



2022-2027 Illinois Comprehensive Cancer Control Plan

Illinois Comprehensive Cancer Control Program

Hello. The Illinois Comprehensive Cancer Control Program is pleased to present this overview of the 2022-2027 Illinois Comprehensive Cancer Control Plan.

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.**



Here is our vision and mission statement, which guides all our programs and activities.



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



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.

CANCER PLAN DEVELOPMENT

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CANCER PLAN DEVELOPMENT ACKNOWLEDGEMENTS

We are thankful to our colleagues listed below who provided expertise with the development of the plan, and the goals, objectives, and strategies.

We are immensely grateful to Sarah Christian for her assistance with the development, coordination, and editing of the plan, as well as her oversight and leadership with the work groups and focus groups.

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UNIVERSITY OF ILLINOIS CHICAGO - PRIORITY CANCERS

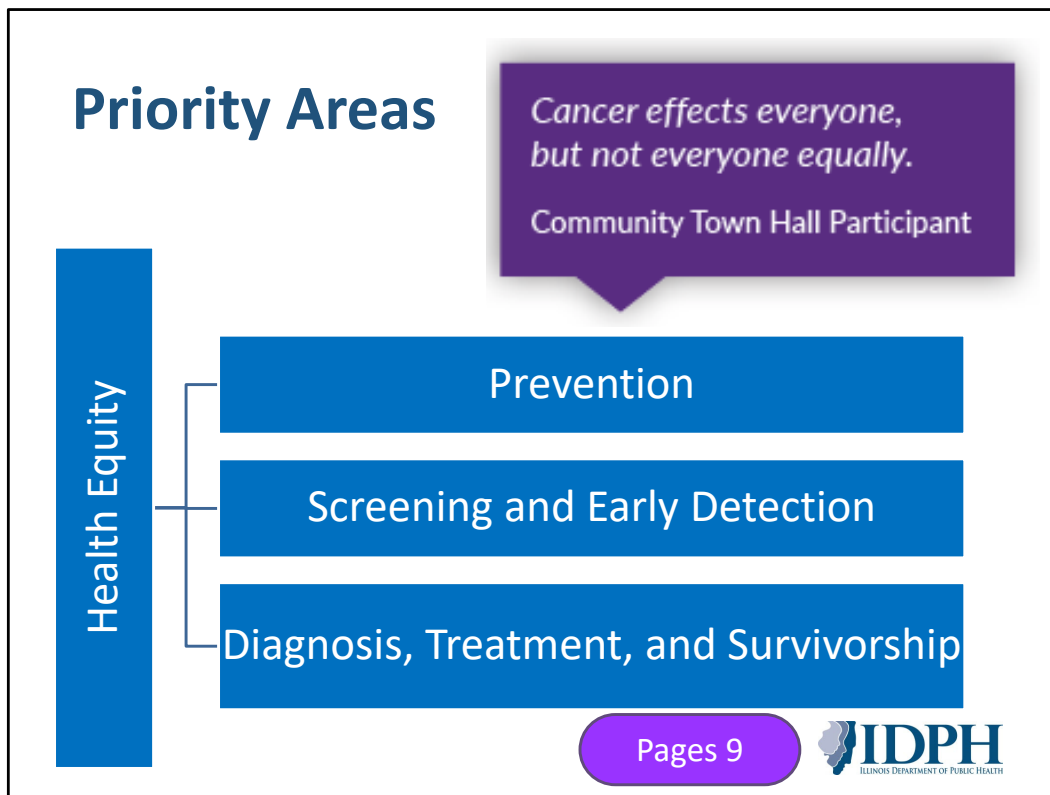
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The plan was developed by the Illinois Cancer Partnership and its Cancer Plan work groups.

We are extremely grateful for everyone who shared their expertise in the development of the plan.



The plan is based upon the three priority areas of prevention; screening and early detection; and diagnosis, treatment, and survivorship. Health equity is embedded within each priority area. We have an enhanced section in this plan focused on community engagement to ensure we included the voices of those affected by cancer, their caregivers, and the community.

Quotes from people impacted by cancer are interspersed throughout the document.

Throughout the presentation, we will identify the corresponding page numbers from the cancer plan.

Goals, Objectives, and Strategies

GOALS are overarching changes we want to see.

OBJECTIVES are the measurable accomplishments necessary to meet the goal.

STRATEGIES are specific actions that can be taken to achieve the objective.

Pages 12-13



Each priority area has goals, objectives, and strategies identified.

Goal statements set the fundamental, long-range direction.

Objectives break the goal down into smaller parts that provide specific, measurable, attainable, realistic, and timely actions by which the goal can be accomplished. Data sources used for the objectives in this plan are listed in parentheses after each objective and are publicly available so anyone can track progress towards meeting these objectives.

