FLORIDA ASSOCIATION OF COMMUNITY HEALTH CENTERS FACHC
THE VOICE OF PRIMARY CARE

January 25, 2021

The Honorable Kathy Castor
U.S. Congresswoman
Florida 14th District
2052 Rayburn House Office Building
Washington, D.C. 20515

Re: "Promoting Resources to Expand Vaccination, Education and New Treatments for HPV Cancers Act of 2020"

Dear Congresswoman Castor,

Thank you for reaching out to me in regard to your Bill to address HPV. Efforts to increase public awareness, testing, and vaccinations are never more critical than now. We at FACHC appreciate the opportunity to provide some input into this important work.

Prior to comments I make, I wanted to let you know that FACHC's clinical program has been engaged in efforts that are detailed in the Bill you are considering since early last year; and that is directly credited to you. Last March you spoke at the Moffit Center Annual Meeting on this topic, and we were there. We took back with us many of the tools presented at that meeting and began integrating them into our monthly clinical roundtables (a monthly live meeting with the clinical staffs from all the health centers across the state). A State-wide meeting on HPV for March 4th will be held, the very day I was told you are considering proposing this! This meeting is a joint project with Moffit and the American Cancer Society on HPV elimination. We will push this information out to all the centers across Florida. As our centers are key components in the effort to alleviate health disparities, certainly health inequities, this is a most important activity to engage in.

As part of our efforts, the American Cancer Society reached out to us and has decided to fund grants for funding up to nine community health centers to engage in the HPV work:

1. Establishing virtual Boot-Camps to provide learning collaborations
2. Provide Re/Post work on education, outreach, and data mining

This builds on the good work we've just completed with ACS in a joint project to address colorectal cancer. With this work behind us and moving forward, for HPV, I can easily say we support and endorse this Bill, for the potential critical improvements we hope it will gain.

Factors/Points on the Bill

I have provided this Bill for review to some of my key staff, especially CJ Ortiz, my Director of Clinical Quality. As a result of that, there are a number of items that we believe might be valuable for consideration as this moves forward. Not that everything is a critical factor in the decisions necessary to make any edits, but more so to provide context to the reading, some of these points may seem anecdotal. I hope they are helpful. Comments follow the Bill line numbers.

1. Page 2, Lines 10-12: The current considerations on Black and Hispanic lives being more likely to have clinical issues, co-morbidities, and such is an age-old concern. What we are now looking at is the distinction between race and perhaps more on social determinants of health. I bring this up only because the public sensitivities regarding health disparities and health inequity ring very loud. A Bill may be perceived as racial (as unwarranted as this is) that talks to these points, even though science shows that statistical outcomes show this to be a fact – these two groups have higher co-morbidities and health issues in general. I am pushing our centers to not just accept the data, but see if the data determinant isn't just an indictment of race, but perhaps more so of living conditions.

2. Page 3-4, Lines 23-10: The consultation expected from the Secretary should include parties representing the populations most vulnerable. For example, while it is perhaps tacitly mentioned in this paragraph, we would ask that the Community health centers be specifically represented in this paragraph, either through the National Association of Community Health Center, or via a cadre of CHCs. I bring this into the discussion because on many occasions the engagement of State and/or local public health departments, historically, have not reached our local CHCs, or other providers. It would make sense to include CHCs in the policy development and program development pieces.

3. Page 4, Lines 15-18: The greatness of a national campaign will be limited only by how the message is delivered. Typical campaigns seem to use the same groups. In this particular case, I would recommend that consideration be given to the American Cancer Society, and the Association of Clinicians for the Underserved (ACU). The ACU is a national organization that focuses attention on the millions of patients that have a higher propensity for those clinical issues as mentioned. They work with community health centers (CHCs) as well as rural health clinics, health departments, etc. They are a good organization that can provide a wide spread of organizations and people with whom the messaging of a campaign needs to get to. Of course, the ACS already has a track record for things like this.

4. Page 5, Lines 8-15: Again, I'd request to include community health centers as a specific entity as you have public health departments because we do not get information always from the health department and we, more than they, see these patients.

5. Page 5, Lines 22-24: Awarding of grants to "…State, local, and Tribal public health departments…" will leave out community health centers. We are already engaged in the

activities spoken to in this Bill, on a very limited scale. Funds that go to the State DOH rarely, if ever, get to CHCs. Awards could be made through HRSA's Bureau of Primary Health Care to either FQHCs (CHCs), or to the State's Primary Care Association who would have the responsibility of ensuring funds were distribute to health centers who would engage in the efforts of this project.

My last point relates to the ramping up of the vaccination for HPV. While this should be a "no-brainer", it will be met with significant resistance, I fear. Given the current environment for the large number of people who refuse to get a COVID vaccine, I submit we may be placing another strain on the system. I submit that funding that is requested for this ($50M over five-years) should also be carefully used to assure it will have the impact, in the populations that most need this, and where that population currently gets its healthcare.

I hope this is not too critical, it is not intentioned that way. In fact, I can speak for all of FACHC when I say we support this without reservation and will make every effort to assure success.

Thank you for the opportunity to provide this feedback. As always, we are here if you need us.

Sincerely,

Andrew Behrman, MBA
President and CEO
Florida Association of Community Health Centers, Inc