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Meeting Minutes of:
ILLINOIS DEPARTMENT OF PUBLIC HEALTH
Special Commission on Gynecological Cancers
Subcommittee Early Prevention and Risk Reduction
Meeting 3

April 16, 2024
 1:00 p.m. until 2:00 p.m.

Attendees

Members in Attendance	Guests and IDPH
Kayla Nixon- Marshall - Chair Kim Jay Co- Chair Cherie Taylor Linda Kasebier	Sarah O'Connor – Host – IDPH Carrie Allen – IDPH Kaneesha Lewis – IDPH Kimberly Richardson - Guest
	Members Not in Attendance
	Brittani Savage

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Call to Order

Meeting called to order at 1:02 pm by Sarah O'Connor.

Welcome

Sarah welcomed everyone!

Motion to approve the minutes from the last meeting brought by Kim Jay and seconded by Cherie Taylor

Report Outline and First Draft

- Kim Jay indicates that she and Matthew have both finished their parts but that they are still looking for feedback, and input on what could be added or enhanced.
- The group is looking to include more statistics into the report to demonstrate the current status of early detection/risk reduction, in order to paint an accurate picture of the current landscape.
- Kim reminded the group that the report is desired to be action oriented, it was also stated that Matthew previously provided potential actions as pertains to gynecological cancers overall. Kim Jay also mentioned that it is still yet to be determined whether the report will be further broken down into cancer sub-groups.
- Kimberly spoke to how the information gathered during listening sessions could be used to insert testimonies from individuals with lived experience (used survivors, and individuals receiving diagnosis, and care partners as examples).
- Kimberly provided feedback on Matthew's draft, expressing the opinion that this subcommittee should focus their portion with information specific to Early Screening and Risk Reduction, she also wants to highlight local researchers and consider opportunities for more funding for this research. Kayla agrees that the report should clarify what research is novel and using some of the information from studies in the report. She specifies that HPV screening research could be a potential subject that is included.
- Kimberly wants to try to find ways to have better education in regards to early symptoms, especially in cancers that can't be screened for. Spoke about how some patients expressed that they were not listened to when they were bringing up concerning symptoms. She also feels as though the roles that community health workers can play in risk reduction of cancers that cannot be screened for.
- Kim Jay shared that as a community health worker, often patients are seen to talk about one health condition, but others come up during the conversation, and this serves as an opportunity to bring more awareness to the issues confronting communities. Shares the thought of some patients that if they don't know about it then it isn't real.

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- Kim Jay continues saying that community health workers are able to build that trust, and have those conversations, that when something is identified that someone is able to take action. Kim Jay brought up the potential role that community health workers could play in educating patients on risk reduction for cancers that can't be screened for. Kimberly says that she hopes that risk reduction strategies can help to reduce late-stage diagnosis.
- Dr. Nixon chimed in on the first draft of the report, specifically the section on endometrial cancer. Since there are no screening modalities, looking at what happens when they present with symptoms. She feels that this is missing right now from the report, she feels like adding more of this clinical information could show what is being done currently, mentioning cervical cancer and HPV screening as areas for more research. Agreeing that the role of the community health workers is crucial in cancers that aren't screened for, being aware that gaps are still needing to be bridged.
- Dr. Nixon expressed that she was willing to help with the next draft of the report and help with adding the additional information that she would like to see.
- Linda brings up that social determinants of health should be included, especially in regards to access to screening. Kimberly asked for clarification of what she means by this and how it would be framed directly related to this specific sub-committee.
 - Linda talked about income (includes ability to access basic necessities), location, access to facilities, transportation. Considering that some individuals might have to decide between a necessity and the cost of a treatment.
 - Kim Jay wanted to stress that all community health worker relationships are rooted in social determinants of health, having that conversation of what is needed to be well. Helping the patient to navigate difficult decisions as they are trying to achieve positive outcomes. The community health workers should be operating in collaboration not in competition with the clinical care team, so that they can fully support patients.
 - Linda brought up the point that if legislators are looking at this report, that they might need to be reminded that basic necessities of life can impact ability to access screenings and care.
- Dr. Nixon thought that it might be beneficial to use survivors in this group in this section first, if they are comfortable. This will give a starting point, then the group can add to it with the listening sessions after that if more is needed.
 - Cherie said that she would be willing to include her story, and Dr. Nixon requested her to have this for the next round of edits.
- Linda shared a resource with the group on Illinois SDOH data from County Health Rankings and Roadmaps:<https://www.countyhealthrankings.org/health-data/illinois?year=2024>

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New Business and Questions

- Next steps are to make more edits and the group hopes to be able to share their draft with the main group by the May meeting.
- There was no new business to discuss at this time.

Public Comment – None

Adjournment

Motion to adjourn at 1:25 PM made by Linda Kasebier and seconded by Kim Jay.