

Health Disparities Task Force Meeting |MINUTES

January 21, 2021 / 1:00 P.M. – 2:00 P.M. | Location: Via WebEx/Teleconference

Meeting called by:	Office of Minority Health and Disparities Elimination
Type of meeting:	Weekly Health Disparities Task Force
Facilitator:	Elizabeth Hart, Director, Office of Faith-Based and Community Engagement

Approximately: ## ppl

TOPICS OF DISCUSSION

Facilitator: Elizabeth Hart, Director, Office of Faith-Based and Community Engagement

Summary: The quote for today is "You are where you are today because you stand on somebody's shoulders. And wherever you are heading, you cannot get there by yourself. If you stand on the shoulders of others, you have a reciprocal responsibility to live your life so that others may stand on your shoulders. – Vernon Jordan, Civil Rights Activist.

This week we will have two presentations, one on cervical cancer and the other on tobacco cessation. Please note January is national Cervical Cancer Awareness month. After all presentations we will have time for questions about COVID-19 vaccinations. If you have a question you can also enter it in our chat box, and we will circle back to it.

Please remember the 1-800 number available for individuals to call if you are within the area of a health department and would like to make an appointment for vaccinate. You can contact 1-866-422-5301 to be placed on the waitlist.

We will be switching our format for our Health Disparities Task Force meetings. Based on the survey results we received, we have identified our 2021 priority heath topics. They include chronic disease (diabetes, heart disease, obesity, etc.), mental health, and infectious diseases (HIV/AIDS, COVID-19, etc.).

Starting next week, we will have a different focus for each Thursday. Below is the breakdown for the new format.

- 1. Week 1 Chronic Diseases (Diabetes, Heart Disease, Obesity, etc.)
- 2. Week 2 Mental Health
- 3. Week 3 Infectious Diseases (HIV/AIDS, COVID-19, etc.)
- 4. Last week of the Month All members meeting

You will receive new meeting invitations. Please pay attention to the subject line for each meeting because they will be different. Make sure you tune in for the week you are interested in attending.

Focus: Cervical Cancer Disparities and Screening Changes

Presenter: Elizbeth Berardi, BSN RN, Program Director, Tennessee Department of Health (TDH), Family Health and Wellness Division

Summary: January is Cervical Cancer Awareness month. We will start with a little information about cervical cancer, for anyone who is not that familiar. The cervix is part of the reproductive system that connects the vagina to the uterus. Any individual with a cervix could develop cervical cancer; however, those with some risk factors which have a higher chance for developing cervical cancer. Cervical cancer is one of the few cancers that has precancerous cells which are not yet cancerous but can be treated to stop the development of full-blown cervical cancer. Approximately, every day in Tennessee a woman is diagnosed with cervical cancer and every three days one dies from cervical cancer. We know there are disparities like there are with any other health conditions. Blacks and Hispanics are more likely to be diagnosed, and more likely to die from cervical cancer compared to white women. There are some ways to prevent the risk of cervical cancer which include HPV (human papillomavirus infection) vaccination and getting screened.

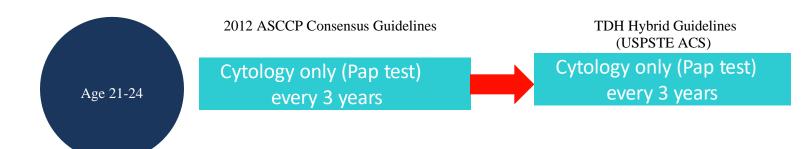
More than 90% of cervical cancer cases are caused by HPV. There are over 200 strains which can cause a variety of health issues. The most concerning strains are 16 and 18 because they are considered high risk and are more commonly link with HPV related cancers. More than 80% of all individuals will be infected as some point with HPV. Persistent HPV infections increase risk of developing HPV related cancers such as cervical, anal, penile and oropharynx (mouth and throat). Thankfully, there is a vaccine that decreases the likelihood of contracting HPV.

In the United States, more than 12,831 new cases of cervical cancer were reported, and 4207 women died of this cancer. For every 100,000 women, eight new cases were reported, and two women died of this cancer. Higher incidents of mortality are

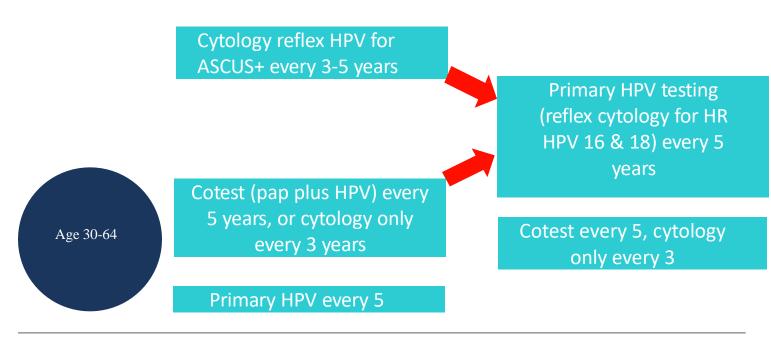
more common in the southern United States. When looking at Tennessee in 2017, there were 276 new cases of cervical cancer. For every 100,000 women, 8 cervical cancer cases were reported. This same year, there were 103 women who died of cervical cancer. Which means for every 100,000 women in Tennessee, 3 died of cervical cancer. It is important to remember that rural data is suppressed for cervical cancer.

