that increases efficiency and improves the patient experience for greater health equity.

Key Takeaways:

- Radiologists at Massachusetts General Hospital (MGH) leveraged artificial intelligence to develop a translation tool to enhance care and improve health equity among non-English-speaking patients.
- The web-based tool delivers common imaging exam instructions, such as “hold your breath,” in Spanish and soon other languages at the push of a button.
- Since MGH deployed the tool, preliminary data shows that exam times are more predictable for standard chest X-rays while enhancing the patient experience.

By Jenny Jones

During imaging exams, technologists often provide directions about how patients should position themselves to ensure the best image acquisition and quality. But when language is a barrier, providing optimal patient care can be difficult. While in-person translators and telephone-based translation services can help, connecting with those services can sometimes slow down care. It's a challenge the radiology team at Massachusetts General Hospital (MGH) has overcome with development of an web-based translation app that it is sharing with other specialties and healthcare institutions to help improve patient care across the country and around the world.



Marc D. Succi, MD, emergency radiologist and founder and executive director of MGH's MESH Incubator, led development of RadTranslate to help technologists communicate with non-English speaking patients.

MGH radiologists created **RadTranslate™**, a web app that currently delivers imaging instructions in Spanish, Mandarin, and Portuguese — the three most-common languages, after English, that MGH patients speak — after the radiology team at the MGH Chelsea HealthCare Center indicated that they struggled to communicate with members of the predominantly Spanish-speaking community, particularly during the initial COVID-19 surge in early 2020. Research shows that COVID-19 disproportionately impacts non-white and non-English-speaking people in the U.S.¹

“Chelsea is located just across the river from Boston and has about 40,000 residents, upward of 70% of whom speak Spanish,” says Patricia Daunais, operations manager for MGH Health Center Imaging. “At Chelsea HealthCare, some of us can navigate a few key phrases in Spanish, such as *hold your breath*, but the language barrier became pronounced during the initial COVID-19 surge. Patients were so sick that they were unable to comprehend what we were trying to say and waiting for a translator caused care delays.”

Members of the radiology department's Diversity, Equity, and Inclusion (DE&I) Committee, which includes radiologists and staff, and MGH's **Medically Engineered Solutions in Healthcare (MESH™)** Incubator collaborated with the Chelsea HealthCare group to develop RadTranslate. The team launched the web app in late April of 2020 at Chelsea HealthCare, and a few months later, it also began piloting the tool at an MGH mammography screening site. At these two locations, technologists now use the tool between 15–25 times per day and rate it 4.8/5 stars for its ease of use and

positive impact on patient care. The most-used phrases include general explanations of the exams and instructions for disrobing and removing jewelry.²

“Preliminary data shows we can reduce the variability in exam times and therefore better predict and reduce patient wait-times on a standard 10-minute chest X-ray when RadTranslate is used for non-English-speaking patients versus traditional interpreters,” says Marc D. Succi, MD, emergency radiologist and founder and executive director of MGH's MESH Incubator. “In addition, the care experience is more user friendly and equity and inclusion is enhanced because patients receive the care they need more quickly and in a more understandable way.”

Serendipitous Moment

The idea for RadTranslate grew from an initiative that was unfortunately sidelined because of the COVID-19 pandemic. Before the pandemic unfolded, Daniel B. Chonde, MD, PhD, radiology resident at MGH and co-chair of the radiology department's DE&I Committee on Education, was working with Succi and other

Want more great examples of practice innovations? Visit www.acr.org/Case-Studies

Continued on next page

Improving Access for Women

A Florida nonprofit connects women to medical and social services to help them overcome barriers to care.

Key Takeaways

- A nonprofit organization in Florida is building a network of local breast and cervical care providers as well as community resources to help patients in underserved communities overcome socioeconomic barriers to care.
- Dedicated patient navigators are embedded in partnering clinics and community health centers to guide women through every step of their breast cancer journey. The nonprofit also operates its own mammography screening center.
- In partnership with a local cancer institute, the organization will be enrolling patients in a clinical trial to study the effects of a shortened course of radiation to treat early-stage breast cancer in women of color, who are often underrepresented in medical research.



READ THE FULL CASE STUDY »

March 2022

Case Study: Improving Access for Women



A Florida nonprofit connects women to medical and social services to help them overcome barriers to care.

By Brooke Bilyj

Key Takeaways:

- A nonprofit organization in Florida is building a network of local breast and cervical care providers as well as community resources to help patients in underserved communities overcome socioeconomic barriers to care.
- Dedicated patient navigators are embedded in partnering clinics and community health centers to guide women through every step of their breast cancer journey. The nonprofit also operates its own mammography screening center.
- In partnership with a local cancer institute, the organization will be enrolling patients in a clinical trial to study the effects of a shortened course of radiation to treat early-stage breast cancer in women of color, who are often underrepresented in medical research.

By detecting breast cancer at an early stage, when patients have more effective therapy options, regular screening mammograms can reduce breast cancer mortality by 40%. Although the ACR recommends annual mammography screening for most women starting at age 40, unfortunately, not all women have easy access to these lifesaving exams.

For women dealing with limited income, insurance gaps, or even transportation issues, the process of pursuing and paying for screening exams can be challenging at best — and a barrier to care at worst. Additionally, many of these women are minorities who, compared to White women, are 72% more likely to be diagnosed with invasive breast cancer, 58% more likely to be diagnosed with advance-stage disease, and 127% more likely to die from breast cancer — all before age 50!