Strategies are specific actions that can be taken to help achieve the objective.

Types of Strategies

- Policy
- Health systems
- Environmental changes
- Health equity

Pages 12-13



The strategies are divided into different focus areas of policy, health systems, environmental changes, and health equity.

Policy strategies are tools for achieving health promotion and disease prevention program goals. Policy decisions are made by organizations, agencies, and stakeholders and include legislative advocacy, fiscal measures, and regulatory oversight. An example is implementing a comprehensive tobacco-free worksite policy.

Health system changes refers to a fundamental shift in the way problems are solved. An example of a systems change is providing employees access to breast cancer, cervical cancer, and colorectal cancer screenings with no out-of-pocket costs.

Environmental change strategies involve changing the economic, social, or physical surroundings that affect health outcomes and are best used in combination with other strategies. An example of an environmental strategy is providing employees an on-site workout room with a variety of equipment and offering classes such as basic yoga or cardio routines.

Health equity ensures everyone has an equal opportunity to prevent cancer, find it

early, get proper treatment, and follow-up after treatment is completed. An example of a health equity strategy is to develop and disseminate culturally and linguistically appropriate patient education materials.

Using the Plan

- Review goals
- Identify objectives and strategies
- Set short-term and long-term objectives
- Collaborate with partner organizations and agencies
- Identify data
- Review data

Page 10



Organizations are recommended to integrate new strategies with existing programs, such as chronic diseases, prevention, education, and service delivery.

When using this plan, consider the following:

- Review the goals to determine which fit within or may be added to your organization, agency, or group.
- Identify any new objectives and strategies that may be incorporated within your structure.
- Set short-term and long-term objectives for annual goals, department goals, and individual actions.
- Meet with partner organizations and agencies within your region to discuss how to collaboratively address and implement objectives, and strategies.
- Identify data that you currently collect or may need to collect to track progress towards the objectives, and strategies.
- On a regular basis, review the data collected with your team. Identify any trends, strengths, or weaknesses to determine if adjustments are needed.

Goals at a Glance

PREVENTION

- Goal 1. Increase healthy living habits among youth and adults.
- Goal 2. Reduce exposure to environmental carcinogens.
- Goal 3. Prevent tobacco-related lung cancers among youth and adults.
- Goal 4. Prevent human papillomavirus (HPV)-related cancers.
- Goal 5. Promote awareness of hereditary cancers and use of genetic counseling.

Pages 14-20



The first priority area is prevention, which is stopping cancer before it starts. The goals identified promote healthy living habits among adults and youth, reduce environmental carcinogens, tobacco control, HPV prevention, and genetic counseling.

For all priority areas, you will find multiple objectives to help achieve the goals. Strategies are identified after the objectives. The prevention goals, objectives, and strategies are found on pages 14 through 20 in the cancer plan.

Goals at a Glance

SCREENING AND EARLY DETECTION

- Goal 1. Increase cancer screening.
- Goal 2. Reduce late-stage cancer diagnosis.
- Goal 3. Reduce cancer mortality rates.

Pages 21-26



The screening and early detection goals focus on screening and detecting cancer in its earliest stage when treatment works best. The screening and early detection goals, objectives, and strategies are found on pages 21 through 26 in the cancer plan.

Goals at a Glance

DIAGNOSIS, TREATMENT AND SURVIVORSHIP

- Goal 1. Promote awareness and access to navigation services, including financial navigation and care navigation to reduce disparities in cancer health outcomes.
- Goal 2. Increase diagnosis of high-risk patients with familial or genetic risk factors.
- Goal 3. Increase awareness of ongoing care coordination for monitoring, follow-up, and recurrence screening.
- Goal 4. Raise awareness of the need for increased quality of life for enhanced recovery and survivorship and available resources.
- Goal 5. Support the availability of telehealth and outreach programs.

Pages 27-33



The diagnosis, treatment, and survivorship goals focus on increasing quality of life by providing support and services to cancer patients, survivors, and their caregivers to address social, emotional, and financial challenges they may face. Promoting awareness and access to different supports and services includes navigation, ongoing care coordination, genetic counseling, and telehealth or outreach programs. The diagnosis, treatment, and survivorship goals, objectives, and strategies are found on pages 27 through 33 in the cancer plan.

Call to Action

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CALL TO ACTION - WHAT YOU CAN DO

Whether you are a cancer patient, cancer survivor, caregiver of a cancer patient, community member, student, employer, health care professional, or policy maker, everyone can play a role in helping with the prevention, early detection, treatment, and survivorship of cancer in Illinois. Table 1 lists the action steps.