There are some disparities among Hispanics, Blacks and in rural areas when it comes to cervical cancer diagnosis and deaths. A 2019 national study found there was a higher instance of cervical cancer among women in rural areas and these women were diagnosed in later stages. In Tennessee, we are continually working to address cervical cancer disparities. One of the many ways, is through our Tennessee Breast and Cervical Screening Program. Through this program we reimburse eligible women for cervical cancer screenings. Eligibility includes uninsured, underinsured, at or below 250% federal poverty level, and age-based screening requirements. Additionally, we utilize our partners and vendors to reach disparate groups through their service in rural communities. These partners assist with creating culturally appropriate messaging as well. Another way we work to address cervical cancer disparities in Tennessee is through our Immunize TN group with TDH. They work to increase HPV vaccinations and they target the lowest HPV vaccinated areas throughout Tennessee. Lastly, is our HPV Cancer Free Workgroup which is a partnership with the Comprehensive Control program. They work together to achieve goals to in reducing HPV cancers and address disparities such as racial, ethnic, and geographic disparities.

Next, we are going to talk about screening changes. The American Society for Colposcopy and Cervical Pathology (ASCCP), consensus guidelines are below.







Focus: Tobacco Cessation

Presenter: Latisha Garrett, MPA, Program Director, Tobacco Cessation, Tennessee Department of Health

Summary: Today, we will cover tobacco and how it affects communities of color; our tobacco quit line; and finally, TN Quit week (February 21-26, 2021). It is commonly known that menthol makes smoking easy to start and harder to quit. Tobacco industries usually use menthol target approaches in communities of color, mainly in Black and Hispanic populations. They do this through more advertising in these communities and offering flavored menthol tobacco products. In relation, tobacco illnesses are more common in the Black community.

Through our Tobacco QuitLine Utilization in Tennessee, data shows 78% of non-Hispanic whites have reported smoking and 75% used the TN Tobacco QuitLine services. 17% of non-Hispanic black individuals reported smoking and 23% used QuitLine services. Because of the health disparities in communities of color, we would like to see more utilization of our QuitLine services. Getting the word out about TN Tobacco QuitLine services is important to help address these disparities. The Tennessee Tobacco QuitLine is a toll-free telephone service that provides personalized support for Tennesseans who want to quit smoking or chewing tobacco. The Quitline is <u>*FREE*</u> for all Tennessee residents, and provides up to 1 year of phone counseling, and 2 weeks of Nicotine Replacement Therapy (NRT).

Tennessee Quit Week is February 21-26, 2021 and it is an avenue we use to try and promote our Tobacco QuitLine services. Each year we have a theme and this year we are going with quit smoking with COVID and surviving 2021 Page 4



tobacco free. More information can be downloaded from our <u>website</u>. The more we keep everyone informed the healthier Tennesseans can be.

Focus: TDH Vaccination Update

Presenter: Kathy ?

Summary: Meharry and Nashville General Hospital phase 1A individuals have been vaccinated. Information should come out from the State this week, about vaccines being available through small independent pharmacies in Tennessee and FQHC's. The way we identify how these vaccines are allocated is through our county allocation which is based on population. We also look at the capacity that health departments can give. Our pharmacy partner is going to be Wal-Mart and that information will be released within the next couple weeks. Our primary limiting factor right now is our supply of the vaccine.

Tennessee COVID-19 Vaccination plan is online at <u>www.tn.gov/health</u>. Click the gold bar at the top of the site. Then, scroll to the blue tile with a blue shield labeled "COVID-19 Vaccine Information." You can click the tile and find the latest draft of Tennessee's vaccination plan along with some other resources. This plan is updated on a regular basis as information changes. We also have new data that can be viewed from a statewide and county level about COVID-19 vaccines which have been administered.

Resources mentioned during call:

Elizabeth Berardi, BSN RN Program Director, TDH, Family Health and Wellness Division p. 615-532-8480 e. <u>Elizabeth.Berardi@tn.gov</u>

Tobacco Cessation Latisha Garrett, MPA Program Director 615-531-6947 <u>latisha.garrett@tn.gov</u>

COVID-19 Vaccination Plan - www.tn.gov/health

Governor's Site - Tennessee COVID-19 Information Hub (tn.gov)

County Vaccine Information - TN COVID-19 Hub

County Phase - PDF



Vaccination Progress - https://covid.cdc.gov/covid-data-tracker/#vaccinations

COVID-19 Toll Free Information Line - 877-857-2945

Preferences for Priority Workgroup Participation- Doodle Poll Link

Reminder NIMHD Envisioning Health Equity Art Challenge 2020

Please view the link below for more details:

https://nimhd.nih.gov/programs/edu-training/artchallenge/index.html?utm_medium=email&utm_source=govdelivery

Next Meeting: Thursday, February 4, 2021 from 1pm-2pm via WebEx.