ILLINOIS DEPARTMENT OF PUBLIC HEALTH
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Meeting Minutes of:
ILLINOIS DEPARTMENT OF PUBLIC HEALTH
Special Commission on Gynecological Cancers
Subcommittee Diagnosis, Treatment and Survivorship
Meeting 2

February 26, 2024
5:00 p.m. until 6:00 p.m.

Attendees

Members in Attendance	Guests and IDPH
Nita Lee - Chair Emma Barber – Chair Patricia Walter Cherie Taylor Kimberly Richardson	Sarah O'Connor – Host – IDPH
	Members Not in Attendance
	Daniela Matei Kandice Draw Brittani Savage

Call to Order

Meeting called to order at by Sarah O'Connor

Welcome

Approval of Minutes: Motion brought by Patricia W., and seconded by Dr. Lee.

Review of Action Items:

Review of Illinois county maps

*Incidence and Mortality in Gynecological

1. Power Point presentation of overview areas – will share PP with the group

Dr. Lee – definitely an issue with counties with low enough incidence to even have any rates.

Dr. Barber – looks like Cook Co is a hot spot for uterine cancer. Maybe don't have data from smaller counties, so why they're not showing up?

Dr. Lee – several counties with high incidence with low mortality – connections with obesity in those same counties as well.

Patricia – do we have statewide data?

Dr. Lee – yes, sharing with group. Showed cases of uterine cancer by 100,000. Which counties had higher rates.

Patricia – if a county doesn't report, then they state has no data? Number to report are too low?

Dr. Lee- shared why certain data is censored. Lot has to do with the number an if it's able to be published. What else is missing Dr. Barber?

Dr. Barber – be population date. Look by zip codes perhaps? Must have cancer center and not po9pulatgion based like IDPH cancer data is. Will have a junior faculty member present her research on workforce density. We know there are rural patients, but not sure how best to target. If there is no OBGYN ONC in that county, where are they going for care?

Kimberly – is there to a create a policy intervention that looks at IBCCP and show them that the data does not show cervical cancer is a cancer that is the most prevent gynecological cancer.

Dr. Lee – because breast and cervical have a screening component is why CDC goes with those two.

Dr. Lee's presentation is available upon request.

Review of Illinois county maps

Dr. Barber – cook county is a hot spot for uterine cancer for instance.

Dr. Lee – incidence isn't necessarily translating to mortality.

Patricia – is everything always by county?

Dr. Lee – no stateside also we have – sometimes counties can't report because cases are too low.

Dr. Barber – zip codes could also be another way, hospital registry based, relying on having a cancer center. IDPH data may be better.

Dr. Lee – gaps in where gyn oncs are? Have a junior faculty that can present workforce density in counties compared to density in rates. Will follow up on that.

Kimberly – is it possible to use data we do have where there are higher incident in Cook co. that really looks at IBCCP and suggest to them that cervical cancer isn't the one they should be focusing on.

Dr. Lee – places where women are getting care, but funding comes through ibccp and is earmarked, and other caners don't have a screening test. That's why CDC is using cervical.

Sarah – marketed as a screening program

Dr. Lee – much harder to measure without screening – but can compare to where providers are located.

Sarah – explained what IWP is and how that works with the lead agencies. Sarah explained GRF money and how much IBCCP gets for that as well. Commission can focus on that money and lobbying and perhaps include other cancers, not just cervical.

Dr. Lee – group needs to look at the most lethal cancers and make recommendations for funding for more work with those cancers.

Kimberly – what pockets of funding are unrestricted? Here are our needs and feels the state could fund those needs and not interrupt those existing programs.

Sarah – find a champion the legislature related to these gynecological cancers. Someone that has a personal connection. The politics behind it.

Action Items

Dr. Lee – using different business models for a GAPP analysis, etc. Looking for email to share.

Kimberly – how well can we use the utilizing the survivors on the commission. For them to begin thinking about a format where they can contribute their lived experience about their diagnosis, treatment and survivorship. Story telling and want to start seeing how this would work?

Dr. Lee – analysis framework, current state vs. future state. Who are we going to get from different groups and initials. Gaps in care for each cancer for instance? How can we make sure each of these gaps are matched with personalizing the exp.

Where are gynecologists' location, gap is their locations, what are the solutions to those gaps.

Dr. Barber – they talk to Carle in central Illinois a lot but consult with UIC often. Telehealth etc. Recommendation on report could be creating these connections. How telehealth can help bridge these disparities.

Dr. Lee – telehealth popular during covid and went up and has gone back down now, because it's not covered.

Kimberly – is it possible to do sort of gynecological trainings via telehealth?

Dr. Lee – Project echo model. Telehealth model. – Echo Chicago doesn't have a cancer component. More questions on this and the link was added to the chat.

Kimberly – use project echo as a model for this work perhaps. Asked Sarah about this in the world of grants.

Dr. Barber – propose a project echo bundle type of model. Determine specific issues and propose.

Sarah- told group abut COWL

Dr. Barber – pair it with the stories, how can we tell a story? Personal stories that connect to these issues.

Kimberly – how do we feel about survivors having a spotlight and share their stores.

Cherie – fine with it, similar to OCRA survivors teaching students program.

Patricia – Already do this work through FORCE, happy to share and very important to be specific and have a face to the sit.

Dr. Lee – stories of symptoms, delays in care, more important to hit points. What do we want our highlight points to be? Be case based like project echo.

Group – all agree on the importance of educating the public not just provider.

Kimberly – also need to include side-effects after treatment and have to go back to their primary and they don't know how to treat them form the chemo side effects for instance.

Dr. Nixon will really be looking at mapping in their group as well. So this group should be aware of that.

Dr. Lee – try not to overlap work other committees are doing. Have fellow do presentation on workforce deficits for future meetings.

Dr. Lee – what are groups next steps?

Kimberly – look at march at outlines and drafts of copies of report and recommendations.

Dr. Lee – restrictions on page limits

Sarah – no

Kimberly – look at outlines and pages according to that. 12-15 perhaps per sub-committee.

Dr. Lee and Barber – NCCN Committee, conflict with 29th full commission meeting.

Kimberly – we will do their report first so they can move on to meeting.

Questions and Open Discussion

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Next meeting

Dr. Lee – Monday's are hard – Wednesday, Thursday, Friday for Dr. Barber. Let's do Wednesday morning.

Sarah – 10am Wednesday – try and see if that works. We will try week before.

Public Comment

None

Adjournment

Motion to adjourn at made by Kimberly, seconded by Patricia. Adjourned at 6:03pm