



Health Equity

Illinois Comprehensive Cancer Control Program

In this video, we will present the 2022-2027 Illinois Comprehensive Cancer Control Plan's health equity section.

IDPH OVERVIEW

- **VISION**

- Illinoisans empowered and supported to achieve their optimal health with dignity and acceptance in diverse and thriving communities.

- **MISSION**

- The Illinois Department of Public Health is an advocate for and partner with the people of Illinois to re-envision health policy and promote health equity, prevent and protect against disease and injury, and prepare for health emergencies.



This is the IDPH vision and mission statements.

State of Illinois
Illinois Department of Public Health

2022-2027
**Illinois Comprehensive Cancer
Control Plan**



Pages 82-111

The 2022-2027 Illinois Comprehensive Cancer Control Plan is dedicated to all Illinoisians whose lives have been affected by cancer.



<https://dph.illinois.gov/topics-services/diseases-and-conditions/cancer/2022-2027-illinois-comprehensive-cancer-control-plan.html>

The 2022-2027 Illinois Comprehensive Cancer Control Plan is available to view and download on the IDPH website at the link shown here.

The plan provides a roadmap to guide cancer prevention, screening, treatment, and survivorship activities throughout Illinois. The plan is intended to mobilize stakeholders and partners through prevention and control efforts. Execution of the plan will require a collective effort by stakeholders and partners.

The health equity section is on pages 82 through 111 of the cancer plan.

HEALTH EQUITY DEFINITION

- The attainment of the highest level of health for all people.

*Cancer affects everyone,
but not everyone equally.*

Community Town Hall Participant

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In this section, we will discuss health equity and how health disparities impact cancer screening, early detection, and treatment.

Health equity is defined as the attainment of the highest level of health for all people.

HEALTH DISPARITIES DEFINITION

- Health disparities are a particular type of health differences closely linked with social, economic, and/or environmental disadvantage.

I'd like to see increased access to quality care, because just having the care by itself without the quality doesn't provide a lot.



African American cancer caregiver from central Illinois, 65 years of age

Page 82



Health disparities are defined as health differences that are closely linked with social, economic, and/or environmental disadvantages.

Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identify; geographical location; or other characteristics historically linked to discrimination or to exclusion.

COMMUNITY ENGAGEMENT STRATEGY

- Collaboration with the University of Illinois Cancer Center's Community Engagement and Health Equity (CEHE) office



Pages 83-101



The Illinois Comprehensive Cancer Control Program entered into a collaborative agreement with the University of Illinois Cancer Center's Community Engagement and Health Equity (CEHE) office to implement a community engagement strategy for the 2022-2027 Illinois Comprehensive Cancer Control Plan. The community engagement strategy focused on ensuring the plan included the voices of cancer patients, cancer survivors, and caregivers.

COMMUNITY ENGAGEMENT STRATEGY

The overall goals of the collaboration were:

1. Develop a plan to engage diverse stakeholders in the development process of the plan.
2. Receive community feedback on cancer disparities and needs in Illinois.
3. Integrate community members' perspectives into the plan.
4. Raise awareness of the plan.

Pages 83-101



The overall goals of the collaboration were to:

1. Develop a plan to engage diverse stakeholders in the development process of the plan;
2. Receive community feedback on cancer disparities and needs in Illinois;
3. Integrate community members' perspectives into the plan; and
4. Raise awareness of the plan.

Enlisting the participation of stakeholders from the community ensures that the 2022-2027 plan reflects the expertise, voices, and priorities of Illinoisans who are directly impacted by cancer, including cancer patients, survivors, and caregivers.

TOWN HALL AND FOCUS GROUPS

- Town hall
 - January 2021
 - 62 participants
- Focus groups
 - March and April 2021
 - Eight focus groups: Rural, Spanish language, survivors, young survivors, caregivers, general population

Pages 83-87



A virtual town hall meeting was held in January 2021 with 62 participants. During the 90-minute virtual town hall and in breakout rooms, participants discussed how cancer impacts their life, strategies to improve cancer outcomes in Illinois, and what the state can do to improve cancer disparities.

As a follow-up to the town hall meetings, focus groups were held in March and April 2021 to delve deeper into themes about health equity and cancer disparities. Interested individuals were asked to complete a basic demographic form that included questions about geographic residence in Illinois, whether they were a cancer survivor and/or caregiver, insurance status, and race and ethnicity. Participants were selected to maximize group diversity and to ensure a broad group of individuals were represented in the eight focus groups.

Three general population focus groups were held, as well as focus groups specifically for rural residents, survivors, young survivors, caregivers, and Spanish speakers.

PARTICIPANT CHARACTERISTICS

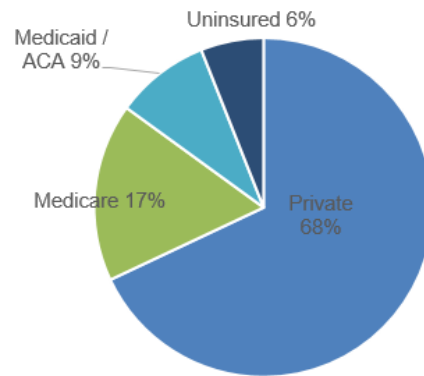
62%
Cancer survivors



47%
Caregivers of cancer patient(s)



38%
Self-identified as African American or Latinx



Pages 83-87



The characteristics of the town hall and focus groups are found on pages 83 through 87. This screen shows some of the characteristics of the focus groups.

