

**Cervical Cancer Task Force
Regular Meeting (virtual)**

**July 22, 2021
Minutes**

Attending Task Force Members:

Rhonda Brown, ADH; Michelle Murtha, AFMC; Dr. Mike Riddell, AMS; Dr. Sam Greenfield, AMDPA; Beatriz Mondragon, AMHC; Dr. Joseph Su, UAMS COPH; Pam Brown, AHA.

Absent Task Force Members:

Krista Kirksey, ACS; Amanda Deel, Arkansas Academy of Family Physicians; Kim Wilmot, DHS; Laura Fletcher, Community at Large; Dr. Kristin Zorn, UAMS; (Vacant), Blue Cross/Blue Shield.

Arkansas Cancer Coalition (ACC):

Kirsty DeHan, Trena Mitchell

Other Meeting Attendees:

Misty Smith, ADH; Dave Kern, ADH; Dr. Dillaha, ADH; Julia Neely, St Jude

I. Old Business – Approval of Minutes

- a. Michelle Murtha motioned to approve the minutes of April 22, 2021. Dr. Riddell seconded the motion. A motion to approve the minutes were voted unanimously in favor.

II. Act 280

- a. Act 280 of 2009 is an amendment of Act 1414 in 2005. Act 280 lists the organizations representing the Cervical Cancer Task Force and the purpose of the task force. Please keep a copy of this Act on file.
- b. The Director of the Department of Health shall appoint one member to represent:
 - i. the Department of Health
 - ii. the American Cancer Society
 - iii. the Arkansas Minority Health Commission
 - iv. the Arkansas Hospital Association
 - v. the Arkansas Foundation for Medical Care
 - vi. the Fay W. Boozman College of Public Health of the University of Arkansas for Medical Sciences
 - vii. the Division of Medical Services of the Department of Human Services
 - viii. primary care physicians
 - ix. the Arkansas Medical Society
 - x. the medical insurance industry
 - xi. the community at large
 - xii. the Arkansas Medical, Dental, and Pharmaceutical Association
- c. Cervical Cancer task Force – Powers and duties are as follows:

- i. Make recommendations to the breast cancer control advisory board
- ii. Pursue both public and private funding
- iii. Develop standards and policy recommendations considering, but not limited to the following:
 - 1. Methods for raising public awareness of the prevalence, causes, prevention, screening, and treatment for cervical cancer
 - 2. Methods for raising the medical community's awareness of the prevalence, causes, prevention, screening, and treatment for cervical cancer.
 - 3. Methods for ensuring that services across the spectrum of causes, prevention, screening, evaluation, and treatment are available to women in Arkansas
- iv. The Arkansas Central Cancer Registry of the Department of Health shall provide an annual cervical cancer report to the task force

III. Arkansas Cancer Plan Update, Trena Mitchell

- a. The Arkansas Cancer Plan is in its third edition (ACP3), we are currently working on the fourth edition (ACP4) and is in final stages of review at the Department of Health.
- b. The ACP3 highlighted 7 cancers, it started as a focus group with ACC membership and work groups were formed to help develop the cancer chapters as recommended by the CDC. The cervical cancer chapter had 4 objectives and one overarching goal but some of the objectives did not have measures or sources.
- c. CDC recommended we use Healthy People 2030 as a foundation for state cancer plans, as the objectives have been proven and have reliable sources.
- d. ACC established a small team of epidemiologists, cancer experts and writers to develop the ACP4.
- e. The ACP4 looks very different to the previous plan and the content is condensed. New chapters consist of Cancer & COVID-19, Health Equity & Social Determinants of Health, and Healthy People 2030 objectives.
- f. The ACP4 contains five overarching goals, 28 baseline objectives, one developmental objective and three research objectives.
- g. There is no longer a cervical cancer chapter, but there are two objectives pertaining to cervical cancer in the Screening, Early Detection and Preventative Objectives for Community Clinics & Hospitals chapter, and measures are provided.
 - i. Increase the proportion of women who receive cervical cancer screening based on most recent guidelines by 5% from a baseline of 80.1% in 2015 to 84.1% by 2025
 - ii. Increase the proportion of youth who get recommended doses of the HPV vaccine by 5% from a baseline of: Overall, 67.9%; Females 71%; and Males 64.9% in 2015 to Overall, 71.3%; Females 74.6%; and Males 68.1% by 2025.
- h. The Arkansas Immunization Action Coalition has taken on the HPV portion and will be instrumental in increasing vaccine doses.
- i. Dr Greenfield mentioned there is still a population of 18-26-year old's who are eligible for the HPV vaccine.

- j. The ACP4 is an electronic document and will have hyperlinks for evidence-based strategies and resources
- k. If you have any state resources to offer, updates and revisions can be made to this document as this will be an electronic document to be updated as needed.
- l. If there are any new ideas for implementation, they can be sent to Dr. Greenfield and Kirsty DeHan. It can be revisited as an old business item.

IV. Member Updates

- a. There is still a vacancy in the Medical Insurance Industry, currently working on recruitment.
- b. The ADH website has been updated with member information and term dates, Dave Kern has helped to get the website updated.
- c. Dr. Dillaha presented at the HPV Summit, head and neck cancers were the focus of HPV associated cancers.
- d. The task force operates with more of an HPV focus and oropharyngeal cancer is not being addressed. Should we work in the next legislative session to have the task force changed so that we can address all cancers that are caused by HPV?
 - i. Rhonda Brown mentioned there is an HPV task force already (Arkansas Immunization Action Coalition) who cover all cancers caused by HPV, how would the change affect AIAC? Answer: Let's continue to focus on what we are charged with. We can ask for a report on what AIAC is doing so we can work in synergy.
- e. Dr. Greenfield spoke with Ben Teeter and he agreed to present at the next meeting, Dr Su also agreed to share a survey at the meeting in October.
- f. Heather Mercer approached Dr. William Golden, the Medical Director at AR Medicaid, and spoke about if Medicaid could cover the HPV vaccine for adults (currently not covered). Dr. Dillaha sent him the ACIP recommendations to look at. Dr. Dillaha recommended we pull together Arkansas data to develop a cost effectiveness argument for Arkansas women on Medicaid.
- g. Dr Su spoke with ACHI for available data but does not have the resources to take on an analysis and would need a small amount of funding for a student. Dr. Dillaha suggested Dr. Su speak with Heather Mercer at Immunize Arkansas to identify funding and would be happy to help.
- h. Recap: Identified gap for people aged 18-26 who are eligible for the ACIP recommended vaccine. Medicaid may be interested if it is cost effective. Look at payer claims database to see the cost of vaccination. Case study on impact of cervical pre-cancer, cervical dysplasia treatment.

Meeting adjourned at 5:25pm.

Next Meeting is January 20, 4:30-5:30.