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As new research shows widening racial disparities in cervical cancer incidence and deaths, Chicago health equity group calls for eradication of the disease

With new mission and name, nonprofit aims to save more women’s lives, provide “Equal Hope” by eliminating disparities in cervical cancer and pursuing eradication

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CHICAGO – With newly released research showing stark racial disparities in cervical cancer incidence and deaths in Chicago, the health equity nonprofit that led the effort to reduce breast cancer deaths for Chicago’s African American women is setting its sights on eliminating cervical cancer disparities – and ultimately eradicating the disease for all women.

“No woman should ever die of cervical cancer, a disease that’s almost 100 percent preventable,” said Anne Marie Murphy, Ph.D., executive director of the Metropolitan Chicago Breast Cancer Task Force. “We know what causes it, we know how to prevent it, and it’s time to end it.”

Racial and ethnic disparities are pronounced in Chicago: A Latina or African American woman in Chicago is almost three times more likely to die from cervical cancer than a White woman.

Almost all cervical cancer is caused by the Human Papilloma Virus (HPV), transmitted via skin-to-skin sexual contact. Condoms do not eliminate the risk of getting the virus. Cervical cancer can be prevented by a combination of vaccination against HPV starting at age 9 and regular screening for pre-cancerous growths in the cervix starting at age 21.

The Task Force is a nonprofit network of health care providers, community leaders, and advocates established in 2008 in response to research showing that the city’s African American women were dying of breast cancer at much higher rates than White women. Now, Chicago leads major U.S. cities in reducing breast cancer deaths among Black women.

“The model we’ve developed for breast cancer can reduce disparities for other serious illnesses,” said Murphy. “As with breast cancer, these disparities are driven by systemic barriers to quality health care for people of color and those living in low-income neighborhoods.”

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In announcing its expanded mission, the Task Force unveiled its new name: **Equal Hope**. The announcements were made at the organization’s annual community health expo, “Hope in Action,” held at the Illinois Institute of Technology’s Hermann Hall.

With \$600,000 in seed funding from the Coleman Foundation, Equal Hope will help uninsured, under-insured, and publicly insured women get high quality screening, diagnosis and treatment for cervical cancer. And it will engage in quality measurement and improvement around the cervical cancer health system.

“Improving access to quality, impactful cancer services and programming has been a central Coleman Foundation goal for over 25 years,” said Foundation President Michael Hennessy. “We were pleased to previously support Task Force efforts to reduce breast cancer disparities and improve outcomes, and look forward to potential impacts of this cervical cancer initiative.”

By improving the quality of breast cancer diagnosis and treatment for women in underserved communities, helping them navigate the healthcare system, and advocating for policy change, the Task Force and its partners reduced disparities in breast cancer mortality from a 62 percent death gap to a 39 percent gap over the past decade. The organization’s work was commended earlier this year in the *Journal of the American Medical Association (JAMA)* and *The New England Journal of Medicine* as an example of how to address structural racism in healthcare.

As in the past, Equal Hope is turning to health systems research to understand root causes of cervical cancer disparities. Its latest round of research looked at disparities in cervical cancer mortality in the United States and in 10 US cities with the largest African American populations over a 15-year period (1999-2013). The study was conducted jointly with medical researchers at Rush University Medical Center, Northwestern Medicine, and University of Chicago Medicine. It also drew data from the Chicago Department of Health *Chicago Health Atlas*. Among findings:

- Between 1999 and 2013, the racial mortality disparity for Chicago almost doubled, and Black women now die of cervical cancer at a rate 147 percent higher than White women.
- Chicago’s rates of cervical cancer incidence (occurrence) and mortality are considerably higher than national averages. Incidence is 39% higher; the death rate is 60% higher.
- Cervical cancer death rates in Chicago have come down far more for White women than they have for African American women. Between 1999 and 2013, White women saw an annual decrease in cervical cancer mortality of nearly 3 percent, while the decrease for Black women was less than 1 percent.

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- Chicago and Dallas suffered from the highest African American cervical cancer death rates in the most recent years studied (2011-2013).
- Not only is Chicago doing much worse than the national average, there are large disparities within Chicago: a woman in Washington Park is 85 times more likely to die of cervical cancer compared to a woman in Hyde Park. (Chicago Health Atlas data)
- A Black woman or Latina in Chicago is almost three times more likely to die of cervical cancer than a White woman. (Chicago Health Atlas).

Equal Hope plans to release a final research report in January – National Cervical Cancer Awareness Month.

Equal Hope will also launch a third healthcare equity initiative in the new year: helping women establish relationships with primary care doctors to monitor their health and provide regular care. Nearly 60 percent of the women it serves do not have a primary care doctor to diagnose and manage issues that can affect their cancer treatment and overall health.

“Equal Hope isn’t just a name. It’s a clear and powerful statement of our belief in healthcare justice – and in fixing our healthcare system so it works for all Chicagoans,” said Dr. David Ansell, Senior Vice President for Health Equity at Rush and Equal Hope’s founder and board president. “It embodies core values that drive us: that all women should have *equal hope* of high quality healthcare, and anyone facing serious illness should have *equal hope* for their future.”

He described the commitment to eradicate cervical cancer as “a bold but achievable goal,” adding, “We are not just aiming to reduce the racial gap. We are going to eliminate it entirely, and will be the first major city to do so.”

Eradication of the disease is possible because it is almost 100 percent preventable by vaccination and pre-cancer screening. Australia recently announced it expects to eradicate cervical cancer by 2028, and Rwanda has succeeded in getting 94 percent of its adolescents fully vaccinated within three years.

For more information about how to prevent cervical cancer, or to sign a petition calling for its eradication, please visit EqualHope.org. You can also follow Equal Hope on Twitter, Facebook, and Instagram.

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