- 62 percent of participants were cancer survivors.
- 47 percent of participants were caregivers.
- 38 percent self-identified as African American or Latinx.
- 68 percent had private insurance while 6 percent were uninsured.

DISPARITIES AND RECOMMENDATIONS

PHYSICAL & SOCIAL CONTEXT

Physical Context

- Location, whether rural, urban, or suburban
- Environmental hazards
- Internet access and the digital divide
- Transportation
- Food insecurity

Social Context

- Fear of cancer in communities
- Lack of collaboration
- Quality patient-provider relationships
- Lack of effective patient-provider relationships and communication

There's been a lot of discussion about health care disparities, and I just called it ZIP code health care... Your ZIP code determines your access as well as the type of environment that you are living that injures your health.



African American cancer survivor from Cook County, 60 years of age

Pages 87-98



Town hall and focus group participants described how fundamental causes, the physical and social context, individual demographic and risk factors, biologic responses, and pathways contributed to disparities across the cancer continuum for Illinoisans. Participants were then asked to recommend and prioritize strategies to address cancer disparities in Illinois. These strategies were organized and presented by policy, systems, clinical, community, and individual-level recommendations. The factors contributing to disparities and strategies are found on pages 87 through 98.

COVID-19

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Cancer in the Era of COVID-19

Given the timing of the community engagement efforts, it is not surprising that the topic of COVID-19 was discussed repeatedly, and not only in relation to the cancer continuum. These conversations included discussions of health equity, as well as the fear and uncertainty surrounding COVID-19 as it overtook the U.S. health system. These conversations included discussions of health equity. Supplemental quotes about COVID-19 are included in Table 26 at the end of this section.

One of the few good things about the COVID discussion is that health equity issues are finally coming into discussion by a broader audience. I think a lot of people weren't even aware that living in a rural community could impact the quality of your life, the quality of your health, the length of your life. And I think that's one of the few blessings... So, as terrible as COVID has been, I'm grateful that this is the discussion that's starting to occur.



Asian cancer survivor and caregiver from Cook County,
63 years of age

Pages 99-101



The topic of COVID-19 was discussed repeatedly, and not only in relation to the cancer continuum. These focus group conversations included discussions of health equity, as well as the fear and uncertainty surrounding COVID-19 as it overtook the U.S. health system. The discussion surrounding COVID-19 and health equity is on pages 99 through 101. A summary of COVID-19 is on pages 114 to 115.

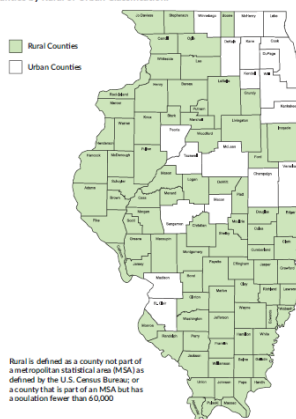
RURAL HEALTH

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RURAL HEALTH

Illinois residents living in rural areas face unique challenges and health disparities that impact cancer prevention, screening and early detection, and diagnosis, treatment, and survivorship. Figure 22 shows Illinois counties by either rural or urban classification.⁵⁹

Figure 22. Illinois Counties by Rural or Urban Classification.



Pages 102-107



Illinois residents living in rural areas face unique challenges and health disparities that impact cancer prevention, screening, early detection, diagnosis, treatment, and survivorship. A discussion of the factors impacting rural health and strategies to enhance access are found on pages 102 through 107.

LESBIAN, GAY, BISEXUAL, TRANSGENDER, AND QUEER (LGBTQ) COMMUNITIES

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LGBTQ Patient-Centered Outcome Recommendations.

1. Stigma
 - a. Providers and health care management should become educated about the stigma-related stress many LGBTQ people carry into the health care setting.
 - Provide cultural competency training for all staff.
 - Include LGBTQ leaders on community advisory bodies.
2. Health care environment
 - a. Health care institutions and offices should actively convey that LGBTQ-welcoming behavior is a core expectation of all staff.
 - Include mandatory staff training.
 - Reinforce such welcome through the actions of management and public relations staff. For example, an article could be written on LGBTQ diversity for an employee newsletter.
 - Develop an LGBTQ study group.

Pages 108-109



The lesbian, gay, bisexual, transgender, and queer or LGBTQ communities are disproportionately affected by cancer. LGBTQ communities are at risk of poor access to cancer prevention, screening, care, cancer survivorship, quality of life, and cancer outcomes. Due to stigma and stress, LGBTQ people may be more hesitant to disclose their sexual orientation and gender identity to their health care providers, which may decrease their cancer survivorship outcome. On pages 108 through 109, we list several strategies.

GENERAL STRATEGIES

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GENERAL STRATEGIES

The following are strategies from the National Stakeholder Strategy for Achieving Health Equity.⁶⁸

1. Increase awareness about health disparities
 - Blog or tweet about health disparities in your community or share information via Facebook.
 - Contact the media with stories about health disparities in your community.
 - Write a letter to the editor or an opinion-article for your local newspaper.
 - Speak at health fairs, PTA and school board meetings, civic meetings, faith-based events, and other community gatherings.
2. Become a leader for addressing health disparities
 - Educate others about disparities and share stories about model programs with local organizations or community leaders, and the National Partnership for Action (NPA).

Pages 110-111



General strategies to address health equity and health disparities are listed on pages 110-111.



THANK YOU

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If you have any questions, please feel free to contact the Illinois Comprehensive Cancer Control Program at DPH.CompCancer@Illinois.gov.