Susan G. Komen Founder Nancy G. Brinker wants to change these statistics by helping women who live in underserved communities overcome barriers to mammography screening, cervical cancer screening, and breast care. In 2018, she co-founded the [Promise Fund of Florida](#) with the goal of stopping cancer progression and eliminating preventable deaths among women in Palm Beach County — in part by improving access to lifesaving screening services through partnerships with local imaging providers and other healthcare practitioners.

“Women with limited resources have limited access to healthcare, so we need to deliver services efficiently at the lowest cost and highest value,” Brinker says. “Frankly, cancer therapy is way too expensive for most people, so detecting disease as early as possible will not just reduce the cost of care but also reduce the confusion that often makes a woman reject services because they’re too complicated to navigate.”

To this end, the nonprofit organization uses a unique patient navigation model that leverages a network of local care providers and community resources — including financial assistance, transportation, translation, and childcare services — to guide women through the breast health journey. In 2020, it also



Nancy G. Brinker co-founded the Promise Fund of Florida with the goal of stopping cancer progression and eliminating preventable deaths among women in Palm Beach County.

opened its own mammography screening center to better serve women in the area.

“Our mission is to implement a continuum of care,” says Lisa Hartstein, MHS, Promise Fund’s director of programs. “Women who face a broken, fragmented, convoluted healthcare system deserve timely, effective, and efficient healthcare regardless of their insurance status or socioeconomic circumstances.”

Care Navigation

When Brinker relocated to Florida, she realized that the state had one of the highest rates of uninsured women in the country, which magnifies their vulnerability to delayed cancer diagnosis and treatment.² She co-founded the Promise Fund to help. With more than 80,000 uninsured women in Palm Beach County, the Promise Fund focuses its support where it’s needed most. The nonprofit identifies communities with high

Want more great examples of practice innovations? Visit www.acr.org/Case-Studies

Radiologists Partner With FQHCs

For over a decade, two radiology groups have partnered with HealthPoint Federally Qualified Health Center to provide imaging to those without healthcare coverage in the Seattle/Tacoma area. The clinic sends an agreed upon number of patients for imaging each month. Several other radiologist groups are doing the same, including in Oregon, Missouri, Texas, Virginia and Minnesota.

Key Takeaways

- Patients most in clinical need are vetted by the health center to assure that they have no options for healthcare coverage or any financial means of their own.
- The radiologists donate their time and the practices also donate the technical component for a set number of patients (usually 6–12 patients per radiologist group per month). There is no paperwork, except for the clinical information, making it particularly simple to administer.
- The health center has agreed to fund follow-up care if there are clinical findings, making the program an especially popular manner for radiologists and staff to help.
- The Imaging for a Cause Foundation, a 501c3 organization, has been highly successful at assisting radiologist groups to smoothly set up the program.



[LEARN MORE ABOUT THE INITIATIVE >>](#)



WOULD YOU HELP A LITTLE MORE?

RBMA is recruiting radiology practices and imaging centers who are willing to provide charitable imaging to patients who have no coverage. The program is designed to be administratively simple and provide assurance to the participating radiologists that they are truly serving those in need and, if needed, follow-up care will be provided.

What is Imaging for a Cause Foundation?

Imaging for a Cause Foundation (ICF) is a 501c3, non-profit foundation that coordinates communication between imaging centers and Federally Qualified Community Health Centers. It has a decade-long history of fostering charitable care for thousands of patients, from Virginia to Minnesota to Washington State. Long-time RBMA activist, Liz Quam, is a co-founder of the non-profit that began at the Center for Diagnostic Imaging (now RAYUS). The National Association of Community Health Centers (NACHC), based in Bethesda, MD, has collaborated with ICF.

How does it work?

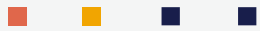
Once an appropriate community clinic partner is identified, the imaging center and radiologists agree to how many charitable patients they are willing to see each month and what type of imaging services are included. A non-binding “letter of intent” is then formalized in which the community clinic commits to providing any needed follow up care and the imaging center indicates how many patients it will accept each month (most centers start with six patients). The radiology practice or imaging center then assigns a unique “payer” number to the patients in this group so its system can easily track the number and type of charitable imaging services that are donated. ICF recommends that this de-identified tracking information be shared each year with both the community clinic and the radiology practice and/or imaging center.



What are the benefits?

1. The program is delightfully simple to administer.
2. It is popular with participating radiologists because they know their donated services are being provided to patients who are vetted financially for truly being in need AND, more importantly,

RADIOLOGY HEALTH EQUITY COALITION



Acknowledgements

Many individuals assisted with the compilation of this resource guide. Ms. Karen Patti at the Promise Fund of Florida and Ms. Liz Quam at RBMA Imaging for a Cause developed the case studies, reviewed the Resource Guide and provided feedback. Drs. Max Rosen, Eric Friedberg, Robert Pyatt, RHEC Community Health Outreach Workgroup, also reviewed and provided comments. We appreciate their efforts and assistance in the development of the resource guide.



Commit to Act

Pledge to join the community advancing health equity in radiology.



Submit Resources

Share resources to help your colleagues achieve equity in their practice.



Spread the Word

Talk with your colleagues and community partners about how radiology can advance equity in healthcare.

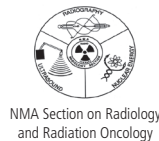


Grow

Utilize solution-oriented tools to bring more of the community into your practice.

▶ [Join the effort](#)

Radiology Health Equity Coalition Mobilization Team



Radiology Health Equity Coalition Partners





RADIOLOGY HEALTH
EQUITY COALITION



radhealthequity.org