When someone tells me they don't feel good or something, [I ask] "When's the last time you saw your doctor? Do you have a doctor? What can I do to help you?"

Black, non-Hispanic cancer survivor and caregiver from Cook County, 67 years of age

Table 1. Call to Action.

INDIVIDUALS		
Prevention	Screening and Early Detection	Diagnosis, Treatment, and Survivorship
<ul style="list-style-type: none"> Quit smoking or never start smoking. Avoid/reduce exposure to secondhand smoke. Maintain a healthy diet by eating the recommended amounts of fruits and vegetables. 	<ul style="list-style-type: none"> Get your recommended cancer screenings regularly and on time based on age and sex (colorectal, lung, cervical, breast, and prostate cancers). Visit a dental office and have an oral exam. 	<ul style="list-style-type: none"> Support cancer survivors through the continuum of survivorship from diagnosis to remission. Get a copy of your cancer treatment plan and instructions on what to do after treatment.

Pages 34-37



In this call-to-action section on pages 34 through 37, we identify action steps an individual, community organization, schools, employers, health care professionals, or policy makers can take to help the prevention, early detection, treatment, and survivorship of cancer in Illinois.

Cancer Burden in Illinois

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CANCER BURDEN IN ILLINOIS

The Illinois State Cancer Registry is the only population-based source for cancer incidence information in Illinois. Cancer cases are collected through mandated reporting by hospitals, ambulatory surgical treatment centers, non-hospital affiliated radiation therapy treatment centers, independent pathology labs, dermatologists, and through the voluntary exchange of cancer patient data with other (mostly nearby) states.

In this section, the burden of cancer upon Illinoisans is described with an overview of data covering state demographics, cancer incidence, and cancer mortality.

Six priority cancers have been identified based upon the opportunity for prevention and early detection:

- Female breast
- Cervical
- Colorectal
- Lung
- Prostate
- Skin

Pages 46-71



The next section of the cancer plan describes the cancer burden in Illinois with data on state demographics, cancer incidence, and mortality on pages 38 through 45.

We have detailed data for six priority cancers based upon prevention and early detection opportunities. The priority cancers are female breast, cervical, colorectal, lung, prostate, and skin. The priority cancers are on pages 46 through 71.

Cancer Burden in Illinois

13 cancer types that are most common for late-stage diagnosis:

- Bladder
- Brain
- Esophagus
- Kidney and renal pelvis
- Leukemia
- Liver
- Non-Hodgkin lymphoma
- Oral cavity and pharynx
- Ovarian
- Pancreas
- Stomach
- Thyroid
- Uterus

Pages 72-74



In addition to the priority cancers, risk factors, incidence, and mortality rates are provided on these 13 cancer types that are most common for late-stage diagnosis. The late-stage diagnosed cancers are on pages 72 through 74.

Cancer in Children, Adolescents, and Young Adults

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CANCER IN CHILDREN, ADOLESCENTS, AND YOUNG ADULTS

Cancer in children is rare when compared to cancer occurring in adults. About 15,000 children younger than 20 are diagnosed with cancer each year in the United States.^{52,53} Pediatric cancer death rates have dropped by nearly 70% over the past 40 years. Cancer is still the leading cause of death from disease among children from birth to age 14.

No exact definition exists to differentiate childhood cancers from adolescent and young adult cancers. Cancers in young adults are those that start between the ages of 20 to 39 years of age.⁵⁴ Eighty thousand young adults ages 20 - 39 are diagnosed with cancer each year.

Pages 75-81



We have a separate section for cancer in children, adolescents, and young adults on pages 75 through 81. Data is grouped by ages 0 to 14, 15 to 19, and 20 to 39 years. Information provided includes risk factors, prevention and early detection, incidence, mortality, and strategies.

Health Equity and Health Disparities

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HEALTH EQUITY AND HEALTH DISPARITIES

In the previous section, the populations at highest risk for cancer or cancer mortality were reviewed, as well as the highest risk groups for priority cancers. In this section, health equity and how health disparities impact cancer screening, early detection, and treatment are discussed.

All Illinoisans deserve to live long, healthy lives, free of modifiable differences in health status and outcomes.

Health inequities affect everyone. Disparities in health status exist between many population groups, with the greatest disparities found between people of different racial or ethnic groups, and between people of different socioeconomic statuses. Significant racial/ethnic and income disparities are observed when examining the rates of illnesses and conditions, such as diabetes, heart disease, depression, lung and breast cancer, and infant mortality. Interventions to reduce health inequities can improve the health of all communities. Health inequities exist for the lesbian, gay, bisexual, transgender, and queer (LGBTQ) communities.

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

Black, non-Hispanic cancer survivor from Cook County, 60 years of age

Pages 82-101



In this section, we discuss health equity and health disparities. We have a detailed report on our community engagement strategy to understand cancer disparities in Illinois on pages 82 through 101. This section includes information about disparities faced by the rural communities on pages 102 through 107, the LGBTQ communities on pages 108 through 109, and suggested health equity strategies on pages 110 through 111.

COVID-19

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2019 NOVEL CORONAVIRUS DISEASE (COVID-19)

In December 2019, a new coronavirus was first identified in Wuhan, China. On January 21, 2020, the first case of the 2019 novel coronavirus was confirmed in a Washington state resident who returned from Wuhan, China, on January 15, 2020⁶⁹. On January 24, 2020, a woman in Chicago who returned from Wuhan, China, became the second case of COVID-19 identified in the United States. By mid-March 2020, the number of known cases increased into the double digits and the president released a national disaster proclamation and Gov. JB Pritzker issued a stay-at-home executive order.⁷⁰ Virtually all gatherings of people were restricted, significantly impacting day-to-day life for individuals in Illinois, the U.S., and worldwide. More information regarding the history and timeline of COVID-19 is available at <https://www.ajmc.com/view/a-timeline-of-covid19-developments-in-2020>.

At the beginning of the COVID-19 pandemic, cancer screenings and elective procedures were halted to prioritize needs due to the pandemic and to reduce the spread of COVID-19.⁷¹ The American Cancer Society published a report, available at <https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/annual-cancer-facts-and-figures/2021/special-section-covid19-and-cancer-2021.pdf>, stating that one electronic medical record company estimated an 80% to 90% decline in screening for breast, cervical, and colorectal cancers during March and April 2020 as compared to the same period in 2019. Nationally, cancer screenings had increased slightly by June 2020, but were still down 29% to 36% as compared to pre-pandemic screenings. HPV vaccinations decreased 73% from February and April 2020. Other effects from the COVID-19 pandemic included people already in active treatment for cancer. This affected 79% of respondents who experienced delays in receiving care.

In the communities that I work in with health advocacy, it's given more excuses, and I mean valid ones such as, "I no longer have insurance. Because of COVID, I got laid off," or, "Now, my anxiety or I'm suffering from mental health, and a screening is not priority right now," or ... "I just forgot because so many other things are going on in the world." So, it's not just, "I was busy at work and forgot to get my screening, or it's a myth, that I don't believe screenings work." COVID has made so many other reasons for people to not get screened.

Black, non-Hispanic cancer survivor and caregiver from central Illinois, 49 years of age

COVID-19 has had an impact on cancer, and we have a section discussing this on page 114.

Evaluation

Evaluation Questions	Indicators	Data Collection Sources	Data Collection Methods	Data Collection Timing	Data Analysis
<p>(1) To what extent has the ICP executed the development of the plan?</p> <p>(2) To what extent do the priority area work groups develop SMART goals and objectives?</p> <p>(3) To what extent does the plan identify measurable short-term, intermediate, and long-term indicators?</p> <p>(4) To what extent is the plan disseminated to stakeholders?</p>	<p>(1) Priority area work groups execution of deliverables and timelines</p> <p>(2) Stakeholder engagement</p> <p>(3) Goals and objectives that are specific, measurable, attainable, results-oriented, and time-phased</p> <p>(4) Development of a dissemination plan</p> <p>(5) Reach of the plan</p>	<p>(1) Meeting minutes</p> <p>(2) Notes from evaluation team observation of priority area work group meetings</p> <p>(3) Priority area work group plan documents</p> <p>(4) Data collection sources identified in the plan for each indicator</p> <p>(5) Dissemination plan documents and materials (handouts, infographics, PPT templates, etc.)</p>	<p>(1) Abstract from meeting minutes</p> <p>(2) Evaluation team observation</p> <p>(3) Abstract from plan documents</p> <p>(4) Abstract from data collection sources identified in the plan for each indicator</p> <p>(5) Abstract from dissemination materials</p>	Ongoing	<p>Document review of meeting minutes</p> <p>Document review of evaluation team notes</p> <p>Document review of priority area work group materials</p> <p>Annual review of progress towards short-term, intermediate, and long-term indicators</p> <p>Document review of dissemination plan and associated documents</p>

Finally, we conclude the plan with a discussion of our evaluation plan on page 115. The evaluation process will review the progress made with the goals and objectives that are measurable in the short, intermediate, and long terms. The dissemination plan and the various dissemination related materials will also be reviewed to assess their effectiveness and reach.

We will review the cancer plan on an annual basis and provide updates on our progress for the objectives.